

WATER AND SANITATION

MICS FINAL REPORT



unicef
unite for children

The Belize Multiple Indicator Cluster Survey (MICS 4) 2011 conducted is part of the UNICEF- GOB Programme of Cooperation to monitor the progress of boys and girls development in Belize. MICS provides updated statistically sound and internationally comparable estimates of a range of indicators in the areas of health, education, child protection (including disabilities), water and sanitation and HIV and AIDS.

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as trachoma, cholera, typhoid, and schistosomiasis. Drinking water can also be tainted with chemical, physical and radiological contaminants with harmful effects on human health. In addition to its association with disease, access to drinking water may be particularly important for women and children, especially in rural areas, who bear the primary responsibility for carrying water, often for long distances.



Main Sources of Drinking Water

The MDG goal is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. The World Fit for Children goal calls for a reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one-third.

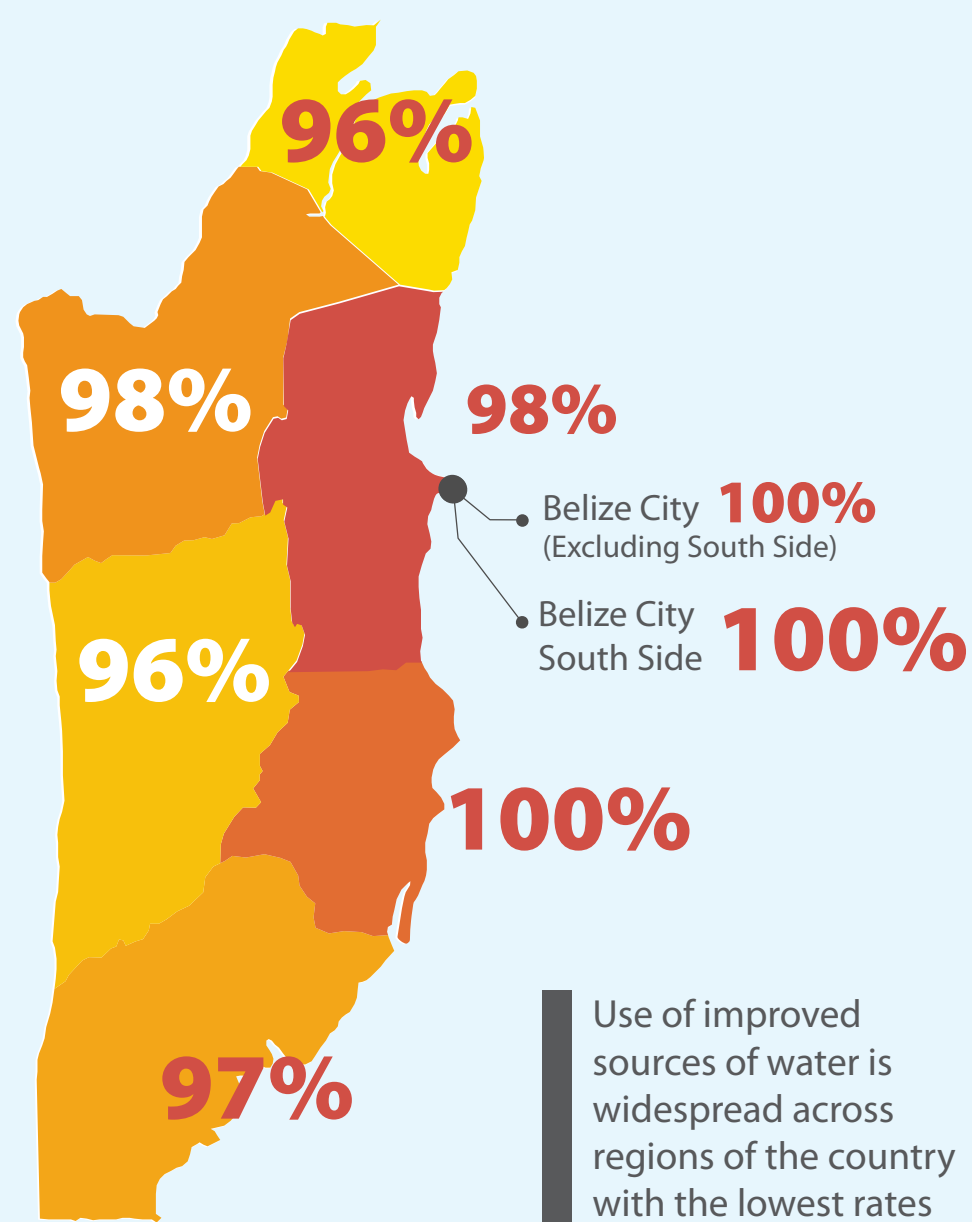
The list of indicators used in MICS is as follows:

Water

- o Use of improved drinking water sources
- o Use of adequate water treatment method
- o Time to source of drinking water
- o Person collecting drinking water

Main Sources

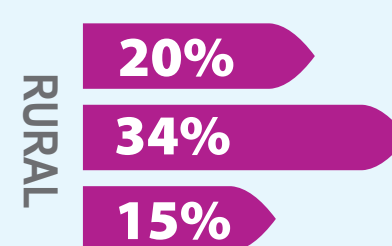
Improved drinking water is obtained mainly from four sources: bottled water, water piped into dwelling, collected rainwater and water piped into yard or compound.



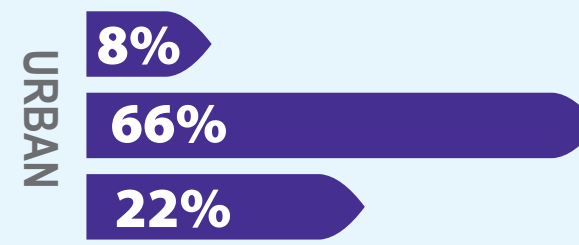
Use of improved sources of water is widespread across regions of the country with the lowest rates occurring in the Corozal and Cayo District.



RAIN WATER



BOTTLED WATER



PIPED INTO DWELLING

Overall, **97.7%** of the population is using an improved source of drinking water.

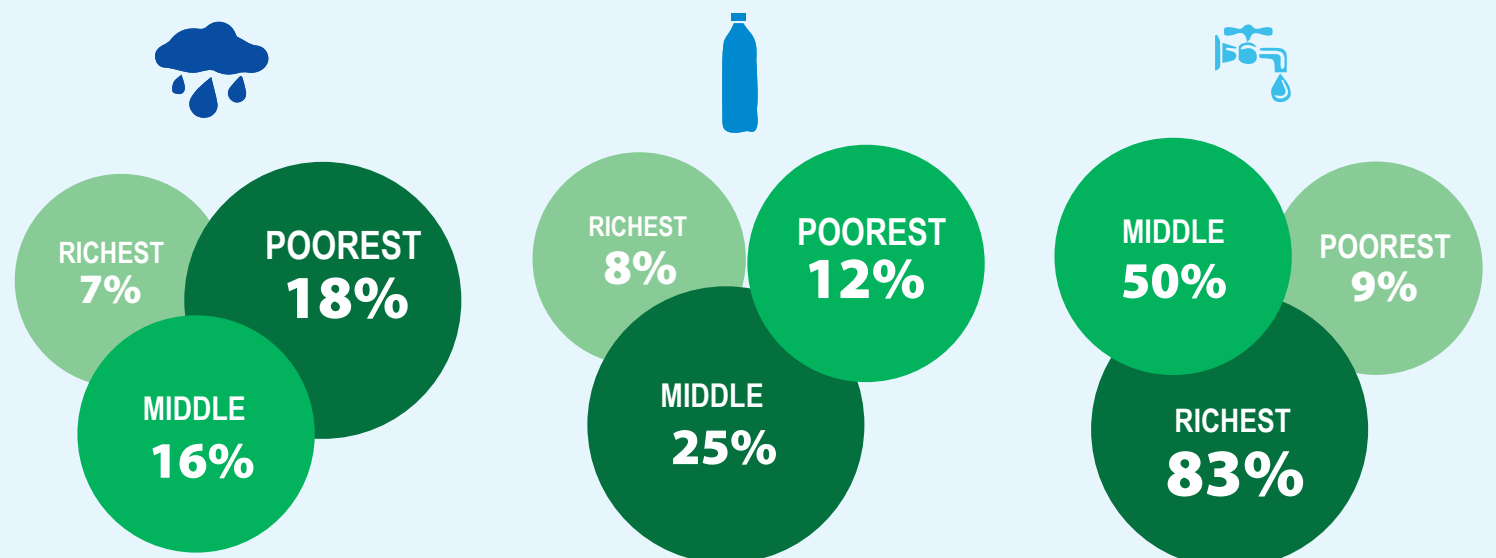
96% and

and

99.5%



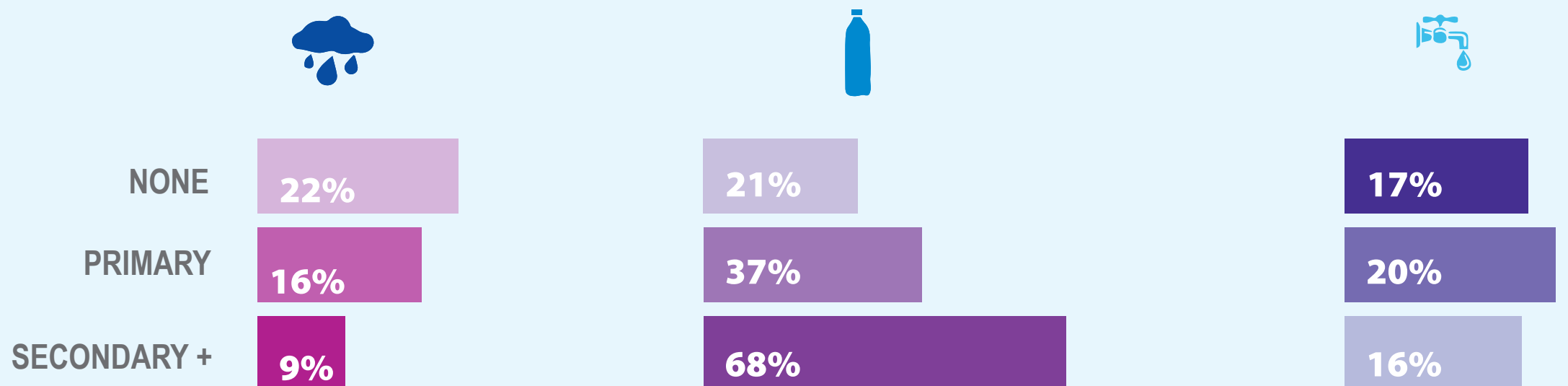
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Bottled water use rises with both increasing education and wealth index, rainwater collection decreases with the increase of wealth and education and water piped into compound is seen to decrease as wealth and education increase.

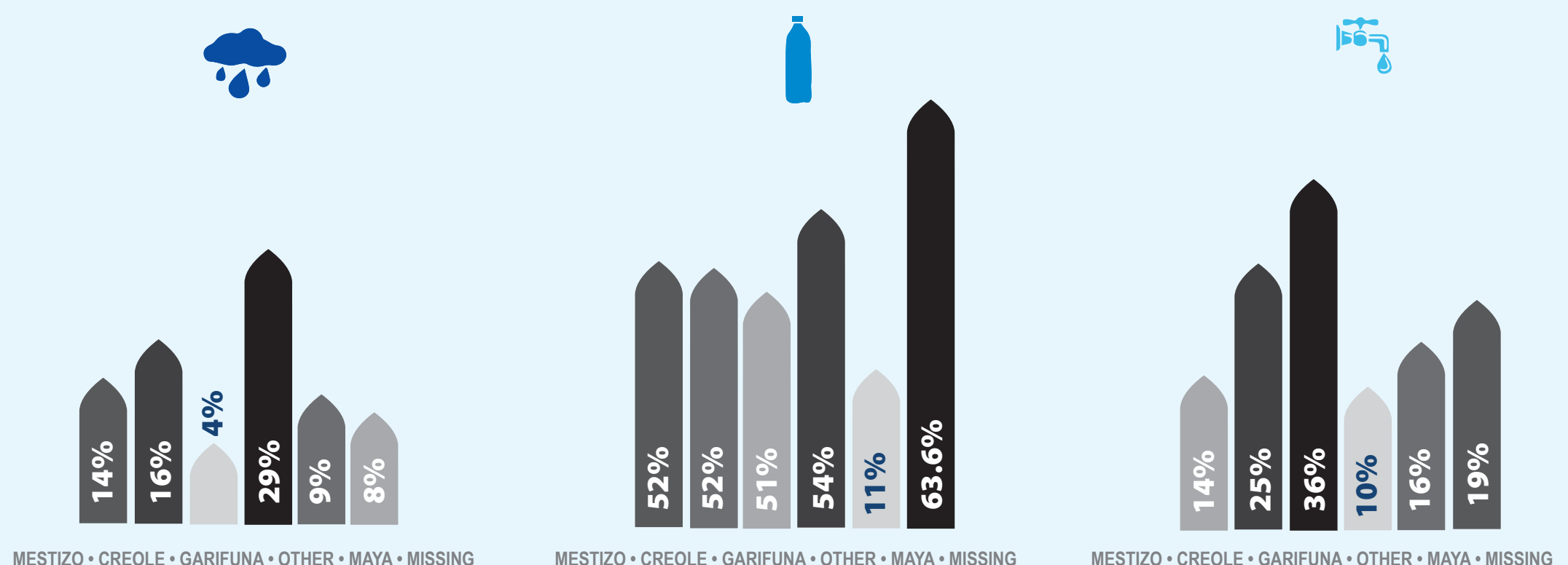


HOUSEHOLD HEAD EDUCATION



ETHNICITY OF HOUSEHOLD

Unprotected wells are the main source and their use is most pronounced in rural areas, the Corozal (3.2 percent) and Toledo (1.7 percent) Districts, household where the heads have no education, households with the poorest wealth index and in households with Maya heads.



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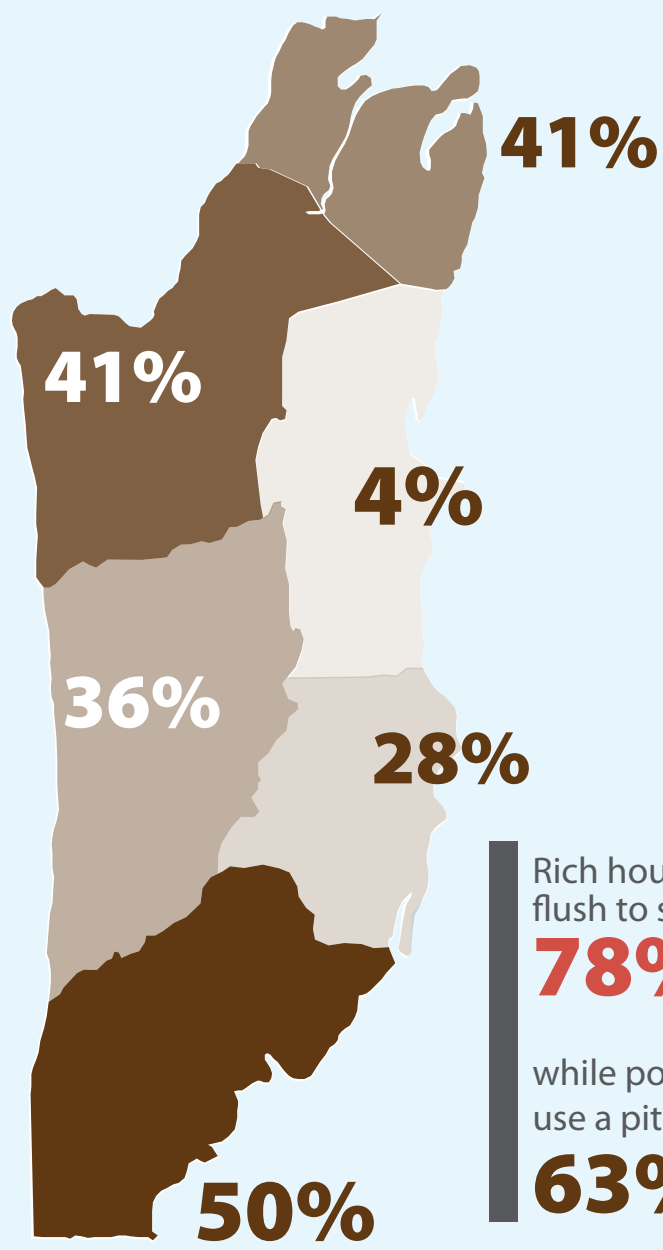


Types of Sanitation Facilities

Use of Improved Sanitation Facilities

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio. An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Improved sanitation can reduce diarrhoeal disease by more than a third, and can significantly lessen the adverse health impacts of other disorders responsible for death and disease among millions of children in developing countries. Improved sanitation facilities for excreta disposal include flush or pour flush to a piped sewer system, septic tank, or latrine; ventilated improved pit latrine, pit latrine with slab, and composting toilet.

PERCENTAGE OF AREAS THAT STILL USE PIT LATRINES



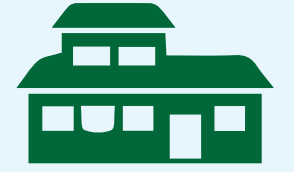
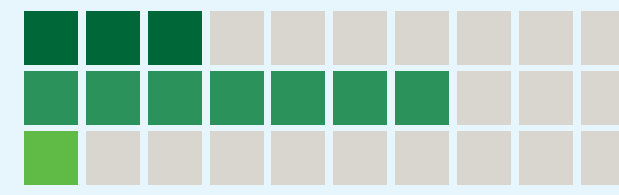
FLUSH TO PIPED SEWER SYSTEM

22.7%

65.2%

9.4%

URBAN



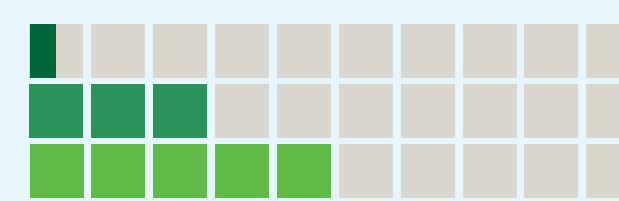
FLUSH TO SEPTIC TANK

RURAL

.4%

43.2%

43.1%



PIT LATRINE

Both Rural and Urban areas are **over 98%**



NONE

1%

PRIMARY

6%

SECONDARY +

17%



NONE

28%

PRIMARY

43%

SECONDARY +

68%



NONE

53%

PRIMARY

36%

SECONDARY +

11%



HOUSEHOLD HEAD EDUCATION

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POOREST

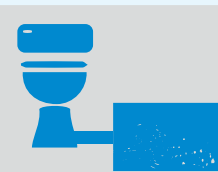
2%

MIDDLE

10%

RICHEST

19%



POOREST

12%

MIDDLE

62%

RICHEST

78%



POOREST

63%

MIDDLE

22%

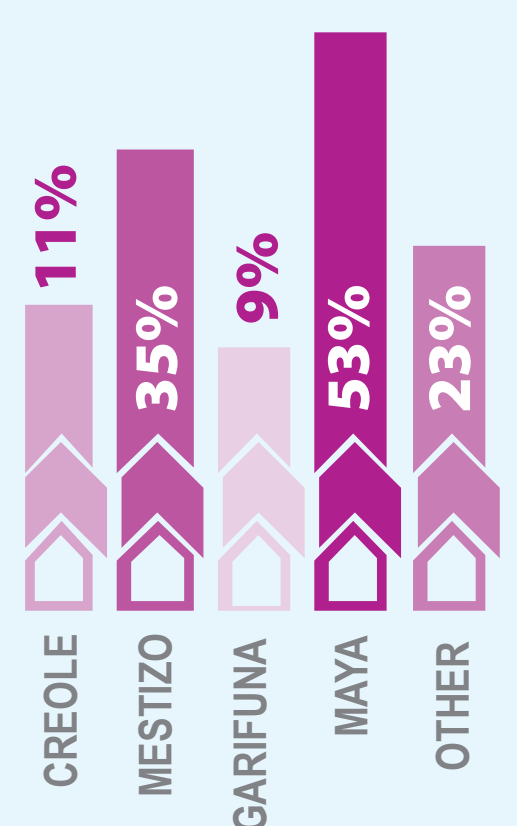
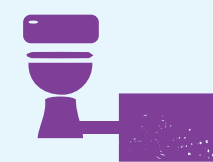
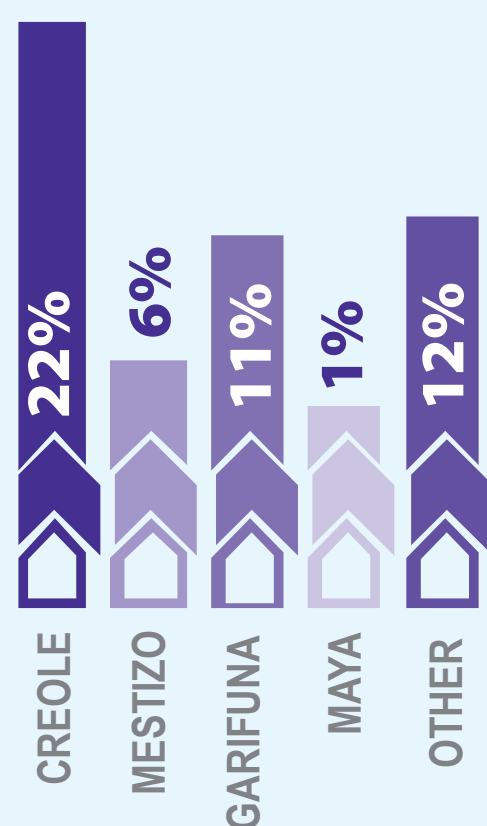
RICHEST

2%

ETHNICITY OF HOUSEHOLD

In rural areas, the population is mostly using septic tanks (43.2%) and pit latrines with slabs (43.1%).

In contrast, the most common facilities in urban areas are flush toilets with connection to a sewage system (22.7%) or septic tank (65.2 percent).



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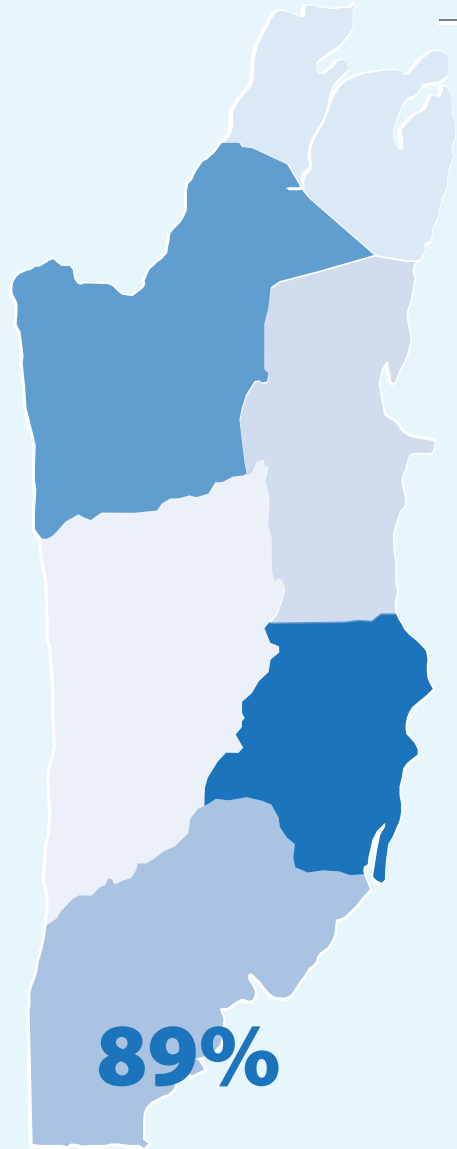


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Water & Soap Available for Hand-washing

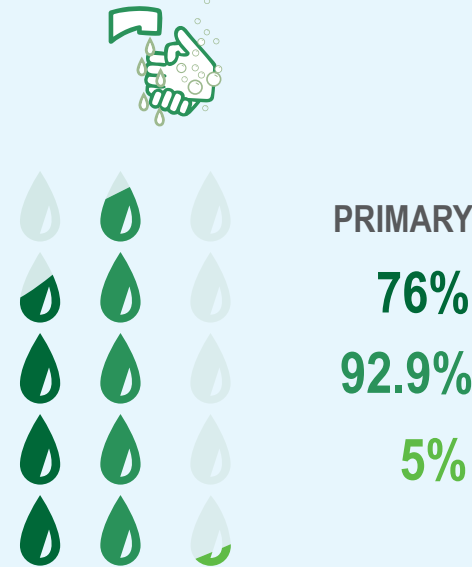
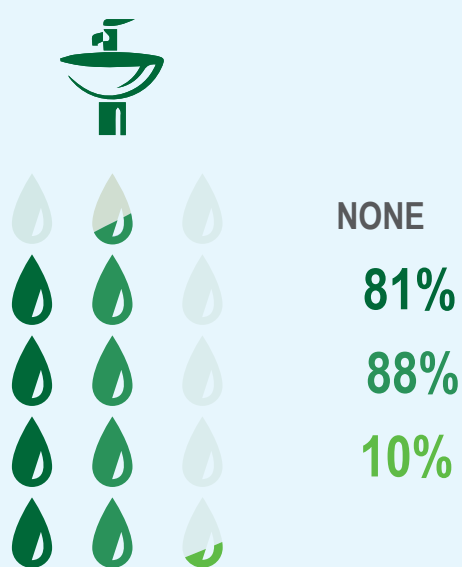
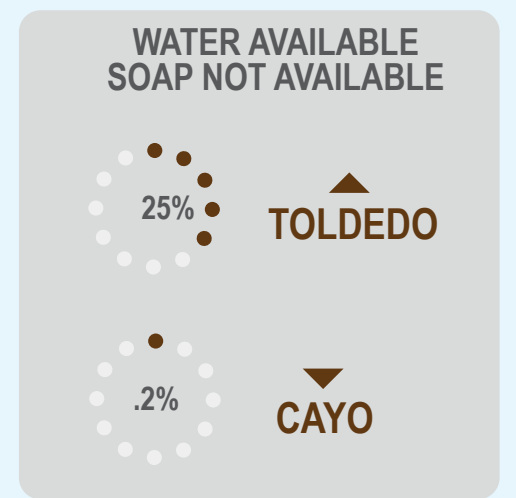
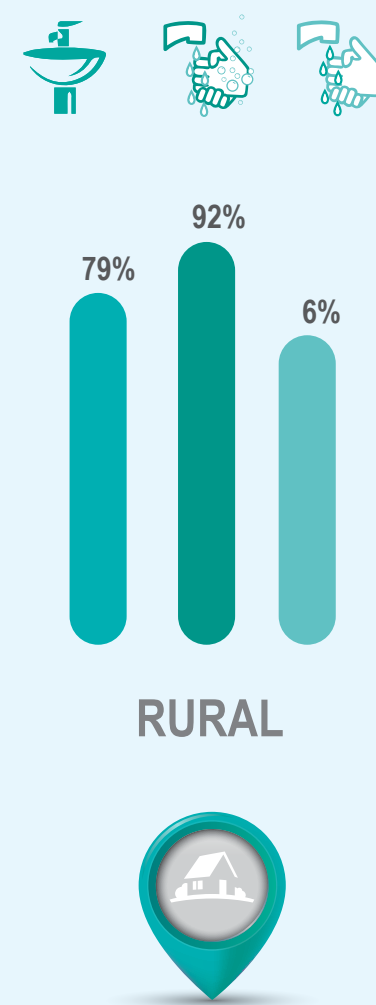
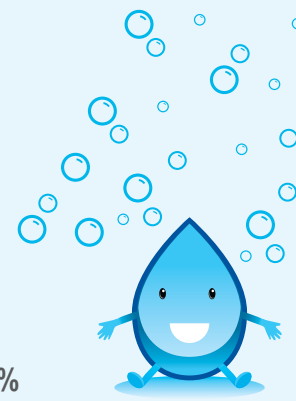
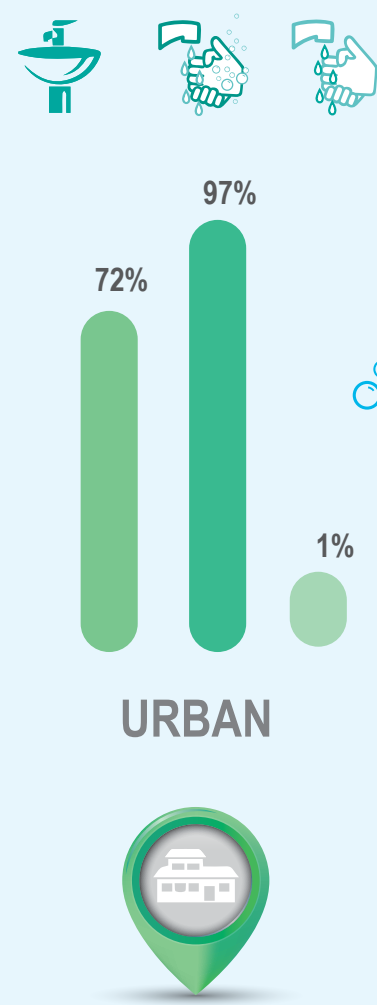
Handwashing with water and soap is the most cost effective health intervention to reduce both the incidence of diarrhoea and pneumonia in children under five. It is most effective when done using water and soap after visiting a toilet or cleaning a child, before eating or handling food and, before feeding a child. Monitoring correct hand washing behaviour at these critical times is challenging. A reliable alternative to observations or self-reported behaviour is assessing the likelihood that correct hand washing behaviour takes place by observing if a household has a specific place where people most often wash their hands and observing if water and soap (or other local cleansing materials) are present at a specific place for hand washing.



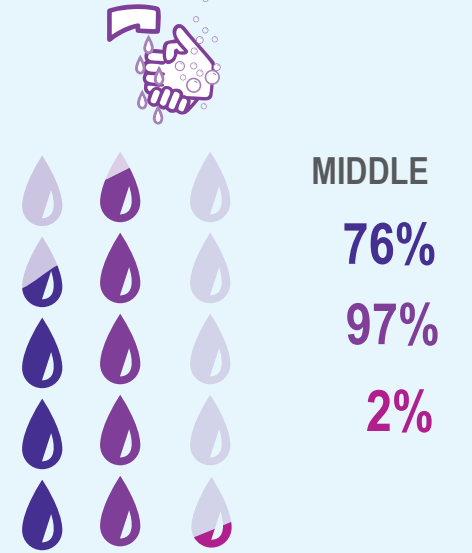
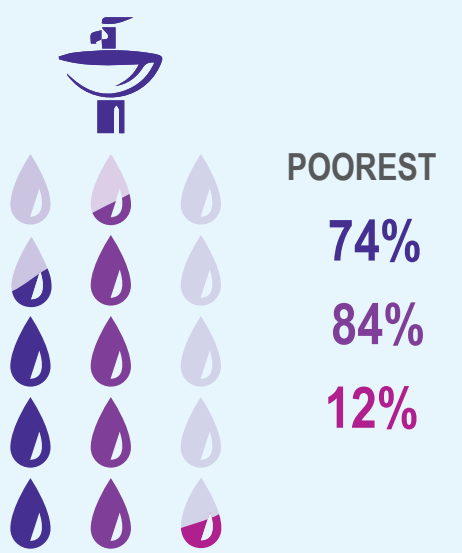
66%
Belize City has the lowest percentage of households with a place to wash hands. Toledo has the highest.

In Belize, a specific place for hand washing was observed in **76%** of the households.

7% households could not indicate a specific place where household members usually wash their hands.



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