



Custom analysis extract of:

UNGASS - National Composite Policy Index (NCPI) 2007

Latin America

Belize

COUNTRY:

Belize

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Date of submission:

1/28/2008

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:	Name/Position	Dolores Balderamos Garcia, Chairperson
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	National AIDS Commission Secretariat
:	Name/Position	Ruth Jaramillo, Technical Director
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	National AIDS Program, Ministry of Health
:	Name/Position	Dr. Marvin Manzanero, Director

:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	National AIDS Program, Ministry of Health
:	Name/Position	Nurse Lorna Perez
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Labour, HIV Unit
:	Name/Position	Coordinator, Hertha Gentle
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Education, HFLE
:	Name/Position	Ms. Ofelia Gomez
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Human Development
:	Name/Position	Icilda Humes, Director Women's Department
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Alliance Against AIDS
:	Name/Position	Rodel Beltran Perera, Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Belize Enterprise for Sustainable Technology
:	Name/Position	Elvis Requena, Global Fund Project Coordinator
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Belize Family Life Association
:	Name/Position	Joan Burke, Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Cornerstone Foundation
:	Name/Position	Mary Martha Gantt, member
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Equity House

:	Name/Position	Judy Cuellar, Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	UNICEF
:	Name/Position	Sherlene Tablada,
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	UNFPA
:	Name/Position	Sandra Paredez, Country Representative
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	PAHO/WHO
:	Name/Position	Sandra Jones, Project Officer
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	UNIBAM
:	Name/Position	Caleb Orozco, Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Dangriga AIDS Society
:	Name/Position	Estella Humphreys, President
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Medical and Dental Association
:	Name/Position	Dr. Jorge Luis Hidalgo, President
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Orange Walk AIDS Committee
:	Name/Position	Dr. Jair Osorio, President
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Business Sector, NAC
:	Name/Position	Sandra McKay, Representative
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	PASMO
:	Name/Position	Norman Garcia, Director

:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Belize Red Cross
:	Name/Position	Kirsty McKay, TWC Coordinator
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
Position:		Monitoring and Evaluation Officer, NAC
Position:	Full time/Part time	Full time
Position:	Since when?	2007
Position:		Monitoring and Evaluation Officer, NAP
Position:	Full time/Part time	Full time
Position:	Since when?	in recruitment process
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time

1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?

Yes

IF YES, period covered:

2006-2011

1.1 How long has the country had a multisectoral strategy/action framework?

7

1.2 Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?

Health:	Strategy/Action framework	Yes
Health:	Earmarked budget	Yes
Education:	Strategy/Action framework	Yes
Education:	Earmarked budget	No
Labour:	Strategy/Action framework	Yes
Labour:	Earmarked budget	Yes
Transportation:	Strategy/Action framework	No
Transportation:	Earmarked budget	No
Military/Police:	Strategy/Action framework	Yes
Military/Police:	Earmarked budget	Yes
Women:	Strategy/Action framework	Yes
Women:	Earmarked budget	Yes
Young people:	Strategy/Action framework	Yes
Young people:	Earmarked budget	Yes
Agriculture:	Strategy/Action framework	No
Agriculture:	Earmarked budget	No
Finance:	Strategy/Action framework	No
Finance:	Earmarked budget	No
Human Resources:	Strategy/Action framework	Yes
Human Resources:	Earmarked budget	Yes
Justice:	Strategy/Action framework	No
Justice:	Earmarked budget	No
Minerals and Energy:	Strategy/Action framework	No
Minerals and Energy:	Earmarked budget	No
Planning:	Strategy/Action framework	No
Planning:	Earmarked budget	No
Public Works:	Strategy/Action framework	No
Public Works:	Earmarked budget	No
Tourism:	Strategy/Action framework	Yes
Tourism:	Earmarked budget	No
Trade and Industry:	Strategy/Action framework	No
Trade and Industry:	Earmarked budget	No
Other*::	Strategy/Action framework	Yes
Other*::	Earmarked budget	No

IF NO earmarked budget, how is the money allocated?

Through financial and technical support from projects funded by the Global Fund and UN Development Partners such as PAHO, UNICEF, UNDP, UNIFEM and UNFPA. A resource mobilization plan which is aligned with the current strategic plan will be developed as a part of the Operation Plan. This will addressing costing and mobilization of funds for all sectors within the strategic framework.

1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

- a. Women and girls: Yes
- b. Young women/young men: Yes
- c. Specific vulnerable sub-populations: Yes
- d. Orphans and other vulnerable children: No
- e. Workplace: Yes
- f. Schools: Yes
- g. Prisons: No
- h. HIV, AIDS and poverty: No
- i. Human rights protection: Yes
- j. Involvement of people living with HIV: Yes
- k. Addressing stigma and discrimination: Yes
- l. Gender empowerment and/or gender equality: Yes

1.4 Were target populations identified through a process of a needs assessment or needs analysis?

No

IF NO, how were target populations identified?

Target populations were identified informally through small-scale studies and anecdotal evidence which contribute to a generalized perception. Due to a lack of baseline studies, no official data is available to date to verify these perceptions and assumptions. The Situation and Response Analysis in Belize completed in 2003 provided some information regarding vulnerable populations which was used to inform the Strategic Planning Process.

1.5 What are the target populations in the country?

- women
- youth
- commercial sex workers
- men who have sex with men
- prisoners
- uniformed services
- persons with HIV

1.6 Does the multisectoral strategy/action framework include an operational plan?

No

1.7 Does the multisectoral strategy/action framework or operational plan include:

- | | |
|--|-----|
| a. Formal programme goals? : | Yes |
| b. Clear targets and/or milestones? : | No |
| c. Detailed budget of costs per programmatic area? : | No |
| d. Indications of funding sources?: | No |
| e. Monitoring and Evaluation framework? : | Yes |

1.8 Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy/action framework?

Active involvement

IF active involvement, briefly explain how this was done:

During the past two years (2006 and 2007) there has been an increase in the active involvement of civil society within the National AIDS Commission. As members of this country coordinating body they were engaged in the process of consultation and planning for the National Strategic Plan. There is need, however, to ensure that this involvement will be ensured beyond the consultative and planning stage. They need to receive support to be able to play a role in the implementation of activities.

1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?

Yes

1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?

Yes, some partners

IF SOME or NO, briefly explain

Some agencies have attempted to align and harmonize their HIV and AIDS programmes with the National Strategic Plan. Some UN partners sought to do this through the development of the United Nations Development Assistance Framework (UNDAF) for 2006-2007. For example, PAHO has developed its HIV plan and assisted the Ministry of Health to develop their's in alignment with the priority areas and goals of the National Strategic Plan. There are, however, other external partners who need to undergo a similar process. The role of the National AIDS Commission as a coordinating body is yet to be accepted by some agencies.

2. Has the country integrated HIV and AIDS into its general development plans such as:

- a) National Development Plans,**
- b) Common Country Assessments/United Nations Development Assistance Framework,**
- c) Poverty Reduction Strategy Papers,**
- d) Sector Wide Approach?**

Yes

2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?

b) Common Country Assessments/United Nations Development Assistance Framework:

2.2 IF YES, which policy areas below are included in these development plans?

HIV Prevention:	Development Plans	b)
Treatment for opportunistic infections:	Development Plans	b)
Antiretroviral therapy:	Development Plans	b)
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:	Development Plans	b)
Reduction of stigma and discrimination:	Development Plans	b)

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

No

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

Yes

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?

Behavioural change communication:	Yes
Condom provision :	Yes
HIV testing and counselling(*):	Yes
STI services :	Yes
Treatment:	Yes
Care and support :	Yes

**(*If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken?
**

Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:

HIV testing and counselling is mandatory according to the recruiting policies of the military and the police.

5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes

5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?

No

5.2 Have the estimates of the size of the main target population sub-groups been updated?

No

5.3 Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy?

Estimates only

5.4 Is HIV and AIDS programme coverage being monitored?

Yes

(a) IF YES, is coverage monitored by sex (male, female)?

Yes

(b) IF YES, is coverage monitored by population sub-groups?

No

(c) IF YES, is coverage monitored by geographical area?

Yes

IF YES, at which levels (provincial, district, other)?

Coverage is monitored at district level through the VCT sites. There are 6 districts in Belize.

5.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

No

Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?

2007:	5
2005:	3

Comments on progress made in strategy planning efforts since 2005:

Since 2005 efforts have been made to strengthen coordination and cross-sector participation. Specific committees have been more functional within the National AIDS Commission to ensure better coordination and strategic planning within key areas of the national response such as Information, Education and Communication; Care and Support; Policy and Legislation; Community-based Response; and, Monitoring and Evaluation. More coverage and more effective purchasing of ARV's, medications for opportunistic infections and other commodities by the Ministry of Health through the PAHO Strategic Fund.

1. Do high officials speak publicly and favourably about AIDS efforts in major domestic fora at least twice a year?

President/Head of government :	No
Other high officials :	Yes
Other officials in regions and/or districts :	Yes

2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?

Yes

2.1 IF YES, when was it created? Year:

2000

2.2 IF YES, who is the Chair?

Name: Dolores Balderamos Garcia
Title/Function: Ambassador/Special Envoy for Children, Women and HIV/AIDS

2.3 IF YES, does it:

have terms of reference? :	Yes
have active Government leadership and participation? :	Yes
have a defined membership?:	Yes
include civil society representatives? (*):	Yes
include people living with HIV?:	Yes
include the private sector?:	Yes
have an action plan?:	No
have a functional Secretariat? :	Yes
meet at least quarterly?:	Yes
review actions on policy decisions regularly?:	Yes
actively promote policy decisions?:	Yes
provide opportunity for civil society to influence decision-making?:	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:	Yes

(* If it does include civil society representatives, what percentage?

59.2%

3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programmes?

Yes

3.1 IF YES, does it include?

Terms of reference :	Yes
Defined membership :	Yes
Action plan :	No
Functional Secretariat :	Yes
Regular meetings (*):	Yes

(*If it does include regular meetings, what is the frequency of the meetings:

quarterly

IF YES, What are the main achievements?

The National AIDS Commission is the country coordinating mechanism that allows for interaction among governmental, civil society, people with HIV and the private sector. The list of main accomplishments includes a multisectoral approach , a National Strategic Plan 2006-2011, mobilization of resources for major projects such as the Global Fund, national HIV policies and a functional secretariat .

IF YES, What are the main challenges for the work of this body?

The main challenge for the National AIDS Commission includes lack of coordination, lack of a monitoring and evaluation system and, lack of roles and responsibilities within the national response. The National AIDS Commission and the National AIDS Commission Secretariat roles need to be clearly defined and abided by.

5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

Information on priority needs and services : Yes

Technical guidance/materials: Yes

Drugs/supplies procurement and distribution : No

Coordination with other implementing partners : Yes

Capacity-building : Yes

6. Has the country reviewed national policies and legislation to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes

6.1 IF YES, were policies and legislation amended to be consistent with the National AIDS Control policies?

No

6.2 IF YES, which policies and legislation were amended and when?

: Policy/Law policy in progress

: Year 2007

Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?

2007: 3

2005: 2

Comments on progress made in political support since 2005:

The political support has increased due to the approval of the National HIV/AIDS Policy and the National HIV/AIDS Workplace policy which will provide the legal framework for the implementation of the national response. The National AIDS Program of the Ministry of Health now has its own budget, the budget of the National AIDS Commission was increased and the Ministry of Labor received an HIV/AIDS budget for the first time in 2007. Even though the National AIDS Commission is under the Office of the Prime Minister there still needs to be greater political will translated into concrete actions for change. The National Strategic Plan and the National HIV/AIDS Policy need to be implemented.

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?

Yes

1.1 IF YES, what key messages are explicitly promoted?

Be sexually abstinent:

Delay sexual debut:

Be faithful:

Reduce the number of sexual partners:

Use condoms consistently:

Engage in safe(r) sex:

Fight against violence against women:

Greater acceptance and involvement of people living with HIV:

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

Yes

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes

2.1 Is HIV education part of the curriculum in

primary schools? : Yes

secondary schools? : Yes

teacher training? : Yes

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes

2.3 Does the country have an HIV education strategy for out-of-school young people?

Yes

3. Does the country have a policy or strategy to promote information, education and communication (IEC) and other preventive health interventions for vulnerable sub-populations?

Yes

3.1 IF YES, which sub-populations and what elements of HIV prevention do the policy/strategy address?

Targeted information on risk reduction and HIV education:	Sex workers
Targeted information on risk reduction and HIV education:	Prison inmates
Stigma & discrimination reduction:	MSM
Stigma & discrimination reduction:	Sex workers
Condom promotion:	MSM
Condom promotion:	Sex workers
HIV testing & counselling:	Prison inmates
Reproductive health, including STI prevention & treatment:	MSM
Reproductive health, including STI prevention & treatment:	Sex workers
Reproductive health, including STI prevention & treatment:	Prison inmates

Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?

2007:	6
2005:	3

Comments on progress made in policy efforts in support of HIV prevention since 2005:

In 2005 the focus was more in the area of prevention with the general population. In 2007 there is much more effort being placed in reaching most-at-risk groups such as men who have sex with men and commercial sex organizations. A new grassroots organization called the United Belize Advocacy Movement has been very instrumental in bringing to the forefront the need for elimination of discrimination against men who have sex with men. Their efforts include one-on-one education with MSM's across the country to raise awareness of the risk of HIV/AIDS and sexual and reproductive rights. UNIBAM has developed a documentary on stigma and discrimination against MSM in Belize.

4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?

No

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts* in need?

Blood safety:	The activity is available in	all districts* in need
Universal precautions in health care settings:	The activity is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The activity is available in	all districts* in need
IEC on risk reduction:	The activity is available in	most districts* in need
IEC on stigma and discrimination reduction:	The activity is available in	all districts* in need
Condom promotion:	The activity is available in	all districts* in need
HIV testing & counselling:	The activity is available in	all districts* in need
Harm reduction for injecting drug users:	The activity is available in	N/A
Risk reduction for men who have sex with men:	The activity is available in	some districts* in need
Risk reduction for sex workers:	The activity is available in	some districts* in need
Programmes for other vulnerable subpopulations:	The activity is available in	some districts* in need
Reproductive health services including STI prevention & treatment:	The activity is available in	all districts* in need
School-based AIDS education for young people:	The activity is available in	all districts* in need
Programmes for out-of-school young people:	The activity is available in	some districts* in need
HIV prevention in the workplace:	The activity is available in	all districts* in need

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?

2007:	6
2005:	5
2007:	6
2005:	5

Comments on progress made in the implementation of HIV prevention programmes since 2005:

The National AIDS Commission is presently in the process of strengthening the community-based response through capacity-building training in strategic planning and resource mobilization. The community based are key in the work of prevention at this geographical level. There has been a strengthening of programs such as the MTCT, IEC activities, VCT and HIV education within schools through the Health and Family Life Education of the Ministry of Education. There has also been a new focus on behaviour change activities with men who have sex with men and commercial sex workers.

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes

1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

No

2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need?

Antiretroviral therapy:	The service is available in	all districts* in need
Nutritional care:	The service is available in	some districts* in need
Paediatric AIDS treatment:	The service is available in	all districts* in need
Sexually transmitted infection management:	The service is available in	all districts* in need
Psychosocial support for people living with HIV and their families:	The service is available in	some districts* in need
Home-based care:	The service is available in	some districts* in need
Palliative care and treatment of common HIV-related infections:	The service is available in	all districts* in need
HIV testing and counselling for TB patients:	The service is available in	all districts* in need
TB screening for HIV-infected people:	The service is available in	all districts* in need
TB preventive therapy for HIV-infected people:	The service is available in	all districts* in need
TB infection control in HIV treatment and care facilities:	The service is available in	all districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	The service is available in	all districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	The service is available in	all districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	some districts* in need
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	some districts* in need
Antiretroviral therapy:	The service is available in	all districts* in need
Nutritional care:	The service is available in	some districts* in need
Paediatric AIDS treatment:	The service is available in	most districts* in need
Sexually transmitted infection management:	The service is available in	all districts* in need
Psychosocial support for people living with HIV and their families:	The service is available in	most districts* in need
Home-based care:	The service is available in	some districts* in need
Palliative care and treatment of common HIV-related infections:	The service is available in	some districts* in need
HIV testing and counselling for TB patients:	The service is available in	all districts* in need

TB screening for HIV-infected people:	The service is available in	all districts* in need
TB preventive therapy for HIV-infected people:	The service is available in	all districts* in need
TB infection control in HIV treatment and care facilities:	The service is available in	all districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	The service is available in	all districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	The service is available in	all districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	some districts* in need
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	some districts* in need

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

No

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral drugs, condoms, and substitution drugs?

Yes

4.1 IF YES, for which commodities?:

- antiretrovirals
- opportunistic infections medication
- STI's medications
- condoms

These are acquired through the PAHO Strategic Fund. There is a need to explore other options and to a develop sustainability plan addressing 2nd and 1st line medications.

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007:	6
2005:	4

Comments on progress made since 2005:

The Ministry of Health's National AIDS Program has been strengthened with the introduction of a full-time Director and other staff as well as financial and technical support. There has been a strengthening of the ARV's provision program and capacity-building programs for staff in provision of support and care to persons with HIV.

5. Does the country have a policy or strategy to address the additional HIV- or AIDS-related needs of orphans and other vulnerable children (OVC)?

No

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007: 3

2005: 2

Comments on progress made in efforts to meet the needs of OVC since 2005:

Even though there now efforts t meet the needs of orphans and other vulnerable children through the work specific NGO's, faith-based initiatives, UNICEF and to a minor extent the Human Services Department, these activities are still very centralized in Belize City.

1. Does the country have one national Monitoring and Evaluation (M&E) plan?

In Progress

1.1. IF YES, was the M&E plan endorsed by key partners in M&E?

No

1.2. IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

No

2. Does the Monitoring and Evaluation plan include?

a data collection and analysis strategy : No

behavioural surveillance : No

HIV surveillance : No

a well-defined standardized set of indicators : No

guidelines on tools for data collection : No

a strategy for assessing quality and accuracy of data : No

a data dissemination and use strategy : No

3. Is there a budget for the M&E plan?

No

4. Is there a functional M&E Unit or Department?

In Progress

4.1 IF YES, is the M&E Unit/Department based

in the NAC (or equivalent)? : Yes

in the Ministry of Health? : Yes

**4.2 IF YES, how many and what type of permanent and temporary professional staff are working in the M&E Unit/Department?

**

Number of permanent staff:

2

4.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country's national reports?

No

4.4 IF YES, to what degree do UN, bi-laterals, and other institutions share their M&E results?

2

5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, meets regularly

IF YES, Date last meeting:

December 14th and 15th, 2007

5.1 Does it include representation from civil society, including people living with HIV?

No

IF YES, describe the role of civil society representatives and people living with HIV in the working group

The M&E Committee is a technical group which includes civil society organizations such as the Belize Enterprise for Sustainable Technology (Global Fund, PR). The technical group reports to the members of the National AIDS Commission.

6. Does the M&E Unit/Department manage a central national database?

N/A

6.3 Is there a functional Health Information System (HIS)?

National level : Yes

Sub-national level (*): Yes

(*If there is a functional sub-national HIS, at what level(s) does it function?

The National Health Information and Surveillance Unit of the Ministry of Health is based in Belize City but receives information from the district VCT centers. There is need for strengthening of the NHISU to improve surveillance, data processing and analysis.

6.4 Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes

7. To what extent are M&E data used in planning and implementation?

2

What are examples of data use?

The M&E data that is presently being reported annually are surveillance reports. The data is used to inform Ministry of Health and the National AIDS Commission of the geographical areas to be prioritized.

What are the main challenges to data use?

Main challenges to data use include lack of baseline and key data. There is lack of capacity to analyze and report data. The establishment of an M&E system will address these gaps

8. In the last year, was training in M&E conducted

At national level? :	Yes
At sub-national level? :	No
Including civil society? :	Yes

Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?

2007:	5
2005:	4

Comments on progress made in M&E since 2005:

IN 2007 there was more consultation and engagement of the monitoring and evaluation committee of the NAC. Significant progress with the M&E plan was achieved as there is now a framework of indicators. There is now a full-time M&E Officer of the NAC and the Ministry of Health has secured funds to put in place a full-time M&E Officer within the National AIDS Program. Belize is now a member of the M&E network of Central America. The country is actively mobilizing resources for strengthening of surveillance data through baseline and sentinel studies.

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (such as general non-discrimination provisions or provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

No

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

Yes

2.1 IF YES, for which sub-populations?

Women:	Yes
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IF YES, Briefly explain what mechanisms are in place to ensure these laws are implemented:

The Domestic Violence ACT stipulates non-discrimination against women. The Women's Department of the Ministry of Human Development is the body responsible for monitoring the enforcement of this ACT. There are Domestic Violence Committees at the district level with a Domestic Violence Unit within the Police Department. The National Women's Commission with the responsibility for policy and legislation for the protection of women's rights lobbies and advocates for the enforcement of this law. The National AIDS Policy is in place but not yet enforced as it is in the process of formulated into legislation.

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?

Yes

3.1 IF YES, for which sub-populations?

Women :	Yes
Young people :	Yes
IDU:	Yes
MSM:	Yes
Sex Workers:	Yes
Prison inmates :	No
Migrants/mobile populations :	Yes

IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:

The age of consent is 16 years which makes it difficult to provide sexual and reproductive health services to young persons who are sexually active unknowing to the parents. They must still receive parent consent. Intravenous drug use is considered illegal according to the laws of Belize. Buggery and sodomy laws still exist making this activity among MSM illegal. There are no laws to deal with discrimination against men who have sex with men. Sex work is considered illegal and this makes it difficult to be able to access the CSW's who are fearful of service providers and educators. There are also immigration laws against illegal migration and mobility. Undocumented migrants are afraid to access services and information due to fear of being deported or victimized.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?

Yes

IF YES, briefly describe this mechanism

The Office of the Ombudsman has the responsibility to investigate cases of violation of human rights. Its difficult to determine how effective this mechanism has been with specific cases including persons with HIV/AIDS and most-at-risk populations. Two NGO's are in the process of developing reporting mechanisms for the violation of rights of these populations.

6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?

No

7. Does the country have a policy of free services for the following:

HIV prevention services :	Yes
Anti-retroviral treatment :	Yes
HIV-related care and support interventions :	Yes

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:

HIV Prevention - Through the mandate of the NAC and its member agencies such as the Ministry of Education, the Health and Education Bureau of the Ministry of Health, Youth for the Future and the HIV/AIDS Unit of the Ministry of Labor.

ARV Treatment - through matching funds between the government and the Global Fund.

Care and Support - Ministry of Health Voluntary Counseling and testing centers and to some extent the Department of Human Services

The NAC also has the responsibility to coordinate the strategic plan with NGO's and community-based response. There is need for a specific legislation which will speak specifically to the government's sustained commitment to the provision of these services.

8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?

No

9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?

No

9.1 Are there differences in approaches for different most-at-risk populations?

No

10. Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

Yes

11. Does the country have a policy to ensure that AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes

11.1 IF YES, does the ethical review committee include representatives of civil society and people living with HIV?

Yes

IF YES, describe the effectiveness of this review committee

Ad hoc committees are normally set up to review these research protocols. The committees generally include civil society representation and the Ministry of Health. The composition of the committee depends on the nature of the research being reviewed. Persons with HIV have not been a part of these committees.

12. Does the country have the following human rights monitoring and enforcement mechanisms?

- Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: No

- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment: No

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: No

13. Have members of the judiciary (including labour courts/employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?

No

14. Are the following legal support services available in the country?

Legal aid systems for HIV and AIDS casework: No

Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

Programmes to educate, raise awareness among people living with HIV concerning their rights: No

15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?

Yes

IF YES, what types of programmes?

Media : Yes

School education : Yes

Personalities regularly speaking out : Yes

Other:: Yes

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?

2007: 3

2005: 2

Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:

There are now specific HIV/AIDS policies in place such as the National HIV/AIDS Policy and the National HIV/AIDS Workplace Policy from which specific workplace policies have been formulated such as the HIV/AIDS Policy of the Public Service. Presently, other sectors such as the Ministry of Education are in the process of formulating their HIV/AIDS policies. The next step will be to see the implementation and enforcement of these policies including socialization and education during the next two years.

Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?

2007: 3

2005: 2

Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:

As a part of the National HIV/AIDS Policy consultations, the National AIDS Commission conducted country-wide policy awareness and sensitization sessions in 2006. This process requires more attention now that the policy has actually been approved by Cabinet to ensure an enforcement of the policy. Through the ILO project with the Ministry of Labour, a National HIV/AIDS Policy for the Workplace was formulated. As a result of this policy, several government departments and private sector organizations have started the process of HIV/AIDS policy development within their workplace. The next step which should be completed in 2008 is the formulation of specific legislation which will govern the enforcement of these policies.

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national policy formulation?

1

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending planning meetings and reviewing drafts)

2

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included

a. in both the National Strategic plans and national reports?: 2

b. in the national budget?: 0

4. Has the country included civil society in a National Review of the National Strategic Plan?

Yes

IF YES, when was the Review conducted? Year:

2005

5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?

2

List the types of organizations representing civil society in HIV and AIDS efforts:

Alliance Against AIDS and Hands in Hands Ministry : Support for Persons with HIV/AIDS and children
Belize Family Life Association - Sexual and Reproductive Health Services; BCC with Young persons
PASMO and UNIBAM: BCC with most at risk groups such as MSM and CSW; advocacy
Belize Red Cross: Together We Can Project with young persons in difficult circumstances
Council of Churches; Faith-based Response in prevention and support
Equity House: Prevention and Care
6 Community-based response groups: coordination at district level

6. To what extent is civil society able to access

a. adequate financial support to implement its HIV activities?: 2

b. adequate technical support to implement its HIV activities?: 3

Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?

2007: 6

2005: 3

Comments on progress made in increasing civil society participation since 2005:

Civil society has always been represented well on the National AIDS Commission. The Co-Chairperson of the National AIDS Commission is a NGO representative. From 2005 to 2007 due to increased sensitization participation at the civil society level has increased. More diverse organizations such as those focusing on OVC's, women, youth, MSM's and CSW's have become a part of the national response. The next step is to ensure mobilization of resources and technical support to these civil society organizations to ensure sustainability of their programmes.

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need?

Blood safety:	The service is available in	all districts* in need
Universal precautions in health care settings:	The service is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The service is available in	all districts* in need
IEC on risk reduction:	The service is available in	all districts* in need
IEC on stigma and discrimination reduction:	The service is available in	most districts* in need
Condom promotion:	The service is available in	all districts* in need
HIV testing & counselling:	The service is available in	all districts* in need
Harm reduction for injecting drug users:	The service is available in	some districts* in need
Risk reduction for men who have sex with men:	The service is available in	some districts* in need
Risk reduction for sex workers:	The service is available in	some districts* in need
Programmes for other vulnerable sub-populations:	The service is available in	most districts* in need
Reproductive health services including STI prevention & treatment:	The service is available in	all districts* in need
School-based AIDS education for young people:	The service is available in	most districts* in need
Programmes for out-of-school young people:	The service is available in	most districts* in need
HIV prevention in the workplace:	The service is available in	some districts* in need

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007:	5
2005:	4

Comments on progress made in the implementation of HIV treatment, care and support services since 2005:

There has been some progress but there are still challenges. There has been overall training of Health Care Providers in clinical and medical care but the psychosocial aspect which can decrease stigma and discrimination is still lacking in training. To meet Global Fund requirements as well as through Global Fund resources HIV treatment, care and support protocols and services have been enhanced.

2. What percentage of the following HIV programmes or services is estimated to be provided by civil society?

Prevention for youth :	>75%
Prevention for IDU :	<25%
Prevention for MSM :	>75%
Prevention for sex workers :	>75%
Counselling and Testing :	25-50%
Clinical services (OI/ART)* :	<25%
Home-based care :	51-75%
Programmes for OVC** :	>75%

3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?

Yes

3.1 IF YES, is there an operational definition for OVC in the country?

Yes

3.2 IF YES, does the country have a national action plan specifically for OVC?

Yes

3.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?

No

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007:	3
2005:	2

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