

Survey Response Details

Response Information

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Response Details

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- 1) **Country**
Belize (0)
- 2) **Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**
Melissa Sobers
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25/03/2010

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- 8) **Describe the process used for NCPI data gathering and validation:**
A consultant was contracted to implement the process of completing the NCPI. The process consisted of: 1.) A desk Review of relevant national documents 2.) Key informant interviews using the standardized NCPI questionnaire for government officials and civil society 3.) Analysis and Interpretation of data 4.) Consensus-building exercise with members of the National AIDS

Commission and other key partners; and, 5.) Preparation of final report and integration into country report and NCPI questionnaire submitted online. The consultant collaborated closely with the UNGASS working group of the National AIDS Commission.

9) Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

There were no disagreements in respect to the responses to specific questions. The completed NCPI questionnaire was shared with stakeholders at the consensus-building session and a presentation of findings made.

10) Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

There are no concerns to highlight related to the final NCPI data submitted

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11) NCPI - PART A [to be administered to government officials]

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	National AIDS Commission	Kathleen Esquivel, Chairperson	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	National AIDS Commission Secretariat	Dr. Martin Cuellar, Executive Director	A.I, A.II, A.III, A.IV, A.V
Respondent 3	National AIDS Commission Secretariat	Melissa Sobers, M&E Officer	A. III, A. IV, A. V
Respondent 4	National AIDS Programme, Ministry of Health	Dr. Marvin Manzanero, Directo	A.III, A.IV
Respondent 5	National AIDS Programme, Ministry of Health	Lorna Perez, M&E Officer	A. IV, A. V
Respondent 6	Ministry of Labour	Hertha Gentle, Senior Officer	A.I, A.II, A.III, A.IV
Respondent 7	Ministry of Education	Carolyn Tucker, HFLE Coordinator	A. I, A. II, A. III
Respondent 8	Ministry of Youth	Eckert Middleton, Coordinator HIV Unit	A.I, A.II, A.III
Respondent 9	Ministry of Human Development	Icilda Humes, Director Women's Department	A. I, A. II, A. III
Respondent 10			
Respondent 11			

Respondent
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Respondent
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Respondent
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13)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Network of PLHIVs	Eric Castellanos, Representative	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	United Belize Advocacy Movement	Caleb Orozco, President	B.I, B.II, B.III, B.IV
Respondent 3	Alliance Against AIDS	Rodel Beltran Perera, Executive Director	B.I, B.II, B.III, B.IV
Respondent 4	Women Issues Network of Belize	Florence Goldson, Policy and Advocacy Officer	B.I, B.II, B.III, B.IV
Respondent 5	Hand in Hand Ministries	Abel Vargas, Director	B.III, B.IV
Respondent 6	Belize Family Life Association	Melanie Montero, Education and Programs Officer	B.I, B.II, B.III, B.IV

Respondent 7	San Pedro AIDS Commission	Felix Ayuso, President	B.I, B.II, B.III, B.IV
Respondent 8	Belize Enterprise for Sustainable Technology	Tasha Young, GF M&E Officer	B.I, B.II, B.III, B.IV
Respondent 9	Pan American Health Organization	Sandra Jones, Technical Advisor	B.I, B.II, B.III, B.IV
Respondent 10	UN Development Program	Kristine Blokus, Country Representative	B.I, B.II, B.III, B.IV
Respondent 11	UN Food and Population Program	Erika Goldson, Assistant Country Representative	B.I, B.II, B.III, B.IV
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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15)

Part A, Section I: STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)

Page 7

16)

1.1 How long has the country had a multisectoral strategy?

Number of Years

0

17)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	No	No
Military/Police	Yes	No
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	No

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18) **Part A, Section I: STRATEGIC PLAN**

Question 1.2 (continued)

If "Other" sectors are included, please specify:

Tourism

19)

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?

Sectors which do not have an HIV specific budget receive funding and technical support from external sources and in-country international agencies. The 5 year Global Fund Project which culminated in 2009, for example, supplemented budgets as well as provided funds to those sectors which generally do not have an HIV budget. The military, for instance, has received support from the US Southern Command to implement some components of its Strategic Plan. Most non-governmental organizations secure their funding for their programs from external sources.

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20)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations

a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes

Settings

h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes

Cross-cutting issues

k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

21)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

22)

Part A, Section I: STRATEGIC PLAN**Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2004

Page 11

23)

Part A, Section I: STRATEGIC PLAN**1.5 What are the identified target populations for HIV programmes in the country?**

1. Persons living in poverty 2. Mobile and migrant populations 3. Female and male sex workers 4. Persons living with HIV or AIDS and their immediate families 5. Persons living with Sexually Transmitted Infections (STIs) 6. In and out-of-school youth 7. Men who have sex with men 8. Members of the uniformed services 9. Incarcerated populations

24)

1.6 Does the multisectoral strategy include an operational plan?

No (0)

25)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	No
d. An indication of funding sources to support programme?	No
e. A monitoring and evaluation framework?	Yes

26)

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

Active involvement (0)

Page 12

27)

Part A, Section I: STRATEGIC PLAN**Question 1.8 (continued)****IF active involvement, briefly explain how this was organised:**

The National AIDS Commission which is a multisectoral body includes the full involvement and participation of civil society at different levels of its function. The development of the Multisectoral strategy involved a process of consultations, planning and consensus-building sessions which engaged government, civil society, bilateral and international partners. The process of developing and implementing the Global Fund Project “Strengthening of the Multisectoral Response to HIV in Belize” fully engaged civil society participation. The highest level decision-making bodies of the NAC which are the Executive Committee and the Sub-Committees include leadership and membership from civil society organizations. Thus, civil society has played an integral part in the development, vetting and implementing of the NSP.

28)

1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?

Yes (0)

29)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, some partners (0)

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30)

Part A, Section I: STRATEGIC PLAN

Question 1.10 (continued)

IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why

Some development partners have aligned and harmonized their programmes with the national Multisectoral strategy. These partners generally consult with the NAC, the NAC Secretariat and/or their specific partners in country upon the inception of their programmes. This is to ensure that the project goals are synchronized with the country's identified priority areas and goals. Belize has on-going relations with a large number of donors such as the UN agencies as well as benefits from its membership in Regional initiatives such as the Pan Caribbean Partnership against HIV/AIDS (PANCAP). The challenge, however, remains for these development partners to maintain a continuous effort of monitoring and evaluating programs to ensure that better joint planning and coordination is taking place. By doing so, existing gaps and duplication of efforts can be addressed and a bottom-up rather than top-down approach can be taken in the harmonization of their programs with the NSP.

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31)

Part A, Section I: STRATEGIC PLAN

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

Yes (0)

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32)

Part A, Section I: STRATEGIC PLAN

2.1 IF YES, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	No
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	No
d. Sector-wide approach	Yes
e. Other: National Strategic Plan for families and Children and the National Gender Plan of Action	Yes

33)

2.2 IF YES, which specific HIV-related areas are included in one or more of the development plans?

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes

Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	Yes

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34)

Part A, Section I: STRATEGIC PLAN

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

No (0)

Page 17

35)

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?

Yes (0)

Page 18

36)

Part A, Section I: STRATEGIC PLAN

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

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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37)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)

If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

The military presently has a policy which stipulates that all recruits and members of the Belize Defence Force are required to take a test. The policy states that persons who test positive while in the army are provided with care and support. Persons interested in joining the military who test positive are not recruited. This has given rise to a major debate with the National AIDS Commission, the body mandated to oversee the implementation of the National HIV Policy and Workplace Policy which state that no one, including the military, should engage in mandatory testing of applicants nor employees. The lack of legislation to enforce these policies poses a major challenge to tackling this situation in an effective manner.

38)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 20

39)

Part A, Section I: STRATEGIC PLAN

5.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. Prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	

40)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

The Women' Department of the Ministry of Human Development serve as advocates for the enforcement of the Domestic Violence ACT which was revised in 2008 through client support, court and police advocacy. The Women's Department also accomplishes this through the training of women and sensitization and training of the public, police and magistracy. Working with the Police Department and the Family Court the Women's Department has embarked on training sessions to sensitize and educate on the psychosocial impact of Domestic Violence and the revised DV Act.

41)

Briefly comment on the degree to which these laws are currently implemented:

Even though a larger number of women are seeking legal support for domestic violence, stigma and

discrimination based on social and cultural attitudes and beliefs still pose a barrier for women to access or to follow-up on their cases. Thus, even though a law exists, some women prefer to not access this support due to social and economic conditions.

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42)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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43)

Part A, Section I: STRATEGIC PLAN

6.1 IF YES, for which subpopulations?

a. Women	
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

44)

IF YES, briefly describe the content of these laws, regulations or policies:

In regards to young persons accessing sexual and reproductive health services, the law still stipulates that a person 16 and under needs to be accompanied by an adult. Under the unnatural crimes act sodomy and buggery are still consider criminal acts even if it occurs between two consenting adults. These limitations continue to affect interventions with men who have sex with men as this group remains inaccessible due to their fear of stigma and discrimination.

45)

Briefly comment on how they pose barriers:

Basic human rights legislation on sexual and reproductive health rights, sex work and sexual orientation have not been addressed beyond a national HIV/AIDS policy that is limited and is often not enforced.

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46)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 24

47)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

48)

7.2 Have the estimates of the size of the main target populations been updated?

No (0)

Page 25

49)

Part A, Section I: STRATEGIC PLAN

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

Estimates of current and future needs (0)

50)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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51)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)

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

Yes (0)

52)

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

No (0)

Page 28**53) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

54)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

Coverage is monitored at the district level.

55)

Briefly explain how this information is used:

The data collected is compiled at the central level to estimate current and future needs of antiretrovirals at the local and national level.

56)

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

Yes (0)

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57)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

6 (6)

58)

Since 2007, what have been key achievements in this area:

Since 2007 the National AIDS Commission has conducted major consultations with stakeholders to finalize the operational plan of the NSP. A review of the strategic plan is scheduled for early 2010 to identify existing gaps and measure level of implementation among stakeholders. The process also seeks to identify costing gaps. In 2009 there was the successful completion of Global Fund Rd 3

with a B1 assessment. A proposal for the Round 9 Global Fund project was developed using a multisectoral and participatory approach using the NSP framework. Collaborating closely with other partners such as the Pan Caribbean Partnership further support has been mobilized for the implementation of the NSP. There has been greater focus on the NSP as a part of a larger regional response framework both in the Caribbean and in Central America.

59)

What are remaining challenges in this area:

Even though efforts have been made to operationalize the NSP, this process has been started but has not been completed even though the NSP is in its 4th year of implementation. Getting stakeholders to “buy-in” and commit themselves to be a part of the coordinating mechanism is still a major challenge while limited human resources at the Secretariat level pose challenges to the effective and timely completion of the operational plan.

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60)

Part A, Section II: POLITICAL SUPPORT

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

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

61)

2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?

Yes (0)

Page 32

62)

2.1 IF YES, when was it created?

Please enter the year in yyyy format
2001

63)

2.2 IF YES, who is the Chair?

Name	Mrs. Kathleen Esquivel
Position/title	Chairperson

64)

2.3 IF YES, does the national multisectoral AIDS coordination body:

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?	Yes
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

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65)

Part A, Section II: POLITICAL SUPPORT**Question 2.3 (continued)**

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

23

66)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

8

67)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

1

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68)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV

strategies/programmes?**Yes (0)****Page 35**

69)

Part A, Section II: POLITICAL SUPPORT**Question 3 (continued)****IF YES, briefly describe the main achievements:**

The National AIDS Commission of Belize is the Multisectoral body mandated by Cabinet to coordinate and facilitate the implementation of the National Response to HIV. The National AIDS Commission Act (NAC) was passed into law on February of 2004. The multisectoral nature of the National AIDS Commission highlights the recognition that HIV and AIDS is not only a health issue but also a developmental one with potentially devastating impacts on every sector of society. A multisectoral approach is therefore adapted to respond to the epidemic in Belize. The Commission is a 23 member body with wide cross section representation of society, including those organizations involved in the fight against HIV and AIDS in Belize. Key stakeholders include governmental departments such as the Ministries of Health, Education, Labor, Human Development and Tourism. Also represented are persons living with HIV/AIDS, the business community, youth, faith-based organizations, other non-governmental organizations, community-based organizations and representatives of the district committees. The multisectoral membership of the NAC in collaboration with the UNTheme Group which comprises PAHO, UNICEF, UNDP and UNFPA in Belize; bilateral; and other international agencies has engaged in successful partnerships to finalize and implement the NSP; develop the Monitoring and Evaluation Plan; advance the policy and legislative agenda; develop the Round 9 Global Fund Proposal among other accomplishments in 2008 and 2009.

70)

Briefly describe the main challenges:

Sometimes there are conflicting agendas and there is always an element of territoriality among some stakeholders. Another challenge is posed by human resource constraints since the same persons are wearing different hats within the different organizations. Thus, full and timely participation is sometimes compromised as key representatives are sometimes engaged with responsibilities that are not HIV-related.

71)

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?

Please enter the rounded percentage (0-100)

0

72)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs

Yes

Technical guidance

Yes

Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

73)

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

Yes (0)

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74)

Part A, Section II: POLITICAL SUPPORT

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

No (0)

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75)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

Overall, how would you rate the political support for the HIV programmes in 2009?

6 (6)

76)

Since 2007, what have been key achievements in this area:

The National AIDS Commission is still a body under the Office of the Prime Minister. There is greater involvement of Chief Executive Officers within the National AIDS Commission as members. Ministers of Health and Education signed on the Mexico City Declaration in 2008 which included some cutting edge commitments for reduction of stigma and discrimination and human rights; by end of 2011 so many schools now have Health and Family Life Education curriculum implemented.

77)

What are remaining challenges in this area:

Declarations and commitments need to translate into direct action as reflected in policies, legislation and budgets to support and facilitate the control of HIV in Belize.

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78)

Part A, Section III: PREVENTION

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

Yes (0)

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79)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

80)

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

Yes (0)

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81)

Part A, Section III: PREVENTION

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

Yes (0)

82)

2.1 Is HIV education part of the curriculum in:

primary schools? Yes
 secondary schools? Yes
 teacher training? Yes

83)

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

Yes (0)

84)

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

Yes (0)

85)

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

Yes (0)

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86)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Men having sex with men, Sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Other populations
Condom promotion	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
HIV testing and counselling	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Men having sex with men, Sex workers, Other populations
Vulnerability reduction (e.g. income generation)	Other populations
Drug substitution therapy	
Needle & syringe exchange	

Page 43**87) Part A, III. PREVENTION****Question 3.1 (continued)**

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

Women and youth

Page 44**88)****Part A, III. PREVENTION****Question 3.1 (continued)**

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

8 (8)

89)

Since 2007, what have been key achievements in this area:

In 2006 Cabinet approved the National HIV/AIDS Policy presented by the National AIDS Commission as well as the National HIV/AIDS Workplace policy which was a joint venture between the Ministry of Labor and the National AIDS Commission with support from the International Labor Organization. Both these policies adopt a human rights approach, which incorporate the fundamental rights enshrined in the Belize Constitution and the commitments set out in the National Poverty Reduction Strategy and Action Plan as well as our international commitments in the Millennium Development Goals, (MDGS) and the United Nation's Special Session on HIV/AIDS, 2001 (UNGASS). As a result of these National policies, several sectors have since elaborated and launched their HIV policy. The Chamber of Commerce has launched a Business Coalition for HIV/AIDS. Twenty two business establishments in Belize signed as members of the Coalition with the goal of creating their own HIV/AIDS policies to spread the message against discrimination, educate employers of the rights of their employees and adopting HIV/AIDS education programs within the workplace. To date, 24 of these establishments have met their targets. The Office of Governance has also completed the HIV Policy for the Public Service Sector policy while the Ministry of Education is in the process of formulating its policy for the Education Sector. The NAC is also encouraging the NGO and Civil Society agencies actively engaged in the response to adopt this policy as well. To date, the AAA and BEST have done so and will need to advocate for others to do the same. In 2009 the NAC through the Project entitled "Strengthening of Belize's Multi-Sectoral Response to HIV/AIDS" sponsored by the Global Fund to Fight AIDS, Tuberculosis and Malaria, conducted a full review of the legislation in Belize in an effort to identify legislative gaps in the Multi-sectoral Response and has developed draft legislation to address these gaps.

90)

What are remaining challenges in this area:

One of the greatest challenges is to expedite this process as it has been drawn-out for many years. Another challenge is to garner public support for the proposed legislation. This draft will then be forwarded to the Solicitor General before it is forwarded to Cabinet for introduction as Law.

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91)

Part A, III. PREVENTION

4. Has the country identified specific needs for HIV prevention programmes?

Yes (0)

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92)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

Based on the Situational Analysis of 2004 which guided the development of the NSP as well as through on-going consultations with stakeholders and donor agencies.

93)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need have access	
HIV prevention component	
Blood safety	
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Don't agree
Other: please specify	

Page 47

94)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

95)

Since 2007, what have been key achievements in this area:

Studies conducted by the Pan American Social Marketing Organization show that condom usage has increased while preliminary figures from the Ministry of Health show that the number of new infections continue to decline. The PMTCT program continues to record high levels of success and has been successfully sustained during the past 2 years. The VCT Program of the Ministry of Health also reports that more persons are being tested voluntarily.

96)

What are remaining challenges in this area:

There seems to be complacency among the general population particularly in regards to cases decline. Base-line data on MARPS is still lacking specifically disaggregated by population therefore it's difficult to determine how if there are pockets of higher prevalence and don't know what are the obstacles or if there are obstacles to practice. Thus the lack of evidence-based planning for these populations continues to pose a major challenge.

Page 48

97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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).

No (0)

Page 49

98)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

These HIV treatment, care and support services needs have been determined by programme managers within the Ministry of Health. Additionally, these needs have also been identified through consultation processes with clinician as well as by using a needs-based approach. The Ministry works very closely with the Pan American Health Organization which evaluates existing programs and make recommendations for improvements within the areas of treatment, care and support services. The Ministry of Health has also applied experiences learnt from of other countries, for example, the establishment of VCT sites and the PMTCT programmes which have both proven to be effective prevention programmes in Belize.

100)

2.1 To what extent have the following HIV treatment, care and support services been implemented?

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Don't agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

Page 51

101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)

102)

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

and substitution drugs?

Yes (0)

Page 52

103)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 4 (continued)****IF YES, for which commodities?:**

Antiretroviral medication and condoms

Page 53

104)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

7 (7)

105)

Since 2007, what have been key achievements in this area:

During the past 2 years there have been key achievements in the area of HIV treatment, care and support. There has been scale up in the availability and access to antiretrovirals as the number of persons being reached and geographic spread has improved significantly. Additional accomplishments since 2007 include no "stock-out" of ARVs and expansion ARV treatment sites. There has also been an expansion in the number of VCT testing sites. This includes the introduction of provider initiated testing and counseling (PITC) at all public health clinics (43 sites). More clinicians have also been trained in HIV management. In the area of M&E, a full-time post has been incorporated within the National Programme. There is also better use of an electronic health record country-wide (Belize Health Information System with incorporation of HIV/AIDS module). There is now a functional electronic system for monitoring and following up with patients. The involvement of FBOs and CBOs in reaching specific populations with care and support has also contributed to a scale up in the provision of care and support programs. Existing protocols have been updated while new guidelines for partner notification have been introduced. Another major accomplishment in this area is the expansion of second line treatment for pediatric cases.

106)

What are remaining challenges in this area:

Challenges which still persist include a lack of consistent data on adherence and need to go beyond accessing medication to whether the medications are actually being properly and consistently used. There is also the need for training to ensure that integration in primary health care services will not reduce quality of counseling and care. Another challenge includes the lack of adequate laboratory services in general including re-agents. There is still not comprehensive package of support services for patients as psychosocial support and home-based care and minimal to non-existent.

Page 54

107)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 55

108)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

No (0)

109)

5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

110)

5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

No (0)

Page 56

111)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

5 (5)

112)

Since 2007, what have been key achievements in this area:

There is assistance provided through Ministry of Human Development through its human services department which places children within the Children's Home as well as manages a Foster home program. There are protocols in place at this level which allow families which are affected to access this program. Legislative change also envisions increased access to education and other services to OVCs. The Ministry of Health has also secured a budget for pediatric ARVs.

113)

What are remaining challenges in this area:

One major challenge in this area is that only one agency (Hand in Hands Ministries) is primarily focused on this population.

Page 57

114)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

115)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2006

116)

1.1 IF YES, years covered:

Please enter the end year in yyyy format below

2011

117)

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

Yes (0)

118)

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

Yes (0)

119)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, but only some partners (0)

Page 59

120)

Part A, Section V: MONITORING AND EVALUATION

Question 1.4 (continued)

IF YES, but only some partners or IF NO, briefly describe what the issues are:

The Monitoring and Evaluation Plan has just recently been completed thus there is need to train and familiarize partners on the use of the indicators. There is also a level of lack of involvement from some partners in the area of M&E. Most of the reporting is based on funding requirements rather than to provide evidence for further planning.

Page 60

121)

Part A, Section V: MONITORING AND EVALUATION**2. Does the national Monitoring and Evaluation plan include?**

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	No
a strategy for assessing data quality (i.e., validity, reliability)	No
a data analysis strategy	No
a data dissemination and use strategy	No

Page 61

122)

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

No (0)

Page 64

123)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

124)

Part A, Section V: MONITORING AND EVALUATION**Question 4 (continued)**

IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

For the development of the M&E plan, identification of key indicators was based on reporting needs such as UNGASS, Universal Access and the MDGs development goals. Other indicators were identified at the program level and takes into account national indicators and recommendations made in the Capacity Project's Kanter Report (2006) Monitoring and Evaluation of HIV/AIDS Activities in Belize supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria

125)

5. Is there a functional national M&E Unit?

Yes (0)

Page 66

126)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)? Yes
 in the Ministry of Health?
 Elsewhere? (please specify)

127)

Number of permanent staff:

Please enter an integer greater than or equal to 0

1

128)

Number of temporary staff:

Please enter an integer greater than or equal to 0

0

Page 67

129)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)

Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Monitoring and Evaluation Officer	Full time	2008
Permanent staff 2			
Permanent staff 3			
Permanent staff 4			
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			

Permanent staff
12
Permanent staff
13
Permanent staff
14
Permanent staff
15

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130)

Part A, Section V: MONITORING AND EVALUATION

5.3 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 for inclusion in the national M&E system?

No (0)

Page 69

131)

What are the major challenges?

The M&E Plan has just recently been completed and the NAC is still in the process of training partners and other key stakeholders

Page 70

132)

Part A, Section V: MONITORING AND EVALUATION

6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, meets regularly (0)

133)

6.1 Does it include representation from civil society?

Yes (0)

Page 71134) **Part A, Section V: MONITORING AND EVALUATION**

Question 6.1 (continued)

IF YES, briefly describe who the representatives from civil society are and what their role is:

The M&E Committee is made up of 7 members of which 3 represent civil society organizations.

The Chairperson of this committee is a representative of a civil society organization based in rural Belize.

135)

7. Is there a central national database with HIV- related data?

No (0)

Page 73

136)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

137) Part A, Section V: MONITORING AND EVALUATION

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

regional and district level

138)

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

No (0)

139)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

0

140)

What are the main challenges, if any?

The M&E plan has just recently been completed. The M&E system is yet to be formalized.

Page 75

141) **Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

0

142)

What are the main challenges, if any?

The M&E plan has just recently been completed. The M&E system is yet to be formalized.

Page 76

143)

Part A, Section V: MONITORING AND EVALUATION**9.3 To what extent are M&E data used for programme improvement?:**

0

144)

What are the main challenges, if any?

The M&E plan has just recently been completed. The M&E system is yet to be formalized.

Page 77145) **Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

No (0)

Page 78

146)

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

At national level?	Yes
At subnational level?	
At service delivery level including civil society?	Yes

Page 79147) **Part A, Section V: MONITORING AND EVALUATION****Question 10.1 (continued)****Please enter the number of people trained at national level.**

Please enter an integer greater than 0

5

- 148) **Please enter the number of people trained at service delivery level including civil society.**

Please enter an integer greater than 0

30

Page 80

149)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

No (0)

Page 82

- 150) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)

Overall, how would you rate the M&E efforts of the HIV programme in 2009?

7 (7)

151)

Since 2007, what have been key achievements in this area:

One of the key achievements in the area of M&E in Belize includes the development of the country's M&E plan which did not exist 2 years ago. The purpose of the M&E plan is to guide, within the framework of the NSP of Belize 2006-2011, in accordance with the UNAIDS Three Ones principle and other international commitments, the core M&E activities to be implemented as a part of the national response to the HIV/AIDS epidemic, providing strategic information on the progress of program implementation and accomplishments, measuring the impact of interventions taken, and enabling the timely and opportune identification of problems for decision making and program planning. Another accomplishment is the re-activation of M&E committee which has started discussions on conducting surveys and collection of data which is vital for planning especially for MARPS and vulnerable population. The Global Fund project contributed significantly to increasing accountability and use of verifiable data which has resulted in more systematic M&E through the creation of an M&E system rather than just answering specific reports indicators. The NAC has also started to modify the Development Information (DEVInfo.) system which includes a completed template that has been customized to the Belizean context. Other accomplishments included the contracting of an M&E Officer for the National AIDS Program of the Ministry of Health, an M&E Office at the NAC and training on the use of the DEVInfo. among key players such as the Ministry of Health, Statistic Institute of Belize, the Police Department and other partners.

152)

What are remaining challenges in this area:

Lack of Human resources at the Secretariat as well as the agencies and Ministry's level continue

to be a challenge. Lack of funding and M&E advocacy also pose barriers since establishing ownership on the part of stakeholders has proven difficult. In most instances partners report only to funders and do not prioritize reporting to the NAC which is the country coordinating and M&E mechanism.

Page 83

153)

Part B, Section I: HUMAN RIGHTS

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

No (0)

Page 84

154)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

155)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	

156)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

The Women' Department of the Ministry of Human Development serve as advocates for the

enforcement of the Domestic Violence ACT which was revised in 2008 through client support, court and police advocacy. The Women’s Department also accomplishes this through the training of women and sensitization and training of the public, police and magistracy. Working with the Police Department and the Family Court the Women’s Department has embarked on training sessions to sensitize and educate on the psychosocial impact of Domestic Violence and the revised DV Act.

157)

Briefly describe the content of these laws:

Provides for the protection of women from Domestic Violence.

158)

Briefly comment on the degree to which they are currently implemented:

Even though a larger number of women are seeking legal support for domestic violence, stigma and discrimination based on social and cultural attitudes and beliefs still pose a barrier for women to access or to follow-up on their cases. Thus, even though a law exists, some women prefer to not access this support due to social and economic conditions.

Page 86

159)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

Page 87

160)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

a. Women	No
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

161)

IF YES, briefly describe the content of these laws, regulations or policies:

Young girls are affected by barriers due to age of consent to access prevention and treatment. Laws that govern educational curricula are not as open to the subject for age-appropriate sex education to young persons at earliest age. In regards to migrants immigration laws prohibit the freedom of these persons. Their application for citizenship still requires an HIV test and persons who are found to be positive are refused entry into the country. In regards to MSMs – sodomy and buggery laws need to be repealed. The public health laws do not recognize the needs of vulnerable populations. Sex workers is not illegal in Belize but there is a need to work on legalizing it and making it legal for establishments to offer a place for this trade to take place in a controlled and safe environment Also in section 53 of the Criminal Code there is a specific consideration to sodomy act which is from a legal aspect an obstacle to effective prevention and intervention HIV work with men who have sex with men.

162)

Briefly comment on how they pose barriers:

Even though there are policies, these are not being implemented. Barriers such as stigma and discrimination continue to pose a challenge to populations accessing services at the health centers. Accessibility of services is also made difficult due to transportation issues and the decentralization of services. There also exists an absence of special attention for women and an absence of consideration for a gender approach to services.

Page 88

163) Part B, Section I. HUMAN RIGHTS

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

Yes (0)

Page 89

164)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

Even though the National HIV policy and HIV Policy for the World of Work are based on human rights principles in practice policy makers and key decision-makers have not been committed to develop human rights strategies. The entire national policy which still lacks a legal framework and approaches to care treatment and support from a human rights standpoint. It stipulates that the rights of all humans will be respected at all levels within the health and education system. The challenge is to introduce and enforce HIV legislation that will ensure that these rights are truly respected.

165)

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

No (0)

Page 90

166)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

167)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)**

IF YES, describe some examples:

To some extent policy design at the national level has had the involvement of PLHIVs and MARPS. The NAC has also made efforts to involve the NGOs and CBOs sectors representing in different discussions such as the national consultation for Legislative amendments and the development of the Global Fund Project Even though there have been some accomplishments some persons are of the opinion that the involvement of MARPS such as MSMs are merely done as a form of “tokenism” whereby these representatives are involved just because it is a requirement of the funders or reporting mechanisms. In most instances, the PLHIVs, MSMs and sex workers are present but do not truly understand the process because they have not been trained and informed properly to participate in an effective and significant manner.

168)

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

- | | |
|---|-----|
| a. HIV prevention services | Yes |
| b. Antiretroviral treatment | Yes |
| c. HIV-related care and support interventions | No |

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169)

Part B, Section I. HUMAN RIGHTS**Question 7 (continued)**

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

In 2003, the government approved free ART for any person in need of it, but still some constraints such as lack of easy accessibility and stigma and discrimination are posing barriers for persons in need of accessing free ARVs.

170)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

Page 93

171)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

172)

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

Yes (0)

Page 94

173)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)****IF YES, briefly describe the content of this policy:**

Even though the National Strategic plan mentions most-at-risk populations, the National Communication Strategy does not include interventions with men who have sex with men. Efforts undertaken with this population are fragmented and driven by NGOs interested in different populations. The policy doesn't specifically address the needs of the populations and strategies on how to reach them it merely makes mentions of these populations.

174)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

No (0)

Page 95

175)

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

Yes (0)

176)

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

No (0)

Page 97

177)

– 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

Yes (0)

178)

– 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 (0)

179)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

No (0)

Page 98

180)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

IF YES on any of the above questions, describe some examples:

There is a focal point within the Ministry of Labor who is responsible for overseeing the implementation of the National Workplace Policy. This focal point is also responsible for addressing issues related to HIV-related discrimination in the workplace. The Ombudsperson's Office is also available to all persons who need mediation in situations where they have been abused. Watch dog organizations such as the NAC, Alliance Against AIDS, Women's Department, National Women's Commission among others have the responsibility to advocate for and promote policies which stipulate non-discrimination.

Page 99

181)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

182)

– Legal aid systems for HIV casework

No (0)

183)

– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

No (0)

184)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

No (0)

185)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

No (0)

Page 101

186)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

4 (4)

187)

Since 2007, what have been key achievements in this area:

Since 2007 there have been some important actions in the country, such as the Legislative review promoted by the NAC as well as the new workplace policies developed by the private sector and supported by the Ministry of Labour. The Alliance Against AIDS has also conducted human rights workshops specifically for PLHIVs and support groups across the country. AAA also developed a manual written by a PLHIV which includes a model to teach health care providers and

PLHIVs the issue of stigma and discrimination.

188)

What are remaining challenges in this area:

The HIV legislation continues to be drafted. This legislation is long over-due as it has been in draft form for the past 36 months. Another challenge is in developing a non discriminatory legal framework for MARPs and to incorporate human rights based approach to the national strategies and policies. Another outstanding challenge is the general lack of awareness in the population about HIV polices. Policies are in place but no implementation is happening for example, treatment of PLHIVs which is still affected by the stigma and discrimination which still exists.

Page 102

189)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

3 (3)

190)

Since 2007, what have been key achievements in this area:

It is difficult to enforce the existing policies as many persons are unaware of these and there are also no laws to enforce them

191)

What are remaining challenges in this area:

he legislation agenda has been on table for too long. Even though there is a policy in place there is no legislation to enforce and enact these policies.

Page 103

192)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

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

4 (4)

193)

Comments and examples:

There needs to be much more involvement. The voices of representatives of civil society have been strong in calling attention to certain legislation as well as insisting that draft or the law is with a human rights approach. But, the legislation is still in draft form.

Page 104

194)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

4 (4)

195)

Comments and examples:

The NAC sub-committee include Policy and Legislation; Care and Treatment; Information-Education and Communication; Support Services; Community-based Response; and, Monitoring and Evaluation. The membership of these committees includes significant representation from civil society. Civil society representation at the NAC level has increased significantly as representatives also hold leadership posts within the NAC executive and sub-committees. Civil Society has been actively involved in consultation and planning sessions such as the development of the NSP, Global Fund Proposals, Legislative Review and the development of the National M&E Plan.

Page 105

196)

a. the national AIDS strategy?

3 (3)

197)

b. the national AIDS budget?

3 (3)

198)

c. national AIDS reports?

3 (3)

199)

Comments and examples:

Involvement in consultations in the process of developing the UNGASS report as well as the Universal Access Report.

Page 106

200)

a. developing the national M&E plan?

3 (3)

201)

b. participating in the national M&E committee / working group responsible for coordination of M&E activities?

4 (4)

202)

c. M&E efforts at local level?

1 (1)

203)

Comments and examples:

Civil society is well-represented on the M&E Committee and have been greatly involved in the consultation and planning process of developing the new M&E plan of the NSP

Page 107

204) Part B, Section II. CIVIL SOCIETY PARTICIPATION

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

3 (3)

205)

Comments and examples:

There is only one representative of the Council of Churches on the Commission. NGOs that are dealing with poverty are not involved and those that are involved does not include those providing services for IDU. Key education and research institutions such as the University of Belize are also non-involved. A PLHIV is a part of the Commission and represents the network of PLHIVs in Belize.

Page 108

206)

b. adequate technical support to implement its HIV activities?

3 (3)

207)

Comments and examples:

There is lack of human resources such as trained personnel and institutional leadership in coordinating M&E needs of the country Network of women agencies, for example, need technical

support on how to write proposals; socialize self locally and internationally; website design; and, communication strategies;

Page 109

208) Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	>75%
- Sex workers	51-75%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI) *	<25%
Home-based care	<25%
Programmes for OVC* *	25-50%

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209)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

Overall, how would you rate the efforts to increase civil society participation in 2009?

8 (8)

210)

Since 2007, what have been key achievements in this area:

The Global Fund process opened the door for civil society involvement especially with addressing the needs of MARPS. There has been an increase in capacity building for civil society in a number of areas such as: advocacy, stigma and discrimination; human rights; monitoring and evaluation; counseling; strengthening administration issues within NGOs; and, sexual health and sexuality. Civil society representatives are of the opinion that the NAC has made great strides in getting more NGOs and CBOs involved in different processes, such as the UNGASS report, legislative reform and development of the Round 9 Global Fund Proposal.

211)

What are remaining challenges in this area:

One major challenge is the gap that exists in the areas of prevention amongst high risk populations. Due to a lack of epidemiological and behavioural data on this population it is difficult to engage in evidence based planning for this population. Baseline studies and research need to be carried out with MARPs, youths and women. This will increase the involvement of civil society organizations that are presently engaged in work with these populations. In addition to providing this support to civil society there is also the need for budgetary support as national funds provided

to NGOs and CBOs are minimal to non-existent.

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212)

Part B, Section III: PREVENTION**1. Has the country identified the specific needs for HIV prevention programmes?**

No (0)

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213)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: Tourism	Don't agree

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214)

Part B, Section III: PREVENTION**Question 1.1 (continued)****Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

6 (6)

215)

Since 2007, what have been key achievements in this area:

Over the past two years there has been greater inclusion of civil society organizations such as Hand in Hand, Equity House and the Belize Family Life Association in the provision of VCT services especially in rural areas. Testing and counseling services and the Prevention of Mother to Child HIV Transmission have been scaled up with the support of the Global Fund. The Ministry of Education has ensured the inclusion of Sexual and Reproductive Health in HFLE primary school level while the Women's Department has increased its Gender Awareness Safe School Programme at the primary and secondary level across the country.

216)

What are remaining challenges in this area:

One challenge that remains is the implementation of the Provider Initiated Testing and Counseling. Many prevention activities are being implemented but the impact can't be measured due to the lack of a functional monitoring and evaluation system at the national and agency level. The effective integration of the HIV services into the primary health services in the country also continues to pose a challenge.

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217)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**1. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

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218)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)****IF YES, how were these specific needs determined?**

Specific needs for HIV treatment, care and support services have been identified through evaluation and assessment conducted by the Pan American Health Organization and other UN agencies. PAHO conducts assessments on the Health Sector response to HIV and makes recommendations. Needs have also been identified through the Ministry of Health's internal assessments.

219)

1.1 To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Don't agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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220)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

5 (5)

221)

Since 2007, what have been key achievements in this area:

During the past 2 years there have been key achievements in the area of HIV treatment, care and support. There has been scale up in the availability and access to antiretrovirals as the number of persons being reached and geographic spread has improved significantly. Additional accomplishments since 2007 include no "stock-out" of ARVs and expansion ARV treatment sites. There has also been an expansion in the number of VCT testing sites. This includes the introduction of provider initiated testing and counseling (PITC) at all public health clinics (43 sites). More clinicians have also been trained in HIV management. In the area of M&E, a full-time post has been incorporated within the National Programme. There is also better use of an electronic health record country-wide (Belize Health Information System with incorporation of HIV/AIDS module). There is now a functional electronic system for monitoring and following up with patients. The involvement of FBOs and CBOs in reaching specific populations with care and support has also contributed to a scale up in the provision of care and support programs. Existing protocols have been updated while new guidelines for partner notification have been introduced. Another major accomplishment in this area is the expansion of second line treatment for pediatric cases. There is an increase in Post Exposure Prophylaxis packs and algorithms in the clinic across the country. The newly introduced protocol for PEP has been adapted from Center for Disease Control and UN System.

222)

What are remaining challenges in this area:

ARVs are available but access in terms of providing services to where people live is a challenge. Services are not accessible due to issues of discrimination especially since stand-alone services still exist in country. This does not make the services accessible to populations that fear stigma and discrimination such as PLHIVs and MARPS. There is also no viral load machine available in country and CD4s are not done in a timely manner. There is still lack of a comprehensive package of support services which includes psychosocial support, nutrition and adherence counseling and home-based care.

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223)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

Yes (0)

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224)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**2.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?**

Yes (0)

225)

2.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

226)

2.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

No (0)

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227)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

4 (4)

228)

Since 2007, what have been key achievements in this area:

Since 2007 there has been an increase in HIV testing for HIV exposed children. Secondline medication for pediatric cases have been introduced and protocols for the PMTCT have revised. Civil society organizations such as Hand in Hand Ministries have been involved in provision of support to OVCs during the past two yers and have successfully advocated and collaborated with the Ministry of Health in providing pediatric ART as well as treatments for opportunitistic infections to HIV positive children. This has resulted in better access to medications and adherence. HHM also provides nutritional support and educational sessions to caregivers.

229)

What are remaining challenges in this area:

As the only civil society organization providing support and care to vulnerable and orphan children, HHM has serious financial restrictions and thus, needs more financial support in order to reach more people. Another challenge that remains is that HIV positive children receive ART but a full support system is not in place, for example, in schools they still have to deal with discrimination. In some instances food and nutrition is not available within their homes. Another challenge is the lack of evidence-based planning and a functional M&E system to guide this program.