

U.S.A.

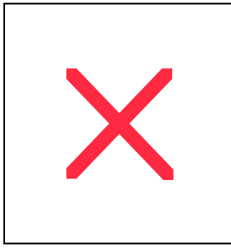
UNGASS WATCH BELIZE:

FINDINGS



BELIZE

ICO



Compiled By: Tasha Young



Table of Contents:

Acknowledgements.....3

Acronyms and Abbreviations4

Executive Summary5

Section I

Overview.....6

Analysis of Health Care7

Situation of HIV/AIDS.....9

Health Policies.....10

Section II

Goal 37 Government Leadership in Facing the Epidemic.....11

Goal 52-54 Prevention12

Goal 59-61 Human Rights15

Goal 62-64 Reduction of Vulnerability.....19

Goal 65 Orphans20

Goal 69 Mitigation of Social and Economic Effects22

Goal 72 Research and Development.....22

UNGASS Watch Belize Summary of Findings23

Bibliography26

Acknowledgements:

The Report Team included an array of hard working and dedicated individuals: Sandra Bradshaw (BEST- Belize Enterprise for Sustainable Technology/ Independent), Dorothy Biberman (Belize Red Cross), Maggie Ellsworth (YWCA) , Stephanie Gillette-Jimenez (Alliance Against Aids), Marlene Meyers,(YES) Melanie Montero (BFLA), Caleb Orosco (UNIBAM), Rodel Beltran Perrera(Alliance Against AIDS), and Ana Carrillo- Reyes (BFLA) .

The Report Team would like to thank the following people for their assistance: Andrea Constantino(WIN Belize), Cornerstone Foundation, Icilda Humes (Women’s Department), The National AIDS Commission, UNICEF, Ministry of Health Epidemiological Unit, NCFC, Human Services Department, and all those who participated in the interview and data collection process.

This report was made possible through the support of Gestos, the Ford Foundation, and technical support of Alliance Against AIDS.

Acronyms and Abbreviations

AIDS= Acquired Immuno-Deficiency Syndrome

ARV= antiretroviral

BFLA= Belize Family Life Association

Global Fund= Global Fund to Fight AIDS, Tuberculosis and Malaria

HIV= Human Immuno Deficiency Syndrome

MOH= Ministry of Health

MSM= men who have sex with men

NAC= National AIDS Commission

PLWH= People living with HIV

S&RH= Sexual and Reproductive Health

STD= Sexually Transmitted Disease

STI= Sexually Transmitted Infection

UNGASS= United Nations General Assembly Special Session

UNIBAM=-United Belize Advocacy Movement

YES= Youth Enhancement Services

YFF= Youth for the Future

Executive Summary:

The aim of UNGASS Watch Belize is to communicate the goal of and strengthen national actions on monitoring of HIV/AIDS and S&RH policies. The mandate of the group is to create links between common issues affecting particular groups such as strengthening the S&RH theme in the AIDS movement agenda and the AIDS theme in the women's and other movements. The involvement of Civil Society was deemed essential in order to widen the participation and greater representation vis -a -vis the monitoring of the international guidelines associated with UNGASS. It is felt that the participation of Civil Society is needed to allow for continuity of the monitoring of UNGASS in Belize.

With continued support UNGASS Watch Belize hopes to widen and broaden its representation as a group. Through collaboration and networking initiatives with government agents and civil society, the group hopes to promote and encourage a closer interconnection between these groups in their aim to accomplish the UNGASS goals in regards to women and young girls.

SECTION I – General Overview

Belize is a small country bordered by Mexico, Guatemala, Honduras and the Caribbean Sea. It has a land area of 22,966¹ sq miles. Belize is geographically unique in that it is part of two regions both Central America and the Caribbean. It is the only English-speaking country in Central America, although Spanish is also widely spoken. Belize is governed by a parliamentary democracy based on the British system. The Prime Minister and Cabinet constitute the executive branch, and a 31-member elected House of Representatives and an 8-member appointed Senate form the bicameral legislature. The Cabinet members are appointed by the Governor General on the advice of the Prime Minister. The country has been divided into six administrative districts: Corozal, Orange Walk, Belize, Cayo, Stann Creek, and Toledo. A locally elected board administers each district, and a mayor and an elected council govern at the village level. Although the capital was moved to Belmopan in 1981, Belize City remains the commercial center with almost a quarter of the population.

In July 2007, the estimated population was recorded at 294,385. Over 57.5 % of residents are between the ages of 15-64 years, with similar proportions of women and men. In 1991, the rural population surpassed the urban due to an influx of immigrants. In 2007, estimated life

¹ CIA World Fact Book- Belize Country profile

expectancy at birth was 66.4 years for males and 70.4 years for females. In 2007, the crude death rate was estimated at 5.76 deaths per 1,000 population².

The country has an economy primarily based on agriculture and services. The 2007 per capita income was US\$ 4,800. The gross domestic product (GDP) was estimated to grow at 3.5%³ per year in 2006. The economy is dominated by agricultural exports including sugar cane, citrus concentrate, bananas, and marine products. Belize also relies on forestry, fishing, and mining, in combination with agriculture and a growing tourism industry.

Analysis of Health Care:

The Government of Belize for decades provided health services at practically no charge including the provision of pharmaceuticals. “Health care management in the past was, centralized; nevertheless, reform in the health system allows more district autonomy in the decision-making process. The Ministry of Health is responsible for the design of policies and arrangements between institutions and providers, including the utilization of public hospitals by physicians and dentists for private practice.”⁴

The Health System in Belize is characterized by cooperation between governmental and non-governmental agencies. This is recognized as a comprehensive and sound approach to health and development within Belize. There are also multi-sectoral bodies such as the National Commission for Families and Children, the National Women’s Commission, which also contribute to the development of the country. Limitations in their impact are compromised by a

² CIA World Fact Book- Belize Country profile

³ CIA World Fact Book- Belize Country profile

⁴ Belize Health Situation Analysis and Trends Summary: Pan American Health Organization (PAHO)

lack of effective mechanisms for intersectoral coordination and cooperation at the national level and municipal level.

The Ministry of Health is the primary government coordinating body responsible for primary health care. It has created an infrastructure of district health teams that continuously work toward health related goals.

There are seven public hospitals and four private hospitals⁵, Karl Heusner Memorial Hospital is the national referral hospital and serves the Belize District population with general and specialized services for primary, secondary, and some tertiary care. Rockview Hospital, located 22 miles from Belize City, is the national psychiatric hospital. District hospitals function as primary level care facilities and provide some secondary care. Referrals are made to neighboring countries, but no standardized protocols are in place. There are 75 public facilities functioning as health centers (40) and rural health posts (35)⁶. Health centers provide pre- and postnatal care, immunization services, growth monitoring of children under age 5, treatment for diarrhea and minor ailments, and general health education. Some specialized clinics offer services for hypertension, diabetes, tuberculosis, sexually transmitted diseases, and HIV/AIDS, also providing referrals and follow-up. There are no standardized protocols and mechanisms for referrals to district hospitals or to the national referral hospital. Each center serves 2,000 to 4,000 persons, and most also provide a mobile clinic that visits smaller and more remote villages every six weeks, accounting for 40% of the centers' service delivery.

⁵ Health Situation in Belize: Belize Basic Indicators 2006, Volume No:4, Year 2007

⁶ Health Situation in Belize: Belize Basic Indicators 2006, Volume No:4, Year 2007

The Ministry of Health does not provide contraceptives, and family planning is limited to health education during pre- and postnatal services. Belize Family Life Association is the main provider of contraceptives.

Situation of HIV/AIDS

Since the detection of the first AIDS case in 1986, 4035 cases were reported through September 2007. The majority of new infections were in the 20–44 year age group. Transmission occurs mostly through heterosexual contact. The Ministry of Health Epidemiological Unit reports that there has not been a prevalence study done due to the occurrence of stigma associated with HIV/AIDS in Belize, lack of participation in the study is perceived to be a dominant limitation. Current compiled statistics are currently not available on the prevalence by age and gender. The latest statistics compiled illustrate prevalence by district. The country prevalence reported during the last quarter July to September 2007 indicates a prevalence of 4.6.⁷ The total person in the country on ARV treatment up to the ending of September, 2007 was 558, which included 263 men and 295 women.⁸ The total number of deaths reported since 1986 up to the ending of the third quarter is 744.

Information could not be compiled on the rates of the following: pregnant women death rate, death rate by uterus cancer prevalence, condom use predominance rate, predominance of contraceptive use by type, general fecundity rate, HIV/AIDS mother to child transmission rate. The

⁷ HIV/AIDS Surveillance in Belize- Third Quarter: July- September, 2007

⁸ HIV/AIDS Surveillance in Belize- Third Quarter: July- September, 2007

infant mortality rate for 2006 was 19.6%, and the percentage across the country for assisted births in hospitals was reported to be 90.7%.⁹

Health Policies

The policy in regards to HIV/AIDS medication is comprehensive and clear. In the National HIV/AIDS Policy the government has pledged to provide holistic treatment that is accessible and affordable. However, the National Health Policy and Sexual and Reproductive Health Policy both have gaps in regards to the provision and access to services especially to the vulnerable group of adolescents between the ages of thirteen to seventeen. In this area especially there is a suggested need for review and amendment. There is a specified policy for the control and spread of HIV/ AIDS, however not for the spread of other STIs.

⁹ Health Situation in Belize: Belize Basic Indicators 2006, Volume No:4, Year 2007

SECTION II – UNGASS Goals and Proposed Indicators:

Goal 37 – Government Leadership in Facing the HIV/AIDS Epidemic

There is some participation and representation of women and youth living with HIV in the HIV/AIDS Programs, including the decision making spaces and in the UNGASS monitoring actions. Women and youth are represented on the board of the National AIDS Commission. They are not a part of the National AIDS Program which is under the mandate of the Ministry of Health. Women and girls are represented at the government level, the grassroots level, and from civil society through agents such as the Women’s Department, Youth Enhancement Services (YES), and Youth for the Future (YFF), YWCA, the Red Cross, the Together We Can initiative through the Red Cross, Women Issues Network (WIN). These agents work closely on several sub committees with the Ministry of Human Development. Representatives of the women’s movement and of women living with HIV/AIDS participate and are constantly encouraged to participate in planning activities and programs. Both government and civil society has encountered challenges in encouraging broad participation of women living with HIV in the areas of monitoring and evaluation and vulnerability reduction.

Goal 52, 53, 54 – Prevention

The main elements that compose the prevention policy of the HIV/AIDS National Program related to sexual and reproductive health include a comprehensive countrywide approach which include a focus on blood safety, universal precautions on health care settings, prevention of mother to child transmission of HIV, condom promotion, HIV testing and counseling, risk reduction for MSM population, risk reduction for sex workers, reproductive health services including STI prevention and treatment, and school based education for young people. The specific strategies implemented to reduce HIV prevalence among youth of 15 to 18 and 18 to 24 years old include efforts by Belize Family Life Association (BFLA) to addresses HIV/AIDS issues specifically for ages 10-24 years. This group receives information on prevention through education, training and community activities promoting healthy lifestyle choices, and peer educator programs high schools. The content of the prevention information disseminated is age and culture appropriate.

BFLA has employed a targeted approach to ensure that women of the ages 15 to 18 and 18 to 24 years old have specific access to information and education about HIV and other sexually transmitted infections. They have created brochures and developed their education

initiatives to target this vulnerable age group. An example of this approach is the development of a brochure which specifically addresses HPV, Human Papillomavirus.

To evaluate the effectiveness of such initiatives, the different BFLA offices throughout the country conduct forums in collaboration with other social partners and community groups. They continue to do evaluation and gather information via women's health forums in rural areas country wide. These rural forums are done in collaboration with Women's Department. Nurses from the main offices do monthly visits to these communities and meet with the nurses and women in the area.

Consultation with the Toledo Mayan Women's Council, confirmed that information programs and initiatives to reach the rural women of that constituency were influenced by a multi-sectoral approach. Identified agents that provided information HIV/ AIDS educational training as well as other support services included: BFLA, the Women's Department, Alliance Against AIDS, TWC- Together We Can initiative from the Belize Red Cross, and the local hospital to name a few. Younger women who have increased literacy capabilities are able to access and understand the information disseminated through pamphlets and brochures. Younger girls are being exposed to HIV/AIDS education through the HFLE, Health and Family Life Education programs implemented at the primary school level. Noted in this consultation was that community leaders are witnessing increased access to services from women who are exposed to the services available in regards to sexual reproductive health.

Also highlighted in consultation with groups and women outside Belize City was the degree of collaboration between government and non-governmental agencies in addressing the concerns of young women in regards to sexual reproductive health issues. One such collaborative effort is from Productive Organization for Women in Action (POWA) which developed out of a

series of workshops held by the Dangriga HIV/AIDS Society as a response to the feminization to HIV/AIDS. With the assistance of Women's Development Officer of Stann Creek, the women from the workshop were able to continue to meet to discuss other cross cutting gender issues that were affecting them at the time including- but not limited to HIV POWA has been able to become a group of women that is able to advocate for social change through community outreach and education/information.

POWA women collectively through outreach activities and individually through one on one contact with community member and with support from BFLA have been able to refer many women and men especially youth to S&RH services.¹⁰

POWA networks with, and utilizes resources in their region which include Belize Family Life Association, VCT Clinic, Southern Regional Hospital, Pre natal Clinic, Women's Department, Community Rehabilitation Department, Human Services, Equity House, Rotary Club, 4H, Ministry of Education The community in which POWA works is sometimes referred to as the AIDS capital while there is internal stigma and discrimination against those infected and affect by HIV. Identified by the organization is an increased challenge with stigma and discrimination. The community which POWA works is often stigmatized to be the place with the highest incidences of HIV/AIDS. POWA realizes that intervention of self- esteem, self –knowledge, self –assertiveness and self worth is a vital part of the re-socialization process for young women before the age of 15 or 16. Recommended was an aggressive intervention that needs to start at age 7 and continue for the next 10 years. The implementation of a pilot program, baseline studies, intervention and monitoring and evaluation is needed in this community to address and identify key areas of concern.

¹⁰ Information submitted by Michelle Irving of POWA

The major limitations encountered include how girls are socialized by home, and society to believe that they are to be validated through sex. The society has become so sexualized that the messages that bombard young girls about sex far outweigh the messages of self worth and high esteem for women and girls. More positive messages need to be emphasized.

Both the aforementioned communities noted that it was not a problem for women and girls to obtain condoms (male and female) in sufficient quantity and for free. Male condoms are more widely available. The BFLA has a system of community based distributors (CBD) for contraceptives and condoms in rural areas. These areas are visited on a monthly basis to re-supply. Lubricants are not as accessible because of the cost but condoms are being distributed throughout the country.

There are formal and informal barriers to providing services and/or HIV prevention tools for women/girls, however, these are manifested and vary according to cultural, religious and geographic contexts. School policies are a formal barrier that prevents prevention tools and specific information from reaching young girls attending school. Another formal barrier is located in the Sexual and Reproductive Health Act and the National Health Act does not support provision of services for sexual reproductive health and HIV/AIDS for persons between the ages of 13-17. Young girls especially are not able to access these services related to sexual reproductive health and HIV/AIDS independently.

STD diagnosis and treatment are available and accessible in the basic levels of attention to health through symptomatic diagnosis and testing throughout the country. Statistical data related to STDs are reported in the yearly government reports. BFLA and other government and private hospitals are required to report to the statistical unit of the Ministry of Health.

Prevention, care and treatment of vulnerable population such as the MSM and CSW is commonly perceived to exist in a non- enabling environment that is stigmatized, discriminatory at a legislative level, strategic design, and implementation levels. Capacity building and the movement to incorporate sexuality and sexual practice into the discussion of health education in HIV and AIDS is progressing at various levels through the work of organizations such as UNIBAM- United Belize Advocacy Movement and PASMO Alliance Against AIDS, BFLA, YES- Youth Enhancement Services, YFF, Youth for the Future.

Goal 59, 60, 61 – Human Rights

The Government of Belize has developed several policies to promote women’s rights. These include the National Gender Policy, which sets out to identify inequities experienced by both men and women and suggests actions for the correction of gender disparity. The National Gender Policy also gives direction for the coordination and implementation of the policy. The National Gender Policy 2002 has been used as a framework and a guiding tool. It refers to developments in Belize, alongside the transition in global understanding which has led to current initiatives in gender mainstreaming in the following priority areas: health, violence-producing conditions, sexual abuse provisions, access to justice, domestic violence and child abuse registration system, domestic violence framework, victims and survivors of abuse, perpetrators of abuse, sexual harassment, child abandonment and neglect, and commercial sex work. The policy has been instrumental in guiding the strategic and operational plan of the Women’s Department. National Gender Based Violence Plan of Action, 2007, was launched in mid 2007 and its effectiveness of the Violence Plan of Action has not yet been completed. The National Gender Policy, The National Gender-based Violence Action Plan and Sexual and Reproductive

Health Policy address actions focusing on HIV/AIDS. The Women's Department is a sub-recipient of the Global Fund project and has consequently accelerated its HIV/AIDS program countrywide. The Sexual and Reproductive Health Policy 2002 is also a policy launched by the government which addresses the sexual reproductive rights of women.

There were identified barriers and debilities for the implementation of these policies and programs. These include limited financial and human resources, as well as a need for more collaboration and networking among governmental and non-governmental agencies. There is also a need for adequate and sufficient monitoring and evaluation mechanism to evaluate the coverage, effectiveness and adequateness in the context of gender relations in Belize.

The specific governmental strategies to strengthen the decision making ability of women in relation to their sexuality and prevention against the HIV and other STIs include assertiveness and negotiation trainings as it pertains to safe sex and HIV/AIDS that are conducted countrywide and continue to be conducted with women and girls. These trainings are evaluated through the evaluation component within the program itself.

The specific governmental strategies to protect the women worker rights include the *Equal Pay Act* which deals with Prohibition on Discriminatory Pay and Penalty for Failure to Offer Equal Pay. *The Labour Act* deals with restrictions on women working at night, working hours during the day, holiday entitlement and maternity rights. The Belize Draft Policy on HIV/AIDS in the World of Work recognizes gender equality in the policy by encouraging "more equal gender relations and the empowerment of people consistently victimized on the basis of gender to prevent the spread of HIV infection and enable members of both genders to cope equally well with HIV/AIDS."¹¹

¹¹ The Belize Draft Policy on HIV/AIDS in the World of Work

Government directives for education that promotes gender equality include a Gender and Self Esteem Guidebook that has been developed by the Women's Department for Primary School teachers. The Gender Awareness Safe School Program being conducted in primary and secondary schools aims to set the foundation for gender equality among students. The Gender Awareness Safe School Program has an HIV/AIDS component that addresses prevention.

Gender disparities do exist and consequently affect women's access to health care on a whole. This is even more so for women who are victims of domestic violence and other forms of gender-based violence.

The coverage and effectiveness of the governmental initiatives to stop violence against women and girls is analyzed through the scope of informal group evaluations at the community level. Statistics are obtained through the Gender-based violence Surveillance System which also serves as the government monitoring system for such actions.¹²

There are no legal barriers that prevent women from accessing ARVs. However, antiretroviral, STD prophylaxis, emergency contraceptives, and counseling are not always readily available for sexually violated women at the hospitals. Emergency contraception is always available at BFLA. Emergency contraceptives are not advertised and are administered at the discretion of physicians. Some emergency contraception is available at private pharmacies. Counseling is available at the Community Counseling Center, BFLA and basic counseling is also available at the Women's Department. Professionals do not provide prevention counseling specific to women.

The national statistics about violence and sexual violence against women and girls are compiled quarterly by the Gender-based Violence Surveillance System. Regularly organized

¹² Information Submitted by the Women's Department

national campaigns to fight violence against women and sexual exploitation of girls include 16 Days of activism Against Gender-based Violence focuses on ending violence against women this event is observed annually. Activities are informally planned by a planning committee comprised of various partner agencies which provide input on the relevance of content and effectiveness.

“Gender expression plays a preponderant role in social dynamics, including the dynamics associated with the reinforcement of gender stereotypes and human rights violations. There is no language to reflect its diversity in local culture in our laws.”¹³ Limitations continue to affect vulnerable populations such as the MSM population as well as commercial sex workers. “While mentioned of the MSM population from 1986 to 1994 is made in the National Strategic Plan 2006-2011, no mention of proactive strategies for continuing research has been identified in prevention care and treatment.” Data that exists presents a limitation because it is outdated and incomplete. Also noted is that basic Human Rights legislation on sexual and reproductive health rights, health status and sexual orientation has not been addressed beyond a national HIV/AIDS policy which has limited and often no enforcement.”¹⁴

Reducing a prevalence rate among MSM, CSW with without adequate and accurate research or data is an institutional gap and severe limitation. (Pg.36 of NSP) There is no enforceable mechanism mentioned for dealing with a person dismissed or denied a job based on their sexual orientation or health status from the World of Work Policy. Other challenges include the issue that Social Security benefits do not protect or give partners in domestic relationship health coverage if one is dying of AIDS and needs to subsidize health needs that choice is given only to blood relatives. Care-giving decisions in health that a partner’s undertake is often

¹³ Acting Director of Women’s Department- Ms. Humes

¹⁴ Caleb Orosco UNIBAM: A review of GAP Challenges for UNGASS Report UNIBAM

undermine by blood relatives being given legal responsibility. This affects principles of freedom of association and the rights of the caregiver to provide stable psycho-social support

Goal 62, 63, 64 – Reduction of Vulnerability

In June, 2006 Belize was one of six countries placed on a Tier Three list by the U.S. for "not meeting minimum standards to fight trafficking in persons, a criminal practice". Since then the government has launched a number of public education campaigns and other initiatives on the issue and made several arrests in regards to this issue and was taken off the Tier Three list in September 2006. The issue of trafficking was not addressed specifically to target the trafficking of women and young girls in particular, rather the trafficking of persons. The government launched a training of trainers session to arm participants, mainly law enforcement officials, with the information to help them be able to identify victims and perpetrators of the crime of human trafficking. The police, customs and immigration officers are then expected to include the training in their work place. Belize also joined the anti-human trafficking network. The representation and participation of women's groups in regards to this issue was lacking in some instances.

Goal 65 – Orphans.

The Department of Human Services is responsible for the placement of the management of children that are placed in alternative care in Belize. Before placement is made in a foster home or children's home a social inquiry report must be prepared and a health care plan developed. We found no orphanages in Belize. There are currently six privately run children's shelters and one government run children's home. All children are placed in these facilities through the Department of Human Services. Three of the six homes we visited revealed that they had have children who were both directly and indirectly affected by HIV/AIDS.

The children who were HIV+ received regular medical attention and were provided with adequate nutritional needs. There was not any specific psychological and social support mechanism in place in any of the shelters visited, the children were provided with services as specific needs arose. Two of the three shelters had trained personnel in basic HIV/AIDS education training. The director of the other shelter was a retired nurse and had experience in caring for HIV infected individuals. Only permanent staffs at these institutions were made aware of the child's status. The directors used their discretion in one instance whether or not to inform school officials of a child's status. The children of school age in these shelters who were HIV+ were enrolled in school.

The shelters that did not yet encounter a child with HIV+ felt unprepared to deal with such a situation. They were encouraged in light of the present country situation to address this issue with the board of directors in order to take preparative measures to ensure that they are equipped through training of staff, as well as the development of a strategy to adequately deal with HIV+ children if they are placed in the shelter.

The Cornerstone foundation is focused on providing services to vulnerable children and support for families through the Caring for Children Protection and support network. The NGOs who target the various facets of the disease continue to work in an informal setting with children who are directly affected by and infected with HIV+.

Goal 69 – Mitigation of Social and Economic Effects

The government has developed studies about the social and economic impact of the HIV epidemic. One such study was completed in 2000. The study on the social and economic impact of HIV is not specified by sex. There is limited information about the social and economic impact of HIV specifically on women in Belize.

Goal 72 – Research and Development

Currently there has not been specific research done in Belize about the HIV natural history in the female body. Women however have been included in the clinical analysis when it is distinguished it by sex. There is not a current national ethics committee. An ad hoc committee oversees the process of research. There is currently a process to create an national ethics committee which would have a legal component, research unit, epidemiological unit, representation from the different UN agencies in Belize, the Ministry of Health, and a

representative of the nature of the study i.e. research done on the impact of HIV on women, will have an HIV+ woman on the ethics committee. There are currently no behavior studies being conducted on women living with HIV.

UNGASS WATCH BELIZE SUMMARY OF FINDINGS:

The access to specific data was limited because of unavailability of specific studies available to ascertain both quantitative and qualitative data in reference to some indicators. There was also a noted lack of expertise, information, and practice within different departments in the area of monitoring and evaluation within several government departments and projects.

This project however provided a great opportunity to network with various local NGOs and agents in Civil Society in accessing the reach and adequateness in providing Sexual Reproductive Health and HIV/AIDS treatment and services to young women and girls. UNGASS WATCH BELIZE created an opportunity for relationship building across the country especially in reference building as we were able to note lack of training in key areas of concerns and make referrals to reach training and build partnerships. The work on the UNGASS WATCH BELIZE project facilitated the creation of a committed partnership between concerned agents and organizations around this specific issue and targets towards accomplishing the goals of

UNGASS. The lack of awareness of the importance of the UNGASS monitoring system was realized as a limitation from some civil society participants. The need for the participation of managers and directors of Civil Society was a key component that was recognized.

Some agents in government were opposed to participation because of fear of being perceived as anti-government. While some government agents were very responsive and helpful in offering the information necessary to complete this process, others were unwilling, suspicious, and expressed concern surrounding the implication of their participation in the evaluation process. The fact that UNGASS Watch Belize has not yet become a registered group within the Civil Society community affected the perception by some agents of the credibility of the group and its findings.

Nevertheless, this process highlighted the continuous work that the government IS doing in its cross-sectoral approach to addressing the needs of those who are infected and affected by HIV/AIDS and a commitment to the education of sexual and reproductive health rights. The work of UNGASS WATCH BELIZE provided a mechanism to keep the government aware of their obligation to the report submitted as well as fostered an environment of communication and collaboration. UNGASS WATCH BELIZE has brought a definite awareness and appreciation of monitoring and evaluation to several sectors of civil society. With continued support and collaboration UNGASS AIDS Forum can remain a dominant force in ensuring that the government is working towards their commitment to the UNGASS declaration.

Bibliography:

Annual HIV&AIDS Epidemiological Profile, Ministry of Health, Belize, 2006

Belize Draft Policy on HIV&AIDS in the World of Work, National Stakeholder Conference, Belize, 2004

Children Have Rights and Needs Community Based Solutions

Belize National Work Place Policy

CEDAW Shadow Report

Health Situation in Belize: Belize Basic Indicators 2006

HIV/ AIDS Workplace Education Program Policy

HIV/AIDS Surveillance in Belize Third Quarter Report July-September 2007

HFLE Policy

National Gender Policy of Belize

National Plan of Action for Children and Adolescents in Belize, 2004–2015,

National Committee for Families and Children/UNICEF, Belize, June 2004

Public Health Act

Socio-Economic Impact Study of HIV&AIDS, Belize, 1999–2000

Sexual and Reproductive Health Policy

Interviews:

Mrs. Augustine: Dorothy Menzies Child Care Center

Joan Ferguson: Hossana House of Hope

Elita Herrera: Kings Children's Home

Michelle Irving: Powa

Sharon Lamb: Marla's House of Hope

Ambrose Lovely: Liberty Foundation

Erica Goldson McGregor: HECOPAB

Ava Pennil: Human Development

Rev. Earnest A Tate: Mulholland Children's Home

Pulchera Teul- Toledo Women's Council