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Central American Response to HIV



**NAC** *National AIDS Commission*  
*Responding to HIV/AIDS in Belize*

# Belize

## Progress and Challenges in Implementing the National HIV & AIDS Strategic Plan 2006 - 2011



**Belize, September 2011**

**POLICY IMPLEMENTATION MONITORING PROCESSES**

This study was performed by USAID | PASCA with accompaniment from an Inter-Institutional Committee composed of the following institutions:

National AIDS Commission (NAC)

National AIDS program- Ministry of Health (MoH-NAP)

Alliance Against AIDS (AAA)

Belize Family Life Association (BFLA)

United Belize Advocacy Movement (UNIBAM)

Women Issues Network (WIN Belize)

UNICEF

UNAIDS

UNDP

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# BELIZE

## Progress and Challenges in Implementing the National HIV/AIDS Strategic Plan 2006 – 2011

### PRESENTATION

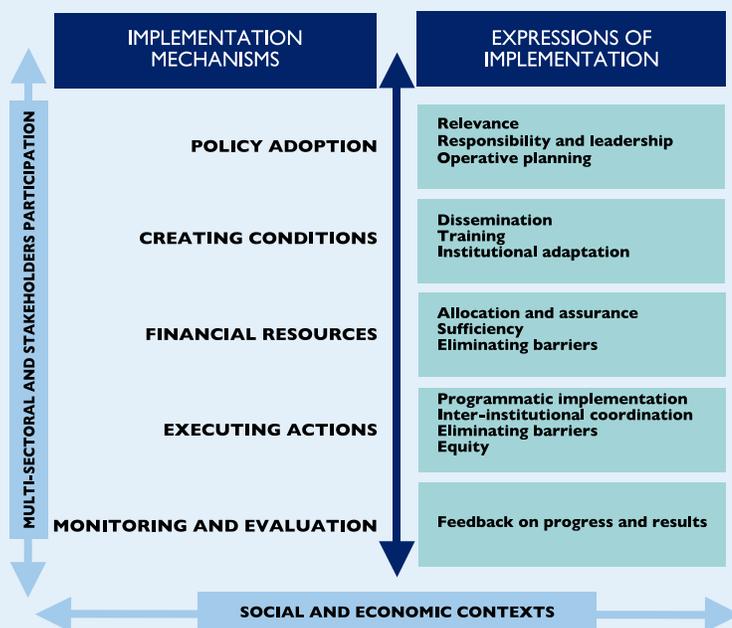
The National AIDS Commission (NAC) and Belize’s Ministry of Health’s National AIDS Program, with technical and financial support from USAID Program for Strengthening the Central American Response to HIV (USAID | PASCA) and the participation of representatives from civil-society non-governmental organizations and cooperating agencies, undertook a joint effort to monitor the progress achieved in implementing the National HIV & AIDS Strategic Plan 2006-2011. These entities participated in the design stage and in the stages to validate and analyze information.

The purpose of this initiative was to identify the progress achieved and the challenges faced in implementing the National HIV & AIDS Strategic Plan 2006-2011, as well as to identify the areas that must be strengthened in order to further progress. The methodology consisted of in-depth interviews with key informants, and to that end, a tool designed specifically to monitor the public-policy implementation process was used, adapting it to NSP 2006-2011 contents.

The questionnaire gathered quantitative and qualitative information, and it was used in November and December, 2010, during 31 interviews with representatives from the public sector, civil society, and international cooperation agencies that are present and active in the HIV national response and in NSP implementation. Among them are experts involved in developing (policymakers) and in implementing (implementers) the 2006-2011 NSP.

This document summarizes the main findings of this study, including illustrative quotations from respondents that evidence the perceptions of key informants. Results are grouped according to reference framework that shows the outline of mechanisms selected to measure policy implementation (Figure 1).

**FIGURE I: POLICY-IMPLEMENTATION MONITORING REFERENCE FRAMEWORK**



**Implementation is not a single and isolated event. It is the result of dynamically gearing various mechanisms related to:**

1. Various pertinent implementation actors’ adopting the plan.
2. Creating the proper conditions to execute prioritized actions.
3. Allocating and prioritizing the financial resources to execute these actions.
4. Executing actions at the various operative and service-provision levels, in various sectors, and with the participation of various actors.
5. Monitoring and evaluating to establish if plans are being executed, if positive results are being generated, if new needs have arisen, and if foreseen goals and objectives are being achieved.

Implementation is executed within a socioeconomic context whose characteristics may or may not facilitate its execution. Multi-sectoral participation and the participation of stakeholders, including beneficiary populations, is a necessary condition to achieve the coordinated operation of these mechanisms.

Monitoring the expressions resulting from these mechanisms helps to establish the way in which the National Strategic Plan is being implemented and the extent of its implementation.

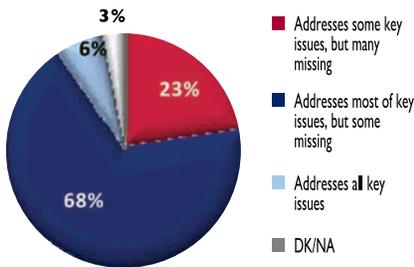
# I. Adopting the NSP 2006-2010

## RELEVANCE AND VALIDITY OF NSP CONTENTS

68% of the individuals who were interviewed consider that the NSP 2006-2011, as a reference document, addresses most of the key issues relating to the national response to HIV, although it does not address all of them (Graph 1). There is a widespread perception that it is an acceptable plan, but that it will require careful updating to adapt it for the next period. Nevertheless, 23% indicates that the NSP does not specifically address some of the most important issues for an effective national response to HIV.

Some of the contents that must be improved include, above all, those issues concerning populations most at risk for HIV. Many answers indicate that gender, human rights, stigma and discrimination issues are largely absent from the NSP; especially lacking is the visible inclusion of approaches, strategies and actions aimed at most-at-risk populations, such as men who have sex with men, the transgender population, and female sex workers.

GRAPH 1. RELEVANCE AND VALIDITY OF NSP TOPICS AND CONTENTS



## FEASIBILITY OF ACHIEVING OBJECTIVES

Only 6% of the individuals who were interviewed consider that it will be possible to achieve the results expected from implementing the NSP in the established timeframe. 71% believes that it will not be possible to attain them, and 22% states that they do not know if it is possible or have no opinion on the subject.

Among the reasons for believing that NSP objectives cannot be accomplished are some

perceptions that a five year period is not long enough to attain the desired effects in those areas requiring behaviour changes. Also mentioned is the fact that financial and human resources are not enough and are not adequately structured to achieve expected results. Lastly, many answers indicate that it is not possible to give an informed opinion owing to the lack of adequate monitoring and evaluation of the Plan.

## RESPONSIBILITY FOR LEADING IMPLEMENTATION

The NSP 2006-2011 indicates that in order to implement an effective national response to HIV, a high degree of commitment from the highest decision and planning echelons must be secured. The Office of the Prime Minister is responsible for promoting an extended response to HIV at the national and regional levels, following up compliance with international accords on the issue, and facilitating/formalizing links among regional and international entities involved in the fight against HIV and the National AIDS Commission (NAC), which is the multisectoral entity in charge of coordinating and supervising the national response to the epidemic.

The NAC is constituted by representatives from all those groups of interest that are generally relevant to the national response within the governmental and civil-society sectors. As the highest coordinating body, NAC is responsible for promoting the cooperation and mobilization of inter-sectoral resources in order to implement the NSP; promoting and strengthening programs and services aimed at people living with HIV and AIDS (PLWHA); fostering the development of laws and regulations to prevent stigma and discrimination, and creating the proper mechanisms to monitor and evaluate the response. It also bears responsibility for appointing the commissions and sub-commissions that will ensure pertinent actions.

NAC's operative branch is the NAC Secretariat, which is responsible for enabling its coordination, monitoring and evaluation roles and for ensuring effective NSP implementation.

## ILLUSTRATIVE ANSWERS

### RELEVANCE AND VALIDITY

"Mainly it needs to be updated and some things have changed since 2006."

"Whilst they try and make the process inclusive they have not done enough research in Belize to analyze the HIV situation."

"...it does not have a strong human rights focus, [nor] emerging issues such as gender and vulnerable populations."

"It could do better with gender, does not include finance - how will it be funded our contribution to the national response."

"... not much about private sector involvement is addressed in the plan."

### FEASIBILITY

"From the perspective of not having an Operational Plan and an assessment of the NSP, I would have to say no. (...) How can we say we are achieving the goals when we don't have anything in place to measure them..."

"We have to make sure a strong M&E Plan is in place."

"Financial and human resources are not there."

"...stigma and discrimination will not change over a five-year period. Clinical management is not in place to facilitate it. It could be enough if we had a robust response..."

"I think it's heavily dependent on services; that is what we have not been able to do: we lack capacity, lack baseline data, an effective communication system, lack of resources and some technical capacity and (...) commitment."

**ILLUSTRATIVE ANSWERS**

**LEADERSHIP OF INSTITUTIONS IN CHARGE**

"A lot of the partners have not allowed themselves to be compliant with the NSP and NAC. Such partners are doing their own thing based on funding."

"NAC needs still to consolidate its internal structure and expand to the districts, not at the national but at the community level, and to foster a better relationship with government and civil society and full involvement in the public and private practice of treating PLWHA"

"I think it has been effective in resource mobilization and harmonization but there is always more to do."

"The whole concept of coordinating bodies in Belize has not caught on..."

"...many internal problems interfering with smooth implementation."

**INSTITUTIONAL PARTICIPATION IN DECISION-MAKING**

"There are some efforts to consistently discuss with government and NGO partners on a surface level, with limited follow up."

"The CCM is made of some NGOs, but not all. The majority of the NGOs are not involved."

"Even though the NAC is multi-sectoral and involves government, NGOs, private sector and PLWHA, the decision making is not done by all the groups; it is only a selected few [who are] involved in decision making."

"They try to get all parties involved in making or being a part of the decision making processes."

"I don't think the private sector is engaged as it should be..."

According to the answers provided by interviewees in this study, there is widespread acknowledgment among key actors and institutions involved in the national response to HIV that the NAC is the entity in charge of implementing the NSP. 77% of them identify the NAC as the body that is responsible for NSP implementation. 16% of them are specific in mentioning the Ministry of Health/National AIDS Program; 6% mentions civil society, and 3% mentions other ministries.

**LEADERSHIP FOR IMPLEMENTATION**

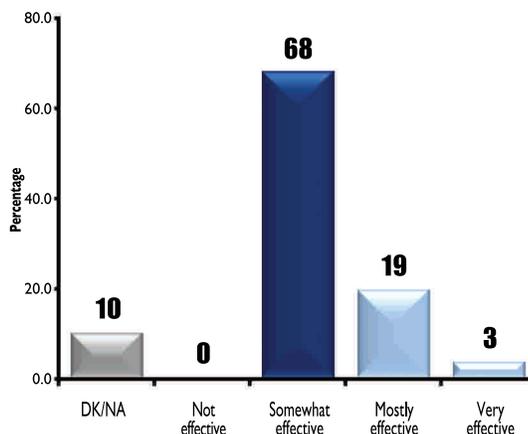
In contrast with the high degree of acknowledgment of the NAC as the body responsible for implementing the NSP, opinions about its leadership indicate that there are still some gaps to make such leadership more effective. 68% of the answers indicate that NAC's leadership is considered "somewhat effective" (Graph 2). It is considered that there are good grounds for multi-sectoral harmonization, but that there are actors and sectors that are still not sufficiently linked or coordinated, particularly because better communication levels, improved joint-planning actions, and increased efforts are needed to ensure that the NSP is the common guide for national-response implementation.

**INSTITUTIONAL PARTICIPATION IN DECISION-MAKING FOR IMPLEMENTATION**

As to the extent in which the lead institution engages other entities in the decision-making process to implement the NSP, 23% of those interviewed stated that there is ample participation of government, private and civil-society sectors, while 68% considers that only governmental entities and selected NGOs are involved in such decision-making.

Interviewees claim that, even though there has been progress in increasing the representativeness of all sectors and they have been empowered to engage in collaborative processes, there are still some civil-society organizations that are better positioned than others to participate in decision-making within multisectoral spaces. Furthermore, there were statements insisting on the need to improve the participation of vulnerable groups, most-at-risk groups, and the private sector.

**GRAPH 2. EFFECTIVENESS OF THE LEADERSHIP EXERCISED BY THE INSTITUTIONS LEADING IMPLEMENTATION**

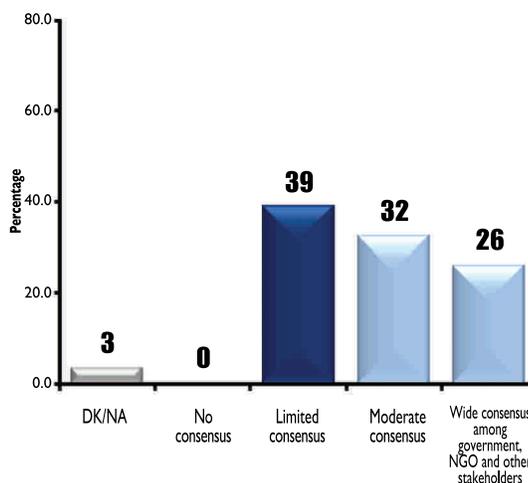


**CONSENSUS FOR IMPLEMENTATION**

In order to successfully implement a multi-sectoral strategic plan, involved actors must have reached an agreement on how important such plan is for the national response to HIV. 39% of interviewees say that the consensus in this regard is limited (Graph 3). 58% believes that it is moderate to wide, all of which indicates that the necessary consensus has been sought in some measure to adopt the NSP as the guiding instrument.

Answers suggest that although actors involved in the national response actually consider that implementing the NSP is important, their intentions do not always result in actions that are clearly aligned with the plan.

**GRAPH 3. LEVEL OF CONSENSUS ABOUT THE IMPORTANCE OF IMPLEMENTING THE NSP**



**CONSENSUS ON THE IMPORTANCE OF THE NSP**

"Consensus building has been a good thing for the NAC, as everybody knows the importance of implementing the plan but have not translated it into implementation."

"Lots of people involved in consultations have agreed that it needs to be done but when it comes to implementation it is another story."

"I still don't think the meetings are inclusive of all the actors. Government and NGO have their mandates ..."

"...a lot of the CCM members are 'involved but not really involved.' Also it has to do with how the NAC positions the CCM, as they have not let them know their role."

**INSTITUTIONAL INVOLVEMENT**

"There are only certain areas of the Strategic Plan relevant to us and when we look at other areas, [we] could do more if resources were available to us."

"Not really. It is hard for me to say to what extent [our organization] is implementing but we are contributing to the NSP just in the nature of what we are doing".

"Partial involvement. The reason for that is we see a Strategic Plan that has little involvement of the positive population; the real needs of the PLWHA are not being addressed."

"We don't see ourselves implementing the plan but we may be doing things that are in the plan. (...) The coordination body should assist us in designing our plan so that it is in line with the NSP and then it would be successful."

"Because of human resource constraints."

**LEVEL OF INVOLVEMENT IN IMPLEMENTATION**

52% of implementers interviewed consider that the entities they represent are only partially involved in implementing the NSP. 39% state that they are involved in many or all the NSP aspects that pertain to their areas of responsibility.

Answers often indicate that, although the purpose of a multi-sectoral implementation should be to fully comply with the NSP, there are areas that implementing institutions cannot address because they have limited resources. Other answers indicate that implementation is not taking place purely in terms of the NSP, but in terms of other institutional strategies and mandates. In this sense, institutional implementation actions can contribute to complying with the NSP, but this implementation is not intentional and aligned, nor is it based on the NSP as a national referent.

**OPERATIVE PLANNING**

One of the most important signs that a National Strategic Plan has been adopted is the extent to which implementing entities use it as a referent for their strategic and operative planning. The results of this study indicate that 62% of interviewed implementers state that their institutions have an HIV and AIDS strategic plan, and 57% indicate that their institutions have an annual HIV and AIDS operative plan. Out of these percentages, only 46% and 58%, respectively, have used the NSP 2006-2011 as a referent to develop their strategic and/or annual planning.

These results show that only about half of implementing entities have an institutional strategic or operative guide for their activities on HIV and AIDS, and that only three out of ten, approximately, use the NSP 2006-2011 as the basis for their planning.

**RECOMMENDATIONS FOR FURTHER ACTIONS**

- When updating the NSP, those emerging issues that have become relevant after the plan was developed must be considered. Additionally, the NSP must visibly and explicitly include the most-at-risk populations that are deemed absent or under-represented in planning and implementation –men who have sex with men, female sex workers, and transgender populations, among others.
- The NSP must be developed in parallel and in harmony with an Operative Plan to guide its annual implementation, and a Monitoring and Evaluation Plan that enables following up progress and evaluating achievements consistently and in a timely way.
- To clearly establish the roles and functions of inter-sectoral coordination bodies –NAC, District Committees, CCM– in implementing the response to HIV, in order to strengthen their respective leadership in the actions within their fields of expertise.
- To strengthen the actions seeking to generate consensus, in order to integrate NSP sectors and entities with little participation –such as the private sector and new actors from the NGO-sector, or sectors that oppose their implementation, such as churches and FBOs– into NSP development and implementation processes.
- To promote increased participation of civil-society organizations in seeking consensus and making decisions about NSP implementation, in order to achieve its increased ownership.
- There is a contradiction between the existing acknowledgment of the NSP's importance as a national referent for the response to HIV and the degree of plan ownership shown by implementing entities, expressed by the extent to which they use said plan as the basis for their strategic and operative planning. In view of the multiple planning instruments that exist, it is necessary to promote planning practices that allow harmonizing and aligning sectoral and institutional mandates and objectives with the National Strategic Plan, and then, planning accordingly.

## 2. Creating Conditions

### ILLUSTRATIVE ANSWERS

#### Among implementers

"It was well disseminated. We were often informed, there was a core team involved and we were sent copies and given feedback on the document."

"I remember going around when it was introduced at several forums throughout the country."

"...follow up and continued dialogue on using it has not being part of the process."

"This was done back in 2004 when it was developed (...) but no recent distribution or forum for discussion has been held."

"It was disseminated with key persons within ministries but not with the actual implementers. It stayed at administrative levels and did not trickle down (...) CEO and executive directors know about it [but] technical people are not aware of what is in it."

"The plan was not sent to us, I picked it up (...) while at a meeting."

#### Among vulnerable populations and groups

"This was probably something that was not thought of, and it was probably thought that the beneficiaries would not be interested or understand it."

"[It is a] Very technical document, not always easy to disseminate to the country and other groups."

"Only partners know about the plan but our fault as well is that we did not inform the population that we serve."

"The public only got part of the strategic plan in the form of IEC..."

"Vulnerable groups were not meaningfully involved in the process."

### DISSEMINATING THE NSP

The results of the study indicate that NSP 2006-2011 dissemination among the institutions in charge of implementing it ranged from acceptable to good.

32% of interviewees (Graph 4) consider that the NSP was fairly well disseminated, but that there were no forums to discuss its contents. 26% states that there was widespread dissemination of the document, including forums for discussion.

Some answers indicate the possibility that dissemination actions focused mainly on the various entities' highest management echelons, but that the NSP was not as widely disseminated among technical and operative levels.

Furthermore, answers indicate that initial dissemination efforts did not have the continuity that was expected and needed to spread the Plan to all the actors involved in the national response to HIV.

Conversely, NSP dissemination among the various vulnerable populations and groups was considered to be very weak. Almost one fourth of interviewees do not know if this was done, and a very similar percentage asserts that there was no dissemination among these groups.

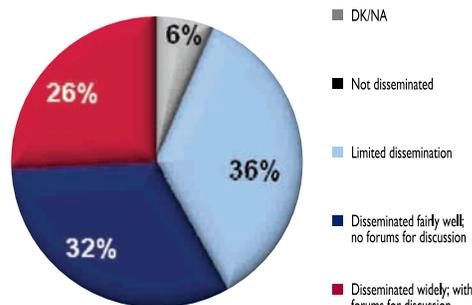
52% points out that dissemination was limited among these populations, and only 3% considers such dissemination acceptable, although it did not provide for forums or other opportunities to discuss NSP contents with all above-mentioned actors.

Answers show a perception that disseminating the NSP among the various vulnerable and affected populations was never a part of dissemination plans and strategies. Interviewees consider that this document is too technical for beneficiary populations and that they would most probably be unable to understand or be interested in its contents.

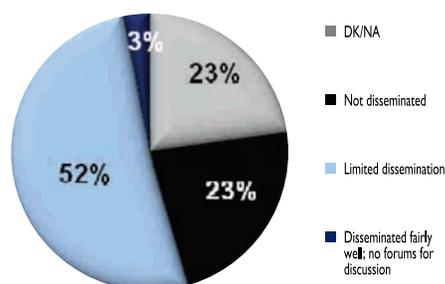
Although some answers indicate that IEC actions should counteract this lack of dissemination, they also acknowledge that there have really been very few opportunities for the population to receive this type of information.

GRAPH 4. NSP DISSEMINATION

#### DISSEMINATION AMONG IMPLEMENTERS



#### DISSEMINATION AMONG VULNERABLE POPULATIONS AND GROUPS



### TRAINING FOR IMPLEMENTATION

43% of implementers interviewed stated that they received training on specific topics related to NSP implementation, and many of their answers indicate that such training focused especially on institutional roles and responsibilities, monitoring and evaluation, and costing. Implementers say that most of these training activities have been useful for their implementation efforts.

Those implementers who were not trained suggested some topics that would be useful, among them, once more, monitoring and evaluation (35% of total implementers), as well as advocacy (15%), program and project management (15%), and planning (15%).

**INSTITUTIONAL CHANGE AND FLEXIBILITY FOR IMPLEMENTATION**

43% of implementers consider that the institutions they represent have required only minor or smaller adjustments to reach the conditions they need to implement the NSP and 19% consider that their institutions required no change.

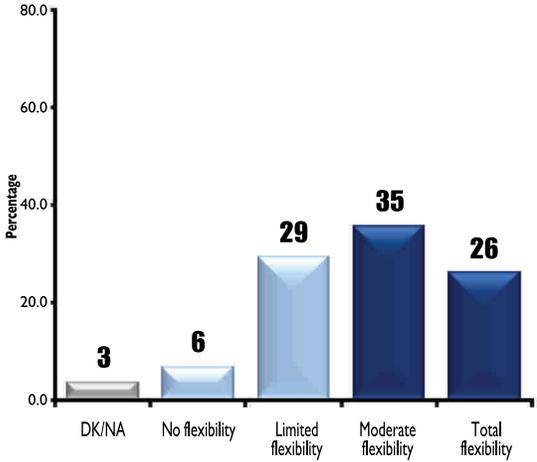
The entities providing the above answers mention, among others, training and/or raising the awareness of their personnel, and updating manual and operating guides as minor elements of change.

Only 29% of implementers deem that the complexity of institutional adjustment was from moderate to significant, involving changes that range from organizational to operational adjustments to an in-depth and structural modification of the way they work.

Answers indicate that they consider changes of this type to include: Adjusting and implementing institutional policies to concur with the NSP, strengthening and harmonizing planning processes, expanding service coverage to additional levels or areas, and addressing other vulnerable and affected populations in addition to the usual ones.

Conversely, 61% of implementing entities consider that they have a flexibility that ranges from moderate to total to adapt their strategies

**GRAPH 5. IMPLEMENTERS' FLEXIBILITY TO ADAPT TO THE VARIOUS VULNERABLE GROUPS**



and actions to the needs and requirements of the various vulnerable groups. This opinion is not shared by 35% of implementers, who state that they lack such flexibility or that they have some limitations in that regard (Graph 5).

Answers indicate that some of the most important factors that hinder extending actions to some vulnerable groups include: Limited financial resources, a lack of trained personnel and/or their opposition to working with some groups, a lack of specific strategies for some most-at-risk populations, and institutional or sectoral guidelines that place restrictions on certain target groups.

**INSTITUTIONAL FLEXIBILITY**

"Funding, as well as time. Some of these agencies have the main funder objective in mind and this may affect how they input the national strategic plan"

"One difficulty is resources. We don't have training and finances, and we might have resistance on the level of the staff to work with MSM."

"Moderate flexibility, as we are mandated to deal with a certain population and not flexible in what we want to do with the population."

"...as organizations are not aligned with the plan they do not have flexibility to adjust to it."

"There really is not an inclusive strategy of MARPS. No clear strategies to address the issue of MSM."

"We have a target group we work with and our resources are limited to that."

"All the institutions and agencies recognize the need to reach MARPS and adjusted their strategy accordingly."

"Donor agencies come with project calls and we respond to that. The Coordinating Mechanism needs to know about this rather than the other way around."

**RECOMMENDATIONS FOR FURTHER ACTIONS**

- To plan and execute multi-sectoral and inclusive dissemination, analysis and operative-training processes on the NSP and its contents, in accordance with the various of fields of specialization and areas of interest of the institutions involved.
- The NSP dissemination processes must focus on specific institutions, organizations, sectors or actors at the operative levels, and must include mechanisms for discussion, analysis, and implementation of its contents.
- To disseminate and socialize NSP contents among populations affected by the epidemic and the various vulnerable groups in ways that favor their individual and collective participation and open up spaces for them to demand and exercise compliance with NSP requirements.
- It is necessary for implementing institutions to clearly establish the magnitude and scope of the changes required to effectively implement the NSP. An updated NSP that addresses new populations, new focuses, and new strategies will require systematic dissemination and training processes aimed at clearly defining roles and responsibilities, strengthening capabilities, and planning actions in a coordinated manner.

# 3. Financial Resources

## ILLUSTRATIVE ANSWERS

"NAC has limited budget and other agencies are expected to implement the NSP besides what they have to do but their mandate and funds are limited."

"Global Fund sub recipients access resources from UN agencies and other international agencies."

"Some sporadic efforts are made to access funding through various mechanisms (Global Fund, PEPFAR, - UN). However, to the best of my knowledge, there is no resource mobilization in place by the NAC. No mechanism to ensure that funding is directed to areas of the NSP."

"There is no set budget assigned to the NSP. There is only budget assigned to the operational functions of the NAC Secretariat."

"We have mainstreamed HIV into our work so you won't see a line item for HIV as it is all integrated in whatever we do, so it does not require additional funding..."

## IMPLEMENTERS' FUNDING SOURCES \*

Donors	76 %
Government	52 %
Own funds	10%
Private sector	5%

\* There may be several answers for a given institution.

## ENSURING FINANCIAL RESOURCES

52% of interviewees do not know if there is a current, specific, and generally-known mechanism to ensure the annual financial resources needed to implement the NSP 2006-2011. 26% asserts that there is none and only 19% says that they are acquainted with such a mechanism.

According to the answers received, the most common belief is that the main mechanism to secure HIV funding is submitting projects to the Global Fund and other international agencies. Interviewees also allege that such funding is limited and that it is not specifically aimed at complying with the NSP.

Interviewees from the public sector tend to state that the government health-sector budget and the cross-cutting nature of the HIV issues in all work areas ensures the resources needed to execute the actions required to implement the Plan.

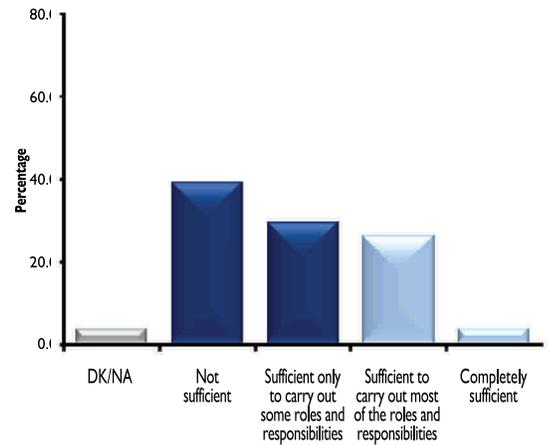
In regard to funding sources, 76% of the implementing entities say that they receive international-cooperation funds for their HIV actions. 52% receives governmental funds and 10% uses their own funds. Only 5% of implementing entities receive funding from private-sector sources.

## ADEQUACY OF FINANCIAL RESOURCES

In reference to the adequacy of the financial resources that are available to implement HIV/AIDS actions, 68% of those interviewed consider that allocated resources are insufficient or that they only cover some of the institutional roles and responsibilities (Graph 6).

Answers indicate that funding from government sources is mainly destined to administrative aspects, while funding for programmatic actions come mainly from international-cooperation agencies. The gaps and deficiencies in planning and budgeting often determine partial lack of resources to fund some implementation areas included in the NSP.

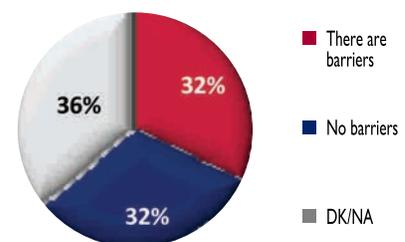
GRAPH 6. SUFFICIENCY OF FINANCIAL RESOURCES TO IMPLEMENT THE NSP



32% of interviewees state that they have encountered some barriers or limitations in their efforts to access funding to implement the NSP (Graph 7).

The main barriers that they mention are: a) Deficiencies in the monitoring and evaluation systems, which can constitute an obstacle to securing funds from international-cooperation agencies; b) institutional weaknesses that hinder funding eligibility, and c) weaknesses in institutional implementation capabilities, which result in poor execution and delays in funding access.

GRAPH 7. BARRIERS HAMPERING ACCESS TO FINANCIAL RESOURCES TO IMPLEMENT THE NSP



## RECOMMENDATIONS FOR FURTHER ACTIONS

- To establish and institutionalize strategic-plan costing as an essential component of the development and updating process. The next NSP will need costing to establish, as accurately as possible, the sums required to execute those actions that have been planned at the national level; to explicitly identify funding sources for each priority, impact, and objective areas; to establish the feasibility of implementing the plan, and to adjust the goals that have been established.
- To establish the mechanisms and actions required to identify the source and the factors that help to generate and to keep up the barriers that hamper the opportune allotment and distribution of funds for execution—especially expense planning and monitoring—and that hinder the proper corrective actions.
- To include a review of duplicate activities and to identify synergies in order to reduce costs and avoid duplication of expenses in NSP-implementers' operative planning.
- To strengthen the capabilities of civil-society organizations to identify alternative funding sources and mechanisms, and to manage and execute financial resources effectively.

## 4. Executing Actions

### ILLUSTRATIVE ANSWERS

#### GENERAL LEVEL OF IMPLEMENTATION

"Many parts are being implemented by virtue of the work of the Ministries and NGOs are doing but not necessarily because they are using the plan."

"...it is happening by coincidence. It is not planned or organized strategically."

"We selectively implement the easier parts (where) we can see results (...) and our implementation is haphazard and not sustainable..."

"The work at the national level is not extensive and not reaching to all districts and all people but it has been good in some areas."

"Some key areas are not being sufficiently addressed, especially in treatment care and support."

"Some of the targets in prevention are being met, however there is not a strong response in some of the other areas."

#### COORDINATING IMPLEMENTATION

"Since all the main actors are represented on the NAC everybody knows what others are doing but it could get better. There are still some territorial issues..."

"Organizations are very territorial and they want to be recognized for that they do on a small scale. [There are] lots of duplication of efforts."

"We still need to communicate better among NGOs and government agencies. This will help us a great deal to know what is going on and where we can lend support."

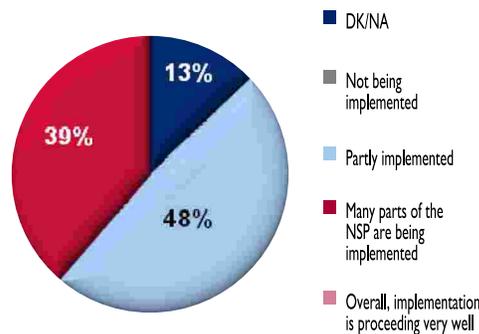
"...there is need for more involvement of agencies as well as a clear understanding of [their] roles and responsibilities..."

### GENERAL LEVEL OF NSP 2006-2011 IMPLEMENTATION

When asked about the general NSP 2006-2011 implementation level, 48% of those interviewed claimed that the Plan is only being partially implemented, and 39% say that many of its contents are being implemented, although not all of them.

Many responses express the perception that the NSP is being implemented only because those actions concur with institutional focuses and mandates, and not because implementing entities are set on executing the Plan intentionally or in a planned way. Interviewees point out that, even if there has been progress in prevention, there are still gaps and lags in services that provide care and support and in addressing the stigma and discrimination linked to HIV.

GRAPH 8. PERCEPTIONS ON THE GENERAL IMPLEMENTATION LEVEL OF THE NSP



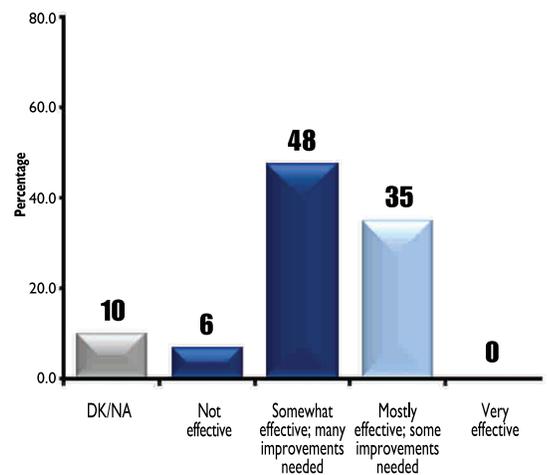
### INTER-INSTITUTIONAL COORDINATION FOR IMPLEMENTATION

Although 35% of interviewees consider that coordination among institutions involved in NSP implementation is quite effective, 54% of them consider that it is not effective or that it must be greatly improved (Graph 9).

Interviewees consider that, even though there is good multi-sectoral representation in the NAC, and that this entity has been facilitating coordination among relevant actors, there are still communication gaps that could lead to duplicating actions. Those interviewed indicate

that better interinstitutional understanding and agreement on each one's roles and responsibilities in implementation is essential, given that institutions working in similar fields seek individual acknowledgment and this could lead to problems pertaining to each one's spheres of action.

GRAPH 9. INTER-INSTITUTIONAL COORDINATION TO IMPLEMENT THE NSP

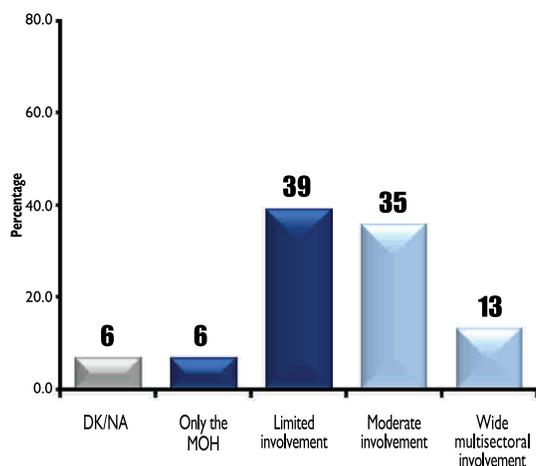


### PUBLIC SECTOR INVOLVEMENT

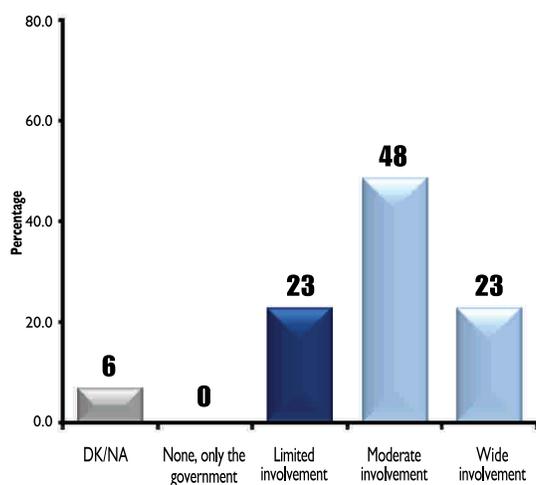
On the level of involvement of the various public-sector bodies in NSP implementation, 39% of interviewees consider that this involvement is limited, and 35% believe that it is moderate (Graph 10). Only 13% states that the participation of all relevant government-sector representatives is as wide-ranging as it should be.

Answers indicate that there are five ministries that have been identified as fully engaging in the response to HIV: Health, Education, Human Development, Tourism, and Labor. These are ministries specifically identified in the NSP as part of the NAC and those that have specific financial and human resources to implement the Plan. Nevertheless, answers note that the most visible involvement is that of the Ministry of Health. They also indicate that the Ministry of Finance needs to participate and so must the Ministry of Education's departments targeting young people.

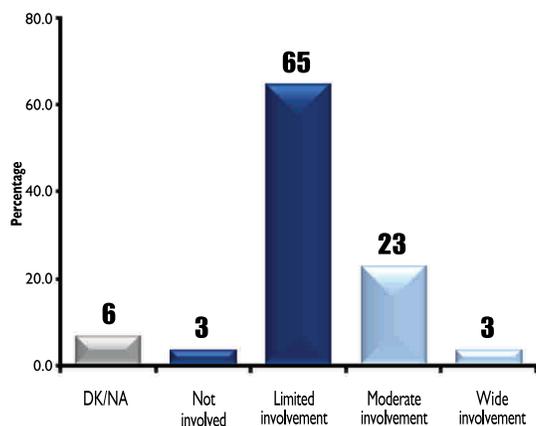
**GRAPH 10. INVOLVEMENT OF PUBLIC-SECTOR IN IMPLEMENTATION**



**GRAPH 11. INVOLVEMENT OF NONGOVERNMENTAL STAKEHOLDERS**



**GRAPH 12. INVOLVEMENT OF POPULATIONS MOST AFFECTED BY THE EPIDEMIC**



## INVOLVEMENT OF NONGOVERNMENTAL STAKEHOLDERS

Interviewees' answers indicate that 71% of them consider that the involvement of stakeholders not belonging to the governmental sector has been from moderate to wide-ranging (Graph 11).

Interviewees believe that the highest level of involvement in HIV/AIDS issues is from the NGO sector. They consider that their work is visible and generally good, but that it is not always aligned with the NSP, but with their donors' guidelines. Answers indicate that there should be increased involvement from the business, religious and academic sectors.

## INVOLVEMENT OF VULNERABLE AND AFFECTED POPULATIONS, AND MOST-AT-RISK GROUPS

65% of those interviewed believe that the involvement of vulnerable populations and those affected by the epidemic and of those groups most at risk has been limited (Graph 12).

From their answers, it can be gathered that interviewees consider that these populations have had certain spaces in multi-sectoral structures and in the national consultation processes, but that their representation has been weak due to their low level of organization and the lack of a favorable environment for their participation.

## EQUITY IN IMPLEMENTATION

Out of the total individuals interviewed, 65% believes that the NSP is not being implemented equitably among the various populations affected by the epidemic.

They consider that some populations are being underserved, such as people living with HIV (26% of total implementers), female sex workers (23%), women (19%), men who have sex with men (16%), other non-specified sexual-diverse populations (15%), and children and young people (13%). Answers indicate that there are more actions and resources aimed at the general population; that there is a lack of focus on addressing and meeting the specific needs of the various affected populations, and that there is lack of representativeness of many of them in existing multi-sectoral spaces.

## ILLUSTRATIVE ANSWERS

### PUBLIC-SECTOR INVOLVEMENT

"We have five ministries involved with actual staff and budget and working with the other partners as part of the response."

"The most immediate outcomes are from the Ministry of Health and everybody looks at the MOH..."

"NAC comes under the mandate of the Prime Minister office but we do not see the PM involvement and he leads the Ministry of Finance. That ministry is not involved."

### INVOLVEMENT OF NONGOVERNMENTAL STAKEHOLDERS

"...some (NGOs) have their own priorities from their funders but the ones who are deeply involved do a good job working with the different target groups."

"Their objectives with their funders sometimes do not fit with the NSP."

"I think there are many organizations that can get involved and the majority of organizations that don't get involved are for financial reasons."

"...there is limited private sector involvement."

### INVOLVEMENT OF VULNERABLE GROUPS

"They are consulted and represented in some adhoc bodies but they don't form an integral part in the response."

"Groups not organized from various sectors have difficulties to get true representation and there's no unit or entity to get them mobilized or organized."

"There is just a particular set of people who sit with the decision making group. PLWHA are just starting to be more active."

"These groups are still be acted on rather than being actors."

**ILLUSTRATIVE ANSWERS**

**Outcome 1.1:  
Improved NAC's leadership**

"...partners are still not moving towards the implementation of the NSP in a harmonious manner, in particularly at the district level..."

"...it is very hard to do the replica of what is done at the NAC when the district committees are volunteers."

"The NAC Secretariat continues to build capacity but many times the District Committees are given little or no funds to run activities."

**Outcome 1.2  
Strengthened coordinating  
role of the NAC Secretariat**

"There are efforts by the NAC to bring the relevant partners on board but it has been slow in taking shape and partners often do not understand their role."

"The work load might be too much; more people needed for the Secretariat."

"High staff turn over makes it difficult to see changes and show results."

"There is conscious effort and limited delivery."

**Outcome 1.3:  
Improved evidence-based  
planning**

"Many programs are being implemented but there is a limited evidence base and limited data to track progress."

"Has been in the works, but we still do not see collecting data as an important factor in creating good programs for specific target populations."

"We are still working towards a research agenda and we have yet to establish a M&E system..."

"It has taken us a while to see how important data is to us and our work."

"In terms of data collection it has been 25 years long and still no data on MSM and CSW."

**LEVEL OF IMPLEMENTATION OF NSP  
STRATEGIC AREAS AND OBJECTIVES**

The study required that interviewees give their opinion on the degree of progress perceived up to that moment in the NSP's three priority areas, which include three impact areas and six results areas. The main findings are the following:

**PRIORITY I: HARMONIZATION**

**IMPACT I: Improved effectiveness of the multi-sectoral coordination for implementation of the National HIV and AIDS Response**

**Outcome 1.1 Improved leadership role of the NAC and District Committees to address HIV and AIDS issues in Belize**

45% of interviewees claim that progress in this field has been limited and 32% consider that progress has been moderate (Graph 13).

Interviewees acknowledge that many efforts have been made in the past year to strengthen the District Committees, but they concur in that they are still lacking adequate human and financial resources to undertake their responsibilities. They do not consider that the multi-sectoral level achieved by NAC at the central level has been replicated at the district level.

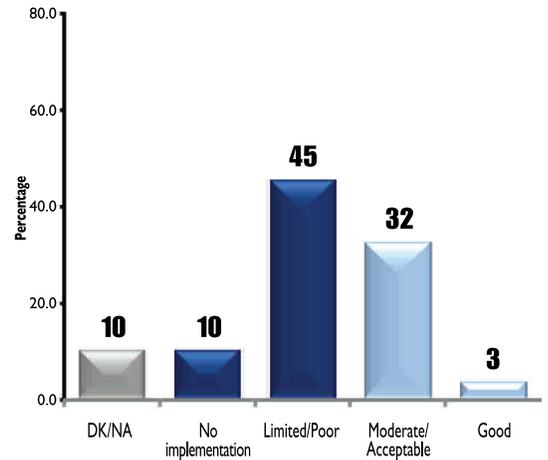
**Outcome 1.2 Strengthened coordination role of the NAC Secretariat**

71% of interviewees state that NAC's coordinating role strengthening efforts range from moderate to good (Graph 14).

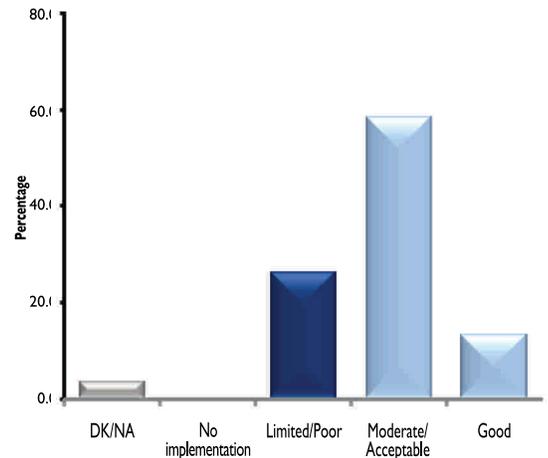
The individuals interviewed acknowledge that the NAC Secretariat has made considerable efforts to reinforce its coordinating role, and said efforts appear to be aimed in the right direction. However, frequent staff turnover, heavy workloads, and the lack of consistent monitoring and evaluation mechanisms have hampered these efforts.

Additionally, answers indicate that the roles and responsibilities assigned to NAC and the various sectors and institutions involved in the national response must be better defined.

**GRAPH 13. LEVEL OF IMPLEMENTATION FOR OUTCOME 1.1: NAC'S AND DISTRICT COMMISSIONS' LEADERSHIP IMPROVED**



**GRAPH 14. LEVEL OF IMPLEMENTATION FOR OUTCOME 1.2: NAC SECRETARIAT'S COORDINATING ROLE STRENGTHENED**

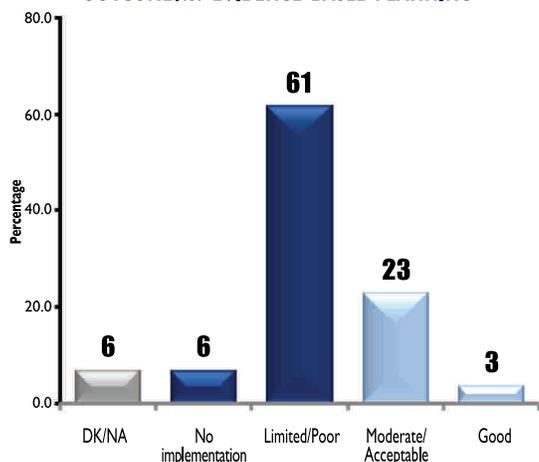


**Outcome 1.3 Improved evidence-based planning for the development and monitoring of national HIV and AIDS programs and services**

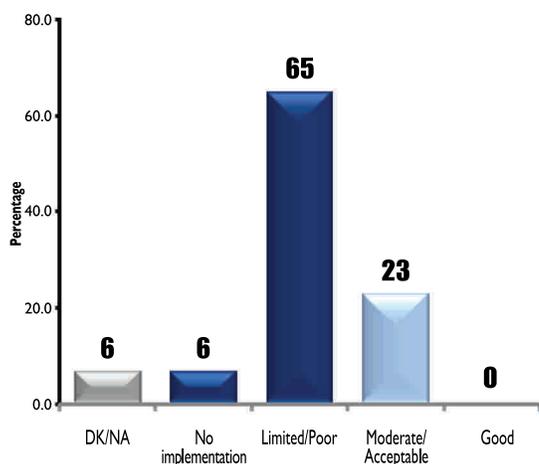
61% of individuals interviewed believe that progress in achieving adequate evidence-based planning of programs and services is limited (Graph 15).

Many answers point out that this is an area of NSP implementation whose strengthening can no longer be delayed. It involves developing an efficient and operational monitoring and evaluation system, coordinated research agendas, and a general acknowledgment of the importance of having quality information to plan the national response.

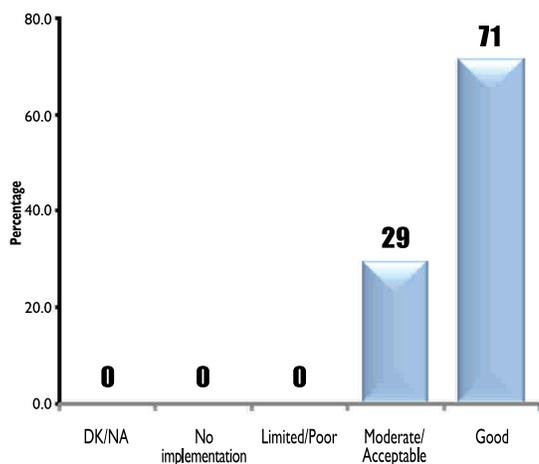
**GRAPH 15. LEVEL OF IMPLEMENTATION FOR OUTCOME 1.3: EVIDENCE-BASED PLANNING**



**GRAPH 16. LEVEL OF IMPLEMENTATION FOR OUTCOME 1.4: FAVORABLE ENVIRONMENT TO PROTECT PLWHA FROM STIGMA AND DISCRIMINATION**



**GRAPH 17. LEVEL OF IMPLEMENTATION FOR OUTCOME 2.1: TRANSMISSION RATES REDUCED AMONG BLOOD RECIPIENTS AND CHILDREN BORN FROM HIV SEROPOSITIVE MOTHERS**



**Outcome 1.4 Creation of a supportive environment to protect against stigma and discrimination of PLWHAs**

65% of interviewees believe that progress in this area has been limited (Graph 16).

Answers indicate that the legal framework does not have enough provisions to protect PLWHA from discriminatory actions, and there are no means to ensure that stigma and discrimination will be avoided in the health system and legal-support services. Answers also indicate the lack of campaigns for the general population and advocacy actions that promote a favorable environment for PLWHAs.

**PRIORITY 2: PREVENTION**

**IMPACT 2: Reducing HIV prevalence among the adult population (15-49) of Belize**

**Outcome: 2.1 Reduced transmission rates among recipients of blood and children born to infected mothers**

71% of interviewees claim that progress in this field has been good, and the remaining 29% consider that this progress was moderate (Graph 17). Respondents consider that the program to prevent vertical transmission of HIV is very successful and that the necessary protocols are in place to ensure safe blood for transfusions.

**Outcome 2.2 Reduced transmission rates in the general population with emphasis on youth (15-24);**

52% of interviewees believe that progress in this area has been moderate, although 35% of them consider that it has been limited (Graph 18).

Although many interviewees indicate that numerous prevention actions aimed at young people have been implemented, there are discrepancies in their answers because there is no solid evidence base to state that transmission rates are decreasing. In addition, respondents noted that more programs aimed at behavior changes are needed and that more efforts should be made to reach young people outside of the school system.

**ILLUSTRATIVE ANSWERS**

**Outcome 1.4 Protecting PLWHA from stigma and discrimination**

"...a legal framework just do not exist and on a national scale there is limited advocacy for decreasing stigma and discrimination."

"...there is still no major concerted effort on a sustained basis to reduce stigma and discrimination and nothing in place to those who are discriminated against, no clear guidelines on how health care providers will be held accountable."

"There are limited support services to PLWHA."

"We have some existing laws that (...) promote discrimination..."

**Outcome 2.1 Reduced mother to child transmission rates and ensured blood safety**

"PMTCT is highly successful in Belize..."

"Good PMTCT program and the blood bank seems to have good protocols in place."

"We have had a decrease in the transmission rate of the MTCT and no reported case of tainted blood..."

"We have over 90% of mother acceptance of PMTCT."

**Outcome 2.2 Reduced transmission rates in the general and younger populations**

"We have a limited focus on social and behaviour change and are not guided by a comprehensive prevention strategy."

"We are not improving. There is even not reliable epidemiological data."

"Lots of effort with young people but (...) we need to look for more behaviour change programs for this group."

"...we are not reaching out of school youth and it is a huge population that is very vulnerable, very scattered..."

## ILLUSTRATIVE ANSWERS

### Outcome 2.3 Reduced prevalence among MARPS

"The law is not friendly to MSM, as their acts are considered illegal..."

"There is a need to recognize most at risk groups. Some groups are neglected, for example, transgenders..."

"Although there are efforts through some NGOs much of the response is only reaching a small population and yet there is no comprehensive strategy for most at-risk population."

"We have a good amount of NGOs working with these populations. It is not an organized effort, however."

### Outcome 2.4 Improved use of other prevention services

"While condoms promotion and distribution has been widespread there are (...) legal barriers that prevent some MARPs, including young people, from accessing services."

"VCT and condoms have been good but with PEP I would say no implementation as I'm not sure our sexual violence victims get PEP."

### Outcome 3.1 Improved effectiveness of comprehensive-care, support and treatment

"Services are available to PLWHA on a adhoc basis. Besides the provision of ARV, which is free, care and support services are practically nonexistent."

"Access to treatment is free but we lack the psychosocial support for positive persons."

"We still have stand alone VCT services and special clinics. That means the issue of integration has not been taken seriously."

"They try to reach out to do some support but there is no comprehensive monitoring and evaluation on adherence."

### Outcome 2.3: Reduced prevalence among most-at-risk populations

In regard to a reduction of HIV prevalence in most-at-risk populations (MSM, SW, PDL and uniformed personnel), 65% of interviewees state that progress in that field has been limited (Graph 19).

Individuals who were interviewed indicate that the legal and policy framework must be improved in order to include MARPS, eliminate discriminatory elements, and include provisions that address their specific needs. Progress in this field is attributed to the efforts of NGOs, which can only reach small groups within these populations and which need to coordinate their efforts. On the other hand, there is widespread acknowledgment that there is no information on prevalence among specific MARPS groups.

### Outcome 2.4: Improved utilization of other related prevention services (condoms, voluntary testing and counselling, post-exposure prophylaxis)

In this area, 68% of interviewees consider that progress has been moderate (Graph 20).

These perceptions are mainly based on increased condom promotion and availability and, secondly, on increased access to VCT. Interviewees note that access to post-exposure prophylaxis must still be increased.

## PRIORITY 3: MITIGATION

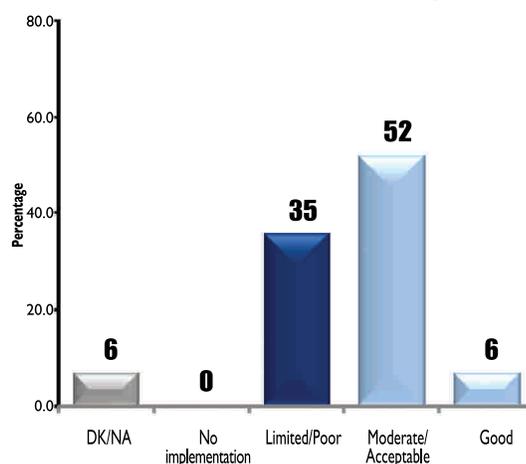
### IMPACT 3: Extended life of Persons Living with HIV and AIDS

#### Outcome 3.1: Improved effectiveness of integrated care, support and treatment services for people infected with and affected by HIV and AIDS

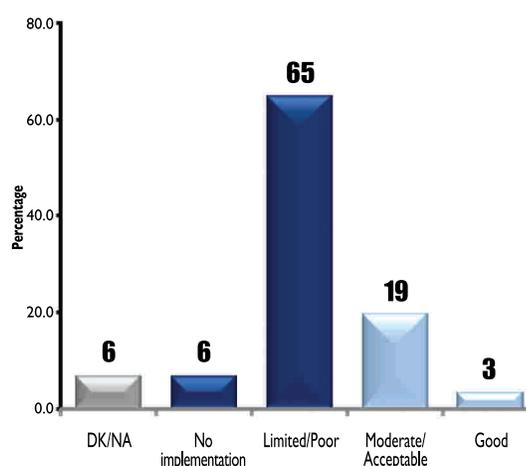
As to the effectiveness of comprehensive care, support and treatment services for PLWHA, 58% of interviewees believe that progress has been limited, and 39% of them consider progress moderate (Graph 21).

Interviewees state that even though antiretroviral treatment is free, no comprehensive care is provided. Many of their answers mention that voluntary testing and counselling are provided separately from treatment, and that there is no adequate monitoring of adherence. Furthermore, they claim that there are no psycho-social or dietary support services for PLWHA.

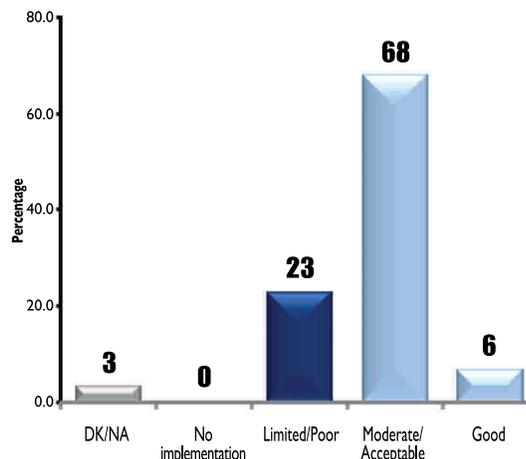
GRAPH 18. LEVEL OF IMPLEMENTATION FOR OUTCOME 2.2: REDUCED TRANSMISSION RATES AMONG THE GENERAL AND YOUNGER POPULATIONS



GRAPH 19. LEVEL OF IMPLEMENTATION FOR OUTCOME 2.3: REDUCED PREVALENCE AMONG MARPS



GRAPH 20. LEVEL OF IMPLEMENTATION FOR OUTCOME 2.4: IMPROVED USE OF OTHER SERVICES RELATED TO HIV PREVENTION



### Outcome 3.2: Improved policies and programs addressing reduction of the socioeconomic impact of infection for persons living with HIV and AIDS

68% of interviewees assign a limited rating to the progress achieved in lessening the socioeconomic impact on people living with HIV through specific programs and policies (Graph 22).

Interviewees state that there is no significant number of these types of programs and that the few existing initiatives are not generalized. They indicate that there are policies to lessen the socioeconomic impact of the epidemic, but that the legal framework needs to be updated or modified so that they can be implemented.

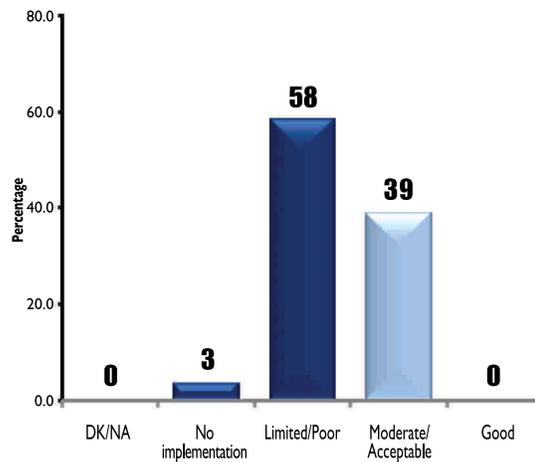
#### POSITIVE CHANGES AND BARRIERS IN SERVICE PROVISION

38% of implementers state that they have experienced or know about obstacles or barriers to providing services linked to NSP implementation.

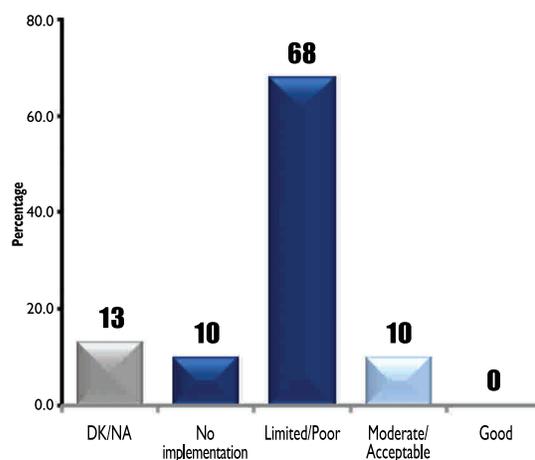
It is important to note that some of the situations identified as barriers are not directly related to providing the services required by affected populations; rather, they refer to the legal and regulatory framework for implementation and to accessing the financial resources required to implement all the necessary actions. Thus, they mention issues such as legal limitations to providing sexual- and reproductive-health services to adolescents; discriminatory laws and policies that affect most-at-risk populations, and the lack of financial and human resources to provide comprehensive care, to name a few.

Other issues considered as barriers to providing services are the lack of human resources trained to provide information and care to PLWHA, as well as the lack of legal-support services.

GRAPH 21. LEVEL OF IMPLEMENTATION FOR OUTCOME 3.1: EXTENDED PLWHA SURVIVAL



GRAPH 22. LEVEL OF IMPLEMENTATION FOR OUTCOME 3.2: FAVORABLE ENVIRONMENT TO PROTECT PLWHA FROM STIGMA AND DISCRIMINATION



Conversely, 62% of implementers state that they have experienced or know about positive changes in the service provision required by the NSP. The main positive change mentioned is increased access to voluntary testing and counseling, followed by services to prevent mother-child transmission, and providing free ART.

### Outcome 3.2 Policies and programs to reduce the socioeconomic impact on PLWHA

"No large scale efforts or programs to address the socio-economic needs of PLWHA."

"We have spent the last three years working on legislation to accompany the HIV policy and still no laws have been passed to protect PLWHA from discrimination..."

"...there are at least 5 laws that need to be amended and it has not been done."

"There are a few policies drafted to address the issue but they are not promoted and upheld."

"Some policies don't even exist and where they exist there is no systematic way of dealing with situations as they arise. Varies from district to district."

"There is only one organization that is helping with assisting social and economically needs but very few positive persons know about the organization and the services it provides."

## RECOMMENDATIONS FOR FURTHER ACTIONS

- NAC's coordinating role is considered adequate, but consensus-seeking processes on institutional roles and responsibilities, and the communication mechanisms among the various institutional actors involved in NSP implementation must be improved.
- District Committees must be strengthened with adequate human and financial resources so that they can achieve their expected roles and functions, especially those pertaining to advocacy on establishing and expanding prevention and care services, mobilizing resources, and monitoring at the local levels.
- It is advisable to engage the participation of the Ministry of Finance, the private sector, FBOs, and academic institutions in NSP-implementation processes.
- To promote involvement in NSP implementation and to focus actions and strategies specifically aimed at HIV-positive, vulnerable and most-at-risk populations, according to their specific needs and demands.
- The lack of trustworthy and inclusive information on many at-risk populations affects the development and implementation of national strategic planning. The development, systematization, dissemination, and analysis of relevant studies to document their situation must be promoted and strengthened.
- The lack of a quality, trustworthy, and timely information base with which to plan the national response to HIV is an issue of constant concern among key actors. It is important to attain progress in establishing a national information system, as well as a monitoring and evaluation system, and to establish coordinated research agendas.
- The legal and policy frameworks must be updated in order to amend their discriminatory elements and to include provisions on which to base equity, eliminate the barriers to providing care and services, and promote respect for the fundamental rights and the inclusion of all peoples.
- Programs to prevent vertical transmission, and to ensure safe blood, voluntary testing and counseling, and free TAR are mentioned as successful interventions in the national response to HIV. However, comprehensive care must be strengthened in order to include actions that go beyond clinical care, including compliance with and surveillance of human rights, mitigation of the socioeconomic impact, psycho-social support provided to people living with HIV and their family and social groups, and other components required to comprehensively address HIV.

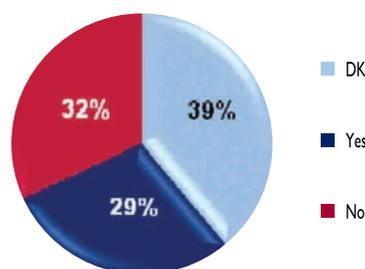
## 5. Feedback on Progress and Results

### MONITORING NSP 2006-2011 IMPLEMENTATION

Only 29% of interviewees claim to be aware that there is an institution in charge of monitoring compliance with the NSP (Graph 23). 32% state that there is no institution doing that, and 39% say they do not know if there is one or not. Interviewees who state that NSP implementation is indeed being monitored identify the NAC as the body performing such task. Even though some of them indicate that the NAC is following up UNGASS and Universal Access indicators, they do not know if it is also specifically monitoring the NSP and they are not aware of the monitoring mechanisms being used.

43% of the implementers who were interviewed confirm that the institution they are representing reports its progress in implementing HIV activities to a specific entity. At least one half of them mention reporting back to the NAC. However, from the description of these reporting actions, they do not seem to be directly related to NSP monitoring, but rather to the bi-annual data-gathering activities undertaken for the UNGASS report, and for their reports to donors and the Global Fund.

GRAPH 23. KNOWLEDGE OF INSTITUTIONS THAT MONITOR IMPLEMENTATION



### INFORMATION AND FEEDBACK ON PROGRESS AND RESULTS

Only 23% of interviewees state that they receive or have received information about the progress attained in NSP implementation. Feedback activities on NAC's, the Ministry of Health's, or donors' sectoral response were mentioned.

On the other hand, interviewees show considerable interest in receiving quarterly or annual information on the progress achieved in NSP implementation at the national and district levels, as well as on successful actions and strategies, and gaps that must be breached.

### ILLUSTRATIVE ANSWERS

#### INFORMATION THAT SHOULD BE RECEIVED

"Annual reports so that we are able to track the progress of implementation and identify some of the challenges and constraints in implementation..."

"Quality report to know if we are accomplishing goals of the NSP, if any gaps and duplications exist, so we can address those issues."

"...you can't wait three years to see what you have or have not achieved. If you have the annual review then stakeholders can jump in to fill the gaps."

"Individual organization success reports. Like receiving efficiency reports from organizations and District Committees".

"If all stakeholders involved in implementing the Strategic Plan share what they are doing, we can learn from each other..."

### RECOMMENDATIONS FOR FURTHER ACTIONS

- The NSP explicitly establishes that the monitoring and evaluation of its implementation must be performed by the NAC Secretariat. This responsibility has been acknowledged, but it must still be made visible to actors who are relevant to the response to HIV. This extends the links between monitoring the progress achieved in NSP implementation and the development of national reports (UNGASS, Universal Access, among others).
- Monitoring and evaluation processes must be strengthened, harmonized and aligned, so that all actors participate in concerted efforts to generate, manage, and analyze quality information pertaining to the documentation on the country's epidemiological situation; to identify progress, gaps and lags; to engage in timely and well-founded decision-making, and to undertake national strategic planning.
- To develop and implement monitoring and evaluation plans that clearly define agendas, procedures, methodologies, and progress and result reporting and feedback mechanisms for NSP implementation.
- To strengthen the monitoring and evaluation capabilities of implementing institutions and their capabilities to generate, analyze and use timely and updated information for decision-making and strategic and operative planning.
- To develop plans, mechanisms, and information systems that guarantee the timely development of periodic country reports (UNGASS, NASA, Universal Access, CAP Studies, population estimates, national surveys, etc.).

## 6. Social, Economic and Political Contexts

### MAIN ACTORS SUPPORTING IMPLEMENTATION

Ministry of Health	32%
BFLA	26%
NAC	23%
International Cooperation	19%
NGO Sector	19%
Ministry of Education	13%
Office of the Prime Minister	6%
Other public entities	13%

### MAIN ACTORS OPPOSING IMPLEMENTATION

Churches, the religious sector	29%
Others	16%

### INFLUENCE OF THE SOCIOCULTURAL CONTEXT

#### Religious Factors

“Some religious groups want to impose a response based on their own moral stand rather than based on public health norms.”

“There are certain religious beliefs and practices which prohibits the work with certain populations...”

#### Attitudes and Practices toward Sexuality

“Sex is still taboo, and if you can't talk about sex you can't talk about care and prevention”

#### Attitudes and Practices toward Sexual Diversity

“People have the attitude that HIV is a ‘homosexual disease’”

“In the area of prevention efforts reducing transmission of HIV have been retarded by attitudes towards vulnerable populations MSM and CSW in particular, which has resulted in the inability of the NAC to put this discussion on the table”

### SUPPORT AND OPPOSITION

The context in which a policy document, such as the NSP, is implemented requires that the influence of the various social actors supporting or opposing said implementation be taken into account.

61% of interviewees identify the institutions supporting actions pertaining to NSP 2001-2011 implementation, and 32% identifies institutions opposing them.

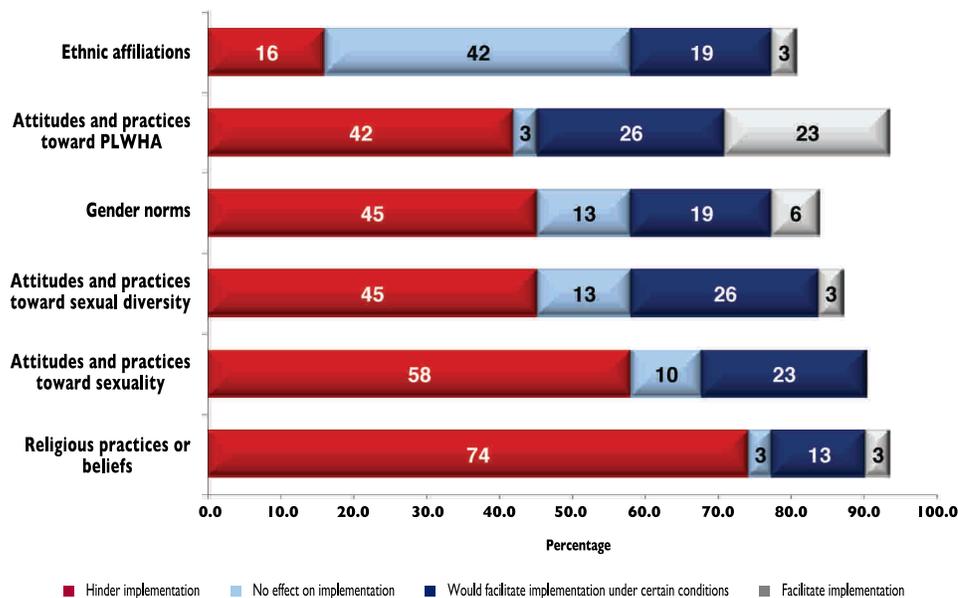
Among the entities supporting implementation, the Ministry of Health is one of the most frequently mentioned, followed by the Belize Family Life Association (BFLA), a non-governmental organization that is providing sexual- and reproductive-health services, and that is the only civil-society entity mentioned specifically with certain frequency. Other entities, such as the NAC, international-cooperation agencies, and other NGOs are also mentioned.

29% of interviewees mention the religious sector –including institutional churches, some faith-based organizations, and conservative groups of a religious nature—as those most opposed to implementation. These sectors show their opposition to certain specific actions, such as prevention based on the use of condoms and sex education.

### FACTORS THAT ENABLE OR HINDER IMPLEMENTATION

The study considered the influence of various socio-cultural, economic, and political factors that could affect or favor the process to implement an HIV/AIDS plan or policy. The results of this survey are shown in Graphs 24 to 26.

GRAPH 24. EFFECT OF THE SOCIO-CULTURAL CONTEXT IN NSP IMPLEMENTATION



#### Gender Roles

“Societal and cultural practices around gender roles makes it very difficult for women to advocate for safer sex.”

“Negotiating condom use is still difficult. Men dominate many households and it is seen as okay for men to have several partners.”

#### Attitudes and Practices toward People with HIV

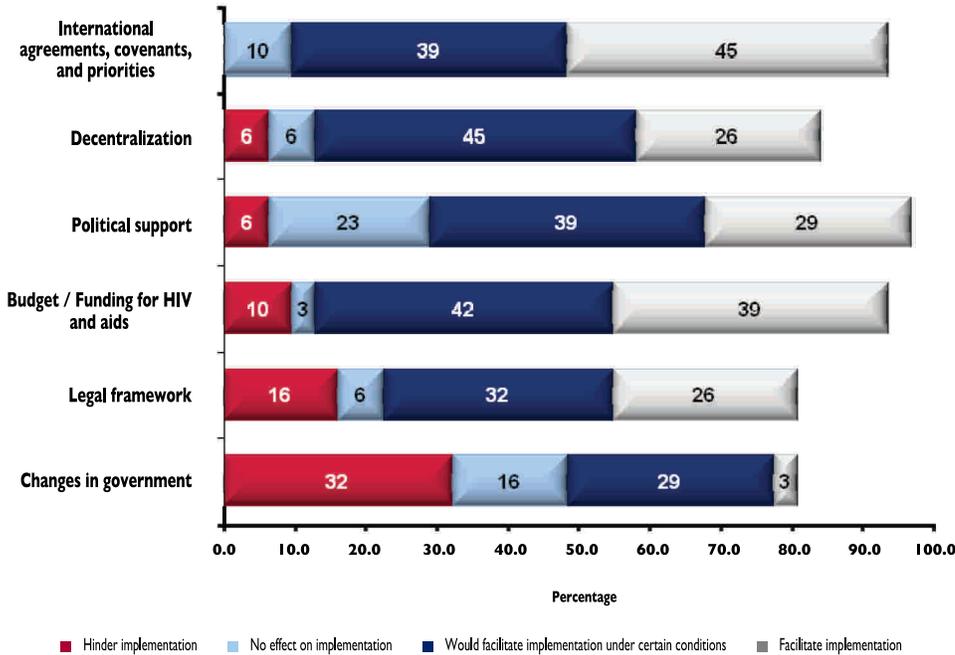
“...there is still a level of discrimination among service providers.”

“Stigma and discrimination are wide-spread and therefore, even when services are available to PLWHA, they are not able to access these services.”

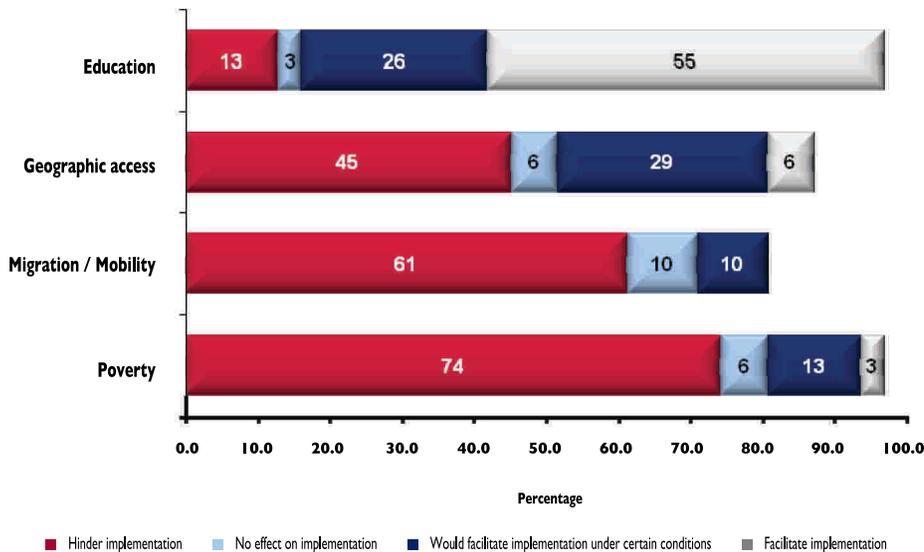
#### Ethnic Factors

“It does not matter. The work gets done regardless of ethnicity and people participate.”

**GRAPH 25. EFFECT OF THE POLITICAL CONTEXT IN NSP IMPLEMENTATION**



**GRAPH 26. EFFECT OF THE ECONOMIC CONTEXT IN NSP IMPLEMENTATION**



**INFLUENCE OF THE POLITICAL CONTEXT**

**Changes in Government**

"...the experience has been high staff turn over and the fact that each government has its own perspective on HIV."

**Legal Framework**

"...legal framework is outdated. It has not evolved, so implementation of certain activities that are necessary are often hindered by laws that limit rights of vulnerable groups."

**HIV/AIDS Budget**

"We have already included our activities as part of our budget and we continue our services. Our difficulty is to expand or offer new services because of finances."

**Political Support**

"Once you have commitment and support you would have more budget, they could support the policies and they would push prevention and treatment at all levels."

**Decentralization**

"Better functioning District Committees could help to ensure that the NSP is implemented nationally."

**International Agreements and Commitments**

"Through these agreements you get funding, you get set priorities and this facilitates the implementation."

**INFLUENCE OF THE ECONOMIC CONTEXT**

**Poverty**

"Poverty is one of the driving forces behind HIV and aids. Sometimes allocating the resources to address some of the challenges faced with HIV requires to address some of the challenges resulting from poverty..."

**Educational Level**

"If literacy level is high and persons are completing education, prevention efforts would be facilitated, as persons would better understand how to protect themselves and absorb the messages..."

**Geographic Access**

"The spread out of the country makes it difficult to access remote rural areas and is quite expensive and time consuming to travel to some of these areas."

**Population Mobility**

"Belize currently has a large migrant population, which continues to grow. The programs and services in HIV continually need to expand to reach this population."

# Annex: Reference Framework to Monitor Public-Policy Implementation

In order to monitor the implementation of a public policy, it is essential to acknowledge that its implementation is not a unidirectional event that is isolated from the political and social contexts in which it is executed. On the contrary, it is a process involving a series of mechanisms that render a policy into specific plans, procedures, and actions. The main contents of these implementation mechanisms are briefly described below.

## 1. The Policy Adopted by the Various Actors Involved in Its Implementation

Expressions of policy-adoption mechanisms are linked to the nature of the policy's development; the relevance and validity of its contents; the feasibility of achieving its goals and objectives, and the processes established to seek consensus on its importance. When it is based on appropriate consensus, civil-society groups can assume an active role in promoting and monitoring strategies.

Adoption is also expressed by the level of leadership perceived in the institution or institutions that bear responsibility for policy implementation. Responsibility and leadership to implement the policies necessarily stem from organizations' actions, the involvement of their leaders, and the actors' clear conception of their roles and responsibilities.

Furthermore, implementation must be based on proper planning to adequately manage resources, estimate needs, and assign institutional responsibilities, as well as to establish process and results indicators that allow assessing progress. Frequently, there are no solid strategic plans, operative plans, and operational directives to link policy development and effective policy implementation.

## 2. Creating the Necessary Conditions to Execute Defined and Prioritized Actions

Creating the conditions needed to execute a policy requires its proper dissemination among actors engaged in its implementation and among its beneficiaries. In addition, in order for a policy to be properly executed, implementers must be adequately trained on the specific actions that they must perform.

A specific degree of institutional flexibility and a period of adaptation are often required to adjust ideal planning to real conditions, institutional dynamics, and concrete needs of beneficiary populations. The scope and level of complexity of the changes that every organization must undergo in order to implement a policy may vary. Implementers' flexibility and capability to adapt to the many variants involved in implementing a policy in a qualitative and equitable manner may contribute to ensuring that said policy adequately meets the overall needs of the population or the needs of specific groups.

## 3. Allocating and Prioritizing Financial Resources

Implementing a policy requires planning, allocating, prioritizing, and mobilizing financial resources. These mechanisms involve ensuring that enough resources are available to execute all necessary actions and creating the conditions to obtain them in a way that is sufficient, fluid, and timely to execute these actions.

The organizations involved need to have sufficient financial, human and material resources, but they must also have the capability to estimate the type and extent of the resources they need in order to assume their roles and responsibilities.

## 4. Executing Actions at the Various Operative and Service-Provision Levels

One of the mechanisms leading to policy implementation at the operative level is the coordination that must exist with other individual and institutional actors from the various sectors and operation levels. This can have either positive or negative effects on service provision.

Providing new or improved services is the most concrete expression of health-policy implementation. Although implementation must ideally lead to better access and quality of pertinent services, it is not necessarily a homogenous process, since the various beneficiary groups also have different needs and demands.

Inasmuch as development policies are concerned, the involvement of various stakeholders may influence the celerity and quality of implementation and promote a better response to the needs of the target population.

Implementing a policy can also encounter barriers that pose challenges and that must be overcome in order to achieve the desired results pertaining to access to, quality of, and equity in service provision.

## 5. Monitoring and Evaluation as Feedback for Results

Institutions and actors involved in policy-implementation processes must constantly have access to adequate information on the processes being executed, in order to establish if plans are being executed, if new needs have arisen, and if foreseen goals and objectives are being achieved. Sharing information and receiving feedback in a timely manner provides proper guidance to the overall implementation process. Institutionally, it fosters better execution and contributes to the perception that the institution is participating in a joint effort.

## 6. Context and Multi-Sectoral and Beneficiary Group's Participation

Policy implementation is achieved within specific social, economic, and political contexts, which entail factors that may change at any time and whose characteristics may facilitate or hinder implementation.

Multi-sectoral participation and the participation of the various groups of interest, including beneficiary groups, is a condition required to achieve coordinated operation of these mechanisms.

