Diagnostic of Organizations, Groups, or Groups in the Process of Being Established, and National Networks Implementing Activities in Belize to the Most Vulnerable Populations

BELIZE

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Executive Summary

This is a report of the mapping exercise of organizations in Belize working with the most vulnerable populations conducted between March to May, 2011. The findings are based on face to face interviews done using a questionnaire provided by USAIS/PASCA; findings were then inputted into a database similar to the questionnaire.

In Central America, the HIV epidemic is a concentrated one. The populations that are affected the most are men who have sex with men (MSM), trans-gender population, as well as men and women sex workers and their clients; nevertheless, there are other affected groups, such as mobile populations.

The organizational situation of Regional and National Networks, organizations and groups – already established or in the process of being established – that work on projects and activities aimed at HIV prevention and or care with Most-at-risk Populations (MARPS) in the Central American countries that lack continuity as a result of political and economic circumstances in each one of the Central American countries. That is the reason why there are institutions with very dissimilar strengthening needs in each one of these countries. This consultancy will gather, systemize, analyze, and summarize information on said organizations, groups in the process of being established, and National Networks that implement activities targeting MARPS in Belize. The information will be used by USAID/PASCA to assertively target technical assistance and training aimed at said groups.

The objectives of the consultancy are as follows:

1. To map established National Networks, organizations, and groups that implement projects and activities aimed at HIV prevention and/or care, targeting MARPS in Belize.
2. To perform a diagnosis of the needs of the established National Networks, organization and groups that implement projects and activities aimed at HIV prevention and/or care, targeting MARPS in Belize.
3. To develop a directory of National Networks, established organization and groups that implement projects and activities aimed at HIV prevention and/or care, targeting MARPS in Belize.
4. To identify perceptions and the relationships among established National Networks, non-governmental organizations, and groups that implement projects and activities aimed at HIV prevention and/or care, targeting MARPs in Belize and Regional Networks, such as REDCA+. RETRASEX, REDLACTRANS, CONGA and others.

Summary of key findings:

1. Majority of the organizations working with MARPS are working with more than one vulnerable group and have very small staff and rely on volunteers in the implementation of their activities. None of the organizations have any legal personnel and most of them are community based organizations and NGO's.

2. Nine of the ten organizations are using some kind of Behaviour Change Communication (BCC) model with their intervention with MARPS.
3. None of the organizations were Global Fund recipients for 2010; however, five of these organizations were global fund recipients in 2009, and three of them are recipients for the 2011Global fund project.
4. Only one organization had all the institutional elements such as vision, mission, strategic plan, operational plan, annual plan, monitoring and evaluation, job definition, administrative manuals and personnel evaluation. However many of the organizations have some of the institutional elements in place.
5. Many organizations are very small in size and donors do not provide funds to construct a headquarters, so space is rented, most organizations have in place equipment for communication and furniture.
6. Coordination activities amongst organizations are very common due to the small size and geographic location of the organizations.
7. Only five organizations in Belize knew about the regional organization REDCA+, while only three knew about REDTRANS, REDLACTRANS and CONGA. Six organizations belong to national networks in Belize mainly the National AIDS Commission and WIN-Belize.
8. Many organizations still do not make the link between "accountability and transparency`` and declaring funding source. Also, they might be missing the fact that making their funding situation known may actually assist in their overall efforts to identify potential funding source.
9. There is no systematic or mandatory reporting of information to the Ministry of Health; the majority of organizations that report to the Ministry of Health report on activities such as HIV testing, STIs, tuberculosis and ARV's. Most organizations report to other entities beside the Ministry of Health and information reported are mainly to funders of the respective organizations.
10. Only one organization reported that they did not require any institutional strengthening, while the nine other required some type of strengthening. Only two of the organizations working with sexual diversity had one strengthening area in common while organizations working with PLWA cited two areas in common that need strengthening.
11. All organizations cited that there were no laws they knew of in regards to HIV/AIDS in Belize.
12. Few organizations were able to give names of individuals in Belize that are in the forefront of HIV in Belize; two key persons were mentioned due to the role that they play which is the director of the National Aids Commission and the director of the National AIDS Program. In Central America many organization could not identify anyone and this is partly due to the lack of exposure with organization in Central America.
13. Looking at the organizations that are working with MARPS there is lot that have been done with the MARPS population despite the fact that there is little or no information known about this population and the stigma and discrimination that are often attached to these groups.[1]

[1] Situational Analysis of Most at Risk Population in Belize 2009. National AIDS Commission

Background

HIV in Belize

The first case of HIV infection in Belize was documented in 1986. Data for 2010 reveals HIV infections have decreased for the second year in a row, in 2009 the programme had documented a 14% decrease when compared to 2008 data and 2010 data shows a further reduction in new infections by 33.8% when compared to 2009 data.[2] Belize has the highest prevalence in Central America and the 3rd highest in the Caribbean after the Bahamas and Haiti.[3]

Epidemiological Profile

Most HIV cases in the period 2003-2007 were reported in the age group 15-49 years (83%), the majority of AIDS cases were also reported in this age group (75%). Annually from 2003-2007, HIV/AIDS has been the leading cause of death in the age group 40-49 and is among the leading cause of death in those 20-39 years of age.[4] The data of the 2010 Annual Report of the National TB, HIV, and other STIs, Programme of the Ministry of Health[5] indicates that a cumulative total of 5,289 HIV infection cases have been reported since the first case was diagnosed in 1986. The overall HIV/AIDS prevalence rate of Belize is calculated at 2.1%, the highest in Central America and the fourth highest in the Caribbean. Consequently, it is theorized that Belize continues to experience a generalized epidemic with higher HIV prevalence concentrated in pockets of the population. HIV prevalence among the population aged 15-24 years is 1.01%. The prevalence reported here is lower than the overall prevalence rate reported in previous years and suggests that there may be concentrated pockets/groups that are fuelling the epidemic.

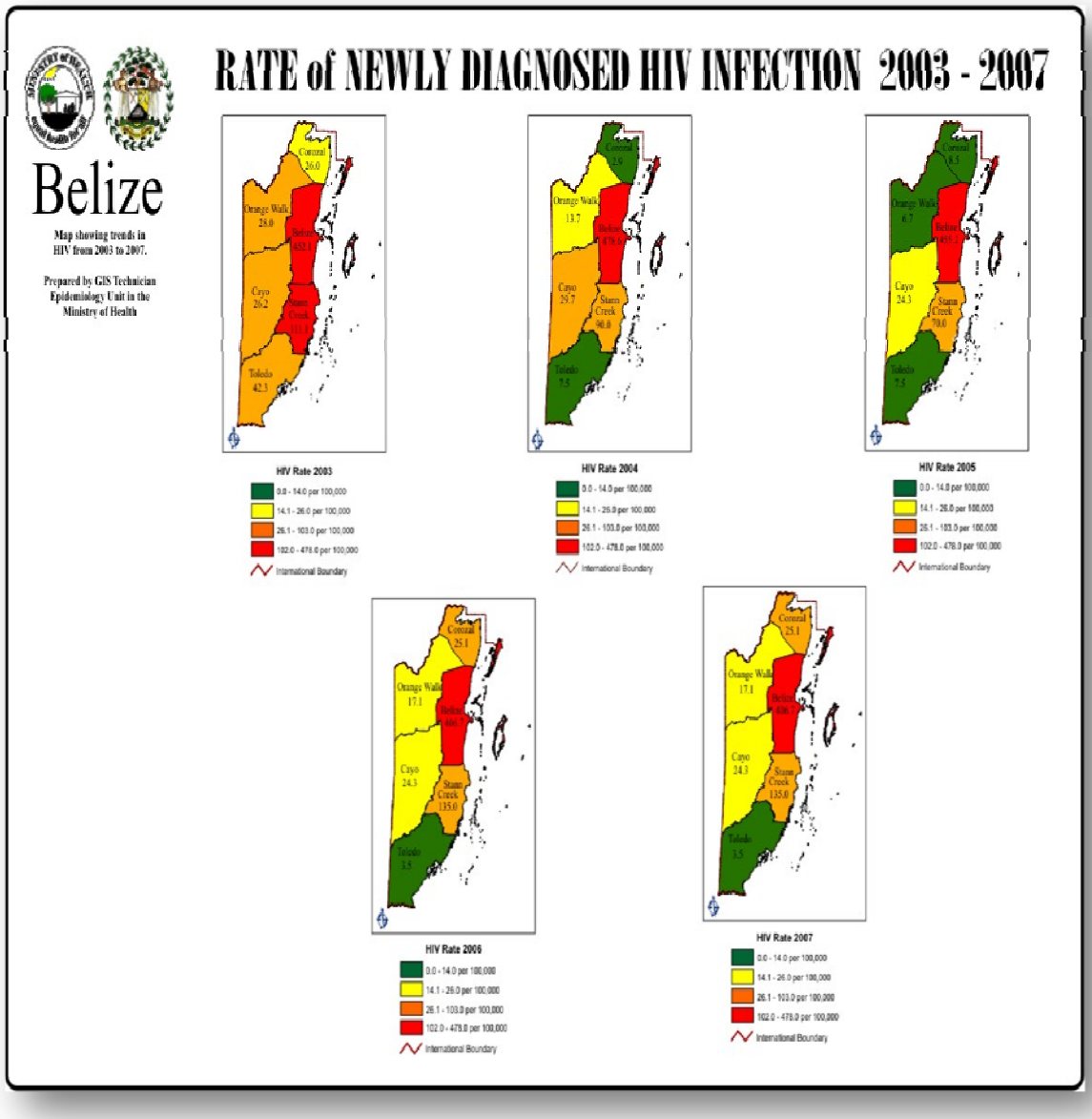
The rate of testing per 100,000 population decreased by 44.3% from 2003-2007 with an average decrease of 611 fewer persons tested per 100,000 population per year. This trend could be explained by the initial introduction of rapid VCT in 2003 which allowed easier access to VCT services thus the increasing in testing; however this trend seemed to have decrease over the years.[6]

Even though there is a global trend towards 'feminization' of the HIV epidemic, this trend needs to be carefully analyzed in Belize. Cumulatively, 41% more women than men were tested in the 5 year period. The rate of person tested was closest between men and women in 2007 when 7% more women were tested; otherwise the testing rate was between 36% and 44% greater in women each year. The higher

[2] Annual Report National TB, HIV and other STIs Program. 2010. Ministry of Health
[3] World Bank World Development Indicators 2007
[4] National HIV/AIDS Epidemiological Profile 2008. Ministry of Health
[5] National TB, HIV and other STIs Programme; Annual report 2010; Ministry of Health
[6] National HIV/AIDS Epidemiological Profile 2008. Ministry of Health

rate of testing in women also results from the fact that several women are tested through the Prevention of Mother to Child Transmission (PMTCT) program and also the fact that women access health services in greater proportion than men. However when sex specific HIV rates are compared, the rate in males has been consistently higher in the five years. In 2003, there were 23% more HIV cases diagnosed among men. This gap closed gradually and reduced to 8% more cases among men in 2006. But in 2007, the gap of newly diagnosed HIV cases between men and women again widened, with 35% more cases in men.[7]

Country Map with rates of HIV in Belize



[7] National HIV/AIDS Epidemiological Profile 2008..Ministry of Health

Prevalence Estimates

Using the methodology proposed by the United Nations Joint programme on HIV/AIDS (UNAIDS); the adult prevalence of HIV in Belize has been estimated at 2.1% (1.2%-3.1%). The estimates indicate that the adult prevalence remained virtually unchanged in the five years (2003-2007). However, the projected estimates also suggest a sustained, although small, increase in prevalence from 2007 through 2012 (7.0% increase). It is important to note that prevalence is cross sectional. [8]

Type of Epidemic

Based on international standards and criteria, Belize's epidemic may be considered generalized, however it is agreed that higher risk groups such as MSM, CSW mobile populations and other are still an important driving force in the epidemic in Belize.[9] The contribution of key MARPs group to the incidence to new infections and maintenance of the epidemic appears to have been underestimated. There is need for further research in order to better understand the type of epidemic Belize is facing.

Most Vulnerable Population identified in the Country

The situation analysis indicated that there are several vulnerable populations in Belize. These include but are not limited to, MSM, female and male sex workers, clients of sex workers, transgender, prisoners, migrant workers, female partner of MSM, mobile and migrant workers, uniformed services and young women. While data is available on some of these populations, the data is limited, at best, to estimates which are usually based on regional trends. There has been no national study to establish the exact population size of the most at risk population.[10]

Although the high risk groups such as MSM, CSW, mobile population and others are still an important driving force in the epidemic in Belize, other factors such as social, cultural and behavioral, economic and access to care also continue to be factors driving the epidemic in Belize.

The Global Fund project 2011-2012 goal is to halt the spread of HIV in Belize with special emphasis on young people aged 15-24. The project aims to target the following groups and beneficiaries, most at risk groups Men who have Sex with Men (MSM) and Female Sex Workers (FSW) in the most affected districts Belize and Stann Creek and young people aged 15-24. The project will have six main sub-recipients which include the Ministry of Health, Ministry of Human Development, Ministry of Education and Youth, Belize Family Life Association, Belize Red Cross, PASMO/PSI. The CCM was responsible for the submission of the request for the proposal they comprised of the following persons: Kathy Esquivel (chairperson), Joan Burke (vice-chairperson), member: Abel Vargas, Amparo Masson, Lara Smith, Claire Lamb, David Leacock, Eckert Middleton, Ermita Osorio, Feliz Ayuso, Jario Osorio, Judith Alpuche, Juliet Neal, Leroy Flowers, Marcus Bastos, Marvin Manzanero, Mathew Martinez, Pearl Stuart, Pedro Arriaga, Phyllis Cayetano, Richard Krieg and Rodel Beltran Pererra.

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[8] National HIV/AIDS Epidemiological Profile 2008..Ministry of Health
[9] National HIV/AIDS Epidemiological Profile 2003-2007.Ministry of Health
[10] Situational Analysis of Most at Risk Population in Belize 2009. National AIDS Commission

Under the 3 One's Principles, the framework guiding this situation analysis, the emphasis is placed on one national response, including both governmental and non-governmental agencies (NGO's) working to reduce HIV/AIDS. Even though one of the weaknesses as highlighted by several assessments done on HIV/AIDS in Belize[11] remains the coordination and harmonization of all agencies under one national strategic plan to fight HIV/AIDS, it must be noted that non-governmental agencies in Belize have and continue to play a major role. Unlike in other countries where the presence of non-government agencies is very visible and the numbers high, in Belize NGO's are few and operating mostly at the local level. Notwithstanding their limitations, NGO's continue to form partnerships with the NAC to "scale up" the response to HIV/AIDS.[12]

There are about 37 different organizations conducting activities in key prevention areas such as maintenance of safe blood products, PMTCT services, integrated STI diagnosis and treatment services, distribution and access to condoms, VCT services, PEP for health care workers and survival of sexual abuse, programs addressing KAP among youths, and programs addressing KAP among high risk and vulnerable groups.[13] Of these 37 organizations, 2, 19, and 14 are addressing distribution and access to condoms, implementing programs addressing KAP among youth, and implementing programs addressing KAP among vulnerable groups, respectively.[14] What cannot be ascertained is the level of effectiveness of these programmatic interventions since most agencies does not have the capacity or resources to conduct impact assessments.

Of the approximate 37 agencies operating in Belize, about half are NGO's. Some of the more prominent agencies include Alliance Against AIDS, Cornerstone Foundation, UNIBAM, Belize Red Cross, Belize Family Life Association, and Hand in Hand Ministries, Claret Care and PASMO. These agencies are involved in at least 3 key prevention areas. Some agencies may also be involved in mitigating the effects of HIV/AIDS and work in coordination with other organizations. As well, some of these NGO's work specifically with one vulnerable group, for example, UNIBAM which works specifically with MSM.[15] PASMO is also very involved in the social marketing of condoms and has conducted several studies on the attitudes of condom use among vulnerable populations[16]

Alliance Against AIDS (AAA) established in 1997 offers support to PLWA and their families including income generating programs, food support, housing/shelter, and support groups. AAA is a leading advocacy for a human rights approach in all aspects of HIV/AIDS and for the reduction of stigma and discrimination. It has trained a cadre of volunteers nationwide and operates a hotline for referrals to

[11] UNGASS Country Report, 2008. National AIDS Commission.
[12] Scaling up towards universal access to prevention, treatment, and care and support
[13] A situational analysis of the national response to HIV/AIDS, 2008. National AIDS Commission Secretariat.
[14] A situational analysis of the national response to HIV/AIDS, 2008. National AIDS Commission Secretariat
[15] A situational analysis of the national response to HIV/AIDS, 2008. National AIDS Commission Secretariat
[16] *HIV/AIDS TRaC Studying Evaluating Condom Use Among MSM in Belize District, Cayo, and Stann Creek. First Round (*Social Marketing Research Series). Washington, DC.

relevant services. The agency has been supported of Positive Lives which is a group of PLWH (People Living with HIV) who meet to offer each other emotional support.[17]

Cornerstone Foundation is involved in 3 key prevention areas namely, distribution and access to condoms, VCT services, and programs addressing KAP among youths.[18] More recently, Cornerstone Foundation has partnered with UNICEF in support of orphan and vulnerable children by providing food, school books, vitamins, medicines and other supplies. This agency has also established a communication network in all districts and implemented a national campaign, "Caring for Children" with advertisements in five languages. This campaign reached about 75,000 persons nationwide and raised awareness of the situation of orphans and vulnerable children. This awareness has prompted a national response to this very vulnerable group. Cornerstone Foundation is also very invested in the training of individuals in home-based care.

There are a few faith-based organizations operating in Belize. In 2004, the Committee for the faith-based response to HIV/AIDS (COMFORTH) was established by the Council of Churches. This signaled the official involvement of the churches in the fight against HIV/AIDS. Between 2006- 2007, 55 individuals from six faith-based groups were trained in pastoral counseling for HIV/AIDS utilizing a faith-based response to HIV/AIDS. Two faith-based groups Hand in Hand Ministries and Claret Care are involved in support and mitigation efforts for orphans and vulnerable children and female sex workers, respectively. Hand in Hand Ministries emphasizes educational development of children living with HIV/AIDS and offers parenting support. Claret Care offers voluntary counseling testing, condom access and distribution, and programs addressing KAP for female sex workers (FSW).

Perhaps the NGO most widely recognized for its efforts in improving overall sexual and reproductive health including HIV/AIDS prevention and reduction is the Belize Family Life Association which is involved in 6 key areas of prevention areas. These include program addressing mother to child transmission (PMTCT), integrated STI diagnosis and treatment services, distribution and access to condoms, voluntary counseling and testing (VCT), programs addressing KAP among youths and other vulnerable groups. BFLA operates clinics throughout the country so that its services are within reach of most Belizeans. BFLA has been instrumental in working with women in family planning and with youths in offering peer education and other services. In 2006, the National Condom Distribution Plan[19] was developed with BFLA being one of two agencies responsible for the distribution of condoms through its voluntary counseling and testing center/resource center to all its centers nationwide and to all non-health government ministries. During the reporting year 07-08, BFLA exceeded its condom distribution target by meeting 100.6% of its intended target.[20]

In the areas of prevention, several NGO's have formed partnerships to address the vulnerability of youths to HIV/AIDS. Prominent NGO's such as Red Cross, Alliance against AIDS, and PASMO have formed alliances with Youth for the Future to develop and implement behavioral change modules. The

[17]UNGASS country report Belize, 2008. National AIDS Commission
[18] A situational analysis of the national response to HIV/AIDS, 2008. National AIDS Commission Secretariat
[19] National Condom Distribution Plan, 2006.
[20] Annual Report Year 4, 2008. Belize Enterprise for Sustainable Technology.

"Together we can" peer education initiative developed by the Belize Red Cross appears to be effective in engaging youths in the fight against HIV/AIDS.[21]

There are a few Community-Based Organizations engaged in the fight against AIDS. Most of them are offering between 3 and 6 services and activities in key prevention areas. Some of these include the Dangriga AIDS Society which has done tremendous work in providing support and care for HIV/AIDS infected persons in that municipality; the Orange Walk AIDS committee which took on the responsibility of three condom vending machines in 2007; the Belmopan AIDS Committee which has partnered with Cornerstone Foundation in providing support and supplies to children living with HIV/AIDS in the district; the San Pedro AIDS Committee which is involved in condom distribution and access, programs aimed at youths, and VCT services; the Toledo AIDS Committee which distributes free condoms, offers VCT services, and offers programs which address youths and vulnerable groups.[22]

Objectives

General Objective

Develop a directory of organizations, non-governmental group or groups in formation and national networks currently actively working in prevention and/or care of the HIV population, Sexual Diversity, Transgender, Sex Workers, Clients of Sex Workers, People with HIV, Migrant population, and other populations identified in Belize.

Specific Objectives

1. To map established National Networks, organizations, and groups that implement projects and activities aimed at HIV prevention and/or care, targeting MARPS in Belize.
2. To perform a diagnosis of the needs of the established National Networks, organization and groups that implement projects and activities aimed at HIV prevention and/or care, targeting MARPS in Belize.
3. To develop a directory of National Networks, established organization and groups that implement projects and activities aimed at HIV prevention and/or care, targeting MARPS in Belize.
4. To identify perceptions and the relationships among established National Networks, non-governmental organizations, and groups that implement projects and activities aimed at HIV prevention and/or care, targeting MARPs in Belize and Regional Networks, such as REDCA+. RETRASEX, REDLACTRABS, CONGA and others.

[21] National Composite policy index, 2006. National AIDS Commission.
[22] A Situational Assessment of the National Response to HIV/AIDS in Belize.

Methodology

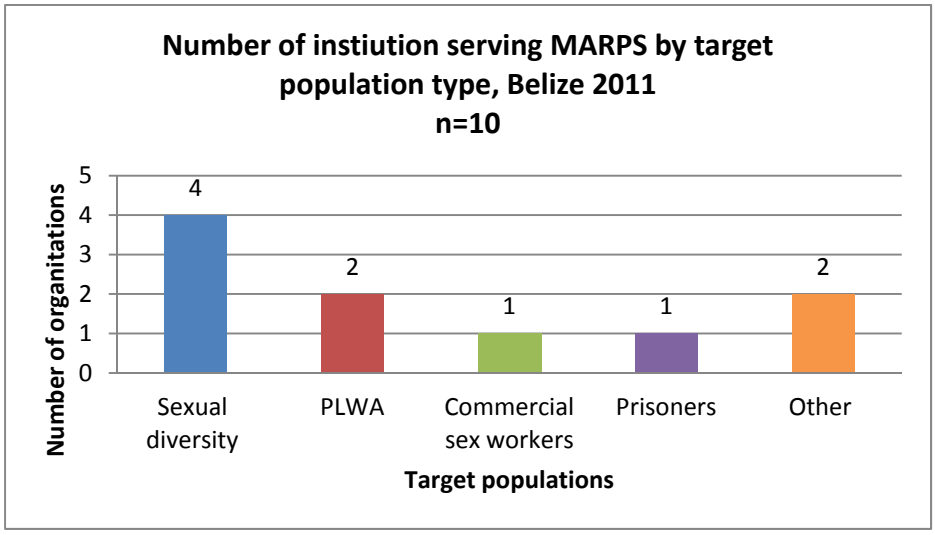
In order to develop the report the consultant had to compile a list of organizations that were working with the MARPS population in Belize. A list of some organizations was given to the consultant by the USAID/PASCA coordinator in Belize and thereafter the National AIDS Commission was consulted and provided the consultant with a list of people and organizations working with the MARPS population. After an initial comparison of both lists, a final list comprising a total of 13 organizations was done and sent to the USAID/PASCA Belize office they include San Pedro District Committee. Appointments for the interviews were done in two forms an e-mail was sent to the contact person of the organization and that was then followed up with phone call. Some organization responded well to the interview while others proved a little more difficult and several phone calls and e-mails was sent to set up visit but were unsuccessful. After the dates for the interviews were set the consultant visited the contact person to conduct the face to face interview and the responses were recorded on the questionnaire provided by USAID/PASCA. Majority of the interviews were completed in about 40 minutes as most of the organization did not have any data for some of the questions. After each interview the answers on the questionnaire were entered in the excel database provided by USAID/PASCA and took about 25-30 minutes to enter into the database. The data was cleaned using excel spreadsheet to get the required information as outlined for the report.

Results and Analysis of results

General Organizational Data

The total number of institutions identified was thirteen (13); however only ten (10) completed the interviews 1) Belize Family Life Association, 2) Alliance Against AIDS, 3) UNIBAM, 4) PASMO, 5) Corner Stone Foundation, 6) Kolbe Foundation, 7) REDCA Belize Representative, 8) Tikkum Olam Belize, 9) NAC Orange Walk Committee, 10) Voluntary Counseling and Testing Center Belize city (VCT), which included non-government, mixed organizations (non-government – government) and community based organizations. Six of the organizations were based in Belize City, two in Cayo and two in Orange Walk district. Only eight organizations (80%) of the ten interviewed, recognize HIV prevention and/or attention actions as principal target MARPS population. The others two organizations recognize young people as target populations.

Graphic 1 . Number of institutions serving MARPS by population type, Belize 2011



n = 10
Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

The 40% of organizations (4) that served Sexual Diversity population, 20% working with PLWA (2), 10% with prisoners (1), 10% with commercial sex workers (1) and 20% that were classified as other (2) as they work with all population and did not identify with one MARPS population specifically. (See Graphic 1)

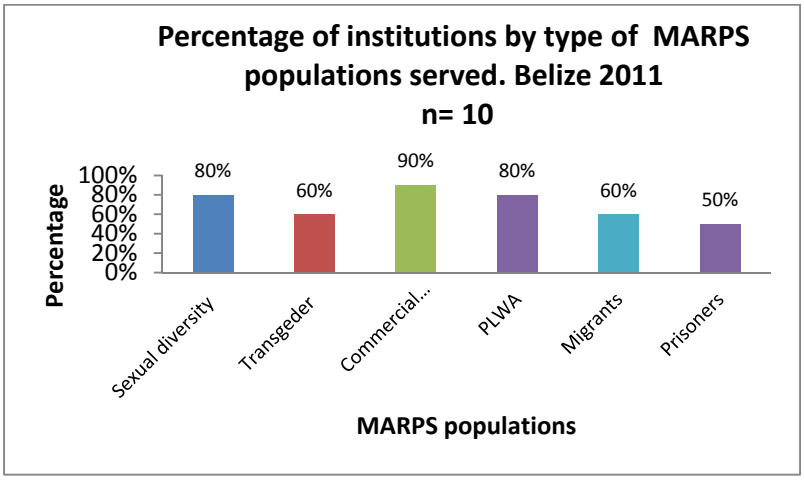
Table 1. Institutions that served more than one vulnerable group

Organization	Vulnerable Groups
PASMO	Sexual Diversity, Trans-gender, Commercial Sex Workers, PLWA and Mobile populations
Alliance Against AIDS	Sexual Diversity, Trans-gender, Commercial Sex Workers, PLWA, Prisoners and Mobile populations
Cornerstone Foundation	Sexual Diversity, Commercial Sex Workers, PLWA and Mobile populations
REDCA +	Sexual Diversity, Commercial Sex Workers and PLWA
Belize Family Life Association	Sexual Diversity, Trans-gender, Commercial Sex Workers, PLWA, Prisoners and Mobile populations
Voluntary Counseling and Testing Center	Sexual Diversity, Trans-gender, Commercial Sex Workers, PLWA, Prisoners and Mobile populations
UNIBAM	Sexual Diversity, Trans-gender, Commercial Sex Workers and PLWA
Northern Regional	Sexual Diversity, Trans-gender, Commercial Sex Workers, PLWA, Prisoners and Mobile populations

n = 8
Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

Eighty percent of the interviewed organizations (8) are serving more than one of the vulnerable groups identified in the study. They are Pan-American Social Marketing Organization (PASMO), Alliance Against AIDS, Cornerstone Foundation, REDCA+, Belize Family Life Association, VCT Center, UIBAM and the Northern Regional , that served more than one vulnerable group. Only 20% of the interviewed organizations are serving one vulnerable group identified in the study; they are the Kolbe Foundation who works with prisoners and Tikkum Belize, who works with commercial sex workers. (See Table 1)

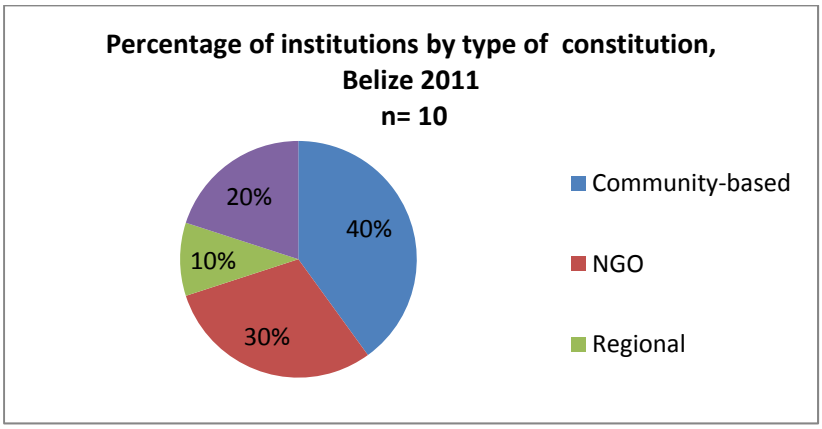
Graphic 2. Percentage of institutions by type of MARPS populations served. Belize 2011



Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

As noted, from a total of 10 organizations, nine of them conducted interventions with Sex Workers, followed by eight organizations that conducted interventions with Sexual Diversity and People living with HIV. Only six organizations serving mobile and transgender populations and five organizations carry out activities with prisoners. (See Graphic 2)

Graphic 3. Type of institutions serving MARPS



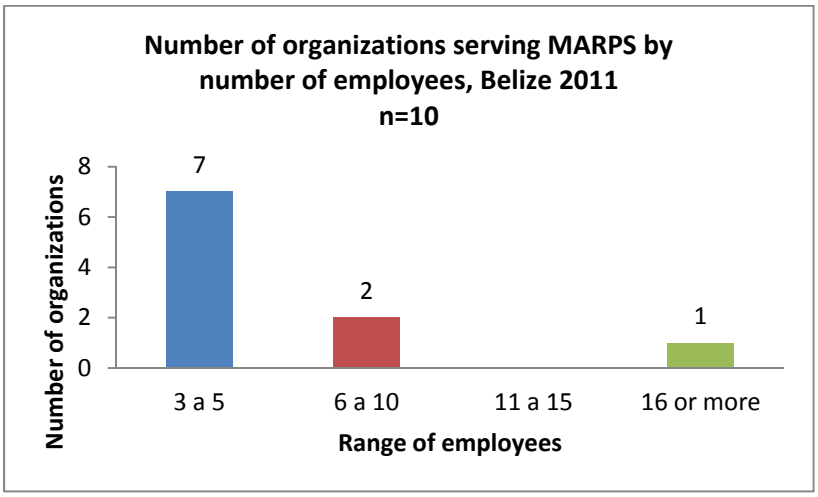
Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

The mapping found four (4) organization that were community based, one (1) that identified itself as a regional organization, three (3) as non-governmental organization and two (2) as mixed organizations .

Number of institution employees including volunteers

A total of 102 people works in 10 organizations interviewed, 22 people (21%) work in the administrative and 80 (79%) in technical area. Only four organizations (40%) refer to be supported by voluntary staff, approximately have the support of 140 volunteers. The functions of the volunteer staff are diverse, but all that most support in training, and condom distribution programs to comply with the attention they require the users of its services.

Graphic 4. Type of institutions serving MARPS



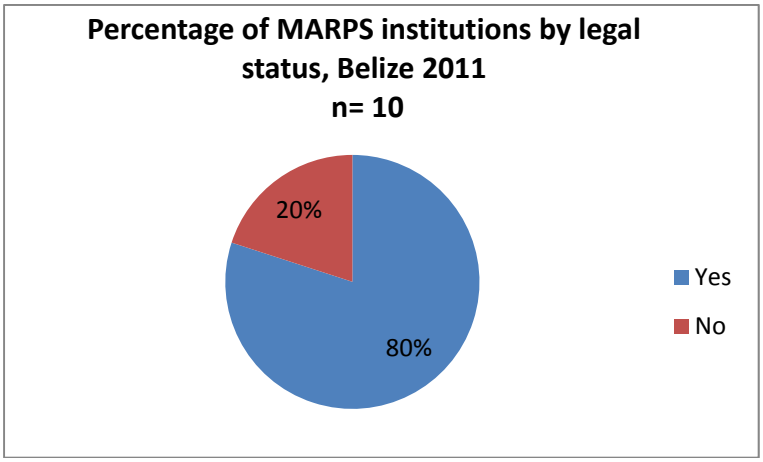
Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

Most of the organizations (70%) had between three to five employees, the 20% had between six to ten employees. Only one organization, BFLA, had more than sixteen employees, but they attend other programs, not only HIV. Majority of the organizations visited had a very small staff in some instances only three persons were running the organization but they had volunteers that would come in from time to time to assist the organization. The organizations that referred volunteers are Pan-American Social Marketing Organization, Cornerstone Foundation, REDCA+ and Tikkum Olam Belize.

Institutions legally established

Most of the organizations who works with MARPS (80%) are legally established in Belize, only REDCA+ and Tikkum Olam Belize are not. (See Graphic 5). None of the organizations that do not have legal status are in the process of obtaining it.

Graphic 5. Legal status of organizations serving MARPS



Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

MARPS organizations and type of interventions

In relation to working time, most organizations refer to count more than four years of experience in MARPS group which directed their actions. Although until recently three or two years that three organizations began to work with Sexual diversity and transgender population. (See Table 2)

Table 2. Distribution of Organizations working time with MARPS populations, Belize 2011

Populations	Less than one year	1 year	2 years	3 years	4 years	More than 4 years
Sexual Diversity	0	1	1	1	0	5
Transgender	0	0	1	1	1	3
Sex workers	0	1	2	0	0	6
People with HIV	0	1	0	1	0	6
Mobil	0	0	0	1	0	5
Prisoners	0	0	0	0	0	5

n = 10
Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

Only three organizations mentioned that it has less than two years of experience in working with the Sexual Diversity, Sex Workers and People living with HIV population. Half of the organizations

interviewed refer that also serve other populations such as health care providers, social workers, police force, youths and teachers in HIV preventions activities.

Type and geographic area of intervention with MARPS population

Interventions in prevention and/or care of HIV among Sexual diversity population are Condom distribution (6), Training and workshops (5), Specific information activities in person (5), Medical care, including STIs (5), Humans Rights and Advocacy actions (5), Information-material distribution (4) and Voluntary testing/counseling (4). The geographic area that these organizations serve, almost all of them are working in Belize, Cayo, Orange Walk, Corozal, and Stann Creek district. (See Table 3)

In transgender populations interventions in prevention and/or care of HIV done by organizations are Condom distribution, Voluntary testing/counseling , Specific information activities in person (4), Medical care, including STIs (3), Humans Rights and Training and workshops (2), and Information-material distribution (1). The interventions areas are the districts of Belize, Orange Walk, and Cayo. (See Table 3)

Interventions in prevention and/or care of HIV among population of Sex workers are Condom distribution (7), Training and workshops (7), Specific information activities in person (7), Humans Rights and Advocacy actions (6), Medical care, including STIs, Information-material distribution and Voluntary testing/counseling (5). These organizations are working specifically in the geographic areas of Orange Walk, Belize, Corozal and San Ignacio. (See Table 3)

Organizations has been working with PLWA country wide, the activities reported are Condom distribution and Specific information activities in person (8), Information-material distribution (7), Medical care, including STIs and Self-help groups support (6), Voluntary testing/counseling, Training and workshops, Humans Rights and Advocacy actions (5) and Anti-retroviral distributions (4). (See Table 3)

Interventions in prevention and/or care of HIV among population of Mobil population are Condom distribution and Specific information activities in person (3), Voluntary testing/counseling, Advocacy actions, Medical care, including STIs (2), Training and workshops and Information-material distribution (1) in the geographic areas of Belize, and Cayo district. (See Table 3)

Interventions in prevention and/or care of HIV among Prisoners population are Condom distribution (5), Specific information activities in person, Voluntary testing/counseling (3), Medical care, including STIs, Training and workshops (2), and Information-material distribution (1). Organizations are working specifically in the geographic areas of Belize and Orange Walk. (See Table 3)

Table 3. Number of organizations by types of interventions in identified populations, Belize 2011

Types of interventions	S.D.	TRANS	SW	PLWA	M. P.	P. P
Training and workshops	5	2	7	5	1	2
Specific information activities in person	5	4	7	8	3	3
Information-material distribution	4	1	5	7	1	1
Condom distribution	6	4	7	8	3	5
Voluntary testing/counseling	4	4	5	5	2	3
Medical care, including STIs	5	3	5	6	2	2
Humans Rights	5	2	6	5	--	--
Advocacy actions	5	--	6	5	2	--

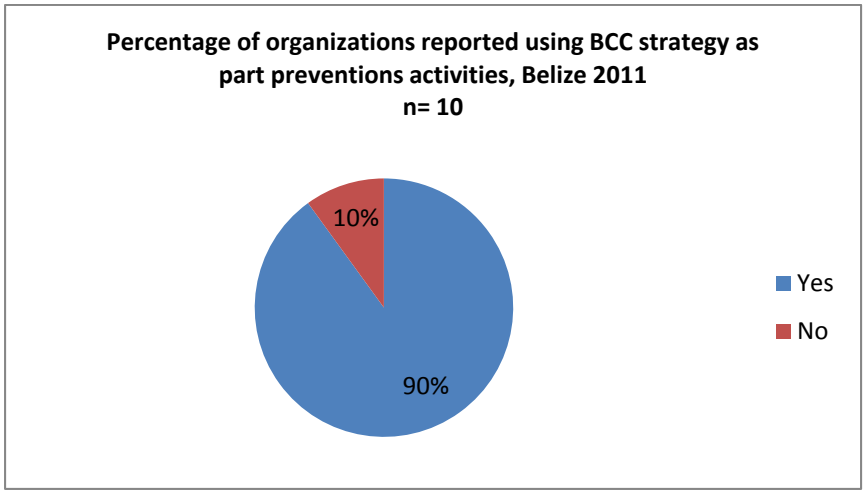
n = 10
Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

After further analysis of organizations working with most at risk population it can be said that of the ten organizations interviewed more than eight of them are working with more than one vulnerable group; PASMO, AAA, BFLA, Cornerstone, UNIBAM, and VCT center have been working with majority of the vulnerable groups identified. It should also be noted however majority of these organization work in collaboration with each other due to the fact that some of these organizations may have more links with the MARPS groups than other organization so in order to have easy access to the population they collaborate with one another. Also another reason for collaboration between these organizations is that majority of them are small with insufficient staff and funding so it is very cost effective for them to collaborate on the different activities when working with the MARPS groups.

Using behavior change strategies for activities

Nine of the organizations reported using BCC strategy as part of their training, workshops, and face to face interventions with vulnerable population. The organizations using BCC strategy included those that work with sexual diversity which was four organizations, two PLWA, one CSW and two other. Of the nine organizations that responded to using BCC strategy only one did not specify which BCC strategy they used. (See Graphic 6)

Graphic 6. Institutions that perform prevention activities as part of BCC strategy



n = 10
Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

Of the ten (10) organizations it was found that four (4) of them were using the trans-theoretical model while two (2) of them were using Until I know for sure model, one, the socio-economic mole, one using because I am capable I can, one ILO/BCC model and one consistent condom use. (See Table 4)

Table 4. List of Behavior Change Strategies with MARPS

BCC Model	Number of Organization who used it
Trans-theoretical model	**4**
Until I know for sure	**2**
Socio-economic model	**1**
Because I am capable I can	**1**
Consistent Condom use	**1**
ILO/BBC model	**1**

n = 10
Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

Findings from the interviews reveal that majority of the organizations were using some kind of BCC model as part of their BCC strategy of working with the MARPS population. Some organizations on the other hand reported that BCC is something very hard to do in Belize and this may be attributed to the lack of information on these populations.

Global fund recipient organization

There were no organizations that benefited from funding from Global fund in 2010, the Global fund project ended in 2009 and the new Round of funding from Global fund started January 2011- December 2012. However in 2009 there were a total of five (5) organizations receiving funding from Global Fund.

Two of the organizations receiving funding were specifically to work with PLWA, one worked with Sexual Diversity, Sex Workers, Mobile and Migrant populations. Two of the other organization that benefited from Global Fund received funding directly from the Ministry of Health as they come under the Ministry of health responsibility and they did not target any specific population as they mainly worked on testing treatment and providing support to PLWA.

Organization Structure

Of a total of ten organizations interviewed only one (1) organization PASMO had all institutional elements such as vision, mission, strategic plan, operational plan, annual plan, monitoring and evaluation, job definition, administrative manuals and personnel evaluation. All the other organizations had most of these elements; there was only one organization that was in its initial stage of setting and was not yet legally established and all the institutional elements were not yet in place. (See Table 5)

Table 5. Number of organizations with institutional tools

Tool	No. organizations	%
Vision	10	100
Mission	10	100
Values	8	80
Institutional Statutes	8	80
Strategic Plan	8	80
Annual Operative Plan	8	80
Evaluation and Monitoring Plan	4	40
Organization Chart	10	100
Job and Function Definitions	9	90
Personnel-hiring manuals and policies	6	60
Administrative-procedure Policies and Manuals	7	70
Personnel performance evaluations	8	80
Directive board	7	70
Statutes elections board	6	60
External Auditing	6	60
Evaluations of beneficiary population's satisfaction interventions	4	40
Internal training plan	4	40

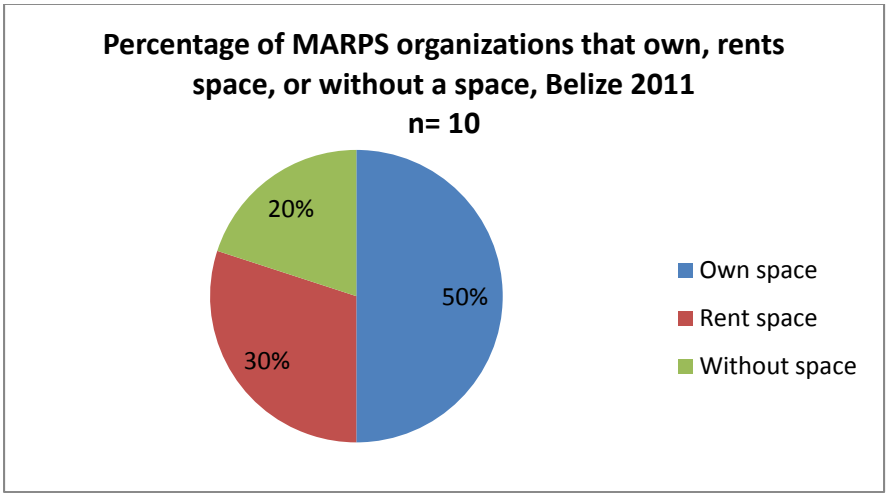
n = 10
Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

The organizational tools that all the organizations interviewed had are Vision, Mission, and Organization Chart. Nine organizations had Job and Function Definitions, and eight had Organizational Values, Institutional Statutes, Personnel performance evaluations, Strategic and Annual Operative Plan.

Slightly more than half of the organizations have Personnel-hiring manuals and policies, Statutes elections board, External Auditing. Only 40% of them have monitoring and evaluation plans, tracking of beneficiary population's level of satisfaction with interventions, and internal capacity building plans. In this regard it was found that this represents a weakness because it cannot contribute to the achievement of the objectives set as intervention strategies. (See Table 5)

Five of the organizations interviewed had their own space; three of the organizations rented spaces while the other two organizations currently without a space at the moment of the interview. (See Graphic 7)

Graphic 7. Institutions that own, rents space, or without a space



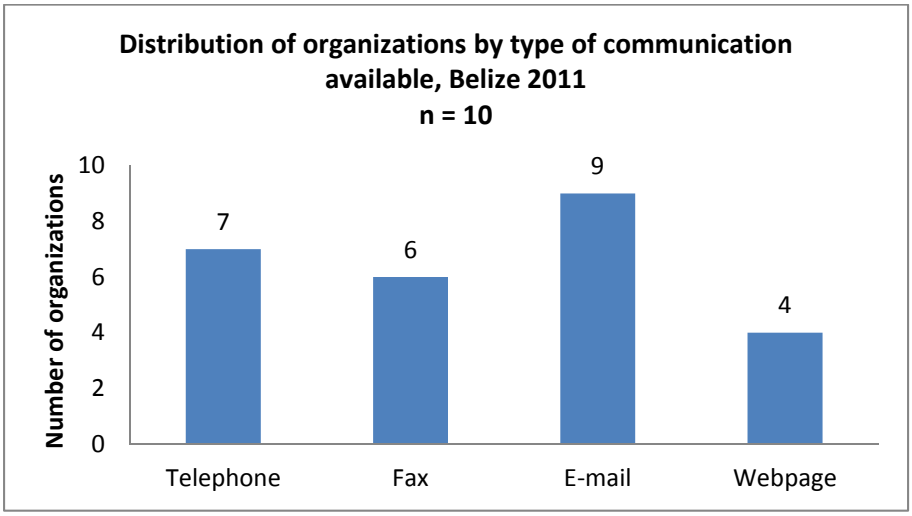
Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

The difficulties encountered by these two organizations that did not have their own space or nor the ability to pay rent, and not having the funding for it, is evidenced in their effort to provide prevention and/or HIV care services. In this way, they have managed to establish partnerships with other organizations that provide a space for activities. The two organizations that don't have space are REDCA+ and Tikkum Olam Belize.

Organizational Structure by type of communication tools

Similar situations face the organizations with regard to the communication equipment as shown in the graphic below. Email is the kind of communications most used in Belize by the MARPS organizations where 90% of them have access. 70% of the organizations have access by phone, 60% have fax, and only 40% have a web page. In speaking further with the organization Tikkum Olam Belize, that works with CSW only a personal cell phone and computer is used to communicate; access to internet is limited as she relies on a neighbor's wireless connection and when the weather is windy she is not able to connect. REDCA+ relies on partnerships with another organization for use of internet in this case the space at Cornerstone is used. (See Graphic 7)

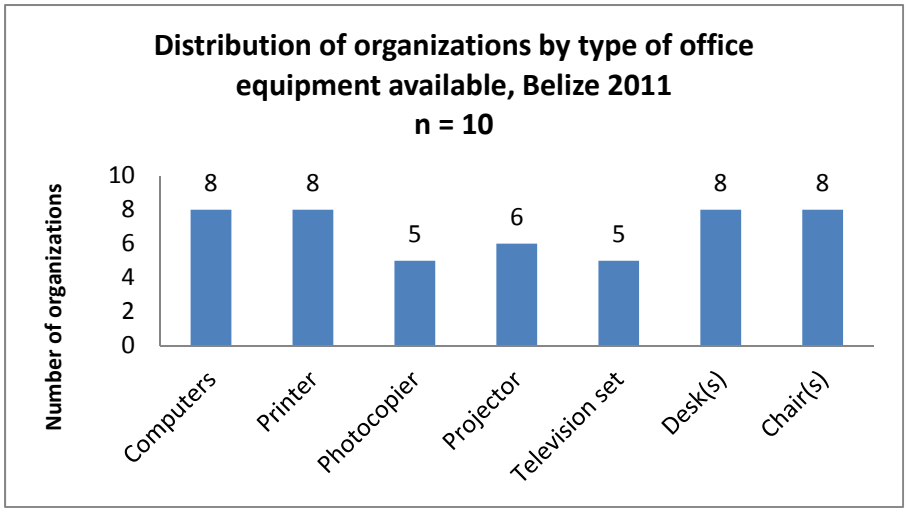
Graphic 8. Distribution of organizations by type of communication available



Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

The status of organizations with available resources for office equipment is presented in the graphic below. With respect to the organizations that have assets, 80 per cent (8) have computers, printers, desks and chairs. 60% of the organizations (6) have projectors, and only 50% of the organizations have photocopier and television. The same organizations that do not have space to operate are those who do not have any kind of office equipment. They are REDCA+ and Tikkum Olam Belize, and they rely on partnerships with another organization for use of office equipment. (See graphic 9)

Graphic 9. Distribution of organizations by type of office equipment available

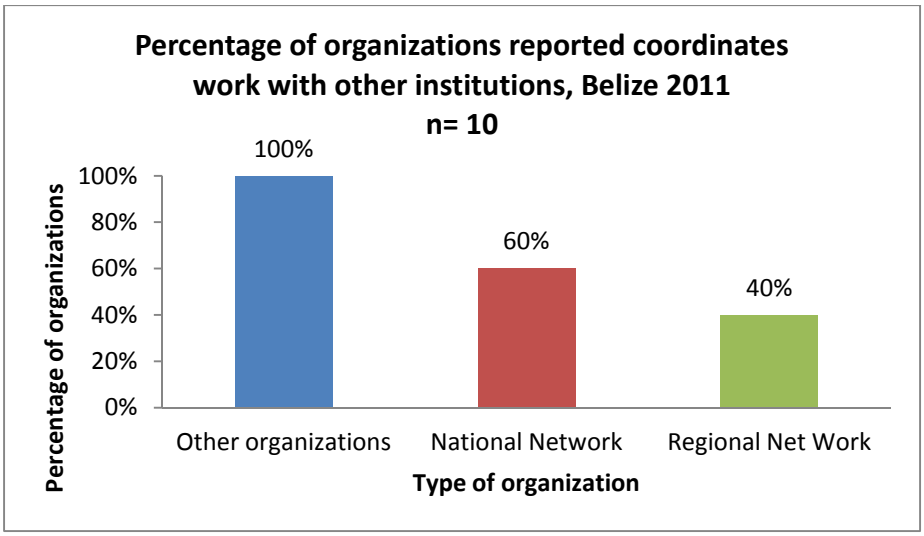


Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

Coordination of work in prevention and or HIV care with other organization

Working with groups MARPS contains many variables that are addressed from different angles, such as education, human rights, advocacy, among others. Organizations working with groups MARPS perform strategic collaborative partnerships with other organizations working in the field. In this sense, all the 10 organizations interviewed refer to perform actions in coordination with other organizations and networks for the actions of prevention and/or care of HIV groups MARPS. (See graphic 10)

Graphic 10. Coordination work with other institutions



Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

The following table shows the name of the governmental, non-governmental organizations as well as international agencies with which it is coordinated, and the frequency of mention.

Table 6. List of organizations that coordinates work

Name of Organization	Frequency of Coordination
Ministry of Health	7
National AIDS Commission (NAC)	5
UNIBAM	4
BFLA, WIN-Belize	3
AAA, Cornerstone, Positive Lives	2
Red Cross, Network of Positive Persons, Claret Care, Young For the Future (YFF), Productive Organization for Women in Action (POWA), District HIV Committee, Belize Defense Force (BDF), PASMO, Hand in Hand	1

n = 10
Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

Further analysis of the data revealed that the Ministry of Health was one of the organizations that most organization coordinated work with; the National AIDS Commission was second with a frequency of being mentioned five times while UNIBAM was third in frequency of mention four times and Belize Family Life Association (BFLA) and WIN Belize was fourth with a frequency of mention of three times.

Table 7. List of National/local Networks

Name of Organization	Frequency of Coordination
National AIDS Commission	4
Women's issue Network	3
Country Coordinating Mechanism (CCM)	1
Orange Walk HIV Committee	1

n = 10
Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

Organizations reported belonging to the following local network, National AIDS Commission, Women's Issue Network, CCM and Orange Walk HIV Committee. Only one organization motioned belonging to the CCM while three others belonging to the CCM but did not mention that as a local network that they belong to.

National Network

Of the ten organization six (6) belong to national networks, five (5) were members of the National AIDS Commission and three were member of Women's Issue Network of Belize. Both BFLA and AAA are both members of the National AIDS Commission and the Women's Issue Network of Belize, only PASMO identified as being part of the CCM.

Results Identification and working relationship with regional networks REDCA+, CONGA, REDTRASEX, REDLACTRANS

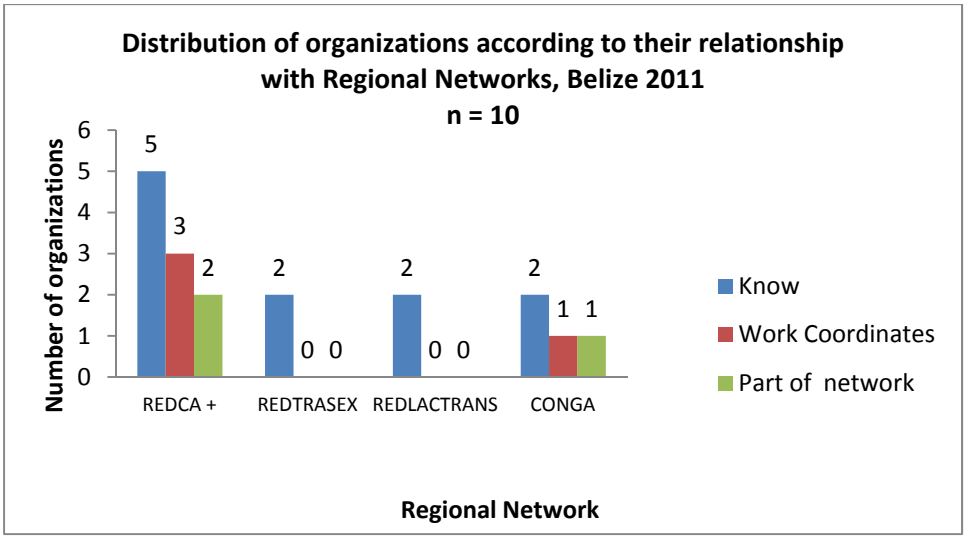
Of the ten (10) organizations only 50% (5) organization knew about REDCA+, 30% (3) coordinate work with them and 20% (2) was part of the network. There were 20% of the organizations (2) that knew about REDTRANS and no organization coordinated or were part of the network. REDLACTRANS there were only two (2) organizations that knew about them and none of them coordinated or were part of the network. Only two organizations knew about CONGA and only one coordinated work with them and one (1) is part of the network. (See Table 8)

Table 8. MARPS Organizations relationship with Regional Networks. Belize 2011

Name of Regional Network	Know	Work Coordinates	Part of network
REDCA +	5	3	2
REDTRASEX	2	0	0
REDLACTRANS	2	0	0
CONGA	2	1	1
Others	4	1	1

n = 10
Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

Graphic 11. Relationship with Regional Networks



Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

Only five organizations knew about REDCA+ and this is mainly due to the fact that REDCA+ has a focal point in Belize and its representative has been working with the other organizations over the last year, but REDCA+ has been in Belize for about 8-10 years and through the Alliance Against AIDS hosted a REDCA+ conference in 2008. Based on the responses about the other regional organizations it can be concluded that the organization here in Belize do not know about them or are not part of their network because they don't have a presence here in Belize. (See Graphic 11)

The other Regional Networks mentioned are International organization of AIDS service (ICACO), Latin America and Caribbean Council of AIDS Service Organization (LACCSO), Caribbean Vulnerable Coalition and Latin American Network of People Living Whit AIDS (REDLAC).

None of the organizations had any perception of REDCA+, REDLACTRANS ,one organization believe that REDTRANSEX should be present in Belize in order to work more with sex workers also one organization believed that CONGA has a great coordination tool and advocacy. Majority of the organizations working with MARPS population are just working with these population in Belize and they do not coordinate any of their work with other Central American countries or network.

Funding Source

From the ten organization interviewed none of the organizations were funded from the same source. Organizations working with sexual diversity and transgender populations got their funding from USAID, Summit, TIDES, UNFPA, US Embassy, PSI, AUSI AID, PANCAP and AMFAR, while the organizations working with PLWA got funding from HIVOS, Government of Belize, GESTOS and FEMI. Only one organization got their funding from one of the local organization UNIBAM. Two organizations interviewed did not provide any information from whom and how much funding they received.

Table 9. Funding Source by Population Served

MARPS Population	Funding Source	
Sexual Diversity	• USAID • UNFPA • US Embassy • SD Project • PANCAP	• Summit • TIDES • PSI • AUS AID • AMFAR
Transgender populations	• USAID • UNFPA • US Embassy • SD Project • PANCAP	• Summit • TIDES • PSI • AUS AID • AMFAR
Sex Workers	• UNIBAM	
Person with HIV	• Government • HIVOS,	• GESOS • FEIM

n = 10
Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

Looking at the information that the organizations provided only two organizations - UNIBAM and Alliance Against AIDS have funding for 2011 and 2012; six confirmed they have funding for 2011 and two did not give information. It should be noted that organizations in Belize are very territorial so this may be the reason why some organizations did not provide the information on funding readily, as some organizations provided the information on source of funding but did not say which year the funds finished or what percentage it accounted for in their overall budget.

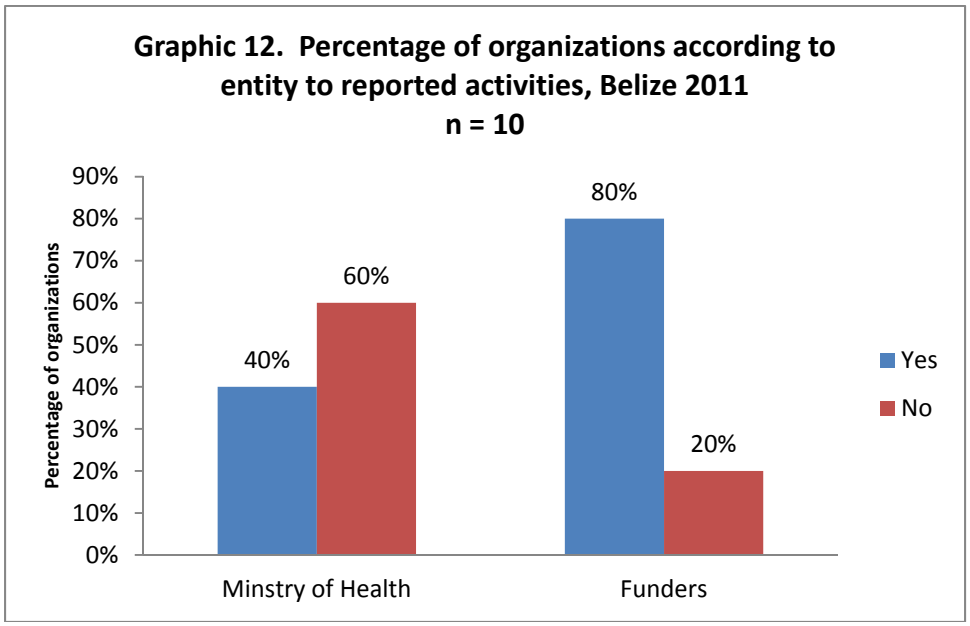
Activity Reports of NGO's

Only 40% of the organizations reported their HIV/AIDS prevention and/or care services and activities in the field to the Ministry of health. Organizations which report interventions to the Ministry of Health are as follows: Belize Family Life Association, Kolbe Foundation, VCT center and Northern Regional Hospital. 80% of organizations delivered reports to donors or funders; MARPS organizations which report to them are: Belize Family Life Association, Alliance Against AIDS, PASMO, Corner Stone Foundation, Kolbe Foundation, REDCA Belize Representative, NAC Orange Walk Committee, and Voluntary Counseling and Testing Center Belize. (See Table 11 and Graphic 12)

Table 11 . Distribution of organizations according to entity to which reports.

To whom reports activities	Yes	No
Ministry of Health	4	6
Funders	8	2

n = 10
Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.



Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

The information reported to the Ministry of Health included information on number of HIV test, STIs, tuberculosis, ARV adherence. Other organizations reported that there is no mandatory reporting to the

Ministry of health but that from time to time they would discuss informally what they are doing with the Director of the National AIDS Program at the Ministry of Health.

Strengthening Needs identified by NGO's

When asked if they believed that their organizations needed to be strengthened to better develop HIV/AIDDS activities and/or services in the field, only UNIBAM and PASMO responded that they did not need to be strengthened.

However, all organizations who were interviewed indicated that there were issues identified as priority and which needed to be strengthened to be able to better perform the HIV/AIDS prevention activities and/or services. In the table no. 13, institutional priorities are grouped into four areas; this grouping was based on the number of times that they were mentioned.

Table 12. Strength needs

Strength area	Specific topics
Policy	Human rights Advocacy process Policy development International guidelines for human rights for PLHIV and other MARPS National policies on HIV and AIDS Developing advocacy plan campaign
Strategic information	Monitoring and Evaluation Strategic planning/work plan planning Epidemiology surveillance Epidemiological information management
Prevention	Counseling for Counselors Behaviors change models Effective Prevention MARPS activities Training in working with some of the risk groups
Care and treatment	New antiretroviral treatment Antiretroviral adherence
Institutional strength	Sustainability Proposal Writing and fundraising development Financial Administration Resources and computer programs Budget management

n = 10
Source: Diagnostic and Mapping of organization, groups, or groups in the process of being established and National networks implementing activities in Belize to the MARPS. Belize. April-May 2011.

In relation to the area of policy, the identified need is that of strengthening human rights, laws and regulations to ensure the fulfillment of those rights, as well as advocacy and policy advocacy. The

training required is in basic concepts of policy advocacy, as respondents clearly do not have a handle on the subject.

Other areas of strengthening need is evident is the area of monitoring and evaluation, as well as in strategic and operational planning. While most organizations interviewed refer to count on these plans for its operation, most organizations mentioned need training in order to plan better interventions to make and optimize resources.

In the area of project management and development of proposals for projects the interviewee's need training on the subject. They are looking for greater external financing to projects relating to HIV in Belize.

Laws Related to HIV as Identified by the Organization

Only one organization mentioned the Public Health law and then they further elaborated to say that the law does not recognize HIV only other communicable diseases. The other nine organization mentioned that there was no law or knew of no laws in Belize in regards to HIV and AIDS. A further analysis found that there are many polices regarding HIV and AIDS in Belize but none of these policies have not passed yet into law and polices do not carry any weight.

Identifying key person in the response to the problem of HIV in the country and the region C.A.

When organization were asked who was a key individual in Belize in regards to HIV issue Dr. Martin Cuellar of the National AIDS Commission and Dr. Marvin Manzanero of the National AIDS Program Ministry of Health name was mentioned five times, while nine other individuals names were mentioned once. Both Dr. Cuellar and Dr. Manzanero are seen as individuals at the forefront in the fight against HIV in Belize. Dr. Cuellar is the executive director of the NAC that is responsible for coordinating HIV in the country while Dr. Manzanero is the director of the National AIDS Program whose responsibility is mainly for treatment and care. (See table 13)

Table 13. List of Key people in Belize in regards to HIV issues

Name of Individual	Frequency of Person mentioned
Dr. Martin Cuellar	5
Dr. Marvin Manzanero	5
Joan Bruke, Nurse Bradley, Caleb Orosco, Lorna Perez, Rodel Beltran Pererra, Dean Barow Prime Minister, Dr. Pedro Arriaga, Mariana Mansur	1

Most of the organizations could not identify anyone in Central America in regards to HIV issue, Eric Castellanos, Sergio Montealegre, and Otoniel Ramirez names were mentioned. Eric Castellanos and Sergio Montealegre names were mentioned because he has a sense of empowerment of PLWA and hold the country accountable, Otoniel Ramirez name was mentions because of the responsibility as a regional leader. (See table 14)

Table 14. List of key people in Central America in regards to HIV issues

Name of Individual	Frequency of person mentioned
Eric Castellanos	1
Otoniel Ramirez	1
Sergio Montealegre	1

Conclusions

The mapping exercise indicates that most of the organizations working with MARPS population are working with more than one vulnerable population in Belize. Anecdotal evidence indicates that this may be due to the fact that funding for this population is difficult to access as these groups are often marginalized and stigmatized against in Belize. Also organizations are small in both human and financial resources and the vulnerable population in Belize remains hidden and little is known about them to readily make a case for more interventions and funding.

General Organizational Data

There were ten organizations working with MARPS, four organizations identify working with Sexual Diversity, two with PLWA, one with prisoners, one with CSW and two working with the general population. Majority of the organization were either community based organization or NGOs and had very small staff of about 2-3 full time employees but with a very active volunteer base. Belize Family Life Association was one of the biggest NGOs with highest number of full time staff and they were located in every district. Cornerstone had the biggest number of volunteers and it was reported that they rely a lot on volunteers that came in from abroad to provide some of the services they offer to community. REDC+ has only been working in Belize over the past year and only one person is working with the network and they have a very large volunteer base as well country-wide.

MARPS Population Served

Most of the organizations working with MARPS have been working with these populations based on available resources - both human and financial. Majority of the organizations working with sexual diversity, Transgender population, Commercial Sex Workers, prison, PLWA population have been working with them for more than four years. Although majority of these organizations are Belize City based, activities and interventions are implemented among MARPS population in the geographic areas of the country where they are concentrated. Organizations mainly work with MARPS population in Cayo, Stann Creek, Orange Walk, Corozal and Belize districts which includes the cayes. In many instances where an organization has been working with a specific group or issue over the years it has had had to diversify in order to work with some or all of the most vulnerable groups. An example of this would be the Alliance Against AIDS that was established to support PLWA and their families and to lead advocacy for human rights approach in all aspects of HIV/AIDS and can now be seen working with sexual diversity, transgender, Commercial Sex Workers, mobile and migrant populations.

Using Behavior Change Strategies for activities

Behavior Change Communication (BCC) has become part of all organizations` strategies in working with HIV in the country. Nine of the ten organization reported using BCC as part of their strategy in working with the MARPS population, four of the organizations reported using the trans-theoretical model while others had other models that they were using. BCC is often seen as something very difficult to achieve by some of the organization and this can be contributed to the fact that there is little research on these population thus making it difficult of develop sound strategies targeted directly to these said population. There may be the need for more hands on training with organizations as it related to BCC.

Organizational Structure

Majority of the organizations that participated in the mapping had telephone, e-mail, computers, desk, and chairs; in some instances organization did not have fax, photocopier or projector. Two organizations - one working with PLWA and the other with Commercial Sex Workers did not any of these communication equipment; one of the organization relied on another organization while the other used their own personal resources. As mentioned before many of these organizations are small and often time's funders do not want to invest in building a structure so they have to rent. Only BFLA, UNIBAM owned their headquarters, the two government facility, and the prison, all five other organizations had to rented space or did not have any space at all.

Coordination of work in prevention and or HIV care with other organization

Organizations working with MARPS coordinate a lot of their activities among each other; this is due to the fact that most organizations are small in size of staff and other organizations have more easy access of working with these populations. Coordination among two groups that stood out was UNIBAM and Tikkum who work with Commercial Sex Workers; UNIBAM gives Tikkum funds so that they can do work with them in Orange Walk. Another coordination that stood out was REDCA+ and Cornerstone Foundation in San Ignacio, where Cornerstone allows the REDCA+ focal point to use their facilities. From the interviews conducted I found that a lot of these organizations work in collaboration with UNIBAM and this is mainly because UNIBAM is very much involved with working with sexual diversity, Transgender population, Commercial Sex Workers and is usually most organization first point organization in getting access to working with this population.

The Ministry of Health was mentioned seven times as an organization that collaboration was done with followed by the National AIDS Commission (NAC) this can be explained simply because the NAC is responsible for all the coordination of HIV activities in country and the Ministry of Health provides treatment and care of HIV country wide.

Although Belize is very small compared to other countries in Central America, there are organization that belong to national networks namely the National AIDS Commission (NAC) and the Women's Issue Network (WIN).

Identification and working relationship with regional networks

Majority of the organizations interviewed did not know anything about nor had they coordinated any work with REDCA+, CONGA, REDTRANSEX, and REDLACTRANS. Only five organizations knew about REDCA+ and only three coordinated work with them and two was a part of the network, this may be due to the fact that REDCA+ has only been working in Belize for the past year. Only the focal point of REDCA+ and UNIBAM knew about the other regional organization and this can be attributed to their exposure at regional meetings and some coordination work.

Funding Source

Many organizations still do not make the link between "accountability and transparency" and declaring funding source. Also they might be missing the fact that making their funding situation known may actually assist in their overall efforts to identify potential funding source. Based on the information given only two organizations have funding for 2011 and 2012, while other organizations stated their source of funding these did not include percentages or the year the funding concludes. There were no organizations receiving funding from Global fund project in 2010 since the previous round had ended in 2009 and the new round started in January 2011. There is no resource mobilization strategy and organizations have become complacent with dependency on funding agency so that six organizations in the country are now in danger of becoming defunct.
Two organizations, UNIBAM being one of them, mentioned that the funds allotted to this mapping could have been used to assist the organization in the work with MARPS.

Activity Reports of NGO's

Currently there is no systematic reporting mechanism that is in place for organization to report to on their activities they are carrying out. The mapping found that the only organizations reporting to the Ministry of Health were those that collaborated with them on HIV testing, STI, tuberculosis, and ARVs management. Organizations reported that from time to time through discussion with the director of the National AIDS Program of the Ministry of Health they would report informally on the activities that they were carrying out. Majority of the organizations reported that they reported to organizations other than the Ministry of Health, and this reporting was to their funders.

Strengthening Needs Identify

Eight out of the ten organizations reported that they needed some kind of strengthening; in looking at the data by population only two of the organizations working with sexual diversity reported that they

the need for strengthening in the area of sustainability and the two organizations working with PLWA identified training needs in the strategic planning and monitoring and evaluation.

Laws related to HIV

Only one organization mentioned the Public Health law in reference to HIV and the organization further elaborated that the Public Health law did not include HIV only other communicable disease which means that this law is old and needs updating. Organizations felt that there was no law in Belize as regards to HIV but many policies that have not yet been put into law.

Key person in the response to HIV in the Country and Central America

Some organizations had a very hard time with identifying a key person in HIV in the country that stood out, but the organizations that did mentioned someone identify Dr. Martin Cuellar of the NAC and Dr. Marvin Manzanero of the National AIDS Program Ministry as key individuals and this was mainly because of their role that they played in the fight against HIV in Belize. Dr. Cuellar heads the NAC which is the national coordinating body for HIV in the country and Dr. Manzanero is the director of the National AIDS program whose primary responsibility is in the areas of testing, treatment and care of PLWA. Because of their limited participation with other Central American countries most organizations could not identify anyone. The few names that were mentioned were Eric Castellanos, Sergio Montealegre and Otoniel Ramirez.

Recommendations

Recognition of the rights of people with different sexual identities, both in law and practice, combined with sufficient, scaled-up HIV programming to address HIV and health needs are necessary and complementary components for a successful response. Countries may choose to prioritize one or the other component but both are required to deal effectively with the epidemic.

1. Some reporting structure needs to be put in place with the organizations working with MARPS, as majority of these organization are working in collaboration with each other and data may be counted twice since organizations based in Belize city may be asking other organization in the districts to assist with interventions among these population.

2. Most organizations serving MARPS in Belize are very small and rely heavily on volunteers to assist them in their work, capacity building of volunteers should a number one priority as many organization find that individuals are willing to volunteer but their capacity fall short in the areas that they may need them to perform.

3. There are no organizations that have any legal personnel on staff and since the work involves populations that are often discriminated and abused there needs to be someone with the legally expertise to assist these person that may have had their rights violated.

4. In order for organizations to develop BCC strategies that will work data needs to be available on the populations; more research needs to be done on the MARPS population in Belize rather than using regional estimates and risk factors. Also organizations can be provided with specific training in BCC on how to develop strategies for MARPS population as well there is a need to standardize or establish BCC best practice.

5. Support needs to be given at the national level so that the existing policies regarding HIV and AIDS can be put into law as there is an imbalance between the number of HIV policies that exists and actual HIV legislation; there is an urgent need to obtain legal support or aid on a sustained basis to advance this agenda.

6. Organizations need to clarify their service, strategies and support services this can be done through a strategic planning workshop for all organizations to clearly define services, strategies and support services.

7. Efforts need to be made to assist both REDCA+ and Tikkum, REDCA+ has been trying for the past year to organize PLWA into network and legalizing the entity. Tikkum cannot access funding that may be available from United Nations Agencies and international organizations because they are not legally establish and they generally lack the finance to pay for this.

8. Majority of the organizations have developed a strategic plan but many of them lack the knowhow of getting the plan implemented. Further strengthening and revision of strategic plans could be useful for many organizations especially in the context of how their plan relates to the countries national strategic plan.

9. Organizations in Belize working with MARPS population could use some regional exposure from organizations working with this population, this will provide them with lesson learned, strategies used to working with these population as well as regional collaboration and coordination of interventions with the MARPS population.

10. Organizations working with HIV in Belize needs to be more open with information sharing regarding funding and areas of intervention they are collaborating with other organization this will avoid duplication as well as funding needs can be looked at more closely.

11. It is very obvious that organizations in Belize working with MARPS are struggling with funding and intervention with these population; organizations should be assisted with how to access funding from agencies in Central America , regional initiatives that they can be part of, or developing regional project and funding proposals.

12. There needs to be some kind of mechanism put in place where organizations can report on activities done with MARPS sharing of lessons learnt in working with MARPS population should be among local organization and networks.

13. There is a need for capacity building interventions in areas identified as part of institutional strengthening needs.

14. The issue of M&E seems to be a challenge for many organizations and this may need to be looked at more closely in terms of the size of the organization and their physical capacity to carry out M&E activities.

15. Many organizations still do not make the link between “accountability and transparency “and declaring funding source. Also, they might be missing the fact that making their funding situation know may actually assist in their overall efforts to identify potential funding source.

Bibliography

Belize Enterprise for Sustainable Technology Annual Report Year 4, 2008.

Ministry of Health .National HIV/AIDS Epidemiological Profile 2003-2007.

Ministry of Health. Annual Report National TB, HIV and other STIs program . 2010

National AIDS Commission. UNGASS Country Report. 2008

National AIDS Commission. A Situational Analysis of the National Response to HIV/AIDS. 2008

National AIDS Commission. Situational Analysis of Most at Risk Population in Belize. 2010

National Condom Distribution Plan. 2006

National AIDS Commission .National Composite policy index, 2006.

*HIV/AIDS TRaC Studying Evaluating Condom Use Among MSM in Belize District, Cayo, and Stann Creek. First Round (*Social Marketing Research Series). Washington, DC.

UNGASS Country Report, 2008. National AIDS Commission.

WHO/UNAIDS/UNICEF. Towards Universal Access: Scaling up priority HIV/AIDS interventions in the health sector. 2008).

World Bank Development Indicators .2007

Annex

MARPS populations served

Organizations working with Sexual Diversity population

Organization	Type of Intervention	Geographic area served
PASMO	Training events/workshops, information/materials development, condom distribution, advocacy and research	Belize, Cayo, Orange Walk
AAA	Training events/workshops, condom distribution, medical care including STIs, ARV distribution, social monitoring, advocacy	San Pedro, Dangriga, Cayo, Belize district
BFLA	Training events/workshops, information/materials development, condom distribution, VCT, medical care including STIs, social monitoring, human rights, advocacy, and community instructions. Self-help groups	Belize, Cayo, Orange Walk, Corozal and Dangriga
Cornerstone	Condom distribution, VCT, medical care including STIs, social monitoring, human rights, advocacy, self-help groups	Cayo area
UNIBAM	Training events/workshops, information/material development, condom distribution, VCT, medical care including STIs, AVR distribution, social monitoring, human rights, legal support, advocacy and community instructions	Cayo, Orange Walk, Corozal, Stann Creek, and Belize district
VCT	Condom distribution, VCT, medical care including STIs, social monitoring, human rights, advocacy, community instructions	Belize district
REDCA+	Training events/workshops, information/material development, social monitoring, human rights, advocacy and self-help groups	Countrywide

There were four (4) organizations that are working with the Sexual Diversity population for more than four years, VCT, UNIBAM, PASMO, AAA. When looking at the geographic area that these organizations serve, almost all of them are working in Belize, Cayo, Orange Walk, Corozal, and Stann Creek district.

Organizations working with Transgender population

Organization	Type of Intervention	Geographic area served
PASMO	Specific activities in person and condom distribution	Belize, Cayo and Orange Walk
AAA	Specific activities in person, VCT. Medical care including STIs and self-help groups	Orange Walk
BFLA	Training events/workshop, specific activities in person, condom distribution, VCT, medical care including STIs, human rights	Orange Walk
UNIBAM	Training events/workshop, specific information activities in person, information/material development, VCT and human rights	Orange Walk
VCT	condom distribution, VCT, medical care including STIs	Belize district

A total of three organizations are working with the Trans population for more than 4 years mainly in the district of Belize, Orange Walk, and Cayo. BFLA has been working with this population for 3 years and the VCT center four years but this was only limited to the Belize district as they are other VCT located in other districts.

Organization working with CSW population

Organization	Type of Intervention	Geographic area served
PASMO	Training events/workshops, specific information in person, information/materials development, condom distribution, advocacy, research	Belize, Cayo Orange Walk
AAA	Training events/workshops, specific activities in person, condom distribution, VCT, medical care including STIs, ARV, social monitoring, human rights, advocacy, self-help groups	Belize district, Dangriga
BFLA	Training events/workshop, specific activities in person, condom distribution, medical care including STIs, social monitoring, human rights, advocacy and community instruction	San Ignacio, Corozal, Orange Walk, Belize
UNIBAM	Training event/workshops, specific activities in person, information/materials development, condom distribution, VCT, medical care including STIs, social monitoring, human rights, legal support, advocacy, community instructions, self-help groups research	Orange Walk

Organization	Type of Intervention	Geographic area served
VCT	Condom distribution, VCT, medical care including STIs	Belize district
Cornerstone	Training event/workshop, specific information in person, condom distribution, VCT, medical care including STIs, social monitoring, human rights, advocacy, community instructions, self-help groups	Cayo area
REDCA+	Training events/workshops, specific information in person, social monitoring, human rights, advocacy	Stann Creek, Orange Walk, Cayo
Tikkum	Training event/workshops, specific information in person, condom distribution, human rights, social monitoring, legal support, advocacy, community instructions, self-help groups and research	Orange Walk

There were five (5) organizations working with CSW for more than four years they include PASMO, BFLA, UNIBAM, VCT and Tikkum, these organizations are working specifically in the geographic areas of Orange Walk, Belize, Corozal and San Ignacio and provide a variety of intervention and services to this most vulnerable population.

Organizations working with PLWA population

Organization	Type of Intervention	Geographic area served
PASMO	Specific information in person, information/material development, condom distribution	All district
Northern Regional Hospital	Training events/workshops, specific information in person, information/materials development, condom distribution VCT, medical care including STI, ARV distribution, self-help groups	Orange Walk
AAA	Training events and workshops, specific information in person, information/materials development, condom distribution, VCT, medical including STIs, ARV distribution, self-help groups, social monitoring, human rights, advocacy, community instructions, research	Country wide
REDCA+	Training events and workshops, specific information in person, information/material development, medical care including STIs, social monitoring, human rights, advocacy, community	Country wide

	instructions , self-help groups	
UNIBAM	Training event and workshops, specific information in person, information/material development, condom distribution, VCT, medical care including STIs, ARV distribution, social monitoring, human rights	
Cornerstone	Training events and workshops, specific information in person, information/material development, condom distribution, VCT, medical care including STIs, social monitoring, human rights, community instructions, advocacy	Cayo area
VCT	Specific information in person, VCT, condom distribution, information material/development, social monitoring, medical care including STI's, advocacy, community instruction	Belize district

A total of five organizations have been working with PLWA for more than four years, namely PASMO, AAA, UNIBAM, VCT and Northern Regional Hospital. REDCA+ has been working with PLWA country wide for one year.

Organizations working with Mobile Population

Organization	Type of Intervention	Geographic area served
PASMO	Training events/workshop, specific information in person, information/material development, condom distribution, advocacy	Country wide
AAA	Specific information in person condom distribution VCT, medical care including STIs, ARV distribution, social monitoring, self-help groups	Cayo
Cornerstone	No specific intervention	Cayo
BFLA	No specific intervention	
VCT	Specific information in person, condom distribution, VCT, medical care including STIs, advocacy, community instructions, self-help groups	Belize district

Four organizations are working with mobile and migrant population for more than four years, namely PASMO, AAA, Cornerstone and VCT center, specifically in the geographic areas of Belize, and Cayo district.

Organizations working with Prison population

Organization	Type of Intervention	Geographic area served
Kolbe	Training events/workshop, information/material development, condom distribution, VCT, medical care including STIs, ARV distribution, social monitoring, self-help groups	Belize district
AAA	No specific intervention	Belize district
BFLA	No specific intervention	Belize district
VCT	No specific intervention	Belize district

Four organizations reported working with the prison population for more than four years namely AAA, BFLA, VCT and Kolbe; however in analyzing the data closely only one of the organizations was doing specific type of intervention with prisoners, the Kolbe Foundation which is the facility for prisoners.