"Embracing Challenges, Celebrating Our Successes"
DEMOGRAPHICS

According to the 2010 Belize Population Census, Belize demographics as reflected by ethnicity exhibited the following trends: Latino, Creole, Maya, Garifuna and Mennonite remained the five largest ethnic groups. Latinos are the largest group, with its share of the total population growing from 49% to 50%. Creoles accounted for 21%, down from 25%. Maya and Garifuna made up 10% and 4.6% respectively. The number of Garifunas and East Indians remained at their 2000 levels. About 19 thousand persons or 6% of the population claimed to be of mixed ethnic origin.

Population:

321,115 (July 2011 est.)
Age structure:
0-14 years: 36.8% (male 60,327/female 57,933)
15-64 years: 59.6% (male 96,886/female 94,605)
65 years and over: 3.5% (male 5,404/female 5,960) (2011 est.)

Life expectancy at birth:

Total population: 68.23 years
male: 66.53 years
female: 70.02 years (2011 est.)

Total fertility rate:

3.21 children born/woman (2011 est.)

Birth rate:

26.43 births/1,000 population (2011 est.)
country comparison to the world: 53

Death rate:

5.87 deaths/1,000 population (July 2011 est.)
country comparison to the world: 169

Sex ratio:

At birth: 1.05 male(s)/female
under 15 years: 1.04 male(s)/female
15-64 years: 1.02 male(s)/female
65 years and over: 0.91 male(s)/female
total population: 1.03 male(s)/female (2011 est.)

Source: 2011 est.

Funders & Supporters

International Planned Parenthood Federation Western Hemisphere Region (IPPF/WHR)
Government of Belize
Caribbean Family Planning Affiliation (CFPA)
Summit Foundation
Northern Medical Mission and Mr. Bob Wolfert
Pan American Health Organization/World Health Organization (PAHO/WHO)
United Nations Children's Fund (UNICEF)
United Nations Population Fund (UNFPA)
UNIBAM
Chaa Creek Resort
BECOL
Angelus Press
Rapidito Loans
Belize Sugar Industry
Belize City Council
Belize Water Service
Orange Walk HIV/AIDS District Committee
Queens Health Outreach
SMART-Belize
Population Services International (PSI)
COURTS Belize
First Caribbean International Bank
Belize Bank
Atlantic Bank
Bank of Nova Scotia

Funders & Supporters

Ministry of Health
HECOPAB
Northern Regional Health Unit
Southern Regional Health Unit
Western Regional Health Unit
Ministry of Human Development & Social Transformation
National AIDS Commission (NAC)
Women's Issues Network (WIN)
Local Non-Governmental Organizations
Principals, Teachers and Students of Primary & Secondary Schools
Community Nurses’ Aides (CNAs)
Clients
Media Houses (print and electronic)
Local Businesses
Productive Organization for Women in Action (POWA)
Loyola University
Peace Work
Japan International Corporation Agency (JICA)
University of Belize
Belize Police Department
Belize Red Cross
National Committee for Families & Children (NCFC)
Youth for the Future/Department of Youth Services
San Ignacio Cancer Society
Belize Cancer Society
Orange Walk Cancer Society
CONTENTS

Mission, Vision & Chronicle of BFLA ................................................................. Page 3
President’s Message ......................................................................................... Page 4
Executive Director’s Report ............................................................................ Page 5
Key Achievements/Adolescents....................................................................... Page 6
Key Achievements Access............................................................................... Page 7
Key Achievements Access.............................................................................. Page 8
Key Achievements HIV/AIDS ........................................................................ Page 9
Key Achievements Advocacy.......................................................................... Page 10
Key Achievements Abortion........................................................................... Page 11
Resource Mobilization.................................................................................... Page 12
Capacity Building/Service Statistics.............................................................. Page 13
Service Statistics.......................................................................................... Page 14
Service Statistics.......................................................................................... Page 15
Income & Expenditure.................................................................................... Page 16
Income & Expenditure.................................................................................... Page 17
Income & Expenditure.................................................................................... Page 18
Income & Expenditure.................................................................................... Page 19
Income & Expenditure.................................................................................... Page 20
Board of Directors......................................................................................... Page 21
Independent Auditor’s Report ...................................................................... Insert
OUR MISSION
The Belize Family Life Association (BFLA) is the country’s leading non-profit provider of comprehensive and high quality sexual and reproductive health services. These critically important and accessible packages including personalized client education and modern clinical services are delivered by committed and qualified health professionals in caring environments and supported by strong advocacy and strategic research initiatives. BFLA is committed to continually providing these services to all Belizeans in order to contribute to a healthy and productive nation.

OUR VISION
The Belize Family Life Association (BFLA) will continue to be the leading provider of sexual and reproductive health services in Belize in order to contribute to the development of a healthy and productive nation where every Belizean’s sexual and reproductive rights are free from prejudice and discrimination and where individual choice is respected and where services are culture, age and gender sensitive.

BFLA CHRONICLE
In 1985, a group of five women, concerned about the incidence of teen pregnancy and the overall quality of family life in Dangriga came together to explore ways to improve Belizean family life-and BFLA was born. Their primary concerns dealt with young women and child spacing as they recognized that many persons were starting large families before they were capable of supporting them.

In two short months, BFLA joined the Caribbean Family Planning Affiliation (CFPA) and began expanding its services. Seven years later, in 1992, Belize Family Life Association joined the International Planned Parenthood Federation/ Western Hemisphere Region (IPPF/WHR). Soon thereafter, BFLA was recognized as a registered, not-for-profit agency.

Over the years, BFLA expanded from a single center in Dangriga to a multi-site national organization with its headquarters in Belize City. There are now eight clinics throughout the nation, as well as mobile clinics and field health workers who diligently provide services in outlying areas of the country.

In 2001, BFLA signed a contract as a Primary Care Provider (PCP)—National Health Insurance (NHI) and now offers comprehensive primary health care services through its south-side clinic. Today, it is the only organization offering comprehensive sexual and reproductive health services nationwide and does so regardless of race, colour, creed, religion, sexual orientation and age.

In 2008 BFLA was accredited as a full member of the International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) after satisfying all sixty-five accreditation criteria.
“Embracing Challenges, Celebrating Our Successes”

The theme for this year’s Annual General Meeting, “Embracing Challenges, Celebrating Our Successes”, accurately describes the past performance year. In addition to the challenges that sexual and reproductive health management brings, the association faced a financial deficit which with the hard work and dedication of its staff it has been able to overcome. Staff members displayed a great deal of perseverance & adaptability during these difficult times and are commended for their individual efforts.

Despite the cost cutting measures undertaken by the Administration, the association was still able to remain true to its core function which is to provide high quality sexual and reproductive health services to its clients country wide. The challenges of the new performance year will be meeting and exceeding performance targets, continued improvement of the association’s financial health, investing in staff training & development, membership revitalization, and resource mobilization.

In 2009, BFLA became a fully accredited member of the IPPF-WHR and we are up for accreditation again this month. The Executive Director continues to maintain a solid relationship with industry partners, ensuring that BFLA is well represented. As we commemorate to celebrate our successes today, let’s refuel and prepare for the challenges that tomorrow will bring. Once again, thank you to the staff who continue to work tirelessly, to our existing and new clients who have entrusted their health to our care, to our industry partners that have given their time and resources to the association, and to our sponsors who continue to support BFLA.

John Malić
President
Executive Director’s Report

The theme for this report “Embracing Challenges, Celebrating Our Successes” is so fitting as 2012-13 marked a period of transformation for the BFLA recovering from the December 2011 “threatened” closure of its doors due to financial challenges, demotivation of staff and “go-slow” actions, resignations, dissolution of the Board of Directors and a “high-risk” status classification by the IPPF/WHR.

The challenge put forward in the 2010-2011 report was embraced and hence advantage of the fact that our patients and clients were “walking down that difficult road with us” was taken. We were therefore determined to continue providing the highest quality services to the people and nation of Belize and hence the management team and other key members of staff with the support and guidance of IPPF/WHR, Population Services International-Caribbean (PSI-C) Office’s Director-Mrs. Julia Roberts and Holger Heinze discussed and explored strategic options and approaches to continue the provision of services in the most cost effective manner. The results of this exercise include the immediate payment of gratuity and monies earned through the staff savings plan to all except five staff members, who agreed to be paid over time, and the NHI staff as majority did not participate in the staff savings programme, the revision of job descriptions, the closure of the Belmopan Centre, the reduction of the San Ignacio Centre’s clinic days from 5 to 3, the reduction in the staff cadre, out-sourcing of data management and centres’ clinical services provision assessment, reduction in the working hours of the Domestic Engineers, re-packaging of the services being offered, increased efficiency in the management of the association’s finances including management of the use of office supplies and sundries, communication resources and the office vehicle, maximum advantage taken of the 30 day credit afforded to us by those who we do business with and more efficient use of volunteers and members of the Youth Advocacy Movements.

The abovementioned strategies and actions yielded great results evident in the continued confidence in the association and strengthened collaboration which were demonstrated through the signing of service delivery contracts with local and international donor and technical support agencies and entities including the Belize Social Security’s National Health Insurance Programme (NHI), United Nation Development Programme (UNDP)- Principal Recipient for the National Health Fund, United Nation Population Fund (UNFPA), Pan American Health Organization/World Health Organization’s (PAHO/WHO) Country Office, Population Services International-Caribbean (PSI-C), SUMMIT Foundation. Also a donation of Bz $17,627.52 from CIBC representing a percentage of interest earned on Credit Card usage during the months of November and December 2011 was received in January of 2012, new employment “contracts” with the association were signed by fifteen of the seventeen non-NHI staff, a new Board of Directors was elected and the assignment of “medium risk “(2012) and “low risk” (2013) status classification by IPPF/WHR, among others. Indeed business was done as unusual.

The Government of Belize and particularly Ms. Judith Alpuche, CEO in the Ministry of Human Development, Social Transformation and Poverty Alleviation having recognized the value in the work we do with and the services we provide to special groups including persons affected by gender-based-violence (GBV), in 2013 decided to give to the association, in addition to its annual subvention, a grant to provide a package of sexual and reproductive health services to persons affected by GBV. This support we hope will continue.

The association’s advocacy work was not without challenges. The public announcement of our support of the Revised National Gender Policy-2013, and our ongoing advocacy work for Comprehensive Sexuality Education and the recognition and respect for sexual rights, increased the negative attack against the association, its work and services provided, by members of the Catholic and Evangelical faith.

The many challenges faced by the association are also opportunities for the association to take the lead in advocating for sexual and reproductive health and rights for all including adolescents, socially excluded populations and persons with disabilities. The association’s Strategic Framework and Plan provide great opportunities for the fostering of new relationships in reaching our strategic goals and those of the government and other partners that we pledge to support.

The successes of 2012 and 2013 are results of the hard work and commitment of many of the association’s staff and volunteers, and the leadership of the Board of Directors. I wish to take this opportunity therefore to say thanks to all who continue to, unselfishly, give their time, expertise and skills in serving those who depend on the services of the association. Our journey to transform the lives of our people and the environment we live in is long, and may be bumpy at times, however we cannot give up as the life transformed one day could be yours or mine.

Joan Burke (Ms)
Executive Director
GOAL: To create spaces and opportunities for all youth to enjoy meaningful sexual and reproductive lives free of exploitation, coercion, stigmatization and discrimination, and where their rights are respected.

RATIONALE: Reproductive rights are human rights and involve equal access to comprehensive quality sexual and reproductive health (SRH) services that protect privacy, informed and free consent, and confidentiality. This includes comprehensive packages for adolescent sexual and reproductive health (ASRH). Globally adolescents are recognized as a particularly vulnerable group which accounts for a significant proportion of the global population, its most poor, with relatively high infant mortality, maternal mortality and STI infection rates. Like elsewhere, young people in Belize constitute a major vulnerable population as it relates to SRH and BFLA is one of the many Civil Society Organizations (CSO) functioning as a part of the network providing sexual and reproductive health and other services to young people.

KEY ACHIEVEMENTS

NEWLY TRAINED PEER EDUCATORS

289

In 5 high schools

3 Districts

Orange Walk
Belize
Stann Creek

YOUNG PERSONS REACHED WITH COMPREHENSIVE SEXUALITY EDUCATION (CSE)

2012 - 4,856

In school & Out of school

2013 - 5,658

SRH EDUCATIONAL SESSIONS & OUTREACH ACTIVITIES

336 SESSIONS WERE HELD IN:

URBAN-HARD TO REACH COMMUNITIES

RURAL COMMUNITIES

Businesses with large male & youth population

NUMBER OF SRH SERVICES PROVIDED TO YOUNG PERSONS

15,350 IN 2012

18,106 IN 2013

Central American Youth Ambassador Programme in partnership with GEORGETOWN UNIVERSITY:

✓ Recruited and facilitated two cohorts of students through the exchange program with the United States

REFERRAL GUIDELINE FOR ADOLESCENT SEXUAL & REPRODUCTIVE HEALTH SERVICES

Developed a REFERRAL GUIDE FOR SERVICE PROVIDERS

BIGG CHATZ TV/Radio Show made its’ debut on Television in 2012

OVER 1,000 Text Messages

MOST popular topic: SEXUALITY & ADOLESCENT DEVELOPMENT

Airings of the BIGG CHATZ show

Aired a total of 69 times on both radio and TV

Aired a total of 73 times on both radio and TV

MAJOR CHALLENGES

Public protests and demonstration against:

✓ CSE and the revised HFLE manual for Primary Schools
✓ Resignation of Youth Officer in Belize District
GOAL: To increase access to quality, comprehensive, rights-based sexual and reproductive health services to youth, women, men and vulnerable populations in Belize.

RATIONALE: There is a persistent fragmentation in the delivery of reproductive health services in Belize. BFLA remains the only agency providing comprehensive sexual and reproductive health services in the country. However, despite the joining of the other PCP’s with BFLA in the provision of S&RH services, BFLA continues to provide the best organized cervical cancer screening service with integrated breast examination service, syndromic diagnosis and treatment of STI’s, and counselling on the prevention and testing of HIV/AIDS in all centers. According to the 2010 population census, 84,928 women are in the reproductive age group (15-49). Cervical cancer continues to be the leading cancer related death among women and prostate among men in Belize. This is more evidence for BFLA to improve its marketing and outreach services particular for S&RH programme. A 2010 report commissioned by UNFPA showed that BFLA is the only provider that has been successful in the integrated S&RH approach and therefore we continue to work towards strengthening our capacity to continue to do so and be a best practice for the country.
ACCESS CONTINUED

QUALITY ASSURANCE - for CLIENT CENTERED SERVICES

Continue to provide ‘client friendly’ SRH services

"Your Comment Counts Survey" (YCC), Client Satisfaction Survey The Client Exit Interviews & Mystery shoppers (clients) Are all means by which clients get to assess BFLA’s service providers, facilities and services

OUTREACH CLINICS

PARTNERSHIP WITH GOVERNMENT OF BELIZE

SPECIAL INITIATIVE TARGETING FEMALES AT RISK & GENDER-BASED VIOLENCE SURVIVORS

SUBSIDIZATION of SRH services to Key Populations such as Sex Workers, youth and Men who have Sex with Men

MARKETING BFLA’S SERVICES & PRODUCTS

Completion of the COOL condom Marketing Plan

Introduction of the Preventative Health Care Service Packages For Life style diseases such as diabetes, hypertension & cholesterol

Contracted a COOL condom sales representative

Continue to target Key populations such as Sex Workers & MSM

Implemented a client recruitment and registration drive

Contract with SAGICOR Insurance for Preventative Health Care services to policy holders

MAJOR CHALLENGES

✓ Identifying & hiring a suitable Marketing Officer
✓ Even at a minimal fee persons were unable to pay for services required due to their economic situation.
✓ Ministry of Health targeted the same communities as BFLA with FREE services which made it difficult to reach clients who were willing to pay particularly for papsmear services
GOAL: To increase access to information, Voluntary Counseling and Testing and other services necessary for behaviour modification for HIV and other STI prevention.

RATIONALE: HIV/AIDS is one of the many challenges that young persons face. Despite a general decline in new infections over the past three years, the infection rate continues to be highest among young persons, especially those 15 to 29 years of age. The Ministry of Health reported that in 2011 over 16,000 females were tested and of this total 0.64% tested positive however half this amount, over 8,000 males were tested and 1.3% tested positive. What the data also showed was that for females the age group with the highest risk was 15-24 while for males it was 35-44. A Behaviour Seroprevalence Survey (BSS) conducted by the MOH among MSM and SWs showed that the infection rate among MSM is almost 3 times higher than that among SWs. These situations call for more “at risk population focused interventions” however the legislative environment create serious barriers in reaching these populations.

The national authority is, to some level, engaging in the discourse around the integration of HIV and AIDS into the wider framework of SRH so it is our hope that they will also recognize the need for policy and legislative review in order to facilitate the integration.

KEY ACHIEVEMENTS

- 28,686 condoms were sold/distributed in 2013.
- BFLA recognized as a model for the SUCCESSFUL integration of HIV services
- The promotion of SRH Services and Protection of Clients’ Rights through BIGG CHATZ, Peer Education, BCC and community based activities.
- Clinic data collection tool was modified with an effort to improve bio-data on clients accessing the clinics.
- Strengthened collaboration and networking with partners working with MARPs.
- The availability of HIV counseling and testing promoted among all clients accessing the services.
- Adequate condom stock maintained.

MAJOR CHALLENGES

- Increase in the number of males accessing SRH including HIV testing services, at the Belize City and Dangriga Centers
- Increase among youth accessing SRH including HIV testing services at the Belize City and San Ignacio Centers.
- Contracted as a sub-recipient for the Global Fund country project, to provide HIV/STI screening and treatment and other sexual and reproductive health services to Most At Risk Populations (MARPs) especially MSM, SWs and Youth.

- 5,724 HIV testing and associated services were provided in 2013.
- Signing of an MOU between the MA and UNICEF for the provision of BCC/HIV/STI screening and contraceptive services to 2,500 students in four (4) high-schools and two (2) vocational schools and 1,000 out-of-school youth in the Stann Creek District.

- Increased awareness on the benefits of HIV testing created a demand which BFLA could not meet due to stock out of HIV testing supplies by the Ministry of Health.
- Sale of condoms through the CBD programme did not work as condoms were made accessible free of cost through Global Fund.
- Introduction of the $10.00 consultation fee for HIV testing created a barrier as some clients could not/were unwilling pay.
GOAL: To ensure that BFLA is recognized as a major partner and stakeholder within the Health Sector with the capacity to provide a package of comprehensive quality sexual and reproductive health services.

RATIONALE: The Executive Director along with the Board of Directors, in addition to ensuring the successful implementation of the organization's strategic plan, also have the ultimate responsibility of advancing the organization through the formation of strategic alliances and effective advocacy at the policy and community levels. This accomplishment shall afford the general population of the country access to quality, affordable, comprehensive sexual and reproductive health services delivered by a cadre of trained service providers. The package of sexual and reproductive health services should not be limited on the basis of individual values but should be developed on the premise that Sexual Rights are Human Rights and individuals have a right to choose and therefore it is the providers' responsibility to ensure the availability of quality comprehensive services which include safe abortion services, services for youth and diverse populations. This can only be achieved if policies are friendly and the engineers and implementers of these are sensitive to the S&RH needs of all segments of the population.

KEY ACHIEVEMENTS
- The transformation of the "BIGG CHATZ" Radio Programme into a TV/radio programme, medium through which to share and access information.
- Sharing with partners updates of activities implemented with sexually diverse populations.
- Completion of the HIV/AIDS-SRH Integration: Stigma and Discrimination towards Youth and Sexually Diverse Individuals’ Assessment and presentation of findings to key stakeholders.
- Completion of a documentary charting the experiences of Sexually Diverse individuals accessing social services.
- Meeting with the CSOs’ representative on the Education Council, the body charged with the responsibility of revising the Health and Family Life Education/Sexuality Education Teachers’ Handbook.
- Conducted a sensitization on the IPPF Sexual Rights Declaration, Adolescent Sexual and Reproductive Health and Rights, the Ministerial Declaration on CSE and Patient’s Bill of Rights, with the faculties of Health, Education and Social Work of the University of Belize.
- Dean of the University agreed to explore the possibility of introducing Sexual and Reproductive Health as an elective 3 credit hours programme.
- Three (30%) Board members completed the on-line Governance Training.
- Two (2%) Board members and the ED participated in IPPF’s Advocacy Webinar. Board members visited and assessed the BFLA’s five Centers.

MAJOR CHALLENGE: Despite many efforts to engage individuals at the highest level within the Ministry of Education to further the discussion on the integration of CSE into the Primary School HFLE and Life Skills Curriculum very little progress was made. The hope was that the meeting with the Deputy Chief Education Officer where the Mexico Declaration and the "It's All One" Curriculum were shared, would have led to a meeting with the Minister and his technical team. The MA received feedback from the Deputy confirming that she held a meeting with the Minister where she presented and discussed the documents but he did not make any commitments.
**GOAL:** To improve the sexual and reproductive health of young girls and women through the provision of safe and legal abortion services in order to reduce the incidence of unsafe abortions.

**RATIONALE:** Incomplete abortion continues to be among the ten leading causes for admission to the public medical facilities. There are negative consequences which can result from denying a woman's right to access to comprehensive sexual and reproductive health services including safe abortion services. It is also a manifestation of the Government's failure to fulfill its commitment to ICPD, MDG 5 and other such global actions, intended to improve the lives of girls and women, families and nations. The gradual decline in the age at which females are accessing these unsafe, clandestine procedures continues to be of concern.

**KEY ACHIEVEMENTS**

- Provided safe abortion services to all females who seek the services and met the criteria required by the protocol
- Inclusion of a package of three condoms in the post procedure family planning and contraceptive counseling package
- Provided option counseling at ALL BFLA centers

* Despite efforts of pro-life groups BFLA continued to provide abortion services, maintaining highest quality service through adherence to clinical guidelines and procedures and preventing stock-out of essential medical supplies.

**CHALLENGES**

1. Limited contraceptive options available which resulted to a less than 10% contraceptive acceptance rate post procedure.
2. Reduction rate among persons under 19 years despite a significant number of persons of this age range accessing options counseling.
RESOURCE MOBILIZATION & PARTNERSHIPS

- Monthly income monitoring system adopted
- Board of Directors - Fund raising sub-committee established
- Annual fundraising activity identified: Music concert
- 2 Successful music concerts

INDEPENDENT GROUP: FRIENDS OF BFLA ESTABLISHED

STRATEGIC POSITIONS
- Representative on the Board of Directors for The Women’s Issues Network
- Member of the IEC sub-committee for the National Committee for Families & Children
- Vice Chair of the National AIDS Commission
- Chair of the IEC Sub-Committee of the National AIDS Commission
- Member of the National AIDS Commission District committees
- Member of the Belize Cancer Society District committees
- Member of the Country Coordinating Mechanism for the Global Fund Project
- Member of the National Sexual & Reproductive Health Committee

Outsourcing of Data Analysis services

- NAVISION Accounting system adopted
- Electronic SRH Quiz system implemented with the YAM using SURVEY MONKEY

PARTNERSHIPS
- GBV Project: Government of Belize
- Youth Services Project: SUMMIT Foundation & UNICEF
- CSE Project: IPPF/WHO
- BCC/HIV Prevention Project: Global Fund/UNDP/USAID & PSI/C
- Youth Media Programme: UNFPA
- Central American Youth Ambassadors Project: Georgetown University

100% Of clinic & financial reports are now generated electronically
Overview of Services Statistics

In 2013, Sexual & Reproductive Health Services were provided through 18 service delivery points, including 5 Static Clinics, 3 Mobile Clinics, 7 Social Marketing Outlets, and 3 Government Outlets. A total of 66,859 clinical services were provided in 2013, -6% or by 4,333 since 2012 (71,192). Young people under the age of 25 received a total of 18,106 S&RH services, +18% or by 2,756 since 2012. Services to young people represented 38% of total S&RH-related services.
The 2013 service mix reflects 20% (13,366) contraceptive services, 51% (33,897) non-contraceptive S&RH services, and 29% (19,596) non-S&RH services. In 2012, the service mix reflected 15% (10,397) contraceptive services, 52% (36,802) non-contraceptive S&RH services, and 34% (23,993) non-S&RH services.

**S&RH**

**Contraception Services**

In 2013, oral contraceptive services was the most accessed S&RH contraceptive services (5,494), a 95% (2,674) increase when compared to (2,820) in 2012. In the case of Injectables, there was an increase from 6,412 injectable items distributed in 2012 to 6,586 injectable items distributed in 2013.

BFLA provided a total of 4,647 S&RH contraceptive services to young persons in 2013, which is an increase of 33% (1,155) when compared to (3,492) in 2012.
Non-S&RH Medical Services - including counselling, consultation, management and prevention services, total 19,596, -18% or 23,993 since 2012.

Gynecological Services continues to be the most accessed S&RH Non-Contraceptive Services, including by young people. Cervical Cancer Screening and HIV Testing Services are among the top services.

2012 data indicate other S&RH Consultation was the second most accessed services however, these services are unspecified S&RH Services which were re-classified in 2013 to improve reporting of service statistics data.
Income & Expenditure

BFLA’S Income

The total income received by BFLA in 2013 was $2,314,025. This represents an increase of 2.5% when compared to that of 2011 and a decrease of 6.1% when compared to total income for 2012.

BFLA’s main source of funding was from International donors and NHI, which accounted for 33% and 46% of the total income received in 2013, respectively. Income generated from clinical sales and other income accounted for 21%. (Table 1.1)

Table 1.1: Summary of Income 2011 - 2013

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Un-Restricted IPPF</td>
<td>369,766</td>
<td>379,849</td>
<td>340,431</td>
</tr>
<tr>
<td>Government</td>
<td>10,306</td>
<td>21,754</td>
<td>12,229</td>
</tr>
<tr>
<td>NHI</td>
<td>1,055,492</td>
<td>994,104</td>
<td>802,729</td>
</tr>
<tr>
<td>Other Donors</td>
<td>—</td>
<td>40,143</td>
<td>19,543</td>
</tr>
<tr>
<td>Other Income</td>
<td>430,497</td>
<td>405,023</td>
<td>428,013</td>
</tr>
<tr>
<td>Restricted IPPF</td>
<td>63,756</td>
<td>186,311</td>
<td>278,821</td>
</tr>
<tr>
<td>Summit</td>
<td>125,426</td>
<td>124,813</td>
<td>148,614</td>
</tr>
<tr>
<td>PSI</td>
<td>76,894</td>
<td>260,107</td>
<td>195,967</td>
</tr>
<tr>
<td>Global Fund</td>
<td>83,785</td>
<td>19,494</td>
<td>—</td>
</tr>
<tr>
<td>Other Donors</td>
<td>98,103</td>
<td>33,832</td>
<td>30,668</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,314,025</td>
<td>2,465,430</td>
<td>2,257,015</td>
</tr>
</tbody>
</table>

BFLA’S Expenditures

Table 1.2 indicates the expense categories for BFLA’s expenses. The Association’s expenses are divided into four (4) strategies and an Administration and General category.
Table 1.2: Expense Category

<table>
<thead>
<tr>
<th>Strategy 1</th>
<th>Strategy 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Financial Resource Development</td>
<td>• Influence Policy Makers</td>
</tr>
<tr>
<td>• Management Information System</td>
<td></td>
</tr>
<tr>
<td>• Staff Training</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy 3</th>
<th>Strategy 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medical and Clinical Services</td>
<td>• Teen Services</td>
</tr>
<tr>
<td>• Pap Smear</td>
<td>• Marketing BFLA Services</td>
</tr>
<tr>
<td>• National Health Insurance</td>
<td>• HIV/AIDS</td>
</tr>
</tbody>
</table>

Table 1.3 represents BFLA’s total expenditures in 2013. Overall expenses decreased by 1.1% when compared to 2012, for a total of $1,957,444. The Association’s greatest expense is incurred by the Medical and Clinical Services and NHI Strategy which accounted for 59% of the total expenses in 2013 and 63% in 2012. Administrative and General Expenses accounted for 12% of the total expenses in 2013 and 8% in 2012.

Table 1.3: Summary of Expenditures 2011 - 2013

<table>
<thead>
<tr>
<th>Expenditures</th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy 1</td>
<td>43,688</td>
<td>44,357</td>
<td>114,620</td>
</tr>
<tr>
<td>Strategy 2</td>
<td>1,550</td>
<td>6,139</td>
<td>11,535</td>
</tr>
<tr>
<td>Strategy 3</td>
<td>1,163,418</td>
<td>1,244,258</td>
<td>1,455,388</td>
</tr>
<tr>
<td>Strategy 4</td>
<td>507,439</td>
<td>524,227</td>
<td>507,018</td>
</tr>
<tr>
<td>Administration and General</td>
<td>241,349</td>
<td>160,771</td>
<td>310,481</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,957,444</td>
<td>1,979,752</td>
<td>2,399,042</td>
</tr>
</tbody>
</table>


EXPENSES BY STRATEGY
BFLA’S FINANCIAL ANALYSIS

Chart 1.1 & 1.2 indicate the surplus made by BFLA for the year 2013 in the amount of $356,581. This represents an overall decrease of 26.5% when compared to 2012 and an increase of 351% when compared to that of 2011.

Chart 1.1: Financial Analysis 2013
Chart 1.2: Financial Analysis 2011 - 2013

(DEFICIT) SURPLUS
2011 – 2013
Board of Directors

John Malic
President

Tanya Lizama
Vice President

Tisa Grant
Secretary

Marcello Blake
Treasurer

Michele Irving
Member

Kendra Butler
Youth Representative

Ronald Stuart
Member

Kenny White
Member
Where we Work

BFLA Centers

*Orange Walk
*Belize City
Belmopan
*San Ignacio
*Dangriga

* 2 youth center:
  Headquarters & Orange Walk, & 2 youth spaces
  Dangriga & San Ignacio

Our Staff

Executive Director
Joan Burke
Director – Programmes & Education
Melanie Montero
Youth Programme Officers
Ana Carrillo (Bze)
Arthur Usher (Bze)
Louigie Gomez (O Walk)

Director – Finance & Administration
Sherrette Humes
Data Analyst
Patricia Smith
MIS/Accounts Clerk
Cecil Reneau
Ob-GYN
Dr. Mauricio Navarette
Center Managers
Faye Lofter (HQ-Bze)
Dolly Witz (San Ignacio)
Desiree Casimiro (Dangriga)
Edibetha Basto (O Walk)
Paulina Cus (HQ-Bze)
Administrative Secretary
Mirlin Plunkett (Bze)
Celine Henkis (Bze)
Leocadia Paquil (O Walk)

Auditors

Office Assistants/Cleaners in the districts

Nigel Lamb – Caretaker – San Ignacio
Kenrick Gonzales – Caretaker – Dangriga
Melissa Blanco – Caretaker/Office Assistant–Orange Walk

National Health Insurance

Administrators
Cheryl Gabourel
Doctors
Dr. Cynthia Terry
Dr. Lydia Batty
Dr. Zoila Samuels
Dr. Camesha Borland
Jameli Requena
Nurse Supervisor
Elizabeth Enriquez
Barbara Panton
Gaynor Louiano
Kereen Birch
Donna McDowell
Marvalyn Williams
Joan Robinson-Singh
Mynnameae Reynolds
Nareini Anderson
Nurse
Janitor
Tricia Gabourel
Leandra Eagan
Melonie Alvarez
Shirlett Galvez

Volunteers

Maki Akiyama
Avneet Dillon
Brian Kastelic