



The UN COVID-19 Response and Recovery Multi-Partner Trust Fund
(UN COVID-19 MPTF)

Proposal Title: COVID-19 response to vulnerable population and frontline workers in Belize

Amount: USD 300.000

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Description	<p>COVID-19 response to vulnerable population and frontline workers in Belize to stop transmission in rural areas and reduce the impact on human lives, by facilitating access to health services, ensuring essential and medical care for preexisting conditions and reducing the risk of frontline health workers and labor force that is working in tourism related sectors become infected and preventing the spreading of the virus.</p>
Universal Markers	<p>Gender Marker: <i>(bold the selected; pls select one only)</i> a) Have gender equality and/or the empowerment of women and girls as te primary or principal objective. b) Make a significant contribution to gender equality and/or the empowerment of women and girls; c) Make a limited contribution or no contribution to gender equality and/or the empowerment of women and girls.</p>
Fund Specific Markers	<p>Human Rights Based Approach to COVID19 Response <i>(bold the selected):</i> Yes/No Considered OHCHR guidance in proposal development UN OHCHR COVID19 Guidance</p>
	<p>Fund Windows <i>(bold the selected; pls select one only)</i> Window 1: Enable Governments and Communities to Tackle the Emergency Window 2: Reduce Social Impact and Promote Economic Response</p>
Geographical Scope	<p>Regions: Country: Belize</p>
Recipient UN Organizations	<p>WHO, UNHCR, ILO, UNFPA</p>

I. Immediate Socio-Economic Response to COVID19

Short Context – include hyperlinks to relevant reference material and analysis that frames the solution context firmly in the specific situation of the country in question. [1,000 word limit]

Following the first confirmed case of COVID-19 on March 23rd in San Pedro Town on Ambergris Caye, the Government of Belize declared a state of emergency for the island initially for 72 hours to allow proper mapping and tracing of contacts. The mandatory quarantine was extended to 30 days after a close contact of the index case tested positive on March 25th. One week later, and in response to the global pandemic, the government enacted a statewide month-long quarantine and curfew which defined essential functions and hours of operation. As of April 22nd, 18 cases of COVID-19 have been reported, including two deaths and 2 recovered cases.

The response capacity of the health services and the implementation of control measures will define the impact of the virus in the population. In order to reorganize health services for the response to the pandemic in Belize, Ministry of Health is strengthening the response capacity of its healthcare system to facilitate early detection of cases, particularly in rural and remote areas of the Cayo District as well as the city Belmopan. The Western Regional Hospital in Belmopan serves the Cayo District with a population of 100,000; a household-level poverty 30% and indigence 7% (2009); and home to migrants (30% of foreign-born population), 20% of Maya origin indigenous people and half of all asylum-seeking persons (2019). The Central Health Region serves its estimated 124,000 residents in Belize City and other towns, including the various islands east-northeast of Belize City. Its household-level poverty is 21% with extreme poverty 4% (2009), is home to 25% of foreign-born population, 2% of Maya population and 19% of asylum-seeking population (2019). Considering that these communities form nodes in the country's health system network, the Central Health region, which receives referrals from the Western Health region, is also being included.

First level of care facilities, especially in the more remote parts of the Western health region, constitute important and possible points of entry of suspected cases into the health care system. The focus at this level is to increase capacity for detection of suspicious cases by working with district health educators and community health workers on the implementation of a risk communication and community engagement plan using culturally appropriate media channels, presentation methods and language, all informed by evidence. At the clinical level, interventions are focused on monitoring of patients, early detection of complications and referral to secondary level care. This will require upgrading equipment so that health workers can monitor vital signs including oxygen saturation. When suspected cases are referred to secondary care at the San Ignacio Community Hospital or Western Regional Hospital, the focus is on preventing complications while protecting the health of others. For this reason, isolation facilities need equipment to support adherence to clinical management and infection control protocols. At every node in the health care system, capacity building and training are important in order to socialize standards and clinical guidelines.

The general public is the intended beneficiary of these interventions based on a human rights based approach. However, a small cohort includes the rural population, including women, indigenous peoples, people with disabilities, elderly people, migrants and asylum seekers for whom demographic, cultural and socio-economic factors constitute a vulnerability. Even though COVID-19 does not discriminate, emerging studies are showing that groups with existing

vulnerabilities can have worse outcomes. Inclusive public health efforts are therefore crucial in mitigating the socio-economic impact. To counter cultural and linguistic barriers and limited awareness of prevention strategies, language specific campaigns will be developed to deliver key messages to this target audience. Messages that increase awareness of health as a human right to all people can be used to counter concerns about entitlement to healthcare.

Likewise, during conflicts, natural disasters and public health emergencies such as the COVID-19, sexual and reproductive health needs are often overlooked with staggering consequences. Pregnant women, in particular rural and indigenous, risk life-threatening complications without access to delivery and emergency obstetric care services. Women and girls may lose access to family planning services, exposing them to unintended pregnancy in perilous conditions. Women and girls also become more vulnerable to sexual violence, exploitation and HIV infection. Therefore, maternity services should continue to be prioritized as an essential core health service, and other sexual and reproductive health care such as family planning, emergency contraception, and treatment of sexually transmitted infections, also need to remain available as core health services. According to the Ministry of Health, the most recent statistics show that the maternal mortality ratio stood at 97 per 100,000 live births. Adolescent pregnancy remains one of the highest in the Caribbean at 74 per 100,000 adolescents (MICS 2-15-16) which was an increase since the last MICS in 2011 and Belize continues to report high rates of unmet need for family planning at 55%.

The health crisis has also affected all economic sectors, especially the tourism sector which contributes some 50% to GDP in Belize and provides at least 1 of every 3 jobs. Although some economic sectors and companies have been able to implement remote work policies, an important number of workers continue to commute to their workplaces (e.g. workers in the health and public sectors, commerce, transport, agriculture, food, utilities and security forces). There is a direct impact on the health and safety of these frontline workers, even when working on an “essential services mode”, with isolation and social distance measures in place to limit the spread of the virus. Emergency and first response workers have crucial roles in managing the COVID-19 pandemic that expose them to various health and safety hazards while carrying out their duties. Risk factors go beyond infectious agents and may cause psychosocial stress, ergonomics concerns, fatigue and violence. If OSH is not properly addressed, the working capacity of healthcare and response workers is reduced hence jeopardizing the capacity of response of the Government. In all cases, new and increased occupational risks are presently urging preventive measures as to control the transmission in the community, considering as well that the public also visits workplaces and can be exposed to the virus.

II. Solutions proposed

1. Enhance implementation of risk communication strategy to reduce COVID-19 transmission

The government of Belize is working on a clear and concise National Risk Communication Strategy to help mitigate the impacts of new infections like COVID-19 and to protect the vulnerable populations with no discrimination, including rural population, including women, indigenous people, migrants, refugees and workers, and at-risk groups such as people living with HIV and with disabilities. The United Nations will support the implementation to ensure accurate, transparent and timely information reaches the most vulnerable populations and promotes human rights principles in readily understandable form, in different languages as appropriate and adapted for persons with specific needs.

The project will work closely with the MOH and its Health Education and Community Participation Bureau (HECOPAB), home platform of Community Health Workers (CHWs) in charge of continuous health training and health education activities in both the urban and rural communities. Via community agents (CHWs,

Village Health Teams, Church Leaders, School Principals) continued health education will be provided through specific messages in various languages (English, Spanish, Garifuna, and Mayan) and through various communication channels on key issues: knowing the virus, symptoms, and risks, social distancing, and helping others without stigmatization. When needed, transportation services will be offered to staff. The project will also support risk communication targeting adolescents and youth for the prevention of COVID-19 and other adverse outcomes of the pandemic such as unplanned pregnancies and STI/HIV transmission and promote their participation through innovative means of virtual engagement.

The program will also support Occupational Safety and Health measures for frontline workers and those resuming business activity in a safe and systematic approach to protect workers from exposure to biological risks and new infections including: risk assessments and the adoption of strict protocols such as hygiene and sanitation measures, the use of adequate and sufficient personal protective equipment, the (re)design of jobs and functions, and preventive training and monitoring of the health of workers. It is of paramount importance that workers, employers, and the Labour Department engage in social dialogue to design, implement, and enforce effective workplace policies and practices that will create trust and avoid a second wave of contagion. The program will provide 1. Promotional materials on Occupational Safety and Health for COVID-19 to targeted groups; 2. Guidelines for a safe and healthy return to work by employers and workers in a social dialogue framework with the support of the Labour Department; 3. Guidelines for the Labour Department to conduct inspections and address conciliation and arbitration of complaints arising from COVID-19.

2. Equip and strengthen isolation facilities in Cayo and Belize Districts to manage COVID-19 cases

Two isolation facilities in two of the six districts of Belize will be supported by the project: Western Regional Hospital in Belmopan which serves the Cayo District; and in the Belize District, the isolation facility established at the Central Health Region serves its estimated 124,000 residents in Belize City and other towns, including the various islands east-northeast of Belize City. Health services will be strengthened in these two isolation facilities through equipment provision of personal protective equipment (PPEs) and medical equipment in order to assist in caring for moderately symptomatic COVID patients. Trainings will be also provide in Infection control and prevention and case management as needed. To suppress Mother to Child transmission of the virus, test kits for 500 pregnant women and pre and postnatal care (including adolescents), will be supported.

3. Scale up community-based health services to assist in the COVID-19 response

A local community center will be set up in The Valley of Peace (pop 2,800; home to 10% of asylum-seeking population). The project will support with mobile divider walls to enhance privacy and treatment monitoring, and cots/ mattresses, as well as PPE (basic and advanced) for health center staff, and basic medical equipment: infrared thermometers; Glucometers, Pulsi oximeters; stand-by oxygen tank with mask. Support activities will include transportation for COVID-patients from residence or isolation center to Regional Hospital.

Recognizing the importance of supporting the health platform in rural communities to reach most marginalized and vulnerable population, the program will support the training of community health workers in all health regions of the country given their roles as the points of first contact in their community and, as such, are a wealth of valuable information on health and its determinants. This capacity building support will be complemented with the provision of supplies and equipment to facilitate their work in the delivery of routine community level interventions with a view of preventing the spread of COVID-19 in communities not yet affected across the country. CHWs provide critical support to the District Surveillance Teams to perform routine health surveillance in combination with

visiting reported suspected cases. The program will therefore provide the teams with basic PPEs.

To safeguard continuity of the prevention of maternal and child mortality and morbidity, this program will ensure care remains accessible to women and adolescent mothers, primarily through remote counselling Antenatal and Prenatal system. The system includes infection prevention and control, safe breastfeeding practices, rooming in, and skin to skin contact, in case of suspected/confirmed COVID19 cases, ensuring full vaccination. To ensure the continuation of family planning services for the prevention of unplanned pregnancies and STI/HIV with a focus on youth, especially adolescent girls and young women, and other vulnerable and at-risk populations, the program will support contraceptives delivery at home.

Health professionals in general, with particular focus on public and rural health nurses, will receive support for capacity building on service delivery models within the context of COVID including for Basic and Comprehensive Emergency Obstetric Care among others through virtual learning opportunities. Health professionals will keep up to date on the latest evidence in care delivery for pregnant women Zoom virtual meeting platform (1-year subscription) that allows for up to 300 participants at a time.

III. What is the specific need/problem the intervention seeks to address?

Summarize the problem. Apply a gender lens to the analysis and description of the problem. [1,500 word limit]

Awareness building is required so that public is in alert of the diseases and knowledgeable of the measures to prevent transmission and seek care with no discrimination when infected. Although there is no lack of information on the COVID-19 outbreak and response, some information is inaccurate and do not contribute positively to the curtailment of the disease transmission. The public must access trustworthy sources and reliable guidance in a comprehensive manner. The population in Belize is very diverse regarding language and levels of education. This requires the implementation of risk communication strategies in different languages through traditional and innovative channels to massively disseminate to the general population simple public health advice on how to protect themselves and others from the virus and care of the sick ones without discrimination or stigmatization. Special attention for people living with disabilities is required. Caring of sick members and the increase of domestic chores within the household can increase the burden on women and girls. Conflicts and family violence is also a risk most vulnerable members of a family face during periods of quarantine and restriction of movement. Risk communication strategy with a gender lens can advocate for more equitable distribution of chores and raising awareness on family violence and gender-based violence, contributing to influence social norms.

Timely provision of care is essential in saving lives and in stopping transmission of COVID-19. Health service delivery network must have the capacity to respond to the specific needs of the population and should be able to detect, isolate and manage COVID-19 cases in designated facilities or at home in the communities, ensuring access with no discrimination to the most vulnerable population. Designated health facilities must have the appropriate medical equipment for case management and treatment. In cases where no medical treatment is recommended, but families do not have capacity for self-isolation, alternative community spaces can be required.

Furthermore, healthcare providers are vital in the COVID-19 response at the both national and community levels; they need to be trained and equipped for early

detection, infection control and prevention, and case management to stop transmission. Community level healthcare must be enhanced to support outreach services and health education activities at local level, increasing access to health services of the most vulnerable population. Building community health workers capacity and providing them with necessary basic medical equipment will contribute in reducing disease transmission at the community level. Maximizing CHWs roles, they should also monitor people with non-communicable diseases as they are among most at risk to catch the disease. They will also be required to do health education activities, advice on self-care and management for COVID-10 and other disease conditions.

Measures implemented to avoid the spread of COVID-19, such as isolation and physical distancing, have led to drastic changes in the operations of business, at least in those who are still up and running. It is expected that that these measures will be gradually relaxed allowing individuals to leave homes and business to reopen. Notwithstanding that, contagion risks will remain and workplaces need to ensure that workers and clients remain healthy. This is extremely important for the tourism sector in which foreign clients will need to be reassured that the strictest prevention practices are being implemented by hotels and tourist operators. Additionally, particular attention should be devoted to the informal sector because it is precisely there where the decent work defects are more patent.

The impact on acute care services in settings with under-resourced health systems is likely to be substantial. Maternity services should continue to be prioritized as an essential core health service, and other sexual and reproductive health care such as family planning, emergency contraception, treatment of sexually transmitted infections, and where legal safe abortion services, to the full extent of the law, also need to remain available as core health services.

Maternity care providers (including midwives and all other health care workers providing maternal and newborn care), whether based in health facilities or within the community, are essential health care workers and must be protected and prioritized to continue providing care to childbearing women and their babies. Deploying maternity care workers away from providing maternity care to work in public health or general medical areas during this pandemic is likely to increase poor maternal and newborn outcomes. Restriction of movement requires alternative methods for pregnant women to continue receiving prenatal and postnatal counseling remotely.

IV. How does this collaborative programme solve the challenge? Please describe your theory of change.

Describe programme approaches, methods, and theory of change, and explain why they are the appropriate response to the problem. State results and interim solution(s) you are proposing. Please highlight how the solution(s) is data driven; if it employs any innovative approaches; if it applies a [human rights-based approach](#)¹ and how is it based on the principle of “build back better”. [1,500 word limit]

The program approach is informed by the need to stop the transmission of COVID-19 and reduce the impact on human lives, by facilitating access to health services of vulnerable population, ensuring essential and medical care for preexisting conditions continue and reducing the risk of frontline health workers become infected with the virus, potentially reducing the size of the health work force and simultaneous infecting persons who are in need of health care services which are being put under severe pressure due to increasing numbers of infected persons confronting a reducing and overly-stretched health workforce. That cycle will be broken through the following change process: (i) delivering, via better equipped public sector departments and health workers’ organizations, risk

¹ Please refer to [OHCHR COVID19 Guidance](#)

communication interventions to all health workers, sensitizing them on the characteristics of the virus and the portfolio of effective response for prevention and infection control. (ii) To also change behaviors of the workers in other vital economic sectors as well as the general population, especially the more remote vulnerable populations in rural Belize, they will be exposed to tailored risk communication messages, delivered through appropriate means, channels and organizations. (iii) On the health front, a sensitized work force will be provided with adequate protective equipment -to confidently deliver services in primary and secondary health care setting, minimizing risks for becoming infected and/or infection other- and the basic medical equipment and instrument to provide quality assessment, care and disease monitoring. (iv) To give weight to the desired change at rural community level, the national primary health care system will be reinforced, enabling the system's backbone of some 250 CHWs, to strengthen their knowledge and skill sets in relation to COVID-19 as well as current public health challenges posed by the high prevalence of NCD, and to operate with adequate protective equipment and upgraded medical supplies, equipment and instruments. (v) Simultaneously, operational improvement will be caused at secondary health care facilities in geographic areas, prioritized by the concentration of confirmed COVID-19 infections. Health staff at hospital isolation units, which receive severely symptomatic patients from a wider area, will be better protected while at work and have access to improved medical instruments for triage and patient monitoring. (vi) To eliminate risk of Mother To Child Transmission, steps will be taken to restore and strengthen antenatal and postnatal facility-based health care and using vaccination as a tool to improvement immunity of new-born babies against any viral infection, including COVID-19. (vii) To ensure that the ultimate relaxing of restricted movements and the subsequent re-start of economic life does not automatically result in a resurgence of infection waves, preparatory action will be taken now, reinforcing capacities of public sector workers' and employers' organizations for the establishment of comprehensive OSH management systems, prioritizing the health sector and in parallel the vital tourism sector, improving the capacity to resume business in a safe and hazard-free working environment.

V. Documentation

Attach/provide hyperlinks to documents/analysis prepared at the UNCT level with government counterparts to assess the potential cumulative impacts of COVID-19. Please indicate if the UNCT has completed and posted the National Plan for Combating COVID-19 on the WHO partner portal. [1,500 word limit]

Actions taken against the nine pillar public health measures of Country Preparedness and Response Plan are regularly assessed, analyzed and recorded in the WHO COVID-19 Partners Platform to inform strategic direction of UN action. Based on the initial assessments certain gaps were identified in the areas of risk communication and community engagement, infection control and prevention, and case management. The UNCT has drafted a Country Preparedness and Response Plan for COVID-19 in Belize. Support from various UN agencies were mapped out and costing was made to understand resource requirement for the overall response.

Ministry of Health Sector Strategic Plan 2014-2024, Belize: <http://health.gov.bz/www/component/content/article/165-2009-2011/848-health-sector-strategic-plan-2014-2024>.

PAHO/WHO Belize Country Cooperation Strategy 2017-2021: <https://www.paho.org/en/documents/belize-country-cooperation-strategy-2017-2021-0>.

VI. Target population

The project will be implemented with the national and district health authorities in alignment with Belize Health Sector Strategic Plan. The focus of the actions will be to providing critical health services to vulnerable populations such as pregnant women, people with disabilities, those suffering with non-communicable diseases (NCDs) and those inequitable situations among the population, e.g. refugees and migrants.

At least 15 healthcare personnel working in isolation facilities in both Western Regional Hospital and Central Health Region will benefit from the PPEs and medical equipment to be provided by the project and will provide the necessary protection to care for infected patients. Two hundred thirty three (233) active community health workers are also targeted to receive trainings, basic medical equipment and health education materials in order to carry out community based health services related to COVID-19 response to reach 300,000 people country-wide. The improved health services in the two isolation facilities identified will benefit the estimated 224,000 residents of Belize and Cayo districts when they require appropriate health services for COVID-19 treatment. Additionally, 250 vulnerable people (e.g. pregnant women, people with disabilities and NCDs) will also be targeted to receive COVID-19 related health education messages. To prevent Mother to Child transmission of the virus, test kits for 500 pregnant women and pre and postnatal care (including adolescents), will be supported.

OSH interventions are directed primarily to protect health and safety of workers in the formal and informal economy through the implementation of systems to protect them from sickness, disease and injury arising from their employment. Additionally, the knowledge and active participation of workers' representatives and OSH committees in the establishment of preventive measures at the workplace have proven to enhance working conditions. Employers are key targets too because they have the responsibility to provide safe and healthy working conditions and ensure the participation of workers in the management of OSH. Within these two target groups (i.e. workers and employers), those involved in the response to the emergency and 1500 workers in the tourism sector will be particularly targeted. The Government of Belize, through the Labour Department (LD), has the responsibility to develop policy and legislation and ensure its compliance. Consequently, the LD will also be a direct recipient of the intervention. Finally, the public at large will indirectly benefit from healthier and safer workplaces that will greatly reduce the risk of contagion.

Refugees: The initial identification of and solutions to the impact of the COVID-19 pandemic in relation to the refugee population in Belize was received from the Valley of Peace community in Cayo District. The community, established in the late 1980s as an answer to the first 20th century wave of refugees in Belize, is now hosting 10% of all refugees from the newest regional wave of forcefully displaced persons, making up some 20% of the community population. The Valley of Peace Health Center, staffed by two MOH medical personnel, together with the Valley of Peace local authority (Village Council) and the Catholic Church, formally submitted a request to UNHCR for supporting the local plan for strengthening the community response to the pandemic. The village plan, which has been endorsed by the MOH Manager for the Western Health Region, envisions a local COVID isolation facility in the premises of the local catholic church, equipped with a big space and two separate bathroom/ shower blocks, each one for females and males. The support included a movable interior design, cots or mattresses, protective equipment and basic patient-monitoring medical supplies and equipment. The refugee population in Belize consists of some 2,155 (2019) asylum-seekers, who are all awaiting the final outcome of their registered formal asylum-request as well as some 3,400 persons who are most likely genuine refugees but were not able to register a formal asylum application due to missing the 14-day application deadline. While awaiting the outcome of their formal asylum request, asylum-seekers are not allowed to work, causing them to live in close-to-indigent conditions; the non-registered refugees are in a similar position, be it that they have no legal stay in the country. The health impact and the intimately connected socio-economic impact has put this group in an extremely vulnerable position, in which, apart from economic exploitation or destitution, a COVID infection may cause irreversible damage to the life of the household.

In accordance with the SRH Policy (2002), the National Strategy of Adolescent Health (2019) and National Gender Policy (2013), the government of Belize places high priority over the health of all citizens and residents of Belize and within this context the sexual and reproductive health of all. Recognizing the vulnerability of women and girls, particularly rural and indigenous women, pregnant women, and women who experience multiple and intersecting forms of discrimination, as well as other vulnerable groups such as adolescents and young people and the disabled, the continued delivery of life saving SRH information, services and

commodities, especially in the context of an emergency, came at the request of the government of Belize and civil society. In Belize, the adolescent birth rate stands at 74 live births per 1000 live births with significant disparities between rural and urban areas. Adolescent birth rate in urban areas is 55, increasing to 90 for rural areas. While the unmet need for family planning is generally high across the country, the unmet need for contraceptives among girls age 15-19 is highest in Toledo (59.5%), Belize City Southside (53.3%) and Cayo (47.0%) – MICS2015-16. Given that Belize has a considerably high rate of coverage for antenatal care under normal circumstances (e.g. 95.6% of women age 15-19 years who had a live birth received antenatal care by a skilled provider during the pregnancy for their last birth), in order to maintain positive health outcomes for women and girls, it is critical for continued remote antenatal and postnatal care for the entire country, including the delivery of SRH/Family planning commodities such as contraception. An estimated 7250 pregnant women across the country will benefit from continued medical counseling; 797 public and rural health nurses and 233 CHWs will benefit from continued learning through a virtual platform to ensure update to date knowledge in care delivery, and quality of service to women and girls.

VII. Who will deliver this solution?

List what Recipient UN Organizations (RUNOs) and partners will implement this project and describe their capacities to do so. Include expertise, staff deployed, as well as oversight mechanisms that determine the monitoring and evaluation (M&E) arrangements and responsibilities. Use hyperlinks to relevant sites and the current portfolios of RUNOs so the text is short and to the point. [1,500 word limit]

PAHO/WHO: The Pan American Health Organization (PAHO) is an international public health organization with more than 110 years of experience devoted to improve the health and the living conditions of the people in the Americas. It is part of the United Nations system and serves as Regional Office for the Americas of World Health Organization (WHO). It has been leading the response efforts in COVID-19 in the region and collaborates closely with the Ministries of Health of the Latin America and Caribbean countries to improve both preparedness and response capacity to this infectious disease (www.paho.org). PAHO/WHO started its operation in Belize during the early 1950's. Technical support to the then British Honduras included services such as advice to the Medical Officer, provision of equipment and supplies, development of a national health plan, control of communicable disease and training of health personnel. PAHO/WHO's presence in Belize has grown from a small office providing program coordination to a full representation with 20 staff members. PAHO/WHO works with the Ministry of Health (as the main counterpart) and other partners to strengthen health sector capacity and advance priority programs through the PAHO core functions of: leadership; research; and knowledge management; norms and standards; ethical and evidence-based policy; technical cooperation for sustained capacity; health situation and health trends. In response to COVID-19 in Belize, PAHO/WHO has provided technical and financial support to the Ministry of Health, including technical guidance to the National COVID-19 Task Force led by the Government of Belize. It also supports strengthening of testing capacity and case management activities in the country. It also engages with non-health actors in the provision of key health messages related to COVID-19 in both public and private sectors. Assistance is also provided in the areas of enhancing surveillance capacity, reorganizing and expanding health services for severe and critical cases of COVID-19, risk communication messaging, and provision of mental health and psychosocial support. The Ministry of Health (MoH) is responsible for leading the health sector in Belize. The national public health system delivers services through a network of institutions at the primary, secondary, and tertiary levels. The current emphasis is on the primary and preventive care focusing on the prevalence of lifestyle and behavior related conditions as indicated by the country's epidemiological profile. MoH has an organizational structure that establishes a permanent link between its headquarters, the districts, and communities. Community health workers form the principal link between the formal health system and the community.

UNFPA is the United Nations sexual and reproductive health agency. Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe

and every young person's potential is fulfilled. UNFPA calls for the realization of reproductive rights for all and supports access to a wide range of sexual and reproductive health services – including voluntary family planning, maternal health care and comprehensive sexuality education. Since UNFPA started its work, the world has seen progress: The number and rate of women dying from complications of pregnancy or childbirth has been halved. Families are healthier. Young people are more connected and empowered than ever before. In 2018, UNFPA set a strategic effort to achieve three zeros by 2030: zero unmet need for contraception; zero preventable maternal deaths; and zero gender-based violence and harmful practices, such as child marriage and female genital mutilation. The Belize Liaison Office, established since 2003 and staffed with a Liaison Officer (NOC), and Programme/Operations Clerk (G4), is part of the business unit of the [UNFPA Sub-Regional Office for the Caribbean](#) benefiting from the services of an SRHR Technical Advisor (P5); an HIV Specialist; and a Communications, Operations and a Senior management team at D1 and P5 level. 2019. The Office currently provides technical and financial support for (i) the review and update of the Sexual and Reproductive Health Policy (2002), (ii) development of sector-specific standard operating procedures to strengthen implementation of the Protocols for the Multi-Sectoral Response to Sexual Violence, (iii) the 2020 Census round through technical missions and south-south collaboration with Haiti, (iv) strengthened CSO advocacy through targeted dissemination of a recently completed 'Assessment of the provision of SRH information and services to vulnerable and marginalized populations, with a focus on youth', and (v) the development of a national road map to address child marriage & early unions and is one of the Recipient UN Organizations for the implementation of the Spotlight Initiative for ending violence against women and girls in Belize. UNFPA will partner with the Ministry of Health and civil society organizations such as the [Belize Family Life Association](#) for the delivery of remote sexual and reproductive health information, services and commodities for women and adolescents. [UNICEF](#) as a partner, together with the RUNOs and in close collaboration with the [Ministry of Health](#), will provide technical assistance, monitoring and coordination support. Test kits for pregnant women will be procured by WHO on behalf of UNFPA.

[ILO Decent Work Team and Office for the Caribbean](#): Established in 1969, implements the ILO mission to promote social justice and internationally recognized human and labour rights, recognizing that social justice is essential to universal and lasting peace. Through its technical team of 9 technical specialists based in Port of Spain backstopped by technical departments in Headquarters, the Office implements the Decent Work Agenda by providing advocacy, technical guidance, training and technical cooperation on policy and technical issues related to labour and employment, to its tripartite constituents (i.e. governments, workers and employers). The Programme Unit supports programmatic and M&E matters. Technical cooperation projects are currently under implementation with the Ministry of Human Development, Social Transformation and Poverty Alleviation, the Department of Labour and the Social Security Board. [Labour Department of Belize](#): by virtue of the Labour Act, Chapter 297 of the Laws of Belize, Revised Edition 2003, the LD has the following functions: enforcement of labour legislations, inspection of all workplaces, labour advice and education, foster trade unionism and promote healthy industrial relations, receive and settle labour complaints, provide employment services and ,vetting of temporary employment permits. [Belize Tourism Board](#): a statutory body within the Ministry of Tourism that functions as a strategic partner between the government and the private sector to develop, market and implement tourism programs that fulfil the emerging needs of our local industries and international tourism marketplace for the benefit of Belize and Belizeans. [Workers' and employers' organizations](#): Trade unions represent workers and support them to face the challenge of securing decent work, safe conditions of work, living wages, basic social security, gender equality and fair income distribution for better labour market governance and the application and enforcement of international labour standards: [National Trade Union Congress of Belize](#) and the [Public Service Union of Belize](#). [Employers' organizations](#) help to create the conditions for enterprise success by influencing the environment in which they do business and by providing services that improve their individual performance: [Belize Chamber of Commerce](#), the [Belize Tourism Industry Association](#) and the [Belize Hotel Association](#).

UNHCR is the United Nations Refugee Agency, ensuring maximum protection for persons with international protection need. The mandate of UNHCR, established in 1951 through the Convention related to the Status of Refugees, is more needed than ever before as the last decades have brought record numbers of forcefully displaced persons, inside and outside of the borders of their country of origin. UNHCR has been active in the Northern Central American region during the regional civil wars of the last decades of the 20th century and has scaled up its presence in the region over the past decade as regional displacement gained momentum, due to the impact of activities from organized criminal groups. Since 2016, UNHCR is assisting the Belize Government, which joined in 2017 the Comprehensive Regional Protection and Solutions Framework (or **MIRPS** by its Spanish acronym) to deliver -together with all other Central American states (except Nicaragua) and Mexico- a coordinated response to forced displacement in the Northern Central American region. The number of refugees in Belize is estimated at 5,600 of which a little over half resides in the Cayo District. **The UNHCR Belize National Office**, modest in size and formally resorting under the UNHCR Multi-Country Office Panama, has been delivering close to 75% of its output via implementing partners Help for Progress, Belize Red Cross, RET, Humana People to People Belize and recently the NGO “Human Rights Commission of Belize”. In addition to the ongoing efforts to enhance the overall protection and solutions benefits for refugees and Belize as host country, first initiatives have already undertaken with refugee hosting communities to provide local responses to the pandemic’s impact on health and food- and livelihood security, mostly in rural areas of the Cayo and southern Stann Creek districts. For this grants, which complements UNHCR’s ongoing COVID-19 response, UNHCR has made the natural decision to be one of the RUNOs, implementing specific elements of the proposed action through a mix of Direct Implementation, implementation as One UN and the partners Help for Progress for interventions In Cayo District and the Belize Red Cross Society, a member of the International Federation of Red Cross and Red Crescent Societies, for Belize District. UNHCR Belize will continue the COVID response in southern Stann Creek District via the local partner Humana People to People Belize.

Resident Coordinator Office The oversight of the program will be under the leadership of the RC, along with representative of RUNOs to ensure permanent coordination at multiple levels. The RC and Ministry of Foreign Affairs as Co-Chair of the Government - UN Joint Steering Committee (JSC) will support strategic direction with support of the UNCT COVID-19 Coordinator and the Co-Chairs of the National COVID-19 Task Force. This JP will be integrated into the UN Criticality Plan for 2020. The RCO will oversee supporting the monitoring and evaluation by the DCO, Data Management and Results Monitoring/Reporting Officer.

RUNOs and other UN agencies responding to the COVID-19 pandemic along with Ministry of Health and Ministry of Human Development will ensure national priorities and strategies are being supported and reinforced with UN contribution. UN consolidated support through inter-agency mechanisms such as the Programme Management Team and UNCG will support risk communication Strategy, adherence to human rights principles and LNOB, in order to complement ongoing UN projects and programs, in particular Spotlight Initiative addressing family and gender based violence. The Human Right Advisor will work in close coordination with RUNOS and OHCHR.

Results Framework

Window 1: Proposal Outcome					Outcome Total Budget USD
	Rural and urban vulnerable population/communities have increased their knowledge in prevent and recover from COVID-19 through actions lead by government institutions				USD 300.000
		Baseline	Target	Means of verification	Responsible Org
Outcome Indicator [Max 2500 characters]	Number of vulnerable populations/communities that know how to prevent the transmission of COVID-19 and when and where to seek medical attention. Disaggregation: sex, age, ethnicity, foreign-born	TBD	TBD	Focus Group Discussions and Key Informant Interviews	PAHO/WHO UNHCR UNFPA ILO
Proposal Outputs	<ol style="list-style-type: none"> 1. Risk communication interventions delivered, reaching the targeted, most-vulnerable populations in the country 2. Practical guidelines and knowledge products for workers in high-risk health & tourism sectors developed, addressing occupational health and safety challenges related to COVID-19. 3. Facility and community-based health care services equipped and prepared to provide preventive and curative care to COVID-19 patients, particularly form vulnerable populations in rural and remote communities in Cayo and Belize Districts 4. Community-based health workers (CHW) provided with adequate equipment and instruments to advice, first respond and/or refer vulnerable community residents who register health complaints related to COVID infection as well as non-communicable diseases 5. Interrupted services for antenatal and postnatal care are restored and reaching out to vulnerable pregnant women and new-borns 				
Proposal Output Indicators	1. Number of persons from vulnerable populations exposed to formal information on how to protect themselves against COVID-19 at home_consistent with human principles. Disaggregation: indigent/ poor; legal status; persons with disabilities; by sex and age	TBD	TBD	Program documentation	PAHO/WHO: \$ 25,145 UNFPA: \$ 6,420
	2. Number of workers from high-risk employment sectors exposed to formal information on minimum occupational safety standards related to COVID-19. Disaggregation: employment sector	Health Sector: 0 Tourism Sector: 0	500 1,500	Official notification from the Labour Department and adoption by workers' and employers' organizations Formal document agreed by the management and workers	ILO: \$ 32,100
	3. Number of COVID-10 isolation facilities equipped and meeting minimum human rights standards.	0	2	MOH-HECOPAB records	PAHO/WHO: \$ 56,710 UNHCR: \$ 51,360
	4 Number of CHWs equipped and trained with new skills related to adequate community response to COVID infections as well as NCDs	0	233	MOH-HECOPAB records	PAHO/WHO: \$ 46,545 UNHCR: \$ 23,540
	5.b Number of pregnant women/Lactating women receive remote ANC/PNC support during the next six months	0	100%	MOH -Administrative data	UNFPA: \$ 28,315 WHO (on behalf of UNFPA) \$ 30,000

SDG Targets and Indicators

Please consult Annex: [SDG List](#)

Please select no more than three Goals and five SDG targets relevant to your programme.

(selections may be bolded)

Sustainable Development Goals (SDGs) [select max 3 goals]			
<input type="checkbox"/>	SDG 1 (No poverty)	<input type="checkbox"/>	SDG 9 (Industry, Innovation and Infrastructure)
<input type="checkbox"/>	SDG 2 (Zero hunger)	<input type="checkbox"/>	SDG 10 (Reduced Inequalities)
<input checked="" type="checkbox"/>	SDG 3 (Good health & well-being)	<input type="checkbox"/>	SDG 11 (Sustainable Cities & Communities)
<input type="checkbox"/>	SDG 4 (Quality education)	<input type="checkbox"/>	SDG 12 (Responsible Consumption & Production)
<input type="checkbox"/>	SDG 5 (Gender equality)	<input type="checkbox"/>	SDG 13 (Climate action)
<input type="checkbox"/>	SDG 6 (Clean water and sanitation)	<input type="checkbox"/>	SDG 14 (Life below water)
<input type="checkbox"/>	SDG 7 (Sustainable energy)	<input type="checkbox"/>	SDG 15 (Life on land)
<input checked="" type="checkbox"/>	SDG 8 (Decent work & Economic Growth)	<input type="checkbox"/>	SDG 16 (Peace, justice & strong institutions)
<input type="checkbox"/>	SDG 17 (Partnerships for the Goals)		

Relevant SDG Targets and Indicators [Depending on the selected SDG please indicate the relevant target and indicators.]		
Target	Indicator # and Description	Estimated % Budget allocated
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.2 Proportion of births attended by skilled health personnel	10 %
3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness	60%
3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods	20%
8.8 Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment	8.8.1 Frequency rates of fatal and non-fatal occupational injuries, by sex and migrant status	10%

Risk

What risks and challenges will complicate this solution, and how they will be managed and overcome?

(COVID19 has created an unprecedented and fast changing development context. Accepting this volatile situation, please identify up to three risk to the success of the proposal based on best available analysis to the UN) Please enter no more than 3.

Event	Categories Financial Operational Organizational Political (regulatory and/or strategic)	Level 3 – Very High 2 – Medium High 1 - Low	Likelihood 6 – Expected 5 – Highly Likely 4 – Likely 3 – Moderate 2 – Low Likelihood 1- Not Likely 0 – Not Applicable	Impact 5 – Extreme 4 – Major 3 – Moderate 2 – Minor 1 – Insignificant	Mitigating Measures (List the specific mitigation measures)	Risk Owner	
Changes in work teams/human resource allocation in implementing government ministries	Operational	3	4	4	RUNOs will support human resource constraints by activating and accessing surge capacity mechanisms to assure continuity and execution of JP	PAHO/WHO UNHCR ILO UNFPA	
National elections and changes in political leadership/direction for COVID19 response	Political	3	4	3	Early engagement with government at the highest level to ensure continuity of programme implementation	RC	
Natural disaster event such as hurricane, floods, drought	Operational	2	4	3	RUNOs would ensure programme continuity with the adjustment of service delivery and access, aligned with national emergency protocols in place by NEMO.	PAHO/WHO UNHCR ILO UNFPA	

Budget by UNDG Categories

***Up to Four Agencies**

Budget Lines	Fiscal Year	Description [OPTIONAL]	PAHO/WHO	UNFPA	UNHCR	ILO	Total USD
1. Staff and other personnel	2020		30,000				30,000
2. Supplies, Commodities, Materials	2020		77,500	10,000	27,000		114,500
3. Equipment, Vehicles, and Furniture, incl. Depreciation	2020		30,000		25,000		55,000
4. Contractual services	2020				17,000	10,000	27,000
5. Travel	2020	Programme Monitoring	8,500	1,000			9,500
6. Transfers and Grants to Counterparts	2020			19,500		20,000	39,500
7. General Operating and other Direct Costs	2020		4,000		1,000		5,000
Sub Total Programme Costs			150,000	30,500	70,000	30,000	280,500
8. Indirect Support Costs * 7%			10,500	2,135	4,900	2,100	19,635
Total			160,500	32,635	74,900	32,100	300,135

** The rate shall not exceed 7% of the total of categories 1-7, as specified in the COVID-19 Response MOU and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, in line with UNSDG guidance.*