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BELIZE

COVID-19
RESPONSE

United Nations Belize

COVID-19 SOCIO-ECONOMIC RESPONSE & RECOVERY PLAN

2020 - 2021

United Nations Belize COVID-19 Socio-Economic Response & Recovery Plan
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Acronyms

ACT	Access to COVID-19 Tools
BCCAT	Belize COVID-19 Cash Transfer Program
BELTRAIDE	Belize Trade & Investment Service
BOOST	Building Opportunities for Our Social Transformation
BTB	Belize Tourism Board
CARICOM	Caribbean Community
CBB	Central Bank of Belize
CDB	Caribbean Development Bank
CHW	Community Health Worker
CIP	Country Implementation Plan
COVID-19	Corona-virus Disease 2019
CRD	Country Readiness and Delivery
CSO	Civil Society Organization
DOT	Directly Observed Treatment
ECLAC	Economic Commission for Latin America and the Caribbean
ERS	Economic Recovery Strategy
EUL	Emergency Use Licensing
FDI	Foreign Direct Investment
FETP	Field Epidemiology Training Program
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GOB	Government of Belize
GPO	Government Press Office
GSDS	Growth and Sustainable Development Strategy
HDI	Human Development Index
HECOPAB	Health Education and Community Participation Bureau
HIV	Human Immunodeficiency Virus
IAEA	International Atomic Energy Agency
IDB	Inter-American Development Bank
IFI	International Financial Institutions
IHSDN	Integrated Health Service Delivery Networks
IHR	International Health Regulations
IMF	International Monetary Fund
IPC	Infection Protection and Control

IWWM	Integrated Water and Wastewater Management
KAP	Knowledge Attitude & Practices
KHMH	Karl Heuser Memorial Hospital
LFS	Labour Force Survey
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer and Inter-sex
MDGs	Millennium Development Goals
MH Gap	Mental Health Gap Action Programme
MICS	Multiple Cluster Surveys
MPTF	Multi-Partner Trust Fund
MSDF	Multi-Country Sustainable Development Framework
MSE	Medium & Small Enterprise
MSME	Micro-Small-Medium Enterprise
NCD	Non-Communicable Disease
OTL	Orders to Leave
PHEIC	Public Health Emergency of International Concern
POC	Persons of Concern
PGIA	Philip Goldson International Airport
PPE	Personal Protective Equipment
RCCE	Risk Communication and Community Engagement Strategy
RCO	Office of the UN Resident Coordinator
SAP	Structural Adjustment Programme
SGBV	Sexual Gender Based Violence
SIB	Statistical Institute of Belize
SOE	State of Emergency
SRH/SRHR	Sexual and Reproductive Health and Rights
SDG	Sustainable Development Goal
TOC	Theory of Change
UNCG	United Nations Communication Group
UNCT	United Nations Country Team
UNETT	United Nations Emergency Technical Team
VIRAI	Vaccine Introduction Readiness Assessment Tool
VRAF	Vaccine Readiness Assessment Framework
WD	World Bank

UN Country Team in Belize

FAO	Food and Agriculture Organization
IAEA	International Atomic Energy Agency
ILO	International Labour Organization
IOM	International Organization for Migration
OHCHR	Office of the United Nations High Commissioner for Human Rights
PAHO/WHO	Pan American Health Organization/World Health Organization
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific & Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs & Crime
UNOPS	United Nations Office for Project Services
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WFP	World Food Programme

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Food and Agriculture Organization of the United Nations

IAEA

International Labour Organization

IOM
UN MIGRATION

UNITED NATIONS
HUMAN RIGHTS
OFFICE OF THE HIGH COMMISSIONER

PAHO
Pan American Health Organization

World Health Organization

UNAIDS

UNDP

UN environment
United Nations Environment Programme

United Nations Educational, Scientific and Cultural Organization

ADVOCATING FOR SMALL ISLAND DEVELOPING STATES

UNFPA

UNHCR
The UN Refugee Agency

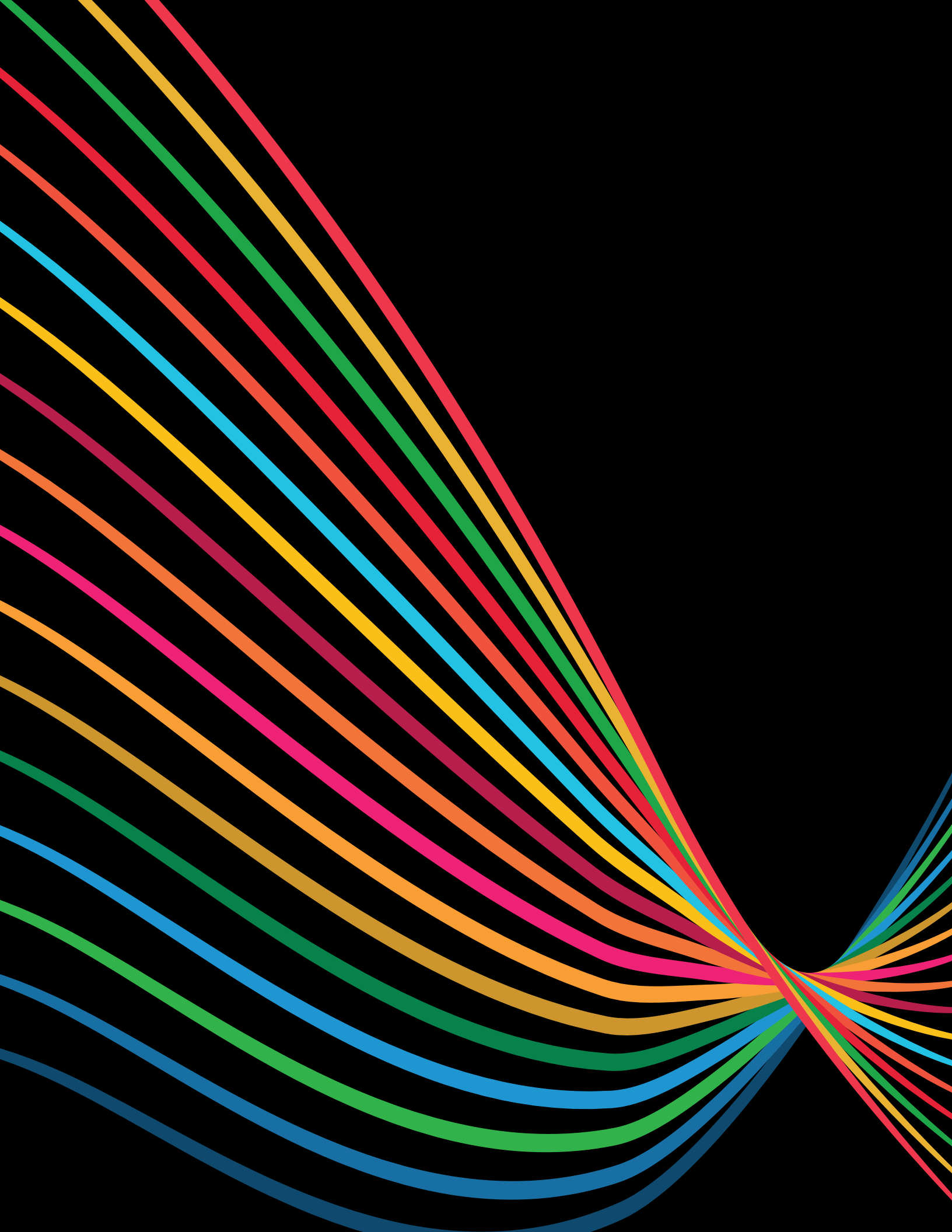
unicef
for every child

UNODC
United Nations Office on Drugs and Crime

UNOPS

UN WOMEN

WFP



SERP Insights

PILLAR 1: HEALTH FIRST: PROTECTING HEALTH SERVICES AND SYSTEMS DURING THE COVID-19 PANDEMIC

NO. UN AFPS: 08
NO. INTERVENTIONS: 32
TOTAL COST: USD $5,328,388.00
TOTAL FUNDS AVAILABLE: USD $2,793,404.00
TOTAL FUNDING GAP: USD $2,534,984.00

01

PILLAR 2: PROTECT PEOPLE: SOCIAL PROTECTION AND BASIC SERVICES

NO. UN AFPS: 10
NO. INTERVENTIONS: 41
TOTAL COST: USD $3,398,293.00
TOTAL FUNDS AVAILABLE: USD $1,217,493.00
TOTAL FUNDING GAP: USD $2,180,800.00

02

PILLAR 3: ECONOMIC RESPONSE AND RECOVERY: PROTECTING JOBS, SMALL AND MEDIUM-SIZED ENTERPRISES AND INFORMAL SECTOR WORKERS

NO. UN AFPS: 07
NO. INTERVENTIONS: 19
TOTAL COST: USD $1,568,000.00
TOTAL FUNDS AVAILABLE: USD $1,328,000.00
TOTAL FUNDING GAP: USD $240,000.00

03

PILLAR 4: MACRO-ECONOMIC RESPONSE AND MULTILATERAL COLLABORATION

NO. UN AFPS: 05
NO. INTERVENTIONS: 05
TOTAL COST: USD $100,000.00
TOTAL FUNDS AVAILABLE: USD $0.00
TOTAL FUNDING GAP: USD $100,000.00

04

PILLAR 5: SOCIAL COHESION AND COMMUNITY RESILIENCE

NO. UN AFPS: 04
NO. INTERVENTIONS: 06
TOTAL COST: USD $505,000.00
TOTAL FUNDS AVAILABLE: USD $85,000.00
TOTAL FUNDING GAP: USD $420,000.00

05

Executive Summary

The United Nations Socio-Economic Response and Recovery Plan (SERP) for Belize is divided into five streams of focus. Support being provided, targets the needs and rights of the most vulnerable populations, those at risk of being left behind or further marginalized. The five pillars identified are:

Pillar 1: Health First: Protecting health services and systems during the crisis;

Pillar 2: Protect People: Social protection and basic services;

Pillar 3: Economic Response and Recovery: Protecting jobs, small and medium-sized enterprises, and the informal sector workers;

Pillar 4: Macro-Economic Response and Multi-lateral Collaboration;

Pillar 5: Social Cohesion and Community Resilience.

The present plan includes contributions from 11 UN agencies, funds, and programs, specifically being ILO, IOM, OHCHR, PAHO/WHO, UNODC, UNDP, UNEP, UNFPA, UNODC, UNHCR and UNICEF. They will support with strategic actions and initiatives for implementation over the next 12-18 months. The initial programme portfolio includes initiatives costed at approximately US $10.9 million, however available funds initially mobilized amounted to USD $5.42 million with ongoing efforts by UN agencies, funds and programmes to mobilize additional financing to support Belize's recovery and response efforts.

The development, coordination and implementation of the SERP is under the leadership of the UN Resident Coordinator with support from UNDP as the technical lead, as well as support from the United Nations Country Team (UNCT) in Belize. This plan is complimentary to programmes in the Health and Humanitarian Response Plan to COVID-19, which is being led by PAHO/WHO.

The SERP also includes a socio-economic analysis of the situation pre-COVID-19, the current context and the perceived post impact of the pandemic. Belize as an upper-middle-income country (MIC), remains challenged in terms of its progress towards achieving the Sustainable Development Goals (SDGs) with a global SDG rank of 109/162 in 2019[1]. The challenge is two-fold as there are barriers to economic growth as well as income inequality.

For the past decade real growth has been stagnant, constraining sustainable progress. especially in terms of reducing poverty. Such a long-term trend increases Belize's vulnerability to cope with sudden shocks such as the COVID-19 pandemic. In light of this, Belize has developed a medium-term economic recovery strategy to mitigate the economic and social impact of the crisis, particularly as it relates to unemployment and micro small and medium enterprises (MSME) by providing economic support through unemployment relief and grant/loan support while addressing fundamental bottlenecks to economic growth.

Concerning unemployment relief, the Government of Belize has provided USD $75/bi-weekly to persons who lost their jobs due to the socio-

[1] Sachs, J., Schmidt-Traub, G., Kroll, C., LaFortune, G., Fuller, G. (2019): Sustainable Development Report 2019. New York: Bertelsmann Stiftung and Sustainable Development Solutions Network (SDSN).

economic impact of COVID-19 and USD $50/bi-weekly to those on long-term unemployment. This programme was implemented in various phases with phase one running for approximately 12 weeks in April 2020 and phase two in August 2020.

Additionally, within the last quarter of 2020, Belize was significantly impacted by various natural disasters such as hurricanes Nana, Eta and Iota which caused wide-spread flooding and impacted thousands across Belize. The combined loss due to these natural disasters are estimated at approximately USD $80 million or 4.2% of Belize's GDP, which will severely constrain Belize's ability mitigate and recovery from the COVID-19 pandemic, as it will demand further investments in the recovery process.

On November 11th 2020, general elections were held with a new government positioned to take office. The new administration through the Ministry of Human Development launched an application process to revise the COVID-19 food assistance program and grocery bag program formerly known as "pantry". under the merged title "Food Assistance Program", which is set to target the most vulnerable households across Belize (35,000 applications were initially received and reviewed).

Also launched in December 2020, the Belize COVID-19 Cash Transfer Program (BCCAT), with financing from the World Bank, provided supplementary short-term emergency cash for up to six months, specifically for households that did not qualify for other social assistance schemes. Beneficiaries received approximately $150 to $600 per month depending on the household composition. 36,000 beneficiaries were assessed with priority being placed on poor families with pregnant women, children, the elderly and persons with disabilities.

The United Nations development system has engaged with and reaffirmed its commitment to accompany Belize's efforts towards a more sustainable and inclusive recovery from the COVID-19 pandemic and the current economic crisis, as we place people at the heart of all actions.

Birgit Gerstenberg
Resident Coordinator
United Nations Belize

Introduction

Introduction

Introduction

The global COVID-19 pandemic has plunged the world into a humanitarian and socio-economic crisis that has upended the lives of families, communities, and societies. This crisis will have a significant impact on the human development index (HDI), leading to a significant setback for the first time since the start of its measurement in 1990. The response to the pandemic is an enormous challenge for all countries, which requires an unprecedented effort to overcome its effects.

For this reason, the Secretary-General of the United Nations has proposed a socio-economic response framework that is consistent with the 2030 Agenda. The response of the UN should focus on organizing teams to work on different areas affected by the pandemic, to assist countries in building back better with a solid approach on people through reduced poverty and the reduction of inequality, as well as environmental sustainability and gender equality.

The United Nations Socio-Economic Response Plan (SERP) for Belize was developed through July - August 2020, when the Americas became one of the regions with the highest numbers of contagion. Since the global pandemic was declared on 11 March 2020, Belize reported its first case of COVID-19 on 23 March 2020, in the tourist hub of San Pedro, Ambergris Caye. National emergency measures were instituted twice. as the Government of Belize declared a national emergency on 16 April 2020 with restrictions being lifted on 16 May 2020.

The preventive measures implemented by the Government of Belize, in light of a weak health system (fewer hospital beds than the average for Latin American & Caribbean countries and limited medical personnel) allowed for slow case growth, and thereby did not stress the existing health capacity at the initial stage of the pandemic. As of 20 January 2021, COVID-19 cases are now being recorded throughout the country with 11,642 cases reported and classified as a community transmission (exponential growth prior to mid-December 2020), mainly due to illegal transboundary movement and community transmission. Measures being, the supplementary budget of USD $7.5 million for COVID-19 relief and the implementation of a national curfew effective 22 December 22 2020 played a key role in reducing the rate of new infections. The positivity rate has fluctuated below 5% with this being the long-term objective. Thus far, Belize has had a death rate of 2.54% or 306 deaths of infected persons with 67% being males and 33% being females.[2]

Belize has a territory of 22,970 KM^2 with 420,000 inhabitants making a ethnically diverse population and considered a middle-income country with an open economy driven mainly by tourism (21% to GDP) and agriculture/fisheries (9.7% to GDP). The impact of the pandemic is expected to cause a severe contraction in economic activity, estimated to be approximately 16% GDP for 2020.

Reduction in tourism and agriculture is raising unemployment and under-employment rates with high gender disparity, a decline of household income as well as the high risk of livelihoods for

[2] Ministry of Health

the self-employed and informal sector. Furthermore, disruption of food supply chains and markets on account of the pandemic is causing food insecurity and increasing the vulnerability of various population groups, such as women, indigenous people, children, asylum seekers, and in general the poor.

In July 2020, the Government of Belize made public its COVID-19 Economic Recovery Strategy, taking into account the reality of the pandemic and the forecast for global, regional, and national economies. Within the initial stages of the COVID-19 emergency, the United Nations System in Belize accompanied the government's efforts to activate humanitarian support through its PAHO/WHO-led COVID-19 Preparedness and Response Plan; including humanitarian response actions by resident and non-resident UN agencies working in Belize. The United Nations also organized the UN Emergency Technical Team (UNETT) to support the work of the UNCT. Non-resident agencies such as ILO, WFP, UN Women, UNESCO, OHCHR, FAO, IAEA and UNEP actively participated in the United Nations System in Belize response. The PAHO/WHO Representative participated in the government-led National Task Force for COVID-19 as well as the medical and communication health sub-committees. Additionally, UNDP has also engaged with the lead economic advisors charged with the economic recovery efforts.

With a negative economic outlook, the United Nations in Belize sees it critical to elaborate this Socio-economic Response Plan (SERP) as a framework that articulates the United Nations contributions towards mitigating impacts and to support Belize's national efforts in the face of COVID-19, towards a path of sustainable growth and human development that is placed on track to achieving the SDGs by 2030.

This document represents a first proposal by the UN, for a comprehensive response that is people-centered, as well as equity and environmental sustainability approaches that are intended not only to contribute to the recovery but also to the national effort towards making Belize´s development model more resilient to shocks for the medium and long term. The response is based on a comprehensive analytical effort led by UNDP on the economic and social impact of the pandemic as well as a conflict/ human rights analysis in partnership with the Human Rights Advisor and the Regional Peace Development Advisor.

The present socio-economic response framework will be implemented during the period of July 2020 - December 2021 and will be a flexible and adaptable tool that is evidence-driven, and analytically based to be carried out by the UN Country Team. The SERP will be incorporated in the forthcoming United Nations Cooperation Framework for Sustainable Development to be discussed with the Government of Belize in 2021. Although the SERP capitalizes on the collective experience and expertise of the UN country team and partners with the government, as well as with other important stakeholders in Belize, the efforts required to overcome the crisis and for Belize to keep on the path for the fulfilment of the 2030 Agenda, exceeds the financial capacity of the United Nations System and its national counterparts. The SERP, therefore, addresses the mobilization of necessary financial resources and the partnerships required for a comprehensive and effective approach in addressing the impact of COVID-19.

On 4 February 2021, a meeting was held with all CEOs of Line Ministries, as the Government of Belize expressed its support for the SERP as it coincided with Government priorities.

United Nations Belize Support for COVID-19
(July 2020 - December 2021)

Pillar	Agencies	Total Cost ($USD)	Funding Gap ($USD)	Funding Available (USD)		Total Available
				New Funds	Repurposed Funds	
Health First	PAHO/WHO	1,697,000	1,180,000	-	-	517,000
	UNFPA	247,000	171,000	-	-	76,000
	UNICEF	2,748,388	2,160,984	-	-	578,404
	UNDP	313,000	-	-	-	313,000
	UNEP	23,000	23,000	-	-	0
	COVID-19 MPTF (PAHO/WHO/UNFPA/ UNHCR/ILO	300,000	-	-	-	300,000
	TOTAL	**5,328,388**	**3,534,984**	-	-	**1,793,404**
Protecting People	UNHCR	634,100	634,100	-	-	0
	UNFPA	394,000	216,000	-	-	178,000
	UNICEF	1,442,193	775,700	-	-	666,493
	PAHO/WHO	220,000	155,000	-	-	65,000
	UNEP	400,000	400,000	-	-	0
	UNDP	308,000	0	-	-	308,000
	TOTAL	**3,398,293**	**2,180,800**	-	-	**1,217,493**
Economic Response and Recovery	UNEP	240,000	240,000	-	-	0
	FAO	330,000	-	-	-	330,000
	UNDP	998,000	-	-	-	998,000
	TOTAL	**1,568,000**	**240,000**	-	-	**1,328,000**
Macroeconomic response and multilateral collaboration	ECLAC	100,000	100,000	-	-	0
	TOTAL	**100,000**	**100,000**	-	-	**0**
Social Cohesion and Community Resilience	UNHCR	200,000	200,000	-	-	0
	UNFPA	50,000	50,000	-	-	0
	PAHO/WHO	100,000	70,000	-	-	30,000
	UNEP	100,000	100,000	-	-	0
	UNDP	55,000	-			55,000
	TOTAL	**505,000**	**420,000**	-	-	**85,000**
	GRAND TOTAL	**10,899,681**	**6,475,784**	-	-	**4,423,897**

Situational Analysis

Situational Analysis

Situational Analysis

This section describes the socio-economic context of Belize in 2019 previous to the pandemic and outlines the immediate impact of COVID-19 in terms of health, social protection, vulnerable populations and the economy, as well as shows government measures to mitigate the consequences of the crisis over the coming months.

PRESENT HEALTH SITUATION AND IMMEDIATE RESPONSE MEASURES TO COVID-19

The first confirmed case of COVID-19 in Belize was reported on 23 March 2020 on the island town of San Pedro, one of Belize's prime tourist destinations. With this discovery, Government of Belize declared a State of Emergency (SOE) for the island in its initial phase for 72 hours, to allow proper mapping and tracing of contacts to the index case. More or less new cases remained low and manageable until 14 July 2020 when confirmed cases grew to 39 individuals.

During the first phase of the COVID-19 pandemic, measures implemented by the Government of Belize to control the spread of the disease included the closure of the Phillip Goldson International Airport (PGIA) on 23 March 2020; the closure of all land borders as of 29 March 2020; the declaration of a national state of emergency initially spanning 2 months (May to June 2020); implementing different levels of curfew and SOE laws inclusive of social distancing guidelines, the mandatory use of masks as well as the closure of some businesses such as bars, cinemas, gyms, the commercial-free zone, sports, and activities of mass gathering.

The latter measures were considered to be effective in controlling and managing the rate of new cases for the initial 4 months. However, by the end of June 2020 with the relaxation of restrictions, the ending of the lock-down, as well as the permission of some socializing activities the spread of the infection started to expand exponentially. As of 6 February 2021, Belize has tested 65,753 persons for COVID-19, recorded 12,037 confirmed cases with 306 deaths and 11,479 recovered cases. The distribution of confirmed cases by gender was 52.5% being males and 47.5% females with the epicentre of infection being the most northern districts being Orange Walk and Corozal.

The government and health authorities attributed the rapid spread of the disease due to illegal border crossing into Guatemala and Mexico as well as the trading of contraband goods. However, the spread of the disease nationally is now considered to be driven by a community spread.

In response to the pandemic, the Government of Belize is adopting a clear and concise National Risk Communication Strategy to help mitigate the impact of COVID-19 to protect the vulnerable populations, the economy, public services, and the security of citizens. The Government of Belize has also adopted a four-pronged approach to the COVID-19 pandemic, and this includes reducing the spread and health impact of the disease; providing a safety-net for populations made vulnerable by the pandemic; limiting the contraction of the economy by supporting the private and productive sectors; as well as

ensuring the safety and security of citizens.

As previously mentioned, a new government took office on 11 November 2020. As a result, the new administration adopted a more aggressive and coordinated approach to fighting the pandemic as cases began to growing exponentially. The Government of Belize provided a supplementary budget USD $7.5 million for the increase in human resources, more testing/tracing with support to those infected, mobile testing on the spot, decentralized testing, involving the private sector in testing as well as implemented a new curfew as of 22 December 2021. These measures proved to be effective in breaking the exponential growth, as the positivity rate is now seen to be below 5%.

PRE-COVID-19 SITUATION (2019)

The Growth and Sustainable Development Strategy (GSDS) 2016-2020 is Belize's national development plan for the advancement towards the Sustainable Development Goals. The GSDS is the first national development plan that incorporates both poverty reduction and long-term sustainable development projections. In this regard, it builds on and operationalizes the country's long-term vision as articulated in Horizon 2030: National Development Framework for Belize 2010-2030 which outlines detailed guidance on priorities and specific actions for the specified planning period. Therefore, Belize's commitment to the SDGs and Agenda 2030 is underpinned by the core pillars of people, planet, prosperity, and peace which is included in this national development plan.

The Government of Belize also articulated during the period 2016-2019, it would institute efforts to achieve a maximum growth rate output of 5% annually in the medium to long-term. On this trajectory, the government expected a 33% improvement in its per capita income over a period of 10 years. To achieve these economic goals, policy actions to pursue higher levels of productivity and competitiveness, workers' capacity, quality technology, and improved allocation of resources for organizational efficiency and scope were to be instituted.

In its Voluntary National Review Report on the SDGs in 2017, Belize identified that there was notable progress towards SDG 3: Good Health and Well-Being, SDG 5: Gender Equality and SDG 14: Life Under Water. Progress in these SDGs were attributed to the implementation of a successful cash transfer program to poor and vulnerable families, the existence of strong legal frameworks to better integrate women in leadership and the economy, and robust marine protection and management frameworks.

However, in terms of prosperity SDGs (poverty, equality, economic growth) Belize is lagging given per capita improvement is not possible when growth was 50% of the original projection. The poverty assessment which took place in 2009, indicated a poverty rate of 41.3% with children at 50% and indigenous persons at 68%. Henceforth, Belize challenges exist with SDGs targets including increasing unemployment among women and youth, worrying citizen insecurity, a strained and understaffed health system, the advancement of chronic diseases, increasing national debt, limited fiscal space, human resource constraints, social exclusion, deteriorating governance mechanisms as well as the lack of transparency and accountability.

The economy entered a recession in the last quarter of 2019, with quarterly growth less than - 2.0% for the 2nd and 3rd quarters of 2019; and - 4.0% in the last quarter of 2019. The first quarter of 2020 prior to COVID-19 detection within Belize's borders, the economic downturn was felt with the

closure of PGIA and all land borders.

In September 2019, the Statistical Institute of Belize reported the tourism sector being responsible for employing 29,402 persons (17.2%) and the construction sector 12,321 persons (7.2%). These two sectors has been the most affected as a result of the COVID-19 pandemic. The economic impact for the first 6 months of the recession was reflected in terms of the average income of employees declining by an average of 8.8% (USD $55/month). Prior to the first local case of COVID-19 and the closure of borders; workers and populations classified vulnerable were already experiencing substantial income reduction on account of continuous economic contraction. The table below illustrates the average monthly income for employees in 2019 and the changes over a six month period which indicated income reduction was indeed one of the strategies of employers to keep afloat.

	Mean Income Level per Month (US$)		
Employer	**Apr-19**	**Sep-19**	**Change**
Government Services	$ 813.50	$ 840.50	3%
Financial Intermediation	$ 993.00	$ 840.50	-15%
Aquaculture	$ 857.50	$ 837.50	-2%
Electricity, Gas & Water Supply	$ 1,038.50	$ 759.50	-27%
Real Estate, Renting & Business Activities	$ 705.00	$ 727.00	3%
Transportation, Storage & Communication	$ 828.50	$ 690.50	-17%
Tourism	$ 702.50	$ 606.50	-14%
Forestry, Logging & Sawmilling	$ 467.50	$ 605.50	30%
Construction	$ 653.00	$ 598.00	-8%
Mining & Quarying	$ 716.50	$ 553.50	-23%
Wholesale & Retail Trade; Repairs	$ 541.00	$ 526.00	-3%
Community, Social & Personal Services, Organizaitions/ Bodies	$ 605.50	$ 507.00	-16%
Manufacturing	$ 520.00	$ 502.50	-3%
Agriculture & Related Services	$ 403.00	$ 325.50	-19%
Total	**$ 622.00**	**$ 567.00**	**-9%**

Source: Statistical Institute of Belize, Labour Force Survey.

Even though there is insufficient data to properly evaluate the poverty situation within Belize, overall poverty statistics (indigent group, poor and vulnerable to becoming poor) may have more likely worsened between 2009 and 2019 since income per capita is virtually stagnant within an environment of income inequality. In a optimistic, best case scenario of equal income equality, poverty would be expected to have remained around 42% just prior to the COVID-19 pandemic.

Data	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Average
Population	323,000	330,950	338,900	347,800	356,900	366,300	375,900	385,800	395,900	410,700	
		2.5%	2.4%	2.6%	2.6%	2.6%	2.6%	2.6%	2.6%	3.7%	2.7%
Nominal GDP (US $)	$1,397,000	$1,486,700	$1,573,650	$1,608,450	$ 1,662,800	$1,723,800	$1,775,100	$1,836,600	$ 1,871,200	$ 1,872,650	
Growth Rate		6.4%	5.8%	2.2%	3.4%	3.7%	3.0%	3.5%	1.9%	0.1%	3.3%
GDP/Capita (US$)	$ 4,325	$ 4,492	$ 4,643	$ 4,625	$ 4,659	$ 4,706	$ 4,722	$ 4,760	$ 4,726	$ 4,560	
		3.9%	3.4%	-0.4%	0.7%	1.0%	0.3%	0.8%	-0.7%	-3.5%	0.6%
Inflation Rate	0.90%	1.70%	1.30%	0.50%	1.20%	-0.90%	0.70%	1.10%	0.30%	0.20%	
Real GDP/Capita		2.16%	2.07%	-0.90%	-0.46%	1.91%	-0.35%	-0.29%	-1.02%	-3.73%	-0.07%
Proj. Poverty Rate	42%	41%	40%	41%	41%	40%	40%	40%	41%	42%	

Source: Central Bank of Belize

[3] Belize does not produce periodic household surveys and the 2020 population census was postponed on account of COVID-19.

Belize has made significant strides over the past two decades in terms of human development (education and health) and sustainable development, especially as it relates to climate change and the environment. These advances are precarious given the unfavourable long-term macro-economic environment facing the country, particularly in terms of stagnant per capita income and the suspected worsening poverty rate with the proportion of persons vulnerable to becoming poor (high under-employed population of more than 20%, which is separate from the more than 10% of unemployed, both for which the majority are females and/or rural dwellers) and the immediate 5 recessionary quarters. Failure to adequately manoeuvre the challenges being posed by COVID-19 will severely jeopardize Belize's progress and may cause Belize to move backwards in terms of SDGs progression relative to the 2030 agenda.

Labour Statistics	Males	Females	Sep-19	Percent	Male	Female
Labour Force	109,973	80,334	190,307	100%	58%	42%
Employed:	**102,734**	**67,724**	170,458	89.7%	60%	40%
Unemployed:	**7,239**	**12,610**	20,000	10.5%	36%	63%
Under-employed:	**16,419**	**22,350**	38,769	20.4%	42%	58%
Labour Force Fully Employment	86,315	45,374	131,689	69.3%	66%	34%

Source: Statistics Institute of Belize, Labour Force Survey September 2019.

COVID-19 SOCIO-ECONOMIC IMPACT

COVID-19, beyond being a health issue, undoubtedly has become a humanitarian crisis, a security crisis, a human rights crisis, and a socio-economic crisis due to the impact that it is having on the population, the private sector, vulnerable groups (informal workers, elderly persons, the indigent/poor, youths, women, etc.) and GOB in terms of financial resources required to reduce the spread of the virus, mitigate the impact on unemployment and reduced output as well as provide a road map for the recovery process during 2021. The September 2020 LFS indicates when compared to September 2019 the unemployment rate grew from 10.4% to 29.6% while the under-employment rate rose from 22.7% to 36%. This means that 65.6% of the labour force was either unemployed or under-employed in 2020. The LFS also indicated that weekly average hours worked decreased by 6.7% (15.3%) relative to September 2019.

This indicates revenue base has been reduced by 25% on account of COVID-19 which will then limit the Government's ability to provide vital and key public service support to those most in need such as adequate levels of public health service, adequate education services, and adequate social program support.

The impact of the crisis will be absorbed by those least able to cope with – those on the margins of society and that have been left out of development (poor, indigent, women, small farmers, and other vulnerable population) over the past decade but it will also be felt by the vulnerable middle class. It is projected that the poverty rate could increase to more than 55% in the current context of COVID-19, given that the 13.8% population vulnerable to becoming poor would have likely transitioned to the classification of "Poor." The bi-weekly unemployment allowance of USD $75 provided by the government is certainly not enough to meet basic food needs for a typical household and thus without the additional income it would translate into "Poor Household and Family."

The monthly unemployment allowance relief represents 25% of the average income of a Belizean worker. For the working poor and the vulnerable working poor, it is impossible to absorb a wage shock of 75% reduction in income for 6-12 months and even worst for a longer period. The social impact is already being felt, as the poverty income floor for an adult person for two weeks was estimated at USD $66/bi-weekly while that for the "vulnerable to poverty" was estimated at USD $82.40/bi-weekly more than a decade ago (2009). Tertiary level registrations has also declined estimated by as much as 30%, in regards to the University of Belize.

		Households/ Population				
		Indigent	Poor	All Poor	Vulnerable	Not Poor
Household;	2002	7.50%	17.00%	24.50%		75.50%
	2009	10.40%	20.60%	31%	12.90%	69%
Population:	2002	10.80%	23%	34.10%		67%
	2009	15.80%	25.50%	41.30%	13.80%	58.70%
Projected (Estimate)	2019			41.30%		
Projected	2020			55.10%		
Proj. Increase due Covid				13.80%		

Source: Statistics Institute of Belize, CPA 2009

In addition to the BOOST and Food Pantry programs, the Ministry of Human Development, Families & Indigenous Peoples Affairs (Emergency Food Programme and BCCAT) for persons that do not qualify for unemployment relief:

- The BOOST Program a conditional cash transfer programme providing USD$ 22 per beneficiary/month, with households receiving on average USD$ 57.52. BOOST regularly assists about 3,500 households (approximately 7,500 people which equates to 2% of the population). During this COVID-19 period, the support has been increased, temporarily, for long-term unemployment of USD $50 bi-weekly.

- The Food Pantry Program provides subsidized food to working poor families. It had 3,885 beneficiary households as of January 2019, of which 59% were from Belize City. The beneficiary pays USD $6.25 for a basic food basket which is worth approximately USD $12.50. The beneficiary contribution has been waived, temporarily, during this COVID-19 crisis and, likewise,the support provided was increased. Both of these programs commenced in 2010 with the intention of achieving immediate poverty reduction.

- COVID-19 Food Assistance Program, which is now being merged with the Food Pantry (grocery bag program).

- Belize COVID-19 Cash Transfer Program (BCCAT) being financed through loan funds from the World Bank.

The Government of Belize has increased its borrowing to boost the economy and provide some low-cost loans and grants for businesses to weather the economic effects of the pandemic. Thus far, the government is expecting to invest, either directly or indirectly, USD $121 million (6.4% of GDP) in attempting to minimize the socio-economic impact of COVID-19. The Belize private sector is contributing an additional USD $6 million in the COVID-19 response and recovery effort.

[4] Previously known as the Ministry of Human Development, Social Transformation & Poverty Reduction.

[5] Renamed "Food Assistance Program."

This fiscal stimulus, together with a relaxing monetary policy will exacerbate structural imbalances in terms of the country's financial stability in the short to medium term. The complete closure of the tourism industry, which constitutes roughly 21% of direct GDP and a similar amount in terms of direct employment, is affecting the fabric of Belizean society. With indirect linkages included the tourist industry would constitute roughly 45% of GDP, 40% of employment, and 42% of the total export of goods/services (La Pandemia de COVID-19 en Centroamerica, Haiti, Mexico, Panama y Republica Dominica IDB, 2020). Henceforth, this drop in tourism is a major shock for Belize. Its impact will significantly contract economic activity since tourism was the engine of growth over the past two decades. Both poverty and inequality are expected to show a sharp rise while the impact on the environment remains to be seen.

Currently, the dissemination of COVID-19 prevention information and measures occurs with the use of modern media – radio, television, and now social media. Yet, according to indigenous leaders, this form of communication is not reaching their communities to guide localized prevention efforts. Indigenous peoples such as the Mayas and the Garifuna tend to live in rural areas where there is often limited electrical coverage and internet service. They are constrained to access lifesaving messages in a consistent manner and languages that they understand. On this basis, indigenous peoples and those living in rural areas that are either not connected to the electrical grid or internet service providers cannot access preventative COVID-19 information to exercise their right to health. COVID-19 messages as well as other health-related communication would need to be designed in a culturally appropriate manner and disseminated in ways that would ensure reach among the most affected; thereby, allowing marginalized populations to strengthen their coping mechanisms and social protection efforts. Belize has made significant progress in its health outcomes in terms of its vital statistics over the past three decades as it relates to infant and child mortality rates, together with immunization and the maternal mortality ratio. For example, the immunization rate for Belize is 96% compared to the global rate of 88% based on 186 countries for 2018. SDG achievements and other health achievements are at risk of reversal because of the impact of COVID-19 on access to essential health services due both to reduction in the availability of service, in addition to budgetary cuts to the Ministry of Health, the National Health Insurance Scheme as well as to the Ministry of Education. Less investment in human capital will mean a less competitive labour force, with reduced mobility and greater challenges in meeting SDGs 1: No Poverty, SDG 4: Quality Education, SDG 10: Reduced Inequalities and SDG:8: Decent Work and Economic Growth.

Category	1990	2010	2012	2018
Under 5 Years Mortality Ratio	23.7	16.9	17.8	14.9
Infant Mortality Rate	17.6	13.3	15.7	12.6
% of One year Immunized	69	96.6	99	96
Maternal Mortality Ratio	41.7	55.3	42	36

Source: Statistics Institute of Belize

The economic outlook due to COVID-19 and the complete shutdown of the tourism sector saw devastating impacts on economic activity. For the period of April to September 2020, Belize saw 319,962 less overnight visitors (-69%) and 827,457 less cruise-ship tourists (-71%). Which translates to an estimated USD $160.7 million loss in foreign exchange earnings for 2020, just on account of tourism. Foreign exchange earnings on account of tourism for 2019 amounted to more than US$233 million. It is projected that by year's end the tourism industry could experience an overall reduction of close to 69%.

Performace	Overnight Visitors		Change		Cruiseship Visitors		Change	
2020	2019	2020	Visitors	Percent	2019	2020	Visitors	Percent
Jan-June (Actual)	284352	124262	-160090	-56%	697,356	343,099	-354,257	-51%
July-Dec	179,734	19862	-159872	-89%	473,202	0	-473,202	-100%
Sub-total	464,086	144124	-319962	-69%	1,170,558	343,099	-827,459	-71%

Source: Belize Tourist Board

Preliminary estimates from SIB for the period January to June 2020, shows that GDP contracted by 4.5%, 23.3% and 14.4% relative to the first, second and third quarters of 2019; this translated into 14.4% reduced output for the period of January to September 2020. GDP also declined by USD $158 million. A greater reduction in output and GDP is forecasted for the remainder of the year, July to December 2020, given that tourism activity for the 4th quarter is minimal at less than 15%; tourism high season begins within the 4th quarter; land borders remain closed together with cruise tourism and the reduction of economic activity for the Christmas season (more than 40% of annual economic activity).

One of the few benefits of the COVID-19 pandemic is Belize's improved trade deficit for the period January to November 2020 by USD $170 million since imports reached USD $700 million and reduced by 21% (USD $173 million) while exports reached USD $173 million and decreased by 10.7% (USD $21 million); thereby, highlighting the need to have a rapid recovery in the tourism sector to reduce the large balance of payment deficiency.

The economic impact in terms of income and output is estimated at around USD $299 million (16% reduction in terms of GDP). This translates to a GDP level of 2013, meaning Belize would have moved 7 years backward as it is still unclear how many years it will take the country to recover 7 years of growth, development, lost purchasing power, and accompanying standard of living. It will also mean on average every citizen having USD $806/annum less in disposable income. Belize has sought to finance, mostly with loans, this health and economic crisis, together with a budget support deficit that has already been projected at more than USD $125 million for the fiscal year 2020/21. This will mean debt/GDP moving upward from 100% to 133% with a projected fiscal deficit of more than 10% of GDP for 2020. With limited to no fiscal space, government services are projected to decline, limiting access on the least able to afford any further cuts in their income – the poor and vulnerable (women, children, adolescents, disabled persons, refugees, migrants, indigenous people, informal workers, etc.).

[6] Prime Minister Briceno for his New year speech indicates a projected debt/GDP ratio of 133% and a projected fiscal deficit of 12% GDP for year ending 2020.

	Direct Economic/Social Impact (US$)		Impact	
Covid-19 Performance	**2019**	**2020**	**Absolute**	**Percentage**
Tourist Arrivals:				
Overnight (Visitors)	464,086	144,124	(319,962)	-69%
Cruiseship (Visitors)	1,170,558	343,099	(827,459)	-71%
Unemployment Rate	10.40%	29.6%	41,198	185%
Under-employment Rate	23.6%	36.0%	$ 20,547	53%
GDP (US$)	$ 1,872,000,000	$ 1,572,480,000	($299,520,000)	-16%
GDP/Capita	$ 4,566	$ 3,760	($806)	-18%
Overall Budget Surplus/ -(Deficit)	$ (64,700,000)	$ (264,700,000)	($200,000,000)	309%
Tourism Inflows (Foreign Exchange)	$ 233,000,000	$ 81,550,000	$ (160,770,000)	-69%
Debt/GDP	100%	133%		33%

Source: Central Bank of Belize, Belize Tourism Board, International Monetary Fund

Concerning the human development index as measured by access to education (pre-school, primary school), life expectancy, and access to electricity and portable water; Belize made some progress as reported by the last MDGs review and also as illustrated by the table below. These key areas and related SDGs would need to be supported as persons are struggling to make ends meet and would cut investments, in the short-term to education and health in order to cover basic food necessities in an environment of declining income and contracting economic opportunities. Empirical evidence and in-country consultations with the private sector and business leaders, highlight the importance of improving the quality of education and increasing human capital due to its positive effect on skill enhancement/development and a greater level of competitiveness which should lead to greater levels of growth and an increase in real wages.

	Life Expectancy	School Net Enrolment Rate (Years)			Potable Water	Growth	Residential Electricity	Growth
Year	at Birth (Years)	Pre-School (3-4)	Primary (5-12)	Secondary (13-16)	Connection	Rate	Connection	Rate
2015	74	40%	85%	53%	53,433		69,185	
2016	74.2	38%	82%	51%	55,484	3.8%	72,632	5.0%
2017	74.4	38%	79%	50%	57,484	3.6%	76,255	5.0%
2018	74.5				58,822	2.3%	79,448	4.2%
2019								

Source: Statistics Institute of Belize, Belize Water Services, Belize Electricity Limited

The draft release (September 2020) of UNDP's COVID-19 Economic & Social Impact Assessment complements the impact assessment described in this section but also highlights additional salient issues. A household survey on 401 participants indicated that 15.6% of those in some form of employment before the pandemic had become unemployed; 37.7% of business owners reported having to cut employee salaries; 70% of respondents indicated that they experienced some reduction in their income; 32% of the vulnerable population were severely impacted by COVID-19 while 20% of those identified as non-vulnerable were severely impacted.

In 2019 only 66% of adults had a deposit account with either a bank or credit union indicating that 34% of the adult population is non-bankable and again very vulnerable. Only 57% of households were estimated to be using the internet and 36% had access to a computer which means that a

good portion of the vulnerable population will be left behind as society goes more and more digital in its struggle to fight the pandemic.

AFFECTED HUMAN RIGHTS AND 'LEAVE NO ONE BEHIND'

The socio-economic response plan has been developed with a sharp focus on recovery through a human rights lens. This lens is applied to all five pillars of the plan so that in all aspects of building back better, no population is left behind or overlooked. Indeed this plan recognizes that where citizens and residents live and work in Belize, for instance, can dictate the extent to which they can claim their rights. Most public services, jobs, and social opportunities are located predominantly in the cities and urban centres even though most people live in rural communities.

People who live far away from administrative towns are challenged to exercise their economic and social rights. Indigenous peoples experience food insecurity and higher poverty levels owing to their geographic, social, economic, and technological exclusion when services are not available to them because of where they live. Migrants, Asylum seekers and refugees do not benefit from planned state responses and interventions since they are not yet included in the government's main national development plans.

A predominantly rural dwelling population are the Maya, and their poverty rate averages 68% in comparison to 41.3% for the average population; the indigent rate for the Maya averages 51% in comparison to 16% for the general population. With such high levels of poverty and indigence, the pandemic disproportionately impacts rural communities, particularly those in border areas that are inhabited by the indigenous Maya, most of whom trade corn and black beans across the southern border with Guatemala. From this trade alone, the communities generate more than 75% of their cash. In addition to selling beans and corn across the border, the indigenous farmers in Toledo also sell rice to the Belize Marketing Board and cacao as an export to Europe. With restrictions on movements and border closures, the result of the pandemic is a drastic reduction in the income indigenous people receive and severe disruption to the production chain along the southern border areas. This economic and social shift in market activities has contributed to increased hardship for this already vulnerable group.

Without any doubt, **the right to the enjoyment of the highest attainable standard of physical and mental health** is in its components of access to services and attention a challenge for most of the countries in the region. With very preliminary data - mostly anecdotal – available, the UN must conduct further analysis of how the crisis affects certain members of society.

This approach considers access to general health services for previously vulnerable populations as well as those who have become vulnerable as a result of COVID-19 including the youth and people living with disabilities, children, and adolescents. This plan also places significant priority on reducing the risk of front-line health workers from COVID-19 infection in the delivery of care. As populations identified as vulnerable to COVID-19 are the elderly, those who reside in long-stay facilities, pregnant women, children and adolescents, persons with non-communicable diseases (NCDs), HIV, and tuberculosis, in addition to those experiencing inequitable situations, social exclusion, and marginalization. The latter populations include refugees and migrants, people with disabilities, informal workers, indigenous peoples, and unemployed female and male youths. As the current cases of COVID-19 are mostly concentrated in the northern and

central half of the country, with community transmission established, efforts to contain its spread include the provision of preventive information and other key messages to prevent contagion.

The right to work and of everyone to the enjoyment of just and favourable conditions of work: COVID-19 has magnified the hazards in the workplace and the workers most likely to be exposed to the conditions that can increase the spread of the Corona-virus. For instance, construction sites tend to draw formal and informal workers who are high-risk mobile populations to areas of work. This was notable in the recent spike in cases that have occurred in San Pedro, especially among construction workers who temporarily moved to San Pedro from other parts of the country for seasonal work. Such workplace dynamics points out that workers as well as their employers should be targeted with prevention communication and education messages that promote occupational safety and health in the context of the COVID-19 pandemic.

Another vulnerable population in this sense is the asylum-seekers and refugees, estimated at around 5,600 people in Belize. They are especially vulnerable as both registered and non-registered asylum-seekers are not permitted to work. In this precarious position, registered asylum-seekers (some 2,200 persons) struggle to meet the minimum and basic needs for daily survival, rendering them to live in indigent conditions. Non-registered asylum-seekers are in a similar position since they have no legal stay in country.

Social protection and the right to an adequate standard of living for ones-self and family: The national regulatory response to the pandemic and the intensifying downturn of the national economy not only cut off livelihood opportunities in the formal sector but the same effect occurs for those in the informal economy. The informal economy is the most used option for all asylum-seekers, who are legally disallowed to engage in formal employment. The de-facto exclusion of asylum-seekers from GOB assistance schemes requires not only the involvement of more vulnerable asylum-seekers in the ongoing under-funded humanitarian assistance scheme for the asylum-seeking population but also that the duration of this assistance is lengthened from the initial 3 months to a medium-term basis. The resulting health and connected socio-economic impacts have put this group in an extremely vulnerable position, in which, apart from economic exploitation or destitution, the COVID-19 infection can cause irreversible damage to these households.

Protection from all forms of Discrimination: The persistent vulnerability of women and girls, particularly those from rural and indigenous backgrounds, pregnant women, and women who experience multiple and intersecting forms of discrimination and abuse in the home are important to target to reduce the spread and the impact of COVID-19. Women and female youth access to reliable sexual and reproductive health services that are free or affordable at the point of delivery are also critical in the context of this crisis. The focus here is to ensure that these vulnerable groups including adolescents, young people, and people living with disabilities, continue to benefit from support services for violence prevention and abuse. This means then that health care and social services must be scaled by adopting innovative and safe ways of engaging with women and girls at risk. These approaches should consider the contributions and participation of women and girls who are affected and at risk of violence, abuse, and exploitation. Considering that women represent 70 percent of the health and social sector workforce globally, special attention should be

given to how their work environment may expose them to discrimination, as well as their sexual and reproductive health and psychosocial needs as front-line health workers. Women's front-line interaction with communities and their participation in much of the care work, means they face a higher risk of exposure. With such proximity to the community, women are also well placed to positively influence the design and implementation of prevention activities and community engagement.

The persistence of gender-neutral/blind budgeting and planning including at the macroeconomic level, risks alienating women from participating in and contributing to the economy using the skills they have. Persistent gender-blind budgeting and planning would mean that national poverty reduction programming does not scale effectively to reach specific populations, especially those in rural communities and from indigenous backgrounds. For women, this means that their employment level continues to lag behind that of men. Effectively, Belize operates a gendered economy that preferences the labour and participation of men over women. Unemployed youth, persons with disabilities, and those employed in the informal sector should also be included in the process of building back a better social protection system and an inclusive economy. The present social protection system is inadequate to address the risks of vulnerable groups due to poor resource allocation, weak targeting, and low program effectiveness. Investment and coverage of Social Protection is particularly low for children. This compels many of the poor and most vulnerable to seek informal resource assistance, for example, from family members.

Right to education: Children and young people in Belize are also affected by the COVID-19 pandemic. They are impacted by the significantly reduced economic and employment opportunities that their parents are experiencing. They are also being deprived of social engagement with their peers and educators. Prolonged periods of closure of schools and educational institutions related to movement restrictions may lead to additional emotional unrest and anxieties. If caregivers are infected, quarantined, or die, protection and psychosocial issues for adolescents need to be addressed.

Although primary education is mandatory for all children up to the age of 14, a direct consequence of the pandemic is that children of primary and secondary school ages cannot attend school because of closures. In place of in-person attendance at school, the Ministry of Education is supporting home-schooling initiatives and online education. GOB is in the process of providing all high schools with an online platform and one tablet per student to carry on with online classes. These efforts are intended to bridge the learning gap caused by COVID-19 and to maintain safe learning for children in a social environment. However, children who live in homes that lack information technology infrastructure and access to adults who can mentor and teach them are less likely to access the online and alternative schooling proposed by the ministry.

This gap in education access risks undermining the gains in primary and secondary school enrolment for girls and exacerbating the dropout rate for boys. Before COVID-19, the overall primary and secondary school rates of enrolment had begun to decline for both boys and girls, and this signifies that some children are not accessing primary and secondary education. In the context of the pandemic, it is important to institute measures to keep those who are already enrolled in school and open avenues of learning for those who have dropped out or at risk of doing so. Young people, however, also represent a

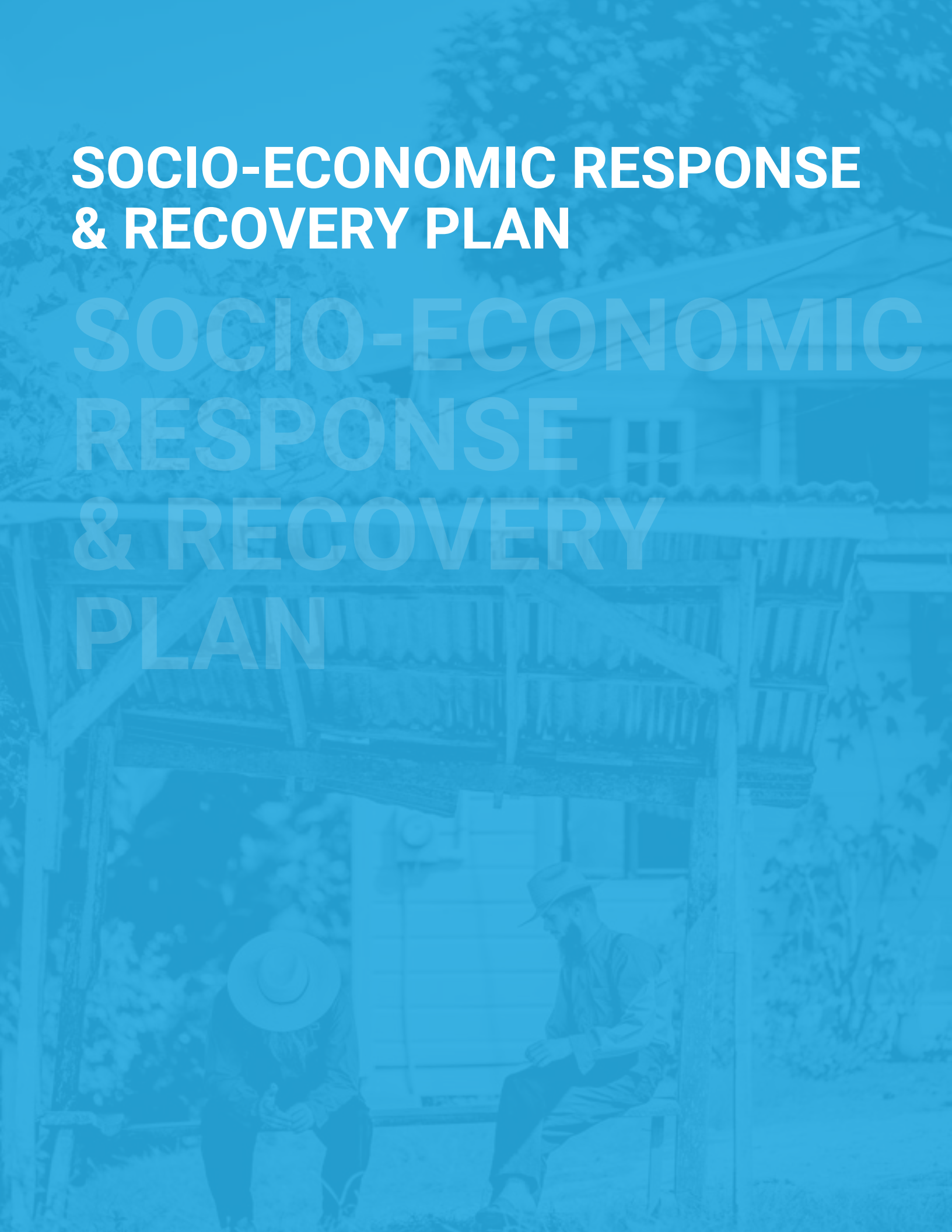
valuable resource and network during crises and public health emergencies such as this one. With the right training, young people can work jointly with the health authorities to help break the chain of infection.

Appropriate measures will be required to protect vulnerable groups such as young migrants, young refugees, youth in detention, youth with disabilities, youth living with HIV, and young people living in poverty. For example, a core initial element of facilitating the integration of newly arrived asylum-seekers is ensuring access to education and training to all, with a focus on young asylum-seekers as 33% of this population is of primary and secondary school age. Most of the children and adolescents were forced to interrupt their education careers in their country of origin and want and need to continue in their new country. Education is key to "Leaving No One Behind." Belize's traditional schooling system scores high at the primary level in terms of quality and education. However, the schooling system ranks poorly with respect to secondary/ vocational and University education. Business leaders and investors indicate that most high school and university graduates do not possess the required skills that the market needs and demands in order to be national and globally competitive. This has been further compromised with the continued closure of schools and vocation centres over the last ten months.

Right to a healthy environment/sustainable development: Belizeans, as well as asylum seekers, tend to live close to the natural resource bases and they regularly interact with these resources and benefit from ecosystem services. Furthermore, more women than men tend to live in rural parts of the country, as they rely significantly on the environment for livelihood and household needs. Indigenous peoples for example depend on ecosystem services for traditional and cultural practices and livelihoods. The natural resource-based intensive nature of the Belizean economy confirms that environmental benefits and services are closely intertwined with the social and economic values of the society. Belize's wealth is valued at USD $20 billion of which 40% (USD $8 billion) is attributed to the natural resource base (World Bank). Women, indigenous peoples, and rural inhabitants are unlikely to own land as they generally do not participate in decision-making structures for production, natural resource governance, and management.

SOCIO-ECONOMIC RESPONSE & RECOVERY PLAN

SOCIO-ECONOMIC RESPONSE & RECOVERY PLAN



Socio-Economic Response and Recovery Plan

GOVERNMENT'S COVID-19 SOCIO-ECONOMIC RECOVERY STRATEGY

Belize's Economic Recovery Strategy to COVID-19 was launched in July 2020 and is designed to provide economic support while addressing fundamental bottlenecks to economic growth. The goal is to provide needed structural adjustment support so that the economy recovers on a strong foothold for long-term sustainability, thereby strengthening the business sector with improved government efficiency in delivering services. The objectives indicated are:

Supporting Business Recovery: Responding to business needs to assist firms to re-establish and expand while rehiring displaced workers and creating new jobs *(Buy local campaign, some grants for SME, soft loans of 3%, 6% and wage subsidy, retooling labour force, etc.);*

Creating a Business Climate for Growth: Investing in the future that will keep Belizeans in jobs as well as will create new jobs *(fast track infrastructure investment, reduce bureaucracy in GOB departments and facilitate opening business and investments, etc.);*

Improving Government Efficiency: Making Government work in tandem with businesses to facilitate investment;

Strengthening the Productive Sectors: *(Tourism restarts, paperless entry & exit requirements, tourism incentives, second home tourism/ retirees, tourism platform for investment in forest reserves, multi-destination agreement, etc.);*

Improving Local Productive Sectors and Agriculture *(Belize agriculture health authority, storage, marketing and distribution system, secured local market for domestic producers, etc.);*

Growing the Emerging Economy by reducing bottlenecks and having a more friendly investment environment *(Real estate and construction, international financial services, encourage investments);*

Immediate Social Support on Unemployment: On 1 April 2020 an unemployment relief program was launched to cope with expected unemployment of around 20,000 individuals within the tourism sector and 20,000 from other sectors on account of the COVID-19 pandemic. The program involved paying USD $75 bi-weekly (12 weeks) to those persons who became unemployed due to COVID-19 and USD $50/bi-weekly for persons suffering from long-term unemployment. More than 81,007 applicants were received of which 44,552 applicants were approved. It is also worth noting GOB exceeded its intended USD $20 million on just its first phase of unemployment relief.

The following tables illustrate the beneficiaries of the first phase of the unemployment relief program. By sectors, the main beneficiaries were from the tourist industry with 13,150 employees, followed by long-term unemployed with 8,791

persons and then other services with 7,222 persons. In terms of specific activities, the main beneficiaries were the formal food service sector with 5,611 beneficiaries followed by informal street vendors such food, clothes, art and craft vendors with 4,750 persons. Overall, recently unemployed persons constituted 45% of beneficiaries, long-term unemployed constituting 31%, and the remainder being made by informal labourers identified as self-employed persons at 24%.

Unemployment Relief	Employees	Industry (Beneficiaries)	Employees	Category	Percent
Tourism	13,150	Tour Guides	1,738		
Transportation	3,601	Bartenders/server	2,114	Recently Laid Off	45%
Other Services	7,222	Kitchen Staff	2,323	Self-Employed	24%
Agriculture & Fisheries	1,239	Bus Drivers/ Conductors	748	Long-term Unemployed	31%
Manufacturing	443	Taxi Drivers	1,297		
Industrial	101	Airline/Airport Service Staff	326		
Construction	2,291	Food Service Restaurants/ Fast Food	5,611		
Retail Sector	398	Barbers & Cosmetologists	991		
Other Laid Off	660	Entertainments/ Event Staff	373		
Other Self-Employed	6,655	Fishers	1,162		
Long-term Unemployed	8,792	Taco/food/ clothes/ A & Craft Vendors	4,750		
Total	**44,552**	**Sub-Total**	**21,433**	**Total**	**100%**

Source: Government of Belize Press Office, 1st Phase Unemployment Relief Program

In August 2020, the Government of Belize launched the 2nd phase of its COVID-19 unemployment relief program together with a support program for small and medium enterprises. This 2nd phase provided the same USD $75 bi-weekly for 12 weeks except that in this case, it excludes long-term unemployment as potential beneficiaries. The expected expenditure for the 2nd phase of unemployment relief is USD $19.2 million. As of 8 October 2020, there were 66,859 applicants of which 42,575 had been approved with more than 24,284 applicants rejected. It is also worth noting phase two of the unemployment relief program could only be accessed electronically.

While this program aligns with GOBs efforts for accelerating e-governance and allowing citizens to access services online, it risks further marginalizing and excluding individuals in rural areas and those who lack an online presence from accessing the financial assistance this program offers. This means that applicants who have access to the internet and who have employment information as well as a record of social security payments, are more likely to receive financial assistance. Given the limited scope of funding available under this program and the electronic application process, there must be community-based mechanisms that can inform how to identify the most vulnerable populations who can benefit from such a program.

Private Sector Support: By supporting small and medium-sized businesses and the private sector, the government is ensuring that the economy does not come to a halt as some jobs can be saved. This assistance, like the unemployment relief program, expects that the beneficiaries are engaged in the formal economy and have the requisite human, technological and other resources to access this assistance. In supporting economic recovery efforts, the programs should also facilitate the inclusion of informal workers and non-traditional businesses including the start-ups and innovations that young people are promoting. Concerning the Micro Small &

Medium Enterprise (MSME) Support Program, an allocation of USD $7.25 million was made as follows: USD $3.5 million for wage subsidies for companies to retain employees, USD $2.5 million soft loans for SMEs at a 3% interest rate with the maximum loan application being USD $12,500 and $1.250 million for micro-enterprise grants with maximum grant application being $1,250.

Micro/Small/ Medium Enterprise Support Progam	Cap Application	Budget Allocation	Enterprise	# of Employees
Micro Enterprise Grants	$ 1,250	$ 1,250,000	Micro	2-4
Wage Subsidies for Companies to Retain Employees		$ 3,500,000	Small	5-20
Small/ Medium Enterprise Soft Loans (3%/ annum)	$ 12,500	$ 2,500,000	Medium	21-51
Total (US dollars)		**$ 7,250,000**		

Source: Government of Belize Press Office

Other measures implemented by the government through the Central Bank of Belize to assist the private sector included the following measures:

A reduction of 2% by the Central Bank in the reserve requirement in terms of liquid assets and cash concerning commercial banks from 23% to 21%, for liquid assets and cash from 8.5% to 6.5%. This effectively provided USD $29 million more in cash credit available for lending to the private sector to alleviate the expected reduced liquidity by the banking sector on account of most businesses being closed for 2-3 months.

Loan classification of non-performance was extended from 3 months to 6 months and banks were encouraged to provide moratoriums on loans for up to 3-9 months without affecting loan classification and level of interest rate immediately before COVID-19. A similar measure was implemented towards the end of 2019 for the agriculture sector to help cope with droughts. This provided breathing space for businesses but also to homeowners with mortgages, particularly for those persons being classified as low-income households.

Encouragement of financial institutions to refinance loans in affected sectors particularly as it relates to tourism and transportation;

The risk weight interest rate for tourism-based loans was reduced from 100% to 50%. This means the collateral requirement was automatically reduced by 50% and thus businesses could expand their loan portfolio without additional collateral.

GOB successfully negotiated the capitalization of debt service covering private bondholders (USD $526 million) for three quarters. This should provide additional foreign exchange to the tune of USD $19.5 million and provide some breathing space for the government to continue to provide social support and support to the private sector.

Government issued USD denominated treasury notes in the amount of USD $30 million at a rate of 6% to alleviate the reduction in foreign exchange on account of tourism sector expected to be closed for more than 6 months and thus expected foreign exchanges losses from tourism could approach and may exceed the USD $150 million mark for 2020.

Fiscal Response: The governments, donor community, and private sector response to Belize's COVID-19 response are described in the following funding response table:

Time-Frame	Focus	Funding Response
April - Dec. 2020	**Secured US$25 from Central Bank to be used for**	**(US Dollars)**
	unemployment relief, food assistance and grants for SME:	
	Unemployment relief I to support unemployed on account of Covid-19/long-term employment (44,552 Applicants at $150/bi-weekly for 12 weeks)	$ 20,048,400
	Direct food assistance support to Belizeans that are facing hardships	$ 7,250,000
	Small business grants/ soft loans (3%) to encourage firm to remain operational	$ 3,625,000
	Unemployment Relief II to Support Belizean being jobless on accout of Covid-19 (42,575 applicants at $150/ bi-weekly for 12 weeks)	$ 19,158,750
	Two percent reduction in reserve requirement by Central Bank	$ 29,000,000
Subtotal		$ 79,082,150
April 2020- Dec. 2021	**Ongoing for the coming 14 months (public, private & donors):**	$ -
	Retrofit clinics to prepare for Covid-19 patients, to procure PPEs, ventilators, testing equipment & protective equipment and to build the nations's response capacity	$ 3,000,000
	Loan support (6% through DFC) for the Tourism sector to assist with Covid-19	$ 2,500,000
	Direct relief to those farmers suffering multiple hardships from two years of prolonged drought conditions & Covid-19 impose setback	$ 4,000,000
	Additional Support to the BOOST Program to support vulnerable populations	$ 6,500,000
	IDB Unemployemnt Covid-19 Unemployment Relief (26,000 beneficiaries)	$ 12,000,000
	IDB Loan for containment & Control of the Pandemic & mitigate its Impact on Service Delivery	$ 6,200,000
	World Bank Boost support Program (13,000 household beneficiaries)	$ 12,400,000
	Republic of China (Taiwan) for the Health Sector	$ 1,000,000
	United Kingdome/ Canadian Government	$ 271,135
	United States Government	$ 300,000
	European Union for the Health Sector through PAHO (Euros $500,000)	$ 595,000
	Belize Electricity Limited	$ 500,000
	Lord Ascroft Foundation for the Health Sector	$ 5,000,000
	Barry Bowen Group	$ 250,000
Sub-total		**$ 47,871,135**
Funding (Approved)		**$ 126,953,285**
	Other Investment Pending approval:	$ -
	Agriculture support to ensure our productive sector remains strong (project preparation phase)	$ 12,500,000
Sub-total (Pending)		**$ 12,500,000**

Source: Government of Belize Press Office

Succinctly, the recovery process over the upcoming 12 to 18 months, government projects to be around USD $126.95 million (6.77% of GDP) according to the Economic Recovery Strategy for Belize (ERSB). Once more, it is important to note that there was a change of administration on 11 November 2020. Since then $7.5 million, in additional funds, was provided to the Ministry of Health to cope with the increasing trend of COVID-19. On 6 January 2021 the Government of Belize through the Ministry of Human Development rolled out the application process for a revised "COVID-19 Food Assistance

Program and Grocery Bag Program (formerly known as Pantry) under the merged title "Food Assistance Program." With the target population being the very needy and the most vulnerable households in Belize. There are households where no one is working; households which are not receiving assistance through BOOST OR BCCAT; households which are not receiving a pension; single parent families and/or families with children, elderly and disabled individuals;

Other factors affecting Belize's recovery process during 2020 included the impacts of Hurricane Nana (6 September 2020) with an estimated impact of USD $5 million; flood damage on account of Hurricanes Eta (3-7 November 2020) with an estimated impact of USD $35 million and Iota (16-20 November 2020) with an estimated impact of USD $40 million. Monies allocated thus far to deal with these natural disasters amount to USD $5 million for humanitarian assistance and USD $4.5 million to deal with infrastructure repairs (main road and bridges) leaving a deficit of USD $70.5 million for 2021.

THEORY OF CHANGE

According to the UN's Sustainable Development Framework "The theory of change shows where and how development actors need to come together to contribute to the desired change, providing the basis for wider, higher quality and transformational partnerships. Based on a shared understanding of opportunities, risk and bottlenecks, and the inequalities that persist, the UN development system agrees on results that it can contribute to through the UNCTs own resources and through leveraging those of other stakeholders. It also identifies areas of comparative advantage for the UN development system to make its best collective contribution. To leave no one behind, the theory of change must address structural barriers to equality, resources, and opportunities, and any discriminatory laws, social norms, and stereotypes that perpetuate inequalities and disparities."

Belize's SERP leverages the collective and collaborative advantages of the United Nations system and presents a plan of work consistent with the contributions within the United Nations Cooperation Framework outcomes and the SDGs. The plan targets populations whose pre-existing marginalization, inequalities, and vulnerabilities have been compounded by the COVID-19 crisis. The SERP recognizes that COVID-19 directly affects people in the multitude of social and economic structures in which they interact. It recognizes also that the impact of the pandemic is simultaneously multi-dimensional as it is indeterminate. The theory of change is premised in the short term on the provision of critical, timely, and expert assistance to the Government of Belize to prevent and halt the spread of the virus, maintain the basic survival needs of households and populations who are deeply affected, while simultaneously enables a structural response that allows for the strengthening public services to complement governments transition to long term recovery.

The medium-term focus of the SERP positions Belize on a trajectory to recover sustainably, stabilizing, and protecting pre-pandemic SDG progress. In building back better, the SERP addresses the immediate and pre-existing issues of inequality, social exclusion, and marginalization that are exacerbated by COVID-19. Furthermore, the evolving nature of this crisis draws on the technical and analytical capacity of the UNCT to provide the government and its various ministries with policy analysis and response uptake. The TOC reflects alignment to Horizon 2030, the GSDS, and the UN Multi-Country Sustainable Development Framework 2017 -

2021. These analyses allow for informed and timely decision-making by the government on relevant and effective efforts that meet peoples' urgent health, food, shelter, and other basic social, economic, and political needs. The United Nations in Belize support to the government and people, emanates from assessment to programming, from policy advice to advocacy, and will be driven by the following guiding questions:

Purpose	UN's Guiding Questions
Tackling the immediate emergency	Who has been targeted when devising the country's health and socio-economic response measures? What is the demographic and where do they reside? Where are the gaps?
Focusing on the social impact and the economic response	Which barriers keep people beyond the reach of infrastructure, employment, services, jobs, and other socio-economic response measures
'Recovering better'	How can those who are excluded, marginalized, and vulnerable come into the fold? How can they be made more resilient to shocks and crises? How can the responses help remove and avoid exacerbating structural drivers of exclusion, inequalities, and discrimination?

The UN Framework for the Immediate Socio-Economic Response to COVID-19 specifies that UN agencies will focus on 5 pillars in delivering support to member states over a period of 12-18 months, using the "Theory of Change" for evaluation purposes. These five pillars will be connected by strong environmental sustainability and gender lenses, to build back better and leave no one behind. SERP will complement government priorities and strategies, as it relates to COVID-19, by applying sustainable practices to protect living standards and expanding capabilities during and after the crisis. These 5 pillars describe the UN System support and response in addressing challenges encountered by Belize on account of COVID-19.

SERP GOAL: To promote the socio-economic rebuilding in Belize addressing inequities exposed by COVID-19 and building forward better post COVID-19 on a sustainable path to the achievement of the SDGs.

The Main Outcome for the Pillars pursued in this Recovery and Response Plan are: Health first, protecting people, economic response and recovery, macroeconomic response and multilateral collaboration, as well as social cohesion and community resilience.

Health First: The health care system strengthened utilizing a primary health care approach to maintain essential health services for vulnerable groups, and essential public health functions enhanced for a resilient and prepared health system with a capacity to respond to COVID-19 including future waves and other emerging health threats.

Protecting People: Pro-poor Social protection Network with basic social services to support vulnerable populations.

Economic Response and Recovery: Recovery Programmes enacted for the Protection of jobs and livelihoods & impact of COVID-19 on vulnerable people and Micro/Small & medium enterprises is minimized

Macro-Economic Response and Multi-lateral Collaboration: Belize's fiscal, monetary, and balance of payments is stabilized with an impact on vulnerable groups minimized

Social Cohesion and Community Resilience: Strengthen institutional capacity, Social Dialogue, Political Engagement, and Community Resilience in dealing with COVID-19.

Pillar 1: Health First

Pillar 1: Health First

3 GOOD HEALTH AND WELL-BEING

5 GENDER EQUALITY

1 Health First

Protecting Health Services and Systems during the Crisis

UN Entities	UN Interventions	Total Cost ($USD)	Available ($USD)	Total Gap ($USD)
8	32	5,328,388	2,793,404	2,534,984

On 30 January 2020, the Director-General (DG) of the World Health Organization (WHO) declared the COVID-19 outbreak a public health emergency of international concern (PHEIC), under the International Health Regulations (IHR) (2005). The preparedness and response to the COVID-19 pandemic in Belize began in early February 2020 and the first cases were identified in late March 2020. With only sporadic cases, the Ministry of Health through the combination of COVID-19 prevention measures, testing, identification and isolation of cases, contact tracing and quarantine of contacts of cases, and restriction of movement across districts and the closure of international borders was able to prevent the occurrence of new cases for a period of 53 days.

With the removal of in-country restrictions, increasing illegal border crossings, and repatriations of nationals, beginning in early June 2020, there has been a steady increase in the number of cases of COVID-19 in Belize, as community spreading has been established in four of six districts. From a total of 11,642 confirmed cases, there are 10,911 recovered cases with 286 deaths (20 January 2021). Over 60% of cases are between the ages of 20-39 years; however, deaths are occurring among the elderly and those with chronic conditions. Cases have also been seen in children, pregnant women, health care, and front-line workers. A total of 66,329 tests have been performed; roughly 30,000 of these tests are the rapid tests which has allowed the Ministry of Health to expand testing exponentially in order to be able to be effectively and adequately test, trace and isolate; in order to reduce the growing infection rate.

During 2020, in the face of the economic impact of COVID-19, all government ministries faced 20-40% budget reductions, and this resulted in the reduction of programmes such as Directly Observed Treatment (DOTs). The Ministry of Health has since reached out to development partners to support the expansion of their capabilities, specifically to respond to COVID-19 testing as a part of the national health response; and to facilitate the economy reopening. Furthermore, with the change of government a supplementary budget of USD $7.5 million was approved for COVID-19 relief and recovery.

The impact of COVID-19 on acute care services in under-resourced health systems such as in Belize City is likely to be substantial. The response capacity of the health services and the implementation of control measures will define the impact of the virus on the population.

The health response to the COVID -19 pandemic is to limit human-to-human transmission of the virus; care for those affected and save lives, and maintain essential health services. In addition, essential public health functions must be strengthened to continue to address the current pandemic and prepare for future threats.

UN SYSTEM RESPONSE

Limit human-to-human transmission:

Timely detection is critical for the identification of cases of COVID-19 for isolation, contact tracing, and quarantine of contacts which are proven public health measures to contain further transmission. Key initial steps involve the strengthening of the national laboratory capacity (Central Medical Laboratory) through training, provision of reagents, COVID-19 PCR tests, nasal swabs, and other laboratory supplies to support continued testing capacity. In addition Cepheid tests kits utilizing Gene Expert platforms (at the Central Medical Laboratory) and Belmopan (at the Western Regional Hospital) were provided. With the release of updated recommendations for the use of rapid Antigen test, the SD-Biosensor Rapid Antigen test kits and readers has also been provided for enhancing the network of laboratories for timely diagnosis of COVID-19 patients. As more testing options become available, further support including capacity building will be provided.

Continued emphasis on prevention as the country prepares for the roll out of the COVID-19 vaccine. There are proven public health interventions to decrease the spread of COVID-19 and these include the use of masks, hand hygiene, respiratory etiquette, and physical distancing. Health promotion, risk communication, and community engagement have been critical areas of support which have included the development of risk communication and community engagement strategy (RCCE); the development and dissemination of various communication materials with government counterparts in various ministries; public service announcements via radio and videos via television. Communication material has also been developed, not only in English but also in Spanish, Garifuna and Maya. Because of the diversity of people and languages in Belize and persons who live in rural and isolated settings the support risk communication strategies will continue to be strengthened to reach vulnerable and diverse groups.

Infection Prevention and Control (IPC) are critical to breaking the chain of transmission in health and other facilities as long-stay facilities, homes for the elderly, prisons, and other institutional settings. Support provided for IPC has included capacity building for infection prevention control in health facilities, isolation and quarantine facilities, as well as long-stay residential facilities such as nursing homes for the elderly and orphanages; technical guidance on standard operating procedures and the procurement of personal protective equipment (PPEs) for front line health personnel. These areas of support will continue with funding secured for the purchasing of four autoclaves, in addition to capacity building and technical assistance for the management of healthcare/medical and infectious waste and provisions of PPES for front-line workers in other sectors beyond health.

The existence of a safe and effective COVID-19 vaccine alone will not end the pandemic. We need a diverse set of tools to help slow the spread of COVID-19, including diagnostics and treatments, as well as a continuance of preventive measures such as hand washing, physical distancing and mask wearing.

COVID-19 VACCINE

COVID-19 vaccines that are both safe and effective are key to reducing the impact of COVID-19 pandemic on the health of people and economies of countries globally. There are currently more than 200 candidate vaccines in development and a few COVID-19 vaccines have completed phase 3 human trials and have received emergency

use licensing (EUL) in a few countries and vaccinations are proceeding globally. These vaccines are also moving forward to receive WHO pre-qualification.

The COVAX Facility is one of three pillars to access COVID-19 Tools (ACT) Accelerator, which was launched in April 2020 by the WHO, together with governments, global health organizations, manufacturers, scientists, private sector, civil society and philanthropists, with the aim of providing innovative and equitable access to COVID-19 diagnostics, treatments and vaccines. The objective of the COVAX Facility is to ensure the equitable access and distribution of vaccines to protect people in all countries. The aim is initially to vaccinate at least 20% of the population globally with 2 billion doses available for distribution by the end of 2021. The priority groups will be high risk and vulnerable people, as well as front-line healthcare workers. As part of the COVAX Facility, UNICEF and PAHO will be supporting procurement and distribution of COVID-19 vaccines through the COVAX Facility.

With more news about promising vaccines PAHO/WHO, UNICEF and other partners such as the Gavi Alliance and Global Fund, are working together to ensure equitable, affordable and accessible distribution of the vaccine. PAHO/WHO and UNICEF are helping countries prepare and develop national deployment and vaccination plans for the large-scale roll out of the vaccines. Several global and regional initiatives are supporting countries in preparing and building readiness for the deployment of COVID-19 vaccines. WHO and UNICEF lead the COVAX Country Readiness and Delivery (CRD) workstream (including Gavi, the World Bank and the Bill & Melinda Gates Foundation) and issued the Vaccine Introduction Readiness Assessment Tool (VIRAT) to support Ministries of Health in developing a roadmap to prepare for vaccine introduction and identify gaps to inform areas for potential support. Building upon the VIRAT, the World Bank developed the Vaccine Readiness Assessment Framework (VRAF) to help countries obtain granular information on procurement, preparedness. These two frameworks have been merged for greater efficiency and effectiveness.

Additionally, PAHO/WHO and UNICEF are assisting government in the roll out of the preparedness guidelines based on the following key components; regulatory framework including indemnification, planning and coordination, prioritization and targeting, service delivery, training and supervision, vaccine (through joint training modules) cold chain logistics and infrastructure, safety surveillance, demand generation and communication, as well as monitoring and evaluation.

Care for those affected and save lives:

Case Management: The response capacity of the health services are critical factors to address the impact of the pandemic on the Belizean population, as globally the COVID-19 pandemic has challenged health systems resilience. Support has been provided for health facility assessments for enhancing preparedness and response capacity. In addition, COVID-19 specific training, including the management of people with COVID-19 has been conducted through webinars and virtual meetings, as well technical guidance has been provided with updates highlighting the recommendations based on the latest research and evidence. Medical equipment including ventilators, patient monitors, and other items for patient care as pulse oximeters and non-contact thermometers have been donated. This area will continue to be a critical part of the continued support to COVID-19 as funding is being made available to support the purchase of

medical equipment including patient monitors, portable X-ray and portable ultrasound machines, EKG machines, incubators, delivery beds, more testing kits, PPEs and autoclaves for medical waste.

Despite significant strides in preparedness and response preparation for surge capacity, the identification of facilities for isolation and quarantine, the capacity of the health system is challenged by the limited availability of human resources and is even further threatened by the occurrence of COVID-19 infections in health care workers.

Maintenance of essential health services:
The continuation of essential health services is critical to protect previous gains made in health. This includes services related to the Life-course: Maternal and Newborn Health; Child and Adolescent Health; Sexual and Reproductive Health and Older Persons; Non-Communicable Diseases (NCDs): NCDs and Risk Factors; Mental Health and Psychosocial Support; and Nutrition and Communicable Disease: HIV, TB, STIs, and Viral Hepatitis; Immunization, Malaria and other arboviral diseases as dengue.

Areas of support include technical guidance for the reorganization of the health care delivery network utilizing a primary health care approach with a focus on vulnerable populations including the elderly, pregnant women, children, and persons that live in rural or underserved communities. In this respect the UN System will continue to provide support in the following areas:

Situational/data analysis for evolving COVID-19 pandemic and the impact of the response to COVID-19 on essential health services including immunization program, MCH, SRH, NCDs, MHPSS, and vector-borne diseases;

Policy and technical guidance on health technology regulation, and quality assurance, procurement supply chain management for access to essential medicines for NCDs and HIV;

Capacity building and tools for assessing the delivery of essential health services within the context of the COVID-19 pandemic, using the integrated health service delivery networks (IHSDN) frameworks, to include the model of care, governance, organization and management, and financial allocations;

Technical Guidance on maintaining health services provided to vulnerable populations including pregnant women, and new mothers, and SRH. These include the use of tele-health, tasks shifting, promoting self-care and high impact approaches for continued antenatal and prenatal care, contraceptives delivery/mobile, HIV counseling, and rapid testing;

Technical guidance for the transitioning of health care workers (tasks shifting) to duties for COVID-19 response while minimizing the impact on other areas as TB and HIV laboratory services.

Technical guidance for promoting equitable access to services using various platforms in different service delivery settings to include innovative and digital methods (e.g. tele-health, Community Health Platform, outreach services, etc.) and community-based responses.

Technical support for increased involvement of civil society in the care and monitoring of vulnerable and at-risk populations including those living with HIV/AIDS and TB. COVID-19 restrictions have disrupted the implementation of the national HIV/AIDS response programme and

has limited access to care by key vulnerable populations in this regard.

Technical guidance for the conduct of rapid needs assessment of young people during the COVID-19 focusing on SRHR, including GBV.

Technical support for strengthening Mental Health and Psychosocial support for vulnerable populations: Fear, distress, and uncertainty in response to the pandemic are common and widespread. Increasing stigma and discrimination, loss of jobs, and livelihoods for many persons further contribute to depression and anxiety across sectors and in the community. The health system provides mental health and psychosocial services (MHPSS) but the demands of COVID-19 require support in strengthening the capacity for counseling in the community, health care workers, and other front-line workers.

Guidance and capacity building for enhancing nutrition throughout the life-course in health and educational sectors.

Guidance for identifying vulnerability and identification of people being left behind to include data gathering and analysis for GBV and SRH; the strengthening surveillance systems and disaggregate by sex, age, gender, and pregnancy status. Vulnerable groups will include persons with disabilities, HIV-positive adolescents, the elderly, indigenous people, people of African descent, refugees, and migrants.

Strengthen Essential Public Health Functions:
COVID-19 has highlighted the need for strong public health functions to continue the response to COVID-19 and enhanced health security to address future public health threats. These are:

Coordination and planning in the context of the International Health Regulations to ensure a multi-sectoral approach.

Surveillance, rapid response teams, and case investigations. This will include technical guidance and capacity building for epidemiology and surveillance for the control of COVID-19 and other infectious conditions. Specific support will include capacity of multi-sectoral and skilled public health workforce including the assistance to the Field Epidemiology Training Program (FETP) to facilitate an effective response to the COVID-19 pandemic and any other emerging and re-emerging infectious disease.

Points of Entry strengthening has begun with support with the donation of items to operationalize the new port health area at the international airport. This is further supported by updated technical guidance.

Support for strengthening health security with a focus on risk reduction - reduction for health emergencies, disasters, and other infectious disease threats in addition to COVID-19. Support for updating of multi-hazard response plan.

Resource mobilization to include grant writing and the reprogramming of funds to support COVID-19 response resulting in direct assistance to the Government of Belize for urgent improvements in health and community systems, including laboratory networks, supply chains, and engagement with vulnerable communities.

Pillar 2: Protecting People

Pillar 2: Protecting People

1 NO POVERTY

2 ZERO HUNGER

4 QUALITY EDUCATION

5 GENDER EQUALITY

6 CLEAN WATER AND SANITATION

10 REDUCED INEQUALITIES

2 Protecting People

Social Protection and Basic Services

UN Entities	UN Interventions	Total Cost ($USD)	Available ($USD)	Total Gap ($USD)
9	43	3,398,293	1,217,493	2,180,800

The 2017 Comprehensive Review of Belize's Social Protection System highlighted several strengths and weaknesses in the system and directed the country to establish a Social Protection Floor, a national multidimensional measure of poverty, and recommended a more collaborative approach to programming, underpinned by a solid M&E framework. National Social Protection cash transfer schemes showed low coverage rates with limited redistributive effects and the lack of resources, both human and financial, for adequate implementation left the country inadequately prepared for shock situations .

Prior to COVID-19, Belize had very few avenues supporting income security, and while the social protection system is built on the principles of the life cycle approach, the level of coverage, benefits, and services was insufficient to cover people living in poverty, especially children, women and youth in the informal sector. COVID-19 has however forced Belize's fledgling social protection network to undergo immediate expansion, though much remains to be done. Restrictions due to COVID-19 has also limited levels and access to support services catering to child protection and victims of Gender-based violence, as incidences of Domestic and Family violence increased. While numbers of major crimes decreased, the numbers of female murder victims doubled during this period (attributable to national lockdown and curfew) and the number of inmates on remand increased significantly. This increase in the prison population is linked to the arrest and imprisonment of individuals due to breaches of the state of emergency and associated curfew violations (youths 18 to 30 represent the greatest demographic of those detained).

COVID-19 Government restrictions such as lockdowns, closure of borders, closure of schools, curfews, and some economic activities are having an impact on household income and people's ability to cover their basic needs in terms of shelter, food, health, and education, limits the population access to social services and increases the risk of family violence. The population is less able to absorb the shock such as children, female-headed household, youths, mentally ill, homeless, refugees/asylum seekers, poor and indigent are at the sharp end of the COVID-19 Pandemic. COVID-19 is impacting hardest on the most vulnerable and is bound to have inter-generational implications for the multidimensionally poor. This will mean going back on much of SDGs achievements especially as it relates to health, education, environment, economic growth, etc.

UN SYSTEM RESPONSE

Expand the Social Protection system and programmes: Again, prior to COVID-19, Belize was already facing high rates of monetary poverty prominently in children: 41.3% of the population was affected, but it increased up to 50% for those under 15 years old. In terms of multidimensional

[7] Comprehensive Review of Belize's Social Protection System with Policy Recommendations for System Strengthening, MHDSTPA-UNICEF-UNDP, 2017; Shock-Responsive Social Protection in the Caribbean: Belize Case Study, WFP-OPM, 2020; Belize Social Protection Performance and Expenditure Review, MHDSTPA-ILO-UNICEF, October 2020 draft to be published.

child poverty, in 2011, it was estimated that it affected 58% of those under 18 and that 32% were living in extreme multidimensional poverty. Due to the socio-economic impacts of the pandemic, poverty is expected to increase substantially, especially as recent COVID-19 data for Belize shows that close to half of households had a job loss or loss of livelihood, and between 60% to 68% had a reduction of income.

The most vulnerable need to continue to have access to the complete range of quality social services: social protection, food and nutrition, water and sanitation, education, and protection from violence to minimize the impacts of COVID-19.

Technical assistance to develop and execute a well-designed, comprehensive, and coherent social protection response to the pandemic, including: Support to the core capacities for FAMCARE platform expansion allowing for the implementation of scaled-up vertical/horizontal food and unemployment assistance programme and readying the system for the rollout of additional support programmes.

Surge support to the staffing of the Ministry of Human Development that facilitates the validation, processing, and servicing of a large number of applications for economic support.

Supporting the establishment of a Single Information System of Beneficiaries (registry), that enables harmonization by leading public providers of social protection services.

Supporting the expansion of the COVID-19 Food Assistance Programme.

Supporting the implementation and expansion of key social protection and cash transfer programs including the Belize COVID-19 cash transfer programme (BCCAT), BOOST, and BOOST Plus, promoting the inclusion of migrants/refugees/ asylum seekers.

Supporting the measurement of multi-dimensional poverty, including child poverty, in the context of the pandemic's impacts.

Supporting essential food and nutrition services: To decrease the impacts of the pandemic on the quality of diets and nutrition, the UN will continue to promote and support maternal health, adequate breastfeeding practices for infants, nutrient-rich diverse diets and responsive feeding practices for young children, amongst others. Scaling up the implementation of joint Risk Communication and Community Engagement actions also promote social behaviour change to improve children and women's diets.

The most vulnerable, particularly, Women and children Access Protection Services against violence:

Gender-Based Violence (GBV): Virtual and alternative safe space/shelters for GBV victims, essential service package, strengthen GBV referral pathway, update to sexual violence protocols, capacity building of first responders to GBV.

Protection of the most vulnerable: protocols for children in conflict with the law, remote reporting on violence against children.

Live info sessions for migrants on GBV, State of Emergency regulations, and immigration matters.

Reduce the impact of family violence due to the confinement by strengthening national systems to prevent/respond to increase GBV and violence

against children through the GBV referral pathway and by facilitating safe spaces/shelters for GBV survivors.

Supporting the continuity and quality of water and sanitation services:

WASH: Support to the national WASH Multi-Sectoral Body in the development and implementation of policies and protocols for WASH in schools, health facilities, and communities.

Support health/hygiene education and distribution of hampers with hygiene products.

Improve wastewater treatment, including reuse, in rural and peri-urban hotspots using low tech and integrated water and wastewater management (IWWM) solutions; improve and reform institutional, policy, and legislative frameworks for IWWM and implementing low-technology Wastewater Management system in Caye Caulker.

Strengthening WASH and waste management in health facilities.

Continuous Learning for Children & Adolescents
Strengthen the capabilities of school management to develop context-appropriate strategies for continuous learning that allow students, teachers, and schools to use flexible and remote/home-based learning.

Education continuity strategies, learning materials/ packages, radio/ television material to ensure continuous remote learning including earth schools.

Support for the preparation and accompaniment for a safe return to schools, as earliest as possible.

Pillar 3: Economic Response and Recovery

Pillar 3: Economic Response and Recovery

1 NO POVERTY

2 ZERO HUNGER

8 DECENT WORK AND ECONOMIC GROWTH

9 INDUSTRY, INNOVATION AND INFRASTRUCTURE

3 Economic Response and Recovery

Protecting Jobs, Small and Medium-sized Enterprises, and the informal sector workers

UN Entities	UN Interventions	Total Cost ($USD)	Available ($USD)	Total Gap ($USD)
7	20	1,568,000	1,328,000	240,000

Belize's economic development is underpinned by the performance of the tourism and agriculture sectors. The key economic goals for Belize 2030, speaks to building economic resilience and promoting productivity and competitiveness within these two sectors. The country's primary and tertiary sectors in 2019 accounted for 72.5% of national GDP; with the tertiary or service sector employing more than 2/3 of Belize's labour force in 2019, with the tourism sector being the largest employer of women and youth workers.

As a direct result of national lockdown measures taken to stem the spread of COVID-19, tourism and allied sectors have suffered significant losses deepening the economic recession faced by the country. The SIB's Gross Domestic Product estimates for the second quarter, April to June of 2020, indicated that the country's overall level of economic activity declined sharply by 23.3% when compared to the second quarter of 2019. This marked the country's fifth consecutive quarterly period of economic contraction, with this latest estimate being the largest quarterly decline to date. The pandemic has precipitated contractions across the three sectors, with second-quarter 2020 figures showing a contraction of the primary sector by 12.2%, secondary sector contraction by 19.5%, and a tertiary sector contraction of 23.2%. These contraction figures relate directly to the near-total shutdown of the tourism sector as the country has set in place measures for sovereign isolation.

With GDP projected to decline by more than 15% and the international tourism industry remaining closed, the resulting economic slowdown is expected to continue to negatively impact livelihoods and income-generating activities; with predicted combined unemployment/under-employment exceeding 50%; placing greater stressors on the 41.3% of the population classified as either poor or working poor (2009 Poverty Assessment). Those at risk are the 2,160 registered asylum seekers and the 2,400 undocumented immigrants (asylum seekers) who do not have work permits, hampering their social and economic integration within society, and who are further disenfranchised by COVID-19 restrictions, including mandatory quarantine measures and curfew that have limited their opportunities for reasonable gainful employment.

In April 2020, a rapid CARICOM survey found that among respondents, 81% reported disruptions to their livelihoods, while 68% of those responding reported incidences of job loss or reduced salaries. Income losses were most prevalent among casual labourer's (87%) and business owners (77%).

A Survey of the Private Sector (156 enterprises) conducted by the Belize Trade & Investment Services (BELTRAIDE) between April 22 and May 15, 2020; revealed a climate of great uncertainty under the prevailing economic and health crisis as only 10.8% of participants responding that they

[8] Recently release figures (Sept. 2020, SIB) for the first 9 months of 2020 indicates that GDP declined by 14.4% (US$158.1 million) relative to the same period in 2019. The causes were a prolonged dry weather condition that affected agriculture and electricity output and, of course, the ongoing COVID-19 pandemic and its consequences on the economy, particularly, tourism. Third quarter 2020 GDP declined by 13.2% (US$43.9 million).

[9] September LFS 2020 indicates comparable unemployment of 29.6% and under-employment of 36% for a total unemployment/under-employment of 65.6% with 44,524 persons losing their jobs during the period Sept. 2019 to September 2020.

could continue to operate for over 6 months under the present scenario and 15.8% reporting to have enough working capital to sustain 1-4 weeks of operations. Firms indicating that they were temporarily closed (most of these associated with tourism services) amounted to 35.4%. Conditions were worst for micro-enterprise operators who reported decreased employment by 61.7% and their ability to sustain operations for a maximum of 2 months. Most small and medium enterprises reported enough working capital for around 3-6 months with a larger percentage of medium-size firms reporting little to no losses during this period.

UN SYSTEM RESPONSE

A phased approach to recovery is being taken which covers easing restrictions, the successful opening of the airport (October 1, 2020) and borders, enhanced tourism industry health & safety standard (Gold Standard certification for service providers), and the provision of support to enterprise and job creation. The opening of the economy is critical since Belize depends on foreign tourism as local tourism just constitutes 0.5% of hotel occupancy. Secondly, the closure of borders with Guatemala is preventing exports of more than $7.5 million of live cattle and also preventing the indigenous population in Toledo from exporting their corn, beans, and also some of their cacao to Guatemala depriving them of more than 75% of their cash income to cover, mostly, non-food expenses and exacerbating indigenous people high poverty rate to about 68%.

MSMEs restoration, business adaptation, and retooling of the labour force are very much needed to support the country's economic recovery. Interventions prescribed under this thematic area is to safeguard the progress made on the SDG's and supports the restoration of livelihoods and jobs (primarily through support to MSMEs) and the protection of vulnerable workers (for example asylum seekers,immigrants, women, the handicapped, etc.) participating within both formal and informal markets.

Digitization technologies to strengthen the productive sector, job and livelihood recovery, and the creation of innovative market access channels for the producers and processors. Interventions target specifically vulnerable women and youth populations who make up a significant percentage of the skilled and non-skilled labour force associated with the tourism and allied sectors, associated informal service markets; as well as traditionally disenfranchised populations including migrant communities, disable members of the population and members of the LGBTQI communities.

Technical advice and guidance to be provided to the Government of Belize on the provision of enhanced digital financing options, including the possible introduction of enhancing digital financing options including the exploration of tele-banking alternatives as a means of providing more responsive services to Belize's dispersed rural population, as well as, those utilizing informal markets who are disenfranchised from traditional banking systems.

Technical cooperation, as well as, the provision of seed investment as the country moves to establish digital payment platforms and e-commerce systems, with a focus on women-run small and medium enterprises in support of agriculture smallholders.

Recycle waste from industry and agriculture to reduce imports and create jobs: Technical assistance, capacity building and appropriate technologies to be provided;

Greener & Cleaner Energy as a way to create sustainable jobs; Intensify deployment of renewable energy efficient to grow new business activity, more jobs, and cleaner air to help with COVID-19; Support solar power generation through installer-turning programs, technology standard certification, and eligibility criteria for installation companies; Provide technical assistance, capacity building, knowledge creation, and resource mobilization to accelerate the deployment of electric mobility;

Options available for asylum seekers engaging legally in self-employment, entrepreneurship, and micro-enterprise development as a means of increasing their livelihood options: Develop alternative and innovative options of livelihood security for asylum-seekers, acquired from a legal opinion to work, primarily in small and medium enterprises in the districts of Belize, Cayo, and Stann Street, as a means for asylum seekers to acquire a safe level of safe-reliance. This will involve initiatives at the level of production entities.

Community projects focusing on livelihoods that support the self-reliance of both asylum-seekers and their host communities, as well as, enhancing community empowerment and a peaceful co-existence. Both schemes will focus on women and youths.

Assessments: Various levels of socio-economic (household level and small businesses) assessments as a means of advising policymakers on socio-economic impact scenarios and consequences, informing recovery programme targeting.

Greener Economy - rebalancing nature, climate, economy: Belize is a small nature-based economy, with the country's natural capital supporting a significant portion of local livelihoods and jobs. Climate change and other disruptions to the country's natural resource base fuels further decline within the key production pillars (tourism and agriculture) which drives the country's economic development.

Elaboration of a Low Emission Pathway for the development of the country. The National Low Emission Development Strategy provides guidance for long term development and is linked to the national Growth and Sustainable Development Strategy. The Low Emissions Development Strategy supports the country in translating its Nationally Determined Contributions and adaptation plans into urban planning, agriculture, and land-use climate solutions while taking into account the COVID-19 environment.

Support for biodiversity management across productive sectors including tourism and agriculture. The promotion of landscape management initiatives to assists in the securing of nature-based jobs and livelihoods and the transformation of agriculture-based activities towards becoming systems for sustainable production, guarding landscape connectivity, and maintaining ecosystem functions.

Green recovery grants promote and protect nature-based jobs and livelihoods, including rural entrepreneurship. Support particularly targeting the agriculture sector addressing sustainable production systems (marine and land-based) as well as the climate-proofing of rural livelihoods as a means of lessening the fragility of nature-based livelihoods. The UN's diverse mechanisms for small granting promotes community-based solutions and approaches and provides an avenue for targeting marginalized populations including migrant and indigenous populations.

Pillar 4: Macro-Economic Response and Multicultural Collaboration

Pillar 4: Macro-Economic Response and Multicultural Collaboration

1 NO POVERTY

8 DECENT WORK AND ECONOMIC GROWTH

17 PARTNERSHIPS FOR THE GOALS

4 Macroeconomic Response and Multilateral Collaboration

UN Entities	UN Interventions	Total Cost ($USD)	Available ($USD)	Total Gap ($USD)
4	4	100,000	-	100,000

For the last five years, the economy of Belize posted an average real growth of 1.3%. This has failed to keep pace with a population growth leading to an average 0.5%/annum decline in real per capita GDP growth. Meanwhile, wholesale and retail commerce expanded by an average of 7.4%/annum. Alongside weak growth, financing government operations remains a major challenge and public debt has grown significantly over time. Therefore, the economy was already facing major headwinds, which have now been made worse by the COVID-19 pandemic.

The impact of COVID-19 on Belize's Macro-economy: The economy is already suffering major impacts from the pandemic through various channels. The economy had grown by only 0.3% in 2019 but is now projected to decline by more than 15.0% in 2020. Unemployment was relatively high at 10.4%, with significant pockets of underemployment, especially in urban areas. Flat inflation of 0.01% helped to moderate the impact on the cost of living and welfare for poorer households, but limited growth in incomes curtailed adequate access to digital technologies and other services that could advance the skills and productivity of poorer citizens. A major challenge for Belize has been the limited fiscal space stemming from high public debt and debt servicing costs. At 99.7% of GDP at the end of 2019, public debt is a veritable milestone for Belize since it exposes the country to international exchange and interest rate risks.

The projected decline in the economy is mainly due to the fallout from the pandemic. The brunt of the effects is being felt in the tourism sector, where demand came to a standstill after the country was forced to close its borders to prevent in-coming infections. The fallout in tourism and other sectors is expected to push the cumulative unemployment/under-employment rate to beyond 50% from 31% at last reporting in 2019 with attendant hardships for the vulnerable population (women, youths, children, disabled and elderly persons, etc.) and households.

Fiscal Impacts: The fiscal fallout from the pandemic has already been quite severe. With the closure of most, except essential businesses, government tax revenues have plummeted by more than 30%. Meanwhile, the government has allocated USD $25 million for unemployment relief, food support for poor households, and small business support. A GOB supplementary budget for USD $13.5 million was approved on 18 September 2020, to support the Ministries of Education (distance learning), Health, Human Development (food assistance), and Works (Road Construction). Overall, government expenditure is projected to increase substantially leading to a widening of the fiscal deficit to over 10.0% of GDP in 2020. The deficit will be financed by increased borrowing from the Central Bank, IDB, World Bank, and other creditors. Higher public sector borrowing is expected to lead to a hike in public debt from

99.7% of GDP in 2019 to 133% of GDP in 2020 (Prime Minister's Office, GOB). This would imply a temporary postponement of efforts towards fiscal consolidation and an improved debt situation.

Monetary Policy Response: The Central Bank has pursued monetary stimulus to deal with the pandemic. The statutory reserve requirement was reduced from 23% to 21%. The Bank has also used moral persuasion to encourage commercial banks and credit unions to extend grace periods for customers to service their loans. This is expected to go a long way in easing the burden on households. Banks will also extended the period for classifying loans as non-performing in badly affected sectors, including tourism. Also, the risk weighting for bank loans to tourism has been reduced from 100% to 50% in order to increase financial space in the sector. The overall goal is to maintain liquidity and credit flows in the banking system to enable businesses to conduct their operations and to bolster household consumption.

Trade and the Balance of Payments: The pandemic has also impacted commodity exports from Belize while leading to higher imports of health products including PPEs. This alongside the collapse of tourism receipts is expected to lead to a significant widening of the balance of payments current account deficit from 9.5% of GDP in 2019 to 15.0% of GDP in 2020; the pandemic is expected to lead to a loss of exports of goods and services amounting to USD $368.6 million under a baseline scenario and USD $305.2 million under an optimistic scenario in 2020 (ECLAC).

The objective of the UN's response under this pillar is to support the Belizean government in putting forward a multilateral response in mitigating the devastating impact on the economy. No less than 10% of GDP will be needed to successfully navigate this 12-18-month crisis through massive counter-cyclical fiscal and monetary policy support.

UN SYSTEM RESPONSE

The UN's response and recovery plan will focus on "Enhancing the public sector's capacity to mitigate the impact of COVID-19 on the economy, particularly concerning vulnerable groups to leave no one behind," consistent with the SDGs and Agenda 2030 through the following outputs:

A fiscal plan developed that supports social investment on the vulnerable population, such as children and adolescents, the poor, indigent, unemployed, and under-employed, and ensures gains in SDGs is not lost while bringing equilibrium to public spending in terms of fiscal performance and debt sustainability.

Foreign Direct Investment (FDI) attracted high-end hotel properties that could attract more high net wealth tourists with much higher average spending and thus would help mitigate the economic impact on the tourism sector and its beneficiaries while reducing the externalities on the environment.

Liquidity in the banking system is maintained to avoid increases in interest rates and ensure stability in this time of great uncertainly.

The economy is opened in an order and safe fashion that leads to a better post COVID-19 by addressing weaknesses and identifies opportunities for transformative change towards a more just, equal, and resilient development model with sustainable development as its guide.

[10] Government of Belize is now projecting a fiscal deficit of 12% of GDP.

Growth in domestic tourism, including stayovers and know your country tours for those who are inclined to cushion the fallout in international tourism and to maintain some activity in the sector.

Coordination with IFIs (WB, IDB, IMB, CDB, Others) on macro-economic matters to ensure minimal impact on the vulnerable population during the process of putting back the economy on a sustainable path.

Pillar 5: Social Cohesion and Community Resilience

Pillar 5: Social Cohesion and Community Resilience

10 REDUCED INEQUALITIES

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

5 Social Cohesion and Community Resilience

UN Entities	UN Interventions	Total Cost ($USD)	Available ($USD)	Total Gap ($USD)
5	8	505,000	85,000	420,000

In response to rising COVID-19 numbers, Belize instituted a state of emergency which included lockdowns, a curfew, airport and border closures, as well as an increased use of cyberspaces, particularly for educational purposes. These measures are used to minimize gatherings and to enforce physical distancing to reduce the spread of the corona-virus. However, emergency measures can disproportionately affect some populations more than others. In the context of COVID-19, both Belizeans abroad waiting to come home and foreign nationals in Belize have been affected by the state of emergency.

Central American migrants, for example, are at risk of destitution and displacement owing to job losses and the increased costs of immigration extension fees. Without an extension to their legal right to remain in the country, their immigration status becomes irregular, and migrants are subjected to Orders to Leave (OTL). Currently, there are no measures by the government to grant temporary residence to migrants or to impose a moratorium on deportations and other forced returns which would ensure that individuals can return home voluntarily in safety and dignity.

Similarly, many persons of concern (POC) who have not been able to register their asylum application within the 14-day deadline are fearful to come forward, residing in the more remote areas of the country in an undocumented status. In these communities, asylum seekers may face marginalization and access very few opportunities for getting greater resilience, self- sufficiency, and lay the groundwork for improved reception and local integration into the local communities.

As COVID-19 is taking many young asylum-seekers out of the informal economy, the demand for language and technical vocational training has been increasing. Aggravating this situation are the restrictive movements and closure of schools, forcing many to convert to online education modalities, which requires major investments in ICT systems, hardware, and software as the education and training sector becomes more digitalized. The current extraordinary times characterized by restricted movement, change of living patterns, and increased uncertainties are causing the already rampant prevalence of SGBV to increase. Prevention and care messages are also not widely developed and disseminated in accessible formats or multiple languages. Given the financial dependency and fear for detention and deportation, many asylum-seekers, women, and girls who are exposed to SGBV, find the last remaining options to escape from their situation or to request outside assistance, cut off.

During this corona-virus outbreak, social tensions may arise between POC and host communities due to the idea that with foreigners and new arrivals, the risk of exposure to COVID-19 may be heightened. Similarly, scarce livelihood opportunities, unemployment, and limited access to health and psychosocial care, for instance, can generate social tension at community levels.

Neglecting public participation and engagement at the community level can generate discontent and increase the risk of a protest from communities who may feel further marginalized and left out of the government's COVID-19 action plans. Furthermore, migrants and POC often do not have regular access to information and communication messages to protect themselves from COVID-19 and to prevent its spread.

In the context of COVID-19, civil society and non-government organizations are also key to bridge the engagement gap between communities and decision-makers. CSOs can bring issues to the forefront through their advocacy work and the close monitoring of how certain populations are accessing services, information, and support during the crisis. In this context, it is crucial that CSOs can assess and inform how already marginalized groups are challenged or limited in their access to services, support, and information because of the pandemic.

Populations who were vulnerable before COVID-19 such as migrants, POC, and youth will need to be supported as to not become further isolated in society. Actions will need to be proposed that will strengthen the response capacities of government institutions, civil society as well as the capacities of migrants and persons of concern to access support services, for livelihood, health, education, and income generation. Civil society organizations will need to provide humanitarian assistance, training, and capacity building to protect individuals, communities, and groups directly affected by the security and emergency mechanisms put in place to respond to the pandemic.

UN SYSTEM RESPONSE

Micro-projects/Grants focusing on the social, cultural, and economic aspects of life in POC-hosting communities in the areas of language and literacy, access to higher education, arts/sports/culture experiences, skills training, employability/job preparedness activities as well as entrepreneurship development, benefiting POCs and vulnerable members of host communities. The co-existence of community projects will contribute to greater resilience, self-sufficiency, and lay the groundwork for improved reception and local integration of POC.

Community-Based Support/Protection
Technical guidance for the strengthening of community-based protection mechanisms as well as community engagement and participation to address community conflicts, and protection for vulnerable populations (including SGBV and children), and trust-building exercises for harmonious coexistence.

Community micro-projects will be implemented around resource centres within the border region communities and other refugee-host communities in the Belize, Cayo, and Stann Creek Districts.

Technical guidance to identify and meet the vulnerable populations in their communities and support the creation of the appropriate enabling environment and foundations for information sharing, protection interventions, and referrals to other services providers.

Voluntary Return Program
Direct assistance for continued assistance to Central American Migrants stranded in Belize to return to their country of origin and the simultaneous repatriation of Belizeans in those countries. This will be done through coordination with the Ministry of Foreign Affairs and the Embassies of Costa Rica, El Salvador, and Honduras by fully funding the repatriated by air charter together with providing accommodation, medical checks,

psychosocial support, protection kits, and logistical support before departing.

Direct assistance to cover the cost of visa extensions allowing migrants to leave Belize regularly. The full cost of Belizeans nationals seeking repatriation from Central America continue to be fully covered.

Vulnerable Migrants Being Informed

Technical guidance to better reach vulnerable migrants to address immigration fee changes, COVID-19 information, labour matter affecting migrants, and how to seek assistance in matters related to gender-based violence. Social media posts will further communicate messages on keeping safe during COVID-19 and practicing good hygiene. Traditional communication tools such as posters in English and Spanish will also be developed and displayed in community spaces throughout the country visibly high-lighting pertinent information to the migrant communities.

Human Rights Respect During COVID-19

Provision of technical guidance to civil society and non-government organizations to build capacities for the conduct of human rights monitoring, community participation, engagement, and access to information on COVID-19 prevention and coping mechanisms. In the context of COVID-19, this support to civil society will open spaces for the inclusion of women and youth.

Technical guidance to the Belize Crime Observatory allowing for the effective monitoring of national circumstances relating to crime and citizen security; providing up to date security information to decision-makers and planners, informing the design and implementation of responsive programmes to uphold human rights and the rule of law.

Law Enforcement and Relevant Authorities Empowered to Deal with the Emerging Cyber-Crime Realities of the Pandemic

As the COVID-19 pandemic forces education into online spaces, this creates the opportunity for increased cybercrime, including online sexual exploitation. An increase in the number of cyber-crime cases has been reported by the cybercrime unit. However law enforcement capacities to investigate these crimes were severely reduced, as the cyber-crime unit was mainly focused on public safety in the framework of the government's response to the COVID-19 emergency. The increase in the number of cyber-crimes cases during the pandemic created the political conditions to approve in the House of Representatives, the Cybercrime Bill. This emerging threat will require technical assistance to law enforcement investigators, as well as judges and prosecutors, in investigating and persecuting cybercrime (including the online sexual exploitation of children), in the formulating of strategies and policies to combat this phenomenon which is being exacerbated by the pandemic.

Empowerment & Protection of Vulnerable Groups Particularly Women and Girls

Technical Cooperation with the National Women's Commission and the Ministry of Human Development, Social Transformation and Poverty Alleviation in ensuring continuity of services that support women's empowerment and that offer protection to survivors of gender-based violence. As well as technical guidance on relevant, timely, and responsive communication targeting gender stereotypes and the drivers of discrimination and bias which leads to violence against women and girls.

Delivering the United Nations Response

Delivering the United Nations Response

Delivering the United Nations Response

The UNCT in Belize has adopted the programming principles guiding its delivery of development cooperation through the UN Multi-country Sustainable Development Framework 2017-2021, also applying to the development and implementation of the SERP with a human rights-based approached, focused on leaving no one behind, gender equality, building on sustainable development, resilience, and accountability. The strategic interventions presented in this plan are, therefore, guided by the global UN framework for responding to the socio-economic impact of COVID-19 and draws on relevant elements of the policy brief for Latin America and the Caribbean. 14 participating UN entities engaged through an inter-agency process in the design and strategic response action presented in this plan. It therefore, benefits from full UNCT engagement including resident and non-resident agencies in addition to ECLAC. The aforementioned interventions represents the UN's strategic areas of support aligned to the MSDF and indirect support to compliment the government's Economic Recovery Strategy to COVID-19, inclusive of the current medium-term plan and the GSDS 2016-2020, for the advancement of SDG implementation in Belize.

STRATEGIC PARTNERSHIPS AND FINANCING FOR DEVELOPMENT

The UNCT in Belize has sought to strengthen its partnership with key development partners, particularly the IFI's supporting Belize, to advance a coherent and strategic partnership within this SERP in response to the socio-economic impact of COVID-19. The crisis presented an opportunity to deepen collaboration with UNCT's partnership with the IDB, CDB, WB, and the IMF. The Resident Coordinator has initiated dialogue with the IFIs to include their contributions in the next iteration of the SERP. Specifically, UN agencies will partner with the IFIs to complement sectoral assessments and analysis in addition to policy advisory support.

The impact of COVID-19 albeit still preliminary has made evident the need to support the government's efforts at debt sustainability due to the severe limitations posed by the high debt burden further constraining fiscal space for investment in medium-term recovery efforts. As this SERP is further developed, it is envisioned to draw on the UN's ongoing analysis of SDG financing landscape with a view to better understand the potential for private sector engagement in recovering better for sustainability and the extent to which an integrated national financing framework can be supported towards more efficient financing for building back better and more sustainably.

Furthermore, the United Nations will mobilize its full range of partnerships with civil society organizations, municipal authorities, local communities, and the private sector in Belize, through the engagement of the Belize Chamber of Commerce and Industry. New partnerships will be forged to support quick response and equitable service delivery to affected populations and at-risk groups of being excluded.

MONITORING THE STRATEGIC PLAN

The implementation of strategic actions presented in this Response Plan will be implemented over a period of 18 months, with immediate interventions having commenced in June 2020. The implementation of the portfolio of actions in Annex 1 will be incorporated in the UNCT Country Implementation Plan (CIP) for 2020. Medium-term interventions will be similarly operationalized and included in the CIP for the subsequent 12 months of 2021. For SERP activities that go beyond the priority areas of the CIP, these will be included in a separate joint work plan.

The Belize UNCT is concurrently in 2020 migrating to the UNINFO online transparency portal that allows for the monitoring and reporting to track how the UN system supports the government to deliver on the Sustainable Development Goals and the 2030 Agenda. Therefore, all SERP activities will be monitored and reported via UNINFO.

As the health and socio-economic direct impact of COVID-19 in Belize continues to manifest in the coming months, the UNCT will revise and update this SERP and key indicators to monitor and track implementation progress. A first substantive review is likely by December 2020 considering the projected socio-economic impact of COVID-19. The UNCT will report on the SERP in its annual country results report to be prepared for 2020 and 2021 respectively. Furthermore, annual and/or bi-annual review will be done through the UN-Government Joint National Steering Committee, which has the primary role to provide strategic guidance and oversight to the UN programmatic and operational interventions in Belize. It is envisaged that such reporting will serve to demonstrate the UN approach to responding to the pandemic while also affording strengthening of communications and partnerships with the IFIs participating in this response plan.

COMMUNICATION AND ADVOCACY

The United Nations as part of its initial COVID-19 response to the vulnerable population and front-line workers in Belize is supporting the implementation of a Risk Communication and Community Engagement Strategy (RCCE) to reduce the transmission of COVID-19; in partnership with the Government of Belize through its Ministry of Health. The United Nations will support the implementation of RCCE to ensure accurate, transparent, and timely information reaches the most vulnerable populations and promotes human rights principles in a readily understandable form, in different languages as appropriate and adapted for persons with specific needs.

The UN under the leadership of PAHO/WHO along with other UN agencies will work closely with the Ministry of Health and its Health Education and Community Participation Bureau (HECOPAB), a 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.

Activities 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

as well as, will promote their participation through innovative means of virtual engagement. An inter-agency Task Team has been established with the participating RUNOs with coordination support from the UN Communications Group (UNCG).

Since the onset of the pandemic in Belize the UNCG has been activated and working in close collaboration with the UN Emergency Technical Team and along-side UN agencies to support effective and timely external communications on UN-supported actions. The UNCT in the current period will seek to have available a joint advocacy and communication plan to promote the implementation of the SDGs which will incorporate necessary communications In this SERP, as the UN efforts to supporting building back better in Belize.

Annex

Annex

Annex 1 - COVID-19 Joint Programme Portfolio

Pillar 1 : HEALTH FIRST - Protecting health services and systems during the crisis

UN MSDF Outcomes:

Outcome 3 - Universal access to quality health care services and systems improved

Outcome 4 - Laws, policies and systems introduced to support healthy lifestyles among all segments of the population

Growth and Sustainable Development Strategy (GSDS 2016 - 2020) Priorities: CSF 2 - Social Cohesion and Resilience

NC 2.1 - Adequate Access to Health Care

SDGs: SDG 3 - Ensure healthy lives and promote well-being for all at all ages

SERP Outcome Area	UN Belize Programme Action	Implementation Period	Total Cost (USD)	Fund Available (USD)	Implementing UN Entity
1.1 Support to maintain essential health services	**1.1.1** Technical guidance and tools on assessing strengths and challenges in the current delivery of essential health services within the context of the COVID-19 pandemic, using the integrated health service delivery networks (IHSDN) frameworks, including the following domains: model of care, governance, organization and management, and financial allocations.	6-18 months	100,000	25,000	PAHO/WHO
	1.1.2 Technical guidance on identifying and reorienting context-relevant essential health services, to include but not limited to NCDs, mental health and psychosocial support, MCH, SRH, FP, Immunization, and other communicable diseases such as HIV/TB, malaria, dengue, etc.	6-18 months	100,000	30,000	PAHO/WHO
	1.1.3 Technical guidance on reorganizing models of care within the context of COVID-19 to ensure equitable access to these services using various platforms in different service delivery settings, (e.g. telehealth, Community Health Platform, outreach services, etc.)	6-18 months	200,000	-	PAHO/WHO
	1.1.4 Technical guidance and tools on establishing effective patient flow, from screening, triage, testing, treatment, and targeted referral and counter-referral, while providing information to guide safe care-seeking behaviors.	6-18 months	50,000	10,000	PAHO/WHO
	1.1.5 Technical guidance on functional mapping and repurposing of existing health facilities (public, private, military, civil society) and community facilities for surge capacity, as well as redistribution of health workforce capacity, including re-assignment and task-sharing.	6-18 months	500,000	70,000	PAHO/WHO
	1.1.6 Technical guidance through provision of relevant technical. advise and tools to ensure the continuation of sexual and reproductive health and rights (SRHR) are prioritized	6-18 months	TBD	-	UNFPA
	1.1.7 Technical and financial support reorganizing models of care such as SRH telemedicine for continued antennal and prenatal care, and contraceptives delivery/mobile including HIV counselling and rapid testing.	6-18 months	70,000	20,000	UNFPA

SERP Outcome Area	UN Belize Programme Action	Implementation Period	Total Cost (USD)	Fund Available (USD)	Implementing UN Entity
	1.1.8 Continued support to the health crisis (Support expanded testing and analytical capabilities, and plasmapheresis machines allowing for convalescent treatment of COVID19; supports the training and the transitioning of those health care workers to assign duties in COVID 19 response.	3-18 months	273,000	273,000	UNDP
	1.1.9 Procurement of face shields and planned test kits, PPE, and oxygen concentrators for COVID-19	3-6 months	2,342,988	251,404	UNICEF
	1.1.10 Training and technical assistance for the management of healthcare and infectious waste.	6-18 months	200,000	177,000	UNEP/PAHO
	1.1.11 Refresher training for Health and community health workers in Infection control and prevention	3-6 months	60,000	60,000	UNICEF
	1.1.12 Risk Communication and Community engagement for health-Production and dissemination of COVID19 key information and programs	3-6 months	40,000	40,000	UNICEF
	1.1.13 Prevention of Non communicable diseases With emphasis on Mental health,Nutrition and psychosocial support for young people	3-18 months	40,000	40,000	UNICEF
1.2 Providing analytical and policy support, and rapid technical guidance	**1.2.1** Technical guidance on strengthening the essential public health functions such as epidemiological and laboratory surveillance, One Health, AMR, research, and control of public health threats, health promotion, regulation, and quality assurance, reduction of impact of health emergencies and disasters and ensure resilience and responsiveness to health threats, among others.	6-18 months	500,000	200,000	PAHO/WHO
	1.2.2 Technical guidance, tools, mechanisms and platforms to strengthen supply chain management of essential medications, equipment and supplies, from operational planning, mapping, forecasting, reporting inventory and stockouts to coordination and redistribution, including managing providers and suppliers.	6-18 months	20,000	-	PAHO/WHO
	1.2.3. Support the assessment of Health Sector Reforms, Integrated Health Service Networks and Models of Care	6-18 months	50,000	15,000	PAHO/WHO
	1.2.4 Conducting of SRH services mapping to ensure appropriate and timely referrals to live-saving SRH services.	6-18 months	TBD	-	UNFPA
	1.2.5 The SROC in coordination with LACRO has initiated support to the Caribbean Regional Midwives Association, e.g. for the capacity building of midwives across the Caribbean in infection control measures, updates and training on guidelines related to COVID-19 and maternal care and production of relevant material. This includes Belize Midwives.	6-18 months	40,000	12,000	UNFPA
	1.2.6 Printing, distribution and socialization of the GBV pocket guide for non-GBV responders (inclusive of complementary mobile application)	3-6 months	20,000	7,000	UNFPA
	1.2.7 Develop a needs-assessment study on migrants' health.	6-18 months	TBD	-	IOM
	1.2.8 Support national review of health system approach to HIV/ TB response and the development of the HIV and TB National Strategic Plan (2021- 2025) using a systems approach	6-18 months	20,000	20,000	UNDP

SERP Outcome Area	UN Belize Programme Action	Implementation Period	Total Cost (USD)	Fund Available (USD)	Implementing UN Entity
	1.2.9 Support review of the M&E Framework of the TB National Strategic Plan	6-18 months	20,000	20,000	UNDP
	1.2.10 Rapid needs assessment on LGBTQI, PLVIH and People living with Dissabilities access to SRH and GBV services in the context of COVID-19	6-15months	20,000	-	UNFPA
	1.2.11 Monitoring and evaluation for On going COVID 19 program areas through establishment of systemes and tools for Data Collection.(MICs Plus)	3-18 months	145,000	105,000	UNICEF
1.3 Programme implementation and technical support	**1.3.1** Procurement of PPEs to ensure continuity of SRH and GBV response	3-6 months	70,000	10,000	UNFPA
	1.3.2 Support the provision of a virtual platform for continued capacity building, development and learning for public and rural health nurses in the continued delivery of SRH, MCH services	3-6months	2,000	2,000	UNFPA
	1.3.3 Support to renovate amd equip the Neonatal Unit at KHMH	3-6 months	65,000	65,000	UNICEF
	1.3.4 Support to equip medical laboratories, train lab technologists and Community Health Workers in Corozal district (San Narciso and Chunox Polyclinics).	3-18 months	TBD	-	UNICEF
	1.3.5 Support to National COVID-19 Health System Response through improved testing and the provision of support to vulnerable populations and frontline workers in priority health regions Central, West, South	3-6 months	300,000	300,000	PAHO/UNFPA ILO/UNHCR/
	1.3.6 Support for the development of an online training of teachers to promote incorporation of nutrition into their curriculum, and promotiong of healthy eating, safe plain drinking water.	6-18 months	29,400	29,400	UNICEF
	1.3.7 Nutrition Interventions for preventing overweight, obesity and stunting (systems strengthening, enabling environment and advocacy) Promotion of breastfeeding during breastfeeding week. Training of health care workers Educational material, hygiene kits for babies, hygiene kits for pregnant and lactating women. Promotion of healthy eating and physical activity among young people with no access to internet (UNICEF led activities included)	6-18 months	80,000	80,000	UNICEF
1.4 Support on tracking and reaching vulnerable populations	**1.4.1** Conducting of a rapid needs assessment of young people across the Caribbean during the COVID-19 focusing on SRHR, including GBV.	3-18 months	25,000	25,000	UNFPA

Pillar 2: PROTECTING PEOPLE - Social protection and basic services

UN MSDF Outcomes:

Outcome 1: Access to quality education and life-long learning increased, for enhanced employability and sustainable economic development

Outcome 2: Access to equitable social protection systems, quality services and sustainable economic opportunities improved

Growth and Sustainable Development Strategy (GSDS 2016 - 2020) Priorities: CSF 2 - Social Cohesion and Resilience

NC 2.2 - : Adequate Access to Education and Lifelong Learning for All; **NC 2.4** - : Better Social Assistance (Direct Social Protection)

SDGs: **SDG 1**: End poverty in all its forms everywhere; **SDG 4**: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; **SDG 5**:Achieve gender equality and empower all women and girls; **SDG 10:** Reduce inequality within and among countries

SERP Outcome Area	UN Belize Programme Action	Implementation Period	Total Cost (USD)	Fund Available (USD)	Implementing UN Entity
2.1 Secure sustained learning for all children, and adolescents, preferably in schools	**2.1.1** For the benefit all eligible POC in Belize, to sponsor formal and informal ESL courses as preparation for continued formal primary, secondary and tertiary education and formal and informal technical voctational training , accompanied by policy-advocacy to established universal, unhindered and merit-based access to post-primary education	3-18 months	150,000	-	UNHCR
	2.1.2 Continued learning through "Earth School," which provides free, high-quality educational content to help students, parents and teachers around the world who are currently at home due to COVID-19, to keep connected to nature. https://ed.ted.com/earth-school	6-18 months	TBD	-	UNEP
	2.1.3 Continued support to the Ministry of Education with learning materials/packages, development of radio/television material to ensure continuous learning with parents/caregivers at home	3-18 months	250,000	60,800	UNICEF
2.2 Scale up and expand resilient and pro-poor social protection systems	**2.2.1** Support expanded delivery capability of national safety net programmes including BOOST+ Cash transfer Programme, and delivery aid services for the elderly and disable	6-18 months	35,000	35,000	UNDP
	2.2.2 Current: continued support to the funtionning of BOOST+ (MHDSTPA 5 Field Support Officers), and Social Protection technical assistance to MHDSTPA for COVID-19 response (BOOST vertical expansion and Belize COVID-19 Cash Transfer -BCCAT- programme, including collection of data on new beneficiaries). Planned: technical assistance to draft the national Social Protection Strategy / implement major recommendations of the ILO-UNICEF supported Social Protection Performance and Expenditure Review / collect new poverty data.	3-18 months	397,000	173,000	UNICEF
	2.2.3 Technical assistance to develop shock-responsive social protection strategies and procedures for BOOST and other relevant social assistance programmes (e.g. SOPs, definition of vulnerability criteria, registration processes, transfer values, delivery mechanisms, accountability mechanisms, monitoring and documentation of programmes) to address different types of shocks/crisis	6-18 months	TBD	-	WFP

SERP Outcome Area	UN Belize Programme Action	Implementation Period	Total Cost (USD)	Fund Available (USD)	Implementing UN Entity
	2.2.4 Continue expanded and time-bound Cash-Based Intervention schemes for UNHCR POC in Belize, Cayo and Stann Creek Districts, to create social protection facility, on the basis of on vulnerability targeting and the most adequate delivery modalities.	3-18 months	478,600	-	UNHCR
	2.2.5 Supports educational cash transfers to vulnerable inner city youth allowing for their return school for 2020-22	3-15 months	27,000	27,000	UNDP
2.3 Maintain essential food and nutrition service	**2.3.1** Provide nutrition hamper/hygiene kits to students in the school feeding programme to reach approximately 1500 school children and their families with fortified food and family hampers	3-6 months	60,000	30,000	UNICEF
	2.3.2 Reach approximately 300 pregnant women and their children with basic nutrition package to address and prevent SAM (with Ministry of Health) -including information provided through official social media channels in English.	3-6 months	16,000	16,000	UNICEF
	2.3.3 Provide supplemented food to 1,500 children as part of the school feeding programme	3-15 months	32,000	32,000	UNICEF
	2.3.4 Dissemination of messages though social media to prevent violations to The Code of Marketing of Breast Milk Substitues during the COVID-19 outbreak	4-16 months	30,000	30,000	UNICEF
	2.3.5 Technical guidance on national nutrition policy and community-based initiatives, within the context of healthy eating and healthy food, towards ensuring food safety and security (together with Ministry of Health, Human Development, Agriculture/BAHA, and other partners)	6-18 months	80,000	30,000	PAHO/WHO
	2.3.6 Increase MHDSTPA response capacity with the addition of a Social Protection Officer serving as "surge" capacity facilitating the immediate restructuring and design of a comprehensive and balanced social protection response to this crisis. UNDP is also supporting the hiring of a cohort of stipend workers within the Ministrty of Human Development to assist with the immediate verification and processing of new applicatants into the expanded system.	6-18 months	69,000	69,000	UNDP
	2.3.7 Undertake the rapid mapping assessment supporitng BCAT rollout in Toledo, Cayo and Orange Walk Districts of underserviced areas as a means of identifying a network of food stores and potential partners for the delivery of food and services	6-18 months	15,000	15,000	UNDP
	2.3.8 Update and expand of capabilities of MHDSTPA's electronic case management platforms allowing for increase efficiency and transparency of scaled up food assistance programme (Belize's social protection services is built on the electronic case management platform, FAMCare Case Management System. At the request of GoB, an officer/ Analyst will also be supported within the Ministry allowing for the analysis of system performance and effectiveness.)	6-18 months	61,000	61,000	UNDP
	2.3.9 Where necessary, complement the stocking of district level food banks and necessary personal hygiene supplies as well as engagement of store networks facilitating immediate services to unserved communities (UNDP's investment expands the capacity of Belize's Food Assistance programme administered by the Ministry of Human Development, catering for the provision of services to an additional 550 to 600 households over a three-month period.)	3-6 months	38,000	38,000	UNDP

SERP Outcome Area	UN Belize Programme Action	Implementation Period	Total Cost (USD)	Fund Available (USD)	Implementing UN Entity
	2.3.10 Technical support to conduct an acute food security assessment, that includes indigenous population.	4-18 months	130,000	-	UNICEF
	2.3.11 Technical assistance to strengthen the design and implementation of emergency food assistance operations including designing and managing safe distributions, expanding existing services to meet evolving needs (e.g. food pantry) and establishing food basket composition	3-6 months	TBD	-	WFP/UNICEF
2.4 Ensure continuity and quality of water and sanitation services	**2.4.1** Assessment of IPC in healthcare facilities (including isolation and quarantine centers, and long-stay residential facilities), to include access to WASH in health facilities	3-6 months	75,000	25,000	PAHO/WHO
	2.4.2 Technical support to rapidly upgrade waste management facilities to manage the rising volumes of healthcare and infectious waste associated with COVID-19; rapid review of the existing facilities and guidance for healthcare and infectious waste management; specific guidance on how to manage healthcare and infectious wastes; training of health facility managers and waste management personnel on appropriate management of healthcare and infectious waste.	3-6 months	100,000	-	UNEP
	2.4.3 Improve wastewater treatment, including reuse, in rural and peri-urban hotspots using low tech and integrated water and wastewater management (IWWM) solutions; improve and reform institutional, policy and legislative frameworks for IWWM.In collaboration with IDB with GEF Funding	6-18 months	300,000	300,000	UNEP
2.5 Support the continuity of social services and access to shelters	**2.5.1** Children, parents and primary caregivers will receive psychosocial support messages and messages on learning at home during COVID-19 (These are ongoing UNICEF led activities)	3-15 months	40,000	7,500	UNICEF/PAHO
	2.5.2 Opportunities explored for parenting support on apps and social media platforms to support mental health and psychosocial support during COVID-19	3-15 months	100,000	50,000	UNICEF
	2.5.3 Work is ongoing with emergency support in WASH due to COVID 19 to reach 387,000 parents, teachers and children with continuous education, health and critical hygiene and prevention materials for WASH (with Ministry of Education and Ministry of Health)	3-12 months	250,000	145,000	UNICEF/PAHO
	2.5.4 Support the development of guidance for appropriate support to children as they interact with the child justice system during COVID-19 and Establish child friendly spaces at police stations to promote safe spaces for children to interact with law enforcement during and after COVID-19	3-6 months	81,071	81,071	UNICEF
	2.5.5 Develop key messages for parents especially directed towards those who will be burdened with additional care responsibilities, such as women and adolescent girls, these messages will be around violence prevention, prevention of child marriage, positive discipline, reporting violence against children, domestic violence	3-6 months	50,000	-	UNICEF
	2.5.6 Support the development of SOPS for remote reporting of abuse, identification of cases of abuse and response. This will also include procurement of supplies for remote working and case management and response	6-18 months	16,122	16,122	UNICEF
	2.5.7 Support for GBV coordination through recruitment of temporary staff support to accelerate GBV coordination and response in the COVID-19 context	3-6 months	30,000	6,000	UNFPA

SERP Outcome Area	UN Belize Programme Action	Implementation Period	Total Cost (USD)	Fund Available (USD)	Implementing UN Entity
	2.5.8 Conduct rapid assessment on Young people's needs in the context of the COVID-19 response and to inform the prepardness for the hurricane season	6-18 months	50,000	30,000	UNFPA
	2.5.9 Technical and financial support for ensuring temporary/alternate shelter options for GBV survivors with access to relevant accompanying social services (including GBV survivors from the UNHCR POC community)	3-18 months	19,500	7,000	UNFPA/UNHCR
	2.5.10 Technical and financial support for operations of temporary shelter options for POC	3-18 months	3,000	-	UNHCR
	2.5.11 Provide support to vulnerable families to ensure provision of birth registration services	3-18 months	30,000	10,000	UNICEF/UNHCR
	2.5.12 Technical support for capacity building of first respondents	3-6 months	30,000	10,000	UNFPA
2.6 Support victims of Gender-Based Violence (GBV)	**2.6.1** Support activation of GBV contingency plan with the creation of virtual safe spaces and the identification of alternative safe spaces for victims of GBV. The onset of COVID 19 triggered the closure of 2 of Belize's 3 emergency shelters for victims of GBV. The activation of the Ministry's contigency plan allows for the identification and preparation of alternative shelter sites across the country. Supports provision of basic services for victims of GBV.	3-6 months	63,000	-	UNDP
	2.6.2 Development and dissemination of messages aiming to prevent and address the secondary impact of the outbreak with the objective to minimize the human consequences of the outbreak for adolescents, women (including pregnant women), LGBTQI and persons with disabilities, through trusted channels of communication on digital and traditional media and through national and CSO partner networks. The available refers to UNFPA's support througout the Caribbean and the gap refers to Belize needs.	3-6 months	90,000	50,000	UNFPA
	2.6.3 Conduct the mapping of all GBV prevention and response services	3-6 months	12,000	12,000	UNFPA
	2.6.4 Conduct readiness assessment for the joint UN Essential Services Package (ESP) and provide technical and financial support for defining and rolling out the ESP for Belize	6-18 months	50,000	20,000	UNFPA
	2.6.5 Technical support for the development of protocols for remote GBV case management in times of emergency including COVID-19 and further technical support to strengthening of GBV referral pathways and support to the case workers	6-18 months	70,000	20,000	UNFPA
	2.6.6 Provision of technical and financial resources for the operationalization of tele-counseling (psychosocial first aid)	6-18 months	25,000	7,000	UNFPA
	2.6.7 Provision of technical and financial resources for the establishment/scaling up of toll-free hotlines	6-18 months	5,000	1,000	UNFPA
	2.6.8 PSEA capacity building for UNFPA staff, establishment of PSEA focal points and reporting mechanisms in the Caribbean sub-region	6-18 months	15,000	5,000	UNFPA
	2.6.9 Support /community-based service delivery with CSOs for the provision of minimal acceptable services to victims (including legal support, counselling, referrals) particularly in underserved rural areas	4-12 months	25,000	25,000	UNICEF

Pillar 3: ECONOMIC RESPONSE AND RECOVERY - Protecting jobs, small and medium sized enterprises, and the informal sector workers

UN MSDF Outcomes:

Outcome 2: Access to equitable social protection systems, quality services and sustainable economic opportunities improved

Outcome 8: Inclusive and sustainable solutions adopted for the conservation, restoration, and use of ecosystems and natural resources

Growth and Sustainable Development Strategy (GSDS 2016 - 2020) Priorities: CSF 1 - Optimal National Income and Investment

NC 1.2 - Attracting Foreign Investments; **NC 1.3.3** - Improving Access to Development Finance; **NC 1.3.5** - Encouraging Technological Adaptation and Innovation(Including Green Technology) .

SDGs: **SDG 1**: End poverty in all its forms everywhere; **SDG 2:** End hunger, achieve food security and improved nutrition and promote sustainable agriculture; **SDG 8**: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all;

SERP Outcome Area	UN Belize Programme Action	Implementation Period	Total Cost (USD)	Fund Available (USD)	Implementing UN Entity
3.1 Integrated, country-specific policy advice and programme support	**3.1.1** Support the Government of Belize with the administration of a Socio-economic Impact Assessment. This assessment id meant to compliment thw ongoing macro-economic impact assessment focused on unemployment and the decline in key a development sectors and impact to foreign exchange reserves among other areas and will be utilized to inform medium to long term national recovery planning.	6-18 months	25,000	25,000	UNDP
	3.1.2 Remote guidance and support to undertake environmental assessments and socio-Economic and Environmental Assessments of the COVID-19 pandemic. (ii)Post Disaster Needs Assessments of the COVID-19 crisis.	6-18 months	20,000	-	UNEP
	3.1.3 Technical support for development of a national Child Labour Prevention Policy and National CL Action Plan, with focus on rural zones and specific agricultural sectors.	6-18 months	TBD	-	ILO/UNICEF
	3.1.4 The next phase of UNDP's "Prepare, Respond, and Recover" offer to expand on the Agency's early response and builds on lessons learned since March 2020	6-18 months	75,000	25,000	UNDP
3.2 Scaling-up employment intensive programming	**3.2.1** Discussion of Community based solutions to enterprise development-Orange Walk	6-18 months	TBD	-	ILO
	3.2.2 Support continuity of production systems: Programme supports agriculture small holders affected by ongoing drought conditions and covid 19 impacts with boost packages, ensuring production continuity. Local production continuity has been prioritized by the government of Belize as a method of ensuring food security as global supply chains are disrupted.	6-18 months	75,000	75,000	UNDP
3.3 Support to young people and social partners in entrepreneurship and social innovation in response to COVID-19	**3.3.1** Acquiring legal opinion for the identification and subsequent implementation of alternative livelihood security options for asylum-seekers in Belize, Cayo and Stann Creek Districts, primarily in the SME sector.	3-18 months	TBD	-	UNHCR
	3.3.2 Supports the implementation of an integrated mechanism using business incubator services and technological tools and approaches to match business opportunities presented in the agro-food system with special attention for income generating and employment opportunities of the most vulnerable groups, including youth and women living in the rural and peri-urban areas of the Cayo District	3-18 months	330,000	330,000	FAO

SERP Outcome Area	UN Belize Programme Action	Implementation Period	Total Cost (USD)	Fund Available (USD)	Implementing UN Entity
3.4 Support on strategies to green fiscal stimulus packages	**3.4.1** Supporting sustainable finance recovery packages, through green products e.g. green bonds.	6-18 months	100,000	-	UNEP
3.6 Advice on nature-based solutions for development, including for SMEs	**3.6.1** Develop Principles for Investments in Nature-based Solutions and support corporates to invest in nature-based solutions.	6-18 months	20,000	-	UNEP
	3.6.2 Raising awareness of the links between nature, health and sustainable living – Raising public awareness of environment and human health links, creating public support for green growth opportunities within economic recovery through communication campaigns and educational platforms.	6-18 months	50,000	-	UNEP
	3.6.3 Through nature-based solutions help policymakers reform agriculture and support economic recovery by accelerating shifts towards sustainable agriculture.	6-18 months	50,000	-	UNEP
3.8 Investments to improve productivity and working conditions in micro and small firms	**3.8.1** Strengthen Capacities of the Private Sector (Tourism) on Migrant Labour Rights Protection and Prevention of Trafficking in Persons	6-18 months	TBD	-	IOM
	3.8.2 Promotional materials on Occupational Safety and Health for COVID-19 to targeted groups	6-18 months	TBD	-	ILO
	3.8.3 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	6-18 months	TBD	-	ILO
	3.8.4 Guidelines for the Labour Department to conduct inspections and address conciliation and arbitration of complaints arising from COVID-19	6-18 months	TBD	-	ILO
	3.8.5 Promote and disseminate guidelines on safe return to work for employers	6-18 months	TBD	-	ILO
	3.8.6 Promote and disseminate a six-step COVID-19 business continuity planning.	6-18 months	TBD	-	ILO
	3.8.7 Facilitate training for firms to enhance capacity to (i) develop and implement measures to prevent the spread of COVID-19 in the workplace to enable workers to return safely while keeping the risk of contagion low and (ii) develop and implement business continuity plans	6-18 months	TBD	-	ILO
	3.8.8 Support MSME Programs targetting established enterprises affected by COVID within the Agriculture, Tourism and Fisheries Program	3 -18 months	300,000	300,000	UNDP
	3.8.9 Support to Restoration, Green Jobs and Livelihoods (green recovery grants which promote and protect nature-based jobs and livelihoods, including rural entrepreneurship).	3 -18 months	270,000	270,000	UNDP
	3.8.10 Rebalancing nature, climate and economy (support to LEDS and natural resource management strategies within the COVID era)	3 -18 months	253,000	253,000	UNDP
3.12. E-commerce and digital solutions to allow secure access to services needed at the time of crisis	**3.12.** Develop and deliver online courses in vocational training for continuity of education and training for employment, and to develop a database of occupational competencies for demand-driven progammes.	6-18 months	100,000	25,000	ILO

Pillar 4: MACRECONOMIC RESPONSE AND MULTILATERAL COLLABORATION

UN MSDF Outcomes:

Growth and Sustainable Development Strategy (GSDS 2016 - 2020) Priorities: CSF 1 - Optimal National Income and Investment and CSF 5 - Good Governance

NC 1.3.2 - Optimal Economic Transition; **NC 1.3.3** - Improving Access to Development Finance; **NC 5.3** - Effective implementation of the GSDS and SDGs

SDGs: **SDG 8**: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all; **SDG 16 :** Promote peaceful and inclusive societies for sustainable development , provide access to justice for all, and build effective and accountable institutions at all levels.

SERP Outcome Area	UN Belize Programme Action	Implementation Period	Total Cost (USD)	Fund Available (USD)	Implementing UN Entity
4.1 Enhance the public sector's capacity to mitigate the impact of Covid-19 on the Economy	**4.1.1** Fiscal Plan that allows for continued social investment on the vulnerable population, such asthe poor, indigent, unemployed and under-employed and ensure gains in SDGs is not lost while bringing equilibrium to public spending in terms of fiscal performance and debt sustainability	6 -18 months	100,000	-	ECLAC
	4.1.2 Technical assistance and implemention of remote/on-site geospatial and socio-economic analysis, food security and livelihoods analysis, post-shock and thematic assessments to perform effective targeting, determine the most appropriate type and scale of intervention, including through national social protection systems, and ensure the most efficient use of resources.	6-12 months	TBD	-	WFP
	4.1.3 Support the conduct of fiscal space analysis for the health sector	6-18 months	TBD	-	PAHO/WHO
	4.1.4 MICS Plus data on key child indicators -including KAP around COVID-19	6-18 months	TBD	-	UNICEF

Pillar 5: SOCIAL COHESION AND COMMUNITY RESILIENCE

UN MSDF Outcomes:

Outcome 5: Capacities of public policy and rule-of-law institutions and civil society organisations strengthened

Outcome 6: Equitable access to justice, protection, citizen security and safety reinforced

Growth and Sustainable Development Strategy (GSDS 2016 - 2020) Priorities: CSF 2 - Social Cohesion and Resilience and CSF 4 - Citizen Security

NC 2.8 - Social Inclusion and Equitable Growth; **NC 4.2 -** Amelioration of Social Issues that Fuel Crime; **NC 4.4 -** Better Administration of Justice

SDGs: SDG 16 : Promote peaceful and inclusive societies for sustainable development , provide access to justice for all, and build effective and accountable institutions at all levels.

SERP Outcome Area	UN Belize Programme Action	Implementation Period	Total Cost (USD)	Fund Available (USD)	Implementing UN Entity
5.1 Inclusive social dialogue, advocacy, and political engagement	**5.1.1** Advocacy interventions for the allocation of resources to respond to the needs of vulnerable populations such as adolescents & youth, women (including pregnant women), LGBTQI and persons with disabilities	6-18 months	TBD	-	UNFPA
	5.1.2 Advocacy interventions for policy-based financial allocations for the provision of services to LGBTQI in POC population.	6-18 months	TBD	-	UNHCR
5.2 Empower community resilience, participation, and equitable service delivery.	**5.2.1** Technical guidance on health promotion , health education health literacy and self-care, disease prevention, taking into consideration gender, equity, and ethnicity, towards empowering community organizations to include village councils, NGO groups, local government/town councils	6-18 months	100,000	30,000	PAHO/WHO
	5.2.2 Community micro-projects in the area of livelihood development, culture & arts, nature-based health in refugee-hosting and border communities.	3-18 months	150,000	-	UNHCR
	5.2.3 Expand and strengthen the operations of the community-based protection network to empower asylum-seekers and there host communities to build peaceful communities on the paradigm of human rights, focusing on age, gender and human diversity and to maintain internal and external information and communication channels.	3-18 months	50,000	-	UNHCR
	5.2.4 Technical support for the development and dissemination of key messages and dissemination of COVID-19 related information to those with no access to specifc media (televisions, phones, or the internet), particularly for indigenous groups and rural communities	3-18 months	50,000	-	UNFPA
5.3 Support to governance, fundamental freedoms and the rule of law.	**5.3.1** Provide small grants to communities to rebuild resilient societies with nature-based solutions.	6-18 months	100,000	-	UNEP
	5.3.2 Continued support to the BCO facilitating effective monitoring of CS within the context of COVID	3-18 months	55,000	55,000	UNDP

United Nations Belize