

MINISTRY OF HEALTH AND WELLNESS

# Environmental and Social Management Framework

**Belize COVID-19 Emergency Response Project**

GOVERNMENT OF BELIZE  
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## 1 BACKGROUND

The COVID-19 pandemic was declared by the World Health Organization (WHO) on 11th March 2020. COVID-19 is an acute respiratory illness caused by a novel human coronavirus 2 (SARS-CoV-2). SARS-CoV-2 causes coronavirus disease 2019 or COVID-19, the first non-influenza pandemic to affect the world. In response to the global pandemic, the Belize COVID-19 Emergency Response Project aims to prevent and respond to the threat posed by COVID-19 and strengthen the national system for emergency response to the COVID-19 pandemic.

The Environment and Social Management Framework (ESMF) is an instrument under the World Bank's Environmental and Social Framework (ESF) that examines the risks and impacts when a project consists of a program and/or series of subprojects, and the risks and impacts cannot be determined until the program or subproject details have been identified during implementation. The ESMF sets out the principles, rules, guidelines, and procedures to assess and manage environmental and social risks and impacts.

The purpose of this framework is to guide the Project Implementation Unit (PIU) of the Ministry of Health and Wellness (MOHW) on the environmental and social process during implementation in accordance with the ESF. The framework includes procedures relevant to the procurement and deployment of vaccines and other goods and services that the project will support, including a screening process to assess the environmental risks and impacts and identify mitigation measures, as part of the environmental and social due diligence for all activities. The ESMF also describes Labour Management Procedures applicable to all Project workers.

This ESMF allows the MOHW, to the extent possible and based on existing information, outline the approach that should be taken during project implementation, in accordance with the World Bank's ESF.

## 2 PROJECT DESCRIPTION

The project development objective is to prevent and respond to the threat posed by COVID-19 and to strengthen the national health system for the emergency response to the COVID-19 pandemic. The project has been designed and restructured into two main components as follows:

**Component 1: Emergency COVID-19 Response.** This component will support vaccine purchasing and vaccine deployment. The support for vaccines will be financed as part of the containment and mitigation measures to prevent the spread of COVID-19 and deaths. Belize has been purchasing COVID-19 vaccines from the COVID-19 Vaccines Global Access (COVAX) and African Vaccine Acquisition Trust (AVAT) facilities. Vaccine purchase and deployment activities carried out under this component will be guided by the Belize COVID-19 National Vaccine Introduction Plan (NVIP).

Support includes (a) procurement of vaccines and ancillary supply kits that may include personal protective equipment (PPE) for vaccinators, syringes, and other medical supplies; (b) support the deployment of vaccines and emergency response capacity of the health system, including through

(i) scale up the outreach program (e.g. by supporting human resources, procurement of vehicles and operating costs) to strengthen the emergency response and provide critical health services – starting with COVID-19 vaccines - to everyone. The focus will be on specific target groups such as the impoverished people living in rural and urban areas, people with vaccine hesitancy and lower uptake for essential health services, women and girls, persons with disabilities, indigenous population groups, and populations groups vulnerable to climate change.

By strengthening the outreach program, there will be continuous delivery of essential and emergency services to these populations during climate shocks, such as hurricanes, flooding and others; (ii) training of human resources to strengthen infection prevention and control (IPC), waste management practices and if needed updating the healthcare waste management plan (HCWMP), increase climate awareness and resilience, and increase awareness and knowledge about gender-based violence (GBV) and better equip male and female frontline workers with leadership and self-care skills; (iii) strengthen the Belize Health Information System (BHIS) by digitizing data reporting systems in hard-to-reach areas (e.g. through support of human resources and the procurement of IT equipment that will consider energy savings and resource-use efficiency measures, contributing to environmentally and climate-smart processes instead of current systems which are heavily reliant on paper records) to monitor vaccines uptake and use of other services provided through mobile clinics.

Such a system will strengthen the early warning systems for disease outbreaks in the future, including climate-induced ones, and (iv) the development of contingency plans to maintain vaccination campaigns during climate shocks; (c) supporting the COVID-19 immunization campaign and the development and distribution of risk communication products for COVID-19 vaccination. This will include communication on the risks related to climate shocks and respectful attitudes towards male and female health workers, with special attention to the specific needs of women and men, and disadvantaged population groups (e.g. urban poor, indigenous people); (d) ensuring adequate and environmentally friendly medical waste management, and (e) support analytic activities for evidence-based decision making, including a knowledge, attitudes, and practices survey around COVID-19 vaccination which will provide critical information to the MOHW on possible interventions to increase uptake of public health services in case of future epidemics and natural disasters. Component 1 will also support the procurement of medical equipment to strengthen COVID-19 case management.

**Restructuring of Component 1:** Due to the Government of Belize’s priorities mainly because of the evolution of the COVID-19 pandemic there has been a need to restructure Component 1. Highlighted was the construction of a central medical storage facility which will allow MoHW to adequately manage its stock of drugs and medical supplies, with a particular focus on vaccines and to ensure a rapid response in the case of a future disease outbreak. The new proposed facility will provide the ultra-low temperature (ULT) (-90°C to -60°C) storage capacity that is essential for up to 18 months (about 1 and a half years) storage of mRNA vaccines for children and adults. Lack of ULT storage capacity represented a major obstacle to Belize’s initial pandemic response. The MoHW has three storage units in the capital city of Belmopan which do not meet international quality standards for vaccine storage and are subject to floodings and other climate related impacts.

Thus, on May 23, 2023, the Bank received a request from the Ministry of Finance to restructure the Project by reallocating a portion of the funds planned for vaccine procurement towards other COVID-19 response activities (Sub-component 1.2), namely the construction of a central medical storage facility.

The estimated cost of the storage facility falls within the range of the existing funds under Component 1 and if needed, the Ministry is committed to co-finance any additional costs which go beyond the allocated commitment amount.

**Component 2: Project Management and Monitoring.** This component will finance the required project management activities, and administrative and human resources to manage the Project. The main activities will be carried out by the MOHW team at the Policy, Planning, and Project Management Unit (PPPMU), while working closely with the Maternal and Child Health (MCH) and Expanded Program for Immunization (EPI) teams and will include: (i) financial management (FM), procurement, environmental and social requirements, and due diligence; and (ii) monitoring and evaluating the Project.

The Project will also include retroactive financing which can apply to vaccine purchases if the Government of Belize (GOB) decides to seek reimbursement from the World Bank and the Loan disbursement conditions have been complied with.

No public or private facilities such as churches and schools will be utilized for vaccination purposes. Furthermore, there will be no permanent or temporary land acquisition, involuntary resettlement, or restrictions on land use for purposes of the project. An effective communication and outreach plan has been designed by the government to encourage participation, ensure inclusion and strengthen outreach to those who meet the priority vaccination criteria but live in hard-to-reach and isolated areas. The project will utilize existing waste management systems and will comply with all national environmental and medical waste management regulations. In summary, the project financing will mainly be used for purchasing vaccines including, inter alia delivery and distribution of the COVID-19 vaccines, other goods, services, and operating costs necessary for safe immunization service delivery.

### **3 POLICY, LEGAL AND REGULATORY FRAMEWORK**

The Government of Belize, mainly through the Ministry of Sustainable Development, Climate Change and Disaster Risk Management and the Ministry of Health and Wellness manages and safeguards Belize's environment and community health, respectively, from impacts associated with the development and health service-related activities. The overall goal is to foster prudent use of the country's natural resources through preservation, protection, and improvement of the environment and the control of pollution, including proper disposal of medical waste. Social risk management does not have a specific law to address development impacts as it is for the environmental sector but rather is covered under various pieces of legislation that safeguard human health and promote social inclusion.

#### **National Laws and Regulations**

##### **The Environmental Protection Act, Revised 2000**

This Act is the most comprehensive piece of environmental legislation in Belize. The law demonstrates, as stated in the preamble, the commitment of the GOB to the protection and preservation of Belize's natural heritage to ensure that the exploitation of the resources is consistent with maintaining ecological balance. The Department of the Environment (DOE) is given full control in implementing this act in regard to the prevention of pollution on land, water, and air, prohibitions on dumping of waste, environmental impact assessment, and the control of nutrients deposited into the environment.

### **The Environmental Impact Assessment Regulations, Amended 2007**

The Environmental Impact Assessment (EIA) process in Belize is comprehensive and follows internationally accepted stages of screening, scoping, EIA, reporting, public consultation, a review process, and the preparation of an environmental compliance plan (ECP). The EIA regulations and procedure is implemented and controlled by the DOE, which is responsible among other things for determining whether an EIA is required, reviewing, and approving the TOR prepared by the project proponent, determining procedures for public consultation, and directing the evaluation and approval of the EIA report. A project for which a full EIA is mandatory is included under Schedule I of the regulations. Other areas that the EIA should evaluate include effects on humans, flora and fauna, water, soil, air, and ecological balance. The EIA is required to include measures that should be undertaken to mitigate any adverse environmental effects.

### **Pollution Regulations, Revised 2009**

The DOE implements these regulations and develops mechanisms to monitor and govern air, noise, water, and land pollution. These regulations prohibit the release of toxins, poisons, and chemicals into the environment.

### **Disaster Preparedness and Response Act Chapter 145, Revised Edition 2003**

The Disaster Preparedness and Response Act is the primary legislation governing disasters and disaster risk management in Belize. The Act established the National Emergency Management Organization (NEMO) as a department of government, headed by a National Emergency Coordinator. It assigns broad responsibilities for "coordinating the general policy of the government related to the mitigation of, preparedness for, response to and recovery from emergencies and disasters". The Act defines "disaster emergency" to mean a public emergency declared under Section 18(1)(b) of the Belize Constitution on account of the threat or occurrence of a disaster. This power to proclaim a state of emergency is effective only in circumstances where the Governor-General is satisfied that, inter alia, a public emergency has arisen because of the occurrence of any earthquake, hurricane, flood, fire, the outbreak of pestilence, infectious disease, or other similar calamities.

### **The Public Health Act and Regulations Chapter 40, Revised Edition 2003**

The Public Health Act regulates water supply, drainage, garbage collection and storage, infectious diseases, mosquito destruction, sanitation, and prevention of nuisances in all spaces. Also, the Public Health Act makes provisions for ensuring that establishments providing food services are

staffed by persons in receipt of Food Handlers Certificates from the Public Health Department and that these food establishments have sanitary toilets and washing facilities.

### **The Social Security Act Chapter 44, Revised Edition 2003**

This Act requires that employers pay social security contributions for their employees to assist them in times of sickness or injury. Other benefits are provided for the workers under the Act.

### **The Labour Act and Regulations Chapter 297, Revised Edition 2000**

Labour relations between contractors and their workers are governed by the Labour Act which makes provisions for recruiting employees, terms, and conditions of employment, payment of wages, and dispute resolution, among others.

### **The Workmen Compensation Act Chapter 303, Revised Edition 2000**

The Workmen Compensation Act applies to workers who are involved in cases of accidents on the job or while being transported to the job. The Act makes provisions for the contractors' liability for compensation, amount of compensation, conditions of compensation, insurance, insolvency, or bankruptcy of the contractor, etc.

### **The Family and Children's Act and Regulations Chapter 173, Revised Edition 2003**

The Act prohibits employing any child in a capacity where such employment or engagement in any activity is detrimental to his/her health, education, or mental, physical, or moral development.

### **Medical Waste Regulations, 2021**

The regulations make provisions for the proper handling of medical waste, offenses, and enforcement of the regulations. The regulations specify requirements for sorting, storage, transport, logging, treatment, and disposal of medical waste. The regulations apply to generators of waste, employees of the same, and users of the facility operated by the generator of said waste. Generators of waste further have a duty of care to prevent leakage, spillage, or improper handling of medical waste. The regulations further require that persons handling medical waste are to wear proper protective equipment and adhere to reasonable standards of hygiene. Lastly, the regulations require generators to maintain a proper log of all waste generated, stored or otherwise handled at a facility.

### **Public Health (Reform) Act, Chapter 40, Revised Edition, 2011**

As the management of the Covid-19 pandemic is an ongoing process, the Ministry of Health and Wellness issues updates to the Prevention of the Spread of Infectious Disease Covid-19 Regulations made under the Public Health (Reform) Act via Statutory Instruments. Since the start of the pandemic, the Ministry of Health and Wellness has issued several Statutory Instruments for the purposes of preventing, controlling, containing, and suppressing the spread of the infectious disease Covid-19. This includes the establishment of public curfews, testing requirements, and public conduct in wearing masks among others to control the spread of infection.

### **National Cultural Heritage Preservation Act, 2017**



The Management of Cultural Heritage in Belize is governed by the National Cultural Heritage Preservation Act (2017). This Act vests the management of cultural heritage in the National Institute of Cultural and History (NICH) and identifies for protection of physical cultural heritage and intangible cultural heritage.

### **Belize Building Act Chapter 131 Revised Edition 2021**

The Belize Building Act Chapter 131 legislates the works of the Central Builders Authority (CBA) whose function in general is for the management and authorization of construction works and specifically include; the revision of building plans for safety, structural stability, and constructability including issuance of permits for construction. Also, they Monitor and enforce construction regulations while providing support and guidance. The works of this au project will also be linked to the Professional Engineers (Registration) Act and the Belmopan City Council Act

### **Belize Constitution Act 1981, as amended to 2017**

The Indigenous People of Belize are governed by the Constitution of Belize. The Constitution of Belize requires policies of the state which protect and safeguard the unity, freedom, sovereignty, and territorial integrity of Belize; which eliminate economic and social privilege and disparity among the citizens of Belize whether by race, ethnicity, color, creed, disability or sex; which ensures gender equality; which protect the rights of the individual to life, liberty, basic education, basic health, the right to vote in elections, the right to work, and the pursuit of happiness; which protect the identity dignity and social and cultural values of Belizeans, including Belize's indigenous peoples.

### **World Bank Environmental and Social Framework**

The ESF outlines the requirements of current environmental and social policies and issues of the World Bank. The ESF allows for wider and more systematic coverage of environmental and social risks. It also requires considering environmental and social issues throughout the preparation and execution of a project, with an emphasis on stakeholder participation and engagement. Additionally, it clearly establishes the functions and responsibilities of the World Bank and its borrowers and proposes a hierarchical risk management approach that is proportionate to the risks and impacts of the projects. The ESF consists of the Environmental and Social Policy and ten Environmental and Social Standards (ESS). The relevant ESS for this project is as follows:

- ESS 1: Assessment and Management of Environmental and Social Risks and Impacts
- ESS 2: Labour and Working Conditions
- ESS 3: Resource efficiency and pollution prevention and management
- ESS 4: Community Health and Safety
- ESS 7: Indigenous Peoples / Sub-Saharan African Historically Underserved Traditional Local Communities
- ESS 8: Cultural Heritage
- ESS 10: Stakeholder Engagement and Information Disclosure

## **World Bank Environment, Health and Safety Guidelines (EHS)**

The EHS are technical reference documents with general and industry-specific examples of Good International Industry Practice (GIIP) and are referred to in the ESF. The EHS contains the performance levels and measures that are normally acceptable to the World Bank Group (WBG), and that are generally considered to be achievable at reasonable costs by existing technology. The Bank requires borrowers to apply the relevant levels or measures of the EHS. When host country regulations differ from the levels and measures presented in the EHS, projects will be required to achieve whichever is more stringent. In the case of the present project, the general EHS will apply. The MOHW will pay particular attention to EHS 1.5 Hazardous Materials Management; EHS 2.5 Biological Hazards; EHS 2.7 PPE; EHS 2.8 Special Hazard Environments; EHS 3.5 Transportation of Hazardous Materials; and EHS 3.6 Disease Prevention. A separate EHS on Health Care Facilities (HCF) will also apply to this Project intervention. It provides guidelines on waste management, air quality, and wastewater disposal guidelines related to HCFs. However, the project is not expected to generate a significant amount of healthcare waste from the project-related activities i.e., vaccinations. As per the MOHW, the waste management system in place is of sufficient capacity to handle the additional medical waste generated due to COVID-19 vaccinations. The procedures under the Medical Waste Regulations of 2021 are followed and address the management of medical waste. The MOHW oversees the collection and disposal of medical waste. The procedure follows the World Bank's EHS guidelines as well.

## **World Health Organization Guidance**

The WHO maintains a website specific to the COVID-19 pandemic with up-to-date country and technical guidance. WHO resources include technical guidance on (i) laboratory biosafety, (ii) infection prevention and control, (iii) rights, roles, and responsibilities of health workers, including key considerations for occupational safety and health, (iv) water, sanitation, hygiene and waste management, (v) quarantine of individuals, (vi) rational use of PPE, (vii) oxygen sources and distribution for COVID-19 treatment centers, (viii) vaccine readiness assessment, (ix) surveillance of adverse events following immunization. Additional guidance is listed below in Annex I.

# **4 ENVIRONMENTAL AND SOCIAL BASELINE**

## **Environmental Protection**

Belize as a country places great emphasis on environmental protection given that it is a natural resource-based economy. There are several legislation and regulations in place to protect the natural environment from pollution and contamination from human settlements and industry. Belize has had in place a robust set of environmental laws and several subsidiary regulations that address pollution, the management of solid waste, hazardous waste, and medical waste. These laws are described in Section 3 above.

## **Waste Management**

The Medical Waste Regulations of 2021 make provisions for the proper handling of medical waste, offenses, and enforcement of the regulations. The regulations specify requirements for sorting, storage, transport, logging, and treatment and disposal of medical waste. The regulations apply to

generators of waste, employees of the same, and users of the facility operated by the generator of said waste. Generators of waste further have a duty of care to prevent leakage, spillage, or improper handling of medical waste. The regulations further require that persons handling medical waste are to wear proper protective equipment and adhere to reasonable standards of hygiene. The treatment and disposal of medical waste can be carried in a manner approved by the Chief Environmental Officer or at a hazardous management facility or in any other manner listed as acceptable under the regulations and approved by the Chief Environmental Officer. The regulations lastly, require generators to maintain a proper log of all waste generated, stored, or otherwise handled at a facility.

A waste management protocol is established in the (NVIP) which provides specific guidelines for waste collection, storage, and final disposal. The project will utilize existing waste management systems and will comply with all national environmental and medical waste management regulations. A Senior Public Health Inspector in each district advises on the selected method(s) for the safe final disposal of wastes from the vaccination site. Additionally, the 2019 National Waste Management Policy and National Guidelines on Infection Prevention and Control for Health Facilities also lay out detailed procedures to be followed for medical waste management. As the project is not expected to generate a significant amount of healthcare waste from the project-related activities i.e., vaccinations, the waste management system and procedures in place are of sufficient capacity to handle the additional medical waste generated due to COVID-19 vaccinations.

Hospitals and health centers throughout the country manage medical waste within the districts. The segregation of waste is a standard practice in all medical facilities. Medical waste is burnt in designated pits obtained from the respective town or city councils. Infectious waste is segregated and disposed of in pits. Pharmaceutical waste is handled in the same way. Sharps and needles are initially disposed of in sharp boxes; these boxes are then disposed of in deep burial pits. Autoclaves are currently not being utilized for the disposal of infectious waste. Waste is generally picked up from a HCF twice a week for final disposal at a specified collection point and is generally moved in trucks, covered, and open-back trailers. There are specific regulations that require PPE for persons involved in the transportation and disposal of medical waste.

The process of red waste (any waste that has been in contact with blood, body fluids, or other infectious material) disposal and burial at authorized dump sites. There is a schedule for the collection of red waste across health facilities nationally. Red waste is generally collected monthly; however, if there is a large quantity, the doctor in charge of the health facility informs the Regional Hospitals to schedule pick-up and disposal. The personnel on site works closely with the Public Health Inspector who monitors the handling of medical waste at the vaccination site. There are private and ministry transportation providers for medical waste movement to the final disposal.

### **Occupational Health and Safety**

While Belize does not have an occupational health and safety law; however, there is a National Guidelines on Infection Prevention in Belize and the National Waste Management Policy, and the NVIP. These guidelines indicate that under various circumstances, PPEs (e.g., gloves, gowns, eyewear, face mask or shields, respiratory protection devices) must be made available to personnel

by all facilities and that such items are used appropriately to protect workers from exposure to both chemicals and microorganisms. The National Waste Management Policy and Manual specifically states that the management of healthcare facilities is responsible to provide appropriate information, education, and training while ensuring that safe systems of work are developed and maintained. The manual further states that managers are to provide suitable PPE for the nature and degree of the hazard workers are likely to be exposed to and that PPE must be worn when required. The NVIP requires that vaccinators under the vaccination campaign must be provided and wear the required and appropriate PPE.

Similarly, waste collectors are required by law, under the Medical Waste Regulations 2021, to wear appropriate PPE in the execution of their duties. The risk of spillage or splash exposures necessitates the wearing of face and eye protection. Protection of the legs is also required. As noted above, the Medical Waste Regulations (2021) require the use of PPE for the health and safety of workers handling medical waste. The use of PPE during collection and disposal of medical waste is also required of the National Waste Management Policy. Standard PPE includes white overalls, KN95 masks, gloves, and shields, boots, and boots covers. Boot covers were added to the list of PPES at the onset of the COVID-19 pandemic.

The use of PPE during the vaccination process was limited to face masks by all personnel including the vaccinators; there is no consistent standard of mask used. Vaccination site workers are provided with surgical masks; however, both medical and non-medical staff purchased their own KN95 masks. Vaccinators generally do not use gowns as required by the NVIP. Vaccinators in vaccination centers have close access to hand wash stations with running water, soap, and towels. They were required to sanitize their hands after administration of each vaccine. The use of gloves is based on the preference of the vaccinator. In terms of disinfection, this is done in the waiting and observation areas, at the vaccination centers.

### **Demographics and Population Diversity**

Belize is divided into six districts, namely the Corozal, Orange Walk, Belize, Cayo, Stann Creek, and Toledo Districts. Spread across these districts are people of different ethnic and cultural backgrounds including two indigenous groups; the Mayas and the Garinagu. Additionally, there has been and continues to be significant migration of persons from neighboring Central American countries most coming in as economic migrants to work in the banana, citrus, and to a lesser extent, the sugar cane industry. This rich diversity creates an interesting but complex tapestry of cultural practices, languages, and livelihoods.

The population of the country is almost equally split between urban and rural residents with greater multidimensional poverty experienced in rural areas. The economy of rural areas is mainly based on agriculture given the availability of arable land and the presence of large agro-industries and agri-businesses. The indigenous Mayas of southern Belize, on the other hand, practice mainly subsistence agriculture. With the onset of the COVID-19 pandemic, many workers residing in urban and tourism centers have returned to their rural communities as a way of coping with the concomitant shocks to their livelihoods.

## **Health System and Health Facilities**

Belize's health profile is similar to that of most countries in Central America and the Caribbean as it is still grappling with the double burden of communicable diseases as well as non-communicable diseases as the main causes of mortality and morbidity. Preventable causes of death and illness remain major health challenges. Ischemic heart disease, diabetes, and hypertensive diseases remain the leading cause of death in the country and this situation has contributed significantly to the way COVID-19 has affected the population in terms of morbidity and mortality.

The GOB has a policy of universal access to primary health care, and as such, a network of hospitals and permanently staffed health centers and health posts are available to address the basic health care needs of the population. Despite efforts to reform the health sector, the Government remains the main provider of health services, though recently there have been greater efforts for a public-private mix, through the National Health Insurance (NHI) scheme, which aims at promoting equitable access for disadvantaged population groups. The network of rural health centers with permanent staff is supplemented by mobile health services, community nurses' aides, voluntary collaborators, and traditional birth attendants working in rural communities. The private sector has been expanding over the past few years, both in size and the services provided. There are several non-government organizations (NGOs) that provide specialized health services as well. Belize has a good track record on child mortality and maternal health.

Belize's health system remains a mostly public health system with the gradual growth of private health care services. This means that the government, through the MOHW provides most of the health care services including tertiary health services through a network of regional hospitals, community hospitals, polyclinics, health centers, and mobile health teams. The Karl Heusner Memorial Hospital is Belize's only tertiary care hospital and is in Belize City. At the district level, there are either regional hospitals or community hospitals located in urban areas. Polyclinics are found in smaller population centers, while health centers are found in rural areas. The level of service provided varies with the type of health facility available from full service at hospitals to limited services at health centers. Vaccination services for common childhood diseases are carried out at all levels of the health system including mobile units going to rural areas for maternal and child healthcare.

## **Disadvantaged and Vulnerable Groups**

Vulnerable individuals or groups often do not have a voice to express their concerns or understand the impacts of a project. The vulnerabilities may stem from a person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g., minorities or fringe groups), dependence on other individuals or natural resources, etc. The stakeholder mapping carried out for the preparation of the project's Stakeholder Engagement Plan (SEP) identified several groups that may be considered vulnerable. Under this project, the vulnerable or disadvantaged groups may include and are not limited to the following:

- Elderly – while the elderly population in Belize is considered to be relatively small, they do appear high in the poverty indices and can be considered vulnerable. The interest of the elderly in Belize is represented by the National Council on Ageing and Help Age Belize.

- Persons living in extreme poverty – persons living in extreme poverty can be found in both urban and rural areas and may have limited access to media and information sources. Poverty among the population is higher in rural areas compared to urban areas.
- Persons living with disabilities – persons living with disabilities are considered vulnerable as disability varies across a wide spectrum from physical to intellectual disabilities. While much improvement has been achieved in recognizing the need of persons living with disabilities, they still face many barriers to their livelihoods and well-being including access to proper information and access to vaccination sites. The interest of persons living with disabilities in Belize is served by the Belize Assembly for Persons with Diverse Abilities (BAPDA).
- Persons living with HIV/AIDS – persons living with HIV/AIDS are often discriminated against and similarly often have difficulty accessing services.
- LGBTQ+ – persons within the LGBTQ+ community often face discrimination in Belize including access to services. This creates a barrier to accessing services and thus, affects their well-being.
- Indigenous Peoples – indigenous people, especially in the Toledo District, due to their remote location and cultural practices put them on the margin or outside of mainstream society and have poor access to information and health services. Indigenous Peoples can be found primarily in the Southern Districts of Toledo and Stann Creek.
- Migrant workers and migrant population – there are many migrant workers, some with families, from neighboring countries in Belize who are present through official and unofficial means. Migrant workers are commonly found in the banana, and citrus industries, and construction for the tourism industry. There is no official organization that represents migrant workers. Their employers take responsibility for their well-being as they tend to live near established farms. According to the Belize COVID-19 Vaccine Introduction Plan, no person living in Belize will be discriminated against access to COVID-19 vaccines on the basis of immigration status, race, gender, ethnicity, religion, or sexual orientation.

## 5 POTENTIAL ENVIRONMENTAL AND SOCIAL RISKS AND MITIGATION

### **Project Intervention**

The main component and related activities that is likely to have environmental and social risks is Component 1 of the project and its subcomponents. Component 1: COVID-19 Response, has to do with the support for vaccines that will be financed as part of the containment and mitigation measures to prevent the spread of COVID-19 and deaths and to strengthen the ability of the health system to respond to future health emergencies. This component will support the Belize COVID-19 response through two subcomponents as follows:

#### ***Subcomponent 1.1. Vaccine purchase.***

Vaccine purchasing and vaccine deployment. The support for vaccines will be financed as part of the containment and mitigation measures to prevent the spread of COVID-19 and deaths.

#### ***Subcomponent 1.2 Vaccine deployment.***

Envisioned support under this subcomponent includes:

- a) procurement of ancillary supply kits that may include PPE for vaccinators, syringes, and other medical supplies;
- b) support the deployment of vaccines and emergency response capacity of the health system;
- c) supporting the COVID-19 immunization campaign and the development and distribution of risk communication products for COVID-19 vaccination;
- d) ensuring adequate climate and environmentally friendly medical waste management; and

support analytic activities for evidence-based decision-making. ***Subcomponent 1.3 Construction of the Central Medical Storage Facility***

In this context, approval for the restructuring of the Project was approved and included the reallocation of a portion of the funds planned for vaccine procurement towards other COVID-19 response activities (Sub-component 1.2), towards the construction of a central medical storage facility. The envisioned support under this subcomponent include:

- a. Procurement of services for the Design and Supervision Consultancy
- b. Construction of Central Medical Stores Building following the Bidding process for the Procurement of Works established by the World Bank.
- c. Purchase of Equipment

## **Key Environmental and Social Risks**

### **Summary of E&S Assessment Findings**

Given that some aspects of the project are intended for retroactive financing, a Rapid Environmental and Social (E&S) Assessment for Retroactive Vaccine Financing<sup>1</sup> was carried out. The assessment addressed important environmental and social issues with regard to COVID-19 vaccine deployment activities implemented by the GOB as of March 2021 and relevant to the entire project. The assessment focused on social inclusion; medical waste management; Occupational Health and Safety (OHS); and Grievance Redress Mechanism (GRM).

The table below (Table 1) provides a summary of these key environmental and social risks and the management and mitigation measures in place and those areas to be strengthened.

**TABLE 1: SUMMARY OF FINDINGS AND RECOMMENDATIONS OF THE RAPID E&S ASSESSMENT**

<b>E&amp;S Risks/Issue</b>	<b>Measures in Place</b>	<b>Recommendations</b>
Social Inclusion	<ul style="list-style-type: none"> <li>▪ Mechanisms and strategies are in place and being used by the GOB for the inclusion of the entire population in accordance with the provisions of the NVIP which was prepared at the start of the national response to the COVID-19 pandemic.</li> <li>▪ The NVIP specifically notes that the MOHW promotes universal access to health care. No person living in Belize will be discriminated against accessing COVID-19</li> </ul>	Under Component 1 of the Project – as part of the outreach program - scale up the outreach and communication efforts to vulnerable groups targeting partnerships with representative organizations as identified in this report (i.e. Garinagu, the elderly, persons with

<sup>1</sup> A separate report has been produced for this purpose and makes up part of the overall documentation of the project.

	<p>vaccines on the basis of immigration status, race, gender, ethnicity, religion, or sexual orientation. This policy is fully in practice at vaccination sites.</p> <ul style="list-style-type: none"> <li>▪ Vaccination centers have been verified to meet the required conditions of care and access for people with mobility difficulties. Priority access and services to elderly persons, pregnant women, children, and persons with disabilities are available at the vaccination sites.</li> </ul>	<p>diverse abilities, LGBTQ+) and in the SEP.</p> <ul style="list-style-type: none"> <li>▪ 1b. Clearly place signage at the entrance of vaccination sites to improve visibility and awareness of the sites</li> </ul>
Medical Waste Management	<ul style="list-style-type: none"> <li>▪ The management of bio-medical waste is being carried out in compliance with the requirements of the national regulations. It was observed that personnel in charge of the management of bio-infectious waste were knowledgeable on the subject matter and that the management of bio-infectious waste is being carried out according to the established protocols stated in the National Waste Management Policy and Manual. The personnel on site work closely with the Public Health Inspector who monitors the handling of medical waste at the vaccination site.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ensure that all the waste collection containers are properly labeled at all vaccination sites.</li> </ul>
Occupational Health and Safety	<ul style="list-style-type: none"> <li>▪ The use of PPE during the vaccination process was limited to face masks by all personnel including the vaccinators. Vaccinators did not use gowns as required by the NVIP. There is no consistent standard of mask used. Vaccination site workers are provided with surgical masks but both medical and non-medical staff purchase their own KN95 masks. Vaccinators have close access to hand wash stations with running water, soap, and towels.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Under the Project, prioritize the purchase, distribution, and use of PPE at vaccination sites.</li> </ul> <p>Through regular inspections and ongoing training communicate the importance of regular sanitization and hand washing at vaccination sites.</p>
Grievance Redress Mechanism	<ul style="list-style-type: none"> <li>▪ There was no GRM information readily available at the sites visited. Health workers were not aware of the availability and functioning of a GRM for the vaccination campaign.</li> </ul>	<p>The MoHW has a complaints procedure and has been promoting it. As part of this project the Complaints procedure has been updated and the MoHW is in the process of rolling it out making use of multiple channels including making available the grievance redress form at vaccination sites, on myvaccine.bz, and on the MOHW FB page. Training on the procedure will be carried out in all facilities.</p> <p>All health facilities will establish properly labeled “grievance stations” with instructions for filing complaints.</p>

In addition to the E&S issues and risks assessed in the E&S rapid assessment shown above, there are other potential E&S risks and impacts that are identified for the project. Some cover similar E&S topics as from the assessment. For potential impacts identified, the MoHW is already implementing actions and has measures in place to mitigate the risks. During project implementation, MoHW will continue to implement the necessary actions. The key E&S risks for the project are shown in Table 2.



With the approval of the restructuring of the project the procurement of works through the process established by the World Bank was factored in. A site visit was carried out to assess the importance of the environmental and social issues with regard to the construction of the Central Medical Storage Facility as it relates to the entire project. The site assessment incorporates the social inclusion; medical waste management; Occupational Health and Safety (OHS); and Grievance Redress Mechanism (GRM).

The site is located on 20 acres of crown land and is a rural area east of the main capital city of Belmopan. A portion of the total area (20 acres) houses a facility building for rehabilitation of the mental patients and the area designated for the medical storage facility has secondary growth forest. The proposed medical storage facility will only cover a portion of the total land area. A further plan from GoB is to build a new school in the same area. The Environmental and Social Officer of the MoHW is tasked to conduct outreach activities to the neighboring communities before the construction begins to sensitize the communities of potential impacts on community health and safety both during and post construction such as due to noise, increased traffic and others; especially if a school is to be built soon. The area where the construction site is located is a distance away from any community. The area comprises a parcel of 20 acres belonging to the MOHW and the only people in the area are the health care workers and patients of the center that might be affected.

The movement of construction material can affect traffic since the road access will only be available through a section in Belmopan City. Environmental and Social considerations will be considered such as traffic management, covering constructing materials being transporting in truck and the streets being watered regularly in case there are issues with dust. Noise pollution will be addressed by using modern equipment while transportation of construction materials will be done after peak hours of school or working hours for other personnel. The routes where construct materials will be transported will be mitigated by using alternative routes where there is less population. In the construction of works there are no communities very close or adjacent to where the CMS will be constructed. There are no vulnerable groups that will be affected, except for the healthcare workers and patients working and/residing in the project site. The nurses working on site caring for the mental health patients will be closely engaged in patients safety measures with support from PIU. Environmental and social measures will be taken into consideration for safety of all on the project site. Vulnerable groups living along the transportation routes for materials that will be affected by dust and noise pollution will be taken into consideration. This will include using heavy equipment that is appropriate for the transportation of construction materials well covered to avoid dust in the environment. Streets where there are issues with dust will be watered regularly. Areas and routes to be avoided for transportation of construction materials will be schools, health centers or other areas where vulnerable groups reside. Refer to Annex IX regarding the Environmental and Social Screening Form.

**TABLE 2: KEY PROJECT E&S RISKS AND MITIGATION MEASURES**

Component	Potential E&S Risks and Impacts	Mitigation Measures Taken and Proposed	Responsibilities
<b>PLANNING AND DESIGN STAGE</b>			
Location of vaccination centers	<ul style="list-style-type: none"> <li>▪ Noise, traffic congestion, and disruption to daily life for nearby residents.</li> <li>▪ Community health and safety exposure risks in the immediate vicinity of healthcare facilities and vaccination centers.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The MOHW is currently using existing health centers and facilities that do not cause any additional disruptions. Temporary vaccinations outside of the health centers are able to accommodate increased foot and vehicular traffic with minimal disruption.</li> <li>▪ Temporary vaccination centers are managed strictly for the purpose of the campaign and are situated away from residential areas.</li> </ul>	MOHW
Vaccine Readiness and Prioritization	<ul style="list-style-type: none"> <li>▪ Exclusion of marginalized and vulnerable social groups from access to vaccines, facilities, and services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The NVIP identifies various sectors and categorizes the national population including vulnerable populations. The Plan also breaks down the deployment of vaccines into five phases which have been adhered to since the rollout of the vaccination campaign. Training of healthcare workers for COVID-19 vaccination has been carried out as part of the MOHW readiness for the vaccination campaign. The MOHW held simulation exercises with relevant personnel in order to orient them on their roles and troubleshoot any issues that may arise. A vaccination simulation exercise was carried out on 21st February 2021 in Belmopan. The MOHW through the MCH is using the existing Expanded Programme of Immunization (EPI) mechanism to deploy the vaccines to the various health centers, primary health centers, and vaccination sites.</li> </ul>	MOHW
<b>OPERATION STAGE</b>			
Pollution, Contamination, and Infection	<ul style="list-style-type: none"> <li>▪ Inadequate facilities and processes for the treatment of waste.</li> <li>▪ Environmental and community health exposure risks from inadequate handling, storage, transportation, and disposal of infected medical waste, expired and used vaccine vials and cleaning and disinfection products.</li> </ul>	<p>The following actions are in place and will continue throughout Project implementation:</p> <ul style="list-style-type: none"> <li>▪ Segregation, storing, and disposing of all biomedical waste according to strict protocols.</li> <li>▪ Compliance with all requirements of Belize Medical Waste Regulations, 2021.</li> </ul>	MOHW

<p>Infection Control and Prevention</p>	<ul style="list-style-type: none"> <li>▪ Risk of exposure to infectious waste by health care workers, and nosocomial infections for persons accessing vaccination centers and community health and safety.</li> </ul>	<p>The following actions are in place and will continue throughout Project implementation:</p> <ul style="list-style-type: none"> <li>▪ ‘cradle-to-grave’ management for infection control following an assessment of risks along each link of the chain.</li> <li>▪ Proper storage of goods, including samples, pharmaceuticals, vaccines, reagents and hazardous materials.</li> <li>▪ Sharps management, provision and use of appropriate PPE, appropriate cleaning procedures, and health and safety procedures to protect workers and the community.</li> <li>▪ Operating each Healthcare Facility or vaccination center in accordance with national regulations and procedures.</li> <li>▪ Waste segregation, packaging, collection, storage disposal, and transport in compliance with the National regulations and procedures and WHO COVID-19 Guidelines;</li> <li>▪ Regular review of onsite waste management and disposal and training on protocols as needed;</li> <li>▪ The PIU will audit any off-site waste disposal required on a monthly basis to ensure compliance with guidelines and environmental regulations;</li> <li>▪ Practicing waste generation minimization, reuse and recycling where practical in the COVID-19 context.</li> <li>▪ Use of safety boxes to keep sharps (syringes) produced from the COVID vaccination.</li> </ul>	<p>MOHW</p>
<p>Communication on vaccination, including tailored outreach to different groups.</p>	<ul style="list-style-type: none"> <li>▪ Exclusion of disadvantaged and vulnerable groups from vaccination programme.</li> <li>▪ Inadequate public engagement and consultation.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The MOHW carried out consultation with various disadvantaged and vulnerable groups and their representatives, including indigenous peoples, prior to the rollout of the vaccination campaign.</li> <li>▪ The MOHW communication plan targets disadvantaged and vulnerable groups in its communication and outreach activities.</li> <li>▪ The MOHW is carrying out home-based vaccination campaigns for the very ill and bedridden or disabled as necessary.</li> <li>▪ The MOHW has carried and will continue to carry out targeted outreach and vaccination activities to remote rural areas of the country especially in indigenous communities in the Toledo District in a culturally appropriate manner.</li> <li>▪ The MOHW Communication Team disseminates COVID-19 messages and advertisements through various channels from television, social media, flyers, and radio stations in different</li> </ul>	

		languages. They also conduct media monitoring and listening and have also held press briefs on COVID-19 including panel discussions on television and radio to counter negative publicity on vaccines.	
Life and Fire Safety	<ul style="list-style-type: none"> <li>▪ Risk of damage to property, injury and loss of life.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Training and orientation of healthcare workers/facility users on L&amp;FS.</li> <li>▪ Provision and use of appropriate PPE for personnel at vaccination centers.</li> <li>▪ Implementation of good international L&amp;FS practices related to open fires near or around hospitals and health care centers, emergency response, safe transport and storage of materials, and waste management following hygiene practices and protocols.</li> <li>▪ Functionality of fire safety measures including (i) appropriate access restrictions/controls; (ii) correct labeling and (iv) scheduled routine inspection/maintenance program of equipment</li> <li>▪ Fire safety documentation should be done which will detail information on the systems installed in the building and temporary facility.</li> <li>▪ Compliance of hospitals/healthcare facilities building designs with fire escapes, and other fire prevention requirements, have standard smoke exhaust and detectors, drainage, etc.</li> <li>▪ Plan of Action in hospitals, health centers, and temporary vaccination centers to deal with fire emergencies, including evacuation protocols, operation of medical gas, oxygen, and vacuum system zone valves, and incident reporting and corrective actions and audit.</li> <li>▪ Awareness raising campaign, establishing signs in facilities, on L&amp;FS, and on oxygen safety issues and mitigation for all staff, patients, and visitors</li> <li>▪ Fire prevention and training program for staff responsibilities to prevent a fire.</li> <li>▪ Periodic evacuation drills</li> <li>▪ Operationalization of a well-defined protocol for emergency supplies for patients during evacuation or relocation, especially for the elderly and fragile patients, and/or patients connected to life support equipment.</li> <li>▪ The awareness-raising activities (safety signs, labels, brochures, etc.) should cover guidance on emergency and precautionary measures for L&amp;FS for staff, patients, service providers, and visitors.</li> </ul>	

<p>Differentiated treatment access for groups with different needs.</p>	<ul style="list-style-type: none"> <li>▪ Limited access by or exclusions of persons with different needs such as the elderly, pregnant women, and people with disabilities.</li> <li>▪ Exclusion of the LGBTQ+ community and people living with HIV/AIDS.</li> <li>▪ Challenges in outreach to remote rural areas and indigenous communities.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Persons with diverse abilities, elderly persons, and pregnant women are given priority access at vaccination sites.</li> <li>▪ Install signs and public notices that indicates differentiated treatment access for groups with different needs.</li> <li>▪ Carry out home-based visits for the very ill and persons confined at home.</li> <li>▪ Outreach vaccination activities have been carried out specifically for the LGBTQ+ community and indigenous peoples.</li> </ul>	<p>MOHW</p>
<p>HCF disinfection during operation</p>	<ul style="list-style-type: none"> <li>▪ Cross contamination and nosocomial infections.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cleaning staff have been provided by MOHW with adequate cleaning equipment, materials and disinfectant which are being used to disinfect vaccination centers including waiting areas.</li> <li>▪ Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas.</li> <li>▪ Where cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, provide appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes.</li> <li>▪ Train cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials).</li> </ul>	
<p>Vaccine Storage</p>	<ul style="list-style-type: none"> <li>▪ Failure to store and handle vaccines properly can reduce vaccine potency, resulting in inadequate immune responses in patients and poor protection against disease.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Vaccines are stored at the National Vaccination Storage Facility in Belmopan. Vaccine storage is done based on recommended temperature level as indicated in the table above. Temperature levels are validated using varying equipment including fridge tag manual devices as well as software that conveys temperature anomalies to four previously selected officials of the MOHW. These officials include, the Vaccine Technician who are required to respond to any emergencies that may arise with temperature anomalies and the National Vaccination Coordinator, who is responsible for monitoring and validating compliance with temperature control.</li> <li>▪ Vaccines delivered to district health centers and on to vaccination centers are done so in accordance with established cold chain procedures put in place by MOHW.</li> </ul>	<p>MOHW</p>

## 6 LABOUR MANAGEMENT PROCEDURE

This Labour Management Procedure (LMP) guides the planning and implementation of the COVID-19 project and applies to all categories of project workers whether full-time, part-time, or temporary workers with varying levels of exposure to COVID-19. It also applies to the contractor's personnel employed under the project for the construction of the Central Medical Storage Facility. The LMP is in line with the guidance of ESS 2 Labour and Working Conditions in the World Bank Environmental and Social Framework and Guidance Notes to Borrowers. These procedures set out the way in which project workers will be managed in accordance with the requirements of Belizean law and ESS2. This includes direct workers, contractors, and primary suppliers.

The objectives of the ESS 2 are as follows:

- To promote safety and health at work;
- To promote the fair treatment, non-discrimination, and equal opportunity of project workers;
- To protect project workers, including vulnerable workers such as women, persons with disabilities, children (of working age, in accordance with this ESS) and migrant workers, contracted workers, community workers, and primary supply workers, as appropriate;
- To prevent the use of all forms of forced and child labour;
- To support the principles of freedom of association and collective bargaining of project workers in a manner consistent with national law; and
- To provide project workers with accessible means to raise workplace concerns.

The procedures are in accordance with the Belize Labour Act Chapter 297 of the Laws of Belize. In addition to this Labour Act, the following legislation must also be taken into account and complied with. These include:

- a. Government Workers' Regulations
- b. Public Service Regulations
- c. Trade Unions Act
- d. Settlement of Disputes in Essential Services Act
- e. Trade Dispute (Arbitration and Inquiry) Act
- f. Trade Unions and Employers' Organizations (Registration, Recognition, and Status) Act
- g. International Labour Organization Conventions Act
- h. Equal Pay Act
- i. Protection Against Sexual Harassment Act Chapter 107

### **Classification of Project Workers**

The classification of project workers is presented in Table 3 below.

**TABLE 3: CLASSIFICATION OF PROJECT WORKERS**

<b>Type of Worker</b>	<b>Number of Workers</b>	<b>Local Staff</b>	<b>Foreign Staff</b>	<b>Under 14</b>	<b>Timing of Engagement</b>	<b>Skills and Expertise</b>
Civil Servants MOHW	36	36	0	0	2023-2025 6 months contracts	Medical, nursing, data management, Sanitization.
Direct: PIU	5	5			2022-2025	Technical & Financial Staff including Environmental specialist, social specialist; Fiduciary (Procurement, Financial Management, Accountant, Monitoring and Evaluation)
Community Workers	1	1	0	0	2023-2024	Community liaison officer
<b>Total</b>	<b>42</b>	<b>42</b>	<b>0</b>	<b>0</b>		

**Government Civil Servants**

The project activities will require the services of key essential personnel such as doctors, nurses, laboratory technicians, data entry clerks, and sanitizing staff at the vaccination centers. These workers are all likely to be working already as public officers. Therefore, their terms of conditions of work will remain within their public sector employment arrangement, subject to the Belize Public Service Regulations.

Ancillary staff who are hired for the purpose of the vaccination campaign for temporary periods will be subject to the General Workers Regulations of the Government of Belize Public Service.

**Direct Workers**

In addition to frontline health workers, a PIU will be established to coordinate and implement the activities of the project and these persons will be paid directly from project funds. The PIU will be staffed by five (5) mostly technical persons with skills in project management, procurement, monitoring and evaluation, financial, and environmental and social fields.

## **Community Workers**

The project requires outreach, organization, and collaboration at the community level. Community Health Workers, who are all already volunteers with the Ministry of Health and Wellness under the Health Education and Community Participation Bureau (HECOPAB) will assist at the community level by liaising with village leaders and community members regarding the conduction of vaccination campaigns at the community level and health promotion activities.

## **Timing of Labor Requirements**

Project execution activities are expected to start after the effective date of the project; however, retroactive financing will be given for vaccines. It is important to note that frontline health workers, such as Public Health Nurses and Rural Health Nurses who are employed in the Public Service, were engaged in the national vaccination program since March 2021.

**Moving forward, for non-retroactive financed activities, prior to the initiation of duties and responsibilities, contracts with specified employment tenure periods will be given to all contract workers. Grievance Mechanism for Workers**

This mechanism describes the procedure which project workers can use to file complaints and the timeframe for complaint response. Anonymous complaints are acceptable through certain channels and all complaints are confidential. Complaints about SEA/SH in the workplace can be made anonymously and will also be handled confidentially through the complaint-handling process. The GRM process upholds the non-retaliation commitment made in the workers' code of conduct (Annex III).

## **THE BELIZE LABOUR ACT CHAPTER 297**

In accordance with The Belize Labor Act Chapter 297, it is the duty of the Labor Commissioner, subject to the directions of the Minister, to receive and investigate all representations whether of employees or of workers made to him concerning any business, trade, occupation, or employment with a view to the settlement and conciliation of disputes and grievances especially regarding hours and conditions of work and regulation of wages and where necessary to report thereon to the Minister.

Also, notwithstanding anything to the contrary contained in any other law or agreement, the following reason do not constitute good and sufficient cause for dismissal or for the imposition of disciplinary action against a worker, that was subjected to sexual harassment at the workplace or by the employer or another worker of the same employer.

## **PROTECTION AGAINST SEXUAL HARASSMENT ACT CHAPTER 107**

Where the complaint relates to sexual harassment by a fellow worker, the employer concerned should take appropriate action to ensure that the harassment ceases and to report thereon to the Court.



Grievances can be made to the Deputy Regional Health Manager or the Regional Health Manager at the District level, or the Environmental and Social Officer in the PIU. All grievances made at the district level will be forwarded to the E&S Officer for documentation.

Grievances can also be reported to The Department of Labor through its online Labor Complaints Management System. This online platform is used for the reporting of grievances to ensure that workplace grievances are resolved. Complaints can also be made in person at the Labor Department through a Labor Officer, who also guides and enters the complaint on the Online Platform and educates the complainant about the online platform. The complainant can follow up on his/her complaint via the online platform. The complaint process is confidential.

**Contact details for the labor complaint system are listed below, anonymous complaints are possible through the email and phone channels, but the on-line submission requires the names fields and date of birth to be completed in order to submit a complaint:**

**Email:** [info@labour.gov.bz](mailto:info@labour.gov.bz)

**Online submission:** <https://complaints.labour.gov.bz/email/>

**Phone:** 501-822-2679

### **Process and timeline for complaints:**

Complaints submitted to the Labor Department through its online Complaints Management System are received and distributed to Labor Officers. The time frame for the processing of complaints differs from one to two weeks, with a maximum processing time of four (4) weeks depending on the severity of the complaints.

Complaints made with the Deputy Regional Health Manager or the Regional Health Manager at the District level or the PIU E &S officer will also be processed within one to two weeks, with a maximum processing time of 4 weeks. Should the matter require urgent attention, such is dealt with urgently.

Where complaints are made or complaints forms delivered at a district hospital, the receiving officer will forward the complaint to the Environmental and Social officer to log in the project logbook or database if it is a project-related complaint. The Environmental and Social Officer based in the PIU is responsible for recording the complaints in the project's grievance logbook or database.

### **Monitoring and Reporting of Labour Complaints**

The environmental and social (E&S) officer at the PIU is responsible for monitoring all the labour complaints that relate to the project. He or she will liaise with the Department of Labour each month to monitor the progress of complaints that are related to this project and to identify if other complaints entering the Ministry of Labor system are related to this project.

Similarly, where labour complaints are made or complaints forms delivered at a district hospital, the receiving officer will forward the complaint to the E&S officer to log in to the project labour GRM logbook or database if it is project related. The E & S officer will liaise with the hospital each month to monitor the progress of the complaint and to identify any other complaints which may have been received related to this project.

The PIU will report to the World Bank the number of labour complaints and process towards resolution during regular reporting.

### Assessment of Key Potential Labour Risks

The key labour risks which may be associated with the project activities include:

1. Lack of awareness of occupational health and safety requirements such as the appropriate use of PPE and safe workplace practices.
2. The conduct of hazardous activities, such as the use of reagents and use of sharps in the vaccination process.
3. Risks of pathogen exposure, infection, and associated illness, and death, for workers engaged in carrying out vaccination campaigns.
4. Vaccination campaign workers as vectors of COVID-19 and hence risks to community health and safety;
5. Risks associated with GBV and Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) in general and especially in vaccination centers;

Electrical safety due to the use of faulty electrical devices, such as cable plugs, cords, and other equipment.

Table 4 below outlines the foreseen labour risks associated with Component 1 of the project in particular.

**TABLE 4: LABOUR RISKS AND MITIGATION MEASURES**

Project Component	Risk/Impact	Mitigation Measures	Responsibility	
			Implementation	Supervision
Component 1: Emergency COVID-19 Response. (Vaccine purchasing and vaccine deployment.)	1. Lack of awareness on occupational health and safety requirements such as the appropriate use of PPE and safe workplace practices.	<ul style="list-style-type: none"> <li>▪ Before commencing the vaccination campaign, the MOHW carried out training and simulation exercises to all workers on the vaccination plan and associated EHS risks. and will continue to do so as needed.</li> <li>▪ Team leaders at vaccination centers will hold regular team meetings to ensure that EHS matters are addressed continuously and consistently.</li> </ul>	Team Leaders	MOHW/PIU

Project Component	Risk/Impact	Mitigation Measures	Responsibility	
			Implementation	Supervision
	2. The conduct of hazardous activities, such as the use of reagents and use of sharps in vaccination process.	<ul style="list-style-type: none"> <li>▪ The MOHW provides PPE for frontline staff at vaccination centers.</li> <li>▪ Sharp boxes are provided and used at vaccination centers for the proper disposal of syringes.</li> </ul>	Team Leaders	MOHW/PIU
	3. Risks of pathogen exposure, infection and associated illness, death, for workers engaged in carrying out vaccination campaign.	<ul style="list-style-type: none"> <li>▪ The MOHW provides PPE for frontline staff at vaccination centers.</li> <li>▪ The MOHW ensures access to clean water and sanitizing agents for hand hygiene.</li> <li>▪ Medical wastes are separate at source, stored and transported according to established MOHW protocols and Medical Waste Regulations.</li> </ul>	Team Leaders	MOHW/PIU
	4. Vaccination campaign workers as vectors of COVID-19 and hence risks to community health and safety.	<ul style="list-style-type: none"> <li>▪ Vaccination staff are to wear appropriate PPE and maintain all COVID-19 health protocols established by the MOHW.</li> </ul>	Team Leaders	MOHW/PIU
	5. Risks associated with GBV and SEA/SH in general and especially in vaccination centers.	<ul style="list-style-type: none"> <li>▪ The MOHW will carry out training in topics related to Code of Conduct (Annex III) such as sexual harassment, particularly towards women and children, violence, including sexual and/or gender-based violence and respectful attitude while interacting with the local community.</li> </ul>	Team Leaders	MOHW/PIU
	6. Electrical safety risks due to the use of or faulty electrical devices, such as cable plugs, cords, and other equipment.	<ul style="list-style-type: none"> <li>▪ All energized electrical devices and lines are to be marked with warning signs.</li> <li>▪ Regularly check all electrical cords, cables, and hand power tools for frayed or exposed cords and following manufacturer recommendations for the maximum permitted operating voltage of the portable equipment.</li> </ul>	Team Leaders	MOHW/PIU

Project Component	Risk/Impact	Mitigation Measures	Responsibility	
			Implementation	Supervision
Component 2  Project Management (Construction of Medical Storage Facility)	7. Labour Risk for Project Management Workers 8. Labour Risks for construction workers 9. Risks of exposure, infection and associated illness, for workers engaged in construction 10. Risks of injury, associated with work for workers engaged in construction. 11. Risks associated with GBV and SEA/SH in general at the construction site.	<ul style="list-style-type: none"> <li>▪ Existing Labour laws, Complaints Mechanism for Labour</li> <li>▪ Labour Law, Complaints Mechanism for Labour</li> <li>▪ Benefits from the Social Security Board</li> <li>▪ Before commencing the construction, the MOHW (PIU) will carry out training on Health Safety and Hygiene at works to all workers</li> <li>▪ The PIU will supervise Contractor Training and activities related to Occupational Health and safety.</li> <li>▪ The MOHW will carry out training in topics related to Code of Conduct such as sexual harassment, particularly towards women construction workers, including sexual and/or gender-based violence and respectful attitude while interacting with each other at construction site and the wider community</li> </ul>	PIU, Labor Department  PIU, Labour Department  PIU  Contractor's Safety Officer, PIU, Labor  Team Leader	PIU  PIU  PIU  PIU

**Terms and Conditions of Work**

This section sets out the terms and conditions of work while keeping with the requirements of the national labour legislation and the Public Service Regulations for different categories of workers. The overview focuses on legislation that relates to the items set out in ESS 2, paragraph 11 (i.e., wages, deductions, and benefits). The Labour Act Chapter 297 of the Laws of Belize will apply to all project workers, including full-time, part-time, and contracted workers. In cases where national law does not meet the requirement of ESS2, ESS2 applies.

**a.) Working hours**

- Not obliged to work more than nine (9) hours of work in any day
- Not obliged to work more than six (6) days in any week
- Not obliged to work more than forty-five (45) hours of work in any week
- Employees are entitled to a break of one (1) hour per 9-hour shift.

**b.) Overtime**

- Overtime at 1 ½ times the ordinary rates of pay for work done in excess of times listed above

All work done on Christmas Day, Good Friday, and Easter Monday is paid at twice the ordinary rate of pay.

**c.) Periods of Rest**

- No worker shall be obliged to work on any public holiday
- No worker shall be obliged to work on Sundays if Sunday is the agreed rest day, or another agreed rest day substituted for a Sunday by agreement between an employer or an organization of employers, on the one hand, and a worker or organization of workers, on the other hand, entered into not less than seven days before such rest day is taken.

**d.) Maternity Leave and Benefits**

A female worker is entitled to fourteen (14) weeks of maternity leave which shall be on full pay as follows:

- Up to a maximum of seven weeks before the expected date of confinement on full pay
- The balance after the expected date of confinement on full pay
- Two weeks before and seven weeks after the expected date of confinement shall be mandatory.

Provided that a medical certificate stating the expected date of delivery is submitted at least ten (10) weeks before the leave is due.

Provided that during the twelve (12) months preceding her confinement, she was employed by the same employer for a period of not less than one hundred and fifty (150) days.

If she was employed for less than one hundred and fifty (150) days, she will be entitled to maternity leave without pay.

If a worker is entitled to maternity benefits under the Labour Act and the Social Security Act, the worker will receive maternity benefits from the Social Security Board and in addition be entitled to be paid by her employer the difference, if any.

**e.) Termination & Dismissal**

Termination of service may occur by any of the following conditions as per the Belize Labour Act.

- By the expiry of the period for which it was made
- By the death of the employer or worker
- By agreement between the parties if the worker is unable to fulfill a contract due to sickness or accident with the consent of the Labour Commissioner
- By an act of either side terminating the contract with notice
- By the worker becoming redundant.

Similarly, a worker may be dismissed for good and sufficient cause. This means any of the following:

- Misconduct (whether on the job or not)
- Willful disobedience to lawful orders
- Lack of skill which the worker expresses to possess
- Habitual or substantial neglect of duties
- Absence from work without the permission of the employer or other reasonable excuse.

#### **f.) Non-discrimination**

Belize labour laws prohibit discrimination based on worker's race, color, sex, marital status, ethnic origin, family responsibilities, religion, nationality, indigenous population, or social origin; worker's physical structure, disability or age, pregnancy status, HIV/AIDs status and protect workers from sexual harassment and unfair dismissal. The project will seek to establish equal opportunities for all types of employment.

#### **g.) Collective Bargaining**

Workers under Belizean law have a right to be organized under a recognized trade or labour union. This right to organize for collective bargaining in accordance with national law will be fully adhered to.

#### **h.) Child and Forced Labour**

Belizean labour laws allow children to work at the age of 14 years, however, this must not be in an environment that is hazardous and must not put the child's well-being at risk. No child under the age of 18 years will be allowed to work on activities under this project.

Forced labour is prohibited by law.

#### **Occupational Health and Safety of Health Workers**

Belize does not have an Occupational Health and Safety (OHS) Law, nonetheless, the PIU and HCFs will ensure the following:

- Regular delivery and proper storage of goods, including samples, pharmaceuticals, disinfectants, reagents, other hazardous materials, PPE, etc.;
- Ensure protocols for regular disinfection of public spaces, observation rooms, equipment, tools, and waste are in place and followed;
- Ensure hand washing and other sanitary stations are in place and constantly supplied with clean water, soap, and disinfectant;
- Ensure all equipment including autoclaves are in working order;
- Provide regular testing to healthcare workers routinely in contact with COVID-19 patients.
- No person under the age of 18 is employed for the project given the hazardous work environment.

- Ensure that if health care workers have access to a GRM to allow them to raise concerns or grievances regarding workplace safety, assignment, and other security/safety issues.

## 7 PROCEDURES TO ADDRESS ENVIRONMENTAL AND SOCIAL ISSUES

The purpose of this ESMF is to ensure that the identified E&S risks under the project are mitigated, controlled, or eliminated through appropriate E&S risk management measures to be implemented throughout the life of the Project. Specific E&S management measures will need to be followed for the activities to be financed under the project. Up to 70% of the project financing can be utilized for the retroactive financing of vaccines. The Rapid E&S Assessment undertaken has recommended measures to address the gaps identified and these are described in section 5 above.

The E&S specialist will ensure all measures are implemented throughout the life of the project. The other activities that may be financed by the project will include the procurement of ancillary supply kits and medical equipment, scale-up of the outreach program, capacity building, and other technical assistance-type of activities. The E&S specialist will review all procurement packages and other documents developed such as terms of references, surveys, etc. to ensure E&S aspects are considered and measures are taken to manage any risks. Though these project activities are expected to have low impacts, they will be screened for E&S issues as per the form in Annex VI to ensure they comply with the environmental and social standards. Copies of each of these screening forms will be kept at the PIU. This screening form sets out a list of questions for the screening of E&S risks and impacts and the procedure to be followed.

### **Consultation and Public Disclosure**

Given the need for continuing compliance with MOHW pandemic management protocols, stakeholder consultations will continue to be conducted virtually and face to face, whenever possible, as outlined in the project's SEP. The SEP has identified key stakeholders and organized consultations for information exchange about the Project and its risks and impacts. All instruments will be disclosed on the MOHW website with printed copies also available at their offices and preferably with the HCFs. See section 9 below for more on Public Consultations and Disclosure.

### **Implementation and Monitoring of E&S Plans and Instruments**

The PIU as well as the individual HCF will be responsible for the implementation of the E&S instruments developed under the project. The PIU will also provide implementation support and supervision.

### **Monitoring and Reporting.**

There will be two types of reports; monthly from the HCFs to the PIU and periodic reports from the PIU to the Bank as per ESCP:

- a) **Monthly Reports.** Individual HCFs will prepare and provide monthly reports to the PIU on each activity being undertaken. These reports will include progress on project-related activities, statistics related to the implementation of the waste management procedures, any

grievances received via the GRM and information on their resolution, and any other relevant information.

- b) **Periodic Reports.** The PIU through the MOHW will submit an overall report of project implementation to the Bank as per commitment on the Environment and Social Commitment Plan (ESCP) throughout the project implementation period. These reports will include statistics on national project implementation; a summary of grievances received and their resolution, a summary of activities for each individual HCF, and copies of screenings and individual HCF instruments prepared during the subject quarter. The ESCP reporting template is provided in Annex IV.

### **Eligibility criteria for exclusion of project activities**

Access to project financing in support of any of the following activities listed is prohibited.

- a) Uses of goods and equipment involving forced labour, child labour, or other harmful or exploitative forms of labour.
- b) Purchase and use of formulated projects that fall in the World Health Organization classes IA and IB or formulations of products in class II if they are likely to be used by, or be accessible to, lay personnel, farmers, or others without training, equipment, and facilities to handle, store and apply these products properly.
- c) Financing elections or election campaigning.
- d) Funding salaries or salary supplements of government security personnel.
- e) Purchase of firearms or other weapons.
- f) Activities that contravene local laws related to the purchase and consumption of tobacco, alcoholic beverages, and other drugs.
- g) Manufacture of alcohol for local consumption and/or cultivation of crops for this purpose.
- h) Activities carried out in relation to the adjudication of lands under dispute.
- i) Purchase of land.
- j) Activities that have the potential to cause adverse impacts on critical habitats.
- k) Activities that lead to conversion, deforestation, or degradation of natural forests or other natural habitats, including, among others, conversion to agriculture or tree plantations.
- l) Activities affecting protected areas (or buffer zones thereof).
- m) Activities related to the commercialization of illegal timber and non-timber forest products.
- n) Construction and/or restoration of religious buildings.
- o) Removal or alteration of any physical cultural heritage property (includes sites having archaeological, paleontological, historical, religious, or unique natural values).
- p) Uses of goods and equipment for military or paramilitary purposes.
- q) Use of goods and equipment in response to conflict, in any area with active military or armed group operations.
- r) Forced vaccinations



## **8 PUBLIC CONSULTATION AND DISCLOSURE**

### **Consultation Approach**

As set out in ESS10 and the Project's Stakeholder Engagement Plan, the MOHW will continue to engage with, and provide sufficient information to stakeholders throughout the life cycle of the project, in a manner appropriate to the nature of their interests and culture, and the potential environmental and social risks and impacts of the project. The MOHW will provide to the Bank and disclose final or updated documentation and E&S instruments. All environmental and social instruments will be published on the MOHW website, and social media pages and will also be made public by the Bank, once approval and clearance are granted.

### **Public Disclosure**

The disclosure of information will be done through the use of local radio and TV stations and through social media platforms such as Facebook and Instagram to reach the local communities. The information being disclosed should be translated into languages that the targeted stakeholders understand. In general, the information that will be published should contain: i) basic information on the sub-project; ii) environmental categorization; iii) terms of reference for any required environmental studies; iv) the summary and the results of the community consultations; and v) the environmental and social studies developed.

To ensure proper and adequate participation of stakeholders and communities, they must be given information package prior to any meeting and be given sufficient notice time for any meetings to be held and the translator/s must participate to assist with necessary translation. This is to ensure that they are able to participate meaningfully in the consultations. Furthermore, guidelines stated in the SEP will be adopted when conducting stakeholder consultation and engagement.

### **Summary of Stakeholder Consultations Held**

During preparations for vaccine rollout, consultations on the National COVID-19 Vaccine Introduction Plan were conducted with the National Coordinating Committee in December 2020 and with the NITAG in January 2021 (See Table 5). The final version of the Plan was shared again with both committees in February 2021. Comments and feedback from both groups regarding a phased approach were incorporated directly into the Introduction Plan before implementation.

As part of the vaccine rollout, the Ministry of Health and Wellness held a session in the Toledo District on 9<sup>th</sup> June 2021 specifically targeting village leaders to provide information on the vaccination program and well as provide an opportunity for the leaders to ask questions regarding the vaccine as well as respond to other questions they may have. A total of 39 (26 male/13 female) villagers and community leaders participated.

Wider consultations were also held with numerous project stakeholders based on the stakeholder identification exercise carried out in the Stakeholder Engagement Plan which is exclusively for this project. During the session, personnel from the Ministry of Health and Wellness presented an overview of the objectives, components, and activities of the project, an overview of the stakeholder engagement plan, and the Grievance Redress Mechanism. Further details of consultation activities can be found in the project's Stakeholder Engagement Plan.

The project-specific consultations sessions were held as shown in the table below and the issues raised, and the responses given are documented in the project’s SEP:

**TABLE 5: CONSULTATION SESSIONS ALREADY HELD**

<b>Session</b>	<b>Date of Session</b>	<b>Number of Participants</b>	<b>Format</b>	<b>Organizations Represented</b>
<b>Session 1 - Affected Parties</b>	December 10th, 2021	19 (9 females, 11 males)	Zoom	<ul style="list-style-type: none"> <li>• Northern Regional Hospital</li> <li>• Western Regional Hospital</li> <li>• Western Regional Hospital</li> <li>• Southern Regional Hospital</li> <li>• Dangriga Poly Clinic</li> <li>• Punta Gorda Community Hospital</li> <li>• Corozal Community Hospital</li> </ul>
<b>Session 2 – Interested Parties</b>	December 13 <sup>th</sup> , 2021	11 (6 females, 5 males)	Zoom	<ul style="list-style-type: none"> <li>• Pan-American Health Organization/WHO</li> <li>• Global Fund Programme/UNDP Belize</li> <li>• Nursing Department, University of Belize</li> <li>• Galen University</li> <li>• Health Sector Development Unit, CARICOM</li> <li>• Belize Chamber of Commerce and Industry (BCCI)</li> <li>• Belize Medical Associates</li> </ul>
<b>Session 3 – Vulnerable Groups</b>	December 13 <sup>th</sup> , 2021	8 (4 females, 4 males)	Zoom	<ul style="list-style-type: none"> <li>• National AIDS Commission</li> <li>• Executive Director GOJoven Belize Alumni Association (GOBelize)</li> <li>• Toledo Alcaldes Association and Belize National Indigenous Council</li> <li>• President, National Association of Village Councils</li> <li>• Belize Red Cross</li> <li>• Autism Belize</li> <li>• Executive Director, United Belize Advocacy Movement (UNIBAM)</li> </ul>

## **Direct outreach with Indigenous Peoples**

In the Toledo District, a consultation was conducted with Toledo Alcalde Association, Alcaldes, Chairmen, Community Health Workers and to Maya Leaders Association to identify communities that needed a targeted approach. A list of communities was identified and the MOHW launched a one-week campaign from December 13<sup>th</sup> to December 19<sup>th</sup>, 2021, to target IPs in the Toledo District. Several issues arose during the consultation such as the efficacy of the Covid-19 vaccines, the reason behind the signing of a consent form for the administration of the Covid-19 vaccine to children 5-17 years. Also, questions were brought about regarding the side effects of the Covid-19 vaccine and language barriers between the vaccinator and the patients.

Dr. Jorge Sajia, Deputy Regional Manager, Toledo District Health Services did a health education session to educate the participants about the effectiveness, side effects, and importance of the Covid-19 vaccine. He also clarified myths and speculations regarding the vaccine and answered all questions and concerns made by the participants.

The campaign was door-to-door visits in rural communities in the Toledo District for five (5) days and two (2) days in Punta Gorda Town. Two teams were accompanied by campaigners and translators, with fifteen (15) campaigners providing relevant information to the community and inviting them to get the vaccines. To allow these communities to access the vaccines, the two teams visited two communities per day, spending an average of three (3) hours in each community.

Although continuous health education sessions on Covid-19 vaccine were conducted in different languages in the communities, vaccine hesitancy remains notably high. Vast interventions were carried out to improve the uptake of vaccines, including incentive packages, raffles, and mass media campaigns. As the project moves forward, to ensure accessibility of the Covid-19 vaccine, vaccine sites were set up at health centers, clinics, and hospitals.

## **9 STAKEHOLDER ENGAGEMENT**

A Stakeholder Engagement Plan (SEP) Section 9 has been prepared for the project detailing stakeholder identification, method and subject of communication, and a GRM. The SEP is to be referred to for detailed requirements on stakeholder engagement and GRM. The draft is available here, the final will be disclosed on the MOHW website once that website has been updated.

<https://www.pressoffice.gov.bz/belize-covid-19-emergency-response-project-bcerp/>

## **10 GRIEVANCE REDRESS MECHANISM**

The Ministry of Health & Wellness utilizes several systems to ensure quality patient care delivery. This Complaints/Grievance policy replaces the Complaint and Incident Policies and is developed to provide notification of all forms of grievances, complaints, incidents, and accidents that occur involving patients, staff, visitors, equipment, and services and by no means replaces the Ministry of Public Service Disciplinary Manual.

Upon orientation, all members of staff will be oriented on the Complaints/Grievance Policy. Contract workers will be given a contract with an Annex which includes a code of conduct, Disciplinary measures, and complaints mechanism.

The main focus of the Complaints/Grievance Policy is to enhance the current continuous health facility improvement efforts that will foster a culture of safety, efficiency, comfort, team spirit, and transparency.

In an effort to improve the overall services within the health system, all health facilities should establish a complaints/grievance/incident/accident station with proper signage and instruction guide, writing utensils, reporting form, and a drop box which is located at a strategic in all Public Health facilities. Healthcare providers, staff, patients, other employees, and visitors are encouraged to complete and submit a Complaint/Grievance Reporting Form, should the need arise.

It has generally been recognized that the most effective and efficient way to handle complaints/grievances/accidents is to resolve them at the service delivery level. Hence, the importance of the Complaints/Grievance drop box at all Public Health facilities.

The purpose of the policy is to:

1. To improve the delivery of quality healthcare services and protect patients' health, rights, and safety by ensuring grievances, complaints, incidents, or accidents are recorded, reviewed, investigated, tracked for trends, and resolved to the best extent possible.
2. To provide a mechanism that identifies, addresses, and manages users, or next of kin or their significant others or representative who voice any grievances, complaints, incidents, or accidents including gender-based violence<sup>2</sup>, about the quality of the care they received and the timeliness and efficient how it is managed.
3. To ensure that each patient is informed as to whom to contact to file a grievance, complaint, incident, accident, etc.
4. To describe the process for the prompt resolution of a patient's (or his/her representative) grievance regarding an alleged violation of patient rights.
5. To provide a safe environment for users of the facility.
6. To promote a fair and just culture where staff are supported in reporting adverse incidents or accidents.
7. Ensure a transparent and structured grievance, complaint, and incident or accident management system.
8. To promote a system-centered approach rather than a person-centered approach to problem resolution.
9. To identify trends throughout the health facility for grievances, complaints, accidents, and adverse incidents.
10. To ensure that opportunities for quality and safe health care are identified and maximized.
11. To improve user satisfaction.
12. To ensure, when necessary, that there is a mechanism for timely referral of patient concerns regarding the quality of care to the appropriate Peer Review Team.

Where there are grievances/complaints/incidents/accidents involving system errors in health facility management or care, the Director of Hospital Services and Allied Health will direct the

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<sup>2</sup> GBV complaints follow the same process as other grievances or complaints and are kept anonymous to protect the victim's identity.

health facility to take appropriate measures to rectify such errors. However, on issues relating to professional misconduct or malpractice, the MOHW may consider referring the case to the respective Professional Councils or Regulatory Body or to the Local Court. The Policy provides for the submission and investigation of anonymous complaints. But the website requires the inclusion of an email address for tracking “You must have a valid email address to submit a complaint.”.

The Environmental and Social Officer in the PIU will be notified of all complaints/grievance forwarded to the DHS for appropriate measures and complaints made at the District level related to the COVID-19 project. Once a complaint has been received, through any channel, it will be recorded in the complaints logbook or grievance/complaints Excel sheet or a purpose-designed grievance database.

### **Contact details to reach the Grievance Mechanism**

Because of the decentralized complaints process, there are more than one option for complainants to submit their complaints. In the first instance, the option is local, and tied to the health service area, the contact details are below:

- **Corozal Community Hospital**  
Deputy Regional Health Manager  
Phone Number +501- 422-3909
  
- **Northern Regional Hospital**  
Regional Health Manager  
Phone Number +501 322-214
  
- **Central Health Region**  
Regional Health Manager  
Phone Number +501- 223-2722/2723
  
- **Western Regional Hospital**  
Regional Health Manager  
Phone Number +501- 822-2263
  
- **San Ignacio Community Hospital**  
Deputy Regional Health Manager  
Phone Number +501- 804-2761
  
- **Southern Regional Hospital**  
Regional Health Manager  
Tel. No +501 522-3832/3834
  
- **Punta Gorda Community Hospital**  
Deputy Regional Health Manager South  
Tel. No +501 722-2145

Walk-ins may register a complaint at clinics/hospitals on a complaint form at healthcare facilities, vaccination sites, or suggestion box at clinics/hospitals, complaints can be submitted anonymously in these channels. In addition, and in the near future, complaints can be submitted via an online Complaints Form which will be available on the MOHW website once the website is re-established.

The Project Implementation Unit can also accept labour-related complaints:

Mr. David Perera. MSc.  
 Environment and Social Officer  
 Policy, Planning, and Project Management Unit  
 Ministry of Health and Wellness  
 Phone Number: 828-5242/828-5232

The GM will include the following steps and indicative timelines (See Table 6):

**TABLE 6: STEPS IN GRM**

Process	Description	Time frame	Responsibility & remarks
<p><b>Receiving grievances</b></p>	<p>Complaints/Grievances can be filed in person, via phone, letter, email, or recorded during public/community interaction.</p> <p>A patient or his or her legal guardian or next of kin or their significant others or representatives, staff or volunteer who perceives that his/her right has been violated or whose issues cannot be resolved to his/her satisfaction may submit a written or verbal grievance, complaint, or incident report to the established grievance team member, Regional or Deputy Regional Health Manager or Hospital Administrator or designate, or to the PIU directly.</p>	<p>Throughout Project implementation</p>	<p>Regional Health Manager or designate, PIU Environmental and Social Officer.</p>

<b>Grievance assessed and logged</b>	Where complaints are made or complaints forms delivered at a district hospital, the receiving officer will forward the complaint to the Environmental and Social officer to log in the project logbook or database if it is a project-related complaint. The Environmental and Social Officer based in the PIU is responsible for recording the complaints in the project's grievance logbook or database.	1 working day upon receipt of the complaint	PIU Environmental and Social Officer
<b>Grievance is acknowledged</b>	The complaint will be acknowledged by the Deputy Regional Health Manager/Regional Health Manager or designate. The RHM and/or E&S officer will contact the complainant directly in writing and confirm the reception of the grievance and explain the next steps.	Acknowledgment is sent by the RHM and/or E&S officer 2-3 working days upon logging the complaint.	Regional Health Manager or designate, PIU Environmental and Social Officer
<b>Investigation</b>	Deputy Regional Health Manager/Regional Health Manager or designate and/or E&S officer will investigate. Once investigations are completed and recommendations implemented, the PIU should update the project's grievance logbook.	7-10 working days	Regional Health Manager or designate, PIU Environmental and Social Officer
<b>Further investigation</b>	If, within 7 working days, the grievance, complaint, incident, or accident is not resolved, an acknowledgment/update letter shall be sent to the complainant or his/her representative. Completion of the investigation shall occur within 30 days unless otherwise specified in the letter.	Within 30-35 days upon acknowledgment of the complaint.	Regional Health Manager or designate, PIU Environmental and Social Officer
<b>Resolution/Fee dback</b>	Once a redress to a grievance has been proposed this measure will be communicated to the E&S Officer of the PIU, who then will communicate the decision to the aggrieved party  Cases that can be resolved at the district or regional level will be done so. Only cases that cannot be resolved at the level		

	and appeals will be forwarded to the Director of Hospital Services and Allied Health at the Ministry of Health and Wellness.		
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### **Appeals Process**

The complainant can request a review of the result or decision at the District level from the Office of the Director of Hospital Services & Allied Health, Ministry of Health and Wellness. Complainants can also pursue legal recourse at any point during the grievance process - the use of the Project's or Ministry's grievance mechanism does not prevent a complainant from pursuing legal remedy separately.

The direct contact details for the Office of the Director can be obtained by contacting the MoHW

1. Hotline: 0-800-664-2273
2. Telephone: +501 822-2325
3. Email: [informationofficer@health.gov.bz](mailto:informationofficer@health.gov.bz)

### **Arrangements for Grievance Mechanism in Indigenous Communities.**

Language and cultural barriers will be accommodated by multicultural and lingual staff at all facilities. Where a complainant's first language is not English, an interpreter will assist the complainant in completing and submitting the Complaints/grievances.

## **11 INSTITUTIONAL ARRANGEMENTS, RESPONSIBILITIES, AND CAPACITY BUILDING**

This section describes the institutional arrangements to implement the ESMF including screening for environmental and social risks and impacts, preparation and consultation in relation to the assessment and identification of mitigation measures, review, clearance, and disclosure of documentation and instruments, and monitoring the implementation of the ESMP, and other relevant instruments.

### **Ministry of Health and Wellness**

The MOHW is responsible for the execution of activities under the project and no change will take place in implementation arrangements without being authorized by this Ministry. A project implementation unit (PIU) will be established in MOHW to coordinate and manage the overall activities under this project.

### **Project Implementation Unit**

The PIU will recruit an Environment and Social Specialist, who will enhance the E&S capacity of the Ministry and will support the implementation of the E&S instruments prepared for the project. The E&S specialist will be responsible for the overall environmental and social aspects of the project and for coordinating, implementing actions, monitoring, and reporting on the projects' compliance with the environmental and social standards and commitments, including those set



forth in the ESMF (and LMP), SEP, ESCP, and any other Project E&S documents. The E&S Specialist will be responsible for ensuring that the Project's E&S outcomes are achieved and that any adverse impacts are effectively avoided and/or mitigated in a timely manner. The E&S specialist will work closely with the Project coordinator.

### **Maternal and Child Health Unit (MCU)**

The MOHW will utilize the existing EPI Unit under the MCH Unit to deliver the COVID-19 vaccination. The relevant unit will be bolstered with human resources and equipment to fulfill this task. The overall management of the vaccine distribution is the responsibility of the MCH which has local MCH units at the district level (urban). Once vaccines are available at the national stores, distribution to the districts will be done via urban health centers for onward distribution to the rural facilities which will be done by the District Public Health Nurse.

Medical staff at the vaccination centers will be responsible for the implementation of infection prevention and control measures according to the MOHW's National Guidelines on Infection and Prevention and Control as well as the National Vaccine Introduction Plan. The vaccination staff is similarly responsible for the proper management and handling of waste generated at the vaccination centers. The MOHW has AEFI response measures in place and the medical staff at the vaccination centers are similarly responsible for their implementation. Each vaccination team reports to a hospital administrator or to the regional health manager and these senior managers will ensure that all relevant health protocols are in place and being implemented.

### **The National Technical Working Group**

The National Technical Working Group (NTWG) is an integrated committee made up of head of various units within the MOHW, with the goal of coordinating the activities for the successful completion of the COVID-19 vaccination campaign. There is a core sub-group of the NTWG which is made up of the MCH TA, EPI Manager, DDHS-Nursing, Principal Public Health Inspector (PHI), Ag Director Drug Inspectorate Unit (DIU), Health Communication and Participation Bureau (HECOPAB), Regional Health Manager - Central Health Region and one of the Pediatricians from Northern Health Region. The core TWG meets once a week to follow up on pending actions. Additionally, each district has a coordinating committee that oversees the introduction of the COVID-19 vaccine and local stakeholders have been actively involved from the preparatory phase of the vaccination programme.

### **Department of Environment**

The environmental safeguards aspects are overseen by the DOE under the Ministry of Sustainable Development, Climate Change, and Disaster Risk Management. The DOE is mandated to look after all issues related to environmental safeguards including waste management, pollution, and overall environmental protection. The district health teams are to ensure that waste management protocols and DOE requirements are being adhered to at all vaccination centers.

## **National Immunization Technical Advisory Group**

The National Immunization Technical Advisory Group (NITAG) is an independent advisory group established by the MOHW and is made up of qualified professionals. Their role is to oversee and provide technical advice to the MOHW on the rollout and implementation of the national immunization program and AEFI events.

### **Capacity Building**

For capacity building, training materials developed by WHO will be adapted, and additional training materials will be created if required. The training materials will consist of information about the COVID-19 vaccine(s), infection prevention and control (IPC), microplanning, session organization, cold chain, and logistics management, conducting sessions, vaccine safety, AEFI management, waste management, monitoring, and supervision. Training on the following topics will be conducted, including the development of additional materials:

- COVID-19 vaccination & IPC guidelines for supervisors, field workers, and vaccinators.
- Working in COVID-19 environment;
- Vaccine storage, transportation, and deployment;
- COVID-19 Infection Prevention and Control Recommendations;
- Standard precautions for COVID-19 patients (Health care workers) Waste disposal and management (waste disposal and healthcare personnel);
- Code of Conduct;
- Grievance Redress Mechanism;
- Survivor-centered approach to addressing GBV and
- Risk communication, prevention, and community engagement.

## ANNEXES

### Annex 1. Resource List: COVID-19 Guidance

#### WHO Guidance

##### Advice for the public

- WHO advice for the public, including on social distancing, respiratory hygiene, self-quarantine, and seeking medical advice, can be consulted on this WHO website: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

##### Technical guidance

- [Infection prevention and control during health care when novel coronavirus \(nCoV\) infection is suspected](#), issued on March 19, 2020
- [Recommendations to Member States to Improve Hygiene Practices](#), issued on April 1, 2020
- [Severe Acute Respiratory Infections Treatment Center](#), issued on March 28, 2020
- [Infection prevention and control at health care facilities \(with a focus on settings with limited resources\)](#), issued in 2018
- [Laboratory biosafety guidance related to coronavirus disease 2019 \(COVID-19\)](#), issued on March 18, 2020
- [Laboratory Biosafety Manual, 3rd edition](#), issued in 2014
- [Laboratory testing for COVID-19, including specimen collection and shipment](#), issued on March 19, 2020
- [Prioritized Laboratory Testing Strategy According to 4Cs Transmission Scenarios](#), issued on March 21, 2020
- [Infection Prevention and Control for the safe management of a dead body in the context of COVID-19](#), issued on March 24, 2020
- [Key considerations for repatriation and quarantine of travelers in relation to the outbreak COVID-19](#), issued on February 11, 2020
- [Preparedness, prevention and control of COVID-19 for refugees and migrants in non-camp settings](#), issued on April 17, 2020
- [Coronavirus disease \(COVID-19\) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health](#), issued on March 18, 2020
- [Oxygen sources and distribution for COVID-19 treatment centers](#), issued on April 4, 2020
- [Risk Communication and Community Engagement \(RCCE\) Action Plan Guidance COVID-19 Preparedness and Response](#), issued on March 16, 2020
- [Considerations for quarantine of individuals in the context of containment for coronavirus disease \(COVID-19\)](#), issued on March 19, 2020
- [Operational considerations for case management of COVID-19 in health facility and community](#), issued on March 19, 2020
- [Rational use of personal protective equipment for coronavirus disease 2019 \(COVID-19\)](#), issued on February 27, 2020
- [Getting your workplace ready for COVID-19](#), issued on March 19, 2020
- [Water, sanitation, hygiene and waste management for COVID-19](#), issued on March 19, 2020
- [Safe management of wastes from health-care activities](#), issued in 2014

- [Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus \(COVID-19\) outbreak](#), issued on March 19, 2020
- [Disability Considerations during the COVID-19 outbreak](#), issued on March 26, 2020
- [Global manual on Surveillance of adverse events following immunization, issued 2016](#)
- [How to monitor temperature in the vaccine supply chain, issued July 2015](#)

## **WORLD BANK GROUP GUIDANCE**

- [Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings](#), issued on March 20, 2020
- [Technical Note: Use of Military Forces to Assist in COVID-19 Operations](#), issued on March 25, 2020
- [ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects](#), issued on April 7, 2020
- [Technical Note on SEA/H for HNP COVID Response Operations](#), issued in March 2020
- [Interim Advice for IFC Clients on Preventing and Managing Health Risks of COVID-19 in the Workplace](#), issued on April 6, 2020
- [Interim Advice for IFC Clients on Supporting Workers in the Context of COVID-19](#), issued on April 6, 2020
- [IFC Tip Sheet for Company Leadership on Crisis Response: Facing the COVID-19 Pandemic](#), issued on April 6, 2020

[WBG EHS Guidelines for Healthcare Facilities](#), issued on April 30, 2007

## **MFI GUIDANCE**

- [EBRD COVID-19 resources \(includes list of websites providing information on Covid-19 and guidance materials and resources provided by IFIs\)](#)
- [ADB Managing Infectious Medical Waste during the COVID-19 Pandemic](#)
- [IDB Invest Guidance for Infrastructure Projects on COVID-19: A Rapid Risk Profile and Decision Framework](#)
- [KfW DEG COVID-19 Guidance for employers, issued on March 31, 2020](#)
- [CDC Group COVID-19 Guidance for Employers, issued on March 23, 2020](#)
- [CDC Vaccine Storage and Handling Toolkit, issued 2020](#)

## Annex 2. Abbreviation and Acronyms

	Adverse Event Following Immunization
AVAT	African Vaccine Acquisition Trust
BAPDA	Belize Assembly for Persons with Diverse Abilities
BHIS	Belize Health Information System
COVAX	Vaccines Global Access
COVID-19	Coronavirus Disease 2019
DIU	Drug Inspectorate Unit
DOE	Department of the Environment
E&S	Environment and Social
ECP	Environmental Compliance Plan
EHSG	Environment, Health and Safety Guidelines
EIA	Environmental Impact Assessment
EPI	Expanded Program for Immunization
ESCP	Environment and Social Commitment Plan
ESF	Environmental and Social Framework
ESMF	Environment and Social Management Framework
GBV	Gender-Based Violence
GIIP	Good International Industry Practice
GOB	Government of Belize
GRM	Grievance Redress Mechanism (GRM, 15)
GRS	Grievance Redressal Service
HCWMP	Healthcare Waste Management Plan
HECOPAB	Health Communication and Participation Bureau
HIV/AIDS	Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome
IPC	Infection Prevention Control
L&FS	Life and Fire Safety
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer
LMP	Labour Management Procedure
MCH	Maternal And Child Health
MOHW	Ministry Of Health And Wellness
NEMO	National Emergency Management Organization
NGOs	Non-Government Organizations
NHI	National Health Insurance
NITAG	National Immunization Technical Advisory Group

NTWG	National Technical Working Group
NVIP	National Vaccine Introduction Plan
OHS	Occupational Health and Safety
PHI	Public Health Inspector
PIU	Project Implementation Unit
PPE	Personal Protective Equipment
PPPMU	Policy, Planning, and Project Management Unit
SEA/SH	Sexual Exploitation and Abuse/Sexual Harassment
SEP	Stakeholder Engagement Plan
WBG	World Bank Group
WHO	World Health Organization

### **Annex 3. Code of Conduct for all Workers**

I, \_\_\_\_\_, at the [name of Ministry/Agency or facility where the person sits) for the COVID-19 Emergency Response Project acknowledge that adhering to environmental, social, health, and safety (ESHS) standards, following the project’s occupational health and safety (OHS) requirements, and preventing Gender Based Violence (GBV), including sexual exploitation and abuse (SEA), and sexual harassment (SH) at the workplace, is important in and outside the context of this project, as further set out in this Code of Conduct. As such, we acknowledge this Code of Conduct identifies the behavior that is expected of all workers on the Project.

Our workplace is an environment where unsafe, offensive, abusive or violent behavior will not be tolerated and where all persons should feel comfortable raising issues or concerns without fear of retaliation.

For the purpose of this Code of Conduct, it is important to note that GBV is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (that is, gender) differences between male and female individuals. GBV includes acts that inflict physical, mental, or sexual harm or suffering; threats of such acts; and coercion and other deprivations of liberty, whether occurring in public or in private life. GBV includes the following concepts:

- **Sexual Exploitation and Abuse (SEA):** Sexual exploitation is defined as any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Sexual abuse is defined as the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.
- **Sexual harassment (SH):** occurs between personnel and staff on the project and means any unwelcome sexual advance, request for sexual favors, and other verbal or physical conduct of a sexual nature.

A violation of this Code of Conduct, including failure to follow ESHS and OHS standards, or engaging in activities constituting GBV including SEA/SH—be it in the workplace, or the surrounding communities, constitute acts of serious misconduct, which contravenes the terms of employment, and are therefore grounds for disciplinary action up to and including termination of employment. Acts that may violate the laws of Belize will be additionally referred to the corresponding legal authorities, including for potential prosecution under the Criminal Code.

#### **Commitments under this Code of Conduct**

I agree that while working on the project I shall:

#### **General:**

1. Carry out my duties competently and diligently.
2. Comply with this Code of Conduct and all applicable laws, regulations, and other requirements, including requirements to protect the health, safety, and well-being of other Project staff, workers, and any other person.

### **Regarding ESHS and OHS**

3. Attend and actively partake in training courses related to ESHS and OHS as requested by my employer.
4. Always wear my personal protective equipment (PPE) when at the work site or engaged in project-related activities.
5. Implement the OHS Management Plan.
6. Adhere to a zero-alcohol policy during work activities, and refrain from the use of narcotics or other substances which can impair faculties.
7. Report work situations that are not safe or healthy and remove myself from a work situation that I reasonably believe presents an imminent and serious danger to my life or health.

### **Regarding equality of opportunity and treatment**

8. Treat women, children (persons under the age of 18), and men with respect regardless of race, color, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

### **Regarding discrimination and violence based on gender**

9. Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
10. Not engage in SEA with project beneficiaries or members of the surrounding communities.
11. Not engage in sexual harassment with other project personnel and staff—for instance, comments on the appearance of another worker (either positive or negative) and sexual desirability. making unwelcome sexual advances, looking somebody up and down; kissing, howling or smacking sounds; hanging around somebody; whistling and catcalls; and offering or giving personal gifts.
12. Not engage in sexual favors—for instance, making promises of favorable treatment (e.g. promotion), threats of unfavorable treatment (e.g. loss of job) or payments in kind or in cash, dependent on sexual acts—or other forms of humiliating, degrading or exploitative behavior.
13. Unless there is the full consent<sup>3</sup> by all parties involved, not have sexual interactions with members of the surrounding communities or work colleagues. This includes relationships

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<sup>3</sup> **Consent** is defined as the informed choice underlying an individual's free and voluntary intention, acceptance or agreement to do something. Consent must be informed, based on a clear appreciation and understanding of the facts, implications and future consequences of an action. The individual also must be aware of and have the power to exercise the right to refuse to engage in an action and/or to not be coerced (i.e., by financial considerations, force or threats). No consent can be found when such acceptance or agreement is obtained using threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation. For the purpose of this Code of Conduct, consent cannot be given by children under the age of 18, even if national legislation introduces a lower age. Mistaken belief regarding the age of the child and consent from the child is not a defense.



involving the withholding or promise of actual provision of a benefit (monetary or non-monetary) to community members in exchange for sex (including prostitution). Such sexual activity is considered “non-consensual” within the scope of this Code.

### **Regarding children under the age of 18**

14. Not engage in any form of sexual contact or activity with children under the age of 18—including grooming or contact through digital media. Mistaken belief regarding the age of a child or his/her consent is not a defense or excuse.
15. Wherever possible, ensure that another adult is present when working in the proximity of children.
16. Not invite unaccompanied children unrelated to my family into my home, unless they are at immediate risk of injury or in physical danger.
17. Not use any computers, mobile phones, video, and digital cameras, or any other medium to exploit or harass children or to access child pornography.
18. No hiring children below the minimum age of 18.
19. Comply with all relevant local legislation, including labour laws in relation to child labour.
20. When photographing or filming a child for work-related purposes, I must:
  - a) Before photographing or filming a child, assess and endeavor to comply with local traditions or restrictions for reproducing personal images.
  - b) Before photographing or filming a child, obtain informed consent from the child and a parent or guardian of the child. As part of this, I must explain how the photograph or film will be used.
  - c) Ensure photographs, films, videos, and DVDs present children in a dignified and respectful manner and not in a vulnerable or submissive way. Children should be adequately clothed and not in poses that could be sexually suggestive.
  - d) Ensure images are honest representations of the context and the facts.
  - e) Ensure file labels do not reveal identifying information about a child when sending images electronically.
  - f)

### **Disciplinary measures**

The Ministry of [specify ministry where the PIU sits] shall be responsible for making decisions on the specific sanctions to be imposed on workers for violations to this Code of Conduct. I understand that if I breach this Code of Conduct, the Ministry of [specify ministry where the PIU sits] will take disciplinary action according to the seriousness of the offense which could include:

- verbal notification (For Public Officers)/ warning for PIU staff employed by the Ministry of [specify ministry where the PIU sits]
- written notification (For Public Officers)/ warning for PIU staff employed by the Ministry of [specify ministry where the PIU sits]
- termination of employment

**Infringements sanctioned with verbal notification**

Those behaviors that do not cause relevant risks to the Ministry of [specify ministry where the PIU sits], other workers, and/or its relationship with the communities. Verbal warnings may involve a reminder of the Code of Conduct and its applicability.

**Infringements sanctioned with written notification**

Those behaviors that cause minor risk to the Ministry of [specify ministry where the PIU sits], other workers, and/or its relationship with the communities and/or the environment.

**Infringements sanctioned with the termination of employment**

Those behaviors that cause substantive risks to the Ministry of [specify ministry where the PIU sits], other workers and/or its relationship with the communities and/or the environment, or behaviors that constitute serious misconduct in accordance with this Code of Conduct. In such cases, the termination of employment may be accompanied by a referral to the corresponding legal authorities. Cases of SEA or SH will always be considered serious misconduct. Recurrent offenses to the Code of Conduct will also be considered serious misconduct. Termination of employment shall be carried out in accordance with the Labour Code of Belize.

*I understand that it is my responsibility to ensure that the environmental, social, health and safety standards are met; that I will adhere to the occupational health and safety management plan; and, that I will avoid actions or behaviors that could be construed as GBV, including SEA and SH. Any such actions will be a breach of this Code of Conduct. I do hereby acknowledge that I have read the foregoing Code of Conduct, agree to comply with the standards contained herein, and understand my roles and responsibilities to prevent and respond to ESHS, OHS, and GBV issues. I understand that any action inconsistent with this Code of Conduct or failure to act, may result in disciplinary action.*

Staff Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Annex 4. Code of Conduct for all Contractor's Personnel.**

This Code of Conduct for the construction Workers is included in the Procurement of Works. For the Construction workers the Contractor must ensure that the workplace is an environment where unsafe, offensive, abusive or violent behavior will not be tolerated and where all persons should feel comfortable raising issues or concerns without fear of retaliation.

#### **REQUIRED CONDUCT**

Contractor's Personnel shall:

1. carry out his/her duties competently and diligently;
2. comply with this Code of Conduct and all applicable laws, regulations and other requirements, including requirements to protect the health, safety and well-being of other Contractor's Personnel and any other person;
3. maintain a safe working environment including by:
  - a. ensuring that workplaces, machinery, equipment and processes under each person's control are safe and without risk to health;
  - b. wearing required personal protective equipment;
  - c. using appropriate measures relating to chemical, physical and biological substances and agents; and
  - d. following applicable emergency operating procedures.
4. report work situations that he/she believes are not safe or healthy and remove himself/herself from a work situation which he/she reasonably believes presents an imminent and serious danger to his/her life or health;
5. treat other people with respect, and not discriminate against specific groups such as women, people with disabilities, migrant workers or children;
6. not engage in Sexual Harassment, which means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature with other Contractor's or Employer's Personnel;
7. not engage in Sexual Exploitation, which means any actual or attempted abuse of position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another;
8. not engage in Sexual Abuse, which means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions;
9. not engage in any form of sexual activity with individuals under the age of 18, except in case of pre-existing marriage;
10. complete relevant training courses that will be provided related to the environmental and social aspects of the Contract, including on health and safety matters, Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH);
11. report violations of this Code of Conduct; and

12. not retaliate against any person who reports violations of this Code of Conduct, whether to us or the Employer, or who makes use of the grievance mechanism for Contractor's Personnel or the project's Grievance Redress Mechanism.
13. The use and misuse of drugs and alcohol is absolutely not permitted in the workplace and will not be tolerated.

### **RAISING CONCERNS**

If any person observes behavior that he/she believes may represent a violation of this Code of Conduct, or that otherwise concerns him/her, he/she should raise the issue promptly. This can be done in either of the following ways:

1. Contact *the Contractor's, Foreman or the designated representative with relevant experience in handling sexual exploitation, sexual abuse and sexual harassment cases, or if such person is not required under the Contract, another individual designated by the Contractor to handle these matters* in writing at this address [ ] or by telephone at [ ] or in person at [ ]; or
2. Call [ ] to reach the Contractor's hotline (*if any*) and leave a message.

The person's identity will be kept confidential, unless reporting of allegations is mandated by the country law. Anonymous complaints or allegations may also be submitted and will be given all due and appropriate consideration. We take seriously all reports of possible misconduct and will investigate and take appropriate action. We will provide warm referrals to service providers that may help support the person who experienced the alleged incident, as appropriate.

### **CONSEQUENCES OF VIOLATING THE CODE OF CONDUCT**

Any violation of this Code of Conduct by Contractor's Personnel may result in serious consequences, up to and including termination and possible referral to legal authorities.

FOR CONTRACTOR'S PERSONNEL:

I have received a copy of this Code of Conduct written in a language that I comprehend. I understand that if I have any questions about this Code of Conduct, I can contact [*enter name of Contractor's contact person(s) with relevant experience*] requesting an explanation.

Name of Contractor's Personnel: [insert name]

Signature: \_\_\_\_\_

Date: (day month year): \_\_\_\_\_

Countersignature of authorized representative of the Contractor:

Signature: \_\_\_\_\_

Date: (day month year): \_\_\_\_\_

**Annex 5. ESCP Monitoring Report Template**

**Project:** [insert project name]  
**Monitoring report on Environmental and Social Standards**  
**Country:** [official name of the country reporting]  
**Period:** [State period of reporting]

**SECTION I – PROJECT PROGRESS**

<b>SUMMARY OF OVERALL PROJECT PROGRESS -In relation to the implementation of the Environmental and Social Standards relevant to the project and in accordance with the project Environmental and Social Commitment Plan (ESCP)</b>

**SECTION II - ESCP**

MATERIAL MEASURES AND ACTIONS	DETAILS
<b>MONITORING AND REPORTING</b>	
<p>A</p> <p><b>REGULAR REPORTING</b></p> <p>The project has been submitting bi-annual monitoring reports on the environmental, social, health, and safety (ESHS) performance and the implementation of the ESCP?</p> <p><input type="checkbox"/>Yes  <input type="checkbox"/>No</p>	<p>If YES: provide dates of previous Reports</p> <p>If NO, please briefly explain.</p>

<b>MATERIAL MEASURES AND ACTIONS</b>		<b>DETAILS</b>
B.	<p><b>INCIDENTS AND ACCIDENTS</b></p> <p>Any incidents and/or accidents during the reporting period?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If YES, please provide details on: (i) the incident/accident, (ii) when and how was brought to the attention of the Association; (iii) immediate measures taken or that are planned to be taken to address it, and (iv) any information provided by any contractor and supervising entity, as appropriate.</p>
C	<p><b>CONTRACTORS MONTHLY REPORTS</b></p> <p>Is the contractor providing regular monthly monitoring reports, that include updates on environmental, social, health and safety (ESHS) of the construction site, implementation of the E&amp;S requirements, SEP and the Grievance Mechanism</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If No, please indicate how E&amp;S aspects are monitored and compliance of the contractor with the E&amp;S requirements is monitored.</p>
<b>ESS 1: ASSESSMENT AND MANAGEMENT OF ENVIRONMENTAL AND SOCIAL RISKS AND IMPACTS</b>		
1.1	<p><b>ORGANIZATIONAL STRUCTURE</b></p> <p>Does the project have a qualified environmental and Social specialist in place?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If YES: provide the date when hired.</p> <p>If NO, please briefly explain</p>
1.2.	<p><b>MANAGEMENT OF TOOLS AND INSTRUMENTS</b></p> <p>a) Are E&amp;S instruments integrated into the POM?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>b) Has Screening been undertaken for any activity for E&amp;S risks in accordance with the ESMF?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>a) If YES: provide date of completion. If NO, please briefly explain.</p> <p>b) If YES: please provide detail If NO, please briefly explain.</p>

<b>MATERIAL MEASURES AND ACTIONS</b>		<b>DETAILS</b>
1.3.	<p><b>MANAGEMENT OF CONTRACTORS</b></p> <p>a) Are relevant aspects of the ESCP and the ESSs into the procurement documents?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>b) Do consulting firms, contractors, and supervision firms comply with the environmental, social, and health &amp; safety specifications as well as the codes of conduct of their respective contract?</p>	<p>a) Briefly explain in which contracts and what aspects are included.</p> <p>b) Briefly explain status of compliance.</p>
1.4	<p><b>MANAGEMENT OF CONTRACTORS</b></p> <p>a) Were the relevant aspects of the ESCP and E&amp;S documents, incorporated into ESHS specifications of the bidding documents for contractors and supervising firms.</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>b) Is the contractor complying the required E&amp;S measures</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>If No, how are E&amp;S provisions being implemented?</p> <p>If No, indicate what measures are being taken to ensure compliance. If yes, please provide evidence of this.</p>
<b>ESS 2: LABOUR AND WORKING CONDITIONS</b>		
2.1	<p><b>LABOUR MANAGEMENT PROCEDURES</b></p> <p>a) Do project workers have knowledge of the LMP including the worker GRM and the code of conduct of the project?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>b) In the second column, mention how many workers by category: direct, contracted, community workers, primary supply workers (if any)</p> <p>c) In the second column, mention how many female workers in proportion to male workers.</p>	<p>a) Briefly explain</p> <p>b) Direct workers:</p> <p>Contracted workers: Community workers: Primary supply workers:</p> <p>c) Female workers: Male workers:</p>

<b>MATERIAL MEASURES AND ACTIONS</b>		<b>DETAILS</b>
2.2	<p><b>GRIEVANCE MECHANISM FOR PROJECT WORKERS</b></p> <p>Were any grievances captured in the grievance log for the reporting period?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>If YES, please give the number of grievances and briefly explain the content. Include the updated grievance log for project workers as an Annex to this report.</p>
2.3.	<p><b>OCCUPATIONAL HEALTH AND SAFETY (OHS) MEASURES</b></p> <p>a) Are specific OHS being implemented at the vaccination sites and at the construction site?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>b) Do, contractors, and suppliers implement OHS measures?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>For each question:</p> <p>If YES: provide details.</p> <p>If NO, please briefly explain.</p>
<b>ESS 3: RESOURCE EFFICIENCY AND POLLUTION PREVENTION AND MANAGEMENT</b>		
	<p><b>MANAGEMENT OF WASTE AND HAZARDOUS MATERIALS</b></p> <p>Are the waste management measures as laid out in the National Waste Management Regulations and NVIP being implemented?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>If No explain</p>
<b>ESS 4: COMMUNITY HEALTH AND SAFETY</b>		
4.1	<p><b>COMMUNITY HEALTH AND SAFETY</b></p> <p>Are measures to minimize the potential risks to community in place?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>Briefly explain status of implementation of these measures</p>



<b>MATERIAL MEASURES AND ACTIONS</b>		<b>DETAILS</b>
4.2.	<p><b>SEXUAL EXPLOITATION AND ABUSE (SEA) AND SEXUAL HARASSMENT (SH)</b></p> <p>a) Is a list of services for victims of SEA/SH available?  <input type="checkbox"/>Yes  <input type="checkbox"/>No</p> <p>b) Did all workers sign the code of conduct?  <input type="checkbox"/>Yes  <input type="checkbox"/>No</p> <p>c) Is the GRM able to address SEA/SH grievances?  <input type="checkbox"/>Yes  <input type="checkbox"/>No</p> <p>d) Was Belize Police Department (BPD) personnel used in the provision of security to Project workers, sites and/or assets?  <input type="checkbox"/>Yes  <input type="checkbox"/>No</p>	<p>Briefly explain status of implementation of these measures.</p> <p>If yes, provide details of when and why BPD was used and if any complaints were recorded about the use of BPD</p>
4.3	<p><b>WASTE MANAGEMENT POLLUTION MANAGEMENT AND MATERIALS MANAGEMENT</b></p> <p>Is the contractor implementing waste management measures as required in the E&amp;S documents?  <input type="checkbox"/>Yes  <input type="checkbox"/>No</p>	<p>Provide details</p>
<b>ESS 7: INDIGENOUS PEOPLES/SUB-SAHARAN AFRICAN HISTORICALLY UNDERSERVED TRADITIONAL LOCAL</b>		
<b>MEASURES FOR INDIGENOUS PEOPLES:</b>		
	<p>Are measures in place to ensure that indigenous peoples are able to access the Project’s grievance mechanism in a culturally appropriate manner?  <input type="checkbox"/>Yes  <input type="checkbox"/>No</p> <p>Are there procedures, protocols and/or other measures to ensure that indigenous peoples have access to Project benefits in an fair, equitable, inclusive and culturally appropriate manner, particularly with regards to information and access to vaccines?  <input type="checkbox"/>Yes  <input type="checkbox"/>No</p>	<p>Briefly explain status of implementation of these measures.</p> <p>Briefly explain status of implementation of these measures.</p>
<b>ESS 8: CULTURAL HERITAGE</b>		
<b>ESS 10: STAKEHOLDER ENGAGEMENT AND INFORMATION DISCLOSURE</b>		

MATERIAL MEASURES AND ACTIONS		DETAILS
10.1.	<p><b>STAKEHOLDER ENGAGEMENT PLAN</b></p> <p>Any new consultation during this reporting period?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Have other types of stakeholder/citizen engagement taken plan in the reporting period?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>If YES, to a) and or b), please provide dates, purpose, places and topics. Also, explain how feedback from stakeholders influenced the decision-making of the project. Include a stakeholder engagement report as an Annex to this report for more details on implementation of the SEP.</p>
10.2.	<p><b>PROJECT GRIEVANCE MECHANISM</b></p> <p>Were any grievances captured in the grievance log for the reporting period?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>If YES, please give the number of grievances and briefly explain the content. Include the updated grievance log as an Annex to this report.</p>
CAPACITY SUPPORT		
	<p><b>TRAINING</b></p> <p>Any new training activities to project workers and contracted workers during this reporting period?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>If YES, please provide dates, places, number of participants and topics. Also, explain how these trainings are building capacity to manage environmental and social risks. You may include a brief report on training activities as an annex to this report.</p>

**SECTION III – CONTEXT**

**Mention aspects of the socio-economic, cultural or political context of your concern that can or has impacted - either positively or negatively- the project’s Environmental and Social Standards’ performance (detected for the present reporting period)**

**SECTION V – CHALLENGES AND LESSONS LEARNED**

**Mention any challenges faced during Project implementation in the reporting period, measures taken to overcome those challenges and lessons learned.**

**SECTION VI: OTHER RELEVANT INFORMATION**

**Any additional relevant information to mention in this report, including compliance with agreed actions in the latest Aide Memoir.**

## Annex 6. Screening Form for Potential Environmental and Social Issues

This form is to be used by the Project Implementation Unit (PIU) to screen for the potential environmental and social risks and impacts for all activities. Use of this form will allow the PIU to assess the potential risks and impacts of activities and determine if additional action is required.

**Note:**

- 1. If the answer to all questions is No, then the activity can proceed. No further action is required**
- 2. If the answer is yes to any question, check if the procedures in the Project instruments such as ESMF and SEP can address and mitigate the risks.**
- 3. If the instruments cannot address the risks, then the activity would be ineligible and further review/clearance by MoHW will be required.**

Activity Name	Medical Storage Facility Site Visit Screening
Estimated Investment	
Start/Completion Date	23 August, 2023

Questions	Answer		Comments
	Yes	No	
Does the activity involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities, vaccine cold storage units and/or waste management facilities?	Yes		Construction of the medical storage facility will take place
Does the activity involve land acquisition and/or restrictions on land use?		No	Activity not eligible for funding under this Project.
Does the activity involve the acquisition of assets for quarantine, isolation or medical treatment purposes?		No	Activity not eligible for funding under this Project.
Is the activity associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?		No	

Is there a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management?	N/A		
Does the activity have an adequate system in place (capacity, processes and management) to address waste?	Yes		
Does the activity involve recruitment of workers including direct, contracted, primary supply, and/or community workers?	Yes		
Does the activity involve transboundary transportation (including Potentially infected specimens may be transported from healthcare facilities to testing laboratories, and transboundary) of specimen, samples, infectious and hazardous materials?		No	
Does the activity involve use of security or military personnel during construction and/or operation of healthcare facilities and related activities?		No	Please consult with the World Bank on the procedures for working with Security Forces.
Is the activity going to take place within or in the vicinity of any ecologically sensitive areas?		No	
Are there any indigenous groups (meeting specified ESS7 criteria) present in the area and are they likely to be affected by the proposed subproject negatively or positively?		No	
Is the activity located within or in the vicinity of any known cultural heritage sites?		No	
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?		No	
Does the activity carry risk that disadvantaged and vulnerable groups may have unequitable access to project benefits?		No	

Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?		No	<i>OP7.60 Projects in Disputed Areas</i>
Will the activity and related activities involve the use or potential pollution of, or be located in international waterways <sup>4</sup> ?		No	<i>OP7.50 Projects on International Waterways</i>

**Conclusions:** State here (if any) actions are needed to manage the risks.

Based on the screening undertaken, the E&S risks are considered Low. To manage the site-specific impacts, environmental codes of practice have been developed that will be included in the bidding documents and are to be followed by the contractor.

### **Annex 7. Chance Finds procedure**

#### Chance Finds Procedure (CFP)

Physical cultural resources include monuments, structures, works of art, or sites of significance, and are defined as sites and structures having archaeological, historical, architectural, or religious significance, and natural sites with cultural values. This includes cemeteries, graveyards and graves.

If sites of cultural value are found during the course of the works, the following Chance Find Procedures (CFP) for identification, protection from theft, and treatment of discovered artifacts should be included in the bid documents and followed by the contractor, project supervisor, and all responsible local authorities. The contact details of the archeological expert/department should be made available prior to the start of the works so that if required they can be contacted quickly to avoid delays.

1. The Contractor will issue a STOP WORK order in the vicinity of the find;
2. Contractor will inform the Project Engineer;
3. Install temporary site protection measures such as warning tape of avoidance signs-establishment of restricted area around the Chance Find;
4. Project Engineer will record details (location and description) of the find and inform the Institute of Archaeology under the National Institute of Culture and History and Project Manager;
5. Inform project personnel about Chance Find and restricted area;

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<sup>4</sup> International waterways include any river, canal, lake or similar body of water that forms a boundary between, or any river or surface water that flows through two or more states.

6. The archaeological expert will document find, perform a preliminary evaluation to determine whether the Chance Find is cultural heritage and if so, whether it is an isolate or part of a larger site or feature;
7. Artefacts should be left in place if possible; if materials are collected they will be placed in bags and labelled by an archaeologist and transported to the relevant agency. Artefacts are not allowed to be taken by any Project personnel as personal possessions;
8. The find should be documented via the use of photography, notes, GPS coordinates and maps, as appropriate;
9. If the Chance Find proves to be an isolated find or not of cultural heritage, the archaeologist will authorize the removal of the site protection measures and the resumption of activity in the area;
10. If however, the archaeologist confirms the Chance Find as a cultural heritage of significance, the relevant national authority will be informed within 3 days of that determination and initiate discussions about treatment;
11. Prepare and retain archaeological monitoring records including initial reports whether they are later confirmed or not. The record shall include coordinates of all observations to be retained by the project;
12. Develop and implement treatment plans for confirmed finds using the services of qualified cultural heritage experts;
13. If a Chance Find is a verified cultural heritage site, a final Chance Find report shall be prepared once treatment has been completed;

While investigation is on-going, there will be coordination with project personnel aimed at keeping them informed about the status of and schedule of the investigations into the chance find. Project personnel will also be informed as timing of the resumption of project activities in the vicinity of the find.

Relevant findings are to be recorded in Supervision Reports. Implementation Completion Reports will assess the overall effectiveness of the project’s cultural property mitigation and management activities.

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The site sits on 20 acres of Government-owned land and is situated in a rural area. A portion of the site houses a facility/building for rehabilitation of the mentally challenged people and the area designated for the medical storage facility has secondary growth vegetation. During the site visit, it was noted that the medical storage facility would not require the entire available land space. Currently, there are plans to build a school on the adjacent property. As a result, outreach activities to the neighbouring communities will be carried out before the construction begins to sensitize the communities of potential impacts on community health and safety both during and post construction such as due to noise, increased traffic, and others; especially if a school is to be built in future. A design and supervision firm will be hired to finalize the design of the building and supervise the construction contractor. Based on the design, the design firm will review the E&S Codes of Practice and update/revise as needed.

Issue	Potential Impact	Mitigation/Benefit Enhancement Measures
1 Workforce Deployment.	1.1 Creation of construction employment opportunities for local residents.	<ul style="list-style-type: none"> <li>- Contractors should maximize use of local labour, use of labour-intensive construction methods and participation of local suppliers of materials, services and equipment, and sub-contractors.</li> </ul>
	1.2 Development of social friction between the contractor's workforce and the public.	<ul style="list-style-type: none"> <li>- Contractor should assign responsibility for dealing with complaints from the general public to the site foreman, whose name and contact details should be shown on the project signboard. Reports will also be accepted during consultations with stakeholders and the wider public.</li> <li>- Contractor will follow MoHW Grievance Redress Mechanism (GRM) for the communities and workers which sets out the relevant dates, details of the complainant, the nature of the complaint, action taken, and other relevant details. Contractor should take appropriate measures to ensure that the site is well-secured in order to protect assets on site.</li> <li>• Contractor should develop and maintain a code of conduct (CoC) for all personnel, including sub-contractors for site activities. The Code of Conduct will form part of the workers' and sub-contractor contracts. Worker training shall include sensitization on the CoC and interactions with the general public.</li> <li>• The CoC will prohibit all forms of sexual exploitation and abuse and sexual harassment (SEA/SH).</li> <li>- The GRM will have a channel for the uptake of grievances related to SEA/ SH and gender-based violence (GBV).</li> </ul>
	1.3 Health and safety hazards to the workforce arising from participating in an	<ul style="list-style-type: none"> <li>- Contractor will have full regard for the safety of all persons entitled to be on the site and manage the site and works in an orderly manner appropriate to</li> </ul>



	<p>inherently dangerous occupation.</p>	<p>avoidance of dangers. This is in accordance with the Labour Act Regulations Chapter 297, Revised Edition 2000.</p> <ul style="list-style-type: none"> <li>- Belize does not have an Occupational Health and Safety Law, however there is a National Guidelines on Infection Prevention in Belize and the National Waste Management Policy and reflects the proper use of protected equipment such as gloves, gowns, eyewear, face mask or shields, and respiratory protection devices among others.</li> <li>- The contractor should designate a qualified senior member of the site staff as Health and Safety Officer with the responsibility to ensure that all workforce health and safety matters are properly and fully addressed.</li> <li>- Contractor should provide adequate on-site first aid facilities with qualified first-aiders, together with approved evacuation plans/procedures for seriously injured persons.</li> <li>- Contractor should provide or cause to provide adequate on-site first aid services with qualified first aiders, together with approved evacuation plans/procedures for seriously injured persons following National Referral Guidelines.</li> <li>- Contractor should provide personal protective equipment such as protective helmets, safety boots, protective clothing, ear mufflers, dust masks, gloves etc, appropriate to the activities being undertaken by the workforce, and make it a condition of employment that these are worn when appropriate.</li> <li>- Contractor should convene regular health and safety meetings coordinated with PIU of the MOH with workforce to</li> </ul>
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		<p>emphasize safe work practices and expectations.</p> <ul style="list-style-type: none"> <li>- The contractor will provide lights, guards, fencing etc for protection of the works and for the safety and convenience of the public or others.</li> <li>- Contractor should install a fire hydrant at the entrance to the site. (or provide fire extinguishers on site)</li> <li>- Contractor should carry the requisite insurances.</li> <li>- The contractor should report accidents and incidents to the project implementation unit of the MOHW within 24 hours.</li> <li>- The PIU must investigate and report all incidents and accidents to the Bank</li> <li>- Accidents will be promptly reported to the Labour Department and Social Security Board and requisite procedures followed. Near misses will be recorded by the Health and Safety Officer.</li> <li>- Contractor should ensure adherence to the National and International Guidelines for preventing Covid-19.</li> </ul>
	<p>1.4 Environmental damage caused by the workforce.</p>	<ul style="list-style-type: none"> <li>- Contractor should take all steps to protect the environment on- and off-site, and to avoid damage or nuisance to persons or property arising from pollution, noise or other issues arising as a consequence of his methods of operation, including the following:</li> <li>- Train workers about environmental issues and measures to be taken in the event that actions to protect the environment are necessitated.</li> <li>- Designate an officer to supervise and ensure environmental obligations are complied with.</li> <li>- Incorporate environmental and other issues into the agenda of regular meetings with workers.</li> </ul>

		<ul style="list-style-type: none"> <li>- Order immediate suspension or a halt to any activity which is causing, or is likely to cause significant environmental damage, and to commit to make good any such damage at his own expense, in accordance with the instructions of the relevant authorities.</li> <li>- Require the immediate and permanent dismissal from site of any member of the workforce who is committing or has committed acts prejudicial to the environment including theft or interference with property and offensive behavior.</li> <li>- Provide and enforce worker use of appropriate, accessible toilet facilities and of appropriate, accessible solid waste disposal facilities.</li> </ul>
<p>2. Site clearance and earthworks.</p>	<p>2.2 Increased erosion and sediment levels in the Cul de Sac Bay as a result of construction activities.</p>	<ul style="list-style-type: none"> <li>- Contractor should take all steps to minimise erosion and siltation, and protect water resources, including construction of silt traps at strategic locations.</li> <li>- Cleared areas should be vegetated as quickly as possible, using appropriate local species, under the guidance of the Forestry Department.</li> <li>- Contractor should submit a construction drainage plan for approval by relevant authorities, in particular, proposals for trapping eroded sediment.</li> <li>- Ponding of water that may encourage mosquito breeding will be minimised.</li> <li>- Final drainage design will minimise erosion and sedimentation by featuring the following: <ul style="list-style-type: none"> <li>- Vegetated swales will be used to slow and infiltrate water and trap pollutants in soil where they can be naturally destroyed.</li> <li>- No discharges from pipes will run directly to the sea or other natural water bodies.</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>- Directly connected impervious areas will be eliminated or maximized.</li> <li>- Use of pervious pavements should be maximized. Pervious paving would decrease stormwater runoff and reduce nonpoint source pollution.</li> <li>- High permeability concrete will be used for pathways.</li> <li>- Runoff from gutters and roof drains should be directed to storage for irrigation. Excess will be directed to permeable areas, to infiltrate near point of generation.</li> <li>- Use of natural systems to treat storm water runoff will be maximized.</li> <li>- Contractor should maintain setbacks from the coastline to minimise impacts on marine environment.</li> </ul>
	2.3 Smoke and odour nuisance arising from on-site burning of construction waste.	<ul style="list-style-type: none"> <li>- There will be no burning of waste on site. All waste will be disposed at an approved location.</li> </ul>
	2.6 Damage to any chance finds and protected sites. 2.7 Damage to cultural heritage.	<ul style="list-style-type: none"> <li>- Contractor should not damage archaeological sites, protected areas and cultural heritage. If any damage is done, works should stop immediately and the Supervision team should be informed.</li> <li>- Chance Find Procedures should be followed.</li> <li>- Training should be provided to all project workers on Chance Find Procedures.</li> </ul>
	2.8 Initiation of instability arising from changes in natural slope geometry, with adverse implications for workforce safety during construction. <b>(Not apply for this project)</b>	<ul style="list-style-type: none"> <li>- The contractor will accept full responsibility for the adequacy, stability and safety of all operations and methods of construction, as well as have full regard for the safety of all persons entitled to be on the site and keep the site and works in an orderly state appropriate to avoidance of dangers.</li> </ul>

		<i>since the area is flatland)</i>	<ul style="list-style-type: none"> <li>- All works will be carried out in accordance with the approved plans.</li> <li>- Construction will be carried out such as not to promote instability during construction. Excavated slopes will not exceed 2:1.</li> <li>- Excavation sides in excess of 1.5 m will be battered back or shored.</li> </ul>
		2.9 Destruction of fauna and flora	<ul style="list-style-type: none"> <li>- The preservation of rare plant species on the site.</li> <li>- The clearing of invasive species on the site and ensuring that no new invasive species are introduced, and the use of indigenous species for tree enrichment.</li> <li>- No indiscriminate planting of ornamentals which do not blend well with the natural environment.</li> <li>- The contractor will liaise with the PMU who will coordinate with the Forest Department and will follow the guidelines set out by the Department for tree enrichment.</li> </ul>
3 General construction operations.		3.1 Land and water pollution and public health hazards arising from inappropriate/ inadequate liquid waste disposal practices and spillages/ leakages of contaminating materials at the worksite.	<ul style="list-style-type: none"> <li>- All necessary precautions will be taken by the contractor to prevent land and water pollution.</li> <li>- Contractor should be responsible at his own cost for taking immediate remedial action and payment of compensation for any environmental damage resulting from his actions. The contractor shall follow and abide by the Environmental Protection Act, Revised Edition 2000 and the Public Health Act Chapter 40.</li> <li>- Contractor should minimise and carefully control use of chemicals.</li> <li>- Contractor should advise of type and quantity of chemicals to be stored on site for construction purposes. Temporary storage location of permissible quantities will be approved by the relevant authorities, and appropriate precautions taken. These include:</li> </ul>

		<ul style="list-style-type: none"> <li>- Construction of a dedicated chemical storage structure to be roofed with a lockable door.</li> <li>- The floor to be equipped with a continuous curb to retain spilled materials.</li> <li>- Chemicals not to be stored near burning material or hot work (welding, grinding) or in shop areas.</li> <li>- Adequate space and shelving to be provided to properly segregate chemicals.</li> <li>- Dry materials to always be placed above liquids, never vice versa.</li> <li>- Liquids not to be stored above eye level.</li> <li>- Storage for PPE to be provided where it is easily accessible in the event of emergency, but not in the chemical storage area.</li> <li>- Appropriate emergency wash area to be provided.</li> <li>- Information of chemical locations, contents, appropriate emergency response and other details to be readily accessible to site management, in the event of spill or injury.</li> <li>- Procedures in the handling of chemicals or other hazardous material and in event of emergency to be clearly posted on the container.</li> <li>- Contractor should install secondary containment for fuel stored on site.</li> <li>- Contractor should adopt pollution prevention measures relating to fuel and oil storage/dispensing arrangements, to prohibit other than emergency maintenance of equipment and vehicles on the site, and require usage of spillage trays during on-site refuelling of minor equipment.</li> <li>- Waste oils arising from emergency servicing of construction equipment will</li> </ul>
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		<p>be disposed of at a licensed recycling facility.</p> <ul style="list-style-type: none"> <li>- There should be no washing of vehicles on site, washing of plant and tools to be carried out at designated areas within the work site which are provided with oil/grease traps.</li> </ul>
	<p>3.2 Land and water pollution, public health hazards and reduction in amenity value, arising from inappropriate/inadequate sewage disposal practices. (applies only if it comes outside of regulations)</p>	<ul style="list-style-type: none"> <li>- Contractor should abide by Public Health Act and Regulations Chapter 40, Revised Edition 2000, in the provision of sanitary facilities for workers on site.</li> <li>- Sewage will not be permitted to enter the drainage or coastal waters.</li> <li>- Sewage will not be permitted to enter the drainage system.</li> <li>- Contractor should prohibit the use of worksite pit latrines.</li> <li>- Requirements for provision of adequate non-polluting worksite sanitary facilities include provision of sufficient number of adequate toilet facilities on the site connected to suitable treatment, or otherwise collected and disposed of.</li> <li>- All workers to be required to use these facilities. Workers who refuse are to be subject to dismissal.</li> </ul>
	<p>3.3 Land and water pollution, public health hazards, landscape degradation and reduction in amenity value, arising from inappropriate/inadequate solid waste disposal practices.</p>	<ul style="list-style-type: none"> <li>- Developer will abide by the provisions of the Environmental Protect Act, Revised Edition 2000, the Pollution Regulations, Revised Edition 2000 and the Public Health Act and Regulations, Revised Edition 2000.</li> <li>- Solid waste will not be permitted to enter drainage or coastal waters.</li> <li>- Requirements for provision of adequate non-polluting worksite sanitary facilities include provision of sufficient number of adequate waste receptacles across the site (including appropriate and accessible containment for worker food waste) and regular collection</li> </ul>

		<p>services provided by a licensed collector.</p> <ul style="list-style-type: none"> <li>- If contractor is hauling site-generated waste, legal requirements for proper containment of the waste will be observed, and disposal will be at an approved location.</li> <li>- Soil/spoil will be kept separate from other construction waste and reused on site with appropriate sediment control.</li> <li>- Spoil generation will be minimised as developer will balance cut and fill within the site.</li> </ul>
	<p>3.4 Hazards associated with roadside storage of construction materials and parking of plant and vehicles.</p>	<ul style="list-style-type: none"> <li>- No parking or stockpiling of materials will be allowed along the public roadway.</li> <li>- No materials shall be stored so that they encroach on, or in any way adversely affect operation of, sections of roadway which are in use by the public or result in siltation or blockage of drains.</li> <li>- Contractor should plan for the temporary storage of construction materials and wastes, and the parking of construction plant within the worksite only. This will be part of the Site Management Plan.</li> <li>- Parking areas for employees' private vehicles will be located within the worksite only, in approved areas.</li> </ul>
	<p>3.5 Impedance of access to/from lands adjacent to the worksite. <b><i>(Only issue if people use it as a walkthrough)</i></b></p>	<ul style="list-style-type: none"> <li>- All operations will be carried out so as not to interfere unnecessarily or improperly with the convenience of the public, or access to and use and occupation of public roads, footpaths, properties and public beaches, or coastal waters.</li> <li>- Neighbouring users will be informed in advance of any activity that has the potential to impede access to their properties or other public spaces.</li> <li>- If needed, alternative access routes will be created.</li> </ul>



	<p>3.6 Interference with traffic due to disposal of construction wastes, and other wastes.</p>	<ul style="list-style-type: none"> <li>- Contractor should abide by all solid waste regulations in the disposal of demolition waste.</li> <li>- Public roads will be kept free and clear of wastes.</li> <li>- Contractor should erect appropriate signage in the vicinity of the site to warn other road users of construction traffic.</li> <li>- Contractor should consult Transport Board early for approval and advice if there is likely to be any traffic disruption.</li> </ul>
	<p>3.7 Increased road safety hazards and inconvenience to road users and the general public caused by the construction traffic/works interfering with normal traffic flow.</p>	<ul style="list-style-type: none"> <li>- Contractor should at all times shall take care to protect the public and facilitate the uninterrupted flow of traffic during his operation and use of public roads.</li> <li>- Contractor should erect appropriate (approved) signage along the access road to alert other road users to possibility of slow construction traffic/heavy equipment crossing lanes etc.</li> <li>- Construction vehicles will be licensed in accordance with Ministry of Transport stipulations.</li> <li>- Contractor should consult Transport Board early for approval and advice if there is likely to be any traffic disruption.</li> </ul>
	<p>3.8 Damage to existing road pavements and structures caused by overloaded haulage traffic. (Contractors responsibility if it happens)</p>	<ul style="list-style-type: none"> <li>- Contractor should adopt every reasonable means to prevent damage to roads or bridges communicating with, or en-route to the site, by his or his subcontractors' traffic.</li> <li>- Contractor should be responsible for the cost of reinstatement of pavement or structures which have been damaged by his or his subcontractors' haulage traffic.</li> <li>- All haulage will be carried out using vehicles of types and capacities appropriate to task and to require compliance with gross vehicle weight restrictions imposed by vehicle</li> </ul>

		<p>licensing authorities and all laws and regulations pertaining to vehicle use on public roads.</p> <ul style="list-style-type: none"> <li>- Tracked equipment will be transported to site on appropriate transporters, and will not be permitted to track directly on the road pavement.</li> </ul>
	<p>3.9 Generation of road safety hazards on haul routes.</p>	<ul style="list-style-type: none"> <li>- Contractor should consider location in his selection of suppliers, to minimise haul distances to site.</li> <li>- Contractor should ensure that all tailgates and drop-sides are properly secured, there is no overloading of loose materials above truck sides, and all loads are properly secured.</li> <li>- Contractor should comply with speed restrictions imposed by the relevant authorities.</li> <li>- All haulage will be carried out using vehicles of types and capacities appropriate to task, in compliance with gross vehicle weight restrictions imposed by vehicle licensing authorities and all laws and regulations pertaining to vehicle use on public roads.</li> <li>- Public roads which have material deposited on them as a result of the contractor's activities will be cleaned and kept free of mud, soil and other materials.</li> </ul>
	<p>3.10 Competition for scarce potable water resources with existing users.</p>	<ul style="list-style-type: none"> <li>- Contractor should conserve water.</li> <li>- Contractor should have water storage for construction purposes.</li> </ul>
	<p>3.12 Damage to and interference with public and privately owned services.</p>	<ul style="list-style-type: none"> <li>- Contractor should identify and locate existing services on the site boundaries, take precautions to protect services during construction and will repair and reinstate forthwith any damage arising from the works, at his expense, in consultation with/under the supervision of the relevant authorities.</li> </ul>

		<ul style="list-style-type: none"> <li>- The utility company will be informed in advance of any works that could cause potential damage to the services and assets.</li> </ul>
	<p>3.13 Creation of dust nuisance from construction activities on- and off- site.</p>	<ul style="list-style-type: none"> <li>- Contractor should take all reasonable steps to protect the environment on- and off-site, and to avoid damage or nuisance to persons or property arising from pollution, noise or other causes arising as a consequence of his methods of operation.</li> <li>- Contractor should take appropriate measures to minimise dust generation including regular watering of works sections, aggregate, and soil stockpiles where dust is likely to cause nuisance.</li> <li>- All material to be stockpiled within the worksite will be kept clean and free of mud, soil and other materials.</li> <li>- In access roads trucks carrying construction materials will be well covered and regular watering will be done on dusty roads. All construction waste taken off site and aggregate brought onto the site will be covered by a tarpaulin to minimize dust emissions.</li> <li>- Contractor should not stockpile material along the public roadway.</li> </ul>
	<p>3.14 Creation of noise nuisance and air pollution caused by haulage vehicles/ and machinery operation.</p>	<ul style="list-style-type: none"> <li>- Contractor should take all steps to protect the environment on- and off-site, and to avoid damage or nuisance to persons or property arising from pollution, noise or other causes arising as a consequence of his methods of operation.</li> <li>- Operations will be carefully designed, including selection of haulage routes within the site and location of stockpiles.</li> <li>- All vehicles will be maintained in accordance with manufacturer's specifications and any vehicles/ plant /machinery which emit undue smoke or</li> </ul>



		<ul style="list-style-type: none"> <li>- All moveable plants will be fitted with effective dust suppression equipment and operated and maintained in accordance with the manufacturer's manuals.</li> </ul>
	<p>5.2 Pollution of waterbodies and fish kills, resulting from entry of cement dust, fresh concrete and mixer wash water.</p>	<ul style="list-style-type: none"> <li>- The amount of concrete to be mixed on site will be minimised. Concrete requirements will be met by pre-mixed concrete.</li> <li>- A concrete mixing bay will be constructed to minimize concrete losses.</li> <li>- Particular care will be taken when construction activities are carried out in or in the vicinity of drainage systems and over water bodies to ensure that pollution does not occur.</li> <li>- Concrete will not be poured in exposed areas during rains.</li> <li>- Although quantities of concrete mixed on site are anticipated to be small as premix will be preferentially used, special precautions will be taken to ensure that materials such as cement dust, fresh concrete and lime do not pollute water bodies.</li> <li>- Washing of readymix equipment or dumping of excess concrete on site will be prohibited.</li> </ul>