

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

Proposal Template

Window 1: Enable Governments and Communities to Tackle the  
Emergency

Proposal Title: SUPPRESS TRANSMISSION of COVID-19 AND SAVE LIVES IN JAMAICA

Amount: 400,000 USD

**I. Immediate Socio-Economic Response to COVID19**

Today, the world faces a severe and acute public health emergency due to the ongoing COVID-19 global pandemic. In the case of Jamaica, COVID-19 has significantly disrupted the country's social and economic sectors as well as lives and livelihoods. The Report "Assessing the Effects of COVID-19 to Plan the Recovery" launched by UNECLAC postulated that the COVID-19 pandemic will result in the worst economic contraction in the history of Latin America and the Caribbean, characterized by sharp increases in unemployment which will have a knock-on effect on household incomes and their ability to meet basic needs; falling commodity prices; reduction in international trade; and increases in the poverty rate among others.

Jamaica started 2020 with economic stability firmly entrenched evidenced by modest inflation levels; debt on a firm downward path; seven consecutive years of economic growth<sup>1</sup>; strong external positions with sufficient international reserves; and financial sector stability. Jamaica's unemployment rate also fell to a record low of 7.2 per cent (with female unemployment falling by 57 per cent to 8.6 per cent and male unemployment falling by 43 per cent to 6.0 per cent during 2013-2019) and on the social side, Jamaica remained in the second tier, High Human Development category, of the Human Development Index (HDI) in 2018. Also, the country recorded a poverty rate of 17.1 per cent, the lowest since 2007. With respect to sexual and reproductive health (SRH), Jamaica has experienced significant advances in the past decades with an almost 50 per cent reduction in fertility rates and 40 per cent reduction in unmet contraception needs over three decades as well as a 40 per cent reduction in unplanned pregnancies over the last two decades. There are however serious SRH challenges including falling but still high rates of unplanned pregnancies (over 40 per cent); early sexual debut (close to 14 per cent in one study having their first sexual experience before the age of 15 years, falling but high rates of pregnancies among adolescent girls with Jamaica among the top countries within the Caribbean having the highest Adolescent Fertility Rate (64.1 births per 1000 girls aged 15-19). Also, as of December 2018, nearly 33,000 people were estimated to be living with HIV and approximately 84 per cent were diagnosed and aware of their status. Jamaica's epidemiological profile demonstrates an increasing disease burden as it relates to chronic non-communicable diseases (NCDs). The probability of premature death from a chronic NCD steadily increased over the period 2007-2015 and was 20.1 per cent in 2015.

As of May 10, 2020, Jamaica had 502 confirmed cases of COVID-19 (61 percent women, 39 percent men) in persons ranging in age from 2 years to 87 years, with 9 deaths.. Whilst the country currently still has a high percentage of imported cases and contacts of imported cases, there are now more community/workplace cluster cases and emerging cases with unknown epidemiological origins. The country is about to enter, within a few weeks, the community transmission phase. As has been the case with other countries, once the outbreak has entered the community transmission phase, it can double in scale every 3 to 5 days. This is expected to result in new challenges for the already ailing health sector as hospitalization needs will grow exponentially, overwhelming the health system. On average, 20 per cent of those infected develop severe or critical symptoms with case fatality rates well over 1 per cent, and much higher with older persons and persons with underlying conditions such as non-communicable diseases and other co-morbidities.

PAHO/WHO<sup>2</sup> projections for Jamaica estimate that there could be approximately 6,868 cases of COVID-19 by May 2020 and an increase of approximately 229 new cases per day. From this total number of cases of COVID-19, it is estimated that 1,030 persons will be hospitalized with severe cases and 343 persons will require critical care. The current preparation of the health system for the response to COVID-19 includes provision of 360 hospital beds for COVID-19 cases (with a gap of 687 beds) and 60 critical beds (with a gap of 300 beds for critical care). This impact

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<sup>1</sup> This represents 20 consecutive quarters of growth in the economy.

<sup>2</sup> Pan American Health Organization / World Health Organization

of COVID-19 is expected to be further exacerbated as the country is categorized as having an ageing to “old” population and there exist concurrent increases in the rate of chronic NCDs. The speed and scale of the spread, severity of cases, and the societal and economic disruption is expected to have a significant impact in Jamaica and will bring about new challenges affecting the development gains experienced by Jamaica over the last 10 years and threaten to erode much of the country’s socio-economic progress. We must not lose the gains made in SRH as a result of the expected interruption of access and/or lack of continuity of quality services. As the health system struggles to cope with the COVID-19 response, SRH services risk being sidelined. Decreases in maternal and newborn care due to disrupted services and fear of seeking treatment during the outbreak may contribute an increased in unintended pregnancies, unsafe abortion, STIs including HIV, pregnancy complications and maternal and newborn deaths in Jamaica.

The situational analysis presented above calls for Jamaica to engage in a range of activities to curb the spread of COVID-19 and also to ensure that interventions are designed and implemented in a manner that ensures equal access to the most vulnerable and respects genders and human rights, essentially ensuring that ‘no one is left behind’. These vulnerable groups are specifically targeted since COVID-19 has to be viewed as more than a public health emergency and in the words of UN Secretary General, António Guterres, "It is an economic crisis, a social crisis and a human crisis that is fast becoming a human rights crisis, ...the biggest international crisis in generations."

## II. Solutions proposed

Jamaica benefits from relatively high levels of cooperation from development partners and some have already stepped forward and begun providing support to the country to respond to the COVID-19 pandemic. Notwithstanding, there are still many gaps with respect to health needs as well as other non-health related needs to enable the country to effectively respond to the threat of COVID-19. The solutions proposed under Window 1 respond to needs within the health sector but are designed to ensure that individuals and communities can equally access essential health services in keeping with the SDGs related to good health and wellbeing and reducing inequalities towards “leaving no one behind”, while at the same time addressing the existing critical gaps to respond directly to COVID-19 health response. The proposed solutions respond to this health and development emergency and aim to save lives whilst maintaining essential health services to the most vulnerable. The solutions will address needs identified in the Government of Jamaica’s COVID-19 Preparedness and Response Plan which totals over US\$30 million.

The solutions will be organized under 4 main areas as follows:

- Infection prevention and control
- Maintenance of essential healthcare services including sexual and reproductive health services
- Case management

- Risk communication and community engagement

### ***Infection Prevention and Control***

As in many other countries, Jamaica has a shortfall of personal protective equipment (PPE) for health care workers. The Ministry of Health and Wellness (MOHW) has identified a critical need for PPE for all healthcare workers and first responders. The PPE to be sourced under this proposal would be targeted to public health officials and persons from CBOs and NGOs who are engaged in communities in the areas of contact tracing. As the country moves into the phase of community transmission, PPE would become even more critical for health care workers in communities as many persons will be required to isolate at home and in their community.

The proposal also will respond to the needs for PPE for health professionals, community workers/representatives and caregivers providing sexual and reproductive health services, and those working with persons living with HIV (PLH) and LGBTI persons to maintain HIV treatment and provide essential SRH services including HIV prevention services and commodities – in this way ensuring that continuation of HIV treatment and social and psychological support is maintained for these vulnerable communities. PPE to be provided to community healthcare workers include: face shields, masks, gowns, goggles and gloves. This will be accompanied by training and capacity building interventions related to correct use and disposal of PPE.

### ***Maintenance of Essential Healthcare Services, including Sexual and Reproductive Health***

The UN and MOHW will seek to operationalize solutions to ensure that essential health services for vulnerable groups and those with NCDs can be addressed. The intention would be to utilize existing modalities such as the mobile health care units to provide essential health services so as not to lose the gains made in areas such as sexual and reproductive health (SRH), pre- and post-natal health of women and HIV prevention and treatment as a result of possible interrupted access to quality services and medication. The same would be true for persons with NCDs and with disabilities who need to access medication. The pandemic is already having adverse effects on the supply chains around the world and will have an impact on the availability of SRH commodities, antiretroviral and NCD medications due to the disruption of manufacture since many of these are not produced locally. This intervention also includes the procurement of 10,000 vials of medroxyprogesterone (3-month injectables), which have been identified as an urgent need by the National Family Planning Bureau (NFPB); they protect women for 3 months contrary to monthly oral contraceptives, reducing the need of refills in a monthly basis, thus reducing the need for in-person contacts.

Also the services provided by the MOHW Emergency Operations Centre will be augmented to support persons with HIV, NCDs, and other health issues to be able to access health services and support. The mobile health units would support efforts to cope with future disasters, including a second wave of COVID-19 as is being projected by WHO.

### ***Case Management***

Early projections indicate that Jamaica would have approximately 6,868 cases of COVID-19 by May 2020 and an increase of approximately 229 new cases per day; it is estimated that 1,030 persons will be hospitalized with severe cases and 343 persons will require critical care. To support patients in hospital, and to ensure equality and non-discrimination among high-dependency patients and those in ICU, there is a need to increase the number of ventilators as these pieces of equipment provide the best chance of survival for patients worst affected by COVID-19; donors such as the European Union have provided Jamaica with new ventilators. This proposal will not provide ventilators, but proposes to supply critical pieces of equipment that work alongside ventilators for optimal results. These include pulse oximeters, oxygen concentrators and monitors – which are relatively inexpensive compared to ventilators, but which are required for their effective use.

### ***Risk Communication and Community Engagement***

The focus of this solution would be to allow the MOHW in collaboration with PAHO, UNFPA and UNAIDS, to update and implement the country's risk communication and community engagement (RCCE) plans related to COVID-19, which will provide the foundation for communicating to the public on a regular basis what is known about COVID-19, what is being done, and actions to be taken by communities. In support of communities and the most vulnerable groups, this solution will identify people who may be at risk of being discriminated against or excluded, such as persons with disabilities, LGBTI people and people affected by extreme poverty. This solution will involve the production of health promotional materials and guidelines in digital and other formats targeted to communities, and will be designed to meet the needs of vulnerable populations. Special emphasis will be placed on providing guidelines for persons where it may be difficult to observe social distancing and sanitation practices and those who may not have access to the internet.

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

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

COVID-19 is expected to spread rapidly in Jamaica in the coming weeks and certainly by May 2020 when the country moves from the phase of localized clusters (in which most of the cases can be managed individually) to uncontrolled acceleration in which the majority of cases involve an unknown source of infection with an infection rate that is accelerating, resulting in exponential to fast linear growth in the number of new cases. From as early as February 2020, the Government of Jamaica recognized the risk posed by COVID-19 on the country's socioeconomic development spheres and began the process of employing a number of tools and approaches to respond to the impending threat. To protect lives and manage

the capacity of the health care system some of the Jamaican responses have included to date: declaring a country-wide state of emergency under the Disaster Risk Management Act (2015), allowing the state extraordinary powers, which allow for enforcement of social distancing and other pandemic control measures as well as peace keeping and other security measures; island-wide curfews and bans on some economic activities that pose the most significant threats; and lockdowns (for the parish St Catherine only) to slow the spread and flatten the curve. Other measures being enforced are social/physical distancing strategies such as closing of schools, work from home, closure of non-essential services and entertainment events, providing protective measures for the older and other vulnerable groups, increasing travel restrictions, effective use of PPE, testing and contact tracing, activating the Ministry of Health Emergency Operations Centre (MOH EOC), making mandatory the wearing of masks in public space, limiting the number of persons allowed to gather, as well as the roll-out of a communications campaign which has focused on providing facts about COVID-19 and actions that can be taken at all levels to curb the spread such as washing hands as well as sanitization.

As of 10 May 2020, there are 502 confirmed cases of COVID-19 in Jamaica. Contrary to the situation in other countries, the percentage of women infected is significantly higher than men. From the total number of confirmed cases, 61 per cent (303 cases) are females and 38 per cent (199 cases) are males. Ages of all confirmed persons range from 2 years to 87 years. There have been 9 deaths.

The difficulty in observing social distancing and maintaining sanitation practices at the workplace has resulted in a large cluster of COVID-19 cases being identified at a worksite that employs predominantly women, which may have led to the feminization of the epidemic in Jamaican context. The resultant closure of this and several other similar workplaces has resulted in financial downturn and hardship for these women and the families that they support. In Jamaica, 45.2 per cent of households are headed by women, who will be impacted significantly in this public health emergency (Jamaica Survey of Living Conditions 2017). These challenges will be added to women's other usual responsibilities where they provide the majority of unpaid care work and labour within the home during regular times as well as times of crisis or lockdown. The focus on the observation of social distancing and sanitation practices becomes critical especially with the impending community transmission, as large-scale community engagement is needed to facilitate appropriate behaviour change. A critical message to impart to communities is the continued availability of essential health services such as contraceptive care, and sexually transmitted infection (STI) and HIV prevention and control (see Solution 1 above).

It is also important to ensure protection of health professionals, which will impact significantly women working on the front line and in essential health services. More than 70 per cent of the health professionals in Jamaica are nurses and 98 per cent of the nurses are female. However, there is an estimated shortage of PPE to ensure protection as the number of COVID-19 cases increases. Furthermore, there is an increasing stigma against nurses by the general public associated with the risk of infection.

In order to address the adverse socioeconomic impacts on Jamaica due to COVID-19, Jamaica has begun to implement a fiscal and monetary

stimulus package to support affected households and businesses. Regarding the fiscal stimulus, a US\$72 million COVID-19 contingency fund has been established - supported by a reduction in the General Consumption Tax (GCT) from 16.5 per cent to 15.0 per cent. Micro, Small and Medium-sized Enterprises (MSMEs) will also benefit from a US\$7.2 million MSME tax credit which supports cash flow.

Whilst these interventions will provide some needed support they will not meet many of the needs and as such the interventions addressed here will complement the Government’s funding initiatives as well as the contributions and donations of other development partners. The three solutions addressed above are intended to respond to specific needs as follows:

Solution	Needs Addressed
Infection Prevention and Control	<ol style="list-style-type: none"> <li>1. Suppress the transmission of the virus in communities through contact tracing that would allow for better disaggregated data collection and capturing lessons learned to better manage future epidemics including another possible wave of COVID-19 as predicted by WHO and the CDC</li> <li>2. Protect female and male public health care workers and caregivers ensuring that all necessary preventive and protective measures are taken to minimize occupational safety and health risks for first responders</li> <li>3. Increased capacity in the correct and appropriate use of PPE</li> </ol>
Maintenance of Essential Healthcare Services	<ol style="list-style-type: none"> <li>1. Respond to the needs of vulnerable groups and persons living in poor and vulnerable communities for access to health services and medications for NCDs and HIV as well as for sexual and reproductive products and services especially for women and girls and guarantee the long-term treatment could be maintained</li> <li>2. Providing equal and non-discriminatory access to family planning services and sexual reproductive health (including commodities), maternal and new-born health care, and access to quality treatment and infection control and prevention measures for persons living with HIV, to vulnerable persons, with a focus on women and girls, persons living with HIV and in extreme poverty</li> </ol>
Case Management	<ol style="list-style-type: none"> <li>1. Provide critical equipment and supplies to support high dependency patients towards realizing the best health outcomes for the critically ill</li> <li>2. Increase the capacity to provide effective and impartial responses to the emerging</li> </ol>

Solution	Needs Addressed
	health sector challenges
Risk Communication and Community Engagement	<ol style="list-style-type: none"> <li>1. Information on the prevention, early diagnosis of the disease are available and adapted to specific needs, including those of persons with disabilities, and children.</li> <li>2. Contribute to eradicate stigma, discrimination, racism and xenophobia through the dissemination of accurate, clear and evidence-based information and awareness-raising campaigns.</li> <li>3. Facilitate two-way communication between first responders and communities to obtain information on what communities need and also to be able to work with them to identify potential cases in an attempt to reduce transmission</li> <li>4. Creating meaningful involvement of health care personnel in communities thereby shaping social norms and building social capital, trust, and community cohesion catalysing the impact of health messages</li> </ol>

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

*Describe programme approaches, methods, and theory of change, and explain why they are the appropriate response to the problem. State results and interim solution(s) you are proposing. Please highlight how the solution(s) is data driven; if it employs any innovative approaches; if it applies a [human rights-based approach](#)<sup>3</sup> and how is it based on the principle of “build back better”. [1,500 word limit]*

The COVID-19 pandemic is expected to result in Jamaica’s economy declining by about 5.6 per cent for 2020. It is important to note that these projections are based on early information of the impact of COVID-19. Therefore, the projections are a function of several factors including the pathway of the pandemic, the intensity and efficacy of containment efforts, the extent of supply disruptions, tightening in global financial market conditions, and volatile commodity prices. In April 2020, credit rating agencies such as Standard and Poor (S&P) and Fitch have revised their respective outlooks for Jamaica. The change reflects the shock to Jamaica from the coronavirus pandemic, which is expected to result in a sharp contraction in its main sources of foreign currency revenues – tourism, remittances and alumina exports<sup>4</sup>. The tourism and transport sectors (with

<sup>3</sup> Please refer to [OHCHR COVID19 Guidance](#)

<sup>4</sup> <https://www.fitchratings.com/research/sovereigns/fitch-revises-jamaica-outlook-to-stable-affirms-at-b-10-04-2020>

female:male employee ratios of 62:38 and 21: 79 respectively<sup>5,6)</sup> are expected to be the hardest hit as travel restrictions are implemented across the world. Additionally, the IMF has just reassessed the prospect for growth for 2020 and 2021, declaring that Jamaica has entered a recession – as bad as or worse than in 2009. The IMF projects recovery in 2021 only if the world succeeds in containing the virus and takes the necessary economic measures. In the face of such an unprecedented situation in recent history, the creativity of the response must match the unique nature of the crisis – and the magnitude of the response must match its scale. No country will be able to exit this crisis alone.

An effective response to COVID-19 requires a coordinated, decisive, and innovative policy action from the world’s leading economies, and maximum financial and technical support for the poorest and most vulnerable people and countries, who will be the hardest hit. Given the world’s extensive economic and social interrelationships and trade— we are only as strong as the weakest health system.

This section will provide a clear description and illustration of how the solutions presented above will assist Jamaica in achieving the intended goals of flattening the curve, suppressing the transmission of COVID-19 and importantly saving lives. Regardless of the scale of an intervention or the amount of resources made available it is clear that in this medical and humanitarian emergency all resources are required in the shortest possible time to meet the emerging needs posed by the spread of the disease and within the context of limited fiscal resources of the state. Whilst resources are pledged globally and there is keen interest of development partners to contribute, there are time lags in the allocation and distribution of resources from development partners to country and there may also be disparities in what development partners may be willing and able to support in relation to country priorities. This proposal is therefore intended to fill some necessary gaps and provide an overall contribution to the larger outcomes being pursued by the Government.

The range of early, coordinated and targeted measures presented in the three solutions are needed to help significantly reduce the spread of COVID-19 and to suppress the transmission even as the country enters the community transmission phase. The interventions described above proactively respond to the needs of the Government and will assist to swiftly address the spread of the disease on a number of fronts and specifically among the most vulnerable and has the potential to reduce the overall health impacts on the population especially persons living with NCDs and other vulnerable groups such as persons with disabilities, those living with HIV, and women and girls. Thus, while research shows that measures such as social distancing and curfews curtailing the movement of people are already having positive impacts on containment, PPE and risk communication for example will also be key contributors to reducing the spread. Additionally, the proposal as structured anticipates potential health inequalities and seeks to address these for vulnerable groups - ensure that the needs of these groups are met with respect to COVID-19 as well as for other health related areas such as those dealing with sexual and reproductive health. The other health priorities addressed within this

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<sup>5</sup> This industry captures most of tourism’s direct contribution to Real Value Added

<sup>6</sup> <https://statinja.gov.jm/LabourForce/NewLFS.aspx>

proposal – needs such as those related to access to pre- and postnatal care, availability and accessibility of safe delivery of services for non COVID-related illnesses, the prevention of unintended pregnancies – and especially amongst the most vulnerable would be a game changer as these address not only the medical dimensions of the pandemic but also the human rights and gender-specific consequences of measures that must be part of the overall health response. The most vulnerable in the face of this crisis are those who are already at risk: those already living in highly concentrated and under-served areas, those whose lives have already been upended for other reasons and who lack access to basic social and political protections or to any support systems. Jamaica, with a significant informal sector is especially vulnerable. The risk for the disease to take a deep foothold in fragile contexts and in poor and densely populated urban areas, unable to self-isolate, would leave us all at risk as the virus continues to spread across the globe. This proposal and the solutions proposed will create the lens through which the vulnerable will be seen and their health needs addressed.

Building on, and enhancing the efficiency of existing initiatives such as the National Emergency Operations Centre would facilitate access to telemedicine services for areas such as family planning allowing issues around areas such as contraception, antenatal and post-natal care, HIV, sexually transmitted infections and their prevention, as well as sexual behaviour to be addressed for example. The Operations Centre and those working there will be equipped to connect patients with relevant experts who can offer remote counselling in confidential manner to a range of vulnerable groups.

The COVID-19 pandemic is a rapidly evolving situation and takes on varying patterns, even in countries and across communities. It is therefore imperative that RCCE plans are adapted to the local context. Preparedness and response activities would be conducted in a participatory, community-based manner that are informed and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation. Changes in preparedness and response interventions would be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, would be essential to establishing authority and trust.

This proposal and the interventions contained herein recognize that is quite likely that the burden of COVID-19 will likely fall hardest among the most vulnerable groups and therefore activities are designed to honour the pledge of “leaving no one left behind”.

## V. Documentation

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

- Ministry of Health and Wellness Jamaica National Plan to Combat COVID-19
- PAHO/WHO Jamaica Country National Plan to Combat COVID-19
- Ministry of Health and Wellness - Vision for Health 2030 – Ten Year Strategic Plan 2019-2030. May 2019. Available at: <https://www.moh.gov.jm/data/vision-for-health-2030-ten-year-strategic-plan-2019-2030/>
- PAHO-WHO Country Cooperation (CCS) Jamaica 2017-2022. Available at: <https://iris.paho.org/handle/10665.2/51868>
- The UN Framework for the Immediate Socio-Economic Response to COVID-19 “Shared responsibility, global solidarity and urgent action for people in need”. March 2020. Available at: <https://unsdg.un.org/sites/default/files/2020-03/SG-Report-Socio-Economic-Impact-of-Covid19.pdf>
- World Health Organization. COVID-19: Operational guidance for maintaining essential health services during an outbreak. Interim guidance 25 March 2020. Available at <https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>
- World Health Organization. Critical preparedness, readiness and response actions for COVID-19. Interim guidance 22 March 2020. Available at: <https://www.who.int/publications-detail/critical-preparedness-readiness-and-response-actions-for-covid-19>

Jamaica’s National Plan for Combating COVID-19 has been completed and posted on the WHO partner portal.

## VI. Target population

*Describe and estimate the direct users of the solution and potential impact on beneficiaries. Be explicit on who has established the need (plans, national authorities, civil society, UN own analysis, or citizens). [1,500 word limit]*

Regarding the area of *Infection Prevention and Control*, which focuses on the provision of PPE, the direct users of the solution are the health care workers and community workers operating/delivering much need services at all levels of the health care system particularly in communities. It is expected that IPC practices will be bolstered by ensuring that health care workers are protected while also helping to suppress the spread. By focusing on health care workers conducting contact tracing including those from CBOs and NGOs, the proposed action will support further scaling up of containment efforts as the country approaches the phase of community spread. During this phase, first responders should experience an increase in demand for their services. Additional PPE will be required to ensure the effective delivery of their services.

Solution	Direct Users	Potential Impact	Beneficiaries	Comment
Infection Prevention and Control	Public healthcare providers working in communities, including public health nurses, contact tracers, caregivers, community workers and leaders, civil society organizations	<ol style="list-style-type: none"> <li>1. Increase protection of public health care workers and caregivers, including the midwifery workforce</li> <li>2. Supressed transmission of the virus in communities due to increases in more targeted contact tracing</li> <li>3. Access to protective equipment needed for each phase of the epidemic</li> </ol>	<ol style="list-style-type: none"> <li>1. Public healthcare workers assigned to communities – such as public health nurses, contact tracers, caregivers, community leaders, civil society organizations, community leaders</li> <li>2. The general population, but particularly vulnerable groups such as – immuno-compromised persons, persons with disabilities, persons living with HIV, persons with NCDs, persons living in poor and marginalized communities who lack access to many basis social services, women and girls, LGBTI people</li> </ol>	The Ministry of Health and Wellness indicated the need for more PPE

Regarding the area of *Maintenance of Essential Healthcare Services*, the focus is on ensuring that essential health services related to NCDs, sexual and reproductive health, maternal and new-born health care, provision of HIV treatment are maintained even as health system and communities deal with COVID-19. The emphasis is on ensuring continued equal and non-discriminatory access to these services for the most vulnerable groups, including the elderly, women and girls in vulnerable conditions, as well as the persons living with HIV.

<b>Solution</b>	<b>Direct Users</b>	<b>Potential Impact</b>	<b>Beneficiaries</b>	<b>Comment</b>
Maintenance of Essential Healthcare Services	Vulnerable groups such as - persons with disabilities, persons living with HIV, LGBTI persons, persons living in poor and marginalized communities who lack access to many basic social services, women and girls and LGBTI people and people affected by extreme poverty	1. Allow for the needs of vulnerable groups and persons living in poor and vulnerable communities to gain access to essential health services and medications for non- COVID 19 related matters including sexual and reproductive products and services and HIV treatment	1. The general population, but particularly vulnerable groups such as – immuno-compromised persons, persons with disabilities, persons living with HIV, persons with NCDs, persons living in poor and marginalized communities who lack access to many basic social services, women and girls (including pregnant women and girls), LGBTI people – and may include persons in detention and institutions for women, children and the elderly as well as migrants	

Concerning *Case Management*, the proposed solution centres on the provision of critical pieces of equipment that work alongside ventilators for optimal results. This action enhances the capacity of the health care system to treat high-dependency patients and those in ICU. As community spread increases, the likelihood that some persons will require ventilators will increase. As the country approaches the peak of the spread, there is a need to increase the number ventilators and supporting equipment quickly.

<b>Solution</b>	<b>Direct Users</b>	<b>Potential Impact</b>	<b>Beneficiaries</b>	<b>Comment</b>
Case Management	Hospitals	1. Provision of critical equipment supplies to support high dependency patients 2. Increase capacity of the health care	1. High dependency patients and those in ICU	The Ministry of Wellness indicated the need for more ventilators and supporting equipment

Solution	Direct Users	Potential Impact	Beneficiaries	Comment
		system to respond to emerging challenges		

Regarding *Risk Communication and Community Engagement*, focus is given to strengthening the country's RCCE plans related to COVID-19. Communicating to all segments of the public on a regular basis on COVID-19 related matters will become increasingly important. The proposed solution will boost the capacity of the MOHW to increase communication particularly to the most vulnerable. This is critical as in some cases access to information via digital means, which is considered both cost effective and wide in reach, may not reach some of the country's most vulnerable.

Solution	Direct Users	Potential Impact	Beneficiaries	Comment
Risk Communication and Community Engagement	MOHW	<ol style="list-style-type: none"> <li>1. The facilitation of dissemination of information related to COVID 19, via varying formats, particularly to vulnerable groups.</li> <li>2. Facilitation of two-way communication between first responders and communities to obtain information on the needs of communities and build effective working relationships to allow for the identification of potential cases</li> </ol>	<ol style="list-style-type: none"> <li>1. Community members and groups</li> <li>2. Persons who do not have ready access to sources of critical information such as the internet.</li> <li>3. Vulnerable groups such as - persons with disabilities, persons living with HIV, persons living in poor and marginalized communities who lack access to many basic social services, women and girls and LGBTI people and people affected by extreme poverty.</li> </ol>	This will support the risk communication and community engagement plan developed by the Ministry of Health and Wellness

Some of the most vulnerable persons are located in high concentrated and under-served areas and are challenged by lack of access to basic social and economic benefits. The risk for the disease to take a deep foothold in fragile contexts and in poor and densely populated urban areas, unable

to self-isolate, would burden the health system, particularly the divisions operating at the community level. The needs of high risk marginalized, and vulnerable population groups are specifically addressed in this proposal. These will include the elderly, the differently able, women and children, children in state care, those at risk of gender-based violence, the LGBTQ, PLWHIV and the poor among others are addressed.

## VII. Who will deliver this solution?

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

### **Pan American Health Organization: PAHO/WHO**

PAHO is the specialized international health agency for the Americas. The MOHW and the PAHO/WHO have jointly developed and agreed on the Country Cooperation Strategy 2017-2022 and the Biennial Workplan 2020/2021, which is aligned with the Ten-Year Strategic Plan of the MOHW “Vision for Health 2030”.

PAHO works with the Government of Jamaica to improve and protect people's health. PAHO is engaged in technical cooperation with Jamaica to fight communicable and non-communicable diseases and their causes, to increase awareness about mental, to prevent violence against women and girls, to improve maternal and child health, to provision of vaccines, to strengthen health systems, to tackle climate change and its impact in health, to guarantee food safety, to strengthen environmental health surveillance and control, to survey and control zoonotic disease and to respond to emergencies and disasters, including of emerging diseases. PAHO is committed to ensuring that all people have access to the health care they need, when they need it, with quality and without fear of falling into poverty. PAHO promotes the inclusion of health in all public policies and the engagement of all sectors in efforts to ensure that people live longer, healthier lives, with good health as their most valuable resource, leaving no one behind.

PAHO has provided technical and financial support to the MOHW in the Country Response to COVID-19. PAHO provides support coordination of the MOHW to the response to COVID-19, support to the development of national guidelines, as well as the establishment of testing capacity and training for health professionals in infection control and clinical management. While the focus has been on strengthening the epidemiological surveillance capacity, laboratory testing capacity and reorganizing and expanding health services for severe and critical cases of COVID-19, there is the urgent need to further ensure promotion of mental health and psychosocial support to health professionals and the most vulnerable population, as well as maintain essential health services. PAHO/WHO has the capacity to provide technical support to the MOHW on suppressing the transmission of COVID-19 and strengthening the health system in Jamaica.

PAHO has been working with MOHW for establishment of surveillance capacity for influenza-like illness (ILI) and Severe Acute Respiratory disease for many years, Jamaica has 6 SARI sentinel Site and 70 ILI site, which are assessed and contact trained by PAHO, in the last 2 years PAHO implemented an electronic surveillance system for this surveillance (FLUNET), providing real time data and increase analysis capacity.

PAHO provided training, assessment, incorporation of new technology and quality assurance test to guarantee the reliability and quality of the data provided by National Influenza Center, designated for WHO 49 years ago. NIC also report and use FLUNET making the SARI/ILI surveillance in Jamaica an integrated surveillance with epidemiological and laboratory data. Upon this base build through PAHO MOHW collaboration, PAHO was able to support NIC/MOH to implement SARS-CoV-2 test in the country, weeks before the first case being reported, so Jamaica become ready to detect the virus.

PAHO support the implementation for a surveillance system for COVID-19 cases and contact (GO.DATA), the support included software, hardware and one-to-one training to MOH officers. The use of FLUNET and all the working flow already established for it, made successful the implementation of GO.DATA in a short period of time. PAHO has support the enhancement the National Infection Control Program and had trained and provided tool, including isolation and rational use of PPE for infection prevention and control nurses in all public health hospitals and UWI. Those professionals are in front line to guarantee the safety of HCW during the care of COVID 19, and to implement national and international recommendations.

### **United Nations Population Fund: UNFPA**

UNFPA is the United Nations sexual and reproductive health agency. Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA calls for the realization of reproductive rights for all and supports access to a wide range of sexual and reproductive health services – including voluntary family planning, maternal health care and comprehensive sexuality education. Since UNFPA started its work, the world has seen progress: The number and rate of women dying from complications of pregnancy or childbirth has been halved. Families are healthier. Young people are more connected and empowered than ever before. In 2018, UNFPA set a strategic effort to achieve three zeros by 2030: zero unmet need for contraception; zero preventable maternal deaths; and zero gender-based violence and harmful practices, such as child marriage and female genital mutilation. UNFPA has a vast experience in working with governments and partners to avoid or minimize shortages of contraceptives and life-saving maternal health medicines and equipment. It is fully active in more than 150 countries and territories, operating across the humanitarian and development spectrum.

Support by UNFPA in Jamaica includes: supporting the establishment and implementation of a national Policy for the Reintegration of Teen

Mothers into the formal education system. Technical support to the Adolescent Policy Working Group of the Ministry of Health to review the findings of the Joint Select Committee review of the Sexual Offences Act, Offences Against the Person Act and Age of Majority Act. The findings recommend changes to laws that limit access by men women and adolescents including management of violence, orders for protection, management GBV, and the indemnification of medical practitioners from prosecution for provided health services. Technical support was provided to the Ministry of Health to develop a Sexual Reproductive Health Policy to guide integrated sexual and reproductive health programmes of the government. Making UNFPA well placed to support the implementation of the solutions set out in this proposal. A few key areas are presented below which provides a sense of the scope of support provided to the Jamaica across a range of stakeholder groups.

UNFPA provides consistent support to the ministries of Gender, Health and Education to participate in regional and global processes aimed at building capacity and strengthening government and civil society institutions to eliminate gender inequality and gender-based violence. Technical assistance and advocacy support were also provided to the Jamaica Bureau of Gender Affairs which allowed for the establishment of an online GBV Platform which allows survivors and populations at risk to GBV to access information and needed support.

UNFPA provided technical support to the Government of Jamaica to improve the health and wellbeing of women and adolescents and to reduce their vulnerability to family violence through collaborations with government agencies and allied civil society partners. The Ministry of Education has benefited from technical support provided that facilitated the review of its national curriculum to deliver Health and Family Life Education (HFLE) and Comprehensive Sexuality Education (CSE), both of which address prevention and treatment of diverse categories of family violence. Support was also provided for the training of education technicians and the development of a training manual to improve the delivery of the Sexuality and Sexual Health component of HFLE, the module which addresses CSE in HLFE and its GBV components. Further, media products were developed for the ministry to support education technicians in the delivery of the curriculum.

The interventions proposed are at the heart of the UNFPA's mandate. The UNFPA Office in Jamaica is staffed by a SRHR Technical Advisor (P5), an HIV/AIDS Specialist who also has a vast experience in the area of family planning and gender-based violence, a Communications team and a Senior Management Team at D1 and P5 levels. A Programme and Policy Analyst with a particular focus on Gender & Population dynamics. The Jamaica Office also has access to technical staff based across the wider organization. The UNFPA Office has a strong operations team, led by an International Operations Manager, with dedicated staff in procurement, finance, human resources and IT. UNFPA utilizes implementing partner agreements and tools such as HACT and IPCAT, small grants, fast-track procedures and direct implementation to deliver its programme of work.

## **Partners**

This programme will be implemented in collaboration with the following partners:

- UNAIDS
- Ministry of Health and Wellness
- Ministry of Local Government and Community Development
- National Family Planning Board
- Regional Health Authorities
- Community-based and non-governmental organizations including the Jamaica Red Cross and the Salvation Army
- Civil society Organizations (such as FAMPLAN, JN+, Jamaica Community of Positive Women, JASL)
- Professional Associations

## Cover Page

<b>Contacts</b>	<b>Resident Coordinator or Focal Point in his/her Office</b> <b>Name:</b> Mariko Kagoshima <b>Email:</b> <a href="mailto:mkagoshima@unicef.org">mkagoshima@unicef.org</a> <b>Position:</b> RC a.i. <b>Other Email:</b> <a href="mailto:mkagoshima@unicef.org">mkagoshima@unicef.org</a> <b>Telephone:</b> +1 (876) 279-8334 <b>Skype for Business:</b> <a href="https://www.skype.com/join/ucme/mkagoshima@unicef.org">mkagoshima@unicef.org</a>
<b>Description</b>	<p>As of May 10, 2020, Jamaica had 502 confirmed cases of COVID-19 (61 percent women, 39 percent men) in persons ranging in age from 2 years to 87 years, with 9 deaths.. Whilst the country currently still has a high percentage of imported cases and contacts of imported cases, there are now more community/workplace cluster cases and emerging cases with unknown epidemiological origins. The country is about to enter, within a few weeks the community transmission phase. As has been the case with other countries, once the outbreak has entered the community transmission phase, it can double in scale every 3 to 5 days. This is expected to result in new challenges for the already ailing health sector as hospitalisation needs will grow exponentially, overwhelming the health system similar to what was experienced in more developed countries.</p> <p>Jamaica benefits from relatively high levels of cooperation from development partners and some have already stepped forward and begun providing support to the country to respond to the COVID-19 pandemic. Notwithstanding, there are still many gaps with respect to health needs as well as other non-health related needs to enable the country to effectively respond to the threat of COVID-19. All resources are required to ensure that lives can be saved and that persons who are most vulnerable can be pulled out of situations that could result in their overall life chances being further negatively impacted. To this end, the solutions proposed under Window 1 respond to needs within the health sector but are designed to ensure that individuals and communities can access essential health services in keeping with the SDGs related to good health and wellbeing and reducing inequalities towards “leaving no one behind”. The proposed solutions respond to this health and humanitarian emergency and aims to save lives whilst providing essential health services to the key vulnerable and otherwise underserved population segments, including persons with disabilities, persons living</p>

	<p>with HIV, persons living in poor and marginalized communities who lack access to many basic social services, women and girls and LGBTI people and people affected by extreme poverty. The solutions proposed will address needs identified in the Government of Jamaica's COVID-19 Preparedness and Response Plan which totals over US\$30 million.</p> <p>The solutions proposed will be organized under 4 main areas as follows:</p> <ul style="list-style-type: none"> <li>• Infection prevention and control</li> <li>• Maintenance of essential healthcare services</li> <li>• Case management</li> <li>• Risk communication and community engagement</li> </ul> <p>The current situation calls for Jamaica to engage in a range of activities to curb the spread of COVID-19 and also to ensure that interventions are designed and implemented in a manner that ensures equal access to the most vulnerable and respects genders and human rights, essentially ensuring that 'no one is left behind'.</p>
Universal Markers	<p><u>Gender Marker</u>: <i>(bold the selected; pls select one only)</i></p> <p>a) Have gender equality and/or the empowerment of women and girls as the primary or principal objective.  <b>b) Make a significant contribution to gender equality and/or the empowerment of women and girls;</b>  c) Make a limited contribution or no contribution to gender equality and/or the empowerment of women and girls.</p>
Fund Specific Markers	<p><b>Human Rights Based Approach to COVID19 Response</b> <i>(bold the selected)</i>: Yes/No  Considered OHCHR guidance in proposal development <a href="#">UN OHCHR COVID19 Guidance</a></p>
	<p><b>Fund Windows</b> <i>(bold the selected; pls select one only)</i></p> <p><b><u>Window 1: Enable Governments and Communities to Tackle the Emergency</u></b>  Window 2: Reduce Social Impact and Promote Economic Response</p>
Geographical Scope	<p><b>Regions:</b> Latin America and the Caribbean  <b>Country:</b> Jamaica</p>
Recipient UN Organizations	<p>PAHO/WHO  Representative: Dr. Bernadette Theodore-Gandi</p>

	Email: <a href="mailto:gandiber@paho.org">gandiber@paho.org</a>  UNFPA Sub-Regional Director - Alison Drayton Email: drayton@unfpa.org						
Implementing Partners	Ministry of Health and Wellness Ministry of Local Government and Community Development National Family Planning Board Regional Health Authorities Community-based and non-governmental organizations including the Jamaica Red Cross and the Salvation Army Civil society Organizations (such as FAMPLAN, JN+, Jamaica Community of Positive Women, JASL) Professional Associations UNAIDS						
Programme and Project Cost	Budget	Agency	Amount	Agency	Amount	Agency	Amount
	Budget Requested	PAHO/WHO	\$288,934	UNFPA	\$111,066	UNAIDS	0
	In-kind Contributions	PAHO/WHO	\$100,000	UNFPA	\$11,500	UNAIDS	\$30,000
	Total	PAHO/WHO	\$388,934	UNFPA	\$122,566	UNAIDS	\$30,000
Comments							
Programme Duration	Start Date: May 2020						
	Duration (In months): 7 months						
	End Date: December 31, 2020						

## Results Framework

INSTRUCTIONS: Each proposal will pick a window. As part of the proposal the agencies, funds and programme will develop an outcome, outcome indicators, outputs and output indicators that will contribute to the achievement of the selected proposal outcome.

Window 1: Proposal Outcome					Outcome Total Budget USD
	Project Outcome: Suppress transmission of COVID-19 to stop the pandemic and saves lives in Jamaica				USD 400,000 In-kind Contribution from UNAIDS – USD30,000
		Baseline	Target	Means of verification	Responsible Org
Outcome Indicator [Max 2500 characters]	Outcome 1 Public healthcare workers (women and men) assigned to communities <sup>7</sup> protected during COVID 19	Number of female and male public healthcare workers with COVID-19 confirmed	Number of female and male public healthcare workers with COVID-19 confirmed	Ongoing monitoring and project evaluation	PAHO/WHO Budget: USD 160,000  UNFPA Budget: USD 80,000  PPEs - face shields, masks, gowns, goggles and gloves
Proposal Outputs	Output 1.1 Public healthcare workers (women and men) in communities <sup>7</sup> are adequately equipped with personal protective equipment (PPE)	PPE available for female and male HCW	PPE available for all female and male HCW and first responders	Number of PPEs distributed to female and male HCW	

<sup>7</sup> Used in this proposal to refer to a range of public healthcare providers working in communities, including public health nurses, contact tracers, caregivers, community leaders, civil society organizations

Window 1: Proposal Outcome					Outcome Total Budget USD
	Project Outcome: Suppress transmission of COVID-19 to stop the pandemic and saves lives in Jamaica				USD 400,000 In-kind Contribution from UNAIDS – USD30,000
		Baseline	Target	Means of verification	Responsible Org
	Output 1.2 Capacity of public healthcare workers (women and men) in communities <sup>7</sup> built in effective use and disposal of PPE	Effective use of PPE available for female and male HCW	Effective use of PPE available for all female and male HCW	Number of female and male HCW trained in effective use of PPEs	
Proposal Output Indicators	1.1.a % of targeted public healthcare workers (women and men) in communities <sup>7</sup> with access to PPE	NA	Ensure access to PPEs to all female and male HCW providing services in the community	Number of female and male HCW providing services in the community	
	1.2.a # women and men trained in effective use and disposal of PPE	NA	Ensure female and male HCW are trained to effectively use and dispose PPEs	Number of female and male HCW trained in effective use of PPEs	

Window 1: Proposal Outcome					Outcome Total Budget USD
	Project Outcome: Suppress transmission of COVID-19 to stop the pandemic and saves lives in Jamaica				USD 400,000 In-kind Contribution from UNAIDS – USD30,000
		Baseline	Target	Means of verification	Responsible Org
Outcome Indicator [Max 2500 characters]	Outcome 2: Delivery of essential health services <sup>8</sup> unrelated to COVID-19 – with emphasis on services related to NCDs (with emphasis on hypertension, diabetes and heart disease), sexual and reproductive health (SRH), pre- and post-natal care and for persons living with HIV and persons with disabilities			Ongoing monitoring and project evaluation	UNFPA Budget: USD 20,000
Proposal Outputs	Output 2.1 Mobile care units operationalized to provide essential health services <sup>8</sup> in addition to COVID-related services	N/A	Mobile units are used to outreach most vulnerable groups, including women, girls, boys, and the elderly	Number of women and men - disaggregated by age - with access to health services through the mobile units	
	Output 2.2 National Operations Centre is able to respond to requests related to essential	N/A	Number of women and men guided	Number of women and men - disaggregated	

<sup>8</sup> In this proposal, essential health services will mean services related to non-communicable diseases (NCDs), sexual and reproductive health (SRH), pre- and post-natal care and for persons living with HIV and persons with disabilities

<b>Window 1: Proposal Outcome</b>					<b>Outcome Total Budget USD</b>
	<b>Project Outcome: Suppress transmission of COVID-19 to stop the pandemic and saves lives in Jamaica</b>				<b>USD 400,000 In-kind Contribution from UNAIDS – USD30,000</b>
		<b>Baseline</b>	<b>Target</b>	<b>Means of verification</b>	<b>Responsible Org</b>
	health services <sup>8</sup> for vulnerable groups, including women, girls, boys and the elderly		to access to the most adequate health services	by age - guided to access to the most adequate health services	
	Output 2.3 Chronic disease management adapted to address the COVID situation by maintaining supply chains for medications and needed supplies, with a reduction in provider encounters	MOHW has ARV and other essential medicines for 6-month in stockpile, one month dispensing policy in place	MOHW with ARV and other essential medicines stockpile for 1 year and multi month dispenser policy in place	Implementation to multi-month dispenser policy for ARV and other essential medicines by MOHW	MOHW, NHF (National Health Fund), Jamaica Pharmacy Council
	Output 2.4 Access to maternal healthcare maintained			Access by women and girls to maternal healthcare	UNFPA in collaboration with Regional Health Authorities and MOHW
<b>Proposal Output Indicators</b>	2.1.a % of vulnerable women, men, girls, boys and the elderly needing essential health services <sup>8</sup>	PLHIV unable to access service and be	Implementati on of social support	% PLHIV able to access care and retained in care	

Window 1: Proposal Outcome					Outcome Total Budget USD
	Project Outcome: Suppress transmission of COVID-19 to stop the pandemic and saves lives in Jamaica				USD 400,000 In-kind Contribution from UNAIDS – USD30,000
		<b>Baseline</b>	<b>Target</b>	<b>Means of verification</b>	<b>Responsible Org</b>
	who are able to access these services	contacted by CSO because financial constrains	measures for PLHIV	during COVID 19 pandemic	
	2.2.a # phone lines activated to accept calls related to essential health services <sup>8</sup>	N/A	Phone lines available to women, men and the elderly who require access to essential health services	Number of calls received and guidance provided to most appropriate access to health services	
	2.2.b Capacity built to manage the phone lines	N/A	Phone Lines available to women and men – disaggregated by age - who require access to essential	Number of calls received and guidance provided to most appropriate access to health services	

Window 1: Proposal Outcome					Outcome Total Budget USD
	Project Outcome: Suppress transmission of COVID-19 to stop the pandemic and saves lives in Jamaica				USD 400,000 In-kind Contribution from UNAIDS – USD30,000
		Baseline	Target	Means of verification	Responsible Org
			health services		
	2.3.a Medication available for vulnerable groups	CSO supporting delivery of care for PLHIV	CSO able to keep supporting of care for PLHIV	Number of CSO keep their activities in support PLHIV	
	2.3.b % of pregnant women and girls with continued access antenatal care services				UNFPA in collaboration with Regional Health Authorities and MOHW
	2.3.c % of pregnant women and girls with continued access to Basic and Comprehensive Emergency Obstetric Care				UNFPA in collaboration with Regional Health Authorities and MOHW
Outcome Indicator [Max 2500 characters]	Outcome 3 Enhanced case management of high-dependency patients in hospitals	Number of fully operational ventilators with supporting equipment	Number of fully operational ventilators with supporting equipment	Project evaluation and procurement records	PAHO/WHO Budget: USD 120,000  includes pulse oximeters, oxygen concentrators and monitors
Proposal Outputs	Output 3.1	There are 51 ventilators.	Number of ventilators	Equipment procured,	

Window 1: Proposal Outcome					Outcome Total Budget USD
	Project Outcome: Suppress transmission of COVID-19 to stop the pandemic and saves lives in Jamaica				USD 400,000 In-kind Contribution from UNAIDS – USD30,000
		<b>Baseline</b>	<b>Target</b>	<b>Means of verification</b>	<b>Responsible Org</b>
	Procurement and use of equipment to support ventilators	Estimations indicate the need of 360 ventilators, with a gap of 309 ventilators.	available for critically ill patients with COVID-19	distributed and effectively used by trained health professionals.	
<b>Proposal Output Indicators</b>	3.1.a Supporting equipment is assigned to ventilators	Number of ventilators with supporting equipment	Number of ventilators with supporting equipment	Ventilators being used effectively with the supporting equipment	Note: The average costs of 1 aspirator, 1 monitor and 1 infusion pump to ensure the effective use of the invasive ventilator is 6000 USD.
<b>Outcome Indicator [Max 2500 characters]</b>	<b>Outcome 4 Members of vulnerable communities are engaged and can play their part in the reduction of the spread of COVID-19</b>			<b>Project Evaluation</b>	<b>PAHO/WHO Budget: USD 20,000</b>
<b>Proposal Outputs</b>	Output 4.1 Community engagement for social and behaviour change implemented to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations	National risk communication and community plan for COVID-19 implemented	Percentage of communities informed and engaged in the response to COVID-19	National risk communication and community plan for COVID-19 implemented	MOHW, Ministry of Local Government. Social Development Commission (SDC) and Community Development Councils (CDCs).

Window 1: Proposal Outcome					Outcome Total Budget USD
	Project Outcome: Suppress transmission of COVID-19 to stop the pandemic and saves lives in Jamaica				USD 400,000 In-kind Contribution from UNAIDS – USD30,000
		Baseline	Target	Means of verification	Responsible Org
Proposal Output Indicators	4.1.a Community members (women, men, girls, boys, the elderly and disabled) implementing behaviours to protect against COVID-19 spread				

## SDG Targets and Indicators

Please consult Annex: [SDG List](#)

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

*(selections may be bolded)*

Sustainable Development Goals (SDGs) [select max 3 goals]			
<input type="checkbox"/>	SDG 1 (No poverty)	<input type="checkbox"/>	SDG 9 (Industry, Innovation and Infrastructure)
<input type="checkbox"/>	SDG 2 (Zero hunger)	<input checked="" type="checkbox"/>	<b>SDG 10 (Reduced Inequalities)</b>
<input checked="" type="checkbox"/>	<b>SDG 3 (Good health &amp; well-being)</b>	<input type="checkbox"/>	SDG 11 (Sustainable Cities & Communities)
<input type="checkbox"/>	SDG 4 (Quality education)	<input type="checkbox"/>	SDG 12 (Responsible Consumption & Production)
<input checked="" type="checkbox"/>	<b>SDG 5 (Gender equality)</b>	<input type="checkbox"/>	SDG 13 (Climate action)
<input type="checkbox"/>	SDG 6 (Clean water and sanitation)	<input type="checkbox"/>	SDG 14 (Life below water)
<input type="checkbox"/>	SDG 7 (Sustainable energy)	<input type="checkbox"/>	SDG 15 (Life on land)
<input type="checkbox"/>	SDG 8 (Decent work & Economic Growth)	<input type="checkbox"/>	SDG 16 (Peace, justice & strong institutions)
<input type="checkbox"/>	SDG 17 (Partnerships for the Goals)		
Relevant SDG Targets and Indicators			
[Depending on the selected SDG please indicate the relevant target and indicators.]			
Target	Indicator # and Description	Estimated % Budget allocated	
<b>TARGET_3.d</b>	3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	30	
TARGET_3.1	3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	15	

TARGET_3.4	3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	15
TARGET_3.7	3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	15
TARGET_3.8	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	25

## Risk

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

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

Risks	Risk Level: (Likelihood x Impact)	Likelihood: Certain - 5 Likely - 4 Possible - 3 Unlikely - 2 Rare - 1	Impact: Essential - 5 Major - 4 Moderate - 3 Minor - 2 Insignificant - 1	Mitigating measures	Responsible Org./Person
<b>Contextual risks</b>					
Surge in the number of severe cases which places significant strain on the healthcare system	Very high	5	5	<p>The Project is fully aligned with the Jamaica Country Plan for response to COVID-19.</p> <p>The Project builds in the support already provided to the MOHW in preparation for COVID-19.</p> <p>PAHO is a member of the National Emergency Operations Centre (EOC), which is responsible to ensure coordination of the response at national, regional and at the parish level.</p>	UN Joint Team
An intense 2020 hurricane season which hampers the implementation and effectiveness of proposed project solutions.	High	4	3	Continuous consultations with key institutions critical to disaster preparedness management and recovery.	UN Joint Team

Risks	Risk Level: (Likelihood x Impact)	Likelihood: Certain - 5 Likely - 4 Possible - 3 Unlikely - 2 Rare - 1	Impact: Essential - 5 Major - 4 Moderate - 3 Minor - 2 Insignificant - 1	Mitigating measures	Responsible Org./Person
There is a risk that the pandemic could be more persistent than estimated thereby exhausting proposed project solutions.	High	4	4	<p>Ongoing monitoring of global efforts to develop an effective treatment and or vaccine</p> <p>Identify funding for the procurement of treatment and or vaccine</p> <p>Putting provisions in place for the scaling up of proposed solutions if the pandemic persists</p>	

## Budget by UNDG Categories

\*Up to Four Agencies

Budget Lines	Fiscal Year	PAHO/WHO	PAHO Contribution	UNFPA	UNFPA Contribution	UNAIDS Contribution	Joint Fund (USD)	RUNOs Contribution	Total
1. Staff and other personnel	2020		100 000					100 000	100 000
2. Supplies, Commodities, Materials	2020	270 032		103 800		30 000	373 832	0	373 832
3. Equipment, Vehicles, and Furniture, incl. Depreciation	2020							0	
4. Contractual services	2020							0	
5. Travel	2020				11 500			11 500	11 500
6. Transfers and Grants to Counterparts	2020							0	
7. General Operating and other Direct Costs	2020							0	
<b>Sub Total Programme Costs</b>		<b>270 032</b>		<b>103 800</b>			<b>373 832</b>	<b>0</b>	<b>373 832</b>
8. Indirect Support Costs * 7%		18 902		7 266			26 168	0	26 168
<b>Total</b>		<b>288 934</b>	<b>100 000</b>	<b>111 066</b>	<b>11 500</b>		<b>400,000</b>	<b>111 500</b>	<b>511 500</b>

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