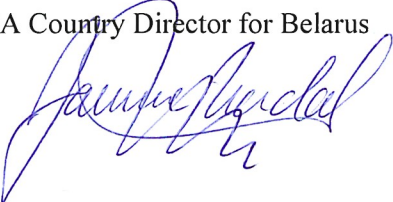



**Country:** Belarus

**Programme Title:** Belarus COVID-19 Action Programme (BeCAP): a Joint Action for Recovering Better through Strengthening Health, Social Services and Community Resilience in Belarus

**Joint Programme Outcomes (Socioeconomic Response Plan (2020-2022)):** Pillar 1: Health First: Protecting Health Services and Systems during the Crisis; Pillar 2: Protecting People: Social Protection and Basic Services; and Pillar 5 Social Cohesion and Community Resilience

<p>Programme Duration: 2021-2024</p> <p>Anticipated start/end dates: 01.12.2021– 30.11.2024</p> <p>Fund Management Option: Pass-through</p> <p>Administrative Arrangements: UNDP MPTF Office (MPTFO) as Administrative Agent/ pass-through modality</p>	<p>Total estimated budget: USD 3,008,250</p> <p>Out of which:</p> <p>1. Funded Budget: USD 2,898,250 (equivalent to EUR 2,500,000<sup>1</sup>)</p> <p>2. UN Agencies contribution USD 110,000</p>
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UN organizations	
<p><b>Ms. Alexandra Solovieva</b></p> <p>UNDP Resident Representative in Belarus</p> 	<p><b>Ms. Tanja Radocaj</b></p> <p>UNICEF Representative in Belarus</p> 
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<sup>1</sup> estimated according to the [Info Euro Rate of November 2021: 1 EUR = 1.1593 USD \(https://ec.europa.eu/info/funding-tenders/how-eu-funding-works/information-contractors-and-beneficiaries/exchange-rate-infoeuro\\_en\)](https://ec.europa.eu/info/funding-tenders/how-eu-funding-works/information-contractors-and-beneficiaries/exchange-rate-infoeuro_en)

## Table of Contents

LIST OF ABBREVIATIONS.....	3
<b>SUMMARY OF THE ACTION .....</b>	<b>4</b>
<b>SECTION I: BACKGROUND ANALYSIS .....</b>	<b>5</b>
NATIONAL CONTEXT.....	5
ECONOMIC AND SOCIAL SITUATION.....	7
SECTOR CONTEXT: POLICIES AND CHALLENGES .....	8
LESSONS LEARNED.....	10
CROSS-CUTTING ISSUES .....	12
STAKEHOLDERS .....	12
EU AND UNCT BELARUS SERP FRAMEWORKS.....	12
<b>SECTION II: PROJECT IMPLEMENTATION .....</b>	<b>14</b>
OBJECTIVES.....	14
EXPECTED OUTPUTS AS LISTED IN THE ACTION DOCUMENT:.....	14
EXPECTED RESULTS AND MAIN ACTIVITIES .....	14
INDICATIVE ACTIVITIES .....	17
LINKAGES TO THE UNSDCF AND THE SDGs.....	23
Table 1: Logical Framework Matrix.....	24
Table 2: Risk Management Matrix .....	39
<b>SECTION III: PROJECT IMPLEMENTATION ARRANGEMENTS .....</b>	<b>40</b>
MANAGEMENT ARRANGEMENTS AND COORDINATION.....	40
Indicative implementation period: .....	41
FUND MANAGEMENT ARRANGEMENTS.....	41
MONITORING AND EVALUATION .....	42
COMMUNICATION AND VISIBILITY.....	42
LEGAL CONTEXT OR BASIS OF RELATIONSHIP.....	43
BUDGET FOR THE ACTION.....	44

## LIST OF ABBREVIATIONS

AAP	Annual Action Programme
BECAP	Belarus COVID-19 Action Programme
BELMED	Project on Preventing non-communicable diseases, promoting healthy lifestyle and support to modernization of the health system in Belarus
Belstat	National Statistical Committee of the Republic of Belarus
CSO	civil society organisation
ECD	early childhood development
ECI	early childhood intervention
ENPI	European Neighbourhood and Partnership Instrument
EU	European Union
HCP	healthcare personnel
HIV	human immunodeficiency virus
IPC	infection prevention and control
IT	Information Technology
MhGAP	The WHO Mental Health Gap Action Programme (MhGAP)
MLSP	Ministry of Labour and Social Protection
MoH	Ministry of Health of the Republic of Belarus
MPTFO	Multi-Partner Trust Fund Office
NCD	non-communicable diseases
NGO	non-governmental organization
PPE	personal protection equipment
PSA	psycho-social assistance
RRF	Rapid Response Facility
SERP	UN Belarus socioeconomic response plan
SME	small and medium enterprise
TB	tuberculosis
ToT	training of trainers
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	Children's Fund, United Nations
USD	United States dollar
WGD	Women, girls and adolescent girls with disabilities
WHO	World Health Organization
YFHC	Youth-friendly health centers

## **SUMMARY OF THE ACTION**

The spread of COVID-19 demands innovative responses through the healthcare system, but also through effective economic, social and community level solutions focusing on specific needs and priorities. One of the main consequences of the epidemic has been the worsening of the socio-economic welfare of vulnerable groups identified in various country-level studies.

While having effect for all populations, COVID-19 particularly affected the health and well-being of already vulnerable groups such as the elderly population, people with disabilities, women, including pregnant women and survivors of domestic violence, families with children, children and adolescents in institutional care, children and adolescents with disabilities, people with intellectual impairments, former convicts, and people living in remote areas with limited access to basic services.

The greater burden that COVID-19 imposed on healthcare and social support systems as well as the limited potential of service provider institutions to withstand such an unconventional challenge placed greater risks of worsening health and psychological status for these groups. These negative impacts can be reduced by providing dedicated support and promoting innovations and access to knowledge and skills that can increase the resilience of people and institutions.

Innovations and open platforms for action and cooperation between local service providers, the business community and target populations themselves are at the centre of an effective response in any country. Facilitating innovative multi-stakeholder partnerships is core to the EU's and UN's missions in Belarus and, in the case of the UN, it is part of its COVID-19 response captured in the UN Socio-Economic Response to COVID-19 Plan for Belarus (SERP).

This initiative, *Belarus COVID-19 Action Programme (BECAP): Joint Action for Recovering Better through Strengthening Health, Social Services and Community Resilience*, will focus on three priorities:



**Strengthen health services and the healthcare system during the COVID-19 crisis**



**Protect vulnerable people and ensure access to quality mental health counselling and social services**



**Enhance community resilience and facilitate service delivery and continuity in the post-pandemic economy**

The project's inclusive and open character, serving as a platform for partnerships, will help mobilise cooperation and business support for the COVID-19 response and facilitate access to knowledge about best practices in COVID-19 socio-economic responses.

**Belarus COVID-19 Action Program (BeCAP): a Joint Action for Recovering Better through Strengthening Health, Social Services and Community Resilience in Belarus**

The project is aligned with UN priorities for COVID-19 response as reflected in the SERP, pillar 1 Health First: Protecting Health Services and Systems during the Crisis; pillar 2 Protecting People: Social Protection and Basic Services; and pillar 5 Social Cohesion and Community Resilience. The SERP complements the UNCT Preparedness and Response Plan, which focuses on the procurement of personal protection equipment (PPE) resources and pharmaceutical products.

The project will draw on the existing expertise and specific mandates of WHO, UNDP, UNICEF and UNFPA as well as partnerships with local governments and civil society organizations and other stakeholders on the ground in all the regions of Belarus. The project will build on the partnerships and experience of the EU-funded project on “Preventing Non-communicable Diseases, Promoting Healthy Lifestyle and Support to Modernization of the Health System in Belarus” (BELMED). Beneficiary populations will be involved directly through joint activities at the local level to ensure multi-stakeholders’ gender diverse representation in strengthening health and social services and community resilience.

Containing both gender specific and gender transformative interventions, this project will address the essential needs of vulnerable groups, enhancing accessibility for all age and gender groups through digitalization of health and social services (e.g., distant counselling). The project will address inequality in the access to services and innovations for vulnerable groups, which are often socially isolated and have limited access to healthcare and social services such as people and children with disabilities, elderly, and people with intellectual impairment. Steps will be taken to strengthen efficient monitoring of health status and need for prompt emergency aid for those in poor health condition, as well as to promote accessible and barrier-free environment in rehabilitation and social support. Special attention will be paid to addressing vulnerable groups’ most urgent demands by enhancing their participation in the decision-making processes. Furthermore, the project will promote equal access for all age and gender groups to training activities. In this process, men will be encouraged to engage into traditional volunteering activities that require empathy and care and will ensure the participation of women in digital solutions.

At the same time, the project work to build vulnerable groups’ resilience and coping mechanism to manage increased stress caused by COVID-19 and promote mental well-being. Work will include peer-to-peer responses for children and adolescents to be active partners in establishing solutions, as well as strengthening hotline services and building resources such as mobile teams on psycho-social support for people with disabilities. The project will also collaborate with primary healthcare professionals to provide first aid mental health interventions and referrals for more specialized psychological support, enabling treatment for adolescents in crisis facing panic, fear, anxiety, light depression, or suicidal thoughts. Recognizing the heightened stress, the programme will partner with schools to integrate basic psycho-social practices in the classrooms as well as provide tools to identify needs for referral. Interactive approaches will be developed and applied in collaboration with health and education professionals as well as CSO colleagues to provide different groups (e.g., children, adolescents, people with disabilities, elderly) with practical ‘tools’ to address their challenges and build their resources for psychological resilience.

The design of this Joint Programme takes into account the EU Gender Action Plan (GAP) III for 2021 - 2025, contributing to empowerment of women and girls and addressing gender-related forms of discrimination. Specific activities will be targeted at addressing GAP priorities in the areas of sexual and reproductive health, gender equality and gender-based violence.

## **Section I: BACKGROUND ANALYSIS**

### **NATIONAL CONTEXT**

Belarus reported its first COVID-19 case on 28 February 2020. As of 13 June 2021, in accordance with the official

statistics provided by the Ministry of Health of Belarus the overall number of COVID-19 cases in Belarus reached 404,740 (reflecting the crude incidence of 4,283 per 100 000 population what is by almost one-third less comparing to the average WHO European Region reported crude incidence at the date: 5,889 per 100,000). In accordance with the official statistics, 2,969 persons have died due to COVID-19 in Belarus since the beginning of the outbreak and as of 13 June 2021 (this corresponded to a crude cumulative death rate of 314 per 1 million population which is four times less comparing to the average WHO European region of 1247 death per 1 million population during the same period).

At the technical level, WHO has good collaboration with the infectious disease specialists of the Ministry of Health (MoH), ensuring diagnostic and case management clinical guidelines conform with the most recent WHO recommendations. However, Belarus' health system response to COVID-19 has over-relied on the extensive number of hospital beds, with regions facing particularly difficult times having uneven equipment levels, access to supportive treatment by oxygen and PPEs, shortage of staff, and under-funding for primary healthcare. There is a need to apply new innovative ways to reduce face-to-face contacts at the primary health level, including through WHO's recommended "drive thru" and "walk in" COVID-19 diagnostic screening sites and distance telephone/internet counselling. Continued practices of unnecessary, administratively generated face-to-face contacts at the primary care level explain the record of 13 out-patient contacts per person in Belarus per year before the pandemic. Typically, obligatory annual health check-ups include 5-6 specialists, with elaborative face-to-face procedures for aspects such as issuing sick leaves, or face-to-face consultations for refilling prescriptions.

Despite the extensive network of hospital facilities in Belarus, there is insufficient public health capacity of social and home care for the elderly and persons with disabilities, who are priority vulnerable groups in the response to COVID-19. Inadequate investments in long-term, out-patient and in-patient care for elderly and persons with disabilities derives from existing legislation that mandates the Government to support only those elderly patients with disabilities who have no living children in Belarus. In 2018, 17,671 elderly and adult persons with disabilities permanently resided in the 72 residential institutions for elderly and persons with disabilities in Belarus. In addition, 1369 children and young people with disabilities permanently resided in 9 residential institutions in 2019. Support for these institutions' staff operates under the Ministry of Labour and Social Protection (MLSP), requiring new skills related to COVID-19 responses (e.g. the use of infection control measures, early detection of COVID-19 with the use of rapid antigen tests, rational use of PPE and oxygen support for patients with mild cases).

Furthermore, the burden of COVID-19 in relation to mental health is greatly underestimated in Belarus. Rigid national regulations and practices on providing mental health services prevent many patients from seeking psychological support for COVID-19 related mental health symptoms such as anxiety, grief due to loss of loved ones, or depression. Stigmatization of patients with anxiety and depression, insufficient confidentiality and absence of distance psychological counselling by state health care facilities are among some of the key barriers required to be addressed to catalyse changes in attitudes towards and practices in mental health care in Belarus.

A 2019 UNICEF study showed that approximately 18.2 per cent of adolescents (15 to 19 years old) have symptoms of depression, and of them 26.1 per cent had suicidal thoughts. Findings showed adolescent girls 1.6 times more likely than boys to have depressive thoughts, which correlated with strained relations with fathers, physical and psychological violence, alcohol consumption, situational anxiety and absence of life goals. Limited knowledge about risk factors was further compounded by a lack of skills to manage stress or deal with social pressure. These growing mental health risks for children and adolescents were intensified with COVID-19 in 2020, where children and families needed to stay socially isolated, limiting access to different support systems and resources. Fear of infection and consequences of COVID-19 on family members, friends or acquaintances

also created greater risks.

The risk of becoming infected with COVID-19 makes some vulnerable groups hesitant to seek necessary health and social services, postponing such visits and increasing the risk of their health conditions worsening. Especially elderly citizens, persons with non-communicable diseases, persons with disabilities, persons living with human immunodeficiency virus (HIV) and tuberculosis (TB) are at particular risk of such consequences. For example, at the onset of the pandemic, over 20 per cent of key populations of HIV and TB reported being afraid and avoided public health services<sup>2</sup>.

There are communities of women that are specifically affected by the pandemic due to their vulnerability. For example, 70 per cent of women living with HIV in Belarus claimed they need psychological care, around 65 per cent require legal support, and 38,7 per cent of women living with HIV reported intimate partner violence<sup>3</sup>.

With regards to young persons, the pandemic also increased their vulnerabilities. It has been reported that 63 per cent of youth felt anxiety because of the COVID-19 situation in the country. 20 per cent of young people reported difficulties with access to reproductive health services during the first wave of pandemic. 28,4 per cent of young people were very pessimistic on their own employment and career perspectives (Survey on coronavirus and Youth, UNFPA 2020).

Other communities potentially vulnerable to the pandemic and requiring specific services include the homeless and former convicts. The recent UNFPA study on homeless and former convicts conducted in partnership with OHCHR and UNAIDS showed that while the demand of medical services among these population groups is high, their needs could only be efficiently addressed by applying comprehensive service packages that include access to basic hygiene needs for both men and women as part of the medical service package. Respondents from both groups – homeless and former convicts - have indicated a high level of COVID personal protection efforts (86 per cent and 89 per cent). At the same time homeless people indicated lack of resources for procurement of personal protection equipment (73 per cent), and 43 per cent of former convicts have reported they i) do not have regular access to personal protection equipment and ii) they do not see the need for protecting themselves from the pandemic (Integrated Data Collection and Analysis of the Needs of Homeless and Former Convicts During the Pandemic, UNFPA, 2021).

## **ECONOMIC AND SOCIAL SITUATION**

COVID19 restrictions has seriously affected the global economy and Belarus was not immune to this trend. In 2020, Belarus' GDP fell by about 1 per cent according to official statistics. Belarus' open economy was severely affected by the fall in external demand. While a series of economic and social measures were implemented by the authorities beginning in late April and May 2020 with some limited social assistance, their scope was not universal. Beneficiaries were significantly concentrated amongst employees in large public enterprises; and the unemployed and underemployed increasingly relied on charity and community-led initiatives for assistance. Macroeconomic constraints have guided overall government policy responses, as the economy faced significant challenges, including growing public debt, a weakening national currency and the loss of trade benefits from the Russian Federation (Belarus' key trade and investment partner).

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<sup>2</sup> Sociological study by UNDP under the project "Supporting Functioning of the Country Coordinating Mechanism for Interaction with the Global Fund to Fight HIV/AIDS Tuberculosis and Malaria-2" in 2020 on "Researching the needs of key populations to ensure sustainable development of HIV/AIDS and tuberculosis prevention, treatment, care and support

<sup>3</sup> Eurasian Harm Reduction Association (2020) *Health of women living with HIV in Belarus* January Report

The decline in the population's economic activity is reflected in their falling incomes, where more than half of the population noted a decline in their incomes in comparison with the periods before the COVID-19 pandemic (sociological survey SATIO/BEROC, 2020). These conditions led to a higher need for social services to prevent the consequences of difficult life situations mostly among vulnerable populations.

Effective COVID-19 response in Belarus requires tackling several non-medical issues including **gender** biases, access to **social services**, especially for groups hit hardest by the epidemic and recession; and opportunities for **digital solutions** to foster a digital economy and **better service delivery** for people.

With regards to gender disparities, **women** in Belarus have suffered an uneven impact in many areas. First, with over 80 per cent of healthcare and social service providers in Belarus being women, women have bared the brunt of frontline COVID-19 response in medical and social care institutions. At the same time, they carry a disproportionately larger responsibility for increased household duties. Yet, the pandemic also created opportunities for redistribution of care and household responsibilities between women and men. Recent studies showed that during the COVID-19 pandemic, 1/3 of Belarusian fathers increased their time with children, and 1/3 of fathers increased their household work share. There is a need to address this existing gap with men's declared willingness to increase their help with domestic chores and involvement in childcare, especially when they have young children (0-3 years old) and wives on maternity leave<sup>4</sup>.

Furthermore, there is strong evidence that **women, girls and adolescent girls with disabilities (WGD)** face challenges and lack opportunities in many areas of their lives, creating multidimensional forms of discrimination and leading to social exclusion, in particular regarding equal access to education, professional orientation, access to labour markets, social inclusion, and access to gender sensitive information. Despite growing numbers of WGD, their employability remains low. In recent years, the number of employed women and girls with disabilities has decreased even in absolute terms to 22,342 employed in the first half of 2018 (down from 26,739 in 2014). Underemployment has also significantly grown, partly due to de-facto lock-downs in some enterprises. Initial findings from the 'Study of needs and opportunities of girls and women with disabilities in the Republic of Belarus, which is being conducted jointly by UNICEF with the MLSP shows that educational needs and employability are the biggest concerns for girls and women with disabilities.

## **SECTOR CONTEXT: POLICIES AND CHALLENGES**

Modernisation of the healthcare system is one of Belarus' development priorities reflected in strategic documents, such as: the National Strategy for Sustainable Development of the Republic of Belarus until 2035 and the State Programme on Socio-economic Development 2021-2025, which defines promotion of families' well-being and children's health, enhancing rehabilitation interventions and strengthening primary medical care and mental healthcare as paramount national priorities in the socio-medical field. UN agencies, operating in Belarus, are named as implementing partners to the State Programme in accordance with their competencies.

The project's implementation considers local priorities regarding health and support to vulnerable groups which are identified in the framework of joint actions of UN agencies and national partners, civil society institutions within the "Social Protection" 2021-2025, "Labour Market and Employment Promotion" 2021-2025, National Action Plan on the Implementation of the Convention on the Rights of People with Disabilities and other strategic documents.

The spread of the COVID-19 has become a challenge for healthcare systems around the world. Doctors face

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<sup>4</sup> UNFPA/SATIO (2020). Study of the father role in Belarusian families.



unprecedented workloads and high risk of infection. Every 10th COVID-19 patient in Belarus is an employee of medical institutions, where over 80 per cent of employees are women. The high pressure on Belarus' healthcare system in relation to COVID-19 has led to reduced access to monitoring and controlling the health status of populations. Primary healthcare issues, including reproductive health, were downgraded on the list of priorities within the context of the spread of the infection with re-purposing of healthcare institutions as well as changes in the operating mode of these institutions across the country. The consequences of the pandemic, including social isolation and socio-economic deprivation, contribute to additional emotional and mental stress in society, which may subsequently lead to a growth in non-communicable diseases (NCD)s.

Distant medical counselling, as an element of telemedicine, is an ideal solution to these woes by limiting patient displacement to hospitals, helping allocate hospital capacity to emergency cases, all while curbing the disease's spread. Telehealth services help provide necessary care to patients while minimizing the transmission risk of SARS-CoV-2, the virus that causes COVID-19, to healthcare personnel (HCP) and patients. By deploying advanced telehealth solutions, physicians are expanding their reach – even if quarantined – with the ability to remotely examine and diagnose more patients in a shorter amount of time, minimizing the number of patients entering hospitals and medical facilities. Distant counselling is not only an alternative way to reduce the spread of the virus to mass populations and the medical staff on the frontlines, but also a way to improve access to quality medical services for residents in the regions, especially in small towns and villages, where medical staff is limited.

COVID-19 has increased the demand for distant counselling services from residents, especially disadvantaged groups of population, such as elderly men and women, adults and children with disabilities, people with intellectual impairments and people living in remote areas, as well as from the side of healthcare professionals. This response is specifically relevant to the older population observing COVID-19 safety measures, who are homebound and highly care-dependent due to health or social reasons.

Efforts to protect older persons should not overlook their diversity, resilience and the multiple roles they play in society, including as producers, caregivers, volunteers and leaders. To support older people to remain healthy, sustainable and autonomous, it is recommended to develop public health messaging specifically tailored to older individuals with information on how they can protect themselves while continuing active inclusive lives and important care functions (e.g. taking care of grandchildren). Recommendations on inclusiveness, readability, well-explained and structured information should guide the development approach. Accumulated experience confirms that the best option is to combine the resources and networks associated with the Government, international community, civil society and opinion leaders. During the COVID-19 outbreak in 2020, the state's communication and advocacy undertakings were not enough, as efforts were mostly bound to quantitative but not quality/accessibility indicators. To strengthen government outreach activities, quality aspects of communication need to be developed with accurate, trusted information adapted to changing scenarios, amplifying government efforts to systematically reach out to older people living in distant rural areas, staying at both residential facilities and home settings.

While primary health services remained functional over COVID-19, the changing circumstances did deter some families from bringing children for fear of infection, resulting in reduced use of services. These circumstances call for changes to make services more accessible and varied in outreach.

For example, due to the difficult epidemiological situation of COVID-19, attendance at early intervention centers, providing medico-social services for young children with special education needs and disabilities, dropped by 60 - 65 per cent over spring 2020. However, continuity of regular interventions for these children's development remained critical. These families were becoming more isolated, dealing with their children's issues on their own and avoiding travel to the centers to reduce their children's risks of infection. While the Ministry of Health's

Order No. 1270 (dated November 27, 2018) provided for the possibility of teleworking with families, early childhood intervention (ECI) centre specialists lacked the skills to implement such operational models, combined with a scarcity of the required technical equipment. The situation of COVID-19 magnified the need for use of distance counselling for ECI services.

Likewise, the COVID-19 pandemic spread affected the offline services provision by youth-friendly health clinics (YFHCs). The number of adolescents who were provided individual counselling decreased by 20 per cent in 2020 (42,805 in comparison to 52,918 in 2019). An abrupt change in the learning environment combined with limited social interactions and activities posed greater risks to adolescent's psychological well-being. Adolescents also faced limited access to services due to the lack of online tools and trained professionals on e-counselling. Adolescents were stressed and needed support from their peers or specialists online in overcoming anxiety, fear, depressive conditions and suicidal thoughts as well as all other youth-friendly health services that can be accessible online.

COVID-19 outbreaks and related restrictive measures may particularly alter populations' psychological well-being and mental health. This happens both directly by anxiety connected with health and socio-economic fears and indirectly due to disrupting or halting of critical mental health services. Young people, the elderly, people with disabilities, pregnant women, survivors of domestic violence may be disproportionately affected in terms of mental health because of service unavailability. For instance, a sociological survey conducted by UNFPA in August- September 2020 found that most young people care for the health of their family (93.7 per cent) and their own health (85.1 per cent) and 63 per cent of youth feel anxiety because of the COVID-19 situation in the country. Slow progress in implementation of telemedicine and distant counselling services did not allow Belarus healthcare system to close the gap between people's needs during the pandemic and access to these services.

The Ministry of Health is exploring opportunities for developing for e-counselling services to expand access which responds to the eminent need during COVID-19, but also can provide more systematic responses for more inclusive and accessible services. Some institutions have started piloting new approaches to tele-counselling and patient management. For example, a UNFPA project on online counselling, training and preparation for childbirth for pregnant women allowed to reduce the risks of getting infected for pregnant women. Likewise, UNICEF has initiated tele-counselling for early childhood intervention services for young children with complex disabilities to ensure continued service with reduced risk of infection.

## **LESSONS LEARNED**

This project will strengthen the country's COVID-19 socio-economic response, with technical expertise at the local level that can inform longer-term healthcare sector reforms. The combination of technical cooperation, targeted financial assistance and capacity building has been proven to be effective in addressing urgent COVID-19 related priorities of vulnerable groups. The project builds on the successful experiences of the EU supported UN joint project, BELMED, which established interventions with government partners and other key stakeholders, capitalizing on the different mandates and expertise of the participating UN agencies. The project will build on experience learned by UN agencies and the EU with the Belarus partners in areas such as local economic development, gender equality, women and children initiatives.

In this capacity, volunteers of all ages have played a critical role in responses to COVID-19 and increased needs. For example, the volunteers of the Belarusian Red Cross in collaboration with other organizations provided essential support to the most vulnerable groups of population during the first and second waves of COVID-19 with over 69,000 services including home delivery of medicines, groceries and basic goods. Volunteers will continue to play a crucial role in response to COVID-19 impact with focus on the most vulnerable, notably, older

persons and persons with disabilities, including those living alone, those faced domestic violence and abuse from family members, single mothers with children, as well as among adolescents and youth in peer-to-peer outreach.

#### **COMPLEMENTARY ACTIONS**

Starting from COVID-19 pandemic, WHO has implemented its EU funded project “Solidarity for health,” with the emphasis on strengthening COVID-19 response measures including procurement of PPEs, equipment and other supplies and technical consultations covered in the main pillars of the UN COVID-19 socioeconomic response plan (SERP). In November 2020, this programme received additional funding for scaling-up support aimed at covering the persisting acute needs for supply of diagnostics, personal protective and equipment for targeted technical assistance interventions. This work will contribute to the proposed project’s health resilience component (Output 4.1).

Starting from 2021, UNDP, UNFPA and UNICEF initiated interagency collaboration in response to COVID-19 through procurement of medical equipment under the Ministry of Health’s World Bank loan. Joint efforts of UNDP, UNICEF and UNFPA under the project “Emergency response to COVID-19 in the Republic of Belarus” are reinforcing the national capacity to prevent, detect and respond to COVID-19 threats and challenges and contribute to strengthening the national public health system for preparedness. Efficient division of action between the agencies are ensuring comprehensive coverage and adequate response to the immediate needs of the healthcare system: procurement of medical products and personal protective equipment was provided by UNICEF and UNFPA, and high-tech and laboratory equipment for diagnosis and treatment of COVID-19 was covered by UNDP. Together, these activities are strengthening the capacity of healthcare facilities, including intensive care units, to resist increasing incidence of COVID-19 cases.

The project will also have synergies with the ongoing project “Support to Economic Development at the Local Level in Belarus” implemented by UNDP which continue cooperation started within the framework of the EU Annual Action Programme (AAP) 2011 and 2013 “Support to Local and Regional Development in Belarus” (RELOAD) aimed at strengthening sustainable infrastructure and multi-stakeholder cooperation at the local level.

The project will also be designed and implemented in synergy with the Belarus component of the regional EU funded project “EU4GE” (“EU for Gender Equality” implemented jointly by UNFPA and UN Women).

#### **DONOR COORDINATION**

As part of the Belarus’ 2020 COVID-19 Strategic Preparedness and Response Plan, international donor assistance focused on procurement of health products and protective equipment, capacity building on infection prevention and control (IPC) practices, mental health support to frontline health workers, and promotion of IPC messaging. Funds were channelled mostly through specialized UN agencies, including UNDP, WHO, UNFPA, and UNICEF. This joint project draws on these earlier experiences as well as the longer-term experience of UN agencies on the ground addressing medium- and long-term socio-economic challenges in Belarus, which have become more pressing due to the pandemic.

With regards to EU involvement, necessary standing coordination mechanisms locally will be established with regular meetings and dialogue on daily activities between the Delegation and the MPTFO/UNDP agencies the administrative and convening agencies. Furthermore, a steering committee and joint coordination unit will be established involving all UN agencies, EU colleagues as well as national partners and stakeholders to oversee both strategic and more technical issues. (Management of these bodies are described in greater detail in section III of this proposal.)

## **CROSS-CUTTING ISSUES**

As COVID-19 has created challenges that affect all policy areas, most response interventions are by nature cross-cutting. This project will target the following cross-cutting issues: gender equality, human rights of vulnerable groups (e.g., children, persons with disabilities and older persons), digitalization of health systems and social services, regional development, skills development for adolescents, youth and other vulnerable groups, and strengthening of local resilience.

## **STAKEHOLDERS**

Healthcare and Social Protection Sectors: The Healthcare and Social Protection Departments of different regional and district authorities will be involved in the implementation of activities in health and social centers in their respective districts. The Regional Healthcare and Social Protection Departments are significant in organization of healthcare and social services, as services are conducted at the local level and these agencies officially own all the state hospitals, as well as all polyclinics, outpatient clinics and feldsher - midwife points (FAPs) within their region. The Regional Healthcare Departments are established and controlled by the Regional Executive Committee with the formal approval of the Ministry of Health. At district level, the Administrations of the District Central Hospital work with the District Executive Committees (local government).

National and regional CSOs involved in the provision of medical and social services and COVID-19 prevention and awareness raising are also important stakeholders.

Direct target groups include the relevant regional and district officials, employees of healthcare and social support facilities, and population at large, with particular attention to vulnerable groups (e.g., older population, persons with disabilities, women, including pregnant women and survivors of domestic violence, families with children, children and adolescents in institutional care, children and adolescents with disabilities, people with intellectual impairments and small city dwellers with limited access to basic healthcare).

## **EU AND UNCT BELARUS SERP FRAMEWORKS**

Project activities are provided for by the EU4 Belarus: Solidarity with the People of Belarus Project CRIS number: ENI/2020/042-952 financed under the European Neighborhood Instrument), which stipulates rendering assistance to improve the health system and social welfare of the Belarusian people.

The project is also embedded under the UN's SERP, in particular pillar 1 on Health First: Protecting Health Services and Systems during the Crisis; pillar 2 on Protecting People: Social Protection and Basic Services; and pillar 5 on Social Cohesion and Community Resilience.

Pillar 1 of the SERP focuses on protecting health services and systems during the crisis and beyond. The United Nations country team (UNCT) is supporting maintenance of essential health services (e.g. immunization, maternal health, HIV/TB prevention and treatment, distant counselling) in Belarus as well as health systems recovery, preparedness and strengthening public institutions (e.g. residences for the elderly, prisons and detention facilities.) WHO has guided the UNCT response under this pillar, supporting Belarusian authorities in defining the critical preparedness response areas and required resource cost analysis. Work by other agencies includes efforts by UNDP, under its global COVID-19 Integrated Response, which mobilized funds under its Rapid Response Facility (RRF) focusing on socio-economic impact, health system support, and crisis management and response activities; and by UNICEF in its Global COVID-19 response which mobilized resources for rapid response, coordinated with key stakeholders to procure critical PPE and equipment, supported frontline medical professionals with psycho-social support as well as building professional capacities with partners to strengthen

**Belarus COVID-19 Action Program (BeCAP): a Joint Action  
for Recovering Better through Strengthening Health, Social  
Services and Community Resilience in Belarus**

the national monitoring system with regards to COVID-19, and conducted infection prevention and control (IPC) messaging outreach for specific target audiences.

With regards to Pillar 2, the UNCT response focuses on the delivery of basic services, social transfers and other forms of social protection. For instance, in relation to supporting victims of Gender-Based Violence (GBV), UNFPA has conducted a rapid needs' assessment of civil society organizations' (CSOs) and state-run "crisis" rooms, which provides assistance to domestic violence survivors. Study findings are being used to supply the organizations with the required equipment, PPE and disinfection supplies to ensure that the essential services are available to domestic violence survivors during the COVID-19 outbreak. UNFPA has also worked with all mobile operators to make the national hotline for domestic violence survivors toll-free to any subscriber's account within A1, Life, MTS networks. A1 covers more than 4.9 million people in the country and is a local branch of Telekom Austria Group. The national hotline for domestic violence survivors is operated by the international NGO "Gender Perspectives". UNICEF complemented these activities, enabling over 870 children, parents and specialists to receive consultations on cyber safety issues and violence online at webinars organized together with private sector partners and through kids.pomogut.by online resource.

Finally, Pillar 5 focuses on the local consequences of the outbreak. In response to the COVID-19 outbreak in Belarus, the UNCT has partnered with key stakeholders to support provision of essential services. At the same time, the UN agencies have supported greater data collection during the pandemic to better define effective responses for members from vulnerable groups. For example, to identify children and families in vulnerable conditions due to the COVID-19 pandemic, UNICEF worked with the World Bank to conduct a second analysis of data from the Multiple Indicator Cluster Survey (MICS6), which covers 21 SDG indicators disaggregated by wealth, gender, region and disability status. UNDP will support national partners in their work to broaden accessibility of public services through providing technical and expert support to develop a convenient and easy-in-use digital mechanism to receive public services; technical and expert support for digitizing paper-based archive records and capacity building for civil registry and archives officials.

## Section II: PROJECT IMPLEMENTATION

### OBJECTIVES

**Overall objective:** Improve health and social resilience and capacity of the Belarusian society to respond to the COVID-19 public health emergency as described in the EU4 Belarus referred above.

In particular, the interventions will focus on two specific objectives:

**Specific Objective 1 (in line with output 4.1):** Strengthening **healthcare services** during COVID-19 outbreak and beyond by implementing distant counselling modes with the focus on primary healthcare in the pilot districts.

**Specific Objective 2 (in line with output 4.2):** Empowering vulnerable groups through support to implementing **social services** and outreach to enhance their mental health resilience, improved communication and access to services with a focus on women, older persons, children, adolescents, former convicts, persons with disabilities, and people with intellectual impairments.

### EXPECTED OUTPUTS AS LISTED IN THE ACTION DOCUMENT<sup>5</sup>:

**Output 4.1** Health and frontline workers throughout the country have received qualitative protective gears and other COVID-19 items in line with WHO's disease commodity package (infection prevention and control) and have been trained in its use.

Indicative activities may include<sup>6</sup>:

- Provision of key equipment for health centers and laboratories, such as Personal Protective Equipment (PPE), test kits and intensive care unit (ICU) equipment, needed to fight the pandemic and protect first line health and social workers with concentration on regional and local level.
- Capacity building training to build expertise among staff.

**Output 4.2** Improved quality of health care and social delivery services in COVID-19 context.

Indicative activities may include:

- Training and support to social and public health specialists to improve services for vulnerable groups.
- Enhanced communication on COVID-19 related matters for vulnerable groups, including persons and children with disabilities and older persons, adolescents and young people.
- Support to local communities and self-help groups, including on coordination with and between regular health and social services.

### EXPECTED RESULTS AND MAIN ACTIVITIES

#### Expected Results

#### Under Specific Objective 1:

Output 1.1 Enhanced healthcare facilities 'capacities for rapid and accessible contactless COVID-19 testing (WHO)

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<sup>5</sup> These outputs were listed by the EU in the action document for this action and are different from the outputs listed in this annex under the section "expected results and main activities" as well as in the logical framework.

<sup>6</sup> in addition to the current project proposal under the output 4.1 WHO implements in Belarus EU DG NEAR funded project "Solidarity for health."

**Belarus COVID-19 Action Program (BeCAP): a Joint Action for Recovering Better through Strengthening Health, Social Services and Community Resilience in Belarus**

- In the city of Minsk, 1 outdoor modality for COVID-19 testing is implemented (i.e., drive through or walk through COVID-19 testing), which reduce human interactions at the primary health care facilities.
- In each of 6 regions in Belarus and the city of Minsk, 1 district has enhanced capacities for contactless rapid antigen testing for COVID-19 at the primary healthcare facilities (the test is inexpensive and WHO approved).

Output 1.2 Strengthened capacities of healthcare facilities to implement distant counselling services (All agencies)

- In each of 6 regions in Belarus and the city of Minsk, at least 1 district has implemented successful pilots on distant counselling for a package of services\* for different population groups, as defined by common needs assessment. These e-services will be piloted in at least 75 healthcare facilities for different beneficiary groups throughout Belarus and documented for scaling up.

*\* Such a package of services could include distant counselling for early childhood intervention (ECI) services; distant counselling for adolescents' reproductive health issues as well as mental health well-being e-services through YFHCs; therapeutic, psychological and psychiatric support, including cases of depression, mental illness and suicidal behavior among the population of different ages and sex, distance counselling for people with disabilities, remote monitoring of health status and emergency medical care.*

- 64 participating institutions in piloting distant counselling services are equipped with essential tools and essential devices.
- In each of 6 regions in Belarus and the city of Minsk, 1 partnership is established, that can include medical facilities and private sector companies (IT, mobile network operations, etc.) for sustainable provision of distant age and gender specific counselling for different population groups.
- Mechanisms for distant counselling, including remote monitoring of health status and organizing emergency medical care for socially vulnerable groups are developed, taking into account gender specificities.

Output 1.3 Improving healthcare professionals' skills to implement distant counselling services (UNFPA/UNICEF/UNDP)

- Algorithms, protocols, guidelines for specialized distant counselling services, including remote monitoring of health status and organizing emergency medical care, are developed and endorsed by government agencies and professional medical associations, taking into account age, gender, and disability specifics.
- Capacities of healthcare providers are enhanced to conduct distant counselling, remote monitoring of health status and organizing emergency medical care for different population groups (i.e. using gender and age sensitive approaches, standards of care, plain language techniques for COVID-19 prevention among older persons, families with children, adolescents, and children and persons with intellectual impairments).
- Distance Learning (DL) platform with the focus on digital health training and continuous education to support and foster implementation of e-health is developed and available for use in each region.

**Under Specific Objective 2:**

Output 2.1. Enhanced institutional capacities for social services (All agencies)

**Belarus COVID-19 Action Program (BeCAP): a Joint Action for Recovering Better through Strengthening Health, Social Services and Community Resilience in Belarus**

- 6 public institutional facilities (e.g., residences for the elderly) are fully equipped with COVID-19 preparedness and response to minimize human contact procedures (e.g., *infection control plan reviewed, availability of PPE and basic COVID-19 testing swabs and tubes, rapid antigen COVID-19 testing and basic oxygen support equipment such as pulse oximeters and oxygen concentrators available for outpatient care*).
- 19 local social service providers are equipped with gender and age sensitive skills, knowledge, and hardware/software tools to provide distant counselling on social work outreach.
- At least 6 facilities for social, medical and/or vocational rehabilitation of adults and elderly with disabilities, psychiatric and intellectual impairments are equipped with specialized rehabilitation and technical tools, barrier-free and accessible environment elements.
- At least 2 employment centers and/or employer organization's facilities (1 in urban and 1 in rural areas) are equipped with essential tools and devices, barrier-free and accessible environment elements to scale-up vocational rehabilitation of people with disabilities.
- Methodological recommendations on organization of social and medical rehabilitation of adults and elderly with disabilities, psychiatric and mental disorders are developed in a participatory approach with coordination with all key stakeholders and accepted by local authorities.
- Service providers trained in advanced approaches to social and medical rehabilitation of adults and elderly with disabilities, psychiatric and mental disorders.
- Policy recommendations for the creation of favorable environment for distant social services as well as increased mental health and psycho-social provision at the local and regional levels, based on project's successful and documented experiences, are developed and implemented.

Output 2.2 Enhanced capacities of civil society and other organizations to provide social services during COVID-19 pandemic and beyond (UNFPA/UNDP/UNICEF)

- Development of IT tools and initiatives for accessibility of online information and services for the older populations.
- Social service providers with increased knowledge on innovative communication with vulnerable groups, strengthened capacities for efficient COVID-19 related advisory support.
- 3 volunteer networks strengthened and equipped with age and gender-specific knowledge, skills, informational and IT tools for wider access to socially excluded individuals and vulnerable groups on issues related to COVID-19 and social isolation
- At least 800 volunteers and 250 service providers gain new knowledge and skills that enhance their outreach access to socially excluded individuals and vulnerable groups on issues related to COVID-19
- At least 7 local communities and partnerships supported to provide increase social services and informational outreach on COVID-19 related issues to vulnerable groups

Output 2.3 Enhanced availability of social services for vulnerable populations and empowerment of mental health resilience (All agencies)



**Belarus COVID-19 Action Program (BeCAP): a Joint Action for Recovering Better through Strengthening Health, Social Services and Community Resilience in Belarus**

- At least 500 service providers for outreach to older populations and persons with disabilities have increased knowledge on using innovative IT solutions for mental health responses.
- At least 450 representatives of vulnerable groups (elderly people, people with disabilities, their families) have increased knowledge on using innovative IT solutions to better access social services.
- Existing age and gender-sensitive online counselling and mobile support groups for vulnerable groups is expanded, capacities strengthened for efficient COVID-19 related psycho-social support. At least 30 partnerships among civil society and other community organizations have greater capacity to provide gender and age sensitive psycho-social support and other social services to the most vulnerable groups in the context of COVID-19.
- Quality of primary healthcare for children and adolescents in mental health (MH) issues is enhanced with 250 medical students, general practitioners, pediatricians gaining skills on children and adolescent's mental health (in line with *MhGAP*) through the offline and online courses and applying knowledge and skills in daily practices.
- At least 100 schools have enhanced capacities to implement a psycho-social model which brings greater psycho-social support within the classrooms.
- At least 500 teachers and social pedagogues gain skills to make atmospheres in the classrooms more supportive and reduce cases of bullying and peer violence.

**INDICATIVE ACTIVITIES**

**Component 1 (under specific objective 1)**

**Output 1.1 Enhanced capacities of healthcare facilities for rapid and accessible contactless COVID-19 testing and distance counselling (WHO)**

*Activity 1.1.1 Organizing and equipping of the outdoor modality for COVID-19 testing (WHO)*

- A pilot on distant counselling and clinic for contactless COVID-19 testing. In each region, a medical outpatient clinic will be chosen to implement a distant counselling model as well as planning and organizing a drive-thru COVID-19 laboratory testing. Activities for establishment of the contactless COVID-19 testing will include procurement of essential equipment for the selected primary care centers to enable distant counselling and monitoring of patient's conditions (e.g. pulse oximeters, antigen-based rapid diagnostic tests and PPE).

*Activity 1.1.2 Piloting distant counselling (WHO)*

- Selecting pilot medical outpatient clinic(s)/facilities, procurement of the necessary equipment (rapid antigen tests, pulse oximeters, devices for organizing distance counselling). Providing technical assistance and on-job training.

**Output 1.2 Strengthened capacities of healthcare facilities to implement distant counselling services (All agencies)**

*Activity 1.2.1 Needs assessment for distant counselling and remote healthcare services for different vulnerable groups (All agencies)*

**Belarus COVID-19 Action Program (BeCAP): a Joint Action for Recovering Better through Strengthening Health, Social Services and Community Resilience in Belarus**

- In each of the 6 regions in Belarus and the city of Minsk, a needs assessment will be undertaken with participation of vulnerable groups and healthcare facilities to identify the needs of vulnerable groups in distance counselling services and assess the capacity of health facilities to provide remote healthcare services, including psychological counselling, monitoring of health status and organizing emergency medical care for different vulnerable groups, e-counselling for the improved quality of ECI and youth-friendly health services, therapeutic, psychological and psychiatric support. A working group of stakeholders will be set up to ensure age and gender-sensitive aspects of distant counselling are customised for different vulnerable groups.

The assessment will help to define types of services in highest demand to be provided in distant mode for vulnerable groups in focus as well as assess demand and specific requirements for types of counselling (such as “doctor-doctor”, “doctor-patient”) in specific pilot regions and clinics/facilities.

The assessment will be followed by the identification and procurement of needed hardware for participating facilities to conduct distance counselling services.

*Activity 1.2.2 Identification and procurement of needed hardware for participating facilities to conduct distance counselling services (All agencies)*

- Procurement of hardware and software for digitalization of healthcare services with integrated continuous medical education tools for providing digital health, followed by equipping participating clinics or medical facilities with the needed IT devices and software for virtual medical support.

*Activity 1.2.3 Piloting distant counselling health service in a number of facilities selected as a result the assessment (UNFPA/UNICEF/UNDP):*

- A pilot for distant counselling of various services for vulnerable groups (e.g., women and older populations, children with disabilities, adolescents/youth) (UNFPA, UNICEF): Pilot clinics will be equipped with the needed IT devices and software for virtual medical support. Where possible, the UN agencies will identify opportunities for partnerships with private companies interested in supporting distant counselling (i.e., in the form of pro-bono IT support or mobile connection).

Activities will include:

- E-counselling for Early Childhood Intervention (ECI) services (UNICEF): Assessment of ECI centers’ technical capacities for e-counselling services; equipment of centers with hard/software needs to provide e-services; establishment of common early childhood development (ECD) and ECI electronic teleworking platform for e-counselling; provision of training ECD and ECI specialists on family e-counselling; implementation of monitoring mechanism of National ECI system; and promotion of online ECD and ECI services for families.
- E-counselling for YFHC services (UNICEF): Assessment of YFHCs technical capacities for e-counselling services; equipment of 20 per cent of centers with hard/software needs to provide e-services; development of e-counselling tools for YFHCs with an integrated mental health component; enhancement of the capacity of YFHCs’ peer consultants on e-counselling for adolescent’s mental and reproductive health; promotion of e-platform through social networks and peer support groups to reach the most vulnerable groups (e.g. adolescents practicing risky behaviors, in crisis situations, with mental health and behavioral disorders); and creation of monitoring mechanism to measure long-term effect of e-counselling.

- Distant medical counselling by healthcare clinics focused on women health (UNFPA): Needs assessment of the priority services required at the local level, focusing on the needs of vulnerable women; assessment of the capacities of the healthcare service providers for identifying essential capacity building areas to address these needs; development of practical capacity building tools for medical service providers; equipping medical service providers with the essential devices, distant counselling software and hardware; promotion and advocacy for connecting service providers with service users.;
- A pilot clinic on remote monitoring of socially vulnerable groups' health status and organization of emergency medical care for these groups (e.g. those in social isolation -- people with disabilities living alone or elderly, people living in remote areas) (UNDP): Development of the mechanism and relevant methodological recommendations; equipment of pilot facilities and beneficiaries with necessary technical tools and equipment; barrier-free and accessible environment elements and systematization of the practices through creation of protocols and guidelines for specialized distant counselling service.

### **Output 1.3 Improving healthcare professionals' skills to implement distant counselling services (UNFPA/UNICEF/UNDP)**

*Activity 1.3.1. Development of distance learning platforms and establishing of coordination hubs with the focus on digital health training and continuous education supporting and fostering implementation of e-health (All agencies).*

- The platform will improve healthcare professionals' knowledge and skills on digitalization and IT usage and ensure better access to learning, training and case management to improve efficiency of continued learning in the medical sphere. The DL platform will include online courses on basics in digital health, access to online simulation training in most essential skills and access to peer-to-peer learning. To ensure the platform's proper functioning, the required hardware and software will be procured.

*Activity 1.3.2. Capacity building trainings on counselling for vulnerable groups for the primary healthcare centers and other service providers and beneficiaries (All agencies).*

- Capacity building of clinic staff will be conducted to enhance their capacities for virtual counselling of vulnerable groups, gaining new skills such as using plain language techniques, online case management, especially for people and children with disabilities, or addressing child and adolescents' mental health and behavioral disorders. Training sessions for healthcare professionals will be developed and tested for incorporation into distant learning platform learning modules. Capacity building activities will be also conducted for the identified service providers of the selected pilots and its beneficiaries upon need<sup>7</sup>. Additionally, training-of-trainer (ToT) approaches will be applied for replicability of the successful solutions.

*Activity 1.3.3. Development of guidance and recommendations to mainstream distant health services for COVID-19 and long-term resilience in other regions and districts. (All agencies).*

- Based on the piloting outcomes, recommendations will be prepared, documenting the steps for establishment of the tested distant counselling models. This guidance will be used at the local levels to advance the

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<sup>7</sup> The remote monitoring of health status and organizing emergency medical care will be identified through the needs assessment, the capacity building will be conducted for the providers of such service and for the representatives of the vulnerable groups - users of the service

successful distant counselling models as well as remote monitoring and emergency care practices across regions and districts to reach the most remote areas. Piloting results will be formulated through procedures, protocols, methodological recommendations and other materials to support relevant stakeholders in further endorsement and replication of the services. A communication outreach will promote the distant services based on the successful pilots to ensure sustained demand in the long run.

## **Component 2 (under specific objective 2)**

### **Output 2.1. Enhanced institutional capacities for social services (All agencies)**

#### *Activity 2.1.1. Needs assessment. for distant social service provision (All agencies)*

- In each of the 6 regions in Belarus and the city of Minsk, an assessment will be conducted to identify the needs in distant social services (in health, education, social protection, psychological support) as relevant for different vulnerable groups and to reveal the challenges existing in social services provision at the local level to be addressed jointly with local communities. The focus will be placed on the specific needs of vulnerable groups in the selected districts. (*\*Note: Because of its similarity to Component 1's needs assessment, the assessments may be undertaken jointly to the extent that it is feasible in each region/district.*)

#### *Activity 2.1.2. Piloting of identified social services which require greater access and capacity during COVID-19 pandemic (WHO, UNDP, UNFPA)*

Based on the outcomes of the needs assessment, the following portfolio of comprehensive age and gender-sensitive services to support vulnerable groups will be considered:

- Assessment of the public institutional facilities at the regional level (e.g. residences for the elderly) to equip for COVID-19 preparedness and response (WHO): i) providing recommendations on strengthening infection control plans measures; and ii) equipping with basic PPE, rapid antigen COVID-19 tests and basic oxygen support equipment like pulse oximeters and oxygen concentrators for basic on sight supportive outpatient care.
- Strengthening social, medical and/or vocational rehabilitation of adults and elderly with disabilities, psychiatric or intellectual impairments, and organizing accessible medico-social assistance for elderly men and women with cognitive disorders and their families (UNDP/UNFPA):
  - UNDP: Equipment of social services institutions with tools and devices to enhance social, medical and/or vocational rehabilitation of adults and elderly with disabilities, psychiatric and mental disorders: i) comprehensive assessment of gaps and weaknesses existing in social and medical rehabilitation of adults and elderly with disabilities, psychiatric and intellectual impairments; ii) development of methodological recommendations for strengthening the capacity of social and medical rehabilitation facilities particularly in the context of COVID-19, ensuring their compliance with the standards of service provision and correspondence with the needs of target groups; iii) piloting the recommendations in 3 facilities through provision of necessary supplies and equipment, involvement of additional personnel (if needed) and trainings for the staff in selected facilities to provide them with innovative tools and approaches to social support, social, medical and/or vocational rehabilitation, psychological and psychiatric support for adults and elderly with disabilities, psychiatric and intellectual impairments and their families; iv) assessment of the pilot's results and identification of successful practices to be included in policy recommendations

for further mainstreaming in social support initiatives and programmes at national and local level for social integration of target groups.

- UNFPA: equipment of social care institutions with tools and supplies needed to provide social and medical rehabilitation; development 2 recommendation sets for social care providers on organising assistance for people with mental disorders who stay at social care facilities and those at home with particular concern to COVID-19.

## **Output 2.2 Enhanced capacities of civil society and other organizations to provide social services during COVID-19 pandemic and beyond (UNFPA/UNDP/UNICEF)**

### *Activity 2.2.1. Capacity building for selected partners engaging in the implementation of the pilot social services (UNFPA/ UNDP)*

- Partnerships will be established in each district between CSOs, community medical and social workers to deliver the selected services at the local level (UNFPA).
- Capacity building activities will be undertaken to enable CSOs and communities to efficiently work in the context of COVID-19 by applying innovative working modalities, including online presentation and communication skills. Capacity building will focus on enhancing skills to work with the elderly and people with learning difficulties in the COVID-19 context; age and gender-specific communication models with use of plain language; online modalities of coordination and management with use of creative tools like scribing (UNFPA).
- Trainings for service providers in the field of social and medical rehabilitation of adults and elderly with disabilities, psychiatric and mental disorders to increase knowledge and expertise in relevant international practices and innovative approaches to service provision (UNDP).
- Staff training for workers engaging in the implementation of the pilot social services (UNDP).

### *Activity 2.2.2. Capacity building of volunteer networks to widen access to vulnerable groups on issues related to COVID-19 (UNFPA/UNDP/UNICEF)*

- Strengthening volunteer and CSO networks (UNFPA/UNDP): i) providing “peer-to-peer” support and training, including establishment of a system for continuous training and mentoring options for newly recruited volunteers; ii) establishing a pool of expert consultants capable to provide e-counselling for frontline social and workers and volunteers; and iii) strengthening volunteer networks by equipping them with knowledge, skills, information and IT tools for wider access to socially excluded individuals and groups for addressing the issue of social isolation taking into account age, gender and disability specifics .
- Efforts will be made to build the capacity of relevant stakeholders on application of a new legislation on volunteers, promoting partnerships, strengthening the potential of volunteers to provide social support to vulnerable groups and ensuring volunteer mobilization through raising the profile of volunteers in the Belarusian society via information campaigns, podcasts; providing social media outreach and advocacy for volunteerism and developing alternative volunteer mobilization options, including partnerships with educational institutions. (UNDP, UNFPA, UNICEF)

## **Output 2.3 Enhanced availability of social services for vulnerable populations and empowerment of**

**mental health resilience (All agencies)**

*Activity 2.3.1. Piloting of identified psycho-social/ mental health responses (All agencies):*

- Implementation of a psycho-social assistance (PSA) model for supporting vulnerable communities at the regional and local levels: i) systemizing PSA to older populations through strengthening the hotline services and building the referral system connecting the hotline with the services provided by CSOs and social support centers; ii) creating multi-sectoral mobile support groups on the basis of CSOs or other service providers for supporting the persons with disabilities; iii) establishing a unified online resource and network of CSOs, including faith-based organisations for gender sensitive re-socialization services and case management for former convicts; iv) expanding existing centrally based online counselling for vulnerable women (e.g. affected by HIV, other diseases and drug use) and strengthening it by establishing a web-resource and a referral system to specialized services. (UNFPA).
- Capacity building of representatives of vulnerable groups in usage of online services to better access social services: i) organization of trainings for elderly people, people with disabilities, their families on the use of online resources and IT tools for purchasing food and necessary goods, home delivery, making utility payments, banking transactions and other activities in accordance with their needs; ii) ensuring the operation of a remote service for counselling older people, people with disabilities, their families on the availability of social services and opportunities to address their needs (UNDP).
- Improvement of quality monitoring of adolescents' mental health conditions and strengthening of primary mental health responses and referrals through implementation of MhGAP Programme (UNICEF/WHO): the MhGap programme aims at primary healthcare providers to capacitate them to identify and provide initial mental health support as well as understand referral processes. The programme collaborates with healthcare professionals (e.g. pediatricians, primary healthcare professionals, psychologists) to: i) strengthen cross-sectoral cooperation on adolescents mental (e.g. study tours to the EU countries, ToT for the resource persons and supervision by international experts); ii) develop pre-and post-diploma curriculum for general practitioner, therapists and pediatricians with updated mental component; iii) establish qualification upgrade offline and online/e-courses on children and adolescent's mental health focused on prevention of self-harm and suicides; iv) integrate courses into postgraduate education system for healthcare providers; and v) establish feedback mechanism for the training programme review and revisions as necessary.
- Provision of psycho-social support (PSS) to children, especially the most vulnerable groups through the "Safe Space/ Safe and Enabling Environments in Schools" models (UNICEF): i) conduct ToT programmes to implement the "Safe Space" model in schools; ii) country-specific adapted programmes intended for pedagogues, psychologists and school administrations for application of secure space technologies will be developed based on the assessment/survey of the participants of the educational process regarding their actual needs in psychological assistance, conducted by BSPU in May 2021.

*Activity 2.3.2. Documentation, assessment & establishment of lessons learned to scale up and mainstream successful service provisions (All Agencies)*

- Based on successful experiences from Activities 2 and 3, this activity will ensure i) the development of policy recommendations for the creation of favourable environments for distant social services as well as increased mental health and psycho-social provision at the local and regional levels; and ii) assessment and documentation of established responses to ensure greater sustainability of these services and outreach in the long-term.

## LINKAGES TO THE UNSDCF AND THE SDGs

The project is aligned with OUTCOME 3 (By 2025, the population, including vulnerable groups, practice safer and healthier behaviors and enjoy access to the quality services of the healthcare system) and OUTCOME 5 (By 2025, more efficient state support and services are provided, in particular in the spheres of social protection and justice, that are based in communities and have restorative and gender-responsive approaches, with particular consideration of vulnerable groups' needs and the necessity to strengthen families' resilience ) UNSDCF.

The project is also aligned with the UN priorities for COVID-19 response as reflected in the SERP, pillar 1 Health First: Protecting Health Services and Systems during the Crisis; pillar 2 Protecting People: Social Protection and Basic Services; and pillar 5 Social Cohesion and Community Resilience. The SERP complements the UNCT Preparedness and Response Plan, which focuses on the procurement of personal protection equipment (PPE) resources and pharmaceutical products.

At the global level, the JP contributes to the following SDGs and targets:

### **SDG 3 Good health and well-being**

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.

### **SDG 5 Gender equality**

5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.

### **SDG 8 Decent work and economic growth**

8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value.

### **SDG 9 Industry, innovation and infrastructure**

9.1 Develop quality, reliable, sustainable and resilient infrastructure, including regional and transborder infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all.

### **SDG 17 Partnerships for the goals**

17.17 Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships.

**Table 1: Logical Framework Matrix**

Programme Title: “Belarus COVID-19 Action Programme (BeCAP): a Joint Action for Recovering Better through Strengthening Health, Social Services and Community Resilience in Belarus”

The activities, the expected outputs and all the indicators, targets and baselines included in the logical framework matrix are indicative and may be updated during the implementation of the action, no amendment being required to the financing decision. When it is not possible to determine the outputs of an action at formulation stage, intermediary outcomes should be presented and the outputs defined during inception of the overall programme and its components. The indicative logical framework matrix will evolve during the lifetime of the action: new lines will be added for including the activities as well as new columns for intermediary targets (milestones) for the output and outcome indicators whenever it is relevant for monitoring and reporting purposes. Note also that indicators should be disaggregated by sex whenever relevant.

	Results chain	Indicators	Baselines (incl. reference year)	Targets (incl. reference year)	Sources and means of verification	Assumptions
<b>Overall objectives: Impact</b>	Improved health and social resilience and capacity of the Belarusian society to respond to the COVID-19 public health emergency					
<b>Specific objective: Outcome(s)</b>	SO1: Strengthening healthcare services during COVID-19 outbreak and beyond by implementing distant counselling modes with the focus on primary healthcare in pilot districts. (WHO, UNFPA, UNDP, UNICEF)					
<b>Outputs</b>	1.1 <i>Enhanced healthcare facilities' capacities for rapid and accessible contactless COVID-19 testing (WHO)</i>	1.1.1 Existence of outdoor modality for COVID-19 testing  1.1.2 Number of districts with enhanced capacities for rapid antigen testing for COVID-19 at the primary healthcare facilities (6 regions of Belarus and city of Minsk)	0 (2021)  0 (2021)	Existence of 1 outdoor modality established (2022)  2 (2002) 2 (2023) 3 (2024) <b>TOTAL districts: 7</b>	Project progress report to the Ministry of Health	



**Belarus COVID-19 Action Program (BeCAP): a Joint Action for Recovering Better through Strengthening Health, Social Services and Community Resilience in Belarus**

<p>1.2 Strengthened capacities of healthcare facilities to implement distant counselling services (i.e. hospitals, primary healthcare centers, outpatient women health clinics, gerontologic and geriatric centers, mental health facilities, youth-friendly health centers in polyclinics, ECI centers) (All agencies)</p>	<p>1.2.1 Number of healthcare facilities piloted distant counselling services for different population groups</p>	<p>1.2.1.1. 0 (2021) 1.2.1.2. 0 (2021) 1.2.1.3. 3 (2021) 1.2.1.4. 0 (2021) 1.2.1.5. 0 (2021)</p>	<p>WHO: 1.2.1.1. primary health care facilities: 3 (2022); 3 (2023) (Total 6) UNICEF: 1.2.1.2. Youth-friendly health clinics: 6 (2022); 6 (2023) (Total 12) UNICEF: 1.2.1.3. ECI centers: 13 (2022); 27 (2023); 40 (2023) (Total 37 + 3 existing) UNFPA: 1.2.1.4. outpatient women health clinics 7 (2022); 6 (2023) (Total: 13) UNDP: 1.2.1.5. gerontologic and geriatric centers, centers (departments) for mental health, local primary health centers with emergency health service facilities: 2 (2022); 2 (2023); 3 (2024) (Total 7) <b>TOTAL Healthcare Facilities: 75</b></p>	<p>Project progress report to the Ministry of Health; Participating health facilities records</p>	
	<p>1.2.2. Number of participating healthcare facilities equipped with essential tools and devices to implement distant counselling</p>	<p>1.2.2.1. 0 (2021) 1.2.2.2. 0 (2021) 1.2.2.3. 0 (2021) 1.2.2.4. 0 (2021)</p>	<p>WHO: 1.2.2.1. 3 (2022); 3 (2023) UNICEF: 1.2.2.2. 12 YHFCs &amp; 40 ECI centers have an automated working place –at least (2023) UNFPA: 1.2.2.3. 7 (2022); 6 (2023) UNDP: at least 3 (2024) <b>TOTAL Healthcare Facilities: 64</b> UNFPA: 6 (2024) <b>TOTAL Partnerships: 6</b></p>	<p>Project progress report to the Ministry of Health; Participating health facilities records</p>	
	<p>1.2.3. Number of partnerships established for sustainable provision of distant counselling, considering age and gender specifics for different population groups</p>	<p>0 (2021)</p>			

**Belarus COVID-19 Action Program (BeCAP): a Joint Action for Recovering Better through Strengthening Health, Social Services and Community Resilience in Belarus**

<p><b>Output 1.1. Enhanced healthcare facilities</b> capacities for rapid and accessible contactless COVID-19 testing</p>	<p><b>Activity 1.1.1</b> Organizing and equipping of the outdoor modality for COVID-19 testing (<i>WHO</i>)</p>	<p><b>Means</b> Selecting pilot medical outpatient clinic(s)/facilities, planning and organizing a drive-thru COVID-19 laboratory testing. Organizing and equipping of the outdoor modality for COVID-19 testing. Procurement of essential equipment (PCR testing probes, antigen-based rapid diagnostic tests and other). Refurbishment of the “drive-thru” laboratory site for COVID-19 testing Providing technical assistance in organizing “drive-thru” site</p>	<p><b>Assumptions:</b></p>	<p><b>Assumptions:</b></p>	<p>Comprehensive package developed (2024) UNDP, UNFPA</p>
	<p><b>Activity 1.1.2</b> Piloting distant counselling (<i>WHO</i>)</p>	<p><b>Means:</b> Selecting pilot medical outpatient clinic(s)/facilities, procurement of the necessary equipment (rapid antigen tests, pulse oximeters, devices for organizing distance counselling). Providing technical assistance and on-job training</p>	<p><b>Assumptions:</b></p>	<p><b>Assumptions:</b></p>	<p>Developed by UNFPA, UNDP and UNICEF according to their competencies and piloting results</p>
<p><b>1.3 Improving healthcare professionals' skills to implement distant counselling services (UNFPA/UNICEF/UNDP)</b></p>	<p>1.2.4 Mechanisms for distant counselling, including remote health care services, monitoring of health status and organizing emergency medical care for socially vulnerable groups are developed, taking into account gender specificities</p> <p>1.3.1 Algorithms, protocols, guidelines for specialized distant counselling services, including psychological services, are in place</p> <p>1.3.2. Number of healthcare providers (staff) whose capacities are enhanced to conduct distant counselling, including psychological counselling, and to monitor targeted populations' health status and organizing emergency medical care for different population groups</p> <p>1.3.3. Distance Learning (DL) platform with the focus on digital health training and continuous education to support and foster implementation of e-health is developed and available for the use in each region</p>	<p>0 (2021)</p> <p>Algorithms, protocols &amp; guidelines do not exist</p> <p>1.3.2.1. 0 (2021) 1.3.2.2. 0 (2021) 1.3.2.3. 0 (2021)</p> <p><b>TOTAL Healthcare Workers: At least 500</b></p> <p>UNDP: DL platform developed (2023) UNFPA: Basic content for DL platform developed (2024)</p>	<p>0 (2021)</p>	<p>Developed (2024) UNDP, UNFPA</p>	

Output 1.2: Strengthened capacities of healthcare facilities to implement distant counselling services	
<p><b>Activity 1.2.1</b> Needs assessment for distant counselling and remote healthcare services for different vulnerable groups (<i>All agencies</i>)</p>	<p><b>Means:</b> Surveys, focus groups and in-depth interviews will be performed to identify needs of potential customers and service providers (e.g., assessment of ECI and YFHC centers' technical capacities to provide e-services).  Sociological study will be conducted to identify the needs of vulnerable groups in distance counselling services and assess the capacity of health facilities in providing remote healthcare services, including psychological counselling, monitoring of health status, and organizing emergency medical care.  Working groups of stakeholders will be set up to ensure that age- and gender-sensitive aspects of distant counselling models are customized for these various groups.</p> <p><b>Assumptions:</b> Engagement of communities will be comprehensive enough to define the most demanded types of services for the vulnerable groups in focus  Local authorities will endorse and participate in distant counselling service development</p>
<p><b>Activity 1.2.2.</b> Identification and procurement of needed hardware for participating facilities to conduct distance counselling services (<i>All agencies</i>)</p>	<p><b>Means:</b> Procurement of hardware and software for digitalization of healthcare services with integrated continuous medical education tools for providing digital health, followed by equipping participating clinics or medical facilities with the needed IT devices and software for virtual medical support</p> <p><b>Assumptions:</b> Procurement procedures will meet the needs of facilities to conduct services and will be supported for use by the healthcare facilities  Legal environment should be favourable for the implementation of distance services</p>
<p><b>Activity 1.2.3</b> Piloting distant counselling health service in a number of facilities selected as a result of the assessment (<i>UNFPA/UNICEF/ UNDP</i>):</p> <ul style="list-style-type: none"> <li>• pilot clinics for distant counselling for vulnerable groups (e.g. women and older populations, children with disabilities, adolescents/youth) (<i>UNFPA, UNICEF</i>)</li> <li>• pilot clinics/facilities for testing distance counselling, including remote monitoring of health status and organizing emergency medical care for vulnerable groups (e.g., those in social isolation –people with mental disorders, the elderly,</li> </ul>	<p><b>Means:</b> Identifying where possible private companies interested in supporting distant counselling.  Pilot clinics/facilities for distance counselling and remote health services will be equipped with necessary technical tools and equipment, barrier-free and accessible environment, methodological framework and guidelines will be developed, mode of engagement of the target population will be introduced and tested</p> <p><b>Assumptions:</b></p>

	<p>people living in remote areas) (UNDP)</p>	<p><b>Means:</b> Procurement of hardware and software of digitalization and continuous medical education services for distance learning platforms providing digital health, access to online simulation training in most essential skills and access to peer-to-peer learning.</p>	<p><b>Assumptions:</b> Procurement procedures will meet the needs of facilities to conduct services and will be accepted for use by the healthcare facilities Legal environment is supportive of platform(s) establishment.</p>
	<p><b>Activity 1.3.1</b> Development of distance learning platforms and establishing of coordination hubs with the focus on digital health training and continuous education supporting and fostering implementation of e-health (<i>All agencies</i>).</p>	<p><b>Means:</b> Training sessions will be developed and tested to be incorporated in distance learning platform learning modules. Capacity building activities will be also conducted for staff of healthcare facilities where pilots are launched. Additionally, training-of-trainer (ToT) approaches will be applied to provide a cascade response that will enable scaling up of the practices.  Development of the curriculums and learning programmes, staff training, studying standards development and testing.  Introduction of the automated tools in decision making and continuous learning</p>	<p><b>Assumptions:</b> Health institution workers committed to undertaking Trainings</p>
<p><b>Output 1.3</b> Improving healthcare professionals' skills to implement distant counselling services</p>	<p><b>Activity 1.3.2</b> Capacity building trainings on counselling for vulnerable groups for the primary healthcare centers and other service providers and beneficiaries (<i>All agencies</i>).</p>	<p><b>Means</b> Results of the piloting will be documented and formalized in procedural documents for institutionalization of the practices, including suggested procedures/ protocols/ methodological recommendations and other materials.  A communication outreach will promote distant services based on the successful pilots to ensure sustained demand in the long run.</p>	<p><b>Assumptions</b> Experiences provide replicable lessons learned</p>
<p><b>Specific objective:</b> <b>Outcome(s)</b></p>	<p><b>SO2: Empowering vulnerable groups through support to improved outreach communication and access to services to enhance their mental health and coping</b></p>		

**Belarus COVID-19 Action Program (BeCAP): a Joint Action for Recovering Better through Strengthening Health, Social Services and Community Resilience in Belarus**

<b>Outputs</b>	<b>mechanisms, (WHO, UNFPA, UNICEF, UNDP)</b>	<p>2.1.1. Number of public institutional facilities, which are fully equipped for COVID-19 preparedness and response</p> <p>2.1.2. Number of local social service providers (state institutions, CSOs) at the local level, which are equipped with gender and age sensitive skills, knowledge and tools, hardware/software to provide distant counselling on social work</p> <p>2.1.3. Number of facilities for social and medical rehabilitation of adults and elderly with disabilities, psychiatric and mental disorders, which provide age and gender specific services during COVID-19 pandemic</p> <p>2.1.4. Number of methodological recommendations on organization of social and medical rehabilitation of adults and elderly with disabilities, psychiatric and mental disorders developed and put in place</p> <p>2.1.5. Number of representatives of service providers trained in advanced approaches to social and medical rehabilitation of adults and elderly with disabilities, psychiatric and mental disorders</p> <p>2.1.6. Number of employment centers and/or employer organization's facilities equipped with essential tools and devices to scale-up vocational rehabilitation of PWDs</p> <p>2.1.7. Policy recommendations for the creation of favorable environment for distant social services as well as increased mental health and psycho-social provision at the local and regional levels based on outcomes from successful experiences</p>	<p>0 (2021)</p> <p>0 (2021)</p> <p>2.1.3.1.0 (2021)</p> <p>2.1.3.2.0 (2021)</p> <p>2.1.4.1.0 (2021)</p> <p>2.1.4.2.0 (2021)</p> <p>0 (2021)</p> <p>0 (2021)</p> <p>0 (2021)</p>	<p>WHO: 3 (2022); 3 (2023)</p> <p><b>TOTAL Number of Public Facilities: 6</b></p> <p>UNFPA: 12 (2023), 7 (2024)</p> <p><b>TOTAL Number of Social Service Providers: 19</b></p> <p>UNDP: 2.1.3.1. 1 (2023), 2 (2024)</p> <p>UNFPA: 2.1.3.2. 3 (2023)</p> <p><b>TOTAL Number of Facilities: 6</b></p> <p>UNDP: 2.1.4.1. 1 (2024)</p> <p>UNFPA: 2.1.4.2. 2 (2023)</p> <p><b>TOTAL Number of Methodological Recommendations: 3</b></p> <p>UNDP: 50 representatives of service providers (2023)</p> <p><b>TOTAL Number of Representatives of service providers: 50</b></p> <p>UNDP: 1 in urban and 1 in rural areas (2022)</p> <p><b>TOTAL Number of Facilities: 2</b></p> <p><i>All Agencies Developed and submitted for approval (2024)</i></p>	<p>Project progress report to the Ministry of Labour and Social Protection;</p> <p>Participating social care facilities records</p>	
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Belarus COVID-19 Action Program (BeCAP): a Joint Action for Recovering Better through Strengthening Health, Social Services and Community Resilience in Belarus

<p><b>Outputs</b></p>	<p>2.2. <i>Enhanced capacities of civil society and other organizations to provide social services during COVID-19 pandemic (UNFPA/UNDP/UNICEF)</i></p>	<p>2.2.1 Number of IT tools and initiatives for accessibility of online information and services for the older populations</p> <p>2.2.2. Number of social service providers with increased knowledge on innovative communication with vulnerable groups, strengthened capacities for efficient COVID-19 related advisory support</p> <p>2.2.3. (a) Number of volunteers and representatives of service providers that gain increased knowledge and skills</p> <p>2.2.3 (b) Number of strengthened volunteer networks</p>	<p>0 (2021)</p> <p>0 (2021)</p> <p>2.2.3.1. 0 (2021)</p> <p>2.2.3.2. 0 (2021)</p>	<p>UNFPA (IT tools): 2 (2023); 3 (2024)</p> <p><b>TOTAL Number of IT Tools &amp; Initiatives: 5</b></p> <p>UNFPA: 130 (2023); 120 (2024)</p> <p><b>TOTAL Number of Representatives of Service Providers: 250</b></p> <p>UNDP: 2.2.3.1. 3 capacity building events for volunteers with participation of at least 300 volunteers - 100 (2022), 100 (2023), 100 (2024)</p> <p>UNFPA: 2.2.3.2. - representatives of service providers and volunteers with increased age and gender-specific knowledge and skills: 170 (2022); 170 (2023);160 (2024)</p> <p><b>TOTAL Number of Volunteers: 800</b></p> <p>- at least 3 CSO networks have their volunteer management system improved (Belarus Red Cross, BelAU, YWCA Belarus) (2023)</p> <p><b>TOTAL Number Volunteer Networks: 3</b></p>		
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**Belarus COVID-19 Action Program (BeCAP): a Joint Action for Recovering Better through Strengthening Health, Social Services and Community Resilience in Belarus**

		2.2.4. Number of local communities and partnerships supported	0 (2021)	UNFPA: 2 (2022); 3 (2023); 2 (2024) <b>TOTAL Number Local Communities &amp; Partnerships: 7</b>	
<b>Outputs</b>	2.3 <i>Enhanced availability of social services for vulnerable populations and empowerment on mental health resilience (UNFPA/UNDP/UNICEF)</i>	2.3.1. Number of representatives of service providers/vulnerable groups with increased knowledge on using innovative IT solutions for mental health responses	2.3.1.1. 0 (2021) 2.3.1.2. 0 (2021)	UNFPA (representatives of service providers): 2.3.1.1. 100 (2022); 200 (2023); 200 (2024) <b>TOTAL Number of Representatives of Service Providers: 500</b>  UNDP (elderly people, people with disabilities, their families): 2.3.1.2. 50 (2022); 50 (2023); 50 (2024) <b>TOTAL Number of Vulnerable Groups: 150</b>	
		2.3.2. Number of specialized gender and age sensitive psycho-social support and other social services to the most vulnerable groups in the context of COVID-19	No efficient referral mechanisms available (2021)	UNFPA (2024): • At least 2 hotline referral mechanisms for vulnerable groups • At least 3 mobile support teams for PWDs and their families  <b>TOTAL Number of specialized gender and age sensitive psycho-social support: 5</b>	
		2.3.3. Number of sustainable partnerships in different regions of the country between regional budget funded and CSO based providers of psycho-social support and other social services	0 (2021)	UNFPA: 4 (2022); 7 (2023); 4 (2024) <b>TOTAL Number of Partnerships: 15</b>	
		2.3.4. Number of primary healthcare specialists for children and adolescents gain new skills in providing mental health responses	Outdated methodological and information materials currently in use, not inclusive of MH component	UNICEF: 100 (2022), 100 (2023), 50 (2024) general practitioners and pediatricians gain skills on children and adolescent mental health and apply it in daily practice (applying MhGap approaches)	

Belarus COVID-19 Action Program (BeCAP): a Joint Action for Recovering Better through Strengthening Health, Social Services and Community Resilience in Belarus

		<p>2.3.5.</p> <p>(a) Number of teachers and social pedagogues that gain skills on creating safe and enabling school environments through provision of psycho-social support</p> <p>(b) Number of schools implementing psycho-social supporting model (“Safe space”)</p>	<p>(2021)</p> <p>(a) 0 (2021)</p> <p>(b) Safe space model is not implemented into educational process (2021)</p>	<p><b>TOTAL number of primary healthcare specialists: 250</b></p> <p>(a) <i>UNICEF</i>: 200 (2022), 200 (2023), 100 (2024) social pedagogues and psychologists capacitated (i.e. trained, inter alia by international experts, provided with advanced methodological recommendations, guidance notes etc.) to create safe environment and implement anti-bullying techniques within the classrooms</p> <p><b>TAL number of teachers &amp; social pedagogues: 500</b></p> <p>(b) <i>UNICEF</i>: 100 (30 in 2022, 40 in 2023, 40 in 2024) schools implement Safe space model</p> <p><b>TOTAL Number of schools: 100</b></p>		
<p><b>Activity 2.1.1.</b> <i>Needs assessment</i>. for distant social service provision (All agencies)</p>		<p><b>Means:</b></p> <p>Because of its similarity to Component 1’s needs assessment, the assessments may be undertaken jointly to the extent that it is feasible in each region/district</p>		<p><b>Assumptions</b></p> <p>Engagement by communities will be comprehensive enough to define the most demanded types of services for the vulnerable groups in focus</p>		



Output 2.1 Enhanced institutional capacities for social services	Assumptions:	
<p><b>Activity 2.1.2.</b>  <i>Piloting of identified social services which require greater access and capacity during COVID-19 pandemic (WHO/UNDP/UNFPA):</i></p> <p>(a) Public institutional facilities at the regional level (e.g. residences for the elderly) (WHO)</p> <p>(b) Social and medical rehabilitation of adults and elderly with disabilities, psychiatric and mental disorders, and organizing accessible medico-social assistance for elderly men and women with cognitive disorders and their families (UNDP/UNFPA)</p>	<p><b>Means:</b></p> <p>(a) WHO</p> <ul style="list-style-type: none"> <li>Strengthening infection control plans measures through rapid on-site needs assessment and development of the COVID-19 infection control action plans for participating elderly care facilities.</li> <li>Equipping with basic PPE; rapid antigen COVID-19 tests and basic oxygen support equipment like pulse oximeters and oxygen concentrators for basic on-site supportive outpatient care</li> <li>Providing additional technical assistance, on-job training, monitoring</li> </ul> <p>(b) UNDP:</p> <ul style="list-style-type: none"> <li>Comprehensive assessment of gaps and weaknesses existing in social and medical rehabilitation of adults and elderly with disabilities, psychiatric and mental disorders.</li> <li>Development of methodological recommendations for strengthening the capacity of social and medical rehabilitation facilities particularly in the context of COVID-19, ensuring their compliance with the standards of service provision and correspondence with the needs of the targeted group.</li> <li>Piloting the recommendations in 3 facilities through provision of necessary supplies and equipment, involvement of additional personnel (if needed) and trainings for the staff in selected facilities to provide them with innovative tools and approaches to social support, social and medical rehabilitation, psychological and psychiatric support for adults and elderly with disabilities, psychiatric and mental disorders and their families.</li> <li>Assessment of the pilot's results and identification of successful practices to be included in policy recommendations for further mainstreaming in social support initiatives and programmes at national and local level for social integration of adults and elderly with disabilities, psychiatric and mental disorders.</li> </ul> <p>(b) UNFPA:</p> <ul style="list-style-type: none"> <li>Equipment of 3 social care institutions with equipment and supplies needed;</li> </ul>	

	<p>(c) Scaling-up rehabilitation of people with vocational disabilities at the employment centers and/or employer organization's facilities (UNDP)</p>	<ul style="list-style-type: none"> <li>• Hiring of expert team to develop 2 recommendation sets for social care providers on organizing assistance for people with mental disorders who stay at social care facilities and those at home with particular concern to COVID.</li> <li>(c) UNDP:             <ul style="list-style-type: none"> <li>• Assessment of PWDs' labour potential and needs in vocational rehabilitation services along with the assessment of PWDs' labour potential to evaluate its volume and qualitative characteristics considering age, gender specifics, and type of disability (e.g., mental, psychiatric disorders, physical deficiencies, visual and hearing disabilities, etc.).</li> <li>• Piloting new approaches and sensitive working conditions based on needs of PWDs in 2 employment centers and/or employer organization's facilities to equip them with essential tools and devices to scale-up vocational rehabilitation of PWDs.</li> </ul> </li> </ul>	
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<p><b>Output 2.2. Enhanced capacities of civil society and other organizations to provide social services during COVID-19 pandemic and beyond</b></p>	<p><b>Activity 2.2.1.</b> Capacity building for selected partners engaging in the implementation of the pilot social services (UNFPA/ UNDP)</p>	<p><b>Means:</b> <i>UNFPA:</i></p> <ul style="list-style-type: none"> <li>• Conducting trainings for specialists, involved in service provision, to improve knowledge and skills on gender, age, disability specifics of care</li> <li>• Organization of at least 5 educational activities annually for professional development of the specialists in pace and online mixed formats to learn innovative modalities for working with the elderly and people with learning difficulties</li> <li>• Facilitation of experience exchange networking</li> </ul> <p><i>UNDP:</i></p> <ul style="list-style-type: none"> <li>• Organization of at least 3 trainings for representatives of service providers in the field of social and medical rehabilitation of adults and elderly with disabilities, psychiatric and mental disorders to increase knowledge and expertise in relevant international practices and innovative approaches to service provision.</li> <li>• Conducting an in-country training for representatives of service providers on social and medical rehabilitation to exchange experience in effective tools and successful practices of social integration of adults and elderly with disabilities, psychiatric and mental disorders.</li> </ul>	<p><b>Assumptions:</b></p> <p>CSOs are willing to engage with UN agencies and state institutions.</p> <p>Key stakeholders are supporting suggested innovative models of communication with vulnerable groups and are ready to actively participate in the project activities and events</p>
<p><b>Activity 2.2.2</b> Capacity building of volunteer networks to widen access to vulnerable groups on issues related to COVID-19</p>	<p><b>Means:</b> <i>UNFPA:</i> Support 3 volunteer networks:</p>	<p><b>Assumptions:</b></p> <p>CSOs are willing to engage with UN agencies. Existing legislative and social-economic environment allow participation of CSOs and their volunteers in suggested interventions.</p>	

**Belarus COVID-19 Action Program (BeCAP): a Joint Action for Recovering Better through Strengthening Health, Social Services and Community Resilience in Belarus**

	<p>(UNFPA/UNDP/UNICEF)</p>	<ul style="list-style-type: none"> <li>• Hiring a team of national and international consultants to develop comprehensive guidelines on volunteers' management,</li> <li>• Creation of a pool of expert consultants, which possess knowledge and skills to work with socially excluded individuals and groups, taking into account age, gender and disability specifics, and ready to share their expertise</li> <li>• Development of a comprehensive training module on volunteers' management,</li> <li>• Introduction of module in 3 selected CSOs by conducting at least 3 educational activities and 1 national forum on volunteers' management annually</li> </ul> <p><i>UNDP:</i></p> <ul style="list-style-type: none"> <li>• Conducting at least 3 training sessions for volunteers with mentoring options offered on the basis of existing CSOs volunteer networks</li> <li>• Providing social media outreach and advocacy to ensure volunteer mobilization as well as development of alternative volunteer mobilization options, including partnerships with educational institutions, etc.</li> </ul>
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<p><b>Output 2.3</b> Enhanced availability of social services for vulnerable populations and empowerment on mental health resilience</p>	<p><b>Activity 2.3.1</b>  <i>Piloting of identified psycho-social/ mental health responses (All agencies):</i>                      (a) Psycho-social assistance (PSA) model for supporting adult vulnerable communities (UNFPA/UNDP)                      (b) Strengthening of primary mental health responses for adolescents and referrals through “MhGap”. (UNICEF/WHO).                      (c) Provision of psycho-social support (PSS) to children, especially the most vulnerable groups (UNICEF).</p>	<p><b>Means:</b>                      (a) <i>UNFPA:</i>                      • Systematization of psycho-social assistance to older population through strengthening hotline services &amp; referral system connecting hotline with CSO services                      • Strengthening of technical and expert capacity of 2 existing hotline services (run by CSOs) to address gender and age specific needs of older people and women living with HIV, other diseases, drug users,                      • Building of referral systems among social institutions and CSOs in 6 regions of the country and expand counselling to the regions                      Establishing in 3 regions the multi-sectoral mobile support groups for supporting the persons with disabilities and their family members; supporting the work of the mobile teams’ specialists; purchase of needed supplies to ensure needs tailored assistance                      (a) <i>UNDP:</i>                      • Organization of trainings for elderly people, people with disabilities, their families on the use of online resources for purchasing food and necessary goods, home delivery, making utility payments, banking transactions and other activities in accordance with their needs                      • Ensuring the operation of a remote service for counselling older people, people with disabilities, their families on the availability of social services and opportunities to address their needs                      (b) <i>UNICEF/WHO:</i>                      • Strengthen cross-sectoral cooperation on adolescent mental health through exchange of experiences in study tours and professional exchanges (webinars, etc.)                      • Hire international &amp; national consultants to review &amp; update pre- and post-diploma curricula with MH component for GPs, therapists &amp; pediatricians as well as upgrade offline and online/e-course on children and adolescent’s mental health                      (c) <i>UNICEF:</i></p>	<p><b>Assumptions:</b></p>

**Belarus COVID-19 Action Program (BeCAP): a Joint Action for Recovering Better through Strengthening Health, Social Services and Community Resilience in Belarus**

	<p><b>Activity 2.3.2</b> Documentation, assessment &amp; establishment of lessons learned to scale up and mainstream successful service provisions (<i>All Agencies</i>)</p>	<ul style="list-style-type: none"> <li>ToT programmes to implement Safe space model in schools</li> <li>Country-specific adapted programmes intended for pedagogues, psychologists and school administrations for application of secure space technologies will be developed based on the assessment/survey of the participants of the educational process regarding their actual needs in psychological assistance, conducted by BSPU in May 2021.</li> </ul>	
		<p><b>Means</b> Based on successful experiences from Activities 2.1 and 2.2, this activity will ensure i) the development of policy recommendations for the creation of favorable environment for distant social services as well as increased mental health and psycho-social provision at the local and regional levels and ii) assessment and documentation of established responses to ensure greater sustainability of these services and outreach in the long-term</p>	<p><b>Assumptions</b></p>



## Section III: PROJECT IMPLEMENTATION ARRANGEMENTS

### MANAGEMENT ARRANGEMENTS AND COORDINATION

This action will be implemented in indirect management with the United Nations agencies' funds and programmes in accordance with the EU-UN Financial and Administrative Framework Agreement (FAFA), including the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP) and United Nations Population Fund (UNFPA); supported by the UNSDCF Pillar Groups.

In the Joint Project, a Steering Committee will provide strategic direction and advisory authority using the pass-through modality. UNDP in Belarus will play the role of Convening Agent, being accountable for coordination of programmatic activities and submitting the consolidated narrative report based on submissions provided by each participating UN agency. In the collaboration, a Joint Coordination Unit comprising the participating UN agencies and chaired by the Convening Agent will be established to strengthen synergies across the agencies' project activities. The Administrative Agent, UNDP's Multi-Partner Trust Fund Office (MPTFO), will be responsible for financial management, with each participating UN organization having programmatic and financial responsibility for the funds entrusted to it.

#### Steering Committee (SC):

A Steering Committee (SC) will be established and will act as the Joint Programme Advisory and Monitoring Body for strategic guidance and management/coordination. The SC will facilitate collaboration between participating UN organizations, donor community and government and non-government key stakeholders. Advisory in nature, the SC reviews and endorses the Joint Programme Document revisions and annual work plans, ensuring that the Action maintains coherence with national development priorities of Belarus.

The SC will meet at least twice a year (face-to-face and/or by video conference) or based on need in which a committee member has made a call for meeting. The SC will include senior programme managers of all participating UN Agencies (UNICEF, WHO, UNFPA and UNDP), the RCO, the government and donor representatives.

#### Convening Agent and Joint Coordination Unit (JCU):

The Joint Coordination Unit, chaired by the Convening Agent, will be established with the membership of designated technical officers of all PUNOs. The JCU shall convene at least every three months and shall be entrusted with the following tasks:

- Coordinate day-to-day operations of the PUNOs' project activities
- Review progress and ensure proper coordinated implementation of the joint project.
- Serve jointly for quality assurance of annual progress reports to the Steering Committee.
- Develop the Annual Programme of Activities including a provisional budget to implement the Platform's strategy in close coordination with the Steering Committee.
- Ensure development of individual financial reports of PUNOs on disbursements and activities for submission to the Administrative Agent
- Support the Chairs of SC to develop the agenda and manage all Steering Committee meetings.
- Undertake other tasks as directed by the Convening Agent and/or the Steering Committee.

#### Governance:

Technical and management oversight is provided from within the country offices as well as from regional and HQ



levels of the proposing UN agencies. All the UN agencies have fully developed administration and financial management monitoring mechanisms in place for production of financial and implementation progress reports in-line with UN rules and regulations. The UN Agencies will produce annual donor progress reports for each funding year and a final report for the EU through coordination with the Convening Agent and the MPTFO. Official financial statements shall be produced by authorized administrative entities of the PUNOs separately and consolidated by MPTFO.

Indicative implementation period:

The indicative operational implementation period of this action, during which the activities described above will be carried out and the corresponding contracts and agreements implemented, is 36 months.

**FUND MANAGEMENT ARRANGEMENTS**

This UN Joint Programme will follow the pass-through fund management modality according to the United Nations Sustainable Development Group (UNDG) Guidelines on UN Joint Programming. The UNDP MPTFO, serving as the Administrative Agent (AA) for the Joint Programme, and Participating UN Organizations (PUNOs) will perform their functions as set out in the Standard Memorandum of Understanding (MoU) for Joint Projects using pass-through fund management. Each Participating UN Organization applies its own procedures, provided it meets minimum requirements outlined in the Memorandum of Understanding (MOU) and Joint Programme Document in terms of safeguards and fiduciary principles. The Administrative Agent will sign the MOU with all Participating UN Organizations.

Administrative Agent:

The Administrative Agent (AA) will charge direct costs, which are included under the personnel/staff budget line for MPTF Office staff based in New York to carry out the following activities:

1. Sign Contribution Agreement (CA) /Standard Administrative Arrangements (SAAs) with donors and receive contributions from donors that wish to provide financial support to the Fund/Programme through the AA.
2. Administer such funds received in accordance with its regulations, policies and procedures, as well as the relevant MOU and Fund Terms of Reference (TOR) and CA/SAA, including the provisions relating to winding up the Fund account and related matters.
3. Subject to availability of funds, disburse such funds to each of the PUNOs in accordance with decisions from the Steering Committee (SC), taking into account the budget set out in the approved TOR/JP documents.
4. Ensure consolidation of statements and reports, based on submissions provided by each PUNO, as set forth in the TOR/JP document and provide these to each donor that has contributed to the Fund/Programme account and to the SC.
5. Provide final reporting, including notification that the Fund/Programme has been operationally completed.
6. Disburse funds to any participating UN Organization for any additional costs of the task that the SC may decide in accordance with the programmatic document/JP document.

Participating UN Organizations:

Participating UN organizations (PUNOs) operate in accordance with their own regulations, rules, directives and procedures. They assume full programmatic and financial accountability for the funds disbursed by the Administrative Agent and are responsible for the implementation and delivery of activities and corresponding results as per the roles and responsibilities described under section II of this document.

PUNOs will have dedicated resources to achieve results, including personnel and consultants (technical assistance) that are directly contributing to the Joint Programme activities, and allocated budgets for associated costs, such as office structure, and operability of field visits for quality assurance.

Each UN organization is entitled to deduct their indirect costs on contributions received seven percent as overhead costs of the total allocation received for the agency.

Currency of Funding:

The funding currency shall be in US Dollars. All the UN agencies financing accounting systems are in US Dollars (USD).

## **MONITORING AND EVALUATION**

Monitoring and evaluation is an integral element of the action. Progress as well as bottlenecks will be monitored individually among the participating UN agencies well as jointly through the JCU on a regular basis using standard mechanisms and tools that include field monitoring. While monitoring is an on-going activity, a joint progress review shall take place annually through the Steering Committee.

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process and part of the implementing partners' responsibilities. To this aim, the Partners shall apply their internal, technical and financial monitoring system for the action and regular progress reports. The final report, narrative and financial, will cover the entire period of the action implementation.

The UN agencies will conduct joint field monitoring visits and meetings with project beneficiaries, local service providers and authorities, and national stakeholders to assess progress towards the achievement of planned results, learn from implementation and take timely corrective action.

## **COMMUNICATION AND VISIBILITY**

In line with Article 11 of the FAFA, and the United Nations and European Commission communication and visibility provisions, communication actions will be designed to reach different groups of recipients and promote main achievements and positive impact of results accomplished.

The importance of the EU support in these endeavors, a consistent thread maintained in communication activities throughout the project period, will be highlighted by means of acknowledgement of funding support by the

**Belarus COVID-19 Action Programme (BeCAP): a Joint Action  
for Recovering Better through Strengthening Health, Social  
Services and Community Resilience in Belarus**

European Union in all the following collateral materials (but not limited to): guidance and tools, news bulletins, website, annual reports, promotional items, video productions, activity reports.

The communication and visibility actions, and the groups targeted by these actions, are developed in the project communication and visibility plan, in accordance with Article 11 of the FAFA and the above mentioned Guidelines, and with Article 8 of the General Conditions, and with UN implementing partners' rules and regulations regarding communication, visibility, use of logos and acknowledgement as long as these are not contrary to the above.

**LEGAL CONTEXT OR BASIS OF RELATIONSHIP**

UNDP	<p>This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the Government of the Republic of Belarus and UNDP, signed on 24 September 1992.</p> <p>Specific Objective 1 and 2 will be implemented by UNDP Belarus in accordance with its financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. Where the financial governance of an Implementing Partner does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition, the financial governance of UNDP shall apply.</p>
UNICEF	<p>This project will be guided under the Basic Cooperation Agreement (BCA) concluded between the Government of Belarus and UNICEF on 14 December 2007 and entered into force on 31 March 2009. Project activities are defined by the directions described in the Country Programme Document (CPD) for 2021-2025 which was approved by the UNICEF Executive Committee in September 2020.</p> <p>Activities under Specific Objectives 1 and 2 will be implemented by UNICEF Belarus in accordance with its financial regulations, rules, practices and procedures.</p>
UNFPA	<p>This project will be guided by the Standard Basic Assistance Agreement concluded between the Government of the Republic of Belarus and the United Nations Development Programme on 24 September 1992, applied mutatis mutandis to the activities and personnel of UNFPA</p> <p>All activities under Specific Objectives 1 and 2 will be implemented by UNFPA in accordance with its financial regulations, rules and procedures.</p>
WHO	<p>This project will be guided under the Basic Agreement between WHO and the Government of Belarus signed on 20 May 2000 and ratified on 19 July 2000.</p> <p>Activities under Specific Objectives 1 and 2 will be implemented by WHO Country Office in Belarus in accordance with its financial regulations, rules, practices and procedures.</p>
MoU and MoU Addendum MPTFO	<p>With this document, UNDP, UNICEF, UNFPA and WHO appoint the Multi-Partner Trust Fund Office and the United Nations Development Programme to serve as their Administrative Agent and Convening Agent respectively in connection with the Programme, in accordance with the terms and conditions set out in the Memorandum of Understanding and addendum.</p>

**BUDGET FOR THE ACTION**

<b>Budget for the Action</b>	<b>ALL YEARS</b>	<b>YEAR 1</b>
<b>Budget categories</b>	<b>Costs (in USD)</b>	<b>Costs (in USD)</b>
1. Staff & Personnel Cost	420 392	149 803
2. Supplies and Commodities	218 938	116 500
3. Equipment, vehicle and furniture	364 567	225 900
4. Contractual Services	1 566 786	614 290
5. Travel	54 579	14 620
6. Transfers and Grants to Counterparts	78 000	46 000
7. General operating and Other direct costs	113 747	39 290
<b>Total direct eligible costs of the Action (1-7)</b>	<b>2 817 009</b>	<b>1 206 403</b>
8. Indirect costs (maximum 7% of the final amount of eligible direct costs of the Action)	191 241	84 404
<b>Total eligible costs of the Action</b>	<b>3 008 250</b>	<b>1 290 807</b>
<b>Total UN agencies' contribution</b>	<b>110 000</b>	
<b>Total EU contribution</b>	<b>2 898 250</b>	

Notes:

EU contribution: USD 2,898,250 (equivalent to EUR 2,500,000), estimated according to the [Info Euro Rate of November 2021: 1 EUR = 1.1593 USD \(https://ec.europa.eu/info/funding-tenders/how-eu-funding-works/information-contractors-and-beneficiaries/exchange-rate-infoeuro\\_en\)](https://ec.europa.eu/info/funding-tenders/how-eu-funding-works/information-contractors-and-beneficiaries/exchange-rate-infoeuro_en)

The EU contribution for each UN partner organization within this project will be as follows:

UNDP	USD 811,510	equivalent to EUR 700,000
UNFPA	USD 811,510	equivalent to EUR 700,000
UNICEF	USD 811,510	equivalent to EUR 700,000
WHO	USD 463,720	equivalent to EUR 400,000