

PLAN OF OPERATIONS
LINE OF ACTIVITY FOR INNOVATION PROTOTYPES - RG-O1676
DELEGATION OF AUTHORITY TO COUNTRY OFFICES¹

BELIZE
(BL-T1136)

I. GENERAL INFORMATION

Title	Equipping Government Health Facilities in Belize with Leading Digital Health Solutions for COVID-19		
Executing Agency:	IDB Lab		
Focus Area:	Knowledge Economy		
Project Beneficiaries:	(i) approximately 400,000 persons living in Belize, which includes some of Belize's most vulnerable, who cannot afford to seek care from private clinics and will need to access the public healthcare system during the pandemic; (ii) healthcare personnel utilizing the tools; and (iii) Ministry of Health.		
Financing:	IDB Lab Cooperation:	US\$ 120,000	80%
	Counterpart:	US\$30,000	20%
	TOTAL PROJECT BUDGET:	US\$ 150,000	100%
Execution and Disbursement Period:	12 months of execution and 15 months of disbursement.		
Objective:	The objective of this project is to design and implement a stock tracking solution to accurately record and report in real-time the COVID-19 resources needed by the Belizean health care facilities.		
Environmental and Social Impact Review	This operation was screened and classified as required by the IDB's safeguard policy (OP-703) on May 18, 2020. Given the limited impacts and risks, the proposed category for the project is C.		
Project Team	Terry-Ann Segree (DIS/CJA), Henry Wade (CID/CBL), Ana Aguilar Rivera (SCL/SPH), Jenifer Nelson (SCL/SPH), (Daisy Ramirez (FML/LAB), Fermin Vivanco (LAB/DIS), Ruth Houliston (DIC/CBA)		
Unit responsible for disbursements	CBL		

¹ Delegation of authority for approval of TC Prototype operations up to US\$150,000 is established under MIF-GN-123

II. BACKGROUND AND JUSTIFICATION

A. Problem Description

- 2.1 The rapid increase in the number of COVID-19 cases in LAC has been putting pressure on health care systems, potentially compromising their capacity to respond to the COVID-19 pandemic in a timely and efficient manner, as well as, to maintain essential care for people with other conditions. A recent analysis by the World Health Organization (WHO) found that most countries in LAC were unprepared to handle the pandemic.² On a 5-level scale based on the capacity to manage a public health event of this magnitude (where 1=low and 5=high), Belize was classified as level 3, medium capacity. These gaps impact the entire pandemic management cycle: rapid identification; diagnosis; contact tracing and follow up; infection prevention and control; health measures for travelers; communication with the public about the illness, including overall knowledge, symptoms, risk factors, and prevention measures; and health care (medical personnel and supplies to care for those with COVID-19 and other vulnerable patients).
- 2.2 Belize during the COVID-19 pandemic is classified as having “sporadic cases” under WHO transmission classification and it has not entered the phase of community transmission³. As of May 6, Belize reported a total of 18 cases with two deaths from the Cayo and Belize Districts; and a total of 1,364 persons have been screened for COVID-19. There has since been a reduction in the number of cases and the slow infection rate experienced by Belize. This may be associated with the lockdown and the social distancing measures put in place early on and implementing contact tracing activities for imported cases. Currently, there are no new cases being reported and the 16 remaining confirmed cases in Belize have now recovered.
- 2.3 As many countries are feeling the economic impacts of the lock down of the major sectors, these nations are now contemplating the re-opening of the industries towards economic recovery. Belize is no different, as the government contemplates opening its borders to accommodate return of their nationals as well as reviving the tourism sector. While the reopening is critical for Belize, scientists have warned that social distancing measures may be needed intermittently until 2022 and have indicated that secondary peaks could be larger than the current without restrictions⁴.
- 2.4 With this in mind, the Ministry of Health (MoH) recognizes the need to monitor the response using near real-time on the available capacity of health facilities and critical commodities for planning and response. Even without these projected timelines for COVID-19, the current state of managing critical resources, such as beds, equipment, and general hospital supplies are constantly being challenged. As a result, the stock tracking resilience of many countries are being severely tested with the disruptions caused by the COVID-19 pandemic, and Belize finds itself in a similar position, as the government

² Operational capacity was evaluated based on the percentage of compliance with 13 areas of capacity for handling public health events established in the International Health Regulations (IHR 2005)

³ WHO. COVID-19 Situation Report-99. April 28, 2020. See: https://www.who.int/docs/defaultsource/coronaviruse/situation-reports/20200428-sitrep-99-covid-19.pdf?sfvrsn=119fc381_2.

⁴ Coronavirus distancing may need to continue until 2022, say experts. See: <https://www.theguardian.com/world/2020/apr/14/coronavirus-distancing-continue-until-2022-lockdown-pandemic>

rethinks its capabilities at this time. Currently, each public healthcare facility manages their individual stock needs through request made to MoH, however, MOH does not have a consolidated view of the total available inventory of stock in a timely manner. As such, should there be greater demands for critical stocks such as beds, PPEs, and other equipment and supplies, MoH does not have the ability to determine if there are facilities with excess stock compared with those who may have a shortage; and be able to adequately solve the stock imbalances through reallocation of supplies.

- 2.5 While Belize has greater opportunity to get ahead of COVID-19 response by leveraging lessons learned from other countries such as China, Italy, and the United States, it is essential to ensure that the current tools and systems in healthcare facilities are quickly deployed to assist the MoH to put their response plan into action. In the absence of both a vaccine and effective treatment, reducing the transmission of COVID-19 in Belize requires a targeted public health intervention, combining critical activities such as: contact tracing, case investigation, facility readiness, stock tracking and direct outreach to individuals with information and updates.

III. THE INNOVATION PROPOSAL

A. Description of the Solution being Tested

- 3.1 **Project Objective.** The objective of this project is to design and implement a critical stock management solution to accurately record and report in real-time the COVID-19 resources needed by the Belizean health care facilities.
- 3.2 **Proposed innovative solution.** The project seeks to rapidly deploy a customized, open source mobile application that will support the MoH and healthcare providers in Belize with facility readiness preparation and stock tracking for COVID-19. The application will be used by government health officials to ensure that both clinics as well as isolation centers have a clear idea of their facility readiness and stock for COVID-19 response and can quickly identify potential shortages. All content in the application will be driven by a combination of leading WHO and local Belizean protocols. This project will build on the MoH's current use of CommCare for Quality Improvement, and expand it significantly through new features, functionality, and geographic reach.
- 3.3 By leveraging this pre-existing digital health infrastructure already set up in Belize, it is expected to save a significant amount of time, which is critical in outbreak response. The project will implement the facility readiness and critical supply tracking modules, which will use standardized protocol from the WHO on facility readiness data and critical stock usage data. This will allow for the systematic collection of data, formatting information into actionable reports and sharing rapidly with decision making organizations and individuals globally to plan and predict facility readiness and critical stock items needed in response to the COVID-19 pandemic. Specifically, the project will include separate protocols for both healthcare administrators, as well as pharmacists. The project will develop simple training modules to be uploaded to the application with content developed with the MoH officials related to information to be shared, along with a dashboard of data visualization tools to secure important data that can be shared and utilized in critical decision-making scenarios. In this regard, information can easily be uploading any protocols that the MoH approves. The CommCare solution will be used in public health clinics and isolation

centers across the country and augment the existing suite of digital tools currently being utilized by the Government.

- 3.4 This project complements the IDB operation titled, “The Immediate Public Health Response to Contain and Control the Coronavirus and Mitigate its Effect on Service Delivery” which is being funded through the reformulation of BL-L1020 for an amount of US\$6.2M. The reformulated project will contribute to the reduction of mortality and morbidity from COVID-19 and to mitigate the indirect impacts of the pandemic on health through the delivery of health care for COVID-19 patients. This includes health care supplies such as, (i) PPEs for health care personnel in the community, points of entry, flu clinics, isolation centers and critical care facilities; (ii) critical medical equipment including patient monitors, ventilators, laryngoscopes, EKG machines, infusion pumps, portable ultrasounds and X-Ray machines; (iii) additional temporal health personnel, such as nurses, medical officers, lab technicians and ancillary health personnel for three months; and (iv) temporary structures to function as triage centers, surveillance systems (video and monitor) at isolation centers, and tablets or mobile phones to strengthen the monitoring of critical supplies at the health facilities.

B. Description of the Beneficiaries

- 3.5 The main beneficiaries of this project will be: (i) approximately 400,000 persons living in Belize, which includes some of Belize’s most vulnerable, who cannot afford to seek care from private clinics and will need to access the public healthcare system during the pandemic; (ii) healthcare personnel utilizing the tools; and (iii) Ministry of Health. Clinicians and nurses are not generally considered as vulnerable population, however, during an outbreak like COVID-19, they are more vulnerable to illness due to their potential exposure to infected patients.

IV. THE PROTOTYPE EXECUTION STAGES

- 4.1. Following the guidelines set out in the document for the creation of the Innovation Prototype Activity Line (RG-01676) this project will be implemented with the following three stages:

A. Definition Stage: 1 month

- 4.2. To execute this project, IDB Lab will procure the services of Dimagi, Inc. IDB Lab will be the executing agency and will single source Dimagi, Inc. as a consulting firm to define and implement the activities of the project. The scope of work is detailed in Appendix VI. The consulting firm will work closely with the MoH to configure the CommCare application for the COVID-19 response. The CommCare solution will be tested and run by government health clinics and testing sites. The clinics will be identified and selected by the MoH.
- 4.3. To understand the current situation regarding the MoH’s capacity to address COVID-19, a digital expert and a technical health specialist will conduct an initial, remote scoping exercise with the MoH and implementation partners. This process is crucial for the design, build, and launch of the mobile application. As part of this scoping work, these experts will conduct a deep dive which includes revision of key documents used for stock tracking and pandemic work, as well as various consultations with key stakeholders such as Ministry departments, hospitals, and health clinics (to better understand the bottlenecks and challenges they face in their current data collection and service delivery practices). Further, for the development of the stock tracking module, the consulting firm will explore

WHO and other well-known clinical protocols to ensure the inclusion of best practices in the creation of the new stock tracking modules for use by government health facilities. The consulting firm will adapt the protocols for local requirements and deploy the system across healthcare facilities in Belize.

4..4. Dimagi Inc. is identified as a preferred service provider, based on their experience in implementing previous modules of CommCare in Belize health facilities. For the past two years, the MoH has utilized mobile applications to support their quality improvement (QI) processes. These mobile applications have been deployed in government-run hospitals as well as clinics and have been widely accepted by its users. The team of Quality Improvement Specialists who are using these applications are well-versed in their usage. Members of Belize's Maternal, Newborn, and Child Health Department (MNCH), have expressed significant interest in this intervention given its success. CommCare, is an award-winning, open source mobile case management platform that supports frontline health workers in tracking their clients through a continuum of service delivery. CommCare is used by more than 700,000 frontline health workers around the world, who are cumulatively tracking tens of millions of people and submitting 5 million forms a day via the system. CommCare is currently being configured to assist with the COVID-19 response in the United States and globally. CommCare is a demand-driven technology solution and application and can be easily and rapidly configured to meet the demands imposed on health systems during a pandemic such as the Ebola crisis and currently, for COVID-19 emergency response. The focus is on the needs and interests of patients who become a central element in the organization and delivery of health care. Given that CommCare can be rapidly configured, it can cater to the increasing demands faced by public health systems for contact tracing and case investigation, especially during the current COVID-19 pandemic.

4.5. The completion of the Definition Stage will require 1 month.

B. Implementation Stage: 12 months

4.6. The implementation stage will commence, after the conclusion of the definition stage. Proposed activities include the following:

4.7. **Application Development & Modification:** From the project onset, the consulting firm will work in conjunction with the MoH, to ensure that they have an active role in the design, build, and launch of CommCare applications. As part of this process, the designated technical teams of the consulting firm will map out the existing workflows of the current outbreak response system. That design will then be quickly converted into a CommCare application. The consulting firm will lead the work to contextualize existing tools for MoH. During this process, healthcare personnel will become competent in CommCare application management, data management, and training. They will have a firm understanding of the support channels should any technical issues need to be escalated. This will build the necessary skills in the local team to maintain, adapt, and add new outbreak response content to the mobile application, as well as health system strengthening content for after the outbreak.

4.8. **Electronic Devices:** The public health personnel will be supplied with tablets and electronic devices in order to record information in the stock tracking application and facilitate real-time data being available to MoH. These electronic devices will be provided under the reformulated loan BL-L1020.

- 4.9. **Dashboard Development:** The consulting firm will develop a customized data visualization system and dashboard for both applications. This will enable the MoH and healthcare providers/government clinics in making action-oriented decisions about their collected data, including reacting to stockouts or identifying increases in caseloads from the clinics. This includes using a tool like PowerBI or Tableau to customize this dashboard or using the MoH's pre-existing eTab system.
- 4.10. **Training:** The consulting firm will lead all initial training with stakeholders at all levels- the MoH, government clinics and community health workers. The training will involve authorities who are familiar with pre-existing systems to reinforce long-term supervision processes long after the project is complete. During an outbreak, there may be significant time, resource, security, and accessibility constraints in running the training sessions, as such, the project will maintain a flexible training model that is focused on remote support. To support remote trainings, the consulting firm will develop extensive training designs to flexibly support all types of systems and deployment settings, including supporting multi-level trainings, remote trainings, and pre-recorded trainings, if security reasons require this. As part of this process, the consulting firm will work closely with partners to develop the appropriate support and training materials in local languages. Depending on the context, The consulting firm can bolster initial trainings through a variety of follow-up activities - including sharing online and physical resources, creating WhatsApp and online groups for troubleshooting, sharing reports related to user activities, and incorporating refresher training materials directly in applications. A remote training of trainers should last a minimum of two days and will cover material specific to use of the application by end users - not the backend configuration of the applications.
- 4.11. **Post-Training, Implementation Support:** Depending on the capacity of the MoH and the government health clinics, the consulting firm will provide advisory services and coaching for teams as they implement for up to three months, including weekly meetings and email support. This may include support with app installation, user permissions, user creation, data access, user monitoring reports, etc. It may also include sharing of best practices regarding device procurement and set up, training, supervision, data access, worker activity reports, etc. After deployment, the consulting firm will be available for the remainder of the year for a weekly check-in. MoH officials will also have access to support channels through access to a CommCare Advanced subscription.
- 4.12. The implementation Stage will be executed within 12 months.

C. Evaluation and Knowledge Dissemination Stage: 2 months

- 4.13. This stage of the project will establish regular intervals for assessment, to ensure continual adaptation of the solution to improve its effectiveness. Throughout the project, the consulting firm will gather results, and performance measures to ensure sustainability of the CommCare solution, and the effectiveness of providing real-time information for decision making purposes. As part of the evaluation stage, the consulting firm will produce a report describing the solution and the architecture and deployment process (access to the app, documentation, training sessions, client satisfaction, obstacles, etc.). Relevant questions to be addressed are: How can the app be adapted and deployed? To what extent was it effectively utilized by the project stakeholders? What organization will continue funding it when the resources in the prototype are depleted? The consulting firm will host (remotely) a consultation with the IDB Group, IDB Lab partners, the MoH and

associated agencies, and public and private sector stakeholders to report on findings, results achieved and lessons learned throughout the deployment process, and will provide the report. The final report and application demo will be included in IDB's online platform that highlights all the initiatives dedicated to digital solutions being used around the world to fight COVID-19: <http://socialdigital.iadb.org/en/covid-19>.

- 4.14. Based on lessons learned from this project, the consulting firm will document the best practices and seek to replicate the CommCare solution in similar contexts in the LAC region. These may include questions such as: (i) Should the MoH opt to use clinical best practices (from the World Health Organization, PAHO, or others), and develop a set of tools for these to be rapidly leveraged and quickly replicated in other countries in Latin America and the Caribbean?; or (ii) Should the application fall under the consulting firm's free software subscription plan, publish any subsequent applications that use best practice clinical protocols from sources such as the World Health Organization, PAHO, etc. to the CommCare for COVID-19 Library (<https://www.commcarehq.org/covid19>) for free distribution and downloading by other organizations. (iii) What are the conditions that need to exist in order for the solution to be leveraged by other countries in the Latin American and Caribbean region? At the end of the project, a final report on key outcomes, impact achieved, and lessons learned will be developed by the consulting firm. A webinar will be held (remotely) to discuss the report and identify next steps for potential replication of the CommCare solution in Belize and the region.

- 4.15. The completion of the Evaluation Stage will require 2 months.

D. Project Results and Impact:

- 4.16. The expected project results are: (i) 80% of health care facilities that utilize the solution and receive COVID-19 supplies to keep up with the needs of the population; (ii) 80% of health professionals using system report high level of satisfaction; (iii) Ministry of Health officials utilize the solution's dashboard to manage the stock tracking of supplies effectively.

V. EXECUTION AGENCY AND ARRANGEMENTS FOR EXECUTION:

A. Executing Agency

- 5.1. IDB Lab will act as the Executing Agency of the project and will contract Dimagi Inc to implement the activities and ensure the successful implementation of this prototype. Dimagi, is a social enterprise and one of the world's largest providers of mobile technology in support of frontline health workers. Dimagi's cloud server currently supports 2,000 active projects deployed across 80 countries, including the largest scale digital health projects worldwide. They are the lead technical partner in developing frontline health worker and logistics, mobile applications for many large-scale, prominent development projects. Dimagi has one of the most mature software development teams in the digital development industry, as well as a professional services team with extensive experience in designing and deploying leading solutions for LMICS, many at national scale. Dimagi's software platform, CommCare, has proven functionality for outbreak response. For example, a 2018 study that assessed 58 tools that were used during the 2015 Ebola outbreak in West Africa found that only two tools (CommCare and one other) supported all 7 technical characteristics and 4 key functionalities relevant to outbreak response.

- 5.2. This prototype will provide support to the Government of Belize, through the Ministry of Health, however, since a government ministry cannot be an executing agency for IDB Lab projects, IDB Lab will assume the role and work in close collaboration with the SPH specialist to ensure coordination of efforts with complementary operation described in paragraph 3.4.

B. Implementation Mechanism

- 5.3. IDB Lab will procure Dimagi, Inc. to execute the activities under this Prototype. The consulting firm will respect the Principles for Digital Development, including the digital privacy and security principles⁵ to which the IDB adheres. This includes responsible practices in collecting and using individual data, due consideration to sensitivities around the data they have collected, being transparent about how data will be collected and used, minimizing the amount of personal identifiable and sensitive information collected, creating and implementing security policies that protect data and uphold individuals' privacy.

VI. ALIGNMENT WITH IDB GROUP, SCALABILITY, AND RISKS

A. Alignment with IDB Group

- 6.1. This Prototype TC project is aligned with the objectives defined in IDB Lab's thematic area of Knowledge Economy, which supports technology-driven impact companies with high social impact. The project is a related operation of the, "Proposal for the Creation of a Technical Cooperation "Sandbox". Line of Activity for Innovation Prototypes" (RG-O1676). Additionally, the project is aligned to the guideline of immediate public health response established in the Proposal for the IDB Group's Response to the COVID-19 Pandemic Outbreak (GN-2996). It complements the objectives of BL-L1020 Reformulation Proposal for "The Immediate Public Health Response to Contain and Control the Coronavirus and Mitigate its Impact on Service Delivery in Belize", to (i) improve detection and monitoring of cases; (ii) support efforts to interrupt the chain of transmission of the disease; and (iii) improve the capacity of provision of care. To ensure there is no duplication, the project will coordinate with RG-T3680 "Support to the Council of Ministers of Health of Central America and Dominica Republic (COMISCA) for COVID-19 Activities" and RG-T3681 "Support to Caribbean Public Health Agency (ACRPHA) for Coordinated COVID-19 Response", which complement the activities of this project to strengthen real-time disease surveillance and response. Finally, the project will contribute to SDG 3 Good Health and Wellbeing, by helping health workers to collect data and monitor patient care more efficiently and effectively, communities can access better quality health care which contributes to their wellbeing and improved health outcomes.

B. Scalability

- 6.2. The theory of change is centered on the following: to develop efficient and effective solutions to ensure optimal, sustained performance of health systems at scale. The outcome is to develop a solution to track COVID-19 supplies for healthcare facilities to treat patients effectively. In this context, CommCare solution plays an important role in strengthening the provision of healthcare, thereby reducing morbidity. CommCare has been replicated by governments, ministries of health and the private sector over the years

⁵ <https://digitalprinciples.org/principle/address-privacy-security/>

in several countries and is currently being replicated in the United States by government agencies as well as academic and other institutions.

C. Risks

- 6.3. The main risks identified for this Prototype are related to the nature of piloting new technologies: 1. Platform errors or limitations to provide the intended functionalities. 2. Lack of buy-in from MoH and low adoption of the platform by healthcare facilities. 3. Data protection issues and potential cyberattacks. In order to mitigate the first risk, the consulting firm will review potential project risks during project kickoff and ensure that these aspects are taken into consideration when developing the technology. The consulting firm will work jointly with key stakeholders, to identify major risks, indicators, and strategies to avoid or mitigate those risks. In order to mitigate the second risk, the consulting firm will establish a continuous dialogue with key officials from the MoH to ensure that their expectations are adequately met by the module. Further, support will be provided to the MoH through training of the key staff at the participating facilities and will provide flexibility for improvements of the module. The third risk will be mitigated with the consulting firm's data privacy and security protocols. The consulting firm will support the alterations and improvements that the MoH chooses to make in the application after the contract duration.
- 6.4. **Special conditions and exceptions.** This project has been designed under the new framework of IDB Lab's Innovation Prototypes Line of Activity (RG-O1676). Therefore, this operation incorporates specific agile procedures as described in the document that include: (i) executing the project through a maximum of three service delivery contracts; (ii) approval by delegated authority; and (iii) conduct direct contracting to Dimagi, Inc. to design and implement the prototype project as per justification in 5.2.

VII. SUMMARY BUDGET

- 7.1. The project has a total cost of US\$150,000, of which US\$120,000 (80%) will be provided by IDB Lab, and US\$30,000 (20%) by the counterpart. The detailed budget can be found in Annex II.

Project Categories	IDB Lab	Counterpart	Total
1. Definition	30,000	0	30,000
2. Implementation	60,000	30,000	90,000
3. Evaluation & Knowledge Dissemination	30,000	0	30,000
Grand Total	120,000	30,000	150,000
% of Financing	80%	20%	

VIII. COMPLIANCE WITH MILESTONES AND REPORTING ARRANGEMENTS

- 8.1. **Disbursement by Results.** The IDB Lab Specialist will adhere to the IDB standard disbursement according to the results set out in the "Operational Guidelines for Milestone Management and Financial Supervision for IDB Lab Technical Cooperation Projects."

Monitoring will be carried out in accordance with the performance and risk management policies (compliance with milestones) set out in these Operational Guidelines.

- 8.2. **Project Supervision.** The project will be associated with the RG-O1676 Line of Activity. It will be supervised by IDB Lab Specialist based in the Belize Office and executed in coordination with the project team for RG-01676.
- 8.3. **Procurement.** Implementation of the procurement policies, terms of reference, and contracts for the acquisition of goods and services, will follow the Operational Guide for BEO Procurements (OP-1155-4).
- 8.4. **Financial Management.** Disbursements will be made in via lump sum payment to the Consulting Firm based on the Model Lump Sum Contract and in accordance with the Payment Schedule to be agreed with the Consulting Firm.
- 8.5. **Bank Executed Projects:** The TC will be implemented in accordance with Bank-Executed Operational Work of the IDB (GN-2765).
- 8.6. **Project Status Reports:** The IDB Lab Specialist in Belize is responsible for presenting a PSR to the IDB Lab within 30 days following the end of each semester or more frequently if required by IDB Lab, utilizing the information provided by the consulting firm. The PSR must include information on the implementation of the project, results obtained and contribution to reaching the project objective as presented in the Result Matrix (Annex I) and other planning instruments. Additionally, the document must include information on challenges encountered during the implementation period and possible paths to address these challenges. Within 90 days of finishing the execution period, the IDB Lab Specialist will present to IDB Lab a Final PSR giving priority to reporting on key results achieved, a sustainability plan, scaling up strategy and lessons learned.
- 8.7. **Project Coordinator:** The IDB Lab Specialist in Belize will be the Project Coordinator. The Project Coordinator shall have overall responsibility for the management of the project, including submission of PSRs, tracking milestones and results and coordination with IDB Lab.
- 8.8. **Intellectual Property:** IDB Lab shall own the intellectual property rights to all works produced or results obtained under the Project. The Bank may grant a non-exclusive and royalty-free license for non-commercial purposes to the MoH to use, copy, distribute, reproduce, publicly display and perform any work or result of the Project within the country of execution. The Bank may disseminate, reproduce, and publish any Project-related information.

APPROVAL

This Technical Cooperation Prototype is recommended and approved for funding under IDB Lab's Line of Activity for Innovation Prototypes MIF/GN-123 (project number RG-O1676, document number MIF/AT-1565, and resolution number MIF/DE-8/19).

Recommended by: Terry-Ann Segree, Private Finance Operations Senior Specialist

Date:

Approved by: Cassandra T Rogers, Country Representative Belize

Date: May 27, 2020