



EN

ANNEX

of the Commission Implementing Decision on the Special Measure ‘EU COVID-19 Solidarity Programme for the Eastern Partnership for 2020’

Action Document for EU COVID-19 Solidarity Programme for the Eastern Partnership

ANNUAL MEASURE

This document constitutes the annual work programme in the sense of Article 110(2) of the Financial Regulation and measure in the sense of Articles 2 and 3 of Regulation N° 236/2014.

1. Title/basic act/ CRIS number	EU COVID-19 Solidarity Programme for the Eastern Partnership CRIS number: ENI/2020/42750 financed under the European Neighbourhood Instrument	
2. Zone benefiting from the action/location	The action shall be carried out at the following location: Eastern Partnership countries (Armenia, Azerbaijan, Belarus, Georgia, Republic of Moldova, Ukraine)	
3. Programming document	Special measure	
4. Sustainable Development Goals (SDGs)	SDG 3 “Good Health And Well-being” SDG 10 “Reduced inequalities” SDG 16 “Peace, Justice, and Strong Institutions” SDG 17 “Partnerships for the Goals”	
5. Sector of intervention/ thematic area	Building resilience and promoting stability	DEV. Assistance: YES ¹
6. Amounts	Total estimated cost: EUR 40 500 000	

1 Official Development Assistance is administered with the promotion of the economic development and welfare of developing countries as its main objective.

concerned	Total amount of European Union (EU) contribution: EUR 40 000 000 Indicative third party contribution: EUR 500 000			
7. Aid modality(ies) and implementation modality(ies)	Project Modality Direct management through Grants Indirect management with the World Health Organization			
8 a) DAC code(s)	12220 - Basic health care (75%) 15150 – Democratic participation and civil society (25%)			
b) Main Delivery Channel	41000 - United Nations agency, fund or commission (UN) 41307 - WHO-Assessed - World Health Organization - assessed contributions			
9. Markers (from CRIS DAC form)	General policy objective	Not targeted	Significant objective	Principal objective
	Participation development/good governance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Aid to environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality and Women's and Girl's Empowerment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Trade Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reproductive, Maternal, New born and child health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	RIO Convention markers	Not targeted	Significant objective	Principal objective
	Biological diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Global Public Goods and Challenges (GPGC) thematic flagships	Not applicable			

SUMMARY

The coronavirus disease 2019 (COVID-19) is a worldwide, severe public health emergency affecting people and economies. The Eastern Partnership (EaP) countries face limited capacity to respond to COVID-19 outbreak and handle a large number of patients. The pandemic adds additional heavy pressure on the already stretched health and social service delivery systems, exacerbating vulnerabilities of the affected populations. The overall objective of this action is to mitigate the impact of COVID-19 in the EaP countries thus contributing to their longer-term social and economic resilience. The action will support the partner countries in their fight against the virus and address the needs of the most vulnerable people. Its objective will be achieved through the: 1) application of an effective, rapid, and coordinated response to COVID-19 in the region, 2) strengthening of the national capacity to effectively prevent, prepare for, detect and respond to public health emergencies; and 3) enabling local civil society organisations in the EaP countries to mitigate the effects of the pandemic on the health and socio-economic wellbeing of their populations, notably of the most vulnerable groups and those disproportionately affected.

1 CONTEXT ANALYSIS

1.1 Context Description

Coronavirus disease (COVID-19) outbreak is a worldwide public health emergency affecting severely citizens, societies and economies. The Eastern Partnership (EaP) countries (Armenia, Azerbaijan, Belarus, Georgia, the Republic of Moldova and Ukraine) have all reported² confirmed cases including local transmission of COVID-19 and fatalities. Health and other first-line workers are particularly exposed to the risk of infection; several cases of death occurred among medical staff.

EaP countries' health systems face significant weaknesses to prevent, detect, and respond to health emergencies and struggle to handle large number of severe to critical COVID-19 patients (20% of COVID cases) in hospitals. The World Health Organization (WHO) and the European Centre for Disease Prevention and Control (ECDC) have assessed EaP countries' capacities to apply health security requirements, including under the internationally agreed International Health Regulations³ (IHR 2005), and address health emergencies. While noting progress on EaP countries' path towards fully implementing IHR 2005, the assessments have shown persistent deficiencies in areas such as infection prevention and control, testing, surveillance, response capacities, as well as other key building blocks of health security.

EaP countries are attempting to put in place an appropriate response to COVID-19. To that effect, they are diverting some health resources and personnel from other services. The outbreak forced health services to adapt to the evolving situation and discontinue the delivery of some services as the capacities to respond to COVID-19 became increasingly limited. Due to the unprecedented demand and the closure of factories producing personal protective equipment (PPE), the EaP countries are facing shortage of gloves, goggles, masks and gowns, which are essential to prevent the health workforce from being exposed to the virus, protect patients and limit transmission, placing healthcare professionals at highest risk. The shortage of the PPE is even more pronounced in health facilities in the regions, outside of capital cities.

This situation adds to the concern and sense of urgency of governments of the EaP countries and of the international community, as numbers of infections and confirmed cases grow and socio-economic shocks are negatively affecting people's incomes, physical and mental wellbeing, and the social integrity of communities as a whole. In most countries, the COVID-19 outbreak is adding additional pressure on the already overburdened social service delivery systems, workers of the health sector, and exacerbating the vulnerabilities of affected populations. These include the elderly women and men, people with disabilities including mentally ill, persons belonging to minorities, those living in conflict-affected regions, including Roma, victims of increased domestic violence, prisoners, the LGBTI⁴ community, HIV-positive people, internally displaced people (IDP) and conflict-affected populations, homeless women and men, children living and working on the street, drug users, sex workers and others. Older people represent a growing share of population in EaP countries, including a high number of people with underlying conditions such as cardiovascular disease, hypertension and diabetes.

² <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

³ <https://www.who.int/ihr/en/>

⁴ Lesbian, Gay, Bisexual, Transgender and Intersex

In times of emergency measures by state and local authorities, it is also clear that respect for human rights, including economic, social, civil and political rights, will be fundamental to the success of the public health response⁵. Civil society organisations (CSOs) have a crucial role to play, both in delivering social, health and educational services, as well as through watchdog and advocacy activities in monitoring and reporting on the implementation of these emergency measures.

While the COVID-19 can affect people of all ages, the severe form of the illness is more common among the elderly and people with chronic underlying conditions.⁶ Containment measures, social distancing and self-isolation are also disproportionately affecting the elderly, as well as people with disabilities, who may need support for accessing even bare necessities. Lock-down, economic loss, inadequate information, and uncertainty lead to higher stress, anxiety and alcohol consumption, which in turn increase domestic and family violence⁷. Populations in territories with unresolved and/or ongoing conflicts in the EaP region and IDP, asylum seekers and refugees are also very likely to be disproportionately affected due to restrictions in movements, very limited humanitarian aid and access to proper health care services there. The situation is often worsened due to lack of sufficient information in local languages for persons belonging to minorities, newly-imposed media controls, as well as potential surge in nationalism, authoritarianism, stigmatisation or discrimination. Prisoners, homeless people, HIV-positive people, drug users, and sex workers are also at particular risk during outbreaks of disease and with limited access to proper healthcare, information and supplies. In this pandemic, it is also important to ensure the health, including sexual and reproductive health, safety and wellbeing of women, health of children, as well as those who are at the frontline of the work at the health and social sectors⁸

Support through trusted and experienced CSOs is essential to ensure that socio-economic impacts on vulnerable groups are mitigated by offering support services. Yet, many CSOs are also severely affected by the COVID-19 crisis and their organisational survival is put at risk as donations are expected to drop, funding from abroad may be reduced, while running costs including payroll duties continue. This is particularly challenging in cases where the enabling environment for CSOs is already very restricted, and access to foreign funding is limited, such as in Azerbaijan and Belarus. Going forward, online working will be extremely important and CSOs will need the technical capacity to adapt. CSOs also require additional support to be able to counter disinformation and disseminate accurate and useful information.

1.2 Policy Framework (Global, EU)

Through the EaP, the EU and its six Eastern neighbours have developed a strong strategic partnership aimed at delivering concrete results for citizens and businesses. Through this framework, the EU has been playing a key role in supporting stability, economic development, and resilience across the EaP countries. A new Joint Communication “*Eastern Partnership policy beyond 2020, reinforcing resilience – an Eastern Partnership that delivers for all*”⁹ was adopted on 18 March 2020 and gives new impetus

⁵ OHCHR COVID-19 Guidance <https://www.ohchr.org/EN/NewsEvents/Pages/COVID19Guidance.aspx>

⁶ European Centre for Disease Prevention and Control <https://www.ecdc.europa.eu/en/news-events/information-covid-19-specific-groups-elderly-patients-chronic-diseases-people>

⁷ World Economic Forum “This is the human impact of COVID-19 – and how business can help” <https://www.weforum.org/agenda/2020/03/this-is-the-human-impact-of-covid-19-and-how-business-can-help/>

⁸ <https://www.unwomen.org/en/news/stories/2020/3/statement-ed-phumzile-covid-19-women-front-and-centre>

⁹ https://eeas.europa.eu/sites/eeas/files/1_en_act_part1_v6.pdf

to enhance cooperation and outlines how to address common challenges, including in the area of public health. The Joint Communication sets out measures that aim to strengthen resilience, foster sustainable development and deliver tangible results for society. It also emphasises the importance to build on the innovative civil society actions and engagement to date and to further support the capacity of CSOs and to develop strategic partnerships with key organisations. In view of the current pandemic, the Joint Communication puts forward proposals to scaling up EU support to public health in the partner countries, in particular to better address communicable and non-communicable diseases as in the case of COVID-19.

The European Commission is coordinating a common European response¹⁰ to the outbreak of COVID-19. The first priority is to save lives and to meet the needs of health care systems and professionals across the European Union. In the Communication on the Global EU response to COVID-19¹¹, the EU commits to international cooperation and multilateral solutions in tackling the current pandemic. The EU's response follows the **Team Europe approach** drawing from contributions from all EU institutions and combining the resources from EU member states and financial institutions. The EU response will address the short-term emergency needs as well as the longer-term structural impacts with a special attention paid to the most vulnerable countries, with weak health systems.

The EU is also an important global health leader, implementing a human rights-based approach to health. The EU has been an important promoter of the objectives of health system strengthening and Universal Health Coverage (UHC) over the years, notably through the WHO-driven UHC Partnership.

1.3 Public Policy Analysis of the partner country/region

Despite recent progress, the health systems of EaP countries remain comparatively weak within the broader European continent, with generally lower levels of preparedness and capacity to respond effectively to the public health impact of the COVID-19 outbreak and to mitigate its socio-economic consequences.

In recent years, partner countries have enacted important health systems reforms to address past critical structural shortcomings such as excessive, unbalanced and low-quality health care infrastructure and outdated qualification schemes for health professionals and quality management systems. Bilateral subcommittees, association committees or other formats dedicated to public health serve as platform of exchange on measures implemented in respective partner countries. In 2017, Ukraine adopted new legislation to modernise and rationalise the national health care system. Ukraine has introduced an important transformation of the healthcare financing system aiming to reduce corruption and improve efficiency and health indicators through providing access to quality and affordable healthcare services to all. In the Republic of Moldova, national authorities similarly embarked on an ambitious restructuring process, merging national health authorities in order to tackle more effectively the health problems of its population. In Azerbaijan, the government introduced in December 2019 structural changes to rationalise the health system, notably by tasking the State Agency for

¹⁰ https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response_en

¹¹ European Commission, Joint Communication to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions (JOIN(2020)11 of 8.4.2020): "Communication on the Global EU response to COVID-19".

Mandatory Health Insurance with healthcare provision at all levels and in all settings. These reform efforts are rooted in a strong commitment of national authorities across EaP countries to implementing the UN 2030 Agenda and the health-related sustainable development goals (SDGs). As a result, various health indicators have started to improve slowly.

With often low level of maturity or early implementation stage of these reforms, further efforts are necessary to strengthen health systems across EaP countries. Health indicators remain significantly below the EU average and challenges persist in terms of health resources and capacities, health financing, equity and access to health services, etc. In the COVID-19 context, EaP countries have developed Country Preparedness and Response Plans (CPRP) with support of the WHO. These plans capture the immediate needs of countries to prepare and respond to COVID-19.

According to the Eastern Partnership Index 2017, all six EaP countries have continued to adopt new, or update existing, sustainable development strategies and launched institutional mechanisms for the implementation of SDGs and objectives¹². Yet, progress in reaching the SDGs has been mixed with poverty levels remaining high in Georgia and Armenia, maternal mortality rate highest in Georgia, mortality rate of children highest in Azerbaijan, and gender equality remaining at a low level in Armenia, Azerbaijan, Georgia, the Republic of Moldova, and Ukraine¹³.

Further vulnerability to poverty persists, as many households that escaped poverty are still at risk of falling behind with the current socio-economic shocks, yet state-provided safety nets systems and social protection strategies for reducing vulnerability and building resilience to socio-economic shocks are largely insufficient.

Some governments recognise that COVID-19 affects socially and economically vulnerable communities more severely than other categories of the population and they already identify pathways to support them. In Armenia, for example, the government has recognised the need for equal provision and accessibility of information and services, including dissemination of information through various printed and online tools, in minority languages, and for people with disabilities and is directing budget support to address the crisis. In Ukraine, the authorities will draw up lists of low income categories of citizens to provide financial aid to the poorest during quarantine and plan to increase the lowest pensions.

CSOs in the region play a vital role in providing social services, delivering and complementing state response. In Poverty Reduction Strategy Papers, national sustainable development strategies and other key policy documents, the vital role of CSOs is clearly recognised. Yet, CSOs rely largely on foreign funding¹⁴, their enabling environment is shrinking in several EaP countries and they will need additional support to meet the needs caused by the COVID-19 crisis to their constituents.

1.4 Stakeholder analysis

The populations of the EaP countries will be the main beneficiaries of the action. As rights-holders, they are approached as active stakeholders whose participation is

¹² <https://eap-csf.eu/wp-content/uploads/EaP-Index-2017.pdf>

¹³ <https://eap-csf.eu/wp-content/uploads/EaP-Index-2017.pdf>

¹⁴ 2018 CSO Sustainability Index for Central and Eastern Europe and Eurasia <https://www.fhi360.org/sites/default/files/media/documents/resource-csosi-2018-report-europe-eurasia.pdf>.

supported by dedicated activities. This is particularly true in the case of COVID-19 where people participation is a critical success factor of containment measures.

Among them, vulnerable populations (these include elderly women and men, people with disabilities, people residing in conflict-affected regions, women and men belonging to minorities, including Roma, victims of increased domestic violence, prisoners, the LGBTI community, HIV-positive people, IDP and conflict-affected populations, homeless women and men, children living and working on the street, drug users, sex workers and others) are particularly looked after in the context of this action. This is because their degree of exposure to the virus and risk profile (morbidity and mortality) are higher than for other groups. Dedicated activities targeting vulnerable populations are therefore designed in the context of this action.

Healthcare professionals and workers are at the forefront of the fight against COVID-19 in all countries. They have a particular stake in this action because it supports and equips them with the right knowledge, equipment, tools and policies in addressing the COVID-19 infection.

National authorities, in particular Ministries of health and the National Public Health Institutes, Ministries of labour and social security, ministries of emergency situations and public institutions supporting gender equality, will benefit from the action based on identified national COVID-19 needs and gaps (as well as pre-identified preparedness and response needs assessments). They will be implementing or co-implementing most of the policies, protocols and activities designed in the context of this action. WHO's role as adviser and supporter of the authorities, especially in the context of this health emergency, will be determinant in this context. The COVID-19 outbreak has also reinforced the advisory role of WHO to the highest level of government in EaP countries (i.e. Prime Ministers or Presidents). The same holds true for the health departments in other parts of the administration (including defence, prisons, etc.).

Manufacturers and producers of medical equipment and PPE play an essential role in the context of the COVID-19 response. This is even more so given the overall shortage of some medicines, devices and tests and the very high demand of these goods globally.

In addition to encouraging local production in different EaP countries, given the importance of procurement of equipment, tests and medicines as part of this action, customs authorities will play a critical role in ensuring a smooth access to procured goods to the EaP countries. The whole-of-government approach displayed by EaP governments will likely help making these processes work smoothly.

As health is sometimes a shared competence of national and local authorities, local authorities are therefore direct beneficiaries. They will be implementing or co-implementing many of the policies, protocols and activities designed in the context of this action. Their role in prevention and containment strategies is determinant.

National COVID-19 coordination mechanisms have been established in all EaP countries. They play a central role in ensuring coherence and efficiency of national COVID-19 preparedness and response policies and activities at country level.

The COVID-19 outbreak is leading to a re-prioritisation of sectors of intervention by development partners, both bilateral and multilateral, now repurposing part or totality of their portfolio to support COVID-19 response in partner countries. Coordination between donors to ensure efficiency and alignment with national priorities/ownership (aid effectiveness) will be essential to ensure the action impact is maximised. This is true regarding not only the procurement of equipment and medicines but also other essential

activities as part of this action. Close coordination with other EU instruments mobilised for the COVID-19 response will also have to be ensured, including notably the EU-financed ECDC Health Security Programme.

Strong coordination among UN partners and other international partners, maximising respective areas of expertise and added-value, will equally be a critical success factor of this action in EaP countries.

CSOs play an important role in the good functioning of the health sector in EaP countries by keeping authorities accountable, by representing the interests of different stakeholder groups (including patients, minorities and vulnerable people). CSOs are also critical in providing social services in community development including basic health services, education, human rights protection, environment, and ensuring government accountability and transparency. In the current context, their services are overwhelmingly stretched, given the increasing needs and continued dependence on foreign funding¹⁵. Due to their recognised knowledge, local political awareness and experience in supporting civil society in the Eastern Neighbourhood, CSOs with whom the European Commission has signed financial framework partnership agreements in 2019 will be key partners to channel local support and increase impact. Some of these framework partners have very specific experience and expertise in operating in and channelling support to local independent CSOs in difficult environments where space for independent civil society actors to operate is shrinking.

1.5 Problem analysis/priority areas for support

As the COVID-19 outbreak is spreading rapidly on the entire European continent, the EU is in a strategic position to mobilise an effective, rapid, and coordinated response to this major public health emergency. Such a response should address immediate to longer-term needs. The health, safety and well-being of people and resilience and prosperity of these countries are at stake.

Short-term priorities to address the COVID pandemic

All EaP countries have identified immediate, pressing needs related to their COVID response. These include measures that are critical for the mitigation phase, when the number of imported cases is relatively low. Such measures concern infection prevention and control, case management, but also multi-sectoral action to mitigate social and economic consequences, as well as logistics and supply management. From the outset, national authorities should communicate openly and effectively with the public. Individuals and communities need clear and sound information, full engagement and effective empowerment.

Furthermore, partner countries are facing the urgent need to create surge capacity for the community transmission phase. The challenge is to treat COVID-19 patients while maintaining essential services for other health needs. This requires a comprehensive and well-aligned set of policies and investments to fine-tune the complex machinery of the health system.

Immediate country needs to adequately respond to the ongoing COVID-19 outbreak are estimated at EUR 121.8 million (as of 24 March 2020). Each country has submitted a needs assessment to WHO, as part of the CPRP exercise. National needs are currently

¹⁵ 2018 CSO Sustainability Index for Central and Eastern Europe and Eurasia <https://www.fhi360.org/sites/default/files/media/documents/resource-csosi-2018-report-europe-eurasia.pdf>.

uploaded by authorities on the global COVID-19 Partners Platform. This Platform facilitates information sharing between partner countries and donors. Specific needs exist, and particular attention should be granted, to the provision of care to populations in the territories affected by unresolved conflicts, including IDP.

Medium to longer-term needs to strengthen resilience of the health system

The primary objective of the action is to address the immediate public health needs of the EaP countries against the COVID-19 outbreak. Nevertheless, strengthening health systems more broadly, including the national capacity to effectively prevent, prepare for, detect and respond to other public health emergencies (such as a TB pandemic), remain important. This will strengthen health systems, allow delivering public health functions in line with the IHR of 2005¹⁶ and accelerate the implementation of the *Action Plan to Improve Public Health Preparedness and Response in the WHO European Region, 2018–2023*¹⁷. The IHR represent an agreement between 196 countries, including all WHO Member States, to work together for global health security. With other actions such as the EU-financed and ECDC implemented Health Security Program focusing on long term epidemiological capacity building, EU support under this action will be relatively limited and strictly complementary focussing on support to the establishment/strengthening of emergency operations systems/centres.

Special needs of the most vulnerable groups and CSOs

The EU and other donors have been already investing in support for the most vulnerable groups and CSO capacity development programmes. Building on these efforts and tailoring them to this crisis is critical. In particular, the most needed priority areas for support are the following:

- Financial support to local CSOs, including core funding, to ensure continued and enhanced provision of services and equipment to the most vulnerable groups and those disproportionately affected by the pandemic (including elderly women and men, people with disabilities including mentally ill, women and men belonging to minorities, including Roma, victims of domestic violence, prisoners, the LGBTI community, HIV-positive people, IDP and conflict-affected populations, homeless women and men, children living and working on the street, drug , sex workers and others);
- Civil society capacity building and community empowerment to respond to the socio-economic needs emerging from the health crisis (including basic ICT skills and more advanced digital competences to work and communicate remotely, outreach to constituencies, provide basic safeguards and standards, enhancing access to hotlines and specialised psycho-social online support, etc.);
- Support for awareness raising and countering disinformation about the public health crisis, related government measures and restrictions;
- Support for watchdog and advocacy activities related to monitoring and reporting on COVID-19 related measures restricting civic freedoms or creating stigmatisation or discrimination, and their repeal.

¹⁶ See <https://www.who.int/ihr/about/en/>

¹⁷ See <http://www.euro.who.int/en/publications/abstracts/action-plan-to-improve-public-health-preparedness-and-response-in-the-who-european-region-20182023>

2 RISKS AND ASSUMPTIONS

Risks	Risk level (H/M/L)	Mitigating measures
Logistical issues, such as delays because of blockages in main transport routes and lack of transport means or import/export barriers for required equipment, consumables, etc.	H	Early engagement of national authorities, including other line ministries (e.g. customs) at highest possible level to facilitate rapid entry of procured goods into countries. In the case of personnel, policy dialogue at the highest level to facilitate access of essential staff to countries e.g. including negotiating exemptions to travel restrictions for critical staff; working with air freight companies to allow staff on flights
Supply chain problems, such as lack of tender proposals or higher than expected prices due to exaggerated demand	H	Alternative options of procuring at both sub-national and national levels will be identified, working notably through the UN family. Close coordination with other implementing partners will allow for complementarity of “packages” (complementary items) and across time.
Unfair distribution of tests and equipment, including due to corruption	M	Strong coordination with the national authorities and other donors, online portal put in place by WHO to collect needs requests, WHO as a coordinator to ensure proper distribution. In-country joint-EU-WHO steering (and policy dialogue with authorities) of the action.
Absorptive capacity issues by WHO country offices	H/M	Strong planning to ensure smooth and timely implementation, reinforcement of country office staffing, recruitment of consultants and regional office dedicated programme team including country key accounts.
Currency fluctuations	M	The current health crisis is leading to important economic instability, including regarding exchange rates of the euro vs other currencies. This may affect the quantities of goods purchased. In that case, a re-prioritisation exercise will be undertaken to adjust to evolving purchasing power.
Poor quality of supplied tests and equipment	L	As normative agency in the field of health, WHO only procures goods that are meeting good quality standards. In the current context, additional attention will be granted to the question of quality standards through the involvement of WHO experts from HQ and Regional Office.
Difficulties in reaching the vulnerable populations due to emergency measures	L/M	Strengthen operational capacities of CSOs, including digital competences to work and communicate remotely, outreach to constituencies
Cash flow problems and cuts in foreign funding of CSOs	L/M	Re-granting through established CSOs, and – where possible - provision of core funding (i.e. operating support) to local CSOs
Assumptions		
<ul style="list-style-type: none"> • Alignment with needs and decision-making procedures by relevant authorities is overall timely and coherent; • Government priorities are communicated clearly and adhered to during implementation; • Availability of staff and manageable turnover rates; • Effective coordination within the partner governments and with other development partners (donors and implementing partners); • Partner governments take full responsibility and act to ensure project results sustainability; 		

Risks	Risk level (H/M/L)	Mitigating measures
<ul style="list-style-type: none"> • Reaction to requests for comments and approvals by the partner governments is swift and constructive; • Timely and adequate implementation of procurement procedures; • Effective work of customs authorities and supportive customs procedures; • Chemicals and reagents regulations allow for import of necessary laboratory supplies; 		

3 LESSONS LEARNT AND COMPLEMENTARITY

3.1 Lessons learnt

Experience from past outbreaks of diseases, ongoing challenges and assessments of the health system capacity of EaP countries, demonstrated that the health system capacity of EaP countries to deal with health emergencies faces persisting challenges. According to Joint External Evaluations (JEE), overall progress towards fully implementing the IHR 2005 was noted. Limitations in infection prevention and control, testing, surveillance, response capacities and other key health security building blocks remain. The 2019 JEE in Georgia indicated the need for multi-sectoral collaboration at all levels, i.e. in shaping and implementing legislation, for high-level organisation, and at the technical/operational level. With a well-functioning legal framework and strong leadership from the National Centre for Disease Prevention and Control and Public Health, some IHR-relevant practices and capacities are still not fully in place. The 2018 assessment in the Republic of Moldova showed deficiencies in critical capacities and resources to test and treat patients and to protect healthcare professionals and limit transmission. EU assessments financed through TAIEX and conducted by the European Centre for Disease Prevention and Control in the Republic of Moldova (2014), Ukraine (2015) and Georgia (2019) stressed the need to reinforce health security capacities in areas of detection, surveillance, risk communication, response, coordination, laboratory system, etc.

As for actions on mitigating the socio-economic impact of the crisis, a recent ‘Evaluation of EU Support to Civil Society in the Enlargement, Neighbourhood regions and Russia over the period 2007-2018’, indicated the following:

- Re-granting through key partners (financial support to third parties) has successfully increased outreach in the EaP, including by smaller, local organisations that operate in the local languages. The EU should consider further encouraging grant beneficiaries to use this modality as the main purpose of the action.
- Core funding (i.e. operating support) is a critical element for increased sustainability of CSOs. In turn, if CSOs serve the needs of local communities, their credibility improves and opportunities for their financial sustainability may increase.

In line with these lessons learnt, this action proposes also financial support to third parties with financial framework partnership agreements and core funding for CSOs as part of the action.

3.2 Complementarity, synergy and donor co-ordination

In light of the magnitude of the challenges ahead, a proper donor coordination is essential. The European Commission is coordinating a common response to the outbreak of COVID-

19 within the EU. This includes action to reinforce the Member States' public health sectors and mitigate the socio-economic impact in the European Union. The European Commission has been mobilising all means at its disposal to help the EU Member States coordinate their national responses. Providing objective information about the spread of the virus and efforts to contain it is part of the response.

It is also in the EU's interest to show solidarity with the rest of the world in combating the corona virus. A strong and global EU response is a matter of upholding our core values and equally of pursuing our strategic interests. In line with **Team Europe approach** drawing from contributions from all EU institutions and combining the resources from EU member states and financial institutions, as outlined in the Communication on the Global EU response to COVID-19, strong coordination will be ensured in the above context in addressing the humanitarian, health, social and economic consequences of the pandemic.

As for the response dedicated to the EaP region, a dedicated Task Force has been established within DG NEAR to actively monitor the situation in the EaP region and oversee the funding and assistance requests, closely liaising with EEAS, DG ECHO, FPI, DG SANTE, EU Delegations, donors and IFIs.

Complementarities with the ECDC programme of EUR 6 million (2020-2024) "EU Initiative on Health Security", that aims to enhance regional cooperation in order to tackle cross border health security threats, including EaP countries, will be sought. While the current action will be limited to supporting the establishment and/or strengthening of emergency operations systems/centres, the ECDC action will have a longer term focus enabling the sharing of these experiences across a network of systems/centres, thus reinforcing each national system/centre. Complementarities with the ECHO action to improve disaster risk governance for health emergencies in selected countries in Neighbourhood and Enlargement areas will equally be sought. Close coordination and exchange of information and better practices with other line DGs will be beneficial to the design and implementation of the action in EaP countries.

EU Member States have started to provide support to EaP countries in the context of COVID-19.

In parallel, every EU Delegation is involved in donor coordination mechanisms bringing together bilateral and multilateral partners on the ground to ensure synergies with other actions implemented by international and bilateral partners in EaP countries. EU Delegations will also play an important role in co-steering the action.

In the area of health, in addition to the current action, support to the EaP countries is provided by USAID (USD 1.1 million to Armenia and USD 1.7 million to Azerbaijan, USD 1.3 million to Belarus, USD 1.1 million to Georgia, USD 1.2 million to the Republic of Moldova, USD 1.2 million to Ukraine)¹⁸ and by OFDA that has contributed USD 7 million in Ukraine, in the form of medical assistance aimed at preparing COVID-19 relevant laboratory systems and supporting technical experts.

The World Bank Group has launched first operations for COVID-19 emergency response and economic recovery in developing countries and expects to deploy up to USD 160 billion over the next 15 months. At the request of the Ministry of Health of Armenia, the World Bank has already allocated USD 3 million to address the country's urgent needs for

¹⁸ <https://www.usaid.gov/news-information/fact-sheets/mar-2020-us-leading-humanitarian-and-health-assistance-response-covid-19>

equipment and supplies. In light of the magnitude of the crisis, further support coming from other donors and IFIs, might be announced shortly.

The proposed action will be implemented in compliance with the principles of aid effectiveness, in line with the COVID-19 Global Humanitarian Response Plan, WHO global COVID-19 Strategic Preparedness and Response Plan, the countries' COVID-19 national plans and the action plan to improve public health preparedness and response in the WHO European Region 2018–2023.

Actions must ensure complementarity with other (regional and bilateral) programmes implemented by the EU in the EaP, and responding to country-specific needs and contexts including programmes on gender equality, prevention, preparedness and response to natural and man-made disasters, climate resilience, and programmes enhancing regional preparedness and assisting partner countries in increasing their resilience to health emergencies.

Actions on mitigating the socio-economic impact of the crisis will be coordinated with ongoing activities on civil society capacity building support, in particular with the other actions implemented by the financial framework partnership agreements at regional and planned at bilateral level. They will be also complemented by other mechanisms such as the Rapid Response Mechanism, which provides support in the form of low-value grants to policy-oriented CSOs to respond swiftly and flexibly to unexpected changes in the political or policy environment in the Eastern Neighbourhood.

4 DESCRIPTION OF THE ACTION

4.1 Overall objective, specific objective(s), expected outputs and indicative activities

Overall objective and expected impact:

The action aims to mitigate the impact of COVID-19 and contribute towards longer term socio-economic resilience with a special focus on the most vulnerable groups in the EaP. It will thus contribute to longer-term socio-economic resilience and prevent losing past gains on human development and progress towards the achievement of the SDGs. The action will implement EU's solidarity support to the partner countries and enable a coordinated and effective response against COVID-19 in EU's Eastern neighbourhood. The benefits of the action would extend beyond the COVID-19 pandemic by supporting the improvement of health systems' capacities and capabilities of EaP countries to better prevent, prepare and respond to communicable disease outbreaks.

Specific objectives (expected outcomes):

The action's specific objectives are:

- Specific objective 1: The Eastern Partnership countries are enabled to contain and overcome the COVID-19 pandemic in a rapid, effective, coordinated, transparent, and participatory manner;
- Specific objective 2: Capacities of Eastern Partnership Countries are strengthened to effectively prevent, prepare for, detect and respond to public health emergencies, taking full account of the needs of the most vulnerable groups;
- Specific objective 3:

- 3.1 Local CSOs contribute to mitigating the effects of the pandemic on the health and socio-economic wellbeing notably of the most vulnerable groups and those disproportionately affected;
- 3.2 Vulnerable groups and those disproportionately affected by the pandemic have improved access to available socio-economic, and protection services and accurate information.

Indicative activities

Component 1: Short-term response to the COVID-19 pandemic

Specific objective 1: The Eastern Partnership countries are enabled to contain and overcome the COVID-19 pandemic in a rapid, effective, coordinated, transparent, and participatory manner

Output 1.1: Health and first-line workers are protected and trained to act in line with best international practice

The action will support EaP countries to ensure the continuity of essential health services and effective case management while protecting and training health workers, both in capitals and in the regions. The indicative activities in this area include support to EaP countries by:

- Delivering qualitative personal protective equipment (PPE) for health and first-line workers in line with WHO disease commodity package¹⁹ for COVID-19 and based on needs assessment, including outside capital cities;
- Providing relevant training and disseminate information to health care workers and all first-line clinical staff, including through a train-the-trainer approach, where feasible;
- Supporting and advising national authorities in identification and designation of referral facilities for care of patients with COVID-19,
- Developing hospital-tailored COVID-19 capacity surge plans based on WHO hospital readiness checklist and strengthen surge capacity.

Output 1.2. Patients have access to adequate treatment

Making available protective and therapeutic equipment, diagnostic tests, essential patient care materials, such as medical devices and medicines, is essential for the successful management of COVID-19 patients. This requires strengthening logistics, procurement, supply chain management and ensuring equitable and efficient distribution to the locations hardest hit by the current outbreak at any given time. The indicative activities in this area include support to EaP countries by:

- Reviewing supply chain and stocks of essential medicines and equipment;
- Delivering equipment, tests, medicines and medical devices for the management of COVID-19 patients;

¹⁹ Disease Commodity Packages (DCPs) are a series of disease specific datasheets that list the critical commodities and the technical specifications for each commodity per disease. The DCPs inform WHO Member States and operational partners of commodity requirements and potential gaps in the health emergency supply chain. The DCPs are based on three standard intervention pillars: i) Surveillance, ii) Prevention and Control, and iii) Case Management. See [https://www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-\(ncov\)](https://www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-(ncov))

- Helping to assess intensive care unit (ICU) capacity and prepare contingency plans at national and facility level for expanded ICU surge capacity, capabilities and infrastructure;
- Supporting EaP countries to organise and expand services close to home for COVID-19 response and strengthen community-based mental health and psychosocial support programming to counteract COVID-19 mental health issues, psychological stress and stigmatisation.
- Mobilizing financial support and ease logistical operational barriers;
- Helping EaP countries with medical and other supply management, as well as effective emergency transport and distribution systems.

Output 1.3. Operational and technical capacity for COVID-19 detection (testing) are scaled up in line with optimal strategies

National capacity for detection of the novel coronavirus needs to be strengthened so that diagnostic testing can be performed rapidly. The indicative activities in this area include support to EaP countries by:

- Providing guidance to policy makers and relevant technical units on the use of diagnostic testing in different COVID-19 transmission scenarios;
- Enabling access to relevant reference laboratories and specimen collection materials, packaging materials, reagents, supplies, and laboratory protocols;
- Helping to prepare surge plans to manage increased volume of samples in case of widespread community transmission without compromising capacity for critical testing for other diseases and essential surveillance activities;
- Enhancing technical capacity to manage large-scale testing for COVID-19;
- Providing guidance for defining and disseminating standard operating procedures (as part of disease outbreak investigation protocols) for specimen collection, management, and transportation for COVID-19 diagnostic testing;
- Developing and helping to implement training of the laboratory staff in biosafety and polymerase chain reaction (PCR) testing for COVID-19;
- Facilitating interaction with relevant initiatives, e.g. MediLabsecure and transfer of knowledge, including from EU Member States.

Output 1.4 National preparedness and coordination mechanisms of COVID-19 response are strengthened

The action will strengthen the capacity of national authorities to coordinate and communicate efforts at all levels and sectors to enable an effective response. The indicative activities in this area include support to EaP countries in:

- Mapping existing risk management capabilities and response capacities and identify key gaps in the countries' current pool of resources based on the actions outlined in the Country Preparedness and Response Plan (CPRP);
- Deploying an inter-sectoral response to COVID-19, led and steered by the health sector and coordinated with humanitarian and development partners;

- Establishing, organising and operationalising an Incidence and Command Centre or a Public Health Emergency Operations Centre, depending upon specific needs and capacities;
- Establishing monitoring mechanisms based on key performance indicators, track progress, and review performance to adjust the CPRP as needed.

Output 1.5: Monitoring and reporting of COVID-19 transmission is strengthened

The action will assist EaP countries in enhancing health-surveillance systems, and establish active case finding at points of entry (international airports, ports and ground crossings), health facilities and in communities. The indicative activities in this area include support to EaP countries in:

- Enhancing existing surveillance systems to enable monitoring of COVID-19 transmission, including active case finding in various contexts, and adapt tools and protocols for contact tracing and monitoring to COVID-19;
- Training, equipping and preparing rapid response teams for case investigation and contact tracing;
- Detecting and reporting cases in line with global surveillance guidance;
- Producing regular reports and disseminating them among relevant parties.

Output 1.6: The general public is better informed about the pandemic and its health risks, related government measures and restrictions and acts upon at individual level

Risk communication and community engagement is a critical public health intervention in the current outbreak. EaP countries will be assisted to communicate rapidly, regularly and transparently with the population. The indicative activities in this area include support to EaP countries in:

- Conducting a rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels;
- Developing mechanisms for rapid clearance, alignment and coordination of timely and transparent crisis and risk communication messaging and materials;
- Developing and implementing nationally-adapted risk communication and community engagement (RCCE) strategies, action plans and materials;
- Providing regular up-to-date information (e.g. on websites, during daily press briefings, through hotlines) and establishing feedback mechanisms such as hotlines, monitored and responsive media and social media, etc.;
- Establishing systems to detect and rapidly respond to misinformation, rumours and concerns;
- Training national media, leaders, responders and spokespersons on principles of risk communication;
- Raising awareness to the community of the increased risk of violence against women during the pandemic, the need to support women and children subjected to violence sharing information about where help is available;
- Coordinating communication with relevant partners.

Component 2: Strengthening resilience of health systems to face future outbreaks of diseases

- Specific objective 2: Capacities of Eastern Partnership Countries are strengthened to effectively prevent, prepare for, detect and respond to public health emergencies, taking full account of the needs of the most vulnerable groups;

By putting important strains on capacities and resources, the COVID-19 outbreak is having a profound impact on the health systems of affected countries and their capacities to deliver other essential services. In close cooperation with other initiatives focussed on longer term health system strengthening, including the EU financed EU Health Security Initiative, the action will assist EaP countries in preparing the immediate post-outbreak recovery of essential health services and identify opportunities to improve the overall resilience of the health system to face potential future outbreaks of diseases while catering for the structural health needs of their populations.

Output 2.1 Eastern Partner countries' capacity to effectively assess and adapt their prevention, preparation for, detection and response to public health emergencies is improved

Countries are adjusting their policy response to COVID-19 at an unprecedented and rapid manner. It is essential to draw lessons from this emergency in a fully reflective and open manner. Cross-sectoral cooperation and coordination should be promoted. The indicative activities in this area include support to EaP countries in:

- Conducting after-action reviews (AAR) and WHO Joint External Evaluations;
- Identifying gaps in legislation and institutional frameworks;
- Engaging with national and local stakeholders to identify and analyse lessons learnt from the COVID-19 emergency response at multiple levels including regional, national and sub-national;
- Identifying with national and local authorities and stakeholders the needs of the national health systems in terms of prevention, preparedness and rapid response against health emergencies, including services for women subjected to violence and their children in their COVID response plans;
- Analysing and assessing capacity gaps in prevention, preparedness and response, human resources for health and other barriers affecting the capacity of these countries to respond effectively to health emergencies (e.g. human resources for health, access barriers for vulnerable groups).

Output 2.2 National preparedness and response capabilities are strengthened

Identified lessons learned will support the development and/or strengthening of preparedness plans for future emergencies. The indicative activities in this area include support to EaP countries in:

- Revising emergency preparedness plans integrating the lessons learnt from COVID-19 response;
- Developing/strengthening preparedness plans against future emergencies;
- Building public health emergency management capacities;

- Organising regular emergency simulation scenarios to test preparedness and readiness;
- Taking part in regional and international exercises testing emergency medical preparedness.

Component 3: Health and socio-economic wellbeing of the vulnerable groups and those disproportionately affected

Specific objective 3.1 Local CSOs contribute to mitigating the effects of the pandemic on the health and socio-economic wellbeing notably of the most vulnerable groups and those disproportionately affected;

Specific Objective 3.2 Vulnerable groups and those disproportionately affected by the pandemic have improved access to available socio-economic, and protection services and accurate information.

To mitigate the short-term and medium term effects during and after the pandemic on the health and socio-economic wellbeing of societies, **emergency support will be provided to independent local CSOs** in the EaP countries. The aim is to develop and sustain capacities and adjust operations to the emerging situation, and **to ensure continued and enhanced provision of services and equipment to the most vulnerable groups and those disproportionately affected by the pandemic.**

Output 3.1: Local CSOs have increased financial resources to continue operations and socio-economic and protection service provision

The indicative activities in this area include:

- Financial support to local CSOs, including core funding, to ensure continued and enhanced provision of services and equipment to the most vulnerable groups and those disproportionately affected by the pandemic (including elderly women and men, workers in the health sector, people living in conflict-affected areas, people with disabilities including mentally ill, women and men belonging to minority communities, including Roma, victims of increased domestic violence, prisoners, the LGBTI community, HIV-positive people, IDP and conflict-affected populations, homeless women and men, children living and working on the street, drug users, sex workers and others);
- Services and equipment provided by local organisations may include community mobilisation (i.e. mutual aid groups, fundraising, public information and outreach, volunteer drives to assist the most vulnerable, etc.), IT and private sector engagement (hackathons and locally sourced solutions, platforms for info exchange and citizen engagement with government, businesses, scientists, for online education, etc.); provision of medical advice, legal aid, psychological aid, policy monitoring, fact-checking; inter-regional and international networking and experience exchange, etc.

Output 3.2: Local CSOs have strengthened operational capacities to respond to the needs emerging from the health crisis

The indicative activities in this area include:

- Civil society capacity building and community empowerment programmes adjusted to the needs emerging from the health crisis (including basic ICT skills and more advanced digital competences to work and communicate remotely, engage with and outreach to constituencies, humanitarian and basic service

provision safeguards and minimum standards, networking with European peers, etc.,).

Output 3.3: Targeted audiences, notably vulnerable groups and those disproportionately affected by the pandemic, have access to accurate information about the pandemic and its health risks, related government measures and restrictions.

- In cooperation with independent media, awareness raising and countering disinformation about the pandemic and its health risks, related government measures and restrictions and available socio-economic and protection services;
- Watchdog and advocacy activities related to monitoring and reporting on measures restricting civic freedoms and their repeal, advocating for healthcare investment and economic relief measures, etc.

4.2 Intervention Logic

The EU is committed to provide both immediate and longer-term support to the EaP countries in the period of major public health emergency for citizens, societies and economies. The proposed action will build on lessons learnt as well as past and ongoing support and will focus on identified immediate needs and identified gaps to increase the long-term resilience against such threats in the future. By proposing a regional multi-country approach covering all six EaP countries, the action will strengthen the implementation of a coordinated and effective response against COVID-19.

As far as Component 1 is concerned, the activities will be implemented based on country needs assessment aiming at realising, as much as possible, economies of scale. An important focus will be on the provision of key equipment and expertise/training for health centres and laboratories in the six EaP countries, and the provision of critical support in case management, laboratory capacity, infection prevention and control, surveillance, rapid response and communication that will help national authorities in strengthening their capacity to respond to and mitigate the impact of COVID-19 and prepare them for future outbreaks of diseases. Focus will be on ensuring that support is reached throughout the countries, both capitals and the regions. Where possible, people affected by unresolved conflicts in the EaP region will be targeted.

Component 2 will be targeting the strengthening of the health sector after the “peak” of the spread of COVID-19 and will be built on the lessons learnt in the countries on how they have dealt with the pandemic and what needs to be done to strengthen the resilience of the health system to be better prepared for future public health emergencies. Synergies with ongoing EU projects will be sought and lessons learnt from previous initiatives will be taken on board.

As regards Component 3 targeting the most vulnerable groups and those disproportionately affected by the pandemic, it is proposed to engage existing partnerships with established and experienced CSOs that rely on extensive networks and local knowledge of EaP countries. Following a thorough consultation process to assess absorption and outreach capacities, grants will be awarded to a selected number of framework partners. Framework partners will establish re-granting mechanisms, to provide local CSOs with the financial means to continue and enhance the provision of services and equipment to help the most vulnerable groups of society and those disproportionately affected mitigate the effects of the pandemic on their health and socio-economic well-being. This will enable local CSOs to continue with the provision of social, psycho-social assistance and health-care for vulnerable groups and those most affected by the pandemic

In parallel, framework partners will adjust their civil society capacity building programmes to the needs emerging from this health crisis, enabling their local partners to increase their capacities to collaborate and communicate remotely and enhance outreach to and engagement with their constituencies.

4.3 Mainstreaming

All activities under this action will be designed and implemented in accordance with principles of human rights, gender equality, good governance, the inclusion of socially deprived groups and environmental sustainability and – to the extent possible – the Sendai Framework for Disaster Risk Reduction. Furthermore, alignment with basic elements of the Humanitarian Accountability Partnership principles²⁰ and with the Sphere²¹ standards will be pursued wherever these issues are of relevance to the institutions and communities to be assisted. The people-centred social and health service offers an opportunity to respond to social and health care crises.

Human rights principles will be central in the implementation of the action. Given the fact that majority of the EaP countries declared the state of emergency and practice comprehensive restrictions, extra attention will be paid to ensuring full respect for human rights. Persons with disabilities (particularly girls, women and elderly) may be at greater risk due to inaccessible information about prevention and assistance, barriers to accessing health services. All interventions and extra protection measures will be delivered to those who are at most risk of being disproportionately affected by the crisis.

The project implementers will identify **gender** issues. Project implementers will pay particular attention to gender-based violence which could increase during the COVID-19 outbreak and confinement measures adopted. Ensuring that health services provide first-line support for the survivor and referral to additional services is essential. . Project implementers will also develop an agreed anti-discriminatory approach in particular in the surveillance and case investigation part of the action. They will also adequately train, resource and equip women, who are overwhelmingly primary caretakers in their families and who constitute the majority of the health workforce, in proper protective gear. Moreover, they will put in place anti-discriminatory systems, which involve women health workers in the decision-making bodies that initiate emergency protocols, and pay particular attention to maintaining supplies and staff for essential maternal, sexual, and reproductive health services women need. The action will be coherent with the EU Gender Equality Strategy²². The evaluation and monitoring framework of the action will consider gender-disaggregated indicators.

While the COVID-19 can affect people of all ages, the severe form of the illness is more common among the **elderly**. Containment measures, social distancing and self-isolation are also disproportionately affecting the elderly. Project implementers will therefore pay particular attention identify and address the specific needs of elderly men and women.

The spreading of COVID-19 puts additional pressure on national systems of **waste management**, including of medical, household and other hazardous waste. This is an urgent and essential public service needed to reduce possible impacts upon health and the environment. The additional medical waste includes, for example, infected masks, gloves and other protective equipment. A safe handling and disposal of such waste is a

²⁰ www.hapinternational.org

²¹ www.spherestandards.org

²² https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/gender-equality-strategy_en

critical element in an effective emergency response. International good practice is available, for example, the UN Basel Convention's "Technical Guidelines on the Environmentally Sound Management of Biomedical and Healthcare Wastes". Given that medical and domestic waste can become mixed, the safe management of household waste is also likely to be important. Appropriate approaches will have to be identified in coordination with relevant services. Furthermore, access to **water supply and sanitation** is critical to addressing the spread of COVID-19. While EaP countries made progress in this domain, the situation may be critical in certain areas in particular, those affected by unresolved conflicts. The implementation will take account of such areas.

Besides environmental issues of immediate concern, attention will be paid to factors such as trade in specimens of wild animals and biodiversity protection more generally, which is essential for preventing future outbreaks. Any activities that might have adverse long term impact on air quality and climate should be avoided.

The intervention logic of this action will support CSOs to develop according to their own vision, mission and mandates, as long as respect for fundamental EU values is ensured. Actions will further be responsive to factors such as age, vulnerability and conflict-affectedness, and shall contribute to a balanced representation of women and men in all activities.

4.4 Contribution to Sustainable Development Goals (SDGs)

This intervention is relevant for the United Nations 2030 Agenda for Sustainable Development, which covers 17 SDGs and contains 169 related targets. The action contributes primarily to the progressive achievement of **SDG 3** "Good Health and Well-being and **SDG 10** "Reduced inequalities", while also contributing to **SDG 5** "Achieve gender equality and empower all women and girls", **SDG 16** "Peace, Justice, and Strong Institutions" and **SDG 17** "Partnerships for the Goals".

All partner countries are committed to the 2030 Agenda. According to UNDP analysis²³, the highest priority in the EaP countries is given to objectives related to governance and partnerships (goals 16 and 17) and to economic development (goals 8 and 9), although these objectives are not necessarily always well-aligned with the specific targets of the relevant SDGs. Goals related to people and human development (goals 1, 2, 3 and 5) feature below economic priorities but above environmental priorities. Only Georgia attributed high priority to SDG 3.

Nationally relevant targets exist in three partner countries: Azerbaijan (151 targets), Georgia (95 targets) and Ukraine (88 targets). Belarus developed a national SDGs roadmap²⁴. Nationalisation of SDGs, whereby both targets and monitoring and reporting frameworks are established in each country, has been underway in the entire region. Some national statistical offices have established dedicated pages to monitor SDG-relevant indicators, e.g. in Armenia, Belarus and the Republic of Moldova. In 2017, Ukraine²⁵ produced a national baseline report. Azerbaijan and Belarus, carried out voluntary national SDGs reviews in 2017-2019; Armenia, Georgia, the Republic of Moldova and Ukraine are part of the 2020 series of reviews²⁶. Armenia, Azerbaijan,

²³ UNDP (2019), *The Eastern Partnership and the Agenda 2030 for sustainable development: Pathways towards transformation*. www.eurasia.undp.org/content/rbec/en/home/library/sustainable-development/eastern-partnership-agenda2030.html

²⁴ https://un.by/images/news/2019/national-consultations/FINAL_SDG_Roadmap_ENG_27_06.pdf

²⁵ http://sdg.org.ua/images/SDGs_NationalReportEN_Web.pdf

²⁶ <https://sustainabledevelopment.un.org/memberstates/armenia>

Belarus, the Republic of Moldova and Ukraine hosted SDG Mainstreaming, Acceleration and Policy Support' (MAPS) missions²⁷.

5 IMPLEMENTATION

5.1 Financing agreement

In order to implement this action, it is not foreseen to conclude a financing agreement with partner countries.

5.2 Indicative implementation period

The indicative operational implementation period of this action, during which the activities described in section 4 will be carried out and the corresponding contracts and agreements implemented, is 60 months from the date of adoption by the Commission of this Financing Decision.

Extensions of the implementation period may be agreed by the Commission's responsible authorising officer by amending this Decision and the relevant contracts and agreements.

5.3 Implementation modalities

The Commission will ensure that the EU appropriate rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the action with EU restrictive measures²⁸.

5.3.1 Grants: (direct management)

(a) Purpose of the grant(s)

The implementation of component 3 will be made through the aforementioned framework partners for capacity development of CSOs in the EaP and Ukraine, including by launching an invitation to respond to an expression of interest. Based on an assessment of their respective expertise and specialisation in both geographic and thematic terms, grants will be negotiated and concluded through direct award. The grants will focus on one or more of the following priorities, with a view to ensuring that priorities are addressed in all EaP countries:

- Financial support to local CSOs, including core funding, to ensure continued and enhanced provision of services and equipment to the most vulnerable groups and those disproportionately affected by the pandemic (including elderly women and men, people with disabilities including mentally ill, women and men belonging to minority communities, including Roma, victims of increased domestic violence, prisoners, the LGBTI community, HIV-positive people, IDP and conflict-affected populations, homeless women and men, children living and working on the street, drug users, sex workers and other groups);
- Civil society capacity building activities and community empowerment to respond to the needs emerging from the health crisis (including basic ICT skills and more advanced digital competences to work and communicate remotely, outreach to

²⁷<https://www.eurasia.undp.org/content/rbec/en/home/library/sustainable-development/summary-of-findings-from-sdg-MAPS-missions.html>

²⁸ www.sanctionsmap.eu Please note that the sanctions map is an IT tool for identifying the sanctions regimes. The source of the sanctions stems from legal acts published in the Official Journal (OJ). In case of discrepancy between the published legal acts and the updates on the website it is the OJ version that prevails.

constituencies, support to respect basic safeguards and standards, enhancing access to hotlines and specialised psycho-social online support etc.);

- Awareness raising and countering disinformation about the pandemic and its health risks, related government measures and restrictions and available socio-economic and protection services;
- Watchdog and advocacy activities related to monitoring and reporting on COVID-19-related measures restricting civic freedoms or creating stigmatisation or discrimination, and their repeal.

(b) Type of applicants targeted

Potential applicants for the grants will be organisations that have signed a financial framework partnership agreement with the EU following the call for proposals “Strategic Partnerships for Capacity Development of Civil Society Organisations in the Eastern Partnership”, EuropeAid/164964/DH/FPA/Multi, launched in 2019.

(c) Justification of a direct grant

Under the responsibility of the Commission’s authorising officer responsible, the grant may be awarded without a call for proposals to CSOs to be selected using the following criteria:

Organisations with significant experience and capacity in providing technical and financial support to local organisations relevant to the fight to the COVID-19 in the EaP, and that have signed a financial framework partnership agreement with the EU following the call for proposals “Strategic Partnerships for Capacity Development of Civil Society Organisations in the Eastern Partnership” launched in 2019. Applicants may act with co-applicants.

Under the responsibility of the Commission’s authorising officer responsible, the recourse to an award of a grant without a call for proposals is justified because the countries are in a crisis, as per Article 2(21) FR and Article 195 Regulation (EU, Euratom) 2018/1046, based on the crisis declaration by DG NEAR Director-General (ARES (2020)1792308 - 27/03/2020) in the context of the COVID-19 pandemic.

(d) Exception to the non-retroactivity of costs

The Commission authorises that the costs incurred as of 27 March 2020 may be recognised as eligible because of the crisis in the context of the fight against the COVID-19 pandemic (ARES (2020)1792308 - 27/03/2020).

5.3.2 *Indirect management with an entrusted entity*

The components 1 and 2 of this action may be implemented in indirect management with the World Health Organization (WHO), which has been selected by the Commission’s services based on the fact that the entity has strong expertise and knowledge of the health sector in the EaP countries. Health security is a key element of WHO responsibility on a global level, in particular as concerns the management of the global regime for controlling the international spread of communicable diseases. The International Health Regulations, administered by WHO, provide the legal instrument for doing so.

The Commission authorises that the costs incurred as of 27 March 2020 may be recognised as eligible because of the crisis in the context of the COVID-19 pandemic (ARES (2020)1792308 - 27/03/2020).

5.4 Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply subject to the following provision:

- a) The Commission's authorising officer responsible may extend the geographical eligibility on the basis of urgency or of unavailability of products and services in the markets of the countries concerned, or in other duly substantiated cases where the eligibility rules would make the realisation of this action impossible or exceedingly difficult. See Article 9(2)(b) of Regulation (EU) No 236/2014 and the crisis declaration (Ares(2020)1792308 - 27/03/2020), including a derogation to the rule of origin and the rule of nationality.

5.5 Indicative budget

	EU contribution (amount in EUR)	Indicative third party contribu- tion, in currency identified
<p>Component 1: <u>Short-term response to the COVID-19 pandemic</u></p> <p>Component 2: <u>Strengthening resilience of health systems to face future outbreaks of diseases</u> (including dedicated communication and visibility budget for component 1 and 2: 300.000 EUR)</p> <p>- Indirect Management with entrusted entity – cfr Section 5.3.2</p>	30 000 000	500 000
<p>Component 3: <u>Health and socio-economic wellbeing of the vulnerable groups and those disproportionately affected</u> - Grants (direct management) - cfr Section 5.3.1</p>	10 000 000	N.A.
<p>Evaluation (cf. section 5.8) Audit/ Expenditure verification (cf. section 5.9)</p>	N.A. (will be covered by another Decision)	
Total	40 000 000	500 000

5.6 Organisational set-up and responsibilities

As regards specific objectives 1 and 2, a **regional steering committee** will be set up to ensure coordination and complementarity of the different project activities in each EaP country. It will comprise representatives of the European Commission, the European External Action Service, the EU delegations, implementing partners and other stakeholders as appropriate.

In addition, in each EaP country, a **country steering group** will be set up to ensure that the action is fully aligned with the national response to the outbreak and is well coordinated with national and international partners. The country steering group will ensure that the implementation is done in close coordination with the national authorities, EU Delegation, UN organisations under the Resident Coordinator system and other stakeholders as appropriate. A proper coordination and interaction between the regional steering committee and the country steering groups will be ensured.

As regards specific objective 3, a **regional steering committee** will be set up to ensure coordination and complementarity of the different project activities. It will comprise representatives of the European Commission, the European External Action Service, the EU delegations, all grant implementing partners and other stakeholders as appropriate.

5.7 Performance and Results monitoring

5.7.1 Introduction

Performance measurement will be based on the intervention logic and the log frame matrix, including its indicators.

- Performance measurement will aim at informing the list of indicators that are part of the log frame matrix.
- In certain cases, mainly depending on when the monitoring exercise is launched, contribution to the specific objectives/outcomes will also be part of monitoring and for this to happen indicators defined during planning/programming at the outcome level will be the ones for which a value of measurement will need to be provided.
- In evaluation, the intervention logic will be the basis for the definition of the evaluation questions. Evaluations do mainly focus on the spheres of direct (outcomes) and indirect (impacts) influence. As such, indicators defined for these levels of the intervention logic will be used in evaluation. Depending on the specific purpose and scope of the evaluation exercise, additional indicators will be defined.

5.7.2 Internal & external Monitoring, with roles & responsibilities for data collection, analysis & reporting

Monitoring is a management tool at the disposal of the action. It is expected to give regular and systemic information on where the Action is at any given time (and over time) relative to the different targets. Monitoring activities will aim to identify successes, problems and/or potential risks so that corrective measures are adopted in a timely fashion. Even though it is expected to focus mainly on the actions' inputs, activities and outputs, it is also expected to look at how the outputs can effectively induce, and actually induce, the outcomes that are aimed at.

5.7.2.1 Internal monitoring

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process, and part of the implementing partner's responsibilities. Both types of internal monitoring will be undertaken in an inclusive way, involving key stakeholders.

The different responsibilities for this dual internal monitoring are the following:

- i. Implementing partners' monitoring will aim at collecting and analysing data to inform on progress towards planned results' achievement to feed decision-making processes at the action's management level and to report on the use of resources

To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (outputs and direct outcomes) as measured by corresponding indicators, using as reference the Logframe matrix.

SDGs indicators and, if applicable, any jointly agreed indicators as for instance per Joint Programming document should be taken into account.

Based on mutually agreed reporting procedures and the reporting provisions of the EU-UN Financial and Administrative Framework Agreement, the programme manager in close coordination with the WHO Office at the EU and the WHO Partnership Unit will periodically inform DG NEAR and EU Delegations on the implementation of the programme, progress made in the field and other relevant information related to this action.

These reporting procedures will consider the implementation timeframe of the action (i.e. short-term, mid-term and long-term). These reporting procedures will be adjusted to the nature of the emergency and operational needs in the fields finding a balance between the need to fully keep DG NEAR informed on the progresses of action and to alleviate the reporting burden on the project management and operational teams.

Reports shall be laid out in such a way as to allow monitoring of the means envisaged and employed and of the budget details for the action. The final report, narrative and financial, will cover the entire period of the action implementation.

- ii. EU operational manager monitoring will aim at complementing implementing partners' monitoring, especially in key moments of the action cycle. It will also aim at ensuring a sound follow-up on external monitoring recommendations and at informing EU management. This monitoring could take different forms (meetings with implementing partners, on the spot checks), to be decided based on specific needs and resources at hand. Reporting will be done on the basis of checklists and synthetised in a monitoring note.

Further, implementation of the projects and their contribution to EaP deliverables will be closely monitored by the respective Steering Committees.

5.7.2.2 External monitoring (ROM)

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

5.7.2.3 Results reporting

Beside the ROM review, the Commission may undertake action results reporting through independent consultants recruited directly by the Commission (or recruited by the responsible agent contracted by the Commission for implementing such reviews). Their aim would be to identify and check the most relevant results on the action.

5.8 Evaluation

Having regard to the importance of the action, a final evaluation will be carried out for this action or its components via independent consultants contracted by the Commission.

The evaluation will give evidence of why intended changes are or are not being achieved. It will be carried out for accountability and learning purposes at various levels, taking into account in particular the tangible results of the action and the impact achieved for citizens, the visibility and communication of the action as well as the lessons learnt, leading to reforms in the partner countries.

The Commission shall inform the implementing partner at least 1 month in advance of the dates foreseen for the evaluation missions. The implementing partner shall collaborate efficiently and effectively with the evaluation experts, and inter alia provide them with all necessary information and documentation, as well as access to the project premises and activities.

The evaluation reports shall be shared with the partner country and other key stakeholders. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the partner country, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the project.

The financing of the evaluation shall be covered by another measure constituting a financing Decision.

The Commission shall form a Reference Group (RG) composed by representatives from the main stakeholders at both EU and national (representatives from the government, from civil society organisations, etc.) levels. If deemed necessary, other donors will be invited to join. The RG will especially have the following responsibilities:

- **Steering the evaluation exercise in all key phases** to comply with quality standards: preparation and/or provision of comments to the Terms of reference; selection of the evaluation team; consultation; inception/desk, field, synthesis and reporting phases.

The EU programme manager steers the RG and is supported in its function by RG members.

- **Providing input and information** to the evaluation team. Mobilise the institutional, thematic, and methodological knowledge available in the various stakeholders that are interested in the evaluation.

- **Providing quality control** on the different draft deliverables. The EU programme manager, as lead of the RG, consolidates the comments to be sent to the evaluation team and endorses the deliverables.
- **Ensuring a proper follow-up** after completion of the evaluation.

5.9 Audit

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audits or expenditure verification assignments for one or several contracts or agreements.

The financing of the audit shall be covered by another measure constituting a financing Decision.

5.10 Communication and visibility

Communication and visibility will be given high importance during the implementation of the action. All necessary measures will be taken to publicise the fact that the action has received funding from the EU in line with the EU communication and visibility requirements in force. Communication and visibility of the EU is a legal obligation for all external actions funded by the EU.

The implementation of communication activities shall be the responsibility of the implementing partners under the respective agreements, and shall be funded from the amounts allocated to the action. Appropriate contractual obligations shall be included in, respectively, the procurement and grant contracts, and delegation agreements. Communication and visibility objectives in the relevant countries will be an integral part of the action in each country.

The Communication and Visibility Requirements for European Union External Action (or any succeeding document) shall be used by each implementing partner to establish a Communication and Visibility Plan for each of the interventions foreseen under this action, to be elaborated at the start of implementation. The Plan shall identify communication objectives, target group, key messages, and communication products and tools to be used. The plans will also set agreed communication narrative and master messages customised for the different target audiences (stakeholders, civil society, general public, etc.).

The action shall at all times be communicated in the context of the European Union's overall response to the coronavirus outbreak across the EaP region and relevant country. For all communication purposes and activities, role of the EU shall be prominently referenced, including with a prominent EU logo.

The action shall ensure effective means to increase the awareness of the target audiences on the goals and benefits for citizens of the EU assistance provided in the framework of the action. Visibility and communication measures should also promote transparency and accountability on the use of funds. Effectiveness of communication activities will be measured inter alia through public surveys in the beneficiary countries on awareness about the action and its objectives, as well as the fact that the EU funds the action.

Communication and visibility measures will aim to show the results or individual actions and beneficiary level, as well as at the broader country and regional level. This will include the promotion of representative examples illustrating how the joint

activities are bringing tangible benefits to the lives of citizens in times of the coronavirus crisis.

The implementing partners shall keep the Commission and concerned EU Delegations fully informed of the planning and implementation of specific visibility and communication activities. The Commission, and where applicable, the relevant EU Delegation(s) will be consulted in advance on the planned communication activities around key milestones as well as on country-specific EU visibility and communication activities before work starts, in order to ensure greater outreach and impact.

The implementing partners shall provide any information requested by the concerned Delegations as input to their own communication activities, including by giving full access to relevant audio, photo and video material. The implementing partners shall coordinate communication activities with regional and bilateral communication initiatives funded by the European Union, to the extent possible. To enhance the effectiveness of communication activities, the implementing partners shall nominate contacts points responsible for communication. Monitoring and reporting of the activities will be provided on a regular basis.

The implementing partner shall inform the EU Delegations of results of the action, including every delivery of supplies and equipment. All related interactions with media shall involve the relevant Delegation. Additionally, implementing partners will ensure that all visibility material, as well as all visible equipment or major supplies purchased using EU funds will have an EU logo on them, e.g. a sticker, plaque or similar material, where applicable.

The entrusted entities will ensure adequate visibility of EU financing and will report on its visibility and communication actions as well as the results of the overall action to the relevant monitoring committees.

Furthermore, key results will be communicated to the European Commission and to all relevant stakeholders. All reports and publications will be widely disseminated and impact indicators will be defined. All activities will have to comply with the European Union requirements for visibility on EU-funded activities as well as be in line with the priorities and objectives of regional communication initiatives supported by the European Commission and the relevant EU Delegations.

The role of the EU must be clearly mentioned in the title or first paragraph of any media product, such as press releases, website or social media posts. The same applies to any procurement notice or Terms of Reference. All equipment delivered within the Action should indicate the EU's role. Video materials should be coordinated with the European Commission prior to their release.

The implementing partners shall include identical visibility and communication requirements in any contracts that they will use for Action implementation.

Should the political sensitivity of the action risk endangering the security of the beneficiaries, visibility of the action may be reduced or waived with prior approval by the European Commission.

[APPENDIX - INDICATIVE LOGFRAME MATRIX (FOR PROJECT MODALITY)]

	Results chain: Main expected results	Indicators	Baselines	Targets (2024)	Sources of data	Assumptions
Impact (Overall Objective)	<i>To mitigate the impact of COVID-19 in the Eastern Partnership and contribute towards longer term socio-economic resilience</i>	UN Human Development Index (HDI)	AM = 0.760 AZ = 0.754 BY = 0.817 GE = 0.786 MD = 0.711 UA = 0.750 (2019 HDI data)	At least constant deviation of country-specific values as compared to the world average value of HDI	UNDP annual Human Development Reports	<i>Not applicable</i>
Specific Objective 1	The Eastern Partnership countries are enabled to contain and overcome the COVID-19 pandemic in a rapid, effective, coordinated, transparent, and participatory manner	The spread of the COVID-19 contained and morbidity and mortality decreased: Total number of deaths in confirmed cases, nationwide, disaggregated by sex by week Number of hospitalised confirmed cases, by week	To be defined at the start of implementation	To be defined at the start of implementation	WHO and country reporting on COVID cases	Logistical and supply chain barriers addressed Governments fully supportive
Outputs	1.1 Health and first-line workers are protected in line with WHO's disease commodity package (infection prevention & control, equipment & logistics)	Number of masks and protective gear delivered Number of relevant personnel trained and able to effectively use acquired skills	To be defined at the start of implementation	According to country needs	Logistics reports Country reports	Market and transport availability Facilitation of import by countries
	1.2. Patients have access to adequate treatment	Number of functional hubs for essential supplies Proportion of patients who recover from COVID-19 per age and special needs group % of deaths among reported cases	To be defined at the start of implementation	To be defined	Country & WHO reports	Supply chain and logistical issues successfully addressed
	1.3. Operational and technical capacity for COVID-19 detection (testing) are scaled up in line with optimal strategies	Number of tests performed with additional test kits/reagents supplied % of suspected cases tested	0 (March 2020) 0	Pending country allocations for procurements	Country reports & WHO	Due to the shortage of test kits in the market all kits

	Results chain: Main expected results	Indicators	Baselines	Targets (2024)	Sources of data	Assumptions
		Number of surge plans to manage increased volume of samples in case of widespread community transmission Number of laboratory staff with increased biosafety and PCR for COVID-19 knowledge	0			will be used. Market availability and facilitation of import and transport by countries
	1.4 National preparedness and coordination mechanisms of COVID-19 response are strengthened	Number of EaP Countries with COVID-19 national preparedness and response plan Extent to which countries CPRP are adapted based on data generated by monitoring mechanisms	To be defined at start of implementation	To be defined at start of implementation	Country reports & WHO	National authorities drive the process with support from WHO
	1.5 Effective monitoring and reporting of COVID-19 transmission is strengthened (surveillance, rapid response teams and case investigation)	Extent to which rapid response teams are effectively deployed Number of case investigations carried out by country	N/A	To be defined at the start of implementation	Country reports & WHO	National authorities drive the process with support from WHO
	1.6 The general public is better informed about the pandemic and its health risks, related government measures and restrictions and acts upon at individual level	Number of EaP countries which have a COVID 19 community engagement plan Number of EaP countries which implemented COVID 19 risk communication plan containing specific prevention and preparedness messages Percentage of population reached in each partner country	To be defined at the start of the implementation	To be defined at the start of the implementation	Country reports	Responsiveness of the general public and media

	Results chain: Main expected results	Indicators	Baselines	Targets (2024)	Sources of data	Assumptions
Specific Objective 2	Capacities of Eastern Partnership Countries are strengthened to effectively prevent, prepare for, detect and respond to public health emergencies, taking full account of the needs of the most vulnerable groups;	International Health Regulations core capacity index ²⁹ (%) HS indicator (to be suggested by HS colleagues if relevant)	IHR States Parties Self-Assessment Annual Reporting (SPAR) 2020	Improvement in at least 4 countries and absence of capacity erosion in all 6 countries	WHO Global Health Observatory, reports on tracking global health coverage	Policy reforms implemented effectively Public spending optimised
Outputs	2.1 EaP countries' capacity to effectively assess and adapt their prevention, preparation for, detection and response to public health emergencies is improved	Number of countries where IHRMEF evaluations are conducted, such as AAR, JEE, SPAR Extent to which lessons from the current crisis are incorporated in revised/new public mechanisms to prevent, prepare for, detect and respond to public health emergencies	Number of IHRMEF evaluations conducted at start of project	Each country conducts an AAR on COVID-19 response; At least one JEE conducted by countries that have completed one SPARs annual submission	Assessment reports	Government commitment to conduct evaluations
	2.2. National preparedness and response capabilities are strengthened	Number of National action plans for health security (NAPHS) developed Number of emergency simulation scenarios to test preparedness and readiness carried out	Number of NAPHS available at start of project	5 (2022)	NAPHS reports	Government commitment to develop and endorse NAPHS.

²⁹ Source: Joint WHO-World Bank Group report "Tracking Universal Health Coverage: 2017 Global Monitoring Report" (2015 data)

	Results chain: Main expected results	Indicators	Baselines	Targets (2024)	Sources of data	Assumptions
Specific Objective 3	3.1 Local civil society organisations contribute to mitigating the effects of the pandemic on the health and socio-economic wellbeing notably of the most vulnerable groups and those disproportionately affected;	Evidence (nature and scope) of adaptation of socio-economic and protection services (delivered by CSOs) to the COVID 19 effects Number of persons (sex disaggregated) reached by socio-economic and protection services in response to the pandemic. Perception from persons reached by socio-economic and protection services on the quality of the services provided Number of women and men belonging to vulnerable groups in the Eastern Partnership countries who benefit from services of EU-supported local CSOs in response to the pandemic.	0 (March 2020)	To be defined at start of implementation	Project reports	
	3.2 Vulnerable groups and those disproportionately affected by the pandemic have improved access to available socio-economic, protection services and accurate information.	Number of women and men (disaggregated by age) that request access to services provided by targeted local civil society organisations because of their increased awareness about the pandemic and its health risks and about related government measures and restrictions.		To be defined at start of implementation		
Outputs	3.1 Local CSOs have increased financial resources to continue operations and socio-economic and protection service provision	Number of local CSOs benefitting from EU Financial Support Amount (EUR) of financial support provided (by country, by type of service delivered)	0 (March 2020)	To be defined at start of implementation	Project reports Monitoring reports of the regional Monitoring Technical Assistance	
	3.2 Local CSOs have strengthened operational capacities to respond to the needs emerging from the health crisis	Extent to which action plans, relevant strategies and follow-up plans in response to the pandemic are in place and implemented Evidence (nature and scope) of new digital	0 (March 2020)	To be defined at start of implementation	Project reports Monitoring reports of the regional	

	Results chain: Main expected results	Indicators	Baselines	Targets (2024)	Sources of data	Assumptions
		<p>collaboration and communication tools used by local CSOs</p> <p>Number of EU-supported local CSOs providing services in response to the pandemic to vulnerable groups in the Eastern Partnership countries.</p>			Monitoring Technical Assistance	
	3.3 Targeted audiences, notably vulnerable groups and those disproportionately affected by the pandemic, have access to accurate information about the pandemic and its health risks, related government measures and restrictions	Extent to which CSOs benefitting from EU support, in cooperation with independent media, disseminate accurate information and raise awareness about the pandemic and its health risks, related government measures and restrictions and related stigmatisation or discrimination.	CSOs to start working		Project reports Monitoring reports of the regional Monitoring Technical Assistance Media articles	