

**ACTION DOCUMENT**

**THE EUROPEAN UNION EMERGENCY TRUST FUND FOR AFRICA**  
**ADDRESSING COVID-19 IN NIGERIA**

**1. IDENTIFICATION**

Title	Reference: T05-EUTF-SAH-NG-09 EU Support to the United Nations ‘One UN Response Plan to COVID-19 in Nigeria’			
Zone benefitting from the action / Localisation	Country: Nigeria			
Total cost	Total estimated cost: 50.000.000 EUR Total amount drawn from the Trust Fund: 50.000.000 EUR			
Aid modality and implementation modality	Indirect management with United Nations Development Programme (UNDP)			
DAC – codes	122 Basic Health - Infectious Disease Control 160 Social Protection 740 Disaster Prevention & Preparedness			
Main delivery channels	41000 – 41114 United Nations Development Programme (UNDP)			
Markers	<b>Policy objectives</b>	<b>Not targeted</b>	<b>Significant objective</b>	<b>Principal objective</b>
	Participatory development / good governance	<input type="checkbox"/>	<input type="checkbox"/>	X
	Aid to environment	X	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality and empowerment of women and girls	<input type="checkbox"/>	<input type="checkbox"/>	X
	Trade development	X	<input type="checkbox"/>	<input type="checkbox"/>
	Reproductive, maternal, new born and child health	X	<input type="checkbox"/>	<input type="checkbox"/>
	Disaster Risk Reduction	<input type="checkbox"/>	<input type="checkbox"/>	X
	Nutrition	X	<input type="checkbox"/>	<input type="checkbox"/>
	Disability	X	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Rio Markers</b>	<b>Not targeted</b>	<b>Significant objective</b>	<b>Principal objective</b>
	Biological diversity	X	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification	X	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation	X	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation	X	<input type="checkbox"/>	<input type="checkbox"/>
<b>Migration marker</b>	<input type="checkbox"/>	X	<input type="checkbox"/>	
SDG	SDG 3: Good health and Well being SDG 5: Gender Equality SDG 10: Reduced Inequality SDG 16: Peace and Justice SDG 17: Partnerships to achieve the Goals			

Valetta Action Plan Domains	1. Development benefits of migration and root causes of irregular migration and forced displacement
Strategic objectives of the Trust Fund	2. Strengthening resilience of communities, especially the most vulnerable, as well as refugees and IDPs 4. Improved governance <sup>1</sup>
Beneficiaries of the action	Direct beneficiaries: <ul style="list-style-type: none"> <li>- Federal Ministry of Health, FMOH</li> <li>- Nigeria Central for Disease Control, NCDC</li> <li>- Presidential Task Force, PTF on COVID-19</li> <li>- Federal Ministry of Humanitarian Affairs, Disaster Management &amp; Social Development</li> <li>- National Primary Health Care Development Agency</li> </ul> Indirect beneficiaries: population of the 36 Nigeria states in the 6 geopolitical zones
Derogations, authorised exceptions, prior agreements	N/A

## 2. RATIONALE AND CONTEXT

### 2.1. Summary of the action and objectives

The European Union (EU), as well as other donors, will support the United Nations Development Programme (UNDP) to implement a ‘One UN Response Plan to COVID-19 in Nigeria’, with the objective to ensuring optimum care of the confirmed COVID-19 cases and contain further spread of the outbreak through an inclusive and nationally-owned COVID-19 response from a shared vision and a common strategy, based on the best international practice of similar processes in other countries. Its purpose is to coordinate and align collective efforts in partnership with the government, Civil Society Organisations (CSOs), private sector, international and national stakeholders with the aim to increase the availability, accessibility, affordability, adaptability and acceptability of COVID-19 response services in Nigeria. This is in recognition that a collaborative engagement is urgently required to amplify Government’s efforts to respond to COVID-19 given the multifaceted nature of the crisis and the potentially unprecedented implications to socio-economic conditions in an already complex Humanitarian-Development-Peace (H-D-P) nexus context.

The created Basket Fund, launched on 6 April 2020, will consist of a multi-scale in-country mechanism with the specific objective to support the rapid implementation of the UN's Response Plan to COVID-19 in Nigeria with six main thrusts, linked to the wider UN COVID-19 Strategic Preparedness and Response Plan (SPRP<sup>2</sup>), namely: Support Coordination of Partnerships and mobilisation of resources for collective response (pillar 1);

<sup>1</sup> For reporting purposes, this action will be considered under “Improved governance”.

<sup>2</sup> SPRP 9 Pillars: Pillar 1 (country-level coordination, planning and monitoring), Pillar 2 (Risk communication and community engagement), Pillar 3 (Surveillance, rapid response teams, and case investigation), Pillar 4 (Points of entry), Pillar 5 National laboratories, Pillar 6 (Infection prevention and control), Pillar 7 (Case management), Pillar 8 (Operational support and logistics) and Pillar 9 (Maintaining essential health services during an outbreak)

Support rapid procurement of disease commodity packages for surveillance, prevention and control, and clinical management (pillars 3,4,5 and 7); Complement and support ongoing Risk Communication Strategies for sustained community engagement and cooperation (pillar 2); Support towards the development of tailored and decentralized response strategies at state-level aligned to the coordinated framework at the Federal level (pillars 8); Maintaining access to essential health services through socio-economic analytics and Pro-active early recovery and social protection investments, during and after the crisis (pillar 9) and Research & Development (R&D) Capacities and modeling strengthened (pillars 6). In the immediate future the support provided through the Basket Fund will focus on the Federal Government's National COVID19 Multi-Sectoral Pandemic Response Plan, presented by the COVID-19 Presidential Task Force (PTF) on 24 March 2020, with a total budget of approximately EUR 230 million.

The current budget estimate for the Action amounts to EUR 50 million to be implemented under indirect management by the UNDP. The implementation period will be 24 months from the date of contract signature.

The direct beneficiaries of the action are the Federal Ministry of Health (MOH), the Nigeria Centre for Disease Control (NCDC), the Presidential Task Force (PTF) on COVID-19 and the Ministry of Humanitarian Affairs, Disaster Management & Social Development (MHADMSD). The final beneficiaries of this action are the populations living in the 6 geo-political regions of Nigeria. The action is focusing on the EUTFs objectives “strengthening resilience of communities, especially the most vulnerable, as well as refugees and Internally Displaced Persons” and on supporting “improved governance”. The comparative advantage of funds being channelled and allocated through the Basket Fund is the prompt and effective implementation of the UNDP ‘One UN Response Plan to COVID-19 in Nigeria’, as well as creating the political space necessary in order to have better alignment and cohesion among the EU and other (national and international) stakeholders in the wider COVID-19 Response in Nigeria.

## **2.2. Context**

### **2.2.1. National context**

Novel Corona-virus SARS-CoV-2 (COVID-19) has been slow to take root in Africa, and Nigeria, but the number of cases is now beginning to grow and the real number of cases is in all likelihood underreported because of the limited number of tests hitherto carried out. On April 6th 2020, the number of positive cases of COVID-19 reached 238 (5 deaths) according to the Nigeria Centre for Disease Control (NCDC). A breakdown of cases shows that COVID-19 has now been detected in 14 states, Lagos having the majority of them.

During this pandemic, the overall national response will be coordinated and directed by the Presidential Task Force (PTF) with a direct reporting line to the President. The Federal Ministry of Health (MOH), the NCDC in particular, will take the lead for the health-related response while the Ministry of Humanitarian Affairs, Disaster Management & Social Development (MHADMSD) and National Emergency Management Agency (NEMA) will provide leadership to other sectorial and social protection responses. The country currently has only 7 labs with the capacity to test for the virus - in the Federal Capital Territory (FCT, Abuja), Lagos, Edo, Oyo, Ebonyi and Osun States. There are 5 hospital beds available for every 10,000 people in Nigeria. The NCDC has approved treatment centres in each of the 36 states, plus the FCT, for clinical management of patients suspected to have contracted the

virus. However, these 36 hospitals only have the minimum capacity to manage mild cases and this needs to be scaled up to at least 100 hospitals in the next one month.

Strong restrictive measures have been taken by the Federal Government on movement and gathering of people –including closing of bars, shops, places of worship and airports–confining most civil servants and employees to working from home and calling on the population to respect social distancing guidelines. President Buhari announced on 29 March the cessation of all movements in Lagos, the FCT and Ogun State from 30 March for an initial period of 14 days. State Governors have imposed measures and restrictions in their own respective States. With more than 90 million of extreme poor, Nigeria has some of the worst social indicators in the world and comes close to the bottom of virtually every human development and Sustainable Development Goals (SDG) index. The Nigerian social system has many challenges that affect the provision of quality and timely services to people. These include underfunding, poor stakeholder coordination, inadequate number and skills of health and education workers, poor infrastructure, limited data for planning and decision-making. The division of labour between the three layers of government (federal, state and local) complicates the efficiency and cost-effectiveness of sector policies.

The social impact of the crisis was already felt within the first days of confinement and lockdown. With 80% of the population working in the informal sector, most of the population does not benefit from a social welfare system and lives on less than 2 dollars a day, finding their livelihood out in the street. 77% of Nigerians have to pay to receive health assistance. Every day, health emergencies bring poor Nigerians into extreme poverty. Many workers in the informal economy and those living in poverty cannot stockpile food as they don't have enough cash. Complete shutdowns would need to be coupled with social protection mechanisms, including temporary or one-off cash transfers, food and wage subsidies and unemployment benefits for those working in the informal sector, to cushion the resulting loss of livelihoods. Concerned with the implications of lockdown and other restrictive measures implemented due to the spread of the COVID-19 crisis, the Federal Government's response has been very quick through the national social protection framework. The President decided to advance 2 months' cash transfers, planning to reach before the end of the month of April two million extreme poor currently in the Social Registry. For households with children who are in the register but not in the upcoming cash transfer, the Government will provide food rations through the Home Grown School Feeding programme. Discussions with the Government are ongoing to come to a rapid expansion of the social register and to increase it from 2.6 million households now to 4 million by 30 June 2020.

The COVID-19 pandemic comes at a time that Nigeria's economy is challenged by declining oil prices. The Minister of Finance already had to reduce the 2020 Federal Budget, which was based on an average oil price of 57 USD per barrel, about double of what the actual price per barrel is today. Capital expenditures have been reduced by 25%, which means that fiscal space for priority spending in response to the crisis will be extremely limited. Fear for a deep recession appears realistic.

With this scenario, it is believed that Nigeria will have insufficient capacity to respond to a full-scale explosion of the pandemic. The health authorities lack most equipment, supplies, health staff and facilities to be able to deal with a rapid spread of the virus in this vast, but densely populated country of 200 million inhabitants.

### **2.2.2.** *Sector context: policies and challenges*

The Nigerian health system has many challenges that affect the provision of quality and timely services to people. These include underfunding, poor stakeholder coordination, inadequate numbers and skills of health care workers, poor infrastructure, limited data for planning and decision-making.

Nigeria has the highest maternal mortality and the second highest child mortality in the world and the lowest proportional health expenditure. The country is on track to having the highest under-five mortality rate in the world. With one out of nine children dying before the age of five (almost one million deaths per year), Nigeria contributes 12 percent to global child mortality. Most of the causes of under-five deaths are preventable and treatable.

Progress towards universal health coverage in Nigeria is very slow and requires adequate and efficient financing to increase health services and financial risk protection for the most vulnerable, including a Health Insurance Scheme for everyone. Mobilising adequate resources for health and ensuring efficient use of those resources have remained challenges for Nigeria. In 2018 Nigeria's health budget was only 3.9% of the total federal budget. It is one of the lowest ratios in the world.

Nigeria is not exempt from a global crisis in health workforce shown by acute shortages and uneven distribution of health workers in several settings. Statistics show that in Nigeria 1 in 4 doctors, and 1 in 20 nurses, are currently working in developed countries, leading to a health workforce density estimated at 1.95 per 1000 population. This shortfall is further complicated by gross inequities in health workforce distribution, as there is no national policy guiding the postings and transfers of health workers. Redeployment is often based on discretion of administrative officers with multiple influences and several competing interests.

Nigeria is currently also struggling to cope with the world's largest epidemic of Lassa fever, a viral disease deadlier than COVID-19. The epidemic, whose rapid escalation started right from the second week of 2020, had by the end of the ninth week seen 774 cases and 132 deaths spread across 26 of Nigeria's 36 states. Nigeria continues to record disease epidemics such as cholera in most states and yellow fever, which reached conflict-affected Borno State this year. Last year Nigeria celebrated 3 years without a case of polio but it has not yet been declared polio free. Immunisation levels continue to be extremely low, despite extensive support by donors, including the EU. In some states in the North only 4,5% of children under five have been fully immunised. Obviously, a number of other diseases (HIV/AIDS, malaria, tuberculosis, pneumonia, malnutrition) put a big strain on Nigeria's weak health sector as well and are the cause of a high mortality rate. There are also concerns about people living with some of these diseases (e.g. HIV) whose immune system might be more vulnerable to COVID-19.

A few years ago, Nigeria managed to control the Ebola epidemic as the Ebola virus came first to Lagos State, the State that has the best public health infrastructure and legal framework required to stop such outbreak. It is unclear what the true magnitude of the spread and impact of the COVID-19 virus will look like in Nigeria – including how it will react to factors such as humidity, heat, its densely populated cities and its young population. But if it is anything like the numbers other countries have seen so far, numbers will rise exponentially. This is already seen from the daily infection rates very similar to other country experiences.

The weakness of the current health system calls for urgent action by the Government that decided to activate by the end of February the multi-sectoral Emergency Operations Centre (EOC) leading to the development of a first Incident Action Plan by the NCDC which clearly outlines Preparedness and Response Strategies to guide a whole-of-Government response to the pandemic. Risk communication channels have been opened, response task forces and basic healthcare infrastructure established. The level of preparedness however falls short of what is needed. Additionally, inadequate WASH services and practices are a major concern in health care facilities noting the key role of WASH in preventing the spread of the COVID-19 virus. This suggests that there are huge gaps and urgent needs to ensure that health care facilities are equipped to provide safe and good quality services to medical staff and care seekers in the current pandemic crisis.

In terms of social protection, Nigeria has an ambitious social protection/investment programme that now has to be rolled out to, and implemented by, the 36 States. Poverty eradication is a priority for President Buhari. Shortly after his re-election, he announced his commitment to lift 100 million people out of poverty in ten years. He also created MHADMSD, in charge of safety nets and other social protection programmes. Recently, positive steps have been taken, with an increase in the budgets allocated to social protection and an excellent partnership with the World Bank, Nigeria's main partner in human development and poverty eradication. However, the reduced revenue mobilisation, caused by declining oil prices and the COVID-19 crisis, will undoubtedly lead to big funding gaps in programmed social spending.

### **2.2.3.     *Justification for use of EUTF funds for this action***

In line with the strategic objectives of the EU Emergency Trust Fund for Africa (EUTF) and the prioritisation of the strategic board of the EUTF for the best use of the remaining funds, this action under the Sahel & Lake Chad window is addressing the Valetta Action Plan Domain "Development benefits of migration and root causes of irregular migration and forced displacement". The action is focusing on the EUTFs objectives "strengthening resilience of communities, especially the most vulnerable, as well as refugees and Internally Displaced Persons" and on supporting "improved governance".

Directly responding to these goals, the overall objective of the EU Support to the United Nations Development Programme (UNDP) 'One UN Response Plan to COVID-19 in Nigeria' is to ensuring optimum care of the confirmed COVID-19 cases and contain further spread of the outbreak in Nigeria.

The comparative advantage of funds allocated through the EUTF is the possibility to promptly contribute financially to effectively kick-start the UNDP 'One UN Response Plan for COVID-19 in Nigeria' as well as to create the political space necessary in order to have better alignment and cohesion among EU and other international stakeholders in Nigeria.

### **2.3.     **Lessons learnt****

The challenge to the international donor community is to accompany the efforts of government in the crisis response in a coordinated and coherent manner, while highlighting the need to have accompanying social measures to ensure that the numbers of extreme poor do not increase. It is encouraging that the Federal Government has adopted a Multi-sectoral

Pandemic Response Plan, which however, urgently needs funding from international partners, private sector and civil society (including philanthropic foundations). The UN have been requested by the Government and the international community to coordinate the response jointly with the Presidential Task Force on COVID-19. Experience of similar emergencies in the past has shown that a single funding mechanism with strong procurement capabilities and a quick decision making arrangement is the most efficient vehicle for catalysing financial support. The COVID-19 basket fund, created by the UNDP for that purpose on 24 March 2020, responds to that requirement.

#### **2.4. Complementary actions and synergies**

The EU has a number of other initiatives which can directly strengthen the support to the UNDP ‘One UN Response Plan for COVID-19 in Nigeria’. The action will build on the achievements of and seek complementarity with ongoing programmes.

The EU has provided around EUR 250 million in support to Nigeria's health sector under the 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> European Development Funds (EDF) over the last decade. The emphasis has been on support to immunisation for communicable diseases (polio in particular) and to improve maternal and children's health and nutrition. The current Maternal and Children's Health & Nutrition (MCHNP) programme is implemented by UNICEF for an amount of EUR 48 million in three States (Kebbi, Bauchi, Adamawa). The World Health Organisation (WHO) is implementing a EUR 21 million programme that focusses on the strengthening of health systems in two States (Sokoto and Anambra) and polio eradication. Both programmes were signed in late 2016 and early 2017 respectively and have entered their last year of implementation. EU has also provided considerable support to the WaSH sector to ensure communities and health facilities have access to running water as well as set up communities to foster hand hygiene and better environmental sanitation with reduction of open defaecation.

As from 2019, the EU implements in conflict-affected Yobe State in North-East Nigeria an innovative programme (EUR 30 million) that not only supports affected and vulnerable communities to meet basic needs through providing cash transfers, but is building state capacity to implement the National Social Protection Policy, including a specific nutrition sensitive social safety net programme in response to malnutrition. Furthermore, in Anambra State, the EU's health systems strengthening programme, implemented by WHO, is developing a pilot to link cash transfers to the extreme poor to a health insurance system.

The Federal Government of Nigeria is not eligible for budget support. However, the EU Delegation has identified a few possibilities within existing programmes for small-scale support to NCDC in response to the COVID-19 pandemic (EUR 300,000 on the West-Africa Regional Indicative Programme (RIP) support to the Regional Centre for Disease Surveillance & Control (RCDC); EUR 200,000 for solar panels on the Nigeria Energy Support Programme). Partners of ongoing programmes in rural areas (e.g. recovery & resilience programmes in Borno and Yobe States, food security interventions in other States) will be asked how they can adapt their programmes to take into account the needs of local governments and communities in the fight against the COVID-19 virus.

**ECHO** is providing support to the crisis response through a programme with UNICEF (EUR 1,2 million) mainly aimed at the purchase of medical supplies. In line with the EU [Social Protection Guidance Package](#) across the Humanitarian-Development Nexus (SPaN), the EU will promote linkages and synergies between the humanitarian and the early recovery response to the COVID-19 crisis, ensuring consistency and alignment of cash transfers and

working towards the contribution of humanitarian actors towards the national social protection system.

At regional level, support is provided through the 11<sup>th</sup> EDF RIP, to the Regional Centre for Disease Surveillance & Control (EUR 5 million), an action implemented by the Gesellschaft für Internationale Zusammenarbeit (GIZ) and co-funded by the German Government.

At global level, the EU has made available significant funding to WHO for combatting the COVID-19 outbreak. Also the **World Bank** (WB) and the **International Monetary Fund** (IMF) were quick to announce global support for combatting the COVID-19 crisis and restoring stability in its aftermath. In Nigeria, the World Bank has an ongoing health sector programme of 82 million USD, which can be used and tweaked by the national health authorities. The component with the NCDC still has unspent balances of USD 2 million, which can be drawn down immediately. World Bank is ready to pump another USD 100 million into the health sector and provide new loans of up to USD 3 billion for macro-economic stabilisation and safeguarding of priority spending. The Nigerian authorities seem however reluctant, because of the heavy borrowing they have committed themselves to in recent months, including a loan of USD 1,5 billion for six new programmes, approved by the WB Board last month.

The **UN** have been tasked to coordinate the international response under the leadership of the UN Resident Coordinator. **WHO** and **UNICEF** are the agencies that are technically advising the MOH and its affiliates, including NCDC. **UNDP** has created a basket fund on 24 March 2020, which should be used as a single vehicle for donors, including private companies. Several big corporations and philanthropic foundations have expressed a commitment to use the basket fund. Procurement of supplies from China worth 2 million USD was processed through UNDP's Beijing office and goods and equipment will arrive in the country at the beginning of April.

**USAID** is providing a relatively modest additional support to WHO (EUR 1 million) and has made resources available for a behavioural awareness campaign. It is expected to mobilise specific humanitarian support targeting IDP camps in the North-East. **DFID** recently started a new 8-year health sector programme (GBP 235 million) which contains a 5% provision for emergencies. DFID is looking into options for support to the COVID-response.

**China** has allegedly offered to construct hospitals in a number of African countries and Nigeria seems to be one of them. Jack Ma (AliBaba Foundation) is donating essential equipment (test kits, masks etc.) that have arrived in the country on 25 March.

**The private sector** is beginning to step up efforts to support government to address the pandemic. Opposition leader and candidate of the People's Democratic Party (PDP) in last year's election Atiku Abubakar whose son has already tested positive, has donated N50million (roughly EUR 116,000) as contribution to a relief fund that will form part of the stimulus package. Dangote and the Managing Directors of Access Bank Group, Zenith Bank, Guaranty Trust Bank, MTN, ITB and others are spearheading a coalition of private sector organisations to support governments' ongoing efforts. The coalition is working with Lagos State Government to erect fully-equipped medical tents that will serve as training, testing, isolation and treatment centres. They would bring in experts from around the world to provide technical and training support.



## **2.5. Donor coordination**

The EU will continue to coordinate with other donors and stakeholders. The EU is an active participant of the Health Development Partners (HDP) working group and is in continuous and ongoing coordination with EU Member States, key partners and like-minded countries – monitoring closely the situation and taking proactive steps. Key participants in the group are not only the main donors (DFID, Canada, USA and the EU), UNFPA and WHO but as well key Foundations as Dangote and the Bill & Melinda Gates Foundation. The Group provides a platform to exchange information, take collective action and work with the Government on addressing the situation in the health sector.

The EU is an active member of the Social Protection working group, which, together with the Government, is developing a response strategy. At this stage, the priority is to use the national framework and continue to monitor developments in the country.

The UN is now coordinating the international donor and private sector response to COVID-19 and proposing to use a basket fund arrangement from which procurement of goods and services should be done in a coordinated and rapid fashion.

The EU Delegation, the USA, the UK, the World Bank and the UN have created an informal ad-hoc group discussing the crisis response at highest level on a weekly basis.

## **3. DETAILED DESCRIPTION**

### **3.1. Objectives and expected outputs**

The overall objective of the Action is to support Nigeria's response to the COVID-19 pandemic through support to the 'One UN Response Plan to COVID-19 in Nigeria' by ensuring optimum care of the confirmed COVID-19 cases and contain further spread of the outbreak.

Specific objective is to support the rapid implementation of the country's National COVID19 Multi-Sectoral Pandemic Response Plan. An indicative log-frame reflecting all of the above is included in Annex I.

#### **Expected Outputs/Results:**

**Result 1.** Improved rapid procurement of disease commodity packages for surveillance, prevention and control, and clinical management

**Result 2.** Complementary Ongoing Risk Communication Strategies for sustained community engagement and cooperation are supported

**Result 3.** Development of tailored and decentralized response strategies at state-level aligned to the coordinated framework at the Federal level is supported

**Result 4.** Access to essential health services are maintained through socio-economic analytics, and pro-active early recovery and social protection activities, targeting vulnerable groups

**Result 5.** Capacities for R&D and Modeling are strengthened

**Result 6.** Coordination of partnerships and mobilisation of resources for collective response are improved.

## **3.2. Main activities**

### **3.2.1. Activities associated with each result**

Activities mentioned below are **indicative, non-exhaustive and will be refined during the contracting phase**. Funding decisions per activity will be taken by the COVID-19 Basket Fund Board, of which the EU Delegation will be a member, and be based on urgency and justification of proposals prepared by stakeholders. Terms of Reference for the Board have been prepared.

**Output 1.1:** Improved rapid procurement of disease commodity packages for surveillance, prevention and control, and clinical management

The UN is already working at a global level in prioritising procurement and support and will look at global networks, for swift procurement of equipment and commodities required to respond to the outbreak, including those required for surveillance, prevention and control as well as clinical management. The WHO has compiled a COVID-19 commodities list that seeks to provide guidance of the contents required for various stages of the preparedness and response based on WHO recommended guidelines. The first phase of rapid procurement will be based on WHO forecasted commodities needs for the first 3 months. The distribution of the commodities will be coordinated by the NCDC to be made available in the seven certified testing labs in FCT, Lagos, Edo, Oyo, Ebonyi and Osun States and the ones that will come on stream later on. Additional phases of rapid procurement will be mobilised based on WHO assessment of the situation and forecasted commodities requirements including Support for additional new national reference laboratories. The UN will also help to facilitate the dispatch of essential equipment (e.g. testing kits, masks, and PPEs) that Jack Ma's Alibaba Foundation and others are providing to Nigeria. UNDP will act as the procurement agent, making use of its network of offices, in particular its country office in Beijing for rapid procurement of critical medical supplies on the Chinese market.

**Output 2.1:** Complementary Ongoing Risk Communication Strategies for sustained community engagement and cooperation are supported

Infection control measures based on restricting movement and interpersonal contact can be effective in slowing down the transmission of infection, giving healthcare systems more time and capacity to cope with COVID-19. These measures - including isolation, physical distancing will only be effective if community-wide implementation is successful. As the mitigation measures will require people to self-impose difficult restrictions on their social interactions and movements, there is a need for a robust risk communication strategy that expands the web of community engagement and cooperation. In this regard, culturally sensitive communication strategies co-created with Government at Federal and State Levels, Local Governments, Civic Leaders, women's organisations and networks, Religious and Traditional Leaders will be required to ensure open and honest transmission of messages. Technical support to expand communication and community engagement to reach women, persons living with disabilities and marginalised groups, in order to address their unequal access to information on outbreaks and available services will be prioritized. This strategy will also innovate around ways to increase motivation, skills and confidence among community members to take the recommended protective actions. In this regard, the UN

Communication Group will provide technical and logistical support to the NCDC and Government in developing and packaging messages.

**Output 3.1:** Development of tailored and decentralised response strategies at state-level aligned to the coordinated framework at the Federal level is supported

The National COVID-19 Multi-sectoral Pandemic Response Plan provides the nationwide framework for coordinating preparedness and mitigation measures in both the immediate and long term. This Plan could potentially promote the much-needed collaborative efforts especially at the State level where the impact of the pandemic will be felt the most. The UN drawing from its global network of experience, knowledge and expertise will provide support towards decentralizing the response agenda. Cognizant of the unique features and challenges of each State, the decentralized strategies will address measures of prevention, mitigation and response in various socio-economic settings, including in conflict and humanitarian settings as well as in densely populated environments. It will draw on current global lessons learned on Non-Pharmaceutical Interventions (NPI) and tailor them to the national and cultural context.

This support is required immediately and will ensure that States and Local Governments develop contingency and response plans tailored to their local context and aligned to the broader Federal level plan. These plans will need to take a holistic approach that addresses not only the health response, but also other key areas of potential concern such as education, food security, gender and age, work, and economic growth.

**Output 4.1:** Access to essential health services are maintained through support to Socio-economic analytics, and pro-active early recovery and social protection activities, targeting vulnerable groups

As part of contingency plans, partners will support vulnerable states affected by widespread transmission to ensure the continuity of essential health services, including through the provision of personnel, medicines, diagnostics, and other supplies. National authorities, with the support of partners where requested, should designate referral facilities for care of patients with 2019-nCoV, and map existing public and private health facilities and referral systems in case they need to be brought into the response as surge capacity. Supplies for case management and infection control should also be reviewed, resupplied if necessary, and pre-positioned at strategic locations. The maintenance of essential health services is crucial to ensure that the vulnerable do not experience catastrophic health expenditures during this period. The Basket Fund will thus also fund socio-economic measures, such as cash transfers or food distribution to vulnerable groups.

The ultimate goal of a COVID-19 recovery strategy is to re-establish the conditions for a quick return to a path of economic growth, improved social contract, and overall human development that can foster more inclusive societies in the future. The survivors and others directly affected by the disease must be assisted to regain their lives and the affected communities supported to recover their livelihoods. This might include support towards improving productivity along the food value chain and responding to other medium to long term consequences. Tapping into the UN and its partners' vast experience, support will be provided to Nigeria to integrate risk informed development strategies that address the specific economic impact of the outbreak on women who are disproportionately represented among the most vulnerable sectors of the economy, including wage earners, small business owners and informal sector workers; investment in innovative approaches for restoration/maintenance

of health systems, co-creation of culturally sensitive protection and community cohesion measures and local livelihoods and most importantly investing in local innovations including cash transfers.

**Output 5.1:** Capacities for R&D and modeling are strengthened

Preparedness and mitigation measures being put in place will need the foresight and proactive thinking at policy and practical levels to integrate innovative recovery approaches after the crisis. A key foundation for this is availing rapid intelligence gathering, R&D support and Data Innovation, with systematic use of sex disaggregated data to provide the much-needed socio-economic trend analysis to compliment epidemiological analytics that will frame the risk stratification in society and across sectors with policy actions for the immediate long term.

**Output 6.1:** Coordination of partnerships and mobilisation of resources for collective response are improved

Contributions to the COVID-19 crisis response from domestic and international financiers will be used in a strategic and coordinated manner, in line with response priorities set by the relevant Government and UN agencies involved. A significant number of donors will be using the COVID-19 Basket Fund as the preferred modality to channel resources to the crisis response.

**3.2.2. Target groups and final beneficiaries**

The direct beneficiaries of the action are the MoH, NCDC, PTF on COVID-19, NPHCDA and MHADMSD. The final beneficiaries of this action are the populations living in the 6 geo-political zones of Nigeria.

**3.3. Risks and assumptions**

Risk	Level of risk (High/Medium/Low)	Mitigating measures
The security situation is volatile in large parts of the country and could delay implementation and activities including changes in the course of the COVID-19 pandemic	High	Close coordination with the authorities, including the security sector to mitigate risk. Flexible programming to allow scale up/down of activities and resources in different areas. Put in place arrangements for medical evacuations.
Lack of access due to insecurity	High	Negotiations with military, formal and informal authorities and community leaders to secure a safe environment for implementing partners and

		community members themselves. UN and UNDP have close contacts with the actors mentioned in view of their involvement in the Stabilisation in the Lake Chad Basin and in other hotspots in Nigeria.
Insufficient buy-in of key stakeholders	Low	Political advocacy, and extensive consultations at local, state, national and regional level to ensure that all perspectives are as much as possible aligned.
Operational bottlenecks (procurement, payments, logistics)	Medium	Advance planning of procurement and logistics as well as of implementation modalities on the ground Use of established and tested implementation modalities in target areas.
Misappropriation or misuse of resources	Medium	UNDP will be responsible for procurement, financial management and distribution of resources, in close collaboration with MOH, NCDC and PTF who consider the COVID crisis response as an absolute political priority

### 3.4. Mainstreaming

**Rights Based Approach:** There is a need to ensure that the COVID-19 response is grounded firmly in human rights, including economic and social rights, and civil and political rights. In this regard, the programme will apply a Human Rights Based Approach in line with the principles of the Global Partnership for Effective Development Cooperation, especially ownership, transparency and accountability, and inclusive partnerships.

**Gender perspective:** In line with the EU Gender Action Plan 2016-2020<sup>3</sup>, the action will integrate Gender mainstreaming through the assessment of potential positive and negative implications for women and men and boys and girls in planned activities, including legislation, policies or programmes, in all areas and at all levels. Equal participation of men and women in every activity of the programme will be promoted and monitored. The COVID-19 response will rely on the principle of inclusivity which entails a gender-responsive approach that recognizes the role women play in responding to the epidemic, including as frontline healthcare workers, carers at home and community leaders and mobilisers. Women's participation is key to the response to COVID-19 pandemic. Their traditional home-maker

<sup>3</sup> [https://ec.europa.eu/europeaid/sites/devco/files/staff-working-document-gender-2016-2020-20150922\\_en.pdf](https://ec.europa.eu/europeaid/sites/devco/files/staff-working-document-gender-2016-2020-20150922_en.pdf)

and community influence role positions them strategically for relaying the risk communication strategies, the implementation of hygiene prevention measures and the rolling-out of social distancing within diverse and complex environments. Therefore, at each stage of the response, women will be adequately represented and involved in designing strategies and activities that recognize their role without disrupting the fragile social fabric.

**Vulnerable groups:** The most excluded or marginalised within communities, including elderly, internally displaced people, returnees, refugees, war widows, orphans, minority ethnic groups, People Living with mentally and physically disabled (PWSN), at-risk children and youth, ex-combatants, HIV/AIDS-affected individuals and households, religious and single-headed households, will be actively engaged in the intervention to promote social cohesion, as well as those identified as having "conflict carrying capacity".

**Others:** Infection control measures based on restricting movement and interpersonal contact will only be effective if community-wide implementation is successful. As the mitigation measures will require people to self-impose difficult restrictions on their social interactions and movements, there is a need for a robust risk communication strategy that is deeply rooted on the principle of community engagement. Experience from other epidemic response such as the Ebola Virus Disease response in West Africa have shown that culturally sensitive communication strategies need to be designed and implemented, involving Government at State Levels, Local Governments, Civic Leaders, women's organisations and networks and community volunteers. The role of religious and Traditional Leaders will be crucial to support the design of culturally-sensitive and context-specific risk communication strategies, to relay messages and support other community groups to do social mobilization. Special efforts will be made to ensure that risk communication and community engagement can effectively reach women, persons living with disabilities and marginalized groups, in order to address their unequal access to information. Pandemics have a bearing on the social fabric of society and evidence suggests that health related pandemics has the potential to increase the risks of: domestic violence – with police reports in China showing that domestic violence tripled during the epidemic; violence against health workers due serious stress levels that the pandemic places on patients; abuse and exploitation of women and girls – especially care givers. They could also play into existing regional faults within the country. Social distancing also assumes a certain level of spatial freedom, which may not be available in many parts of densely populated areas of the country. Similarly, it will be difficult to enforce social distancing in congested IDP camps. There is also a risk of further fragmenting the social values – and the very safety nets required for healing and recovery. Restrictive suppression response interventions, including shut-downs, disproportionately impact the poor and their livelihoods and may result in stress disorders and mental health problems and social unrest. Availability of facilities for clean running water and environmental sanitation close to people's homes will further help containment measures in place. This is because a confined population in a hot and humid country, with about 40% access to sanitation facilities, and where an estimated 12% of the urban population still practice open defecation, will lead to increased environmental health issues that need to be addressed.

### **3.5. Stakeholder analysis**

**The Federal Government of Nigeria** is leading the response through a direct reporting line to the President. Specifically, the Federal MOH will take the lead for health-related response while MHADMSD and its agency NEMA will provide leadership to other sectorial and social protection responses. The PTF continues to monitor the global and domestic developments

and is giving particular attention to Lagos and Abuja in view of their population, mobility and number of cases already reported. The authorities are also identifying hotels in Lagos and Abuja that can be used for patients with mild symptoms (similar to what is being done in some European countries). The government, through the NCDC approved treatment centres in each of the 36 states including the FCT, for clinical management of patients suspected to have contracted the virus. The role of the NPHCDA is crucial in ensuring primary health care services at the LGA levels are maintained, so that the health systems are not overwhelmed indirectly from vaccine preventable diseases and treatable conditions at the PHC level. With temporary disruption of immunisation services due to social distancing measures or lockdown, the NPHCDA will coordinate a catch up vaccination for missed children when physical distancing measures are lifted.

**State Governments** have an important role to play in the rolling out of the crisis response plan. Governors have a high level of autonomy and some of them are quite effective in taking and implementing emergency measures. Coordination between the different layers of Government, however, remains problematic and for many State Governments the weak and aging civil service hampers efficient service delivery, a situation which will only be aggravated by the fact that most government staff will be restricted in their movement.

The third tier of Government in Nigeria's federal structure is composed of the more than 700 **Local Government Authorities** (LGAs). LGAs are vital to the sustenance of primary health care at grassroot level. However, local government is hampered by many challenges such as shortage of qualified personnel and finance, inadequate transportation, inaccessibility of many communities, lack of maintenance culture, political instability, high degree of leadership turn-over and in recent times, insecurity.

#### **4. IMPLEMENTATION ISSUES**

##### **4.1. Financing agreement, if relevant**

N/A.

##### **4.2. Indicative operational implementation period**

The implementation period will be 24 months from the date of contract signature.

##### **4.3. Implementation modalities**

The current action will be implemented under indirect management by UNDP in the frame of its wider programme the “One UN Response Plan for COVID-19 in Nigeria”. To respond to the crisis and make use of available resources in a coordinated manner, the UNDP has created a COVID-19 Basket Fund, which was officially launched on 6 April 2020, during a ceremony involving the PTF, MOH, MHADMSD, NPHCDA, the UN and some major development partners.

UNDP is a long-term partner of the EU in Nigeria. It will build on its relations with national and local authorities to facilitate their engagement and appropriation of the programme (UNDP is a member of the PTF on COVID-19) and ensure the appropriate coordination with other UN agencies involved, WHO and UNICEF in the first place.

As a major contributor to the Basket Fund, the EU will be full member of its Board, which will be co-chaired by the UN Resident Coordinator and COVID-19 PTF. The Board will serve as a decision-making and oversight body, responsible for the allocation of Basket Fund resources over the various activities.

The contracts related to independent Audit & Evaluation (EUR 250,000) and Communication & Visibility (EUR 250,000) respectively, will be implemented under direct management by the EU Delegation in Abuja in accordance with the procurement modalities (Financial Regulations 2018).

#### 4.4. Indicative budget

The breakdown of the budget under indirect management (EUR 49,5 million) will be determined during the contracting phase and will be flexible in order to be able to react quickly to the evolution of the pandemic and its sanitary and economic consequences. The Board of the Basket Fund will allocate resources to priority actions and items, in close consultation with the Government and UN agencies involved in the crisis response.

Indicative budget:

<b>Output Result</b>	<b>Amount</b>
<b>Indirect Management</b>	
Results 1 to 5	49,500,000
<b>Direct Management</b>	
Audit & Evaluation	250,000
Visibility & Communication	250,000
<b>TOTAL</b>	<b>50,000,000</b>

#### 4.5. Monitoring and reporting

The implementing partner must establish a permanent internal, technical and financial monitoring system for the action and prepare regular progress reports and final reports.

In the initial phase, the indicative logical framework agreed in the agreement signed with the implementing partner must be complemented with baselines, milestones and targets for each indicator. Progress reports provided by the implementing partner should contain the most recent version of the logical framework agreed by the parties and showing the current values for each indicator. The final report should complete the logical framework with initial and final values for each indicator.

The final report, financial and descriptive, will cover the entire period of the implementation of the action.

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).

The implementing partner(s) will report on a number of common EUTF indicators of the selected results for this Action<sup>4</sup> (see list in English / French published on the EUTF website).

<sup>4</sup> EN : [https://ec.europa.eu/trustfundforafrica/sites/euetfa/files/eutf\\_results\\_indicators\\_41.pdf](https://ec.europa.eu/trustfundforafrica/sites/euetfa/files/eutf_results_indicators_41.pdf)  
FR : [https://ec.europa.eu/trustfundforafrica/sites/euetfa/files/eutf\\_results\\_indicators\\_41\\_fr.pdf](https://ec.europa.eu/trustfundforafrica/sites/euetfa/files/eutf_results_indicators_41_fr.pdf)



As relevant, other indicators can be selected and reported on from the lists of sector indicators defined with thematic units.<sup>5</sup>

Project Implementing Partners will be required to provide regular data, including the evolution of the actual values of the indicators (at least every three months) to the contracting authority, in a format which is to be indicated during the contract negotiation phase. The evolution of the indicators will be accessible to the public through the EUTF website (<https://ec.europa.eu/trustfundforafrica/>) and the Akvo RSR platform (<https://eutf.akvoapp.org/en/projects/>).

#### **4.6. Evaluation and audit**

If necessary, ad hoc audits or expenditure verification assignments could be contracted by the European Commission for one or several contracts or agreements.

Audits and expenditure verification assignments will be carried out in conformity with the risk analysis in the frame of the yearly Audit Plan exercise conducted by the European Commission. The amount allocated for external evaluation and audit purposes should be shown in EUR. Evaluation and audit assignments will be implemented through service contracts, making use of one of the Commission's dedicated framework contracts or alternatively through the competitive negotiated procedure or the single tender procedure.

#### **4.7. Communication and visibility**

Given the sensitivity of this action, it is necessary to foresee communication and visibility measures that will be established at the beginning of implementation in common agreement with UNDP.

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<sup>5</sup> <http://indicators.developmentresults.eu> User name/password: results

### List of some acronyms

<b>AU</b>	African Union
<b>CSO</b>	Civil Society Organisation
<b>DEVCO</b>	European Commission's Directorate General for International Development and Cooperation
<b>DFID</b>	Department for International Development
<b>ECHO</b>	European Commission's Directorate General of European Civil Protection and Humanitarian Aid Operations
<b>EU</b>	European Union
<b>EUTF</b>	The European Union Emergency Trust Fund for stability and addressing root causes of irregular migration and displaced persons in Africa
<b>FCT</b>	Federal Capital Territory
<b>GIZ</b>	Gesellschaft für Internationale Zusammenarbeit
<b>HDI</b>	Human Development Index
<b>IMF</b>	International Monetary Fund
<b>LGA</b>	Local Government Authority
<b>MHADMSD</b>	Ministry of Humanitarian Affairs Disaster Management & Social Development
<b>MOH</b>	Ministry of Health
<b>NCDC</b>	National Centre for Disease Control
<b>NPHCDA</b>	National Primary Health Care Development Agency
<b>PTF</b>	Presidential Task Force
<b>R&amp;D</b>	Research and Development
<b>RCSDC</b>	Regional Centre for Surveillance & Disease Control
<b>SPRP</b>	COVID-19 Strategic Preparedness and Response Plan
<b>UN</b>	United Nations
<b>UNDP</b>	United Nations Development Programme
<b>UNICEF</b>	United Nations Children's Fund
<b>WB</b>	World Bank
<b>WHO</b>	World Health Organisation

## Annex: Indicative Logical Framework Matrix

Activities, outputs and indicators in the matrix are **indicative and will be updated during the inception phase**. *Additional note:* The term "results" refers to the outputs, outcome(s) and impact of the Action (OECD DAC definition).

	<b>Results chain: Main expected results</b>	<b>Indicators</b>	<b>Sources and means of verification</b>	<b>Assumptions</b>
<b>Impact (Overall objective)</b>	To support Nigeria response to the COVID-19 pandemic by ensuring optimum care of the confirmed COVID-19 cases and contain further spread of the outbreak	<ul style="list-style-type: none"> <li>- <i>Case Fatality Rate</i></li> <li>- <i>Number of confirmed cases</i></li> </ul>	National and programmatic survey records	<i>GoN continues to engage pro-actively in the response with financial allocations to health care and resources for containment</i>
<b>Outcome(s) (Specific Objective(s))</b>	To support the rapid implementation of the country's National COVID19 Multi-Sectoral Pandemic Response Plan	<i>Number of persons fully recovered from COVID-19</i>	Hospital records	The National COVID-19 multi-sectoral pandemic response plan continues to be in place
<b>Outputs (Results)</b>				

	<p><b>R.1.</b> Improved rapid procurement of disease commodity packages for surveillance, prevention and control, and clinical management</p>	<p>1.1. Number of testing kits dispatched per month  1.2. Number of masks dispatched per month  1.3. Number of PPEs dispatched per month  1.4. % of laboratory results available within 72hours  1.5. % of acute healthcare facilities with triage capacity  1.6. % of acute health care facilities with isolation capacity  1.7. % of health care facilities with WaSH services/running water.</p>		<p>Procurement and delivery can take place swiftly despite closed borders and air-space</p>
	<p><b>R.2.</b> Complementary Ongoing Risk Communication Strategies for sustained community engagement and cooperation supported</p>	<p>2.1 Number of campaigns on COVID-19 risks addressed to community members supported  2.2. Number of awareness raising campaigns on preventive measures supported (disaggregate: addressed to women; persons living with disabilities; marginalized groups)  2.3. Number of individuals reached with tailored information</p>		<p>Continued strong communication strategy by GoN</p>
	<p><b>R.3.</b> Development of tailored and decentralized response strategies at state-level aligned to the coordinated framework at the Federal level supported</p>	<p>3.1. Number of States that develop their contingency and response plans in less than 2 months  3.2 Number of Local Governments that develop their contingency and response plans in less than 2 months</p>		<p>Commitment of States to develop tailored response strategies aligned with framework at Federal level</p>

	<p><b>R.4.</b> Maintaining essential health services through Socio-economic analytics, and Pro-active early recovery investments during and after the crisis</p>	<p>4.1. Number of households reached with cash transfers during the period  4.2. Number of households able to access health care for other non-COVID ailments during the period  4.3 Number of States with functional mapping of Health facilities for various services available  4.4 Number of livelihood opportunities sustained in conflict affected and humanitarian contexts (e.g. IDP and refugee camps)  4.5 Number of States with established outreach mechanisms as needed to ensure delivery of essential (health) services</p>		<p>GoN will allocate resources to integrate risk informed development strategies after the crises and maintain or increase allocation to the social sector including health</p>
	<p><b>R.5.</b> Capacity for R&amp;D Capacities and Data Innovation strengthened</p>	<p>5.1 Number of policy actions on R&amp;D capacities engaged after the crisis  5.2 Number of policy actions on Data Innovation/modelling adopted after the crisis  5.3 Number of operational research carried out during the period</p>		<p>GoN engages in policy actions after the crisis</p>
	<p><b>R.6.</b> Coordination of Partnerships and mobilisation of resources for collective response is improved</p>	<p>6.1 Amount of partner resources mobilised  6.2 Proportion of partner contribution to/through the basket fund  6.3 Proportion of government contribution to the basket fund  6.4 Availability of one M&amp;E system to track and report progress</p>		<p>Continued commitment of GoN to improve coordination and allocation of resources</p>

