



EVALUATION OF THE EUROPEAN UNION EXTERNAL ACTION

FAST-TRACK ASSESSMENT

EU INITIAL RESPONSE TO THE COVID-19 CRISIS IN PARTNER COUNTRIES AND REGIONS

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Evaluation of EU initial response to the COVID-19 crisis in partner countries and regions

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ACRONYMS

AAP	Annual Action Programme
ACP	African Caribbean Pacific
AFD	French Agency for Development Cooperation
AfDB	African Development Bank
ARTF	Afghanistan Reconstruction Trust Fund
BOAD	West African Development Bank
BS	Budget Support
BSSC	Budget Support Steering Committee
CCRT	Catastrophe Containment and Relief Trust
COVAX	COVID-19 Vaccines Global Access
CRIS	Cross-Regional Information System
CSO	Civil Society Organisation
DCI	Development Cooperation Instrument
DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DG INTPA	Directorate-General for International Partnership
DG NEAR	Directorate-General for Neighbourhood and Enlargement Negotiations
DRC	Democratic Republic of Congo
EBRD	European Bank for Reconstruction and Development
EC	European Commission
ECDC	European Centre for Disease Control
EIB	European Investment Bank
EDF	European Development Fund
ENI	European Neighbourhood Instrument
EQ	Evaluation Question
ESSN	Emergency Social Safety Net
EU	European Union
EU MS	EU Member States
EUTF	EU Trust Fund
GDP	Gross Domestic Product
HDP	Humanitarian Development Peace
HI	High-Intensity

HIP	Humanitarian Implementation Plan
HOPE	Humanitarian Operations
HQ	Headquarter
HTSP	Healthy Timing and Spacing of Pregnancy
IBP	International Budget Partnership
IDB	Interamerican Development Bank
IFI	International Financial Institution
IGAD	Intergovernmental Authority on Development
IMF	International Monetary Fund
IHR	International Health Regulation
IP	Implementing Partner
IPA	Instrument for Pre-Accession Assistance
IPC	Infection, Prevention and Control
ISG	Interservice Group
JC	Judgment Criterion
JICA	Japan International Cooperation Agency
JIMT	Joint Incident Management Team
LI	Low-Intensity
LIC	Low Income Country
MDTF	Multi-donor Trust Fund
M&E	Monitoring and Evaluation
MI	Medium-Intensity
MFA	Macro-Financial Assistance
MFF	Multiannual Financial Framework
NGO	Non-governmental Organisation
OECS	Organisation of Eastern Caribbean States
PAHO	Pan American Health Organisation
PCR	Polymerase Chain Reaction
PFM	Public Financial Management
PHC	Primary Health Care
PIC	Pacific Island Country
PPE	Personal Protective Equipment
PRES	Programme de Résilience Économique et Sociale (of Senegal)

RCCE	Risk Communication and Community Engagement
RHCN	Regional Health Communication Network
SDG	Sustainable Development Goals
SDR	Special Drawing Rights
SME	Small and Medium Enterprise
SPC	Pacific Community
SRBC	State and Resilience Building Contract
SRPC	Sector Reform Performance Contract
TA	Technical Assistance
TF	Trust Fund
TRY	Turkish Lira
UN	United Nations
UNDP	United Nations Development Programme
USD	US Dollar
WASH	Water, Sanitation and Hygiene
WB	World Bank
WHO	World Health Organisation

THE EUROPEAN UNION SUPPORT TO PARTNER COUNTRIES AND REGIONS DURING THE FIRST YEAR OF THE COVID-19 PANDEMIC – A FAST-TRACK ASSESSMENT TO TAKE STOCK, LEARN AND LOOK AHEAD.

EXECUTIVE SUMMARY

INTRODUCTION

Early in the COVID-19 pandemic, the EU committed to help its partner countries deal with the immediate effects of the pandemic during 2020, the first year of the crisis. The EU and its Member States envisioned a cooperative, joint approach for this initiative, called “Team Europe”¹. This fast-track assessment is a stocktaking, lesson-learning and forward-looking exercise examining this initial EU response to the COVID-19 crisis (the “EU COVID-19 response”), and the added value of the Team Europe approach. It examines the support the EU provided to 15 countries and two regions in different parts of the world². These countries and regions represent a varied set of circumstances, both in relation to their pre-COVID-19 socio-economic and political situation and with regard to their COVID-19 related challenges and national responses.

The assessment focuses on the EU assistance managed by the European Commission. To reflect the essence of the Team Europe approach, it also considers its coherence and complementarity with other Team Europe actors, that is, the EU Member States, European Investment Bank, and the European Bank for Reconstruction and Development. The timeframe of the assessment runs from the outbreak of the COVID-19 crisis to the end of December 2020. However, the assessment also includes activities still ongoing in 2021 if these had started in 2020.

THE EU COVID-19 RESPONSE AND THE TEAM EUROPE APPROACH

In 2020, the total EU (Commission-managed) commitments to respond to the COVID-19 crisis in the 15 countries and two regions amounted to EUR 3 662 million. This included EUR 1 260 million of exceptional macro-financial assistance (MFA) for Montenegro and Ukraine. The total contracted amount in 2020 was EUR 2 171 million.

Team Europe COVID-19 response packages for partner countries and regions combined money from various EU external funding instruments managed by different EC services. The Team Europe approach was meant to facilitate greater coordination and scale-up of resources across the Commission as well as coherence with EU Member States and European Development Finance Institutions, building on the spirit of “Working Better Together”³. The Team Europe approach and the COVID-19 response were presented and endorsed in a Joint Communication (April 2020)⁴ and in

¹ “Team Europe” consists of the EU and its Member States, including national development banks and implementing agencies, as well as the European Investment Bank and the European Bank for Reconstruction and Development.

² Afghanistan, the Caribbean region, the Democratic Republic of Congo (DRC), Ecuador, Ethiopia, Fiji and the Pacific, Honduras, Kenya, Montenegro, Morocco, Myanmar, Senegal, Sierra Leone, South Africa, Turkey, Ukraine, and Yemen.

³ <https://europa.eu/capacity4dev/working-better-together>.

⁴ Joint Communication to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions – Communication on the Global EU Response to COVID-19; JOIN (2020) 11 final, Brussels, 8.4.2020.

Council Conclusions (June 2020)⁵, and reaffirmed in a further set of Council Conclusions (April 2021).⁶

The EU response focused on three main Team Europe priorities: (i) socio-economic support, receiving 68 % of the paid amount; (ii) health, water, and sanitation with 20 %; and (iii) emergency assistance, representing 12% of the overall envelope. Some 46% of the support was paid through budget support, 29% through macro-financial assistance, and 14% through project modality. Humanitarian interventions represented 10% of total paid amount, while blending constituted only 1%. Resources were also channelled through specific financing mechanisms such as the EU Trust Fund for Africa or the Facility for Refugees in Turkey.

METHODOLOGY AND LIMITATIONS

This assessment followed the methodological guidelines for strategic evaluations of DG INTPA, centring on the intervention logic of the EU response and on a concise evaluation matrix structured around four evaluation questions. Data collection in the 17 countries and regions occurred remotely, at three different levels of intensity. Six in-depth case studies provided a contextualised picture of the COVID-19 response, based on document and data review, key informant interviews, and focus groups. These were followed by 11 more narrow case studies to increase the robustness of the findings. A financial inventory of the COVID-19 response was carried out for all 17 case studies. Data collection also included a cross-cutting analysis of 30 budget support (BS) programmes. Finally, an online survey was sent to key stakeholders in all 17 countries and regions, and to selected headquarters-level stakeholders in the European Commission and from EU Member States.

The assessment was carried out on a tight timeline, but nonetheless covered a diverse set of interventions and aid modalities which necessitated collecting and validating information at headquarters, at regional level and in-country from different EC services, EU Member States, EU partner governments, a wide range of implementing partners, non-EU donors, and civil society organisations. The assessment was conducted in the months immediately after the end of the evaluation period, making it unlikely that any long-term effects from the support could be observed, including results that would take more time to materialise. Limited standardisation of reporting on the COVID-19 response at country level, resulting challenges with data quality and the discontinuation of INTPA's COVID-19 tracker for the COVID-19 response meant that the financial inventory could be put together only for the group of 17 case study countries and regions, not for areas outside of the scope of this assessment. This limited the ability to gain a broader, more global view of the scale and scope of the EU pandemic response. Finally, the inability to travel during the pandemic added to the challenge of limited availability of secondary data on the COVID-19 response and its possible results. Findings of this assessment are therefore preliminary, as the situation related to the global pandemic continues to evolve.

⁵ Council Conclusions on Team Europe Global Response to COVID-19, Council of the European Union, Brussels, 8.6.2020.

⁶ Council Conclusions on Team Europe, Council of the European Union, Brussels, 23.4.2021.

MAIN CONCLUSIONS OF THE FAST-TRACK ASSESSMENT

EU RESPONSE TO COVID-19 WAS FLEXIBLE, APPROPRIATE AND NEEDED IN PARTNER COUNTRIES AND REGIONS (C1)

The EU put together COVID-19 support packages that responded to some of the most acute needs in partner countries in the first year of the COVID-19 crisis. Through considerable investment of time and energy by EC staff (including EU Delegations), the EU was able to flexibly adapt existing interventions and create some new ones. It also managed to form several helpful partnerships and otherwise coordinate with, among others, EU Member States, the World Health Organisation, and other UN organisations, to deliver the assistance in ways that were relevant and timely. As foreseen, the assistance covered emergency assistance, health, water and sanitation, and socio-economic support - the three priority areas that the EU and its Member States had highlighted in their strategic documents. By and large, EC services in charge of development cooperation, neighbourhood and enlargement, and humanitarian assistance made appropriate and flexible use of the full range of aid modalities they had at their disposal to put together the support packages for partner countries.

GOOD RESPONSE TO EU BUDGET PRESSURES, ALBEIT WITH CERTAIN DOWNSIDES (C2)

The EU managed to provide this support even though it found itself in the last year of the EU multi-annual budget, also called the 2014 – 2020 Multiannual Financial Framework, when the pandemic started. Most of this multi-year budget had already been committed at that time. Faced with this challenge, the EU successfully found ways for money previously allocated to projects or programmes in its partner countries, but not yet used, to be reallocated to the COVID-19 response.

This otherwise flexible approach had one downside: it did not tie the size of the support packages to the scale of the needs in the different countries, or their absorption capacity in times of crisis. The resulting packages were in fact quite uneven in size when compared to the scale of EU support in the years before the start of the pandemic. Concretely, this meant that several of the low-income countries, including the Democratic Republic of Congo (DRC), Yemen and Afghanistan, received far less funding in COVID-19 support in 2020 than they had received in general support in the years immediately before the pandemic. Several middle-income countries, on the other hand, received far more funding. This included among others Montenegro, Senegal, and Ukraine.

RELEVANT LARGE-SCALE MOBILISATION OF BUDGET SUPPORT AND MACRO-FINANCIAL ASSISTANCE (C3)

The pandemic severely affected the economies of the 17 partner countries and regions included in this assessment. This also led to a sudden slump of revenues for their governments, while their expenditures for responding to the COVID-19 crisis increased. The EU therefore appropriately mobilised around three quarters of the EUR 3 668 million through budget support and macro-financial assistance to support the pandemic response in 13 countries. The size of the budget support payments made to the treasury account of the partner countries ranged from modest to significant in relation to total public revenues. In all cases, the payments provided liquidity to partner governments and shored up macro-economic stability at a time when it was needed most to finance and implement national COVID-19 response packages and help the population deal with the social and economic effects of the crisis. In several countries, including Ethiopia, Montenegro, South Africa, Senegal and Ukraine, these government packages, supported by the EU, helped cushion the shock of the pandemic on private companies and the population. Budget support and macro-financial assistance also provided a platform for policy dialogue, particularly to follow progress in the execution of the government-led COVID-19 response plans.

Ensuring proper accountability and transparency in the management of COVID-19 spending by partner governments under the conditions of the COVID-19 crisis was a challenge for the EU. It followed-up on these issues more strongly in some countries than in others.

EU-FINANCED PROJECTS PROVIDED SUPPLIES, EQUIPMENT AND SERVICES FOR HEALTH, SOCIAL PROTECTION AND EMPLOYMENT FOR VULNERABLE GROUPS (C5⁷)

The EU committed about one quarter of its financial support to allow a diverse range of humanitarian and development cooperation programmes and projects to make available supplies, equipment and services that were much needed for the initial pandemic response in the 17 countries and regions. These included personal protective equipment (PPEs), ventilators, COVID-19 test kits and laboratory equipment, water and sanitation solutions, and other products and services required for proper medical care and hygiene. In many countries, support went to groups that were particularly vulnerable to the effects of the pandemic but were not eligible or otherwise could not receive social protection services. Those groups included, for example, Syrian refugees in Turkey and refugees and internally displaced people in Afghanistan, the DRC and Yemen. EU projects and programmes also directly supported small and medium enterprises in their attempts to weather the economic effects of the global health crisis.

EU RESPONSE AIMED AT IMMEDIATE COVID-19 CRISIS, LESS AT LONG-TERM CRISIS RESILIENCE OR THE NEXUS (C4, C6)

Working to advance key structural reforms (such as in PFM, economic governance, social protection, labour market or the health sector) was a challenge when so many other acute and urgent needs needed to be addressed simultaneously. In practice, the EU emphasised supporting the response to the immediate COVID-19 crisis over the development of longer-term resilience to future crises.

This pattern applied across sectors and aid modalities. In the health sector, the EU had planned to build up the capacities of national health systems, such as in Ukraine and Montenegro. Ultimately, however, these plans took a backseat to providing health systems with resources to deal with the more immediate pressure from high rates of COVID-19 infections in the second half of 2020. The strengthening of national systems for greater resilience to future crises is also at the heart of budget support and macro-financial assistance. However, for budget support, most payments were made in 2020. This helped finance the immediate national COVID-19 responses but left open how countries would finance their response in the years to come. Additionally, to speed up the disbursements, the EU voided indicators for variable tranches of several budget support programmes. These indicators were intended to encourage governments to undertake longer-term reforms such as better managing their budget resources. In a de-facto trade-off between short- and longer-term priorities, this choice reduced the effects these programmes could have had on the follow-up of national reform agendas.

POLITICAL COMMITMENT TO TEAM EUROPE MOTIVATED SEVERAL JOINT COVID-19 RESPONSES (C7)

Amid a general sense of urgency to act, the EU and its Member States committed themselves in Council Conclusions of June 2020 to jointly help partner countries respond to the pandemic. This high-level political commitment to Team Europe motivated EC services, EU Member States, and the EIB and EBRD in several countries to seek out opportunities to offer better-coordinated support to the challenges of the pandemic, often building on existing mechanisms for cooperation. In places like South Africa, Senegal or Ukraine, the EU and its Member States presented their support under the common banner of Team Europe and thereby increased EU visibility. In Senegal and several other

⁷ Presented out of order in the interest of the flow of the text.

countries, interest in collaborating met with opportunities to work together. In Senegal, for example, this led to a joint support combining money from the EU, Germany, and several other multilateral and bilateral actors which helped to finance Senegal's national COVID response *Programme de Résilience Economique et Sociale* (PRES). In this and several other cases, closer alignment of objectives, efficient policy dialogue and pooling of resources may have led to greater effectiveness of EU support. The EU and its Member States reaffirmed their commitment to the Team Europe in April 2021 in a second set of Council Conclusions.

EARLY "TEAM EUROPE" NOT YET SUITED FOR ALL CONTEXTS (C8)

In its first application, the Team Europe approach was not yet equally suited for all the different contexts the EU encountered in its pandemic response. In particular in countries where the EU faced more complex and multi-dimensional policy agendas or was responding to complex and protracted crises, EC staff and EU Member States did not see how the approach would help them to increase their cooperation beyond current levels. Cooperation mechanisms like the Multi-Donor Trust Funds in Afghanistan or the EU accession framework for Montenegro that had been created well before the onset of the COVID-19 crisis and had been well-established through years of cooperation did not offer much space either to further enhance collaboration between the EU and its Member States or to launch communication or messaging campaigns under the Team Europe banner. This was even more so the case when the existing structures included not only European donors, but also donors external to the EU.

In addition, EC staff, EU Member States and other relevant stakeholders were not yet fully familiar with the Team Europe approach. Guidance that EU headquarters had sent out remained incomplete and did not offer concrete solutions to address more systemic, organisational bottlenecks that had impeded cooperation between the EU and its Member States in the past, such as incompatible procedures, incompatible financial cycles, or differing political interests.

LESSONS FROM THE ASSESSMENT

Lesson #1

Budget support can be powerful to support partner governments facing a rapid onset crisis in quickly providing funds to frontline public services.

It is always necessary to have appropriate mechanisms in place to ensure accountability and transparency of partner governments' operations, even in crisis response situations

Lesson #2

Lesson #3

Procedures for blending and guarantees are too lengthy to provide a suitable aid modality for putting together and deploying a crisis response in a short timeframe.

Lesson #4

The Commission lacked a fast and flexible way to mobilise funding for rapid, nexus-type interventions in response to newly emerging crises and emergencies that could complement humanitarian operations and link them to new or existing development interventions

Lesson #5

The usefulness of the Team Europe approach for improving the geo-political standing of the EU hinges on rallying support for the approach in other thematic areas within development and international relations and maintaining it once the sense of crisis linked to COVID-19 has subsided.

Lesson #6

Putting the Nexus into practice internally within the EC as part of crisis responses requires continued attention to the division of labour and coordination between the Commission development, foreign policy, and civil protection and humanitarian services.

RECOMMENDATIONS

Recommendation 1: Continue to support the COVID-19 response in partner countries throughout 2021 and beyond as necessary, adjusting the scope to reflect the evolving situation in countries, taking into account the additional resources from the new 2021 – 2027 Multi-year Financial Framework, and aligning the scale of support to the magnitude of needs in the different countries and regions.

Recommendation 2: Create a financial reserve or contingency fund that can be used to complement the use of existing funds for crisis response, to narrow funding gaps, and to even out the allocation of funds across countries, making it more commensurate with the respective magnitude of needs. The introduction of the ‘emerging challenges and priorities cushion’ under NDICI-Global Europe (article 6.3) foresees such a reserve.

Recommendation 3: Develop guidelines on using the modalities available under the NDICI, including in particular the Rapid Response Actions, to design and implement ad-hoc, timely and adaptable crisis response interventions for the continued EU support to the global COVID-19 response, also in view of their potential for helping to link relevant EU civil protection and humanitarian aid interventions, development and foreign policy actions.

Recommendation 4: Continue providing macro-economic support as necessary, in light of the current fiscal strains faced by partner governments, after careful review of the general eligibility criteria and assessment of the risks. Favour the use of budget support and macro-financial assistance especially when it is possible to generate significant fiscal space. Maximise the use of policy dialogue to inform and monitor the implementation of partner country crisis response plans.

Recommendation 5: Pursue support to medium- to longer-term fiscal and public expenditure reforms aimed at increasing domestic revenue mobilisation and at promoting debt sustainability, both during crisis response and post-crisis.

Recommendation 6: Build on the lessons from the EU response and the national responses to COVID-19 to help partner countries in developing their capacities for the vertical and horizontal expansion of social protection systems in EU partner countries to increase crisis preparedness and resilience and support vulnerable populations.

Recommendation 7: Further cooperate with partner governments so they become more open and accountable in their present and future crisis policy response and crisis spending.

Recommendation 8: Use experiences from the COVID-19 response and the initial experiences with the Team Europe Initiatives to sharpen the conceptual framework and build on comprehensive Team Europe Intervention Logic to design and implement a Team Europe Approach. This should also include an analysis of the political economy of the Team Europe approach. Based on this, expand on the operational guidance and communication materials promoting the approach internally and externally.

1. PURPOSE AND SCOPE OF THE ASSESSMENT

The European Commission's Directorate-General for International Partnerships (DG INTPA) commissioned ADE to carry out a **fast-track assessment of the EU's initial response to the COVID-19 crisis in partner countries and regions**. This assessment aimed at collecting early evidence and providing an independent assessment of the EU's response to the COVID-19 crisis in support of partner countries and regions. It additionally sought, to the extent possible, to be a stock-taking, lesson-learning and forward-looking exercise on the Team Europe approach in the medium and longer term beyond the immediate response to the COVID-19 pandemic.

The assessment primarily focused on the assistance provided by the European Commission (EC). It also integrated the support provided by other European actors (EU Member States (EU MS), European Investment Bank (EIB) and the European Bank for Reconstruction and Development (EBRD)) where relevant.

The geographical scope covered 15 partner countries (Afghanistan, Democratic Republic of Congo (DRC), Ecuador, Ethiopia, Honduras, Kenya, Montenegro, Morocco, Myanmar, Senegal, Sierra Leone, South Africa, Turkey, Ukraine, and Yemen) and two regions (Caribbean, Fiji-Pacific).

The temporal scope considered all EU (Commission-managed) commitments and disbursements undertaken from the outbreak of the COVID-19 crisis in early 2020 until the end of December 2020. The evaluation also considered as part of the COVID-19 response the commitments and payments which had been made before the outbreak of the crisis, but which were re-directed to tackle the pandemic. In order to collect enough evidence in particular on the initial effects reached, the assessment also included activities which had started in 2020 and were still under way in 2021.

2. METHODOLOGY

2.1 Overall methodological approach

The methodology for this assessment followed **DG INTPA's methodological guidelines** and ADE's good practices for strategic evaluations, while taking account of the fast-track nature of this assessment. It built around two centrepieces:

- The **intervention logic of the Team Europe approach** to COVID-19, both globally and at country/regional level (Section 4.2, Terms of Reference, Appendix),⁸ which provided a reference against which the EU's response was evaluated.
- A concise **evaluation matrix**, around which data collection and analysis were structured. It covered the relevance of the response to the pandemic (EQ1); the quality of coordination with other actors, as well as the visibility and added value of the Team Europe approach (EQ2); the efficiency of the response (EQ3); and the preliminary effects of the support delivered (EQ4). Table 1 provides an overview of the evaluation criteria and evaluation questions; the full version of the evaluation matrix is included in Annex 3.2.1.

⁸ The country/regional specific intervention logics in Appendix have been validated by the corresponding EU Delegations.

Table 1: Overview of evaluation criteria and evaluation questions.

Evaluation Questions (EQs)
EQ1: To what extent did the EU response address the needs and priorities of partner countries and regions, in line with the three priorities of the Team Europe approach (in the short- and long-term)?
EQ2: Did the Team Europe initial response add benefits to what would have resulted from actions taken by EU institutions and EU MS on their own?
EQ3: To what extent were, and are, various tools, aid modalities and their combinations efficient, flexible, and appropriate in view of promoting effective interventions?
EQ4: Was the EU response successful in progressing towards results ?

A **multi-level, staggered approach for data collection and analysis was used** centred on 17 case studies (countries and regions) (Table 2). Three different levels of data collection intensity were distinguished to adequately cover the wide thematic and geographic scope despite the short timeframe. Each case study country was assigned an intensity level, based on a multiple-criteria decision-making approach (Annex 3.2.2). In addition, data collection at the three levels was staggered over time to enable the use of earlier insights to direct the analytical focus in later phases. Data were first collected for **high-intensity (HI) countries**, to provide an in-depth, contextualised and evidence-based understanding, while simultaneously highlighting areas of interest for further inquiry. These areas were subsequently pursued in **medium-intensity (MI)** and **low-intensity (LI) countries**. This increased the robustness of evidence and emerging findings through triangulation.

Table 2: Differentiation of the intensity of data collection and analysis across countries.

Intensity level of inquiry	Countries / Regions	Data collection tools (in consecutive order, from left to right)				
		Inventory compilation	Document & Data review	Number of individual interventions reviewed	Number of interviews and focus group discussions	Stakeholder survey
High intensity	Afghanistan, Ecuador, Ethiopia, Montenegro, Senegal, Turkey	✓	Extensive	3-6	7-14	✓
Medium intensity	Fiji (Pacific region), Kenya, Caribbean region, Sierra Leone, Ukraine, Yemen	✓	Moderate	2-3	5-8	✓
Low intensity	DRC, Honduras, Morocco, Myanmar, South Africa	✓	Selective	0	1-4	✓

The assessment ran from December 2020 to September 2021 and followed a well-defined sequential approach across three phases (inception, interim, reporting). A detailed overview of the activities and deliverables by phase can be found in Annex 3.1.

2.2 Data collection and analysis tools

A common set of consecutive data collection and analysis tools was used across the case study countries and regions. A concise overview is provided below, while additional information can be found in Annex 3.

Firstly, the team compiled **an inventory of the Commission response deployed in the 17 case study countries/regions** (Annex 2). The inventory contained an exhaustive list of COVID-19 interventions for each country/region along with their key characteristics (managing DG, Team Europe

priority area, aid modality, financial volume, implementing partner and so on). It built initially on the COVID-19 tracker developed by DG INTPA and on the information provided by DG ECHO and FPI, as well as complementary databases (CRIS, HOPE). It was subsequently updated and complemented with information from the country-level Team Europe COVID-19 response fiches, including for interventions managed by DG NEAR and DG ECFIN, as well as additional information from the EU Delegations. A detailed methodology of the inventory can be found in Annex 2.1. The inventory was instrumental in providing an overview of the priority areas targeted and aid modalities used at country/regional level. Findings and lessons could then be validated within and across similar (or “comparable”) country packages. The inventory was also used to assign intensity levels for the review conducted for the case study countries (Annex 3.2.2).

Next, **documents and data were reviewed** for all 17 case study countries/regions (Annex 3.2.3), albeit at different intensity levels (Table 2). This included a review of the in-country Team Europe response as a whole, and of a selection of individual interventions for HI and MI countries (Table 2). The evaluation team selected these individual interventions jointly with Commission staff (*i*) to capture core elements of the different response packages; (*ii*) to represent all three Team Europe priority areas as defined in the Joint Communication; and (*iii*) to arrive at a balanced selection of the different aid modalities and implementing partner types across all case studies.

A **cross-cutting analysis of the 30 budget support programmes** mobilised for the COVID-19 response was carried out (Annex 2.4). It focused on two levels:

- **A review of the newly designed COVID-19 BS programmes and of the changes made to ongoing BS programmes** (such as frontloading, neutralisation of variable tranche indicators, etc.). Planned and effective disbursement calendars were also reviewed, and specific attention was put on accountability and transparency issues. In addition, five BS programmes were selected for in-depth review in consultation with Commission staff.⁹ This included a review of the documentation of each BS programme (financing agreements, COVID-19 addenda, and disbursement files) and of the macro-fiscal context, the statistical analysis of macro and budgetary data, and interviews with key stakeholders.
- **At macro level, the effects of BS were assessed in terms of** (*i*) enlarged fiscal space through the analysis of macro-budgetary data for the 13 BS beneficiary countries; (*ii*) design, implementation and monitoring of COVID-19 national response plans; and (*iii*) Public Financial Management (PFM) strengthening and accountability in the management of COVID-19 funds, notably through data from the International Budget Partnership (IBP).

Stakeholder interviews and focus group discussions (FGDs) were conducted remotely based on interview guides, at varying intensities across the countries (Table 2; Annex 5). These allowed broadening and deepening understanding of the overall COVID-19 response and of the individual selected interventions. Stakeholders interviewed included staff from EU Delegations, EU services, EU MS, EU development and financial institutions, implementing partners, national authorities, other donors and institutions, and Civil Society Organisations (CSOs).

A **stakeholder survey** was then conducted in all 17 case studies to broaden the evidence base beyond interviews and FGDs (Annex 3.2.4). It was used to quantify perceptions and to triangulate data. A common questionnaire template was developed and subsequently tailored towards five

⁹ Senegal (EU Daan Corona), Montenegro (SRBC), Ethiopia (SRPC Health), Ecuador (Economic reactivation of affected areas Manabí and Esmeraldas) and Fiji (SRPC Agriculture).

respondent groups.¹⁰ The survey was administered online for two weeks,¹¹ with periodic respondent reminders.

Finally, all evidence was **systematically analysed and triangulated** to provide robust answers to the evaluation questions, first at country/regional level in individual country/regional notes (Appendix) and subsequently at cross-country/regional level in the main report. The cross-cutting analysis was facilitated by a series of team workshops. Findings were also discussed and validated through periodic meetings with the Interservice Group (ISG).

The assessment was conducted in keeping with all applicable standards on the ethical conduct of evaluations relating to the treatment of gender, awareness of power dynamics among evaluation stakeholders, safeguards to ensure confidentiality and anonymity of information shared with the evaluators and other relevant issues. Moreover, the evaluation team confirmed that it was able to work on this assessment independently, and without undue influence on the data collection and analytical processes. The evaluators were not aware of any conflicts of interests that would have impeded the impartiality of the team towards the evaluation subject or evaluation stakeholders.

2.3 Limitations

The recent nature of the COVID-19 pandemic along with the fast-track approach for this assessment presented a set of inherent challenges that were much more pronounced than in traditional strategic evaluations. Three prime examples were (i) a very tight timeline; (ii) limited data availability; and (iii) limited hindsight and temporal scope (nine months). Findings are therefore preliminary, emerging, and dynamic. In addition, the COVID-19 pandemic-imposed travel restrictions and hence the need for remote data collection. These limitations, as well as the measures applied to mitigate them, are discussed in Table 3.

Table 3: Limitations for the evaluation and mitigation measures taken.

Limitations	Mitigation measures taken
<p>Tight timeline: the fast-track nature of this assessment¹² presented substantial time constraints not generally found in more strategic evaluations of a similar thematic and geographic scope.</p> <p>This was compounded by the large diversity in Team Europe responses to be evaluated (multi-priority, multi-modality, multi-sector, multi-country) and the large number of stakeholders involved (for document delivery, consultation, validation etc.).</p>	<ul style="list-style-type: none"> • Focus on the essence, with a swift process with swift decisions and flexibility, from both ISG and evaluation team. • Evaluation team of adequate size, combining experts with solid evaluation experience across the thematic and geographic areas concerned, in order to work quickly, efficiently and in parallel. • Multi-level approach to data collection and analysis, differentiating intensity across countries while maintaining a common evaluation framework. • Allow limited degree of overlap in phases (inception, interim, final) and intensity levels (high, medium, low), as well as slight adjustments to the evaluation timeline, to accommodate unexpected events and delays (see Annex 3.1)
<p>Little hindsight and short temporal scope: findings are preliminary, emerging, and dynamic, as the COVID-19 crisis and EU response</p>	<ul style="list-style-type: none"> • Commitment dates were used to determine whether COVID-19 interventions fell within the temporal scope of the assessment or not

¹⁰ a) Commission services, EU Delegations and EDFIs, b) in-country implementing partners, c) national authorities, d) non-implementing CSOs, e) global stakeholders. Survey questionnaires differed by respondent group, not by country.

¹¹ As an exception, the survey addressed to global stakeholders remained open for more than four weeks.

¹² About seven months from kick-off meeting to draft final report.

Limitations	Mitigation measures taken
<p>are ongoing and evolving. It proved complex to apply the evaluation's temporal scope boundary of December 2020 as a hard cut-off, as in reality the Team Europe response continues over from 2020 to 2021.</p>	<p>(whether interventions were within/outside the scope if committed before/after 31 December 2020).</p> <ul style="list-style-type: none"> For interventions within the scope, implementation was considered even if spanning to 2021. Since data collection largely took place from March to May 2021, many useful insights beyond the temporal scope were gathered, in particular for countries with a later/delayed Team Europe response and for the assessment of effectiveness.
<p>Travel restrictions due to COVID-19: meetings, interviews and focus group discussions could not take place in-person.</p>	<ul style="list-style-type: none"> Use of remote evaluation techniques, tools, and technologies, drawing on ADE's extensive experience herewith (including from recent assignments during the COVID-19 pandemic).
<p>Limited data availability: given the recent nature of the COVID-19 pandemic¹³ and the fast response set up by Team Europe, limited data were available, especially on results of the Team Europe response (cf. EQ 4).</p>	<ul style="list-style-type: none"> Systematic assessment of secondary data availability, through document type templates (see Annex 3.2.3) and close consultation with Commission relevant services, the ISG and the EU Delegations. Emphasis on primary data collection, through stakeholder interviews, focus group discussions and survey.
<p>Specific limitations for the inventory compilation, mainly relating to poor data quality: incomplete information at contract/agreement level; discontinuation of INTPA's COVID-19 tracker and no standardisation of reporting at country level; and limited consideration of indirectly contributing interventions.</p>	<ul style="list-style-type: none"> The original information contained in the COVID-19 tracker developed by DG INTPA; information from CRIS; information provided by DG ECHO (based on HOPE) and clarifications provided by FPI were updated and complemented with information from the country-level Team Europe COVID-19 response fiches, as well as additional information from the EU Delegations, including information on interventions managed by DG ECFIN and DG NEAR. Regional and global initiatives were included if mentioned in the country-level Team Europe COVID-19 Response fiches to identify indirectly contributing interventions. To deal with poor data quality (missing information or inconsistent reporting), the evaluation team triangulated information to the extent possible. However, this may have affected the reliability of the figures presented. <p>For additional details, see Annex 2.1.</p>

¹³ About eight months between the Joint Communication on the Global EU response to COVID-19 and the start of the evaluation.

3. KEY CONTEXTUAL ELEMENTS

3.1 Impact of COVID-19 in the 17 countries and regions

During the rapid global spread of the COVID-19 virus from March 2020 onwards, the profound, diverse and sustained effects of the pandemic in EU partner countries quickly became evident. The pandemic put immense pressure on health and sanitary systems, thereby initiating or aggravating health and humanitarian crises. Simultaneously, it affected livelihoods and well-being by disrupting markets, value chains and employment in manifold sectors – in turn constraining public and private finance – and through its impacts on education, quality of work, human rights, and so forth. **The impact of the pandemic persisted at the end of 2020 in the 17 countries/regions under review, although its severity, features and trajectory differed across those countries/regions.** Indeed, the impact strongly depended on country-specific circumstances, such as capacities, national response plans, partner presence and political stability. Detailed information on country/regional-specific responses and impacts can be found in Appendix.

3.1.1 Health, sanitary and humanitarian impacts

To mitigate the first wave of infections, all countries adopted strict containment measures, including travel bans, closing international borders, banning public gatherings, school closures, quarantine requirements, lockdowns, and the establishment of a curfew. Although lockdowns were remarkably similar across countries, some countries took longer to respond, causing an outburst of contaminations (Afghanistan, Ecuador). Support was provided to the health system and urgent health needs were addressed, especially in terms of critical medical supplies and products.

The first wave of infections was generally more severe in upper-middle-income countries (Ecuador, Fiji, South Africa, Turkey) **than in low-income countries** (Afghanistan, DRC, Ethiopia, Sierra Leone, Yemen). One reason for the higher propagation rate in richer countries might have been the higher urbanisation, urban density, and mobility within the country/region and overseas. Conversely, transmission may have been slower in countries where rural areas were disconnected from urban epicentres and with a higher share of rural population.¹⁴ Another explanation may be the preponderance of work- or market-place transmission in middle-income countries, as opposed to community-related transmission in low-income countries.¹⁵ The difference could also be partly explained by inaccuracies in data collection, whereby especially in low-income countries the actual number of cases may have significantly surpassed the estimated number.

Despite a (presumably) lower prevalence of infections, the health and humanitarian impacts were typically higher in poorer countries due to internal fragilities. Low healthcare capacity meant that hospitals were quickly overwhelmed, inducing particularly acute health crises in countries with an ongoing humanitarian crisis (Ethiopia, Myanmar, Turkey, Yemen), health crisis (Ethiopia, Honduras, South Africa), armed conflict (Afghanistan, Myanmar), or that faced some form of natural disaster (Ethiopia, Honduras, Yemen). In these countries, the pandemic significantly aggravated the already fragile situation, putting further pressure on an already under-resourced health system and infrastructure. Implementation of health measures was very difficult for countries such as Afghanistan and Yemen, where years of violent conflict have severely damaged health and general infrastructure. Similarly, while initial efforts were implemented to contain the virus, health

¹⁴ “Schellekens, Philip; Sourrouille, Diego. 2020. COVID-19 Mortality in Rich and Poor Countries: A Tale of Two Pandemics? Policy Research Working Paper; No. 9260. World Bank, Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/33844> License: CC BY 3.0 IGO.”

¹⁵ [The Covid-19 lockdown trade-off in low- and middle-income countries | VOX, CEPR Policy Portal \(voxeu.org\)](https://voxeu.org/article/the-covid-19-lockdown-trade-off-in-low-and-middle-income-countries)

infrastructure and services were dismantled following the February coup in Myanmar. By comparison, countries with a strong history of health emergencies and disaster management (Sierra Leone, South Africa, Turkey) were more able to formulate adequate response plans, building on experience dealing with past health crises (Ebola, malaria, typhoid, cholera). By adapting already existing disaster management frameworks to the COVID-19 context, these countries focused on surveillance, isolation, quarantine, testing, clinical care, and behavioural change, allowing for a swift and appropriate response in the initial stages of the pandemic.

3.1.2 *Social and economic impacts*

All countries adopted socio-economic measures in response to the COVID-19 pandemic. Although these varied across countries, government responses were generally based on the same pillars: supporting the health sector, strengthening social resilience of the population, supporting the private sector, and maintaining jobs. Social assistance, such as cash transfers and food supplies, targeted the most disadvantaged households. Temporary unemployment benefits were granted to formal workers and cash transfers to informal workers. Support was provided to businesses in sectors hit hardest by the pandemic (debt payment deferrals, tax exemptions, social transfers to employees and deferred social contribution payments). The sectors concerned varied, but the agricultural sector was often prioritised. Tourism, a key driver of trade and foreign exchange inflows for many low- and middle-income countries, was also prioritised (Caribbean countries, Fiji, and Pacific Island Countries (PICs), Morocco, Senegal, South Africa).

Different socio-economic response features and approaches can be observed across the case study countries. In general, middle-income countries responded with more comprehensive economic programmes and well-targeted fiscal responses. Conversely, in several countries the response was severely constrained: Myanmar and Yemen, for instance, had to cope with a lack of budgetary space, weak institutional capacity and limited external assistance. For a few countries, the recovery plan was transformed into a national development strategy to reflect lessons from the pandemic (Senegal, South Africa¹⁶). In Montenegro, Morocco and South Africa, the low infection rate, whether real or perceived depending on the scale of testing campaigns, prompted the reopening of borders and the alleviation of containment measures to stimulate the economy.

Nevertheless, the socio-economic response plans were generally insufficient to offset the effects of the pandemic:

- **The COVID-19 pandemic increased overall poverty.** In January 2021, the World Bank estimated that the pandemic had pushed between 119 and 124 million people into extreme poverty around the globe in 2020, with no reversion of this trend likely in 2021.¹⁷ Decreasing living standards in developing countries were well documented as a partial consequence of lockdown policies.¹⁸ COVID-19 prevention measures, as well as supply delays and price increases of humanitarian, food and commercial goods, resulted in increases in food insecurity (among the case study countries, especially in Afghanistan and Ethiopia).
- **An increase in inequality is another consequence of the pandemic.** Inequality strongly increased in countries with a high percentage of daily workers and where the informal economy represents a large share of the Gross Domestic Product (GDP). Female, young, old, and less-educated workers, who were already likely to be disadvantaged before the shock, bore the brunt of the pandemic's immediate impact on jobs.

¹⁶ South Africa's recovery plan included a longer-term strategy to foster an inclusive and sustainable recovery and to strengthen people's resilience to future shocks.

¹⁷ [Updated estimates of the impact of COVID-19 on global poverty: Looking back at 2020 and the outlook for 2021 \(worldbank.org\)](https://www.worldbank.org/)

¹⁸ Drèze and Somanchi 2021; Egger et al. 2021

- **The economic impact of COVID-19 was substantial and broad-based**, and while all countries suffered from both demand and supply shocks, **the shock was more severe for middle-income countries strongly dependant on international flows**. This includes economies with little diversification, which rely strongly on tourism (Caribbean countries, Fiji, and other PICs), export revenues or remittances (Myanmar, Senegal, South Africa, Ukraine).

3.2 The Global EU response to COVID-19 in partner countries and the Team Europe approach

The Team Europe approach was born out of the extraordinary conditions created in 2020 by the COVID-19 pandemic and the desire to offer a united European response to the pandemic-related needs emerging in the partner countries. The EU concluded early on that the COVID-19 pandemic required a fast, massive, coordinated, and coherent response to protect people, to save lives, and to minimise the economic fallout worldwide. In a joint communication of April 2020 to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions¹⁹, the European Commission signalled that international solidarity and leadership called for combating the virus and its effects not only in Europe, but also in the rest of the world. The EU strongly supported international cooperation and multilateral solutions as key pathways for this response, in line with both the EU's own strategic interests and with core European values. EU Member States endorsed the Team Europe approach and the COVID-19 response in a set of Council Conclusions in June 2020²⁰, and reaffirmed the approach in a further set of Council Conclusions in April 2021²¹.

The Team Europe approach built on the commitment made by the EU and its Member States to work more closely and in a more coordinated way as laid out in the European Consensus on Development²² and the Global Strategy for the European Union's foreign and security policy. These principles were translated into the "Working better together" concept to strengthen joint programming and joint implementation in the interest of increased effectiveness of EU actions in particular at country level, including also in broader contexts such as security, environmental protection, migration, human rights, and international trade and investment.²³ The COVID-19 crisis created momentum for the EU and its Member States to reaffirm and strengthen their commitment to cooperation with the political support to the Team Europe approach, and to call for the application of principles of "Working Better Together" and Joint Programming to the response to COVID-19²⁴.

The Team Europe approach was intended to encourage the EU and its Member States, their implementing agencies and European public development banks, and European Financial Institutions (EFIs), to combine resources and to improve overall coherence in the interest of raising the standing and visibility of the EU as a global leader and world-leading donor. Team Europe constitutes a joint effort by the European Union and its Member States, their

¹⁹ JOINT COMMUNICATION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS, Communication on the Global EU response to COVID-19, JOIN (2020) 11 final, Brussels, 8 April 2020.

²⁰ Council conclusions on Team Europe Global Response to COVID-19, 8 June 2020

²¹ Council conclusions on Team Europe, 13 April 2021.

²² See European Consensus on Development at https://ec.europa.eu/international-partnerships/system/files/european-consensus-on-development-final-20170626_en.pdf

²³ <https://europa.eu/capacity4dev/wbt-policy-context>

²⁴ For example, the Council Conclusion of June 8, 2020, on the Team Europe Global Response to COVID-19 "highlights the role of the EU Delegations" in coordinating Member States, European development agencies, the EIB and other European financial institutions, "in line with the Working Better Together approach". The Conclusions also emphasise that the longer-term response to COVID-19 should be embedded in the "context of our commitments to joint programming", and that "joint needs assessments", "joint monitoring systems" and "joint communication campaigns" are all in the interest of a "joint, swift, visible, and transparent action of Team Europe".

implementing agencies and public development banks, as well as the European Investment Bank (EIB) and the European Bank for Reconstruction and Development (EBRD).²⁵ Compared to earlier mechanisms that had focused on streamlining operational coordination and had remained confined to country-specific experiences, Team Europe is more political in nature with the aim of improving the positioning of the EU as an influential and visible geopolitical actor in the international arena. The approach is associated with three core objectives: (1) efficient coordination to achieve greater coherence and impact of EU actions; (2) promoting EU interests and values at national and international level; (3) strengthening EU visibility through joint communication under Team Europe.²⁶

The scope of the Team Europe approach progressively expanded, from reacting to immediate needs in response to the COVID-19 pandemic, to responding to partner countries' longer-term socio-economic needs for "Building Back Better and greener"²⁷.

Programming exercises ongoing when this assessment was under way were gathering Team Europe actors around a number of Team Europe Initiatives as flagships of the Team Europe approach. These are intended to identify and jointly address critical priority bottlenecks in partner countries and promote the Team Europe approach²⁸. Team Europe Initiatives are voluntary initiatives, designed, financed, and implemented by all Team Europe actors, and spanning country, regional and thematic levels. They may further include involvement of like-minded non-EU donors interested in establishing closer working relationships and further strengthening coordination.²⁹

3.3 Inventory of the European Commission's response to COVID-19 in the 17 countries and regions

The Commission mobilised significant funding for the COVID-19 response (Annex 2). In 2020, total EU (Commission-managed) commitments to respond to the COVID-19 crisis in the 17 countries and regions under review amounted to EUR 3 662 million.³⁰ The Multiannual Financial Framework of the EU (2014-2020) was in its last year of implementation when the pandemic hit. Most of the EU commitments mobilised for the response therefore included funds that had already been committed prior to COVID-19 for ongoing interventions, and that were then re-oriented to tackle the pandemic. They also included EUR 1 260 million of Macro-Financial Assistance (MFA) in the form of loans to Montenegro and Ukraine for 2020 and 2021 in response to the pandemic. The Commission's total paid amount in 2020 for the 17 countries and regions under review was EUR 2 171 million (Figure 1).³¹ New interventions contracted in 2020 represented less than one third of the total portfolio.^{32 33}

²⁵ The Council Conclusions of June 8, 2020, on Team Europe Global Response to COVID-19, p. 2.

²⁶ Interviews

²⁷ "The Council emphasises that Team Europe interventions aim at global sustainable recovery in the spirit of "building back better and greener", the achievement of the 2030 Agenda and its Sustainable Development Goals (SDGs) and the goals of the Paris Agreement." (Council Conclusion of April 13, 2021, p.3)

²⁸ <https://europa.eu/capacity4dev/wbt-team-europe>

²⁹ <https://europa.eu/capacity4dev/wbt-policy-context>

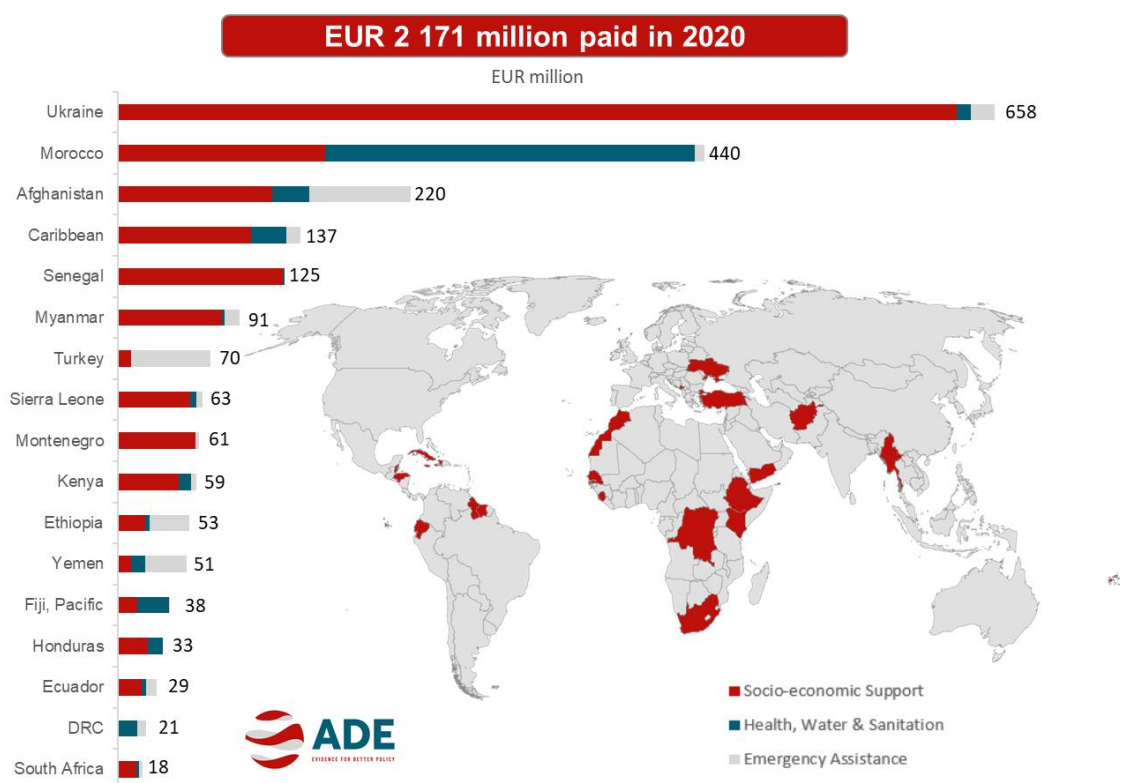
³⁰ Total amounts include bilateral interventions, regional interventions and global initiatives specifically addressing the COVID-19 crisis in the 17 countries and regions under review. Regarding global initiatives, the global action "Coronavirus Facts" addressing the COVID-19 'disinfectomic' targeted Ethiopia, Kenya, and Senegal. DG ECHO's global contract for the "EU Global Response to the COVID-19" specifically covered assistance to Kenya, Ethiopia, Afghanistan, and the Caribbean, respectively implemented by WHO for the first three countries and by UNICEF for the Caribbean. Regional initiatives added up to bilateral support in Ukraine, South Africa, and Ecuador. Regional interventions were also included in the case of the Caribbean and Pacific case study. The bilateral cooperation programmes implemented in the countries of the Caribbean region and in the countries of the Pacific region except Fiji are however not part of the scope of the assessment and are therefore not covered under the findings at EQ level.

³¹ See Annex 2.1 for more details on calculation of the figures for this section of the report and potential limitations due to poor data quality.

³² This includes all new contracts signed in 2020, even those already envisaged for signature before the pandemic hit.

³³ I) The thematic classification of the response relied on DG INTPA's COVID-19 tracker, as well as the country-level COVID-19 response fiches. For Yemen, the emergency and health sectors were not clearly separated. Hence, further

Figure 1: EU paid amounts for the COVID-19 response in 2020 by case study country/region



Source: Inventory compiled by ADE

The European Commission mobilised across the board to design and implement the response. Most of the countries and regions covered by this assessment fall under the responsibility of DG INTPA while four of them fall under the responsibility of the Directorate-General for Neighbourhood and Enlargement Negotiations (DG NEAR).³⁴ The Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) was active in 13 out of the 17 countries/regions.³⁵ FPI contributed to the COVID-19 response in eight of the 17 countries.³⁶ DG ECFIN supported two countries through exceptional MFA.³⁷

The Commission's response focused on three main Team Europe priorities, namely (i) socio-economic support, (ii) health, water, and sanitation and (iii) emergency assistance (Figure 2). The bulk of the paid response went to socio-economic support (68%), followed by health, water, and sanitation (20%) and emergency assistance (12%). In 11 out of the 17 countries/regions, the response mostly consisted of socio-economic support. In DRC, Fiji and Morocco, the bulk of the paid portfolio addressed health, water, and sanitation. In Ethiopia, Turkey and Yemen, the paid response consisted mostly of emergency assistance (Figure 1).

classification was done by the evaluation team based on available information. II) For the Caribbean, the overall amount displayed includes both regional and bilateral funds for the sake of completeness; however, the case study only focused on regional interventions.

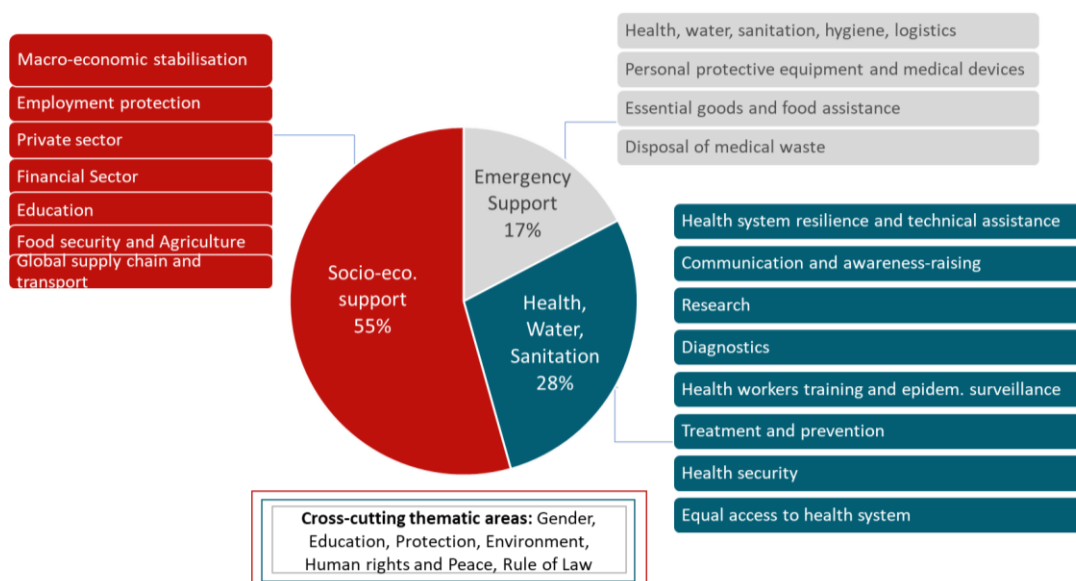
³⁴ Montenegro, Morocco, Turkey, Ukraine.

³⁵ Afghanistan, Caribbean, DRC, Ecuador, Ethiopia, Fiji-Pacific, Kenya, Myanmar, Sierra Leone, South Africa, Turkey, Ukraine, Yemen.

³⁶ Afghanistan, DRC, Ecuador, Ethiopia, Kenya, Myanmar, Senegal, Yemen.

³⁷ Ukraine and Montenegro.

Figure 2: EU paid amounts for the COVID-19 response by Team Europe priorities in the 17 case study countries and regions



Source: Inventory compiled by ADE

The Commission used various aid modalities to deploy its assistance (Figure 3). It mobilised massive funding through **budget support (BS)**: EUR 1 006 million disbursed or 46% of the paid amounts for in a number of countries among the 17 countries/regions under review through 30 BS programmes³⁸, including four programmes specifically designed in 2020 to respond to the COVID-19 crisis.^{39 40} It also deployed two exceptional **MFA schemes** for Montenegro and Ukraine for a total paid amount of EUR 630 million or 29% of the response. **Technical assistance programmes and projects** funded by DG INTPA, DG NEAR or FPI⁴¹ (EUR 308 million) represented 14% of total paid amounts. 43% was directly managed by the Commission via grant agreements and services and 57% was indirectly managed⁴² via contribution and delegation agreements signed with international organisations and EU MS agencies. **Emergency interventions through DG ECHO** (EUR 211 million) represented 10% of total paid amounts. This included funds that had been already foreseen under the Humanitarian Implementation Plan (HIP) 2020. In one country (Afghanistan), additional funds (EUR 15 million) were mobilised under the HIP. Additional DG ECHO support, minor in terms of funding, came via the Emergency Toolbox, specifically used to fund DG ECHO's global response to COVID-19, the EU Humanitarian Air Bridge initiative, as well as the Disaster Relief Emergency Fund (DREF). The use of **blending** was limited, with EUR 15 million paid in 2020 (1% of the response) for four interventions in Ecuador, the Caribbean, Kenya, and Myanmar.

Part of the support provided through BS, "classical" programmes and projects and DG ECHO **was channelled through specific financing mechanisms** including Trust Funds and Facilities.⁴³ Multi-donor or single donor trust funds were used in 13 countries. Most of the funding channelled through Trust Funds (TF) went to the EU Trust Fund (EUTF) for Africa. The latter was used in Morocco, Kenya,

³⁸ This excludes all the bilateral BS interventions deployed in the Caribbean countries since the Caribbean was assessed through a regional lens.

³⁹ These four BS programmes were deployed in Montenegro, Morocco, Kenya, and Senegal.

⁴⁰ Note that the volume of reference here for BS programmes has been drawn from the inventory compiled by the evaluation team. The highest identified amount is reported here although a lower amount has been reported and considered in the in-depth BS analysis carried out by the evaluation team. This is attributable to different ways of reporting across country case studies. The in-depth BS analysis relied on documentation directly collected by the evaluation team and is presented in Annex 2.

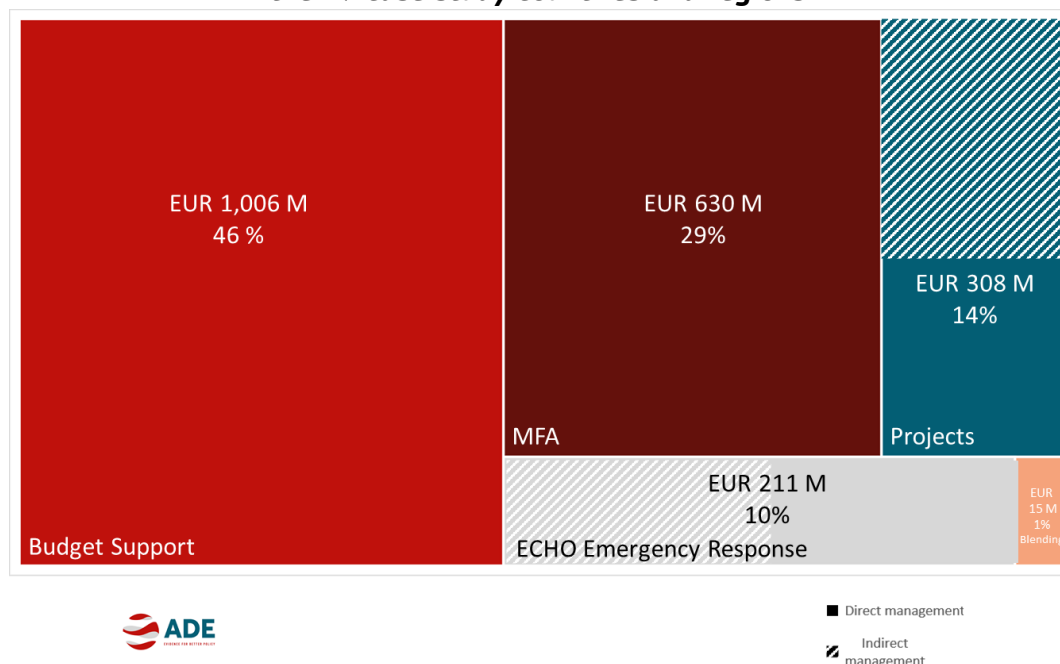
⁴¹ Via the IcSP mechanism.

⁴² Indirect management was used in all countries except for South Africa.

⁴³ The inventory does not provide a comprehensive picture of the funds mobilised through Trust Funds.

and Ethiopia for a total of EUR 48.32 million. More than half of the support in Turkey came from the Facility for Refugees for a total of EUR 58 million paid. Finally, candidate countries for EU membership also participated in specific EU initiatives.⁴⁴

Figure 3: Distribution of EU paid amounts for the COVID-19 response by aid modality in the 17 case study countries and regions⁴⁵



Source: Inventory compiled by ADE

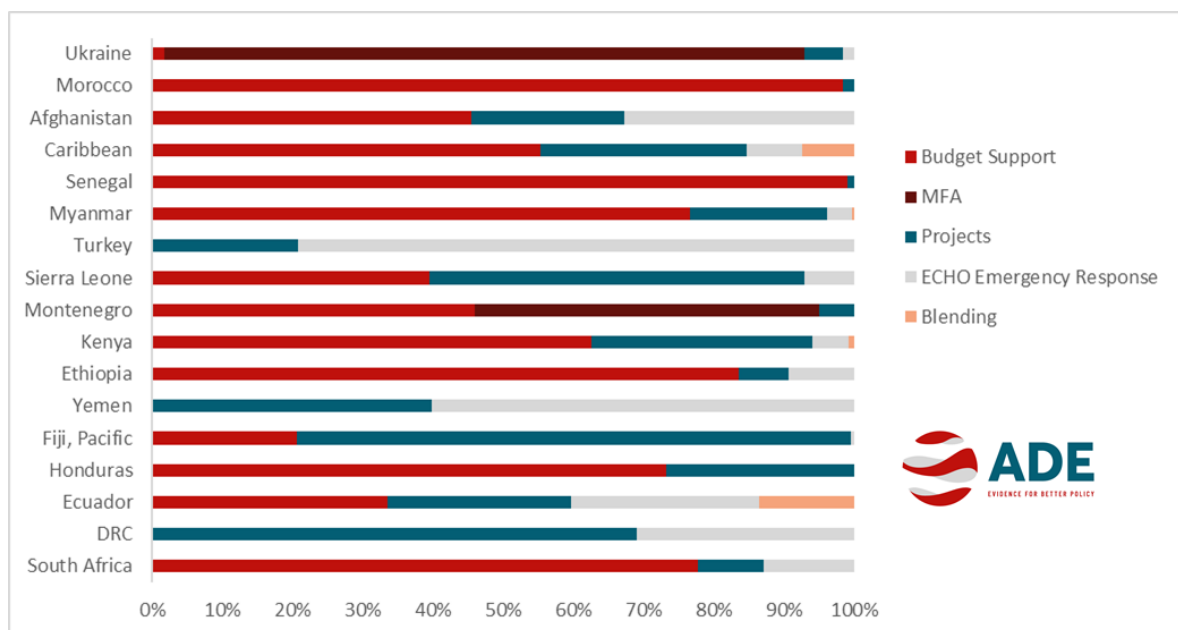
Figure 4 presents a detailed breakdown of the **use of different aid modalities in the 17 case studies and the different profiles of the response packages**. In eight out of the 14 countries/regions where BS was used⁴⁶, most of the response was delivered through this aid modality. In Senegal and Morocco, BS represented 99% and 98% of the response respectively. “Classical” programmes and projects constituted a large share of the support packages for DRC, Sierra Leone, and Fiji. Turkey and Yemen largely benefited from DG ECHO emergency assistance. In Montenegro and Ukraine, the crisis MFA represented 49% and 91% of the country package respectively. The portfolio was relatively balanced across the various aid modalities in Ecuador, Afghanistan, and Ukraine if the MFA is excluded.

⁴⁴ These initiatives are not reported in the inventory data made available to the evaluation team.

⁴⁵ Overall (i.e., beyond the scope of the study), over EUR 46 billion was committed to the EU response to COVID-19, with two-thirds of those commitments disbursed as of September 2021.

⁴⁶ “Regions” refers to the Caribbean region as budget support was delivered to seven Caribbean countries (Barbados, St Kitts and Nevis, Dominica, Haiti, Jamaica, Dominican Republic, Guyana). This is reflected in the inventory data following a demand from the EC. However, the regional Caribbean case study only covers regional interventions. All national level interventions, including budget support interventions, to the single Caribbean countries have been excluded from the in-depth analysis and the cross-cutting budget support analysis presented in the following sections of the report.

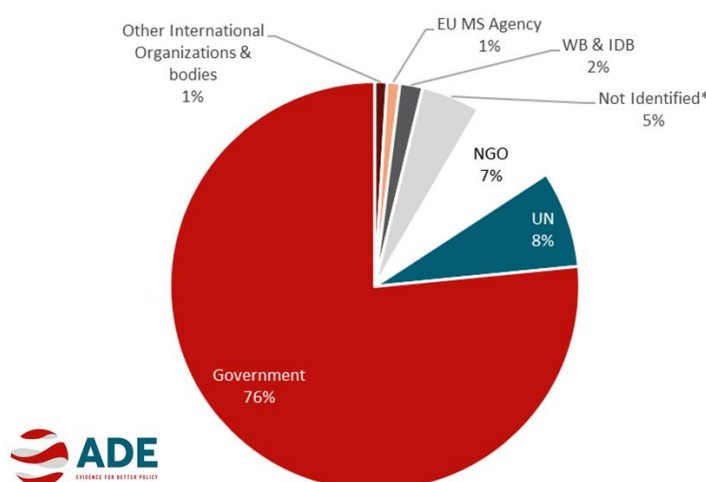
Figure 4: EU paid amounts for the COVID-19 response by aid modality in the 17 countries and regions



Source: Inventory compiled by ADE

Governments from partner countries implemented the bulk of the EU (Commission-managed) response. Governments were by far the largest recipient of EU response to COVID-19, with 76% of the paid amounts, consisting mostly of the large share of BS and the exceptional MFA. 18% of the support was implemented through international organisations, in particular the United Nations (UN) agencies (8%), international and national non-governmental organisations (NGOs) (7%) and the World Bank and the Inter-American Development Bank (IDB) (2%), and other international organisations and bodies (1%). EU MS agencies implemented around 1% of the amounts. For Profit Organisations (FPO) managed 1% of the amounts (Figure 5).⁴⁷

Figure 5: EU paid amounts for the COVID-19 response by implementing partner in the 17 case study countries and regions



*Funds allocated to implementing partners for which there is no available information

Source: Inventory compiled by ADE

⁴⁷ Shares consider funds allocated to implementing partners where available information did not allow for categorisation.

4. EQ 1 - A RESPONSE RELEVANT FOR THE COVID-19 CRISIS⁴⁸

EQ1: To what extent did the initial EU global response to the COVID-19 pandemic through the Team Europe country packages address the needs and priorities of partner countries and regions in each country context, in line with the three priorities of the Team Europe approach?

Summary answer: The different COVID-19 response packages covered relevant combinations of the thematic priorities emphasised by the Joint Communication on the Global EU response to COVID-19, related to both short-term and longer-term needs in the different countries/regions. Differences in the thematic emphasis of the support packages were in part linked to differences of needs across the countries and to specific response priorities which the Commission and some partner governments had agreed on. However, with “new” money scarce at the end of the Multiannual Financial Framework (MFF) for 2014-2020, EU Delegations emphasised adapting existing projects to the requirements and needs of the COVID-19 crisis by re-allocating money within or between interventions. As a result, the priorities of the COVID-19 response packages often mirrored Commission priorities before the COVID-19 outbreak. In a few cases only, the Commission purposely tried to cover Team Europe priorities that had not been part of its pre-COVID-19 portfolio. When it did so, this was done through WHO, other UN agencies, EU Member States, or other development partners to access the required expertise. The packages in themselves were by and large consistent with key normative principles of the Joint Communication and that of EU development cooperation overall, such as focus on those most in need, respect for good governance and human rights, and gender equality and non-discrimination. However, the sizes of the packages relative to the volume of pre-COVID-19 EU cooperation varied greatly. Budget support, macro-financial assistance, and contributions to the Catastrophe Containment and Relief Trust (CCRT) for debt service to the International Monetary Fund (IMF) offered an appropriate response to support partner governments in coping with macro-financial pressures and in implementing their emergency social and fiscal policy package. Budget support and other programme-based approaches also potentially presented the best opportunities for linking the immediate COVID-19 response to build greater crisis resilience, in line with longer-term efforts of some partner country governments, but less so in LDCs, in countries in crises or in other low-capacity environments. Support to the development of vaccines production or distribution capacity in partner countries was not covered by COVID-19 response packages.

COVERING EMERGENCY NEEDS AND LONGER-TERM PRIORITIES

Mobilising the full external EU crisis response toolkit for the different Team Europe packages enabled the Commission to respond to the partner countries’ immediate, short- and medium-term priorities in a comprehensive manner, covering reasonable combinations of the priority areas set out in the Joint Communication of April 2020⁴⁹. In most of the countries covered by this assessment, Team Europe packages mixed DG ECHO-funded interventions together with BS and bilateral and regional interventions. In Montenegro, for example, the Commission used a wide range of aid modalities and mechanisms (MFA and BS, bilateral and regional interventions, participation to EU initiatives associated with the status of the country as EU accession country). It allowed the Team Europe country package to cover issues spanning from the emergency purchase of medical equipment to the strengthening of the health system and the contribution to the financing of the country’s packages of socio-economic measures linked to COVID-19. For instance, the MFA and

⁴⁸ For details on the different country case studies, please see the Appendix of this report containing the individual reports from the 17 case studies.

⁴⁹ Communication on the Global EU Response to COVID-19, JOIN (2020) 11 final, Brussels, 8.4.2020.

COVID-Resilience Contract were designed and implemented to ensure synergies in terms of the objectives pursued by their respective crisis financial supports and the socio-economic and public financial governance reforms promoted by the country's EU accession reform agenda. Overall, the EU response to COVID-19 covered the three priority areas emphasised by the Joint Communication and related Council Conclusions. However, the allocation of resources to the three priority areas differed significantly among countries.⁵⁰ The share of support allocated to health, research, and water, for example, varied significantly and ranged from close to or over 60% of the support packages for countries such as DRC, Fiji (including regional aid) and Morocco, to under 10% in, for example, Ethiopia, Montenegro, Myanmar, and Sierra Leone. Support to socio-economic issues, representing the largest share of EU response to COVID-19 overall, constituted anywhere from 0% to 30% of the country packages on the low end (such as DRC, Morocco, Turkey, and Yemen) to close to or over 90% on the high end of the spectrum (such as in Montenegro, Senegal, Sierra Leone, and Ukraine).⁵¹

Differences in the emphasis of the EU support packages vis-à-vis the three priority areas were in part linked to differences of needs across the countries and reflected agreements between the EU and partner governments on specific priorities for the COVID-19 response.

Emergency aid, for example, constituted upwards of 25% for all but one of the low-income countries,⁵² where the pressure to provide prompt support to basic needs of vulnerable groups was likely to be higher. By contrast, emergency support made up only around 5% or less for most lower-middle and upper-middle income countries. Overall, the needs correspondence of these diverse COVID-19 support packages met or exceeded the expectations of all representatives of national authorities and EU institutions and bodies in all but one of the 11 countries that responded to this question in the stakeholder survey for this assessment.⁵³ This was also supported by the findings from the key informant interviews. The exception here is Ecuador, where correspondence of the aid package and its size in relation to needs was worse than had been expected.⁵⁴ In four out of the 17 countries/regions, the EU built on dialogue with governments to create specific BS operations to channel resources to nationally owned COVID-19 response strategies. In Senegal, over EUR 83 million were reallocated from two existing BS programmes to a single fixed tranche payment of EUR 111.7 million for the EU Daan Corona programme that supported Senegal's *Programme de Résilience Economique et Sociale* (PRES). This amount accounted for over 60% of the total EU response to COVID-19 to Senegal, and largely explains why overall more than 90% of the COVID-19 support package for Senegal was dedicated to addressing socio-economic issues. The EU also used dedicated BS programmes to support the COVID-19 response priorities of the national governments in Morocco (EUR 105 million),⁵⁵ Montenegro (EUR 28 million),⁵⁶ and Kenya (EUR 30 million).⁵⁷

Budget support, macro-financial assistance, and contributions to the Catastrophe Containment and Relief Trust for debt service falling due to the International Monetary Fund (IMF) also offered an appropriate response to support partner governments in coping with macro-financial pressures and in implementing their emergency social and fiscal

⁵⁰ Across all 17 country/regional packages, the bulk of the contracted response went to socio-economic support (54.4%), followed by health, water, and sanitation (28.3%), and emergency assistance (17.3%).

⁵¹ In all of these countries, the bulk of the socio-economic support was delivered through MFA (Montenegro, Ukraine) or BS (Senegal, Sierra Leone).

⁵² Such as Afghanistan (30%), Ethiopia (50%), Yemen (60%) and Turkey (86%). In the case of Turkey, this emergency aid was predominantly meant to cover support of the refugee population in the country.

⁵³ Only stakeholders from 11 out of the 17 countries/regions responded to this question in the survey. See Annex 4 for details.

⁵⁴ Confirmed in key informant interviews and the online stakeholder survey.

⁵⁵ Representing approximately 22% of the EU COVID-19 response package for Morocco.

⁵⁶ EUR 28 million was disbursed in 2020 out of a total of EUR 40.5 million committed. It constituted approximately a quarter (25%) of the EU COVID-19 response package for Montenegro.

⁵⁷ About one third (33%) of the EU COVID-19 response package for Kenya.

policy packages. However, the potential for linking the immediate response to COVID-19 to build greater crisis resilience over the longer-term efforts through budget support was not fully exploited. All countries introduced emergency social and fiscal policy packages between March and June 2020 to minimise the socio-economic impact of the COVID-19 crisis. The make-up of these packages ranged from the introduction of a set of specific measures (e.g., in Afghanistan, Ecuador, Honduras, Ukraine) and sector policies (e.g., in Kenya) to fully-fledged multi-sectoral preparedness and response plans (e.g., in Ethiopia, Montenegro, Senegal). The Commission supported the implementation of these packages through BS programmes, MFA, and contribution to the CCRT for debt service relief.

Box 1: Overview of the EU macro-economic support and debt service relief as part of the COVID-19 response

Overview of the EU (Commission-managed) budget support, macro-financial assistance, and debt service relief for the COVID-19 response

In the sample of the evaluation, the Commission mobilised **30 budget support programmes in 13 countries** for the response. Total disbursements amounted to EUR 872 million during 2020. In four of the sampled countries (Kenya, Montenegro, Morocco, Senegal), the Commission designed in 2020 **newly dedicated COVID-19 BS programmes** to support partner governments in coping with the challenges of the pandemic. Most of the **already ongoing BS programmes mobilised** for the response were not subject to significant content-related changes linked to the COVID-19 crisis. In those cases, initial BS commitments for 2020 and/or subsequent years were often frontloaded (e.g., Afghanistan, Ecuador, Fiji, Senegal, South Africa). In the case of Morocco, the unspent amounts from previous years were often transformed into a fixed tranche instalment. Seven of the already existing BS programmes put significant emphases on COVID-19 in a rider signed in 2020: i) adaptation of the general conditions on public policy and transparency where publication and satisfactory progress in the execution of the government-led response programmes were requested; ii) top-ups on BS financial flows (e.g. Ethiopia, Honduras) or on BS complementary measures to support dedicated COVID-19 actions (e.g. digitalisation of micro, small and medium enterprises (MSMEs) in Honduras and Technical Assistance (TA) to support national capacities in designing and implementing emergency and recovery sector policies in strategic areas in South Africa); and iii) transformation of variable tranches into a fixed tranche (Honduras, Morocco, Sierra Leone) or re-use of undisbursed funds from previous tranches (Myanmar).

Two crisis macro-financial assistance programmes were also provided to Montenegro and Ukraine (EUR 630 million disbursed in 2020) to help limit the economic fallout of the pandemic. They were aimed at addressing situations of balance of payment crises in tandem with an IMF arrangement.

In December 2020, the Commission adopted the financing of a special measure in favour of the poorest and most vulnerable African Caribbean Pacific (ACP) countries hit by the COVID-19 pandemic through **the Catastrophe Containment Relief Trust (CCRT) for debt service falling due to the IMF**. With a contribution of EUR 183 million, the Commission became the most important contributor to the CCRT. This contribution was instrumental in unlocking the third tranche of debt service relief for all 29 CCRT-eligible countries. The purpose is to enable countries to meet exceptional balance of payment/fiscal needs created by the pandemic rather than having to assign these resources to debt service.

ADAPTING ONGOING EU SUPPORT TO ADDRESS THE COVID-19 CRISIS

With available funds scarce at the end of the MFF for 2014-2020, EU Delegations were faced with a limited set of options to put together the urgent COVID-19 response and therefore chose to adapt existing projects and programmes to the requirements and needs of the COVID-19 crisis by re-allocating funds within or between interventions. The available data did not allow for a reliable assessment of the scale of additional funds⁵⁸ committed to the COVID-19 response beyond the existing global, regional, and country-level cooperation envelopes. However, the key informant interviews confirmed that the allocation of “new” money to specific countries was rare. As a result, the EU focused on adapting existing interventions to needs and requirements of the COVID-19 crisis.⁵⁹

Partly as a result of the above, but also to build on prior experience when assembling a fast response to the COVID-19 crisis, and to adhere to prior political agreements, the priorities of the EU COVID-19 response packages often mirrored those of EU cooperation prior to COVID-19, albeit with several exceptions. COVID-19 response packages by and large stayed within the thematic scope of the pre-COVID-19 cooperation envelope and resisted moving into new areas where EU Delegations or their implementing partners did not have an established track-record and experience. In South Africa, for example, the EC did not have a strong presence in the health sector prior to COVID-19. The response package for South Africa therefore only contained a small health component. Pre-COVID-19 political agreements also shaped the emphasis of the COVID-19 response. The COVID-19 response package for Turkey, for example, contained a large component of emergency support and other assistance targeting the population of refugees in the country, consistent with the political agreements between the EU and the Turkish government on the care for refugees residing in Turkey.

The adaptation of existing projects and programmes for the COVID-19 response built on formal or informal needs assessments carried out mainly by the implementing partners. The extent of the changes to projects varied considerably across interventions and support packages. In many cases, changes to programmes resulted from exchanges on prevalent needs with the existing implementing partners, in particular when information on needs from government partners was limited. Most commonly, changes consisted of financially topping-up ongoing activities, or adjusting the relative emphasis of programmes, but without changing the types of activities themselves. A good example of this practice was the use of the Emergency Social Safety Net (ESSN) programme directed at the refugee population in Turkey for the COVID-19 response. The ESSN itself remained mostly unchanged and was only mobilised as a conduit for distributing cash-support.⁶⁰ In other countries, this minimalist approach to adaptation meant that the COVID-19 response remained very closely aligned to the pre-COVID-19 priorities and activities of the EU in the given country. Adaptation of the Northern Border Programme in Ecuador, for example, was representative of this approach for much of the larger support package for the country. Continuation of programme activities was ensured by introducing protective equipment, safety measures, social distancing, and by replacing in-person interactions with remote activities, where possible. Priorities were somewhat refocused on WASH and food security/livelihood; however, within existing objectives and budget lines. In Yemen, the overall socio-economic response of the EU mainly consisted of

⁵⁸ I.e., additional to the money that had already been part of global, regional, and country-level cooperation envelopes prior to the COVID-19 crisis.

⁵⁹ Without considering the two commitments of MFA to Ukraine (EUR 1 200 million) and Montenegro (EUR 60 million), the share of COVID-19 support delivered through adapted existing interventions was approximately 67%, or EUR 1 624 million.

⁶⁰ In Turkey, topping up of the ESSN made it possible to provide refugees additional payments of 1000 TRY (1000 Turkish Lira (TRY) are approximately EUR 100) over the course of June and July of 2020.

reinforcing ongoing activities, but without changing the types or targeting of the activities.⁶¹ The type of minimal adaptation of existing programmes was relatively common across the entire portfolio examined for this assessment,⁶² and overall was representative of a relatively pragmatic approach of the EU to the COVID-19 crisis response.

In a small number of case studies, the EC covered Team Europe priorities which had not been part of its pre-COVID-19 portfolio, typically by using partners to access the specialised expertise and resources required for this effort. In Fiji and the Pacific region, where the EC had not previously supported the health sector, the EC re-allocated EUR 22 million from the Investment Facility for the Pacific (IFP) to help fund a World Health Organisation (WHO)-led multilateral effort to support the health sector of Fiji and other Pacific Island countries through a Joint Incident Management Team (JIMT) for COVID-19. In Myanmar, the EU Delegation reached out to EU MS to address COVID-19-related issues in the health sector. In Ecuador, the EU Delegation initially liaised with the government over the coverage of health in the country package, although it had not been active in the health sector in the five or six years prior to COVID-19.

VARIATION IN THE RELATIVE SIZE OF COVID-19 RESPONSE PACKAGES

Looking across countries, the size of the response packages relative to the volume of pre-COVID-19 EU financial cooperation (see Figure 6 below) varied greatly, disfavoured several low-income countries, but also some middle-income countries. The constraint of having to build the support package from funds from the multiannual financial framework for 2014 – 2020 which had not yet been used limited the financial space to adjust the scale or scope of the response to the magnitude of needs in the country. The scale of the COVID-19 support relative to the average annual bi-lateral commitments varied significantly across the 17 countries/regions covered by this assessment, from only 9 % for Turkey to close to or over 200% for Montenegro, Ukraine, and Senegal. Several of the low-income countries (LICs) among the assessment sampled received less than 100% of their prior average annual cooperation envelopes for the 2014-2019 period (DRC (12%), Yemen (47%), and Afghanistan (68%)). The stakeholder survey found that opinions on the volume of COVID-19 support were more varied and in some cases much more negative among national authorities and EC services than for other attributes of the response.⁶³ Across all countries, less than 30% of respondents from these groups⁶⁴ found that the volume of support “exceeded their expectations”, while more than 60% held this opinion regarding the speed, flexibility, or needs correspondence of the support. While the corresponding questions only received a small number of responses per country,⁶⁵ the feedback from the key informants selected for this survey showed comparatively low opinions on the scale of support in Afghanistan, a country that received less than 100% of its average pre-COVID-19 cooperation envelopes. The main factor behind the uneven allocation of resources to countries was most likely the need to compile the COVID-19 response packages for all countries from the remaining resources from the last MFF that

⁶¹ Such as the Social Protection for Community Resilience in Yemen (SPCRP) (EUR 1.24 million), Support Resilient Livelihoods and Food Security in Yemen (ERRY II) (EUR 10 million), Strengthening Institutional and Economic Resilience in Yemen (SIERY) (EUR 20 million).

⁶² It was not possible to systematically classify all of the interventions in the 17 countries/regions covered by this assessment.

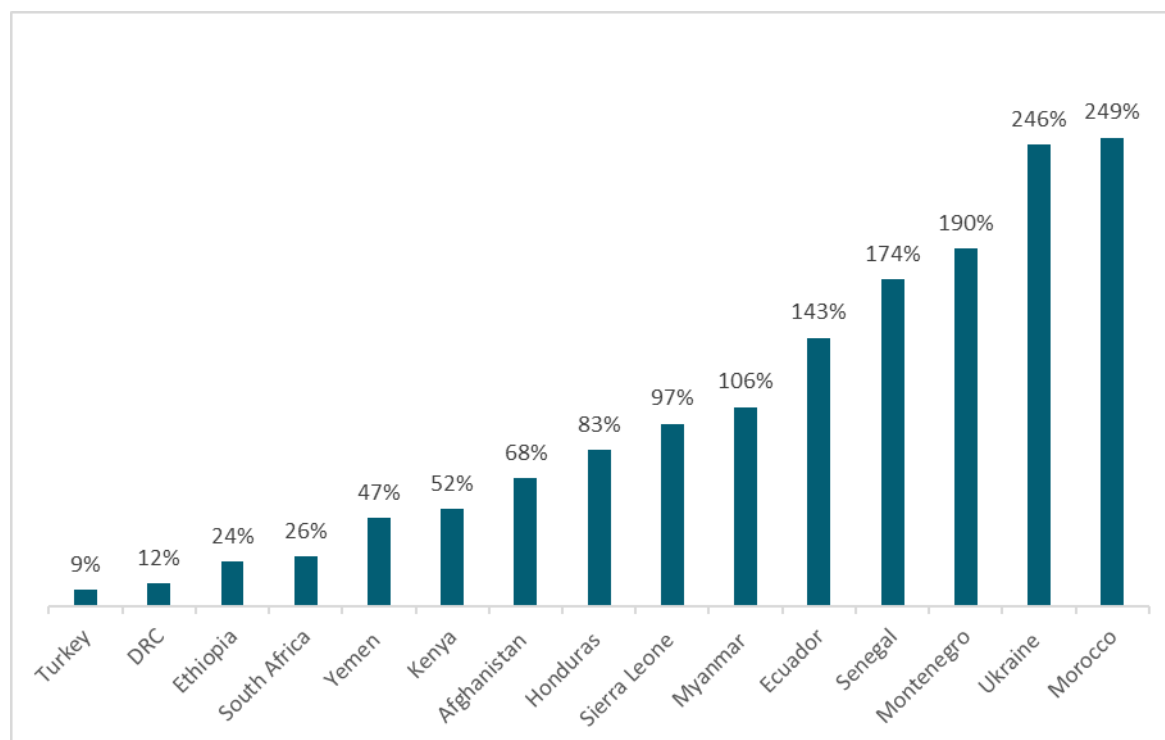
⁶³ That is, speed, flexibility, and needs correspondence.

⁶⁴ A combination of national authorities and in-country Commission services, EU Delegations and EDFIs.

⁶⁵ Responses per country range from 1 to 4 for this particular question.

had not yet been spent. This naturally limited the possible scale of the package, and the space for adjusting the response, either in scale or scope, to specific requirements or needs in the country.⁶⁶

Figure 6: Size of COVID-19 response as percentage of average annual national EU payments (country) for 2014 - 2019⁶⁷



Source: Inventory compiled by ADE and EU Aid Explorer (European Commission payments and Trust Funds contribution over the period 2014-2019)

⁶⁶ One of the Ecuadorian key informants pointed out, for example, that humanitarian and socio-economic needs in the country during 2020 had been and still were great, and that, in relation to that, the volume of support had been very limited. See Appendix for details.

⁶⁷ The figure does not include numbers for the Caribbean and Fiji/Pacific, as comparing the figures for pre-COVID-19 assistance only considered national commitments, not regionally committed amounts. As the figures for COVID-19 support also include regional commitments, the percentages are higher for countries that have received a large share of regional funds as part of the COVID-19 response. As this was the case for both the Caribbean and Fiji/Pacific, they were omitted from this analysis.

ALIGNMENT WITH HUMANITARIAN AND DEVELOPMENT COOPERATION PRINCIPLES

By and large, the packages were consistent with key normative principles of the Joint Communication and of the EU development and humanitarian cooperation overall, such as focus on those most in need, respect for good governance and human rights, and gender equality and non-discrimination.⁶⁸ For low-income countries, emergency support consistently made up a higher share of their support packages than was the case for middle-income countries among the 17 case studies, reflecting the greater need for this type of aid in those countries. The average share of emergency support in the packages for low-income countries was close to 28% as opposed to 7% for medium-income countries. It ranged from 24% (Ethiopia) to 52% (Yemen), for four out of the five LICs in the sample.⁶⁹ The one outlier was Sierra Leone, where COVID-19-related emergency support only constituted approximately 3% of the overall package.⁷⁰ As a result, close to 60% of the emergency COVID-19 support for the 17 countries/regions was committed to the five low-income countries across the 17 cases.⁷¹ In all of the LICs, the COVID-19 support packages targeted specific marginalised and vulnerable groups such as Internally Displaced Persons (IDPs) and refugees, returnees, and also generally income-poor households, including workers in the informal sector (Sierra Leone) with specific activities to help meet their basic socio-economic needs and livelihoods in the months following the start of the COVID-19 crisis. This included nutritional services and food aid (Afghanistan, Ethiopia), and livelihood support (Sierra Leone), also for communities with high shares of IDPs and returnees (Afghanistan, Ethiopia). It also included WASH support and support to health centres catering to these vulnerable populations (e.g., in Afghanistan, DRC, Ethiopia, Yemen). DG ECHO, responsible for managing most of the emergency COVID-19 support, realigned humanitarian interventions in several LICs and MICs to address the additional risks and needs faced by IDPs and refugees often living in densely populated camps or isolation centres.⁷² Packages also included gender-specific activities in the different Team Europe priorities. The EU provided specific socio-economic support to women and girls (e.g., Ethiopia, Yemen). In Turkey, a middle-income country, the bulk of the EU response to COVID-19 targeted the population of refugees from the Middle East and North Africa. Several other packages for MICs included activities targeting vulnerable populations.

One element not covered by COVID-19 initial response packages was the development of capacity for the production or distribution of vaccines. This cannot be seen as an oversight. In hindsight, setting money aside for promoting vaccines production and rollout of vaccination campaigns would have been relevant. However, it was not clear during 2020 if a vaccine would actually become available in the near future. That said, several of the 17 countries/regions received vaccines in early 2021 without being prepared for the new task of large-scale vaccine distribution⁷³.

⁶⁸ The Joint Communication on the EU response to COVID-19 of April 2020 specified that Team Europe packages were expected to be “comprehensive, focused on supporting the most in need” and “support good governance, security and human rights, as a core part of the 2030 Agenda for Sustainable Development, while respecting the Paris Agreement.”

⁶⁹ Afghanistan, DRC, Ethiopia, Sierra Leone, Yemen.

⁷⁰ The specific reasons for Sierra Leone receiving this small amount are not known. By comparison, support packages for middle-income countries in the sample contained on average 7% of emergency support, with a range from zero (Honduras) to 15% (Ecuador). This figure excludes Turkey, where EU support to the population of refugees from the Middle East and North Africa meant that emergency support made up more than 50% of the COVID-19 support package (numbers from the COVID-19 support inventory based on CRIS and individual country-level TE COVID-19 response fiches).

⁷¹ The overall share of COVID-19 funds only amounted to 20%.

⁷² E.g., in Afghanistan, Ethiopia, and Yemen as LICs, but also in Turkey.

⁷³ The EU did support the COVAX facility and, towards the end of 2020, also began preparing the payment of grants to allow partner countries to purchase vaccines. A total of EUR 70 million in grants under one such effort, directed at countries in the Western Balkans, were signed and paid in full by May 2021, according to EU information. Also, according

5. EQ 2 – INCREASED COORDINATION AND COHERENCE DURING THE EC INITIAL COVID-19 RESPONSE

EQ2: To what extent did the Team Europe initial response add benefits to what would have resulted from actions taken by the EU institutions and EU Member States on their own?

Summary answer: Coordination among EC services, and coherence with EU MS and EDFIs, and coordination with non-EU partners did intensify in many countries during the initial response to the COVID-19 crisis, both at national and regional levels. The EU COVID-19 response in partner countries also bolstered EU visibility at country-level, its credibility as a partner in the COVID-19 response, and its ability to convene actors around a coordinated response to the pandemic. While not the only enabling factor, the Team Europe approach did contribute to these achievements in several cases. It increased the visibility of the COVID-19 response of the EU and its Member States. In about half of the cases, the Team Europe approach also facilitated steps towards a more coherent EU COVID-19 response at country level. While the primary form of cooperation consisted of sharing information and analyses, increased political commitment tied to the Team Europe approach did help in several countries to push cooperation beyond the sharing of information. This may have facilitated greater effectiveness of the EU-COVID response in at least a few cases. However, gaps in the conceptual guidance on the early Team Europe approach limited its contribution to a more coordinated and coherent pandemic response. Specifically, the emphasis on political commitment to cooperation of the approach was not enough to address and overcome more systemic bottlenecks for greater cooperation between the EU and its Member States. This also explains why the Team Europe approach did not significantly help to improve coordination between EC services in charge of development (DG INTPA and DG NEAR) and EC humanitarian services (DG ECHO) as key EU stakeholders of the humanitarian-development nexus.

THE TEAM EUROPE APPROACH BROUGHT POLITICAL COMMITMENT TO COORDINATION AND COHERENCE OF COVID-19 RESPONSE

By endorsing the newly devised Team Europe approach, the EU, its Member States and the European Financial Institutions⁷⁴ politically committed to a joint, coordinated, and coherent response to COVID-19 in partner countries. In its conclusions of June 8, 2020,⁷⁵ the Council confirmed its full support of the Team Europe approach, and called for “joint, swift, visible, and transparent” response to the pandemic. EU MS specifically endorsed several concrete elements of the Team Europe approach. This included the drawing of contributions from all Team Europe members,⁷⁶ information sharing and coordinated, coherent actions of Team Europe members, joint needs assessments, joint monitoring, consistency between the humanitarian/emergency response and medium to longer-term COVID-19 support, and joint communication efforts using the Team Europe label.⁷⁷ Representatives of EU MS and Commission services at the level of headquarters who

to EU information, Commission services began to prepare grants for the World Bank and WHO for the development of vaccine capacities of recipient countries. These actions fell outside of the temporal scope of this assessment.

⁷⁴ The European Investment Bank (EIB) and the European Bank for Reconstruction and Development (EBRD)

⁷⁵ Council conclusions on Team Europe Global Response to COVID-19, June 8, 2020.

⁷⁶ I.e., the EU and its MS, implementing agencies, the European Investment Bank (EIB), and other European financial institutions, including the Bank for Reconstruction and Development (EBRD).

⁷⁷ See text of the Council conclusions on Team Europe Global Response to COVID-19, June 8, 2020.

were surveyed⁷⁸ for this assessment expected the Team Europe approach to yield future benefits in particular in relation to the visibility of the EU (79%), improved coordination (77%), and joint programming (70%).

THE RESPONSE TO COVID-19 FACILITATED GREATER COHERENCE AND INCREASED VISIBILITY OF EU EXTERNAL ACTION

Coordination among Commission services, and with EU MS and EDFs, and coordination with non-EU partners did intensify in about half the case study countries and regions during the initial response to the COVID-19 crisis. Over 50% of respondents from EU Delegations and country-office staff of the Commission's humanitarian services reported observing closer coordination and coherence with EU MS. An even greater share of them thought that they had cooperated more closely than before with the WHO. 50% of survey respondents among national authorities found that coordination with the EU had improved.⁷⁹ Overall, close to 60% of non-EU stakeholders⁸⁰ felt that their coordination with their respective EU Delegations had intensified for the COVID-19 response.⁸¹ Coordination activities ranged from compilations of data on COVID-19 support⁸² to pooling resources for needs assessments (Ecuador) and technical advice (DR Congo), flagship initiatives (the EU Humanitarian Air Bridge in Yemen), and joint results matrices and joint policy dialogue with national authorities (Senegal). Joint situation analyses were the most frequent form of collaboration. More intensive forms of collaboration, such as joint M&E that required more closely aligned programming, were comparatively less frequent.⁸³

In Montenegro, Fiji, and Ukraine, coordination increased also at regional level. In Montenegro, this included coordination on situation analyses, response planning, and prioritisation of the COVID-19 response initiated at headquarters and involving the EU Delegation, EEAS, several Commission services at HQ level (DG NEAR, DG SANTE, DG ECFIN), and the European Centre for Disease Control (ECDC). In Ukraine, coordination intensified in both the national and regional programmes under the Eastern Partnership. This included the EU4Business Initiative in support of Small and Medium Enterprises affected by the pandemic; and the programme "U-LEAD", bringing together the EU, Germany, Poland, Sweden, Denmark, Estonia, and Slovenia. In Fiji, where among EU MS only France is present, the EU Delegation stepped up its coordination with non-EU actors (international organisations and non-governmental organisations present in multi-country programmes), notably with the WHO-led Pacific Joint Incident Management Team (JIMT) for COVID-19.

The EU COVID-19 response in partner countries and regions also bolstered EU visibility at national/regional-level, its credibility as a partner in the COVID-19 response, and its ability to convene actors around a coordinated response to the crisis resulting from the pandemic. Survey results clearly suggest that the initial response to the pandemic made a positive

⁷⁸ Representatives of 11 EU Member States (HQ-level) responded to the survey (response rate of 40%) and three representatives from Commission services (HQ-level) responded to the survey.

⁷⁹ Only 46% of respondents among National Authorities thought that cooperation and coordination between them and the EU Delegation had improved during the COVID-19 response in comparison to the pre-COVID-19 time. A slightly greater share (51%) found that it had stayed the same.

⁸⁰ This includes UN agencies and other international organisations, implementing partners, EU MS, and non-EU donors.

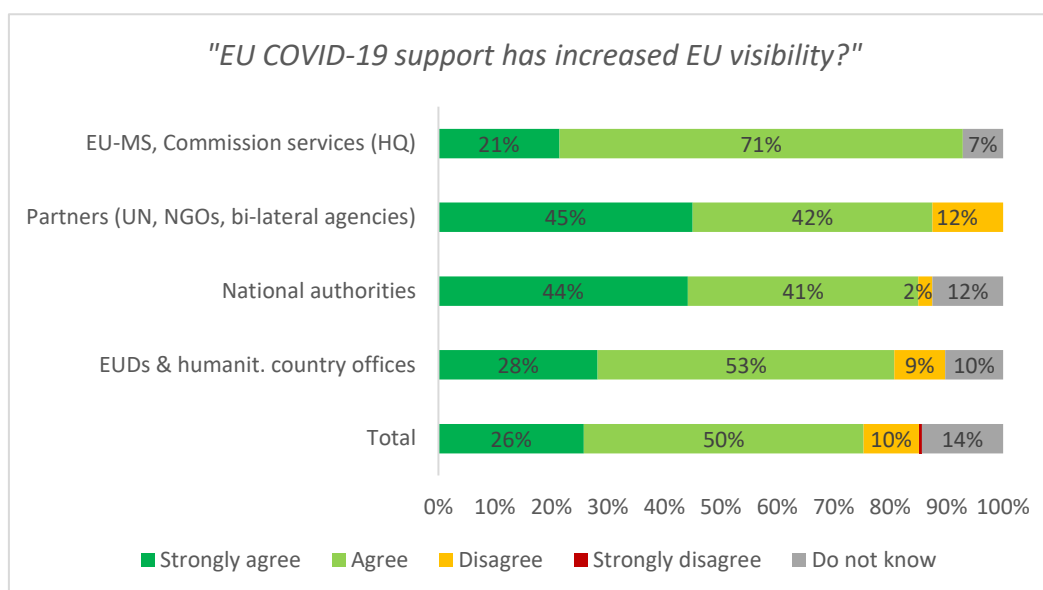
⁸¹ Only 2.5% of respondents thought that their cooperation with their EU Delegations had worsened; online survey among key EU stakeholders for the COVID-19 response of May – June 2021.

⁸² E.g. through the country-level Team Europe COVID-19 response fiches.

⁸³ According to the online survey, 80% of respondents from EC services, EU Delegations, and EDFs found that coordination across Team Europe "frequently" or "very frequently" took the form of joint situation analyses. More intensive forms of cooperation, such as cooperation for joint M&E, which requires more closely aligned programming were less common. Only around 30% of respondents from EC services, EU Delegations, and EDFs found that this occurred "frequently" or "very frequently".

difference to the EU's standing in partner countries.⁸⁴ Overall,⁸⁵ about three-quarters of all 173 respondents to the surveys conducted in the 17 partner countries and regions⁸⁶ felt that the role played by the EU in responding to the COVID-19 crisis had increased its national or regional visibility. A slightly larger share (78% of respondents) felt that this role had made the EU a more credible partner in the pandemic response. Approximately 70% thought that this had increased the EU's ability to convene other actors around a future, coordinated response. Even among non-EU stakeholders, leaving aside the opinions from EU staff in country representations and selected global partners, the opinions of the role played by the EU in the response to the pandemic were just as positive. Approximately 75% of EU in-country partners⁸⁷ and over 85% of national authorities felt that the pandemic response had increased EU visibility and that it had strengthened its credibility as an actor in the COVID-19 response. Just over 60% of in-country partners and 73% of national authorities thought that this had increased the EU's in-country convening power.

Figure 7: Visibility of EU COVID-response in partner countries



Source: Survey conducted by ADE

THE TEAM EUROPE APPROACH MADE THE EU RESPONSE TO COVID-19 MORE COHERENT AND VISIBLE THAN IT WOULD HAVE BEEN WITHOUT IT.

The Team Europe approach increased the visibility of the response to COVID-19 by the EU and its Member States. Overall, 66% of survey respondents from EU Delegations, field offices of Commission humanitarian services and EDFIs felt that the Team Europe approach had increased the visibility of the EU and its Member States in relation to the response to COVID-19 in partner countries. 19% of these respondents disagreed with this notion. Across all groups of respondents, 28% had not

⁸⁴ This is based on surveys conducted in 17 of the EU's partner countries and regions. The data therefore strictly speaking cannot shed light on the perception of the EU in all partner countries.

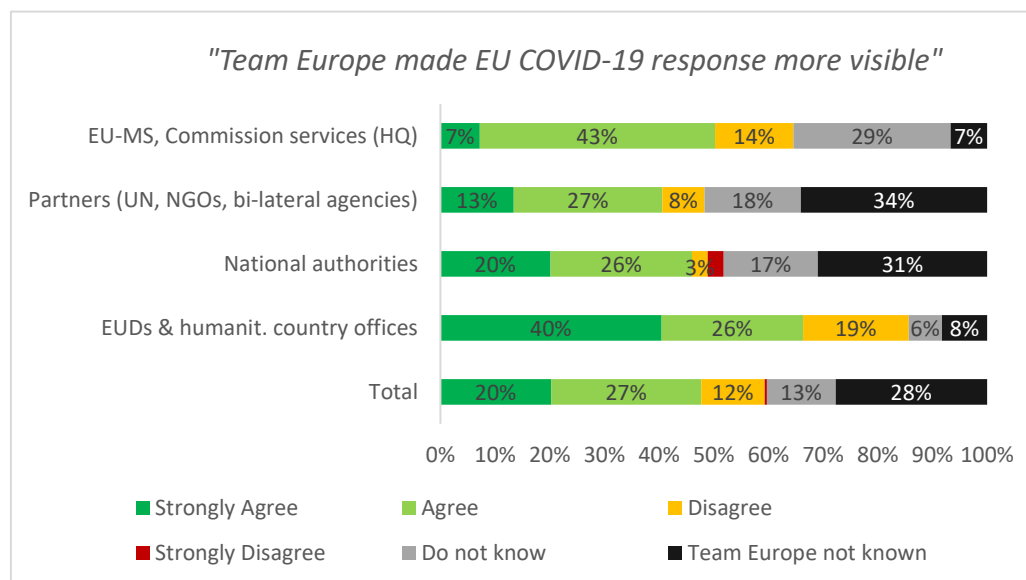
⁸⁵ Including responses from various types of organisational partners of the EU at country level (both current implementing partners and organisations without such relationship with the EU at the time of the survey), national authorities, and other non-governmental umbrella organisations; but also representatives from EU Delegations, country offices of EC humanitarian services, and EDFIs.

⁸⁶ Overall, the survey had a response rate of 34%; i.e., with 173 responses to the 541 invitations to participate in the survey which had been sent out. For details, see Annex 4.

⁸⁷ Including UN organisations, bilateral development agencies (EU and non-EU), INGOs and NGOs; serving as implementing partners and those without such affiliation.

yet heard of the Team Europe approach (see Figure 8). Messaging on the EU COVID-19 response referred to the Team Europe approach in about three quarters of the cases, albeit with some differences in consistency. The Team Europe approach was comparatively well promoted in the Caribbean, Ecuador, Fiji, Senegal, Sierra Leone, South Africa, and Ukraine.

Figure 8: Team Europe contribution to visibility of EU COVID-19 response



Source: Survey conducted by ADE

In **South Africa**, the Team Europe approach proved suitable politically to communicate on a combined Team Europe package made of comparatively small individual contributions from the EU and its Member States (see Box 2). Joint, combined reporting and communication on the Team Europe COVID-19 response was also seen as an opportunity in several other case study countries or regions.⁸⁸ The development of the budget support programme “EU Daan Corona” in Senegal was one example of increased visibility associated with the Team Europe approach (see Box 3).

Box 2: South Africa - combining smaller EU aid contributions under the Team Europe brand to raise their visibility

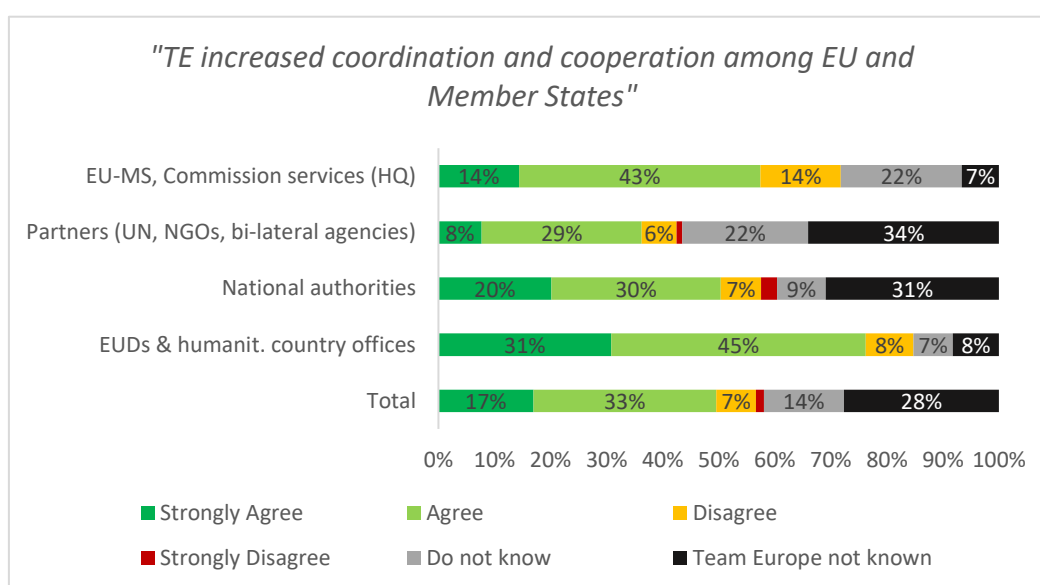
In **South Africa**, the **EU and its Member States considered the Team Europe concept useful for combining comparatively small individual contributions** to the COVID-19 response into a **larger, more visible support package**. The combined support was presented in a communication product as “Team Europe’s Response to COVID-19 in South Africa”, where the “European Union and its Member States, acting together as ‘Team Europe’” were working “alongside the South African government to help address this crisis”. When this assessment was being carried out, the EU Delegation and EU MS had just initiated meetings to develop a shared communication strategy on Team Europe approach and its role in the COVID-19 response in South Africa.

In about half of the 17 case studies, the Team Europe approach also facilitated moving towards a more coherent EU COVID-19 response at national and regional levels. Among staff from EU Delegations, country offices of Commission humanitarian services and EDFs, 76% of

⁸⁸ This included, among others, the Caribbean, Kenya, Senegal, and Sierra Leone:

survey respondents thought that the Team Europe approach was one element that had helped to increase coordination and coherence among the EU and its Member States and EDFIs⁸⁹ (see Figure 9). In those cases, in-country Commission staff felt political emphasis from HQ had created greater commitment at country-level to work together more closely on the pandemic response. Most commonly, this manifested itself in more frequent **sharing of situation analysis and of other information**, also aided by the country-level Team Europe COVID-19 response country fiches⁹⁰.

Figure 9: Contribution of Team Europe to coordination and coherence of EU COVID-19 response



Source: Survey conducted by ADE

The “Team Europe political appeal” for cooperation helped to push cooperation beyond the sharing of information in several case study countries. Positive examples include the design of a budget COVID-19 support package for Senegal (see Box 3), the aligning of cooperation priorities and the creation of a new coordination mechanism (“Mesa COVID-19”) and programming mechanism for the COVID-19 response in Africa (see below), and joint negotiations on EU contributions to the UN emergency appeal for South Africa (see below).

⁸⁹ 8% disagreed with this claim, another 15% either had no opinion or had not yet heard of Team Europe.

⁹⁰ Based on information from the case studies and open-ended questions in the stakeholder survey on the value-added and limitations of the Team Europe approach.

Box 3: Senegal – Using the Team Europe approach to facilitate coordination and joint action around budget support

In **Senegal**, the bulk of the EU support package **consisted of a new EUR 111.7 million budget support contract “EU Daan Corona”**. **While coordination, complementarity and coherence in the country were already strong pre-COVID-19, the Team Europe approach was credited with improving coordination and also increasing EU convening power with non-EU donors/actors**. The budget support matrix was a natural focal point for coordinating policy messages and support to the government. The EU Delegation became chair of the development partners’ coordination group and jointly with Germany, the International Monetary Fund, and the World Bank, engaged in dialogue with the authorities, and led the preparation of the BS matrix. The matrix was signed by all BS providers in Senegal: the African Development Bank (AfDB), French Development Agency (AFD), Canada, Spain, and Japan International Cooperation Agency (JICA). The EC cooperated closely with the International Monetary Fund (IMF) on ensuring appropriate governance and transparency of the implementation of the government’s measures against COVID-19. KfW Development Bank disbursed its EUR 100 million in the form of grants on the basis of the EC disbursement file prepared for the budget support contract “EU Daan Corona”. France, the World Bank and AfDB ultimately implemented their own public policy-lending programmes, with a separate set of disbursement triggers. The EU also cooperated closely with the International Monetary Fund (IMF) on ensuring appropriate governance and transparency of the COVID-19 response. Four out of five key informants who responded to an online survey for this assessment, associated the Team Europe approach with the EU COVID-19 response in the country. Government representatives among the respondents welcomed the “pooling of actions” and the “speaking with one voice” the Team Europe approach had facilitated in their view. EU MS and other non-EU partners credited the approach with helping to enhance efficiency of coordination with the government and other partners. All respondents thought the Team Europe approach had facilitated increased visibility of the EU and its Member States.

In Ecuador, the Team Europe approach helped to align priorities and to bring about a coordination mechanism and dialogue process involving government partners, the EU and its Member States, UN agencies, and other actors. A “Mesa COVID-19” brought together seven ministries and 12+ EU actors and partners to agree on priorities and organise the recovery, including a joint monitoring framework to gauge progress.⁹¹ With reference to the Team Europe approach, the EU Delegation and EU MS supported a UNDP-led joint COVID-19 Recovery Needs Assessment (thereafter complemented by further needs analysis under Mesa COVID-19) and a mapping of EU cooperation to guide post-COVID-19 recovery in July 2020, in consultation with national authorities, International Financial Institutions (IFIs), and the private sector.⁹² **The Team Europe approach also inspired the EU and Member States in Ecuador to join efforts in programming for the next MFF, beyond immediate COVID-19 needs with a longer term perspective, in view of “Building Back Better and greener” through the so called “Team Europe Initiatives”**. Over the short-term, and against the backdrop of scarce financial resources at the end of the MFF 2014-2020 and corresponding limited programming options in Ecuador and other countries, the needs assessment did not influence the design of the COVID-19 response package for the country.⁹³

⁹¹ Country-level Team Europe COVID-19 response fiche Ecuador 15/07/20, Minutes Premesa 01/10/20, EcuTEI Sept. 2020, Interviews.

⁹² Since April 2020, a similar COVID-19 recovery needs assessment was applied in four other countries (South Africa, Azerbaijan, El Salvador, Haiti).

⁹³ Supported by key informant interviews.

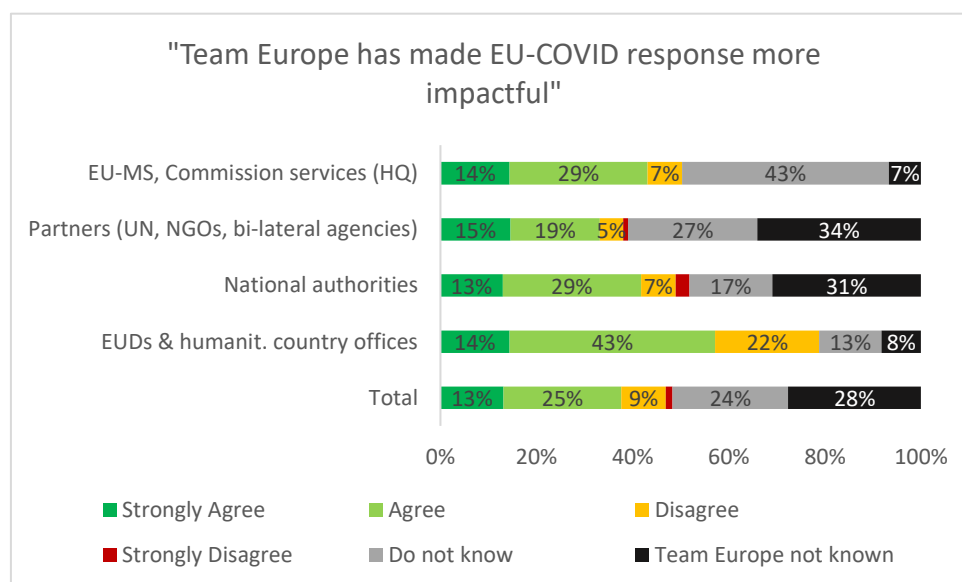
However, the added value of this coordination effort linked to the Team Europe approach should be assessed over a longer term.

In South Africa, the EU and its Member States made use of the Team Europe approach to present their COVID-19 response to the public, which also led to efforts to develop a more coordinated communication campaign on the COVID-19 response and beyond (see Box 2). Beyond that, the EU and its Member States **also referred to the Team Europe approach when they negotiated EU contributions to the UN emergency appeal** on COVID-19 for South Africa. The Team Europe concept was also used to frame assistance opportunities beyond the initial COVID-19 response.

TEAM EUROPE CONTRIBUTIONS TO EFFECTIVENESS OF THE EU RESPONSE TO THE COVID-19 CRISIS

The Team Europe may have facilitated greater effectiveness of the EU COVID-19 response in a limited number of case study countries and regions by intensifying cooperation and coordination among and between the EU and its Member States. Information from the case studies and data from the online survey suggest that in a limited number of countries the Team Europe approach may have contributed to the effectiveness of the EU COVID-19 response.⁹⁴ Overall, 38% of survey respondents thought that the Team Europe approach had made the EU pandemic response more effective or 'impactful'.⁹⁵ Support for this thesis was relatively constant. Across the different stakeholder groups targeted in the survey, at least 30% thought that the Team Europe approach had made a positive difference in this regard.⁹⁶ Views were more positive among Commission services and EU Member States (see Figure 10).

Figure 10: Contribution of Team Europe on EU-COVID response effectiveness (perceptions)



Source: Survey conducted by ADE

⁹⁴ This comparison relies on information gathered in interviews and through the analysis of documents for case studies that was interpreted by the evaluators. It also draws on the perception of country stakeholders collected through the online stakeholder surveys.

⁹⁵ Phrasing used in the online questionnaire.

⁹⁶ These were representatives at headquarters level from EU Member States and Commission services; in-country or regional EU partners (UN, NGOs, INGOs, bi-lateral development agencies); National Authorities, and staff from EU Delegations, country offices of EC humanitarian services, and in-country or regional staff of EDFs.

In five out of the 17 case studies (Honduras, Senegal, Sierra Leone, South Africa, and Ukraine) respondents to the online survey among EU staff, national authorities, and other partners⁹⁷ uniformly agreed that the Team Europe approach had added to the effectiveness of the EU pandemic response. (see Table 4). In another five case studies (Caribbean, DRC, Ecuador, Kenya, and Montenegro), Team Europe respondents from at least two of these three groups thought that the Team Europe approach had had a facilitating effect on the effectiveness of the EU response to the pandemic.

Table 4: Stakeholder agreement on Team Europe contribution to effectiveness of EU COVID-19 response

Positive views (ü) on Team Europe effectiveness among...				
Countries	...EU in-country staff	...National Authorities	...UN, INGOs, NGOs, EU-MS (incl. IPs)	Comments / Explanations
(Ecuador), Ukraine	✓	✓	✓	In Ecuador, two survey respondents strongly disagreed with a positive role of Team Europe approach for effectiveness; one stating that Team Europe members only met to talk about “what everyone had always been doing”, without giving space to rethinking their actions or coordinating them.
South Africa	✓	✓		N/A
(Caribbean), (DRC), Honduras, (Kenya), (Montenegro)	✓		✓	In Caribbean, DRC, Kenya, and Montenegro, at least one key respondent held negative views on the effect of the Team Europe approach on the effectiveness of the EU pandemic response. In some cases (Kenya, Montenegro), these respondents acknowledged Team Europe approach effects on coordination and visibility but did not think the approach had substantially improved results.
Senegal, Sierra Leone		✓	✓	N/A

Country names without brackets: uniformly held positive views; Country names in brackets: some differences in opinion (see “comments/explanations”)

Source: Survey conducted by ADE

The resulting list contains some of the countries and regions that provided some particularly positive examples of Team Europe approach contributions. These include Senegal, with its successful cooperative development of a joint budget support operation to respond to COVID-19, and Montenegro, with a strong Team Europe approach-inspired effort to coordinate at regional level. The picture is less clear-cut for other countries, including Ecuador, where the approach inspired a new coordination mechanism for COVID-19 support (“Mesa COVID-19”), but where the relevance of these coordination efforts for the delivery of the support packages is not yet well-established. The evidence at country level on this question is therefore not conclusive. However, the above picture can serve as a point of departure for further inquiry.

⁹⁷ Depending on the case study, partners who responded to the online survey included EU Member States, UN agencies, non-EU donors; some of whom also had acted as EU implementing partners during 2020.

ALTERNATIVE FACTORS AND FACTORS DETRACTING FROM THE FACILITATING ROLE OF THE TEAM EUROPE APPROACH

The Team Europe approach was not the only factor that contributed to increasing the visibility of the EU in the global response to the COVID-19 crisis in partner countries and regions; and to increased coordination and cooperation among and between the EU, its Member States and EDFIs. This was supported by evidence from the case studies and from the online survey, where opinions on the EU role in the pandemic response were more positive than the opinions on the Team Europe approach. Across all groups, a majority of respondents thought that the EU pandemic response had increased EU visibility at country level; however, only less than half of respondents thought the Team Europe approach had played a role in making the EU more visible⁹⁸. The difference in positive views on EU visibility and on the contribution of the Team Europe approach to this visibility was even larger among in-country EU partners (UN organisations, bi-lateral donors, NGOs and INGOs)⁹⁹ and National Authorities.¹⁰⁰

In-country or regional staff of EU Delegations, EU humanitarian offices or offices of EDFIs mentioned several **factors that in their view had limited the added value of the early Team Europe approach** for the COVID-19 response. Most commonly, staff from EU Delegations, DG ECHO country offices and in-country staff from EDFIs referred to the **newness of the approach**, pointing out that it was “still to be implemented” in their country,¹⁰¹ or that they had **not yet received sufficient information** on the concept itself and its implications for their work at country level.¹⁰² Others perceived the focus of the Team Europe approach to be on “common reporting and information sharing”, which in their view had **kept it from addressing systemic, organisational bottlenecks** for cooperation¹⁰³, including “different internal processes and procedures” and “differing financing timelines” of the EU and its Member States, **with new “capacities and resources”**¹⁰⁴.

In other cases, limited in-country presence of EU Member States or EDFIs or low interest among those that were present had limited opportunities for joint initiatives¹⁰⁵. An inclination among EU Member States to highlight their own contributions had impeded the formulation of a joint approaches in two countries. In at least three countries, EU officials indicated that the COVID-19 pandemic was only one of several equally important issues or crises they had to address, which in their view had reduced the incentives among the EU and its Member States to emphasise the Team Europe approach and the COVID-19 response (also see Box 4 for details).

⁹⁸ While 77% of respondents overall thought that the role played by the EU in the pandemic response had increased EU visibility, only 47% thought that the Team Europe approach had contributed to EU visibility, a difference of 30 percentage points. See Figure 7 and Figure 8 in comparison.

⁹⁹ Among UN organisations, NGOs, INGOs and bi-lateral donors in country, 87% of respondents felt that the EU response to COVID-19 had increased EU visibility, while only 40% thought that Team Europe had contributed; a difference of 47 percentage points.

¹⁰⁰ Among National Authorities, 85% thought that the EU pandemic response had increased EU visibility, and only 46% thought the Team Europe approach had contributed to this regard, a difference of 39 percentage point.

¹⁰¹ Feedback from at least two EU Delegations in case study countries/regions.

¹⁰² Mentioned by five Delegations.

¹⁰³ EU Delegation officials in at least three countries.

¹⁰⁴ Interview with EU officials.

¹⁰⁵ This was the case, among other things, in Caribbean, Fiji and Sierra Leone.

Box 4: Multi-dimensional crises and policy agendas and their effect on the adoption of the Team Europe approach

The **prevalence of complex, multi-dimensional policy and social agendas**, evolving around socio-economic issues or also tied to crisis conditions, **may have made it more difficult for the Team Europe approach to take hold in certain countries**. These circumstances made it more likely that the EU and its Member States were already members of several other, well-established platforms and mechanisms. This was the case in Afghanistan, for example, where cooperation and coordination centered primarily on the structures of MDTFs (also see below). The EU undertook significant communication efforts on the multilateral response to COVID-19 in the country, but did so without strongly referencing the Team Europe approach. In Afghanistan, Yemen, and in Myanmar, the opinion was also that COVID-19 was just one among many factors of the ongoing multidimensional crisis. In Yemen, one of the most visible achievements of the EU and its Member States was the strengthened coordination for the deployment of the EU Humanitarian Air Bridge. The Commission and Sweden had launched the “air bridge” jointly; however, without associating it with the approach. In Montenegro, communication around the COVID-19 response centred on the country’s EU accession status. The EU Delegation therefore favoured the use of the “EU for you” hashtag over Team Europe approach messaging. However, the Team Europe approach remained visible at regional level.

Stakeholders of the EU COVID-19 response also pointed to a number of **factors other than Team Europe that they felt had intensified cooperation and coordination** of the EU response to the pandemic. Very commonly, this included a **sense of urgency** to respond to unprecedented crisis conditions.¹⁰⁶ Stakeholders also pointed out that incentives and opportunities for cooperation and coordination of the pandemic response had also been linked to well-established and deeply institutionalised cooperation **mechanisms that existed well before** the breakout of the pandemic (see box below). In addition, countries saw the emergence of **new non-EU coordination platforms** for the COVID-19 response. In particular, the **WHO** facilitated coordinated actions with the EU, its Member States, and with non-EU actors.¹⁰⁷ Such mechanisms facilitated coordination but did not leave space for or require the additional impetus from a Team Europe approach.¹⁰⁸

¹⁰⁶ Mentioned by at least five EU in-country officials.

¹⁰⁷ Mentioned in at least six of the country/regional cases or survey responses.

¹⁰⁸ Mentioned in at least four of the case studies and in two survey responses.

Box 5: Existing coordination mechanisms and their effect on the early Team Europe approach

Well-established coordination mechanisms and structures that pre-dated the start of the COVID-19 crisis generally facilitated a speedy, cooperative roll-out of the EU COVID-19 response. Faced with the urgency of the pandemic, the EU, its Member States and other partners primarily used existing mechanisms to exchange information, pool resources, and otherwise work together. From the perspective of Team Europe approach, however, such mechanisms enabled the adoption of the approach, but also hindered it. Their effect depended very much on the specific characteristics of each mechanism, the composition of the group of partners, and the policy context. In Senegal, for example, a well-established culture of cooperation linked to the “Groupe Europe” operating in Senegal since 2014 (bringing together Belgium, France, Germany, Italy, Luxembourg, the Netherlands, Spain, the EU Delegation and the EIB) and prior experience with joint budget support facilitated the adoption of the Team Europe approach for the EU COVID response in the country. In countries such as Afghanistan (MDTFs) or Montenegro (the EU accession framework), the presence of strong, coordination platforms (in the case of Afghanistan also led by non-EU partners), paired with complex, multi-dimensional policy or crisis contexts (see Box 4), made it more difficult for the Team Europe approach to take hold. In those circumstances, in-country EU staff members and implementing partners felt that they did “what they always did” in terms of information sharing, coordination and communication for the EU pandemic response

LITTLE ATTEMPT TO BRIDGE THE HUMANITARIAN-DEVELOPMENT GAP

In only a small number of case study countries and regions did the Commission try to use the COVID-19 response to help bridge the humanitarian-development gap. In Yemen, EU actors, non-EU international partners, and national stakeholders undertook analyses and policy dialogue on more effective coordination between humanitarian and development actors and issues for the years 2020 and 2021. The COVID-19 response in Yemen was articulated along a humanitarian-development continuum, using a combination of re-orientation of existing DG ECHO programmes, and of fund reallocations of DG INTPA assistance towards affected sectors and most vulnerable populations. In Myanmar, the Nexus Response Mechanism (NRM), a pilot programme operating similarly to a facility with high degree of flexibility, helped to facilitate a more efficient response to COVID-19¹⁰⁹. Integrating COVID-19 support into peace processes was generally not attempted; it is unclear what factors prevented this from happening.

While the Team Europe approach and the EU COVID-19 response as a whole facilitated better coordination between the EU and its Member States, the response did not significantly improve coordination between Commission services in charge of development (DG INTPA and DG NEAR) and Commission humanitarian services (DG ECHO) as key EU stakeholders of the Humanitarian-Development nexus. The Joint Guidance on the COVID-19 response and Team Europe approach gave the primary responsibility for country-level coordination to the EU Delegations.¹¹⁰ However, in countries with large emergency response components, EU Delegations and country offices of DG ECHO often shared the lead role. In Afghanistan, for example, DG ECHO was the main interlocutor for the COVID-19 emergency response. DG ECHO built on their established presence in the country, their relationship with government and provincial authorities, their role in the Humanitarian Donor Group, and the network of partners in

¹⁰⁹ It should be noted that outside the 17 case studies, there are cases where scenario-planning efforts aim to anticipate the impact of COVID-19 on security, peace, and politics (with best-case, medium, and worst-case scenarios and resulting recommendations for critical actions), such as in northeast Nigeria (information collected in interviews).

¹¹⁰ See Section 3.2 and the beginning of this chapter.

Water, Sanitation and Health (WASH), and protection. Both services played critical roles in EU advocacy efforts with key donors, the Afghan government, and EU Member States.¹¹¹ There was undoubtedly a certain measure of horizontal coordination between the two services. The Team Europe approach response fiche also facilitated the compilation of information from both sides. However, neither the COVID-19 response as such nor the approach fundamentally changed the coordination structures or dynamic between the two services.¹¹²

Multiple funding streams added to the coordination challenge. In Turkey, for example, the COVID-19 response drew on resources from the Facility, the EUTF, the HIP 2020, and the Instrument for Pre-Accession Assistance (IPA), all of them outside of any cross-institutional oversight beyond the high-level oversight by DG NEAR.

The approach and timeline of this assessment did not allow for the in-depth assessment of factors that would have enabled or limited the strengthening of the nexus approach in connection with the EU pandemic response. However, it appears that the COVID-19 response did not offer opportunities for fundamental structural reforms that would have strengthened the nexus approach above and beyond its pre-pandemic status. This related to the general dynamic of the roll-out of the response, characterised by a sense of urgency to make support available quickly; to rely in many cases on the adaptation of existing programmes; and to seek coordination and cooperation with other partners while relying predominantly on existing structures and coordination mechanisms.

¹¹¹ DG ECHO notes 2021, Interviews May 2021; Team Europe Country Fiche, May 2020. Several of the case studies with a strong emergency response were in the middle of a protracted crisis rather than a singular humanitarian disaster (e.g., Afghanistan, DRC, Yemen). In these situations, DG ECHO interventions have also included a medium-term component (strengthening health systems for example).

¹¹² The additional EUR 50 million allocated to Afghanistan was divided between DG INTPA and DG ECHO. This money would have provided a good opportunity for an integrated humanitarian and development response. However, the two resulting programmes operated independently of each other.

6. EQ 3 – FLEXIBLE ADAPTATION TO COVID-19 REQUIREMENTS

EQ3: To what extent were, and are, the individual aid modalities and other aid delivery mechanisms and their combinations efficient and flexible enough for use in Team Europe's COVID-19 response under the COVID-19 crisis conditions?

Summary answer: Overall, the EU succeeded in deploying its external crisis response toolkit in relatively short timeframes, considering the normal duration of Commission procurement procedures. To respond as quickly as possible to the pandemic, the Commission used flexibility provisions and introduced new ones to speed up the response to COVID-19. This enabled the EU to adapt its wide range of external crisis aid modalities and mechanisms. The Commission often continued working with the aid modalities and mechanisms already used to implement its portfolio of interventions prior to COVID-19. It rapidly mobilised considerable EU financial resources through 30 BS programmes, most of them already ongoing prior to COVID-19. BS funds were transferred to the Treasury of partner countries, most often during the last quarter of the year, to preserve their macroeconomic stability and sustain their socio-economic activity. In humanitarian settings, the procedures in place were flexible but the response managed by the Commission humanitarian services still showed a mixed picture on the speed of disbursement. Adjusting existing cooperation programmes was often swift, especially when no rider was required to ongoing contracts, but could also be lengthy. When trust funds were used, whilst the response was generally quickly designed, the support was often delivered with delays to the final beneficiaries. Observed delays were mostly due to global market shortages on all medical equipment and material but also to tense political contexts. Blending and guarantees did not prove fit to deliver an emergency response. The Commission often followed the response provided through existing monitoring and evaluation (M&E) mechanisms. It did not feel the need to set up a dedicated monitoring system to report on the global outputs and outcomes reached during the pandemic. Through BS, the Commission placed stronger emphasis on the accountability in the management of COVID-19 funds by partner countries in some countries.

FLEXIBILITY PROVISIONS USED TO MAXIMISE THE TEAM EUROPE APPROACH RESPONSIVENESS TO THE COVID-19 CRISIS

The Commission made extensive use of existing flexibility provisions and introduced new ones to maximise the responsiveness of its aid modalities and mechanisms to the COVID-19 crisis. Following the outbreak of COVID-19, DG ECHO, DG INTPA and DG NEAR issued guidelines and adapted their procedures. **DG ECHO** issued **guidelines for IOs and NGOs** to cope with these exceptional circumstances.¹¹³ These guidelines laid down provisions to derogate from procurement rules because of COVID-19 (by applying the derogation existing in the partner's internal procedure) and to redirect funding within an ongoing action to the COVID-19 response. Changes in activities should be 100% flexible, unless they qualify as substantial changes to the action, hence triggering an amendment. For the response managed by **DG INTPA and DG NEAR**, all partner countries were considered eligible for the **crisis declaration list**. This enabled the use of more **flexible procedures**, usually circumscribed to situations of conflict and fragility. These procedures were to hasten the procurement of essential goods and services. They enabled the award of grants without a call for proposals and the use of negotiated procedures for the procurement of services, supplies,

¹¹³ DG ECHO, Response plan to the impact of COVID-19 on the implementation of humanitarian aid – FAQ addressed to IOs. DG ECHO, Response plan to the impact of COVID-19 on the implementation of humanitarian aid – FAQ addressed to NGOs.

and works. Moreover, they enabled retroactivity on expenditure incurred before the date of submission of an application for EU financing. In addition, administrative procedures for the identification/formulation phase for new interventions were eased-up through simplified templates (such as for Action Documents) for all interventions, including for BS. Inter-service consultations with other Commission services and consultations of other EU institutions (such as through the European Development Fund Committee with EU MS) were also fast-tracked, through a shortening of response times and the use of written procedures.

Furthermore, the Commission adjusted its BS decision-making processes to allow for timely responses. Firstly, during the “Jumbo Budget Support Steering Committee” (BSSC) meeting held on 17 April 2020, DG INTPA/EEAS discussed the envisaged support to partner countries’ COVID-19 response through BS, in particular the reorientation¹¹⁴ of ongoing BS programmes and the identification of new programmes. Secondly, not all BS disbursements made during 2020 were discussed at BSSC. Part of the BS disbursements were processed through written procedures (including e-mail consultation across services) and recorded for approval by the BSSC. A similar process was replicated in DG NEAR, through the FAST Committee. Moreover, the preparation of the BS disbursement dossiers respected the usual process in all cases. This process was eased in a few countries through light updates of the macroeconomic, PFM and transparency conditions based on the reports of 2019 (Honduras) or the re-use of the PFM and Transparency Report from November 2019 instead of preparing an updated version in 2020 (Sierra Leone).

In the exceptional COVID-19 situation, the Commission also deployed “crisis Macro-Financial Assistance” in 2020/2021 to ten enlargement and neighbourhood partner countries. These MFA programmes consisted of loans on highly favourable conditions to help countries cover urgent financing needs. They were shorter in duration (12 months instead of the usual 2.5 years) and with only two disbursements. The first disbursement was to be released as soon as possible after the signature of a Memorandum of Understanding (MoU) with the partner country. It was conditional upon the implementation of an IMF programme but not subject to the fulfilment of specific conditions. The second disbursement was to be released upon the fulfilment of conditions detailed in the MoU. Ukraine, the largest recipient, received its first instalment (EUR 600 million) in December 2020, following the signature of a Memorandum of Understanding (MoU) and the renewed engagement to continue cooperation under the IMF programme. Montenegro received its first instalment (EUR 30 million) early October 2020 upon entry into force of the MoU to address the negative economic and financial impacts of the COVID-19 crisis on the country’s balance of payments and State Budget.

RESPONSE MANAGED BY THE COMMISSION HUMANITARIAN SERVICES: FLEXIBLE BUT MIXED SPEED

Mechanisms managed by DG ECHO were generally deployed with flexibility to respond to COVID-19. The disbursement speed depended on humanitarian settings. Most humanitarian interventions reviewed under this assessment were part of the Humanitarian Implementation Plans (HIPs) deployed at country/regional levels. The HIPs were generally not modified during 2020. Almost all humanitarian **interventions** analysed were already ongoing before March 2020. DG ECHO generally succeeded in quickly adapting them by including additional COVID-19 activities for vulnerable populations. In most cases under review,¹¹⁵ addenda were signed between March and June

¹¹⁴ For instance, an “instruction note on financing decisions related to COVID-19 - April 2020” sent by the Director-General on 6 April 2020 further reinforced and clarified the possibility of neutralising variable tranche indicators made irrelevant by the crisis and/or no longer monitorable.

¹¹⁵ 8/11 DG ECHO-funded interventions reviewed in depth.

2020. In three out of eleven interventions¹¹⁶, assistance was delivered to beneficiaries within three months. In Turkey, the ESSN intervention under the Facility was rapidly implemented, making use of the pre-established beneficiary registry and delivery system, as well as quickly disbursing funding from savings and contingencies in June 2020 simultaneously to assistance rolled out by the government for Turkish citizens. However, in several of the countries, humanitarian assistance was delivered later than initially expected. Contracting procedures with partners meant that the projects only started in September 2020 in Afghanistan and Ecuador. Implementation delays were also due to global procurement difficulties surrounding protective equipment.

Moreover, EU humanitarian air bridges organised by DG ECHO facilitated the swift delivery of essential supplies. They took place in four of the countries under review (Afghanistan, Ethiopia, Myanmar, and Yemen). In Afghanistan, supplies were delivered by June/July 2020, at the height of Afghanistan's first wave of COVID-19 infections, despite closed borders and disrupted supply routes into Afghanistan as a landlocked country. In Yemen, the humanitarian air bridge enabled the importation of PPE and medical supplies in July and August 2020. Finally, DG ECHO also used its **Emergency Toolbox** to provide humanitarian assistance to unforeseen and sudden crises. Two out of the four available tools were used for the COVID-19 response: the Small-Scale Tool in Colombia and South Africa and the Epidemics Tool for the global response.¹¹⁷

MASSIVE AND FAST TEAM EUROPE RESPONSE TO COVID-19 THROUGH BUDGET SUPPORT

Budget Support enabled the Commission to rapidly mobilise considerable financial resources in support of the partner countries' COVID-19 response. This would not have been possible through other aid modalities. In the 13 countries that benefited from BS,¹¹⁸ total BS commitments for 2020 were significantly increased (+71%): from EUR 573 million to EUR 980 million, spread across 30 BS programmes. 67% of the EUR 980 million committed represented dedicated COVID-19 commitments (including both redirected funds and additional funds¹¹⁹ to respond to the pandemic). The remaining commitments included initially planned BS amounts for 2020 under the fixed and variable tranches. The Commission disbursed a total of EUR 872 million during 2020 through BS in these 13 countries. The discrepancy between total commitments and total disbursements mostly lies in the suspension of BS payments in 2020 on three ongoing programmes (EUR 87 million) in Ethiopia due to the crisis in Tigray. More widely, Commission services in charge of international cooperation (DG INTPA and DG NEAR) paid nearly EUR 3 billion in 2020 as BS, in comparison to EUR 1.6 billion in 2019.¹²⁰

Putting the specific case of Ethiopia aside, the predictability of BS disbursements was relatively good. Following COVID-19 addenda, 68% of the planned commitments under the 30 programmes were foreseen during the second semester of 2020, with the bulk (38%) for Q3. Several payments planned in Q3 actually took place in Q4, implying that the bulk of the disbursements (40%) were made in Q4. When disbursements were planned for the first semester (32%, of which 13% in Q1 and 19% in Q2), they often took place as foreseen.

The BS aid modality proved flexible to adapt to the pandemic. The Commission approved new BS COVID-19 specific programmes in compressed times and adapted pre-existing programmes to

¹¹⁶ The information reported in the Single Forms issued for each intervention generally does not detail when the assistance is delivered to beneficiaries.

¹¹⁷ Source: DG ECHO, Emergency Toolbox factsheet, January 2021.

¹¹⁸ Afghanistan, Ecuador, Ethiopia, Fiji, Honduras, Kenya, Montenegro, Morocco, Myanmar, Senegal, Sierra Leone, South Africa, Ukraine. We exclude the Caribbean countries since the Caribbean was assessed through a regional lens only.

¹¹⁹ Total commitments of half of the already ongoing BS programmes (13/26) were increased.

¹²⁰ Source: EC, BSSC 2020 Activity Report, February 2021 & [Budget Support – Trends & Results 2021](#) report.

COVID-19. Four new BS COVID-19 programmes were signed between June and October 2020 in Kenya, Montenegro, Morocco, and Senegal. Considering the time normally required to prepare a BS programme, this is considered fast. The disbursements under these programmes took place between October and December 2020, seven to nine months after COVID-19 was declared as a pandemic by the WHO. The programmes aimed to assist countries in facing the budgetary strains of coping with the COVID-19 crisis and to support them in implementing their COVID-19 national response plans. They consisted of single-fixed tranche operations for Kenya and Senegal and of two-tranches operations over 2020 and 2021 for Montenegro and Morocco, with a first large, fixed tranche in 2020. These four fixed tranches were disbursed in the last quarter of 2020. Total disbursements in 2020 under these programmes amounted to approximately EUR 275 million (or 40% of total BS 2020 commitments); mostly in Senegal (approximately EUR 112 million) and in Morocco (EUR 105 million), but also in Kenya (EUR 30 million) and in Montenegro (EUR 28 million). All types of BS contracts were used: the SRBC in Montenegro and Morocco, the Sustainable Development Goal-C (SDG-C) in Senegal and the Sector Reform Performance Contract (SRPC) in Kenya.

In the 13 BS beneficiary countries under review, 26 pre-existing programmes were adapted for the COVID-19 response through addenda¹²¹ issued between April and December 2020 and the use of lighter procedures (such as written exchanges) for INTPA. Changes consisted of:

- Frontloading BS disbursements planned in 2020 or in subsequent years earlier in 2020: this concerned nine programmes for payments totalling EUR 216 million.¹²²
- Disbursements of the amounts linked to unmet variable tranches indicators from previous years for a total of EUR 84 million for four SRPCs in Morocco, and one SRPC in both Honduras and Myanmar.
- Cancellation or neutralisation of performance indicators made irrelevant and/or no longer monitorable due to the crisis: this concerned two programmes (SRBC in Afghanistan and SRPC Social Security in Morocco) for a total of EUR 30 million.
- Approval of top-ups on three existing SRPCs for a total of EUR 17 million (Ethiopia and Honduras).
- BS disbursements under pre-existing programmes were often made quickly: they occurred two to three months after the crisis (mid-March 2020) in Ethiopia, Morocco, Senegal, and South Africa. In Myanmar, disbursements were made in March and July 2020.

FLEXIBILITY OF THE EU RESPONSE TO COVID-19 THROUGH OTHER AID MODALITIES AND MECHANISMS

Adjusting existing international cooperation projects and programmes¹²³ was flexible in some case study countries, especially when no rider was required, but cumbersome in others. Launching new COVID-19 response interventions was often a lengthy process, generally entailing a delayed response. Adaptations were made in due time to ongoing procurement contracts and grants supporting the health sector in DRC, Turkey and Yemen and the socio-economic response in Kenya. In Turkey, the EUR 2.7 million Health Security project made funds available immediately, at a time when the Ministry of Health was not willing to invest in Rapid Diagnostic Tests. Procurements of PPE and testing kits faced significant delays although the procurement still remained relevant, for use in subsequent waves. In DRC, medical and sanitary

¹²¹ Addenda were issued for 19 BS programmes.

¹²² It includes the frontloaded BS amounts in Fiji whose disbursement - initially planned for the end of the 2019/2020 Fijian fiscal year (June/July 2020) - was made at the beginning of the subsequent 2020/2021 fiscal year (August 2020), which was appreciated by national authorities.

¹²³ This encompasses interventions funded under the various EU financial instruments (e.g., Development Cooperation Instrument (DCI), IPA, European Neighbourhood Instrument (ENI), IcSP, EIDHR).

equipment started to be delivered in April 2020, only one month after the declaration of the first COVID-19 case in the country. A retroaction clause was applied since the contract was signed in May 2020. In Kenya, a new operation establishing a Safe Trade Emergency Facility over a six-month period to mitigate the impact of COVID-19 on trade was quickly designed. It was swiftly implemented by Trade Mark East Africa as of May 2020. Conversely, in Ukraine, a large portion of the response package meant to support private sector recovery, civil society and overall social resilience and recovery (i.e., programmes associated with the Annual Action Programme (AAP) II 2020) was approved in November 2020. As a result, only 17% (EUR 30 million out of EUR 169 million) of that component directed at socio-economic issues had been spent by the end of March 2021.

The flexibility of the response to COVID-19 channelled through Trust Funds was mixed: swift and handy in some cases but lengthy in others. In Senegal, several EUTF projects (e.g., PASPED) quickly reallocated some of their activities and provided a swift response that did not require an addendum. For PASPED, the EU Delegation quickly approved the changes to be brought using the PRAG emergency procedures. Grants were provided to 136 enterprises with the first instalment paid in August 2020. Similarly, additional EU financing (EUR 10 million) that had already been earmarked for the facility was quickly delivered (by May 2020) to the Caribbean Catastrophe Risk Insurance Facility (CCRIF) Multi-Donor Trust Fund. All 18 Caribbean governments active under CCRIF received early May 2020 a 26% discount on their insurance coverage ahead of the 2020 hurricane season. In Afghanistan, partners reached an agreement in June/July 2020 on the re-allocation of EUR 12.5 million of unspent EU funding from an ARTF governance project to the newly created ARTF-funded "Relief Effort for Afghan Communities and Households" (REACH) project. Finalising all administrative steps for the re-allocation took another four to six months. However, the services financed with these resources were distributed with delay, mostly due to national political roadblocks and capacity bottlenecks on the side of the Afghan government. In Honduras, the ongoing UN Spotlight Initiative focusing on gender violence was modified for the COVID-19 response. EU staff considered the adjustments made as slow and highly time consuming to manage.

The response to COVID-19 channelled through regional initiatives and programmes was often designed quickly but the delivery of services was sometimes delayed, mostly due to global market shortages on all medical equipment and material. In Ukraine, the EU4Business Initiative was an efficient coordinating platform to mobilise EU programmes in support of immediate Small and Medium Enterprise (SME) needs linked to the pandemic. It was instrumental in providing timely information to SMEs about access to grants, loans, and business advice available under EU SME programmes, which were expanded to respond to the pandemic.¹²⁴ The regional EU/WHO "Solidarity for Health" Initiative (EUR 30 million) was designed and adopted quickly as well to meet emergency needs and support the health system. It delivered essential support and training to health workers across Ukraine, but at a slower pace than initially anticipated due to market shortages slowing down procurement and custom procedures. In the Caribbean, a programme for outbreak control operations (EUR 8 million) via the Caribbean Public Health Agency (CARPHA) was quickly designed. But implementation was not as straightforward: procurement of PPE and equipment encountered some issues because of delayed responses from Caribbean countries on specific needs and simultaneous increase in prices due to high demand. Similarly, vaccines delivery, delegated to the Pan American Health Organisation (PAHO), was not timely.

Blending projects and guarantees did not prove to be appropriate for responding to urgent needs emerging from the COVID-19 crisis. Very few blending projects, in the form of technical

¹²⁴ A new EUR 120 million support programme was introduced to help SMEs, including the self-employed and others, to have easier access to credit and boost their businesses following the crisis. Over EUR 200 million of existing credit lines and grants are available for SMEs in local currency through the EU4Business Initiative.

assistance and interest rate subsidy, were deployed in 2020 in response to the pandemic.¹²⁵ None of them started to be implemented in 2020. No loan guarantees were provided in the countries under review. The fact that blending projects and guarantees were not widely used is partly due to the fact that these operations go through a heavy design and approval process, which takes almost a year. In Ecuador, it took the full year 2020 to have the contract signed by all parties for the WASH Portoviejo intervention although negotiations had already started in 2018. Works were expected to start at the end of 2021. In Kenya, discussions started in May 2020 to provide an interest rate subsidy to an EIB loan under the Cotonou Investment Facility¹²⁶ aiming to enhance the capacity of financial institutions to continue accepting the risk of lending to private enterprises, especially SMEs. The contract between the Commission and the EIB was only signed in December 2020. The project was in its inception phase mid-May 2021. The credit lines were expected to be delivered in June 2021 at the earliest. In Senegal, discussions around an operation supporting a state mechanism guaranteeing bank loans to companies encountered little enthusiasm. Enterprises were reluctant to take out a loan in a crisis situation and banks considered the interest rate proposed insufficiently attractive. In Kenya, where the country debt ratio was already problematic, grants were favoured and guarantees to back loans or investments were not discussed as an option.

The candidate countries for EU accession also received swift assistance thanks to their participation in EU initiatives. In Turkey, **the EU Civil Protection Mechanism**¹²⁷ was activated at the end of May 2020 to support the country in the repatriation of Turkish citizens stranded in Peru and Colombia. Montenegro also benefited from this mechanism, which facilitated the delivery of hospital supplies and protective equipment. It also received material for COVID-19 testing provided by the **Commission Joint Research Centre**.

MONITORING AND ACCOUNTABILITY IN THE MANAGEMENT OF THE COVID-19 RESPONSE

The Commission did not feel the need to set up a dedicated monitoring system to report on the global outputs and outcomes reached during the pandemic. At country level, close monitoring of the COVID-19 response most often took place through the existing monitoring systems of the adapted interventions. Commission staff regularly updated the Team Europe approach COVID-19 response fiche giving a brief overview of the state of play of the response deployed at country/regional level. But there was no consolidated overview of the supplies and other outputs and outcomes achieved thanks to joint response in the countries reviewed. Since the COVID-19 response was largely embedded within on-going interventions at country level, monitoring of the COVID-19 response happened through the already established monitoring systems. Specific COVID-19 response related indicators were rarely incorporated. An exception is the monitoring system set up to measure the outputs of all the projects funded under the EUTF for Africa for which such indicators were added following the pandemic.

The Commission often succeeded in adapting its monitoring practices to the challenges brought by the pandemic. During 2020, site visits had to be temporarily suspended in all countries to comply with social distancing measures and travel restrictions. The Commission continued liaising remotely with authorities, project implementing partners, its Member States, and international

¹²⁵ Under the bilateral envelopes, amounts were contracted for only three blending interventions in 2020 in the form of technical assistance (Ecuador -LAIF- and Myanmar -AIF-) and an interest rate subsidy (Kenya -CIF-). The inventory does not include the EFSD guarantees, for which information was not available at country level.

¹²⁶ The Investment Facility receives its capital from the European Development Fund and is managed by the EIB. Funding provided from the Investment Facility can accept a higher risk level than loans from EIB's own resources. Under the Cotonou Partnership Agreement, the EU MS provide a sovereign and political risk guarantee for all ACP operations.

¹²⁷ In addition to the EU MS, there are six Participating States to the Civil Protection Mechanism: Iceland, Norway, Serbia, North Macedonia, Montenegro, and Turkey.

donors. For BS programmes, EU staff made efforts to continue policy dialogue and regular monitoring of performance indicators despite the difficult context. In extremely tense environments (Myanmar, Yemen), considering the impossibility to access project sites, it was even more important to rely on international NGOs and local organisations with a proven track record. In Ecuador and Honduras, M&E did not take place apart from ongoing BS operations because most interventions had only recently started implementation.

The Commission placed stronger emphasis on accountability in the management of COVID-19 funds through Budget Support in some countries. All BS disbursements made to support partner countries in their COVID-19 response¹²⁸ were subject to the four BS eligibility criteria. In half of the BS beneficiary countries (Honduras, Kenya, Montenegro, Morocco, Myanmar, Senegal, Sierra Leone), progress on the public availability of information regarding the management and use of COVID-19 funds and/or on the implementation of government response measures to COVID-19 was included in the general conditions, most often in the public policy eligibility condition. For half of the BS deployed for the response, the Commission requested reporting on the measures deployed within the framework of the "Special Fund for the Management of the COVID-19 Pandemic" prior to disbursing when (re)/designing the operations or after having disbursed, in line with the conditions set in the programmes. For the other half of the budget support deployed, a cluster examination through interviews with key stakeholders would be required to assess to what extent special measures should have been taken to mitigate potential fiduciary risks. In most BS programmes (17/30), no further emphasis (such as in-depth analysis under the general conditions and/or in the disbursement notes, dedicated variable tranche indicators, etc.) was put on accountability in the management of COVID-19 funds by partner countries. The BS programmes deployed in Senegal and Montenegro stand out as two exemplary cases where the Commission strongly promoted transparency and accountability.¹²⁹ In Senegal, one of the three axes of the BS matrix dealt with good governance and transparency of the implementation of the government's measures against the crisis. This promoted the publication by the government of the decree establishing the COVID-19 response fund and the budgetary execution reports detailing all COVID-19 expenses during 2020. In Honduras and Kenya, audits conducted in 2020 revealed a potential misuse of pandemic funds. BS disbursements, which took place in the last quarter of 2020, were made following a thorough review by the Commission of the issues encountered and the adoption of appropriate mitigating measures. In Honduras, the Commission obtained the commitment of the government to use BS funds through UN System procurement procedures to guarantee the adequate and transparent use of the funds. Beyond BS programmes, accountability in the management of COVID-19 funds was a matter covered through the M&E carried out for these interventions, often carried out by international partners and NGOs. This assessment did not cover this aspect in detail since, contrary to BS and MFA interventions, other interventions deployed for the COVID-19 crisis did not specifically aim to foster the countries' PFM capacities.

¹²⁸ This assessment only considered the BS programmes mobilised for the COVID-19 response. More generally, the four eligibility criteria apply to all BS disbursements.

¹²⁹ This can be illustrated by the depth of the analyses made in the FA under the general conditions, a dedicated axis in the matrix (Senegal) or dedicated variable tranche indicators (Montenegro), the detailed assessments made in the disbursement files, and the attention given to those issues in the policy dialogue.

7. EQ4 – MITIGATION OF EFFECTS OF THE PANDEMIC

Note: Data collection for this fast-track assessment was carried out in the months immediately after the end of 2020, the period covered in this evaluation. This timing, and the nature of this condensed fast track assessment itself carried out under conditions of the COVID-19 pandemic, made it unlikely that the evaluators would be able to see and collect evidence of concrete results of the initial EU COVID-19 response. The assessment of results therefore centred on feedback collected from key informants with knowledge of the response that was solicited through key informant interviews, selected documents, and a stakeholder survey.

To what extent was the EU response successful in progressing towards the objectives associated with the COVID-19 response?

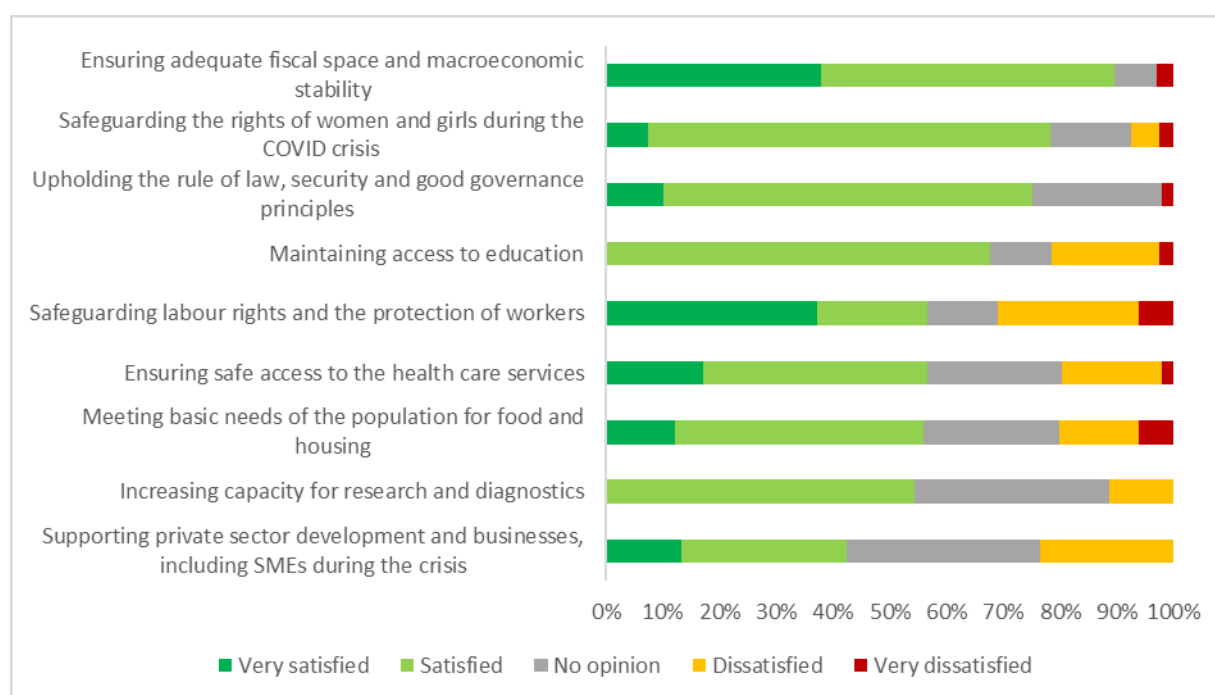
Summary answer: Satisfaction with the emerging results of the initial EU response to the COVID-19 crisis in partner countries and regions varied between the different priority areas. It was highest in relation to macro-economic stability, and comparatively lowest in food and housing, private sector development and access to health care services. In more than half of the 13 BS beneficiary countries, BS and MFA programmes provided modest to significant fiscal space to partner governments, helping to maintain short-term stability of the macro-fiscal framework. This also proved extremely useful to finance national socio-economic and fiscal stimulus packages. The implementation of these packages cushioned the shock to the economies and people through fiscal, economic, and social measures. In 2020, governments often boosted priority spending (in areas such as health, education, and social protection). Direct COVID-19 support to the private sector was negligible, with only modest mitigation effects for businesses. Safety net programmes supported in some countries helped to meet short-term basic needs of households. In health, COVID-19 support packages helped to meet immediate needs for preventive and curative measures, with basic medical supplies and PPE as the main deliverables. Smaller projects to strengthen the diagnostic capacity helped to improve laboratory capacity in several countries, supporting the diagnosis of COVID-19 cases for timely isolation or treatment of cases. Results for system strengthening were more variable. During the crisis, promotion of the continuation of already engaged longer-term reforms, including on PFM, was often challenging. Overall, beneficiary countries showed a rather significant accountability gap. Mixed effects were observed in terms of increased resilience of the core capabilities of the public sector. Broader health system strengthening was less successful in the short-term than more targeted interventions, such as building diagnostic capacity. Increasing access to basic and other health services also received comparatively little attention in the EU response outside of BS.

Satisfaction with the emerging results of the initial EU response to COVID-19 in partner countries varied significantly between the different priority areas the EU and its partners were targeting. It was highest for macro-economic stability and the creation of adequate fiscal space, and comparatively lowest in food and housing, private sector development and access to health care services. Across all countries and groups of survey respondents, close to 89% of respondents among EU institutions and bodies, EU partners (including EU Member States),¹³⁰ national authorities and independent CSOs were satisfied or very satisfied with how the EU initial COVID-19 support had helped partner countries to ensure adequate fiscal space and macro-economic stability throughout the first year of the COVID-19 crisis. As can be seen in Figure 11, this suggests that macro-economic support was by far the best performing results area of the COVID-19 support packages. By comparison, opinions of key stakeholders on results in other key areas were

¹³⁰ In addition to EU MS, this includes UN organisations and other IGOs, CSOs and NGOs, bilateral and multi-lateral donors, both in an autonomous role or as implementers of EU response to COVID-19.

somewhat less positive. 56% of respondents in all countries were at least satisfied with results of EU support in helping to meet key basic needs for food and housing of the population affected by the COVID-19 crisis, about 42% thought the results of the EU response to COVID-19 in private sector development were satisfactory, and 57% were satisfied that EU support had helped to increase access to health services in the midst of the COVID-19 pandemic. Satisfaction with the success of EU support to help increase capacity in partner countries for COVID-19-related research and diagnostic capacity as another health-related results area was similar; here 54% of respondents found the results of EU support satisfactory.¹³¹ The following sections will look at the results in the different areas in more detail.

Figure 11: Satisfaction with the results of the EU COVID-19 response (as of May - June 2021)



Source: Survey conducted by ADE

MITIGATING THE IMMEDIATE SOCIAL AND ECONOMIC CONSEQUENCES OF THE COVID-19 CRISIS

Supporting governments to maintain macro-economic stability and to implement their COVID-19 policy response

A closer examination of budget support and macro-financial assistance in the context of the EU initial COVID-19 response confirmed that, in seven of the 13 BS beneficiary countries in the case studies, BS and MFA provided modest to significant fiscal space to partner governments. This enabled them to limit the economic shock of the crisis and to maintain the stability of the macro-fiscal framework in the short-term. In the six remaining countries, the fiscal space effect was negligible. BS and 'crisis MFA'¹³² provided clear fiscal space for five out of the thirteen countries reviewed.¹³³ The disbursements in 2020 ranged from 2.4% to 5% of total public revenues of that year. In Senegal, BS provided significant fiscal

¹³¹ For details, see detailed results of the online survey in Annex 4.

¹³² Two 'crisis MFA' were provided in Montenegro and Ukraine.

¹³³ Afghanistan, Montenegro, Senegal, Sierra Leone, Ukraine.

space (+5%), albeit in the context of a widening current account deficit and rise of public debt and debt service. The fiscal space increase was amplified by loans, essentially in the form of BS, agreed by the IMF, WB, AfDB, IDB and the West African Development Bank (BOAD). Together, grants and loans partly compensated for the loss in total revenue linked to the decrease in economic activity. In Montenegro, BS and MFA payments contributed to maintain the country's macroeconomic stability during a steep economic contraction, lower fiscal revenues, and significant debt service obligations. In Ukraine, the exceptional COVID-19 MFA together with the second instalment¹³⁴ of the previous Commission MFA IV, the support of other partners (IMF and WB) and the country's ability to mobilise additional financing on the domestic and international (Eurobond) financial markets contributed to close the financing gap¹³⁵ of the country. MFA was all the more important as the cost of tapping the domestic and international markets had considerably increased during 2020 for the national authorities. The highly concessional and substantial nature of the EU MFA financial support during 2020 contributed to service the country's external debt service estimated at USD 5 billion for the 2020 fiscal year, including a maturing EU debt repayment from a previous MFA 5 years ago for a total amount of EUR 500 million.

In two out of the 13 countries (Fiji, Morocco), BS disbursements totalled around 1% of total public revenues, hence providing less significant fiscal space but much needed liquidity in tense macro-fiscal environments. In Fiji, despite the modest magnitude of the amounts disbursed (EUR 8 million), the BS disbursement at the early stage of the 2020/2021 Fijian fiscal year (August 2020) contributed to a timely increase in the government's fiscal capacities to finance a second round of stimulus packages dedicated to the agricultural response. In the remaining six countries,¹³⁶ with BS disbursements totalling less than 0.5% of 2020 total public revenues, the fiscal space effect was negligible. BS disbursements still infused liquidity into the system during the crisis, which was useful to finance countercyclical fiscal policy measures. In Ecuador, BS disbursements (EUR 9 million) in 2020 brought only limited fiscal space to the government and could therefore not prevent a deterioration of the macro-fiscal framework, which was already at risk during recent years.

The EU response also contributed to create fiscal space in CCRT-eligible countries¹³⁷ through its contribution (EUR 183 million) to the relief of a third tranche of IMF debt service payment coming due for the period April 14 to October 13, 2021 and totalling about EUR 203 million.

The increase in fiscal space was particularly useful to finance the governments' socio-economic and fiscal stimulus packages, which included public health response. In Senegal, the increase in fiscal space helped to finance essential governmental expenditure to combat COVID-19 as foreseen in the PRES, which totalled 29% of total public revenues. The rapid execution of the PRES and its close oversight by the government clearly helped to cushion the socio-economic effects of COVID-19. At the end of December 2020, the PRES had an execution rate of 99%, with a wide range of measures implemented, from emergency food aid for vulnerable households to clearing of the arrears of payment of the state in the sectors impacted by the crisis and fiscal measures for enterprises. However, banks and enterprises showed little enthusiasm to provide loans to SMEs impacted by the crisis. In Montenegro, increased fiscal capacity safeguarded the funding of the health system and of key fiscal stimulus packages aimed at mitigating the immediate negative socio-economic impacts of COVID-19. Specific emphasis was put on supporting vulnerable populations (social assistance and protection), preserving existing and new employment (wage subsidies), and supporting micro and small enterprises (liquidity support). Regular reporting confirmed achievements

¹³⁴ The IMF initially estimated this gap at USD 12 billion for 2020.

¹³⁵ The IMF initially estimated this gap at USD 12 billion for 2020.

¹³⁶ Ecuador, Ethiopia, Honduras, Kenya, Myanmar, South Africa

¹³⁷ They include the following countries which are part of this review: Afghanistan, Ethiopia, Sierra Leone, and Yemen.

in all these areas. In Ukraine, while neither targeted at specific COVID-19 related public expenditures nor linked to policy dialogue on the national crisis-response, the crisis-MFA helped to increase national fiscal capacity to finance the COVID-19 Special Fund estimated at EUR 2.3 billion. At the end of 2020, 97% of the allocated funds had been spent on a series of fiscal (e.g., tax breaks), economic (e.g., job saving) and social measures (such as unemployment benefits and capacity strengthening of national hospitals to respond to outbreaks of infectious diseases). In Fiji, BS, representing almost 30% of the total annual 2020/2021 budget appropriation for the Ministry of Agriculture, was instrumental to secure budget execution of programmes undertaken by the Agricultural Extensions Services to reduce the socio-economic effects of the crisis in rural areas and to prevent food crises. This helped to protect rural livelihoods and to preserve national food and nutrition security. In Morocco, the EU response package, constituting about 15% of the national COVID-19 Fund, gave Morocco fiscal space to implement its emergency response. The latter included a range of fiscal and monetary measures that benefited companies and employees such as deferral of tax payments and social contributions, refinancing measures for SMEs and self-employed people and liquidity support to foster access to finance for SMEs and micro-enterprises¹³⁸. Support also extended to workers in the informal economy, who received special social transfers. In South Africa, while BS disbursements were relatively low in comparison to 2020 total public revenues (0.02%), their earmarked nature implied that they contributed financing to specific national sector programmes addressing COVID-19 negative socio-economic impacts.¹³⁹ Technical assistance was mobilised through the BS complementary measures to assist the national authorities in designing and implementing the emergency and recovery sector policies in the areas targeted by the programmes. Finally, the IMF reports that CCRT-eligible countries “boosted 2020 priority spending (health, education, and social protection) relative to pre-COVID-19 projections by some 0.5 percentage points of GDP, despite significant loss of budgetary revenues in many cases”.¹⁴⁰ In all of the countries (five) for which primary data was available, a significant increase (from + 50% to + 110%) in public health spending could be observed.¹⁴¹

Providing direct support to enterprises and households

Compared to the significant volume of macro-economic support (BS and MFA), direct EU support to the private sector was negligible in 2020. Overall, the mitigation effects on businesses remained modest. This is consistent with the comparatively low levels of satisfaction of key stakeholders with the results of EU support in this area. In Senegal, several EUTF financed projects enabled the provision of subsidies to around 730 enterprises to help them face the economic difficulties linked to the pandemic. In Ukraine, some existing programmes were redirected to help Ukrainian SMEs, with the EU4Business Facility playing an important role in providing information about EU SME support implemented with partner organisations under the umbrella of the EU4Business initiative. In early 2021, much of the support envisaged in this area was still to be implemented. Moreover, financial intermediation loans to enterprises facing liquidity problems promoted through blending proved difficult and lengthy to materialise. In Senegal, a guarantee/blending operation to support a credit guarantee scheme did not materialise due to a lack of interest from both banks and enterprises.

¹³⁸ The Central Bank reduced the key interest rate from 2.25% to 1.5%, increased liquidity provision and relaxed prudential ratios to support the banking system.

¹³⁹ E.g., promotion of youth employment, support to small enterprises through relief finance schemes and resilience facilities, access to digital technology and innovation for COVID-related research, etc.

¹⁴⁰ IMF, IMF Policy Paper, CCRT – Third tranche of debt relief in the context of the COVID-19 pandemic, April 2021.

¹⁴¹ Available budgetary data show an increase ranging from +50% to +110% between the budget allocated to the Ministry of Health in the 2020 revised budget in comparison to the 2020 initial budget or between the 2020 actual health expenditure in comparison with 2019 actual health expenditure in Afghanistan, Ethiopia, Montenegro, Senegal, and South Africa.

Similarly, a guarantee/blending operation with the EIB in Kenya aiming to increase access to finance for MSMEs did not yet deliver results. It was in its inception phase mid-May 2021.

Safety net programmes supported in some case study countries enabled the short-term basic needs of households to be met. Overall, 56% of survey respondents thought that support to meet the basic needs of the population for food and housing had been effective (see above). In a few countries (Kenya, Myanmar, Senegal, Sierra Leone, Turkey, Ukraine), households benefited from safety-net interventions that minimised the effects of income losses on livelihoods. These programmes were able to cover some of the short-term basic needs of the population, including vulnerable people who were not able to access unemployment benefits or short-term work schemes. In Kenya, emergency economic support was provided to urban households. The duration of the support was short but enabled immediate short-term basic needs to be met. In Sierra Leone, a top-up of a WB Social Safety Net programme delivered support in May 2021 to an additional 36 000 households that would otherwise have been excluded from social assistance. In Senegal, cash transfers were provided to vulnerable people (such as migrants and families of migrants who stayed in the country) to help them meet electricity bill payments, medical expenses, restart a business and cover basic needs. In Myanmar, socio-economic measures provided livelihood support to workers from the garment industry, mostly women and including returning migrant workers. In Turkey, topping up of the ESSN made it possible to provide refugees with additional payments of 1000 TRY¹⁴² over the course of June and July of 2020. Outside of the ESSN, targeting refugees not eligible for ESSN-support, implementing partners (IPs) of DG ECHO¹⁴³ also provided one-off payments of 1000 TRY, or cash for rent, either as a one-off payment of 800 TRY or as three-monthly transfers of 300 TRY each.¹⁴⁴ In Ukraine, 190 grants were awarded to civil society/community action groups all over the country, which helped address COVID-19 societal needs, including the delivery of food and medicines to the most vulnerable people.

SHORT-TERM RESPONSE IN HEALTH, WATER, AND SANITATION SECTORS

In most case study countries and regions, the COVID-19 support packages were able to meet immediate needs for preventive and curative measures. Basic medical supplies and PPE were the main deliverables, as well as smaller amounts of rapid diagnostic antigen tests and other basic material. Deliveries took place as early as April 2020, but in some cases were also delayed into December 2020 and beyond. Late contracting along with pressure on the global, regional, and national markets for these products hindered their timely provision. EU support in Montenegro, Afghanistan, Ukraine, Turkey, and Ethiopia allowed for the timely delivery of medical and laboratory supplies and equipment (diagnostic kits, reagents, consumables, oxygen concentrators, etc.) and PPE (goggles, masks, gowns, and face shields) to hospitals and laboratories to protect front-line workers. In Morocco, EU BS helped the government to finance a wide range of short-term responses to the pandemic, including the large-scale purchase of testing kits, medical and sanitary equipment and medicines and their distribution to health care centres across the country.

Bottlenecks in the global supply, the closing of borders (e.g., in Afghanistan) and other trade interruptions, security challenges or regional approaches (Yemen, Tigray) led to delays for some of

¹⁴² 1000 Turkish Lira (TRY) are approximately EUR 100.

¹⁴³ UNHCR, Welthungerhilfe, Diakonie, Relief International.

¹⁴⁴ Monitoring data from ESSN implementing partners highlight the essential contribution that the emergency top-up payments made to meeting household needs, where 78% reported that they had faced increased expenditure on food and hygiene items and 69% had a member of their household that had lost employment. However, all partners agreed that the socio-economic situation of households had not returned to pre-COVID-19 times when their cash assistance ended.

the medical/laboratory supplies and PPE (Afghanistan, Ethiopia, Yemen, Kenya refugee camps, IGAD). Provision of deliverables and COVID-19 support through most regional projects was complex and also often delayed.¹⁴⁵ Implementation of the Team Europe EU-support to the IGAD response programme,¹⁴⁶ for example, was hindered by frequently changing country demands for equipment and supplies,¹⁴⁷ challenging custom procedures, the political and security environment in the region, and the need to cover such a large region.¹⁴⁸ This created huge challenges for the implementation considering the difficult political context.¹⁴⁹

While relatively limited in scope, projects to strengthen the diagnostic capacity in case study partner countries and regions helped to improve laboratory capacity in several partner countries. These enabled timely diagnostic of COVID-19 cases and initiation for isolation or treatment where needed. Training in handling the diagnostic measures was important, as most countries had no experience, specifically where new laboratories were set-up. 54% of survey respondents across all countries were satisfied with the results of the initial EU support in this area as of mid-2021. EU support focused mainly on diagnostic support through establishment or support of laboratories for Polymerase Chain Reaction (PCR) testing (Turkey, Ecuador, Ethiopia, Afghanistan, Ukraine, Caribbean) or, to a lesser extent, on the provision of oxygen concentrators and ventilators for case management (Montenegro, Afghanistan, Ukraine, Turkey, Ethiopia). In some countries, this was combined with capacity development in infection, prevention, and control (IPC) as well as case management (Ukraine, Turkey, Ethiopia). In Ethiopia, DG ECHO worked with WHO to support the set-up of seven new diagnostic facilities, the provision of PPE and supplies for health workers, and training in COVID-19 case management, including the detection of cases.¹⁵⁰ The number of PCR¹⁵¹ diagnostic facilities in the country was increased from zero to 74.¹⁵² Ethiopia became the only country among the 17 case study countries/regions conducting point of entry assessments at their borders, required by the International Health Regulation (IHR) of WHO. Turkey was the only country among the 17 that received support for genome sequencing capacity, an important aspect considering the development of variants. In Afghanistan, DG ECHO established diagnostic facilities in cooperation with WHO. Prior to this effort, the country had not had any such facilities.

In a small number of case study countries, support to the development of laboratory capacity was significantly delayed. In Montenegro, the proposed rehabilitation and enlargement of four hospitals and the building of a bio-safety lab were only in their inception phase in early 2021. While the latter had already been discussed between partners prior to COVID-19, disagreement about its relevance in the pre- and post-COVID-19 situation had delayed the start of implementation. In Ecuador, the relevant programme aimed at increasing diagnostic/laboratory capacity was much delayed and started only in 2021.

¹⁴⁵ That is, regional projects in Fiji/Pacific Community (SPC); Caribbean, IGAD. One exception was the regional health project that among other things supported Ukraine.

¹⁴⁶ With an overall budget of EUR 60 million, covering, among other things, Kenya, and Ethiopia.

¹⁴⁷ For example, recipient countries requested changes of distribution sites or delivery destinations; or refused acceptance of support altogether. Distribution of PPE, masks, mobile laboratories, or ambulances through the programme was therefore delayed.

¹⁴⁸ EU Delegation Djibouti, personal communication 20 April 2021

¹⁴⁹ EU Delegation Djibouti, personal communication 20 April 2021

¹⁵⁰ Programme Management; EU Delegation Ethiopia, personal communication, 16 April 2020.

¹⁵¹ PCR is a highly sensitive laboratory (gold standard) test to detect the coronavirus even though very few viruses are present.

¹⁵² This helped to fill immediate gaps left by delayed BS tranches (see below) (interviews, Ethiopia).

In comparison to the large emphasis on laboratory capacity, the EU support paid relatively little attention to laboratory quality assurance, such as through trainings on sample collection, transportation and testing as well as verification of tested samples.¹⁵³

CONTRIBUTING TO BUILDING MORE RESILIENT GOVERNMENTS

Pursuing the promotion of longer-term public financial management reforms during the crisis was often difficult. The PFM general eligibility condition was verified prior to all BS disbursements. The leverage effect of this general condition was however difficult to evaluate within the remit of this assessment. Moreover, in fewer than half of the BS interventions reviewed, the Commission also supported PFM reforms through dedicated indicators on overall or sector PFM reforms¹⁵⁴ for the 2020 variable tranche and the policy dialogue in relation to them. The necessity to respond immediately to the crisis set in the background the longer-term PFM reform agenda encompassing issues such as domestic revenue mobilisation and debt management. For instance, in Afghanistan, Kenya, and Sierra Leone, some or all of the PFM-related indicators were not met (Afghanistan) and/or were neutralised due to COVID-19. The amounts linked to these indicators were all transformed into a fixed instalment (to be) disbursed in 2020 (2021).¹⁵⁵ In Afghanistan, one of the unmet indicators in 2020 covered better governance of the civil service. The five neutralised indicators linked to the 2021 variable tranche covered domestic revenue mobilisation and budgetary processes. Whilst efforts were made to maintain policy dialogue on these issues, the leverage expected on progress on longer-term PFM reforms was de facto minimised.

All case study beneficiary countries showed a rather significant accountability gap according to the IBP. The survey conducted by the IBP at the end of 2020 (Table 4) shows that BS beneficiary countries put in place limited transparency arrangements around the COVID-19 policy responses. Supplementary budgets were adopted in all BS beneficiary countries between March and July 2020. In July 2020, they were publicly available in eight countries (Ecuador, Kenya, Fiji, Sierra Leone, Montenegro, Morocco, Honduras, Senegal, South Africa). Execution reports were published in seven countries (Honduras, Kenya, Montenegro, Morocco, Senegal, South Africa, Ukraine). They include little to no detailed information on COVID-19 spending in all of them. BS beneficiary countries also score relatively low in terms of oversight according to the IBP. Audit reports on the financial management of government COVID-19 responses were released during 2020 in Fiji, Kenya, and South Africa. Finally, BS beneficiary countries performed poorly regarding citizen participation in the formulation and execution of COVID-19 policy responses. Moreover, the accountability gap was larger in non-BS beneficiary countries (DRC, Turkey, Yemen), which score “minimal” on transparency and participation and low on oversight.

¹⁵³ Exceptions were observed in Ethiopia.

¹⁵⁴ Six out of the 15 BS interventions for which a variable tranche was foreseen in 2020 included dedicated indicators on overall PFM reforms (Afghanistan State and Resilience Building Contract (SRBC), Kenya PASEDE, Sierra Leone SBC3) or sector PFM reforms (Ethiopia SRPC Job Compact, Morocco SRPC Social Protection, Myanmar SRPC Education).

¹⁵⁵ Case of Afghanistan for the neutralised indicators linked to the 2021 variable tranche.

Table 5: Accountability in the management of COVID-19 emergency fiscal policy packages¹⁵⁶

BS beneficiary countries	Transparency	Oversight	Participation
Afghanistan	Limited	Limited	Minimal
Ecuador	Limited	Minimal	Minimal
Ethiopia	Minimal	Minimal	Minimal
Fiji	Some	Limited	Minimal
Honduras	Limited	Limited	Minimal
Kenya	Limited	Adequate	Minimal
Morocco	Limited	Minimal	Minimal
Myanmar	Limited	Minimal	Minimal
Senegal	Limited	Minimal	Minimal
Sierra Leone	Some	Some	Minimal
South Africa	Some	Some	Limited
Ukraine	Limited	Some	Minimal
Non-BS beneficiary countries			
DRC	Minimal	Limited	Minimal
Turkey	Minimal	Some	Minimal
Yemen	Minimal	Minimal	Minimal

Source: International Budget Partnership

Budget support and macro-financial assistance programmes also promoted continuous key structural reforms, with mixed results in terms of increased resilience of the core capabilities of the public sector. In Montenegro, key structural reforms in the areas of PFM, economic governance, social protection, and labour market were promoted by an ongoing PAR BS, the COVID-Resilience Contract, and the crisis MFA. The more recent fiscal stimulus packages demonstrated that national authorities were committed to promoting the resilience of the national economy with measures to preserve and improve competitiveness, boost financial intermediation and increase access to liquidity or equity for MSMEs.¹⁵⁷ In Ukraine, the EU MFA's policy dialogue that was not specifically COVID-related aimed at promoting a continuation in the reform process in key areas: PFM, civil service and public administration system governance, rule of law and anti-corruption, business climate and corporate governance of state-owned-enterprises, as well as restructuring of the national gas market. However, the overall reform process slowed down in 2020 due to COVID-19 and the political turmoil and institutional instability faced by the country the same year. Resources were reallocated to short-term needs and political commitment was diverted from longer-term

¹⁵⁶ Montenegro was not part of the survey.

¹⁵⁷ In addition, the EU worked regionally with key IFIs active in the Western Balkans to support infrastructure, the real economy (including SMEs) and the local banking sector to improve the borrowing performance of the private sector through the mobilisation of EU-funded guarantee schemes. These activities will materialise progressively over the course of 2021.

governance and sector reforms. In Fiji, the BS intervention paved the way for more efficient management of public resources and better accountability and service delivery in the agriculture and food security sector. But the further deterioration of the health situation in the region during 2021 entailed a protracted socio-economic and fiscal crisis. In Ecuador, the contribution of the ongoing BS intervention on the economic and productive reactivation of the Manabí and Esmeraldas provinces was mixed, mostly due to the slowdown of the economy at the national level and the social unrest that took place in October 2019.

LONGER-TERM STRENGTHENING OF HEALTH SYSTEMS

EU response to COVID-19 was successful in strengthening several specific health system capacities that had immediate relevance for the pandemic response in countries.

Developing specific capacities for general and intensive health care services produced good results in several countries. In Ukraine, for example, EU support helped the country to improve the capacity for testing, surveillance and infection prevention and control, and helped to implement COVID-19 case management protocols, all in line with the national emergency response plan. Although limited in scale, capacity development in surveillance, detection and tracing and case management (Caribbean, Turkey, Ethiopia, Ukraine) were effective measures to address the nine pillars of WHO's COVID-19 response and the IHR of WHO. Mental Health and psycho-social support for patients and frontline workers was limited to Ukraine and Turkey.

Results of broader interventions aimed at health system strengthening¹⁵⁸ were by comparison not as consistent, partly because these concerns were trumped by the urgency of responding to more immediate health-related needs, or because crisis conditions hampered their implementation.

In Ukraine, measures to strengthen the overall health system were foreseen, but the evolution of the pandemic kept the focus on ensuring that the national health system could withstand the acute pressure from high COVID-19 caseloads. In Ethiopia and Myanmar, instability and conflict limited the lasting positive effects of EU response to COVID-19 on the health systems. In Ethiopia, health system strengthening in relation to COVID-19 was addressed through a EUR 10 million COVID-19 top-up on the Health Sector Budget Support programme. The additional funding aimed to help the country to increase the number of diagnostic laboratories with COVID-19 diagnostic equipment and test kits, and the number of treatment centres.¹⁵⁹ In Myanmar, the coup d'état led to the interruption of most public services (health, education, finance) and wiped out the positive effects of earlier COVID-19 related interventions. BS programmes and lending to the National Health Laboratory were suspended. It is not possible to say if any progress made before the coup in limiting the spread of the virus, reducing humanitarian suffering, and minimising socio-economic pressure could be sustained.

¹⁵⁸ Governance, financing, health services, human resources, medicine/technology, information.

¹⁵⁹ The consolidated pandemic response contributed to enhance the short- and medium-term capacity of the national health system by increasing the number of testing centres (from two to 40) and expanding treatment centres. WHO supported the distribution of supplies for sample collection, transportation, and testing; conducted laboratory quality assurance visits and facilitated the independent verification of tested samples; completed rehabilitation of lab facilities; trained lab staff and sample collectors; and supplied testing kits. The response also topped up the ongoing Health SRPC (2016-2022) which focuses on the quality and access to health service delivery, equity in health service delivery, allocation, and spending in the health sector and on public finance management (PFM) and oversight functions in the sector. The EU strongly encouraged the government to increase domestic allocations to the health sector, and the health ministry's budget indeed increased in the fiscal year 2020/2021. Overall results were however mitigated as some key health indicators, notably on maternal and child health, performed well below Healthy Timing and Spacing of Pregnancy (HTSP) targets and showed a decline in 2020 compared to 2019 (Source: EU Delegation note to the Ministry of Finance from June 2020).

EU support helped to improve access to health care through project support in a small number of countries, but also supported the health care system through **several BS operations**.¹⁶⁰ In Turkey, health system strengthening measures included mobile clinics in rural areas as well as remote tele-health services. Both addressed mental health and other health issues and reduced the burden on other health facilities. In Yemen, a country with hardly any capacity in the health sector, EU response to COVID-19 allowed the rehabilitation of five health facilities and helped to equip them with PPE, infrared thermometers, and hand sanitiser, thus increasing access to basic health care services. Training on IPC, case management and the adequate use of PPE to 200 Red Crescent Volunteers and 100 staff optimised health service delivery and ensured 'duty of care'. Additionally, DG ECHO support for the UNICEF shielding programme is likely to have some longer-term effects on the knowledge and capacity of Community Health Workers (CHWs) and on the availability of improved WASH facilities. Comparatively little attention was given to ensuring access to health services, including primary health care (PHC) as the major entryway to health services.

Addressing general health determinants such as water supply occurred in several countries, but often was limited in scale. One exception was support in this area for Sierra Leone. The EU supported the large-scale instalment of water supplies for hygiene activities in informal settlements in Freetown. An outstanding intervention by the Team Europe was the support of ten Caribbean member states for their down payments with EUR 2.06 million for their more than 1 million doses of vaccine procured through the COVID-19 Vaccines Global Access (COVAX) facility. Other COVID-19 vaccination strategies were not supported in the timeframe covered by this assessment¹⁶¹.

The EU supported Risk Communication and Community Engagement (RCCE) in several case study countries to raise awareness on health risks related to COVID-19 and to tackle rumours and misinformation. However, it was not possible to examine the effectiveness of these interventions. Under the Prime Minister's leadership, Ethiopia initiated the ComBat campaign combined with an intensive surveillance set-up and active engagement to promote COVID-19 testing. A hotline was set up in the Public Health Institute to provide guidance on COVID-19 for the population. In Sierra Leone, the EU supported a very intensive RCCE campaign in informal settlements, enlisting religious and community leaders and using door to door sensitisation to target false information on the pandemic. In Afghanistan, with the support of DG ECHO, an RCCE working group was established by Norwegian Refugee Council, led by WHO. Health workers went to schools and mosques for contact tracing and awareness raising sessions. In each district, community health workers were trained and assigned to health posts.

The EU supported the Caribbean Public Health Agency (CARPHA) Communication in developing a regional risk communication strategy and a communication media plan for COVID-19. Both were shared with the Regional Health Communication Network (RHCN) to assist CARPHA member states to develop and implement a risk communication strategy in support of a more coordinated regional response to COVID-19. In December 2020 CARPHA hosted a virtual meeting with RHCN to improve regional communication focal points' listening skills, monitoring, analysing, and responding to social media to address the 'infodemic'. Misinformation on COVID-19 was addressed through partnerships with the Organisation of Eastern Caribbean States (OECS) and Facebook to position CARPHA as the default research result when people from Caribbean states searched for 'Coronavirus' or 'COVID-19'.

¹⁶⁰ E.g., Ethiopia, Morocco.

¹⁶¹ As of September 2021, over EUR 3 billion have been provided to COVAX through Team Europe and 500 million doses are meant to be shared through Team Europe by mid-2022 (based on information from Commission staff).

CARPHA also collaborated with the Deaf Pioneers and produced a COVID-19 information video for the deaf.¹⁶²

EU support of risk communication on COVID-19 in northern Yemen encountered strong opposition and denial by the government and the population. Several RCCE measures therefore focused only on southern Yemen. Similarly, in the DRC, COVID-19 vaccination campaigns encountered distrust among the population and with medical staff, making the implementation of RCCE campaigns challenging.

¹⁶² 11th EDF regional Health Security project – Implementation Update on 31st March 2021

8. CONCLUSIONS, LESSONS LEARNT AND RECOMMENDATIONS

This section presents a brief overall assessment for this evaluation, followed by specific conclusions. It further presents for each conclusion the underlying findings across the evaluation questions provided in chapters 4 to 7 above.

8.1 Overall assessment

Overall, the EU response to the COVID-19 pandemic (in the context of the Team Europe approach) was relevant and timely, allowing the EU to support partner countries and regions in a context of profound crisis. Faced with this challenge at the end of the EU 2014-2020 Multiannual Financial Framework, the Commission appropriately concentrated mostly on re-allocating already committed funds and re-purposing ongoing interventions. Budget support and macro-financial assistance constituted, in terms of funding, about three quarters of the EU response in the 17 case study countries and regions. In a context of revenue shortfall and rising expenditure and debt, these provided timely liquidity to partner governments of all countries examined. In several of them, the modest to significant fiscal space increase generated contributed to maintain macroeconomic stability. It also helped partner governments to finance their emergency fiscal and socio-economic packages. The implementation of these packages cushioned the shock on enterprises and the population. Through budget support, the Commission promoted better accountability and transparency in partner countries in the management of funds dedicated to the response to COVID-19, more strongly in some countries than in others. Moreover, numerous humanitarian/emergency and development cooperation programmes and projects, which represented about a quarter of the overall financial envelope of the COVID-19 response in case study countries and regions, produced some tangible deliverables in health, private sector development, and water, sanitation, and hygiene. Attempts at systems strengthening were often crowded out by responses to more immediate needs. Budget support provided necessary and continued support to governments during the crisis to secure key public expenditure. However, opportunities for building greater crisis resilience through budget support were not fully exploited. Beyond the focus on the immediate crisis response, they hinged on the level of institutional capacity and the degree of reform-minded leadership. Nexus efforts pursued through other aid modalities were also rare. While not the only enabling factor, the Team Europe approach did increase the visibility of the EU response to COVID-19 and also facilitated greater coordination in about half of the examined cases. Beyond the sharing of information and analysis, increased political commitment tied to the Team Europe approach may have facilitated greater effectiveness of the EU response to COVID-19 in at least a few cases. However, the Team Europe approach's emphasis on political commitment to cooperation could not help to overcome more systemic bottlenecks for greater coordination between the EU and its Member States.

8.2 Conclusions

C1. The Commission put together an EU response to COVID-19 that was relevant and appropriate for supporting the response to the COVID-19 crisis in partner countries and regions. Intensified EU-internal and external coordination and cooperation through pre-existing mechanisms, the flexible use of aid modalities and considerable investment of staff time allowed for the timely delivery of these packages, in keeping with Commission normative principles and priorities.

Based on EQ1, EQ2, EQ3, EQ4

- By and large, the COVID-19 response was consistent with the three priority areas and key strategic and operational principles put forward in the Joint Communication on the Global EU response to COVID-19 of April 2020¹⁶³, making appropriate use of the range of aid modalities at its disposal to compile COVID response packages for its initial COVID response.
- Both DG ECHO and DG INTPA and DG NEAR made appropriate changes to their procedures to speed up support in these exceptional circumstances, granting implementing partners greater leeway for procurement, enabling the award of grants without calls for proposals and introducing simplified action document templates for all aid modalities to alleviate the workload associated with programme formulation and adaptation, among other things.
- Coordination, cooperation and partnerships with EU MS, UN organisations, non-EU donors and other partners helped the Commission to bring into the COVID-19 response the required expertise that had not been part of the pre-COVID-19 cooperation envelope for certain countries (e.g., health in Fiji).
- Overall, this allowed the Commission to help partner countries in the roll-out of their own national COVID-19 responses, made it possible for the Commission to deliver much needed supplies and equipment for the health sector, and - to some extent - to support and provide social protection services to vulnerable populations and support SMEs and other private sector actors during the first year of this crisis.
- The roll-out of large-scale vaccination campaigns in partner countries was missing from the EU COVID-19 response packages.

C2. Faced with the COVID-19 crisis at the end of the EU Multiannual Financial Framework, the Commission dealt appropriately and efficiently with the constraint of having little additional money to allocate to the response in partner countries by re-allocating and re-purposing already committed money where possible. This approach translated into uneven sizes of response packages relative to the pre-COVID-19 cooperation envelopes and in relation to the tremendous needs that remain in many countries.

Based on EQ1, EQ3

- The Commission had a limited set of options to put together the COVID-19 response at the end of the Multiannual Financial Framework 2014-2020, as “new” money was in most cases not available. In line with HQ guidance, EU Delegations and headquarters therefore chose to adapt

¹⁶³ Joint Communication to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions – Communication on the Global EU response to COVID-19; Brussels, 8.4.2020, JOIN (2020) 11 final.

existing interventions to the requirements and needs of the COVID-19 crisis by re-allocating money within or between interventions.

- The adaptation of existing cooperation and humanitarian interventions was flexible and efficient, overall, in particular when the Commission and partners worked to avoid the need for substantial amendments of existing financing agreements. Flexibility and efficiency varied by aid modality, however. In comparison to working with existing projects, the launching of new EU interventions for the COVID-19 response was often lengthier and more time consuming, entailing a delay in the arrival of support.
- However, the reliance on re-allocating and re-committing remaining funds meant that opportunities for intentional planning and allocation of money from one country to another were limited. This applied to DG NEAR, DG INTPA, and also DG ECHO, as it also worked within the limits of the original HIPs, with the exception of Afghanistan.
- This translated into an uneven distribution of money across the different countries, as the sizes of the eventual response packages depended on the status of financial commitments and contracts. Sizes of the COVID-19 response packages relative to their pre-COVID-19 average annual payments from 2014-2019 therefore varied from 9% (Turkey) to over 249% (Morocco), in ways that were not linked to the relative prevalence of needs in the different countries and that were not necessarily commensurate with the tremendous needs that existed and continue to exist in particular in resource-poorer countries in relation to the COVID-19 pandemic.

C3. Massively mobilising budget support and macro-financial assistance for the support packages was a relevant approach to support governments' fiscal capacity for initial crisis response linked to COVID-19. In several cases, this helped countries to stabilise their macro-fiscal framework and to execute supplementary budgets placing COVID-19 measures at their core. It also offered a policy dialogue platform to monitor the implementation of the response. Sound budget execution and proper transparency and oversight of COVID-19 expenses were promoted more strongly in some countries than in others.

Based on EQ1, EQ2, EQ3, EQ4

- Partner countries introduced emergency fiscal and socio-economic policy packages in response to the COVID-19 pandemic. These were reflected in supplementary budgets voted during Q2 2020 that needed to be financed amid severe contraction of economies and domestic revenues.
- Constituting three quarters of the overall financial response envelope of the countries/regions covered by this assessment, BS and MFA¹⁶⁴ helped to distribute large amounts of aid in a short timeframe. All BS and MFA disbursements planned for 2020 were made during the fiscal year 2020 or early in the fiscal year 2021¹⁶⁵. In five out of the 13 countries, BS and MFA disbursements, which made up between 2.4 to 5% of public revenues of 2020, allowed for a significant increase in fiscal space. This contributed to ease the countries' economic and financing constraints brought by the COVID-19 crisis. This was also useful for governments to be able to execute their supplementary budgets designed to respond to COVID-19 during the calendar year the pandemic hit. COVID-19 measures that were financed consisted of recurrent expenditures, mainly subsidies provided to a wide array of sectors (emergency, health, social protection, private sector development, food security and agriculture, etc.), and compensation for loss of tax revenue. In the remaining countries (eight out of 13 countries), the fiscal space generated through

¹⁶⁴ They consisted of four new BS programmes, the adaptation of 26 already ongoing BS programmes, and two new exceptional MFA programmes.

¹⁶⁵ This concerns Ethiopia, Kenya, Fiji, and South Africa which all have a fiscal year distinct from the calendar year.

BS and MFA financial flows was negligible to modest. Nevertheless, it infused timely liquidity into government systems during the crisis, which was useful to finance countercyclical fiscal policy measures.

- BS and MFA programmes also provided a platform for policy dialogue, particularly to follow progress in the execution of the government-led COVID-19 response plans. In some countries (such as Senegal), regular technical discussions took place between BS providers and the government during the crisis around a joint policy matrix. This matrix formed the basis to report on progress in the implementation of the COVID-19 response¹⁶⁶.
- The Commission duly verified compliance with each of the four BS eligibility criteria for all BS disbursements. In addition, the Commission added specific COVID-19 requirements to promote accountability (e.g., reporting on special funds created to respond to the pandemic) for half of the BS deployed for the response that fit into the sample. Two cases (Senegal and Montenegro) stand out as exemplary cases where the Commission strongly promoted transparency and accountability in the management of COVID-19 funds by partner countries. Moreover, the Commission seriously dealt with cases of potential misuse of funds revealed through audits in Honduras and Kenya.

C4. The COVID-19 response through budget support and macro-financial assistance was meant to respond to immediate crisis needs rather than to address resilience and the continuation of already ongoing longer-term reforms. Mixed effects were observed in terms of increased resilience of the core capabilities of the public sector.

Based on EQ1, EQ2, EQ3, EQ4

- BS and MFA programmes intrinsically supported efforts to strengthen national systems in pursuit of greater crisis resilience in the immediate and medium-term future. In practice, however, effects of these programmes on reforms in PFM, economic governance, social protection, labour market, etc. were impeded by two factors:
 - Firstly, the bulk of the budget support financial flows were provided during 2020. For the “crisis MFA”, the disbursement of the first instalment in 2020 was not subject to the fulfilment of specific conditions in order to speed the response. The quality of the policy dialogue will be all the more important for the release of the second instalment for which policy conditions linked to structural reforms have to be met.
 - Secondly, the leverage associated with the policy dialogue linked to general conditions, policy matrixes and performance indicators was minimised. Policy dialogue could not be as strong as in a “non-crisis” situation due to movement restrictions following COVID-19, albeit efforts were made to pursue dialogue. Variable tranche indicators that focused on longer-term PFM reforms were neutralised for several BS programmes.

¹⁶⁶ In Senegal, the matrix covered governance and transparency in the implementation of the COVID-19 response and the socio-economic response.

C5. The numerous humanitarian/emergency or development projects that made up the remaining quarter of the overall financial COVID-19 response envelope in the 17 countries and regions¹⁶⁷ produced some tangible deliverables in areas like health, private sector development, water, sanitation, and hygiene. EU-financed projects also directed assistance to vulnerable groups not eligible for government-managed social protection programmes, albeit only for short time periods.

Based on EQ1, EQ3, EQ4

- Humanitarian and development cooperation projects that were part of the COVID-19 support packages helped to meet several prevalent needs in partner countries and regions. In health, this included needs for basic medical supplies and PPE, and improved laboratory capacity to facilitate diagnoses of COVID-19 cases. EU Delegations used a variety of implementation arrangements and partners for this purpose, often building on cooperation with UN organisations, and in particular WHO. This allowed the Commission to provide health-related support where EU Delegations of several countries did not have pre-COVID-19 experience in this sector (e.g., in Fiji and Ukraine).
- The EU also used project-type aid to channel resources for basic income, food, or housing to certain vulnerable populations whose livelihoods had been severely affected by the pandemic, but who were not eligible for services from national social protection programs. This included, for example, refugees, marginally employed workers or workers in the informal sector. While this support was highly relevant, it could often not offset the economic losses those groups were experiencing, and in many cases ran out before socio-economic conditions had stabilized.
- Overall, satisfaction with results of the COVID-19 response associated with projects was lower than the satisfaction with the role of the EU in stabilising the macro-economic framework of partner countries through BS and MFA¹⁶⁸. This includes results in areas relevant for social protection such as food and housing, and access to health care services. It also applied to support to the private sector through modalities other than BS.

C6. Beyond this, humanitarian-development nexus efforts associated with the COVID-19 response existed but were rare. Where they existed, efforts to tie the COVID-19 response into broader efforts at systems strengthening (e.g., in health) were often trumped by the need to respond to more immediate needs.

Based on EQ1, EQ2, EQ4

- The examination of the COVID-19 response in 17 countries and regions identified very few attempts at operationalising the nexus, one being in Yemen, where the COVID-19 response was planned along a humanitarian – development continuation.
- Examples of institutional arrangements that would help to put the nexus concept into practice were rare or, where existing, were ultimately not linked to the initial COVID-19 response for the 17 partner countries/regions. In Myanmar, the Nexus Response Mechanism (NRM), a pilot programme operating similarly to a facility with high degree of flexibility, facilitated a more efficient response to COVID-19.
- Multiple funding streams involved in the COVID-19 response presented an additional challenge, as happened in Turkey where the response drew on different instruments (Facility, EUTF, HUMA¹⁶⁹,

¹⁶⁷ Apart from approximately 1% of resources used for blending operations (see Section 2.3 of this report).

¹⁶⁸ According to results of the online survey.

¹⁶⁹ The humanitarian aid programme of the Commission, administered by DG ECHO.

IPA) that did not have a shared higher-level oversight function. Similar constellations were found in other countries.

- The EU record in system strengthening as part of the initial COVID-19 response, such as in health, was mixed, with less success in broader efforts at strengthening national systems, where priorities for longer-term system strengthening took a backseat to more immediate concerns directly relevant for dealing with the challenges at hand. More focused interventions targeting system elements with high immediate relevance for the pandemic response (such as laboratory capacity strengthening) were more successful.

C7. Amidst a general sense of urgency to support partner countries in dealing with the pandemic, the early Team Europe approach added value to the response of the EU to COVID-19 in many of the case study countries and regions. Where the political appeal of the new approach met with suitable opportunities for cooperation, the Team Europe approach improved the visibility and standing of Europe as a whole as a key partner at country level. In some cases, it also helped to improve the effectiveness of the response.

Based on EQ1, EQ2

- Coordination and cooperation among Commission services, with EU MS and EDFs, and with non-EU partners intensified in most of the case study countries and regions during the initial response to the COVID-19 crisis, both at national and regional levels. This increase was driven in part by a general sense of urgency stemming from the COVID-19 crisis to offer the appropriate support to partner countries. It also showed the influence of long-standing, pre-COVID cooperative arrangements and mechanisms that carried their momentum forward into the first year of the initial EU COVID-19 response.
- However, the strong political commitment to a joint EU response to COVID-19 that both EU and its Member States expressed through Council Conclusions created additional incentives at country level for the EU and its Member States and EDFs to seek and make full use of opportunities for closer collaboration.
- At a minimum, the approach and its appeal for information sharing and joint communication offered a useful point of convergence for the individual activities of the EU and its Member States. Some of the increased visibility of “Team Europe COVID-19 responses” are tied to this aspect of the approach. The Team Europe approach was particularly well promoted in the Caribbean and in six country cases (Ecuador, Fiji, Senegal, Sierra Leone, South Africa, Ukraine).
- Where interest in more intensive cooperation met with available opportunities to collaborate (such as joint budget support in Senegal), the Team Europe approach achieved substantive changes in the way COVID-19 support was provided: closer alignment of objectives, efficient policy dialogue, and pooling of resources may have increased the effectiveness of the EU response. However, the results of the initial EU pandemic response need to be verified by additional evaluations.

C8. The early Team Europe approach was not equally suited to operate in all the different contexts the EU encountered while designing its pandemic response. Knowledge of the Team Europe approach was also not yet widespread. Multi-dimensional policy agendas paired with well-established and pre-existing coordination mechanisms did not offer much space to further enhance collaboration between the EU and its Member States, nor to launch communication or messaging campaigns under the Team Europe banner. This was even more so when the existing structures included not only European donors, but also donors external to the EU.

Based on EQ1, EQ2

- Some of the factors that impeded the adaptation and use of the Team Europe approach for the initial EU COVID-19 response were: a) lagging familiarity with and knowledge of the Team Europe approach as such; b) insufficient clarity on the intended value-added of the Team Europe approach in different types of circumstances; c) the desire of the EU and EU MS to remain visible in their own right. These factors came to bear in particular in countries where the EU and its MS were already firmly integrated in pre-existing cooperation platforms that did not always leave much room or a clear need for another approach or framework¹⁷⁰.
- In several countries, COVID-19 was either seen as one of many factors in ongoing, multi-dimensional crises (e.g., Afghanistan, Yemen, Myanmar); or EU presence and cooperation was already strongly associated with other, dominant mechanisms or processes, such as the accession process in Montenegro, or the MDTF mechanism in Afghanistan. This meant that the Team Europe approach was either not adopted for communications related to the COVID-19 response or was not adopted systematically.
- Lastly, the Team Europe approach in its early form did not offer solutions for addressing more systemic or organisational bottlenecks for cooperation between the EU and its Member States. Where these existed, such as in the form of incompatible procedures or differing financing timelines, the Team Europe approach did not show a way forward.

8.3 Lessons Learnt

The following paragraphs present a number of lessons that emerged from the analysis conducted for this assessment and whose relevance go beyond the immediate scope of this evaluation.

Lesson #1: Budget support can be powerful to support partner governments facing a rapid onset crisis in quickly providing funds to frontline public services.

- The pandemic imposed a heavy fiscal and growth toll on partner countries. In 2020, government budgets faced rising expenditures and lower tax and revenue collections. They therefore had limited fiscal space to finance their COVID-19 response.
- Through budget support, the Commission could quickly channel funds into government budgets as initial response to COVID-19. In some countries, these funds represented a significant share

¹⁷⁰ This often applied to countries caught in complex, multi-dimensional and protracted crises, such as those in Afghanistan or Yemen, where the COVID-19 pandemic is just one among many issues that the international community and their government partners are seeking to address, and where established coordination mechanisms and partnerships offered opportunities for coordination and cooperation (e.g., the multi-donor trust funds in Afghanistan). However, the same dynamic also applies in a stable context. One example here is Montenegro, where the EU pre-accession framework offered structures and language that could be applied to the EU response to COVID-19, which thus left less immediately accessible room for establishing the early Team Europe approach in connection with the response.

of total government revenues. This was most useful to support governments in meeting their immediate expenditure needs.

Lesson #2: It is always necessary to ensure that appropriate mechanisms securing the accountability and transparency of government operations are applied, even in situations of response to a crisis.

- In its support to partner countries' COVID-19 response, the Commission aligned with partner country national plans and used their budgetary/public finance systems (notably through budget support), including those provided for crisis spending. The pandemic confirmed the importance of public financial management as part of managing the fiscal response. Most partner countries made use of existing budget flexibility and emergency provisions and/or created new special funds or entities in response to COVID-19. Securing accountability requires ex ante or ex post controls on frontline spending, together with appropriate tracking systems.

Lesson #3: Blending and guarantees were not a suitable aid modality for putting together and deploying crisis responses in a short timeframe.

- None of the blending projects – in the form of technical assistance or interest rate subsidies – deployed for the initial COVID-19 response in the 17 countries started implementation in 2020, in large part due to the heavy design and approval process associated with this modality.
- Additionally, the few EFSD-backed financial guarantees envisaged to remove credit supply constraints in support of private enterprises in coping with COVID-19 challenges did not materialise. Several reasons explain it: less room for manoeuvre for governments to increase borrowing since they had passed large fiscal packages in response to COVID-19 and were, in many cases, already highly indebted; lagging interest among banks who feared an increase of non-performing loans in crisis times and among enterprises who were not willing to subscribe to additional credits during the crisis; little in-country experience with the instrument both within governments and EU Delegations; and the long time necessary to set up such operations due to heavy design and approval processes. Another concern often raised in the literature lies around the targeting difficulties met with lines of credit through the banking system, i.e., financial intermediary loans having often failed to reach the worst affected by crises.

Lesson #4: The Commission lacked a fast and flexible way to mobilise funding for rapid, nexus-type interventions in response to newly emerging crises and emergencies that could complement humanitarian operations and link them to new or existing development interventions.

- No suitable EU aid modality/mechanism existed that could be used to provide quick support with development money through new interventions. While the adaptation of existing development projects for the COVID-19 response was a relatively efficient way to make support available quickly, the development of new projects generally took longer, resulting in delays in the provision of assistance.
- Moreover, putting together new development interventions required large investments of time and energy by EU staff. While this worked for the COVID-19 response, this should not be counted on as the basis for a fast response by the EU for future crises.

Lesson #5: The usefulness of the Team Europe approach for improving the geo-political standing of the EU hinges on rallying support for the approach in other thematic areas within development and international relations and maintaining it once the sense of crisis linked to COVID-19 has subsided.

- The COVID-19 pandemic created a global sense of urgency to respond to the medical and socio-economic challenges related to this unprecedented crisis. Team Europe approach translated this sense into commitments to pursue a cooperative approach to respond to the challenges the pandemic created.
- Whether the commitment for cooperation can translate from the COVID-19 crisis to other policy arenas, and whether the Team Europe approach can help to enhance the standing of the EU as a whole as partner of reference, remains an open question from the perspective of this assessment. Changes in the global geopolitical landscape may help to sustain interest among Member States in a Europe with a well-established culture and processes for coordinated action if the approach proves itself in the early years of its existence.

Lesson #6: Putting the Nexus into practice internally within the EC as part of crisis responses requires continued attention to the division of labour and coordination between the Commission development, foreign policy, and civil protection and humanitarian services.

- The COVID-19 response by and large did not change the working dynamic and coordination between within Commission services (DG INTPA, DG NEAR, FPI and DG ECHO), with DG ECHO often playing a co-equal role in countries with strong emergency response. Humanitarian, development and foreign policy interventions with nexus potential were not necessarily coordinated beyond the sharing of information.
- The assessment identified few examples of institutional arrangements to support a more closely coordinated approach to planning and delivery of a joint crisis response by DG ECHO, DG INTPA, FPI, and DG NEAR.

8.4 Recommendations

This chapter presents the recommendations of the evaluation. They derive from the conclusions and findings of this report and aim to provide some guidance on the future of the EU response to the COVID-19 crisis (and response to future crises) and the development of the Team Europe approach.

Recommendations identify the groups they are targeting (EU Delegation, DG ECHO field, DG ECHO, DG NEAR, DG INTPA, etc.). A summary table on linkages between findings, conclusions and recommendations is provided at the end of the chapter¹⁷¹.

R1. Continue to support the COVID-19 response in partner countries and regions throughout 2021 and beyond as necessary, adjusting the scope to reflect the evolving situation in countries, taking into account the additional resources from the new 2021 – 2027 Multiannual Financial Framework and aligning the scale of support to the magnitude of needs in each country.

Directed at HQ, incl. DG INTPA, DG NEAR, DG ECHO, DG ECFIN

Based on C1, C2, C4

¹⁷¹ NOTE: This table will be added in the final version of the report, after the meeting with the ISG on the report.

- With the pandemic continuing across the globe, and with the supply of vaccines to Africa and other regions of the world very limited, most EU partner countries will continue to suffer significantly from the effects of the COVID-19 pandemic. While the initial response of the EU channelled much needed resources to governments and the population in 2020, many countries are facing and will continue to face challenges in 2021 and beyond.
- At the same time, the challenges and resource gaps in countries have changed significantly since the start of the pandemic. Globally, one of the biggest gaps in supplies necessary to curb the spread of the virus is in relation to access to COVID-19 vaccines, which remains unequal. The EU has already started to address this issue by supporting the construction of production facilities in Africa and other places and by large-scale vaccine sharing of the Member States with the COVAX Facility and also bilaterally with third countries. This support needs to continue and will need to be complemented by efforts to build up the logistical capacity for large-scale vaccine campaigns in partner countries.
- The scale of future COVID-19 support for specific countries should also be determined by the magnitude of their prevalent needs, their absorption capacity, and the existing accountability mechanisms. It should depend less on the amount of resources that can be re-allocated from the existing cooperation envelope in a particular country (see R2).
- Reporting on future COVID-19 support also should be streamlined and improved, building on the country-level Team Europe COVID-19 response fiches, while linking the reporting better to existing data management platforms in the different DGs (i.e., CRIS/OPSYS, etc.) and other standard reporting formats.

R2. Create a financial reserve or contingency fund that can be used to complement the use of existing funds for crisis responses to close funding gaps, and to even out the allocation of funds across countries, making it more commensurate with the respective magnitude of needs.

Directed at HQ, with involvement of DG INTPA, DG NEAR, DG ECHO, European Parliament, European Council
Based on C2

- While the crisis response primarily based on the re-purposing of existing interventions was appropriate for the COVID-19 response, it did leave the Commission services and EU Delegations with little space for intentional programming and for increasing the allocation of resources to certain countries in response to the magnitude of COVID-19-related needs. The financial reserve or contingency fund is therefore meant to complement resources from existing interventions in any future crisis responses. The introduction of the 'emerging challenges and priorities cushion' of EUR 9,534 billion under NDICI-Global Europe (article 6.3) foresees such a reserve, to "respond to unforeseen needs". Its concrete operationalisation should be fleshed out.
- Money from the fund or reserve ideally should not be tied to a particular region or Commission service¹⁷². Instead, it should in principle be available to any relevant Commission service to top-up its resources for a specific emergency response.
- The Commission should consider the possibility of resourcing the reserve funds counter-cyclically, in order to provide a financial buffer during times when most money from the Multiannual Financial Framework is already committed or spent. Unused funds should be rolled over into the next financing period.

¹⁷² Feasibility to be determined.

R3. Develop guidelines on using the modalities available under the NDICI, including the Rapid Response Actions, to design and implement ad-hoc, timely and adaptable crisis response interventions for the continued EU support to the global COVID-19 response, also in view of their potential for helping to link relevant EU civil protection and humanitarian aid interventions, development and foreign policy actions.

Directed at HQ, with involvement of DG INTPA, DG NEAR, DG ECHO, FPI Based on C2, C4, C6, C8, Lesson #4

- Launching new projects with development money for the EU support to the global response to COVID-19 was one of the most time-consuming operational aspects of the initial response, and often led to delays in the start of services. The newly created “Rapid Response Actions” (article 4) under the NIDCI-Global Europe has the potential to address this issue for DG INTPA and DG NEAR who had been missing this type of response mechanism¹⁷³.
- To make best use of the Rapid Response Actions, the EC services should provide guidance that expands on their intended role and significance for the continued support of the global response to COVID-19. As rapid response actions are also meant to help DG INTPA and DG NEAR to complement EU humanitarian and civil protection assistance, they are also a relevant tool for strengthening the HDP Nexus in the context of the response to the COVID-19 pandemic. Guidance should therefore explain, among other things, the types of circumstances under which Rapid Response Actions should become part of EU support to responses to COVID-19, minimum criteria for the involvement of Nexus stakeholders in the formulation of actions, and requirements for the linking of actions from different services, where applicable.
- Providing guidance on the use of Rapid Response Actions for the response to COVID-19 should happen in parallel to the clarification of the division of labour between DG INTPA and DG NEAR on the one hand, and DG ECHO on the other, to avoid duplication of uncoordinated emergency response efforts.

R4. Continue providing macro-economic support in light of the current fiscal strains faced by partner governments. Favour use of Budget Support and Macro-Financial Assistance especially when it is possible to generate significant fiscal space. Maximise the use of policy dialogue as a leverage to inform and monitor the implementation of the crisis response plans of partner countries.

Directed at budget support teams in DG INTPA, DG NEAR, EU Delegations Based on C3, C4

- The bulk of the EU's initial financial response to COVID-19 in partner countries and regions was provided in 2020. While economic recoveries diverge across countries and sectors, partner countries and regions remain severely affected by the pandemic in 2021. With economic activity still being disrupted and uncertainty weighing on growth, most governments continue facing strong fiscal pressures and struggle to meet their immediate spending needs. They will require additional medium-term budgetary support.
- In this context, continued support to partner governments through budget support and macro-financial assistance programmes, after careful review of the general eligibility criteria and assessment of the risks, therefore remains highly relevant. The provision of budgetary support

¹⁷³ These actions, with a financial envelope of EUR 3,182 billion, are meant to enable early actions in situations of urgency. They should cover three main areas of intervention: peace, stability and conflict prevention ; resilience and increased linkages between humanitarian aid and development actions; and Union foreign policy across political, economic and security issues. They shall not be programmed. The Commission may adopt exceptional assistance measures.

should be all the more considered when disbursements can generate significant fiscal space. Indeed, it is in those cases that their contribution to ease partner countries' financing constraints can be made visible.

- Make sure that all opportunities are seized to adequately inform the design and to take stock of the implementation of COVID-19/future crisis response plans. Draw on existing policy dialogue platforms and/or national/sector coordination frameworks to discuss the main orientations of the partner countries' response plans to crises and to closely monitor their implementation. Provide, where necessary, relevant capacity building/technical assistance, in particular to support national capacities to design and implement emergency and recovery sector policies (e.g., social protection, access to finance, employment, agriculture, etc.), or to strengthen transparency and accountability.

R5. Pursue support to medium- to longer-term fiscal and public expenditure reforms aimed at increasing domestic revenue mobilisation and at promoting debt sustainability both during crisis and post-crisis responses.

Directed at DG INTPA, DG NEAR, EU Delegations

Based on C4

- The management of the fiscal response by partner governments often brought to light structural vulnerabilities, notably in the broad PFM architecture, including debt management together with accountability and transparency. Addressing underlying structural PFM vulnerabilities of country systems is essential for both immediate and long-term recovery. Strong public financial management systems with sound budget planning, execution and control enable countries to be more effective in targeting resources, re-orienting expenditures and ensuring greater accountability in the use of resources.
- While PFM reform programmes are multi-year and multi-component programmes aiming at medium- to long-term structural reforms, they should be incorporated into crisis interventions as well as in post-crisis response interventions.
- Most partner countries are likely to face tight fiscal conditions due to large fiscal deficits and high levels of public debt. Beyond protecting key public expenditures in the short-term, following up on the reform agenda is necessary to boost government revenues and ensure proper public debt management in the medium- to long-term:
 - Support government measures aiming to strengthen domestic revenue mobilisation. The implementation of tax policy and revenue administration reforms will enable to significantly increase tax collection over a medium-term horizon (including progress toward international tax governance standards).
 - Support government measures (such as fiscal rules) that would maintain spending in line with revenue mobilisation capacity and keep the public debt at sustainable levels.
 - Support countries vulnerable to shocks from changes in commodity prices and natural disasters to work towards building fiscal buffers to enhance resilience to shocks and achieve debt sustainability.

R6. Build on the lessons from the EU response to COVID-19 and the national responses to the pandemic to support partner countries in developing their capacities for the vertical and horizontal expansion of social protection systems in EU partner countries to increase crisis preparedness and resilience and support vulnerable populations.

Directed at DG INTPA, DG NEAR, EU Delegations

Based on C4, C5, C6

- Build on experiences from the EU response to COVID-19 to identify recurring gaps in national social protection systems (e.g., ineligibility of workers in the informal sector (Senegal¹⁷⁴), refugees, migrants, or internally displaced people) and other key weaknesses (e.g., financing gaps for social protection, inability of existing systems to provide appropriate social protection floors¹⁷⁵).
- Integrate these insights and other lessons from the global COVID-19 response into the ongoing work of the EU on promoting social protection through international cooperation and partnerships¹⁷⁶. The aim should be to identify models for ensuring more comprehensive social protection¹⁷⁷ during crises and emergencies, either through more coherent and universal permanent social protection systems, or through models for the temporary horizontal expansion of existing systems to vulnerable groups or their vertical expansion to new services or levels of support.
- Pilot those models for the fast vertical and horizontal donor-driven expansion of social protection systems to make them more “shock-responsive”, while aligning them as closely as possible to the existing, government-driven structures and procedures for social protection.
- Harmonize the work on social protection with that on domestic revenue mobilisation and at promoting debt sustainability both during crisis and post-crisis responses (see R5) and with the ongoing work on strengthening the humanitarian-development nexus.

R7. Further cooperate with partner governments to be more open and accountable in their present and future crisis policy response and crisis spending.

Directed at DG INTPA, DG NEAR, EU Delegations

Based on C3

Increased efforts should be made in coordination with IFIs or Member States to strengthen capacities and accountability mechanisms in partner countries to be better prepared for the ongoing COVID-19 response and future crises. This would involve continuing to:

- Promote adequate ex ante or ex post controls on public expenditure through appropriate tracking systems. This is key to ensure checks and balances in situations presenting increased fiduciary risks. This includes the adoption of an integrated financial management information system (IFMIS) to improve budget and cash management in general and, more specifically, to secure an integrated expenditure reporting for COVID-19/future crises. This also implies ensuring that

¹⁷⁴ E.g., workers in the informal sector were not covered by the national COVID-19 response program PRES.

¹⁷⁵ The ILO defines social protection floors as nationally defined sets of basic social security guarantees which secure protection aimed at preventing or alleviating poverty, vulnerability, and social exclusion. These guarantees should ensure at a minimum that, over the life cycle, all in need have access to essential health care and basic income security (see: <https://www.ilo.org/secsoc/areas-of-work/policy-development-and-applied-research/social-protection-floor/lang-en/index.htm>).

¹⁷⁶ E.g., this includes the work linked to SOCIEUX+ (<http://socieux.eu/>), its partnership with the International Labour Organization (ILO), UNICEF and the Global Coalition for Social Protection Floors (<https://socialprotection-pfm.org/>), among other things.

¹⁷⁷ For example, see “What’s next for social protection in light of COVID-19: country responses”; The International Policy Centre for Inclusive Growth; Policy in Focus, Volume 19, Issue No.1, March 2021.

countries operate under a treasury single account to consolidate and optimise the use of government resources.

- Promote the establishment of internal audit units in ministries to strengthen PFM.
- Support the empowerment of State Audit Institutions.
- Support legislatures, including on approving expenditures, monitoring of policy implementation and following-up on audit findings.
- Promote increased citizen participation in the formulation, approval, and execution of additional emergency fiscal policy packages to allow citizens to exercise accountability.
- Promote openness of data in requesting the publication of the initial and supplementary finance acts; the publication of monthly progress reports on policy response implementation; the disclosure of all details related to procurement contracts linked to emergency spending; the publication of budget execution reports, which should include details on emergency spending; and the publication of audit reports on the financial management of the emergency response. This is of paramount importance to reveal potential irregularities related to procurement and misuse of funds.

R8. Use experiences from the COVID-19 response and the initial experiences with Team Europe Initiatives to sharpen the conceptual framework and build a comprehensive Team Europe joint Intervention Logic to design and implement the Team Europe approach. This should also include an analysis of the political economy of the Team Europe approach. Based on this, expand on the operational guidance and communication materials to promote the approach internally and externally.

Directed at DG INTPA

Based on C1, C6, C7, C8, L5

- The Team Europe approach showed strengths and limitations in different contexts and circumstances (see C7 and C8). It is therefore important for the Team Europe approach and initiatives supported by Team Europe to be well contextualised.
- The Team Europe approach created political momentum around the COVID-19 response. Expansion on this early approach needs to be supported by the development of a conceptual framework, and of guidance and tools to facilitate cooperation, even in the presence of systemic and organisational bottlenecks.
- The EU and its Member States should also use political economy analyses to identify policy arenas that could benefit from the Team Europe approach, and that could be targeted in the coming years, to further establish the approach.

APPENDIX - COUNTRY / REGIONAL NOTES

Country note - Afghanistan

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THE PURPOSE OF THIS COUNTRY NOTE IS TO INFORM THE FAST-TRACK ASSESSMENT OF THE EU INITIAL RESPONSE AS A WHOLE. IT IS NOT DESIGNED TO BE AN ASSESSMENT OF THE RESPONSE IN THE COUNTRY.

Acronyms

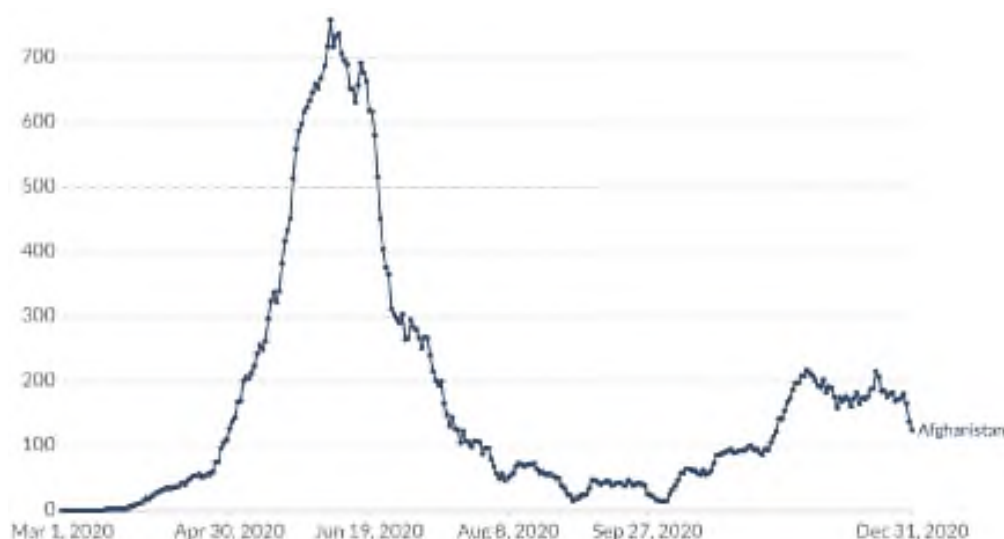
AKF	Aga Khan Foundation
ARTF	Afghanistan Reconstruction Trust Fund
BS	Budget Support
CDC	Community Development Councils
DCI	Development Cooperation Instrument
DG ECHO	European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations
ENETAWF	Early Warning, Early Finance, and Early Action Project
EUMS	European Union Member States
EQ	Evaluation Question
EU	European Union
EUD	Delegation of the European Union
GA	Gozar Assemblies
GBV	Gender-based violence
GIZ	German Corporation for International Cooperation GmbH
GoA	Government of Afghanistan
HIP	Humanitarian Implementation Plan
HRM	Human resource management
ICRC	International Committee of the Red Cross
IcSP	Instrument contributing to Stability and Peace
IDP	Internally displaced person
IMF	International Monetary Fund
INGO	International non-governmental organisation
INTPA	European Commission's Directorate-General for International Partnerships
IOM	International Organization for Migration
IRC	International Rescue Committee
LDC	Least developed country
LOFTA	Law-and-Order Trust Fund for Afghanistan
MDTF	Multi-Donor Trust Funds
MGSP	Municipal Governance & Support Programme
MoF	Ministry of Finance
MoH	Ministry of Health
MoPH	Ministry of Public Health
MSF	<i>Medecins sans frontières</i>
NGO	Non-governmental organisation
NRC	Norwegian Refugee Council
PPE	Personal protective equipment
RCCE	Risk Communication and Community Engagement
R&D	Research and Development
REACH	Relief Effort for Afghan Communities and Households
SRBC	State and Resilience Building Contracts
STC	Save the Children
TAGHIR	Tackling Afghanistan's Government HRM and Institutional Reforms
TE	Team Europe
UN	United Nations
UNDP	United Nations Development Programme
UNHAS	United Nation Humanitarian Air Service
UNICEF	United Nations International Children's Emergency Fund
WASH	Water, Sanitation and Hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

1. Background

1.1. Country COVID-19 context and government response¹

The number of COVID-19 cases started to soar in April 2020, peaking in early June 2020, and gradually declined to relatively low levels around August/September 2020. A second wave started in October 2020. In December 2020, Afghanistan had a total of 46 717 confirmed cases of COVID-19 and 1 797 deaths, although a study issued by the World Health Organization (WHO)² suggested that by June 2020 more than 30% of the population had been infected by the virus. Afghanistan is highly vulnerable to the pandemic due to the overall fragile situation brought about by the armed conflict, a weak health system, widespread poverty, constrained access to water and sanitation, high-density settlements, and low levels of education. The pandemic has hit food security and nutrition, with more than 2 million women and children needing nutrition treatment and 4.2 million individuals in severe food shortage.³

Daily new confirmed COVID-19 cases in Afghanistan



Source: Johns Hopkins University CSSE COVID-19 Data

The crisis has also had severe economic repercussions, hitting services and industry, with a more moderate impact on agriculture. Sharp demand shock for goods, services and labour caused widespread income loss, aggravated by high job insecurity, with most jobs belonging to the informal sector, and the lack of a social safety net. This has resulted in increasing food insecurity and poverty, which has reached 61%-72% according to the World Bank (WB).⁴ Overall, the Ministry of Health (MoH)'s response included increasing spending on health and social needs up to 1.3% of the national gross domestic product (GDP) in June 2020, widening the budget-deficit. A EUR 313 million Extended Credit Facility Arrangement was also agreed between the Government and the International Monetary

¹ Note that the evaluation period spans from the incipit of the crisis to the end of December 2020.

² <https://reliefweb.int/report/afghanistan/afghanistan-humanitarian-response-plan-2018-2021-2020-year-end-monitoring-report>

³ Team Europe COVID-19 Response Tracker, December 2020

⁴ The World Bank COVID-19 Relief Effort for Afghan Communities and Households (REACH) (P174119), p. 5.

Fund (IMF) to preserve macroeconomic stability, reverse the fiscal deterioration caused by the pandemic and protect development and social spending.⁵

1.2. EU response

The EU and Germany were among the main contributors to the Afghanistan Reconstruction Trust Fund (ARTF) and the Law-and-Order Trust Fund for Afghanistan (LOTFA, managed by the United Nations Development Programme [UNDP]). Within the EU, Germany was the only Member State to allocate funds specifically to Afghanistan, with EUR 78.3 million committed by the end of 2020.⁶ By December 2020, the EU had allocated around EUR 275 million to the COVID-19 response in Afghanistan. The assistance package for Afghanistan encompasses all three priorities identified in the Joint Communication, including emergency response (EUR 79 million); support to health, Water, Sanitation and Hygiene (WASH), and Research and Development (R&D) – EUR 72 million; economic and social measures (EUR 125 million).⁷

The EU (Commission-managed) emergency response was provided mainly through United Nations (UN) agencies (including WHO global contract on COVID-19) and focused on the provision of humanitarian assistance to address the needs arising from the concurrent conflict and health crises. Interventions included the mobilisation of the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) Humanitarian Air Bridge for the delivery of humanitarian goods.⁸

An important share of the budget allocated to the support to health systems was commitment to the support to health and nutrition services to the local population provided through the United Nations International Children's Emergency Fund (UNICEF), WHO and Aga Khan Foundation (AKF). The EU response in this domain further included technical assistance to the Afghan Ministry of Health for the improvement of Afghan Health System, directly managed by the German Corporation for International Cooperation GmbH (GIZ), and the reallocation of funds for local governance support and police sector support, through UN-Habitat and the LOTFA respectively.⁹

EU interventions to mitigate the socio-economic impact of the crisis included budget support disbursements in the framework of the existing Resilience and State Building contract (EUR 12 million out of a total budget of EUR 100 million), as well as funds channelled through the World Bank, including the expansion of existing projects (World Bank Incentive package) or the reallocation of unspent resources under pre-COVID-19 commitments to address COVID-19 - related needs (Relief Efforts for Afghan Communities and Households, EUR 12.5 million)¹⁰ (see Annex: Intervention Logic Sketch).

Several interventions were selected for an in-depth review, and have therefore been given greater attention in this note, especially in EQ4. Below is the list of the selected interventions in Afghanistan:

- Emergency response
 - 1. Direct medical assistance and nutritional assistance (Commission humanitarian services implemented with funding managed by the European Commission's

⁵ <https://www.imf.org/en/News/Articles/2020/11/06/pr20334-afghanistan-imf-executive-board-approves-a-us-370m-ecf-arrangement-to-support>

⁶ Team Europe COVID-19 Response Tracker, December 2020, March 2021

⁷ Inventory compiled by the evaluation team

⁸ Team Europe COVID-19 Response Tracker, December 2020, March 2021

⁹ Ibidem

¹⁰ Ibidem

Directorate-General for International Partnerships) - UN agencies, the International Committee of the Red Cross (ICRC) and non-governmental organisations (NGOs) (EUR 15 million)

- Health
 - 2. Local governance (reorientation to COVID-19 response) – UN Habitat (EUR 4.15 million)
 - 3. Support to health and nutrition services (new project to be mobilised) – WHO (EUR 15 million)/UNICEF (EUR 10 million)/ AKF/Coraid (EUR 10 million) (total EUR 35 million)
- Socio-economic:
 - 4. Reintegration of returnees and internally displaced persons (IDPs) – International Organization for Migration (IOM) - support livelihood, cash-for work (EUR 2 million)

2. Answers to Evaluation Questions (EQs)

2.1. EQ 1 – Relevance

EQ1: To what extent did the initial EU global response to the COVID-19 pandemic through the Team Europe country packages address the needs and priorities of partner countries and regions in each country context in line with the three priorities of the Team Europe approach?

Summary: The COVID-19 response package for Afghanistan was in line with the key principles of the joint EU Communication on the COVID-19 response, covering all three TE priorities emphasised by the communication. Partnerships with established international, inter-governmental actors and non-governmental actors were intended to provide capacities on the ground to address emergency needs and to help bolster the capacity of Afghan hospitals and health facilities to diagnose and treat COVID-19 cases. Several interventions under different modalities aimed at addressing short-to medium-term socio-economic needs of the Afghan population, including those of returnees and IDPs. Government ownership and connectedness to longer-term resilience was linked to the use of the budget support and the channelling of funds to programmes and projects financed through Multi-Donor Trust Funds (MDTFs) with established mechanisms for policy dialogue and ongoing projects with longer-term time horizons. However, the single largest component of the EU response was designed to operate outside of these mechanisms.

The design of the COVID-19 response package for Afghanistan was in line with the key principles of the joint EU Communication on the COVID-19 response. The package covered all three Team Europe (TE) priorities emphasised by the joint communication.¹¹ It foresaw the use of new¹² and existing funds for immediate targeted support to address the humanitarian consequences of the pandemic in Afghanistan and to help address shortages in personal protective equipment (PPEs), as well as to ensure the continuation of the provision of social services, in particular to help meet the needs of the most vulnerable. With Afghanistan's borders with surrounding countries closed immediately after the onset of the pandemic, humanitarian air bridges were intended to ensure a minimum provision of

¹¹ Emergency response to the immediate health crisis and resulting humanitarian needs; strengthen health, water and sanitation systems, as well as partners' research capacities to deal with the pandemic and their preparedness; address the immediate social and economic consequences (EU Joint communication_2020_11)

¹² The EU package for Afghanistan included "fresh" or "new" money to fund COVID-19 response priorities in the country. The EU Delegation as recipient of the funds divided the money between Commission humanitarian services (receiving EUR 15 million) and Commission development services/ Development Cooperation Instrument (DCI) (receiving EUR 35 million).

essential medical supplies, in line with the stipulation of the EU joint communication to take “all necessary measures”¹³ to ensure that this was the case. The COVID-19 response package for Afghanistan was designed to address short-term, emergency needs (see above) through partnerships with established international and inter-governmental actors and non-governmental actors, including WHO and other UN agencies, ICRC, the International Rescue Committee (IRC), the Aga Khan Foundation, and others. The humanitarian and emergency response component used funds managed by the Commission humanitarian services¹⁴ and resources from the Instrument contributing to Stability and Peace (IcSP).¹⁵ It covered the provision of personal protective equipment (PPE) and COVID-19 testing supplies and infrastructure, as well as other medical and nutritional assistance. By expanding existing programmes, Commission humanitarian services also targeted certain secondary effects of the COVID-19 crisis, such as the economic impact, increase in malnutrition, gender-based violence (GBV), and food insecurity.¹⁶

Short- to medium-term needs for bolstering the capacity of Afghan hospitals and health facilities to diagnose and treat COVID-19 cases were covered by a new EUR 35 million EU programme financed from the allocation of additional funds to support the Afghan COVID-19 response (see above). The programme¹⁷ was designed to help strengthen the COVID-19 testing and treatment capacity of hospitals, support infection prevention in health facilities¹⁸ and help reduce nutritional risks of COVID-19 infections.¹⁹ As well as providing funds to strengthen the health system and build capacity of health workers, funds were also provided for community-based activities to strengthen available nutrition services, WASH services, and change behaviours.

Implementation was foreseen to occur through indirect management by WHO and UNICEF, and a grant agreement with the Aga Khan Foundation (AKF). In addition, the EU also supported the strengthening of the capacity of police hospitals to identify and treat COVID-19 cases, and to increase the access of members of the police force to PPE through the United Nations Development Programme (UNDP)-administered Law and Order Trust Fund (LOTFA).

The COVID-19 response package also appropriately foresaw several interventions implemented through a range of modalities to help addressing short-to medium-term socio-economic needs of the Afghan population during the COVID-19 crisis and its aftermath, including poor households in the general population and specific vulnerable groups, such as returnees and IDPs.²⁰ This also included the payment of an additional EUR 12 million under an existing budget support agreement (SRBC)²¹ as part of a disbursement of EUR 100 million under that contract in 2020 to create fiscal space for “the mobilisation of domestic revenue and increased spending to contain the disease”.²² In addition, the EU agreed with the World Bank as administrator of the Afghanistan Reconstruction Trust Fund to re-allocate EUR 12.5 million of unspent funding from an ARTF governance project to help finance the ARTF-portion of a newly

¹³ EU Joint Communication_2020-11.

¹⁴ EUR 40.85 million.

¹⁵ EUR 5 million.

¹⁶ Through the allocation of EUR 24 million associated with the expansion of existing programmes.

¹⁷ “Support to the Government of Afghanistan in response to the COVID-19 Emergency”.

¹⁸ Through improved infection prevention policies, more reliable water supply and waste management.

¹⁹ Through the provision of nutritional services along with COVID-19 treatments.

²⁰ Among other things, through World Bank administered programmes intended to provide livelihood support to communities with high shares of IDPs and returnees.

²¹ In the case of Afghanistan, this EUR 12 million was associated with three targets in the SRBC 2019 which had not been met, or had been met with significant delay.

²² Disbursement request sent by the Ministry of Finance, 29 March 2020.

created, and World Bank administered, “Relief Effort for Afghan Communities and Households” (REACH). With a slightly more medium-term perspective, the EU also agreed with the World Bank on the reallocation of EU ARTF contributions to a four-year, World Bank administered “Early Warning, Early Finance, and Early Action Project” (ENETAWF in Farsi) that aimed at increasing the crisis resilience of food insecure households by providing regular and predictable cash support during non-drought years to food insecure households that could be scaled-up during drought years.

Opportunities for government ownership and connectedness to longer-term resilience and development efforts were linked to the use of the budget support and the channelling of COVID-19 response funds to programmes and projects financed at least in part through one of the Multi-Donor Trust Funds established in Afghanistan. Budget support through the SRBC and the reallocation of funds under the ARTF and LOTFA relied on established mechanisms for coordination and policy dialogue with government partners, and with other partner donors. This made it possible in principle to link funding to new or existing government-driven initiatives, such as the use of combined funding from REACH and the existing Citizens’ Charter programme to provide up to 90% of the funding of the “National Dinner Table” programme of the Afghan government (“Dastarkhwan-e-Meli” in Farsi) meant to cover an estimated 4.1 million households with incomes of USD 2²³ a day or less in 2020. EU-funded programmes also made use of existing bodies at community level (including the Community Development Councils (CDC) and Gozar Assemblies (GA)) to allocate COVID-19 resources to specific communities, families and priorities at local level,²⁴ and maintain their relevance for longer-term development projects. Support channelled through the “Early Warning, Early Finance, and Early Action Project” (see above) was meant to help establish a national drought response system that included forecasting of droughts and mechanisms for both recurrent transfers and emergency assistance. By contrast, the EUR 35 million programme “Support to the Government of Afghanistan in response to the COVID-19 Emergency” as the single largest component of the EU response to Afghanistan was designed to operate outside of these established mechanisms, which limits its connectedness to longer-term resilience strengthening and development efforts.

2.2. EQ 2 – Value added

EQ2: To what extent did the Team Europe initial response provide additional benefits beyond what would have resulted from actions taken by the EU institutions and EU MS on their own?

Summary

The EU institutions’ strong presence in Afghanistan paved the way for rapid and overall coherent response to the COVID-19 emergency in the country. This efficient EU coordination, both internal and with EU Member States (EUMS), was not attributable to a specific Team Europe (TE) approach as defined by headquarters, but rather a proactive use of specific multi-donor mechanisms in place and the EU’s pre-existing convening power. The TE approach was used mainly to advance economic recovery initiatives albeit in a limited manner. The Cooperation Section of the EU Delegation and EU humanitarian services were the main EU actors of the COVID-19 emergency response, building on their established presence in Afghanistan, their relationship with the Government of Afghanistan (GoA), the Commission humanitarian services’ coordinating role of the Humanitarian Donor Group, and the EU Delegation’s network of development partners, including the World Bank. There were

²³ Approximatively EUR 1,70.

²⁴ Pre-COVID-19, both CDCs and Gas had been supported by the Citizens’ Charter programme.

significant communication efforts around EU support to the multilateral response to COVID-19 in Afghanistan, but not under the Team Europe (TE) label.

Despite evidence of efficient EU coordination in the response to COVID-19 in Afghanistan, there are no signs of a specific, tangible Team Europe (TE) approach. Coordination was shaped more by the COVID-19 emergency than by headquarters promoting a TE approach. EU institutions were already strongly present in Afghanistan (second largest donor after the US and before the WB), channelling much of its support through multi-donor funds, and global contracts coordinated by UN agencies and/or multilateral agencies, including the World Bank-managed Afghanistan Reconstruction Trust Fund and the UN-managed Law and Order Trust Fund for Afghanistan. EU Institutions and Germany were already amongst top donors to ARTF and LOTFA. The EU response to COVID-19 thus built on pre-existing mechanisms to enhance its capacity to respond in a timely manner while avoiding duplication. Contracting for the COVID-19 response was concluded in 2020, in part using accelerated procedures.²⁵

As underlined in interviews, Team Europe (TE) came more “as a guideline, a suggestion to apply wherever possible around the COVID-19 response but could not be directly linked to the country level”.²⁶ As such, the Team Europe (TE) response to COVID-19 consisted of additional commitments made to international organisations (i) at the country and (ii) regional levels (Humanitarian Implementation Plan (HIP) Afghanistan, Pakistan, Iran, April 2020).²⁷

The Cooperation Section of the EU Delegation and the EC humanitarian services were the main EU actors of the COVID-19 emergency response. Both built on their established presence in Afghanistan, their relationship with GoA, their coordinating roles, and their network of partners. Both the EU Delegation’s Cooperation section and Commission humanitarian services played a critical role in joint advocacy efforts (with key donors). The EUD maintained close communication and dialogue with the WB as ARTF manager, the GoA, other donors and EU MS to ensure relevance, coordination, and follow-up.²⁸ Audits continued to be planned, contracted and implemented as foreseen, although audit reporting has slowed down due to the pandemic.

Germany earmarked funding for COVID-19-related health support in Afghanistan, but other EU MS channeled their funds through multi-donor trust funds and continued to coordinate their response through the ARTF (not through a TE mechanism). Therefore, the Team Europe (TE) approach did not particularly serve to advance complementarity with EU MS in the COVID-19 response, but it did help define the Team Europe Initiative (TEI) “Sustainable Jobs for Peace”, which seeks to build synergies with existing environmental and economic initiatives developed by the EU and its Member States around green economic development – a notion not yet at the core of national strategic documents.²⁹

Instead of creating new, TE-specific processes, the EU made use of its existing channels of cooperation to continue coordination with non-EU partners, which worked well overall. The EU expert and technical teams already in country allowed a swift coordination early in the process to determine and agree on the reprioritisation and repurposing of funds of both EU-specific envelopes

²⁵ TE Country fiche Dec 2020; Commission Implementing Decision June 2020; Interviews, May 2021.

²⁶ Interview

²⁷ Country fiche Dec 2020, Infographic May 2020.

²⁸ Commission humanitarian services notes 2021, Interviews May 2021; TE Country fiche May 2020

²⁹ TEI Jobs May 2020; Interviews May 2020; TE Covid fiche May 2020.

and multi-lateral ones. In order to facilitate the repurposing of EU funds that had been allocated to the ARTF, the EU Delegation closely worked with the ARTF focal point and World Bank teams to support a flexible response while making sure that EU legal requirements were equally met³⁰. In the case of the procurement of medical equipment, ECHO facilitated cooperation between *Médecins Sans Frontières* (MSF), WHO, UNICEF and the Chinese Embassy to establish a sustainable and reliable supply chain.³¹

In health, the EUD technical teams had initially approach their counterparts in the World Bank to discuss opportunities for channeling the additional EUR 30 million through a World Bank administered emergency health project. Ultimately, the sides did not find a workable solution to put the envisioned cooperation into practice and needed to abandon the effort. The EU ultimately decided to channel the new EU resources for health into a new intervention with WHO, UNICEF and AFK/Cordaid, to complement Sehatmandi and the WB's COVID-19 response.

Despite significant communication efforts around EU support to the multilateral response to COVID-19 in Afghanistan through social media and the institution websites, **there was no visibility campaign organised in the Team Europe (TE) framework specifically**. Besides, as noted by several interviewees and corroborated by programming documents and Team Europe (TE) country fiches, while the issue of COVID-19 was important on the political agenda, it also appeared to delay projects responding to other pre-existing priorities, aggravated meanwhile by the pandemic (notably peace and security issues and the border areas).

2.3. EQ 3 – Efficiency

EQ3: To what extent were, and are, the individual aid modalities and other aid delivery mechanisms and their combinations efficient and flexible enough for use in Team Europe's COVID-19 response In COVID-19 conditions?

Summary: Combining different aid modalities allowed the EU to provide support along different timelines. Money allocated from the Commission development services to the EC's humanitarian services financed emergency support in the months immediately following the COVID-19 outbreak. Unspent EU contributions to Multi-Donor Trust Funds were reallocated to help address medium- to long-term priorities, also linking this support to policy dialogue and coordination occurring in these platforms. While this allowed for a relatively fast allocation of money overall, the services financed with these resources were often distributed only with delay, due to national political roadblocks, capacity bottlenecks on the side of the Afghan government and other factors beyond EU control. Indirect management of EU funds by UN organisations or contracting with INGOs allowed the EU to make use of partners with established COVID-19 response activities, clear organisational mandates and established operations and offices on the ground, which also ensured relatively good access to areas around the country. However, the lengthy procedures for a new EUR 35 million project organised by the EU in partnership with UNICEF, WHO and AKF were only completed in time for a project start in January 2021. Bottlenecks and disruptions of supply chains due to close border caused delays in the procurement of supplies and protective equipment.

The combination of different aid modalities in the COVID-19 response package provided the EU with flexibility to provide support along different timelines, using both

³⁰ Based on interviews with EU Delegation and World Bank.

³¹ TE Country fiche May 2020; Interviews May 2021.

governmental and non-governmental dissemination channels.³² Commission development and humanitarian services intentionally built on the complementary modalities available by allocating a EUR 15 million share of the additional EUR 50 million ECHO for short-term, emergency support and retaining EUR 35 million for a COVID-19 response programme with a medium-term perspective.³³ This and other ECHO funding allowed the EU to provide relatively fast support in the months after the start of the pandemic in the form of medical supplies, protective equipment and other assistance. A humanitarian air bridge organised by ECHO and an additional air bridge run by UN partners made it possible for the EU to provide some of these supplies by June/July 2020 at the height of Afghanistan's first wave of COVID-19 infections, despite closed borders and disrupted supply routes into Afghanistan as a landlocked country. Contracting procedures with NGO partners did mean that some other ECHO projects only started in September 2020.³⁴ In many cases, bottlenecks on global markets and in supply chains were the main factor associated with delays in the start-up of the ECHO-financed COVID-19 response, rather than delay in funding.³⁵ This underlines the relevance of the humanitarian aid bridges.

Reallocating unspent EU contributions to Multi-Donor Trust Funds (ARTF and LOTFA) allowed the EU to co-finance COVID-19-related programmes and to help address medium- to long-term priorities, also linking this support to policy dialogue and coordination occurring in these platforms. In May 2020, the EU started to cooperate with the World Bank as manager of the ARTF to determine which re-allocations could be made in line with both WB and EU administrative procedures and legal requirements. Within two months, the EU informally agreed with the WB to re-allocate EUR 12.5 million of unspent EU funding from an ARTF governance project³⁶ to the newly created ARTF-funded "Relief Effort for Afghan Communities and Households" (REACH) project. Finalising all administrative steps for the re-allocation took another four to six months.³⁷ The EU also worked with UNDP as the administrator of the Law-and-Order Trust Fund for Afghanistan to re-allocate resources the EU had already paid into the trust fund to provide the police with PPE and hospital equipment.

Relationships established through policy dialogue with government partners in relation to budget support may have helped to facilitate the re-allocation of resources of for the COVID-19 response even for other aid modalities. Limited, anecdotal evidence suggests that the experience of past exchanges with the Afghan Ministry of Finance (MoF) in relation to policy dialogue for Afghanistan's SRBC made it more straightforward and faster to amend the financing decisions of ongoing projects for the COVID-19 response. Agreements on expanding dates for implementation in relation to the COVID-19 response that required the approval by the MoF, for example, benefited from established relations between the Delegation of the European Union (EUD) and its counterparts in the Ministry of Finance.³⁸

Budget support (BS) disbursements under the already ongoing SRBC took place in July 2020, as initially planned in the financing agreement (signed before the COVID-19 crisis). A total of EUR 100 million was disbursed. For the variable tranche, three indicators were not met in

³² Also supported by feedback from key informants in Afghanistan: "In the end, it is the portfolio approach that counts", Interview.

³³ In May 2020, when WHO declared the COVID-19 crisis to be a pandemic, Commission humanitarian services in Afghanistan reached out to headquarters about funding mobilisation. The allocation of EUR 15 million of the new funds from Commission development services to humanitarian services was a result of this initiative (Interview).

³⁴ Interview.

³⁵ Interview.

³⁶ Tackling Afghanistan's Government human resource management (HRM) and Institutional Reforms (TAGHIR).

³⁷ Key Informant Interview. Also, the financing agreement for this re-allocation was signed on November 3, 2021.

³⁸ Key Informant Interview.

2020. They were neutralised due to the COVID-19 crisis to enable a full disbursement of the variable tranche (EUR 50 million).

While the MDTFs and budget support allowed a relatively fast allocation of money, the services financed with these resources were often distributed only with delay, due to national political roadblocks, capacity bottlenecks on the side of the Afghan government and other factors beyond EU control. Political disputes over parliamentary budget oversight of the “National Dining Table” (“Dastarkhwan-e-Meli”) programme to which REACH / ARTF resources contributed, and corresponding claims of insufficient transparency and the possibility of corruption delayed the start of the programme and therefore the arrival of support at community level.³⁹ Overall, the Afghan government was challenged in the first month of the pandemic to manage the sudden higher influx of aid resources and to distribute support, pointing to limitations of using budget support or programme-based approaches to respond to national crises in least developed countries (LDCs).

The alternative modalities of indirect management of EU funds by established UN organisations and agencies or direct management with INGOs as implementers allowed the EU to make use of partners with established COVID-19 response activities, clear organisational mandates and established operations and offices on the ground, which also ensured relatively good access to areas around the country.⁴⁰ For existing projects, this modality allowed for the relatively speedy re-orientation of resources and activities. A local governance project implemented by UN-Habitat received approval of the project amendments in June 2020, two months after negotiations had started. The project was eventually able to start implementing its COVID-19 activities in August 2020, as project activities were halted for about two months at the request of the Government. For the newly developed COVID-19 response project⁴¹, the corresponding administrative procedures and contract negotiations with UN and international non-governmental organisation (INGOs) partners took longer. The EU Delegation first received notice that additional money for the COVID-19 response would be allocated to Afghanistan in March/April 2020. A meeting to discuss the possibility of channelling the funds through the ARTF funded Sehatmandi project took place but it was not possible for technical reasons (distortion of the “Pay-for performance” contracts to NGOs implementing Sehatmandi). Subsequent negotiations and contracting procedures with WHO, UNICEF, and AKF for the project “Support to the Government of Afghanistan in response to the COVID-19 Emergency” were completed in December 2020. Project implementation therefore only started in January 2021. It should be noted that Development co-operation administrative procedures are by nature longer than ECHO procedures; and that the development of new project also is known to take longer than the adaptation of existing interventions.

Delays in the COVID-19 response were not always linked to availability of funding, but also to bottlenecks and disruptions of supply chains. Closed borders contributed greatly to availability of funding itself.⁴² Even partnerships with globally and nationally established Intergovernmental Organisations (IGOs) (such as WHO) could not always prevent bottlenecks in provision of essential equipment, leading to delays. For example, while provision of many supplies (including PPEs) was timely, providing and setting up of PCR and other lab facility equipment by WHO

³⁹ The disputes were still ongoing in February 2021, although the government had started disbursing resources for the programme and had spent USD 160 million at that time, according to news reports (<https://tolonews.com/afghanistan/budget-169954>).

⁴⁰ Interview.

⁴¹ Financed with EUR 35 million of new resources.

⁴² Interview

was many months delayed.⁴³ As of May 2021, the Ministry of Public Health (MoPH) was still waiting for diagnostic material,⁴⁴ which consequently affected the health services and the relationship with MoPH.

2.4. EQ 4 – Effectiveness

To what extent was the EU response successful in progressing towards the objectives associated with the COVID-19 response?

Summary

The EU supported with EUR 50 million the response in AFG through emergency projects implemented by partners (managed by Commission humanitarian services) and through the structure of the Ministry of Public Health. Contracting partners was six months later at the EU Delegation compared to Commission humanitarian services which disbursed funding fast because emergency instruments are designed for rapid response whereas Commission development services' instruments are not designed for an emergency situation but for longer term development cooperation. Personal protective measures and diagnostics were major investments. Other support included in the sectors of education, protection, WASH and nutrition, implemented by INGO's, UN and the Aga Khan Foundation. Addressing the pandemic and keeping the normal health services up, has been a challenge in a country, which had very little diagnostic and protection measures in place at the onset of the pandemic. Impact on the response has been difficult to estimate while the humanitarian needs remain exceedingly large.

EU focused on development, supporting government structures and health service packages and Commission humanitarian services focused on emergency response, including in Taliban led areas.⁴⁵ Commission humanitarian services coordinated the Humanitarian Donor Group and facilitated the definition of joint advocacy efforts with other key donors. However, the government played a crucial role to implement the donor funding and in the coordination of the response. Commission humanitarian and development services maintained regular meetings with the Ministry of Public Health and ensured advocacy messages gathered by partners were properly delivered. Commission humanitarian and development services closely coordinated with the WB to ensure the provision of personal protection equipment, and infection-control training to health providers. The global amount of funds going to the country specifically for the humanitarian response to the COVID-19 pandemic was estimated to be around EUR 58.2 million. The procurement of medical equipment and consumables remained a major gap.

Both funding managed by Commission humanitarian and development services was effective in establishing testing laboratories through their support to WHO. These were not available in country at the onset of the pandemic. Furthermore, their support also improved the outreach and coverage of health and nutrition support of World Food Programme (WFP), Save the Children (STC), WHO, UNICEF and the ICRC. Educational and safe learning support was increased through the Norwegian Refugee Council (NRC), UNICEF, and STC. Protection support was augmented through NRC and IOM, and additional WASH support was provided through NRC and UNICEF. Overall, the response had a positive effect.

⁴³ Planned end March 2020 for 17 provinces; delivered December/January/ March 2021 for ten provinces, the rest in June 2021 for seen provinces.

⁴⁴ The causes of the delays were not clear.

⁴⁵ Interview with partner

PPE and diagnostic equipment and material were procured without the direct involvement of the Ministry of Health. WHO used its own airbridge between Kabul and Doha. Despite a huge response, the gap in essential health services remained while the trauma and mental health-related caseload increased. Addressing a pandemic and maintaining essential health services in parallel has proved challenging. A reduction in mortality was observed and the increased testing capacity and case management in hospitals had a positive impact. The testing capacity, laboratories, capacity building and improved case management has a lasting impact for the country.⁴⁶

WFP contribution, managed by Commission humanitarian services, **specifically for the food/nutrition response** allowed expansion of nutrition activities for a larger geographical hard-to-reach area, but also included urban areas due to the economic hardship arising from the COVID-19 pandemic. WFP used the Commission humanitarian services airbridge during the peak of the pandemic but also the United Nation Humanitarian Air Service (UNHAS) operations.⁴⁷ It is unclear to what extent the response had an impact on improving the nutrition status. Food prices went up and food shortages became a secondary crisis.⁴⁸

Support of diagnostic capacity was supposed to increase capacity for surveillance, rapid response and case investigation as well as case management, infection, prevention, and control related to COVID-19. Nutritional support was provided to patients and in communities.⁴⁹ Clearly, the response by development donors was very slow compared to that of the humanitarian donors.⁵⁰ Provision of diagnostic equipment for 17 provinces through WHO was planned for March 2020 but arrived for ten provinces in December 2020 and January -March 2021, while the remaining was scheduled for June 2021. The delay created an initial challenge for the MoPH,⁵¹ but was very helpful for the 3rd wave of COVID-19 infections, which was more severe than the 2nd wave.

Channelling the EUR 35 million outside the ARTF allowed the EU to make use of the established presence of WHO, UNICEF, and the Aga Khan Foundation (AKF). The World Bank was fast with their USD 300 million commitment and the MoPH saw the need for 'flexible funds', not being 'wasted' in the ARTF structure, as there was an urgent need for oxygen concentrators and laboratory facilities and related equipment.⁵² Before the pandemic, Afghanistan had one single PCR facility, by the end of June 2020 the country had PCR testing facilities in each of the 28 provinces, while oxygen plants are available in all provincial facilities; about 5 000 health staff were trained in case management and intensive care.⁵³

UN Habitat repurposed a budget of EUR 1.7 million under the project 'Municipal Governance & Support Programme (MGSP) COVID-19 Quick response Project', in 11 MGSP cities and Kabul, from April 2020 to October 2020. Key outputs were an improved database and vulnerability assessments; community awareness raising and community and municipality prevention measures related to COVID-19.⁵⁴ Some of the activities were already implemented before the pandemic and it is not entirely clear what was specifically allocated to the repurposed budget.

⁴⁶ Interview with partner

⁴⁷ Ibidem

⁴⁸ Interview with National Authorities

⁴⁹ EU development assistance Afghanistan – health and nutrition (March 2021)

⁵⁰ Interview with partner

⁵¹ Ibidem

⁵² Interview with National Authorities

⁵³ Interview with National Authorities

⁵⁴ 200430 MGSP COVID 19 v2. UN HABITAT; PMR MGSP March 2021 UN HABITAT progress report

The establishment of the Risk Communication and Community Engagement (RCCE) working group by Norwegian Refugee Council and led by WHO was covered with funding managed by Commission humanitarian services.⁵⁵ Health workers went to schools and mosques for contact tracing and community awareness sessions. In each district community health workers were trained and engaged in 20 health posts to identify suspected cases and refer those for treatment.⁵⁶ Minimal testing capacity paired with rumours and stigma created reluctance to be tested.

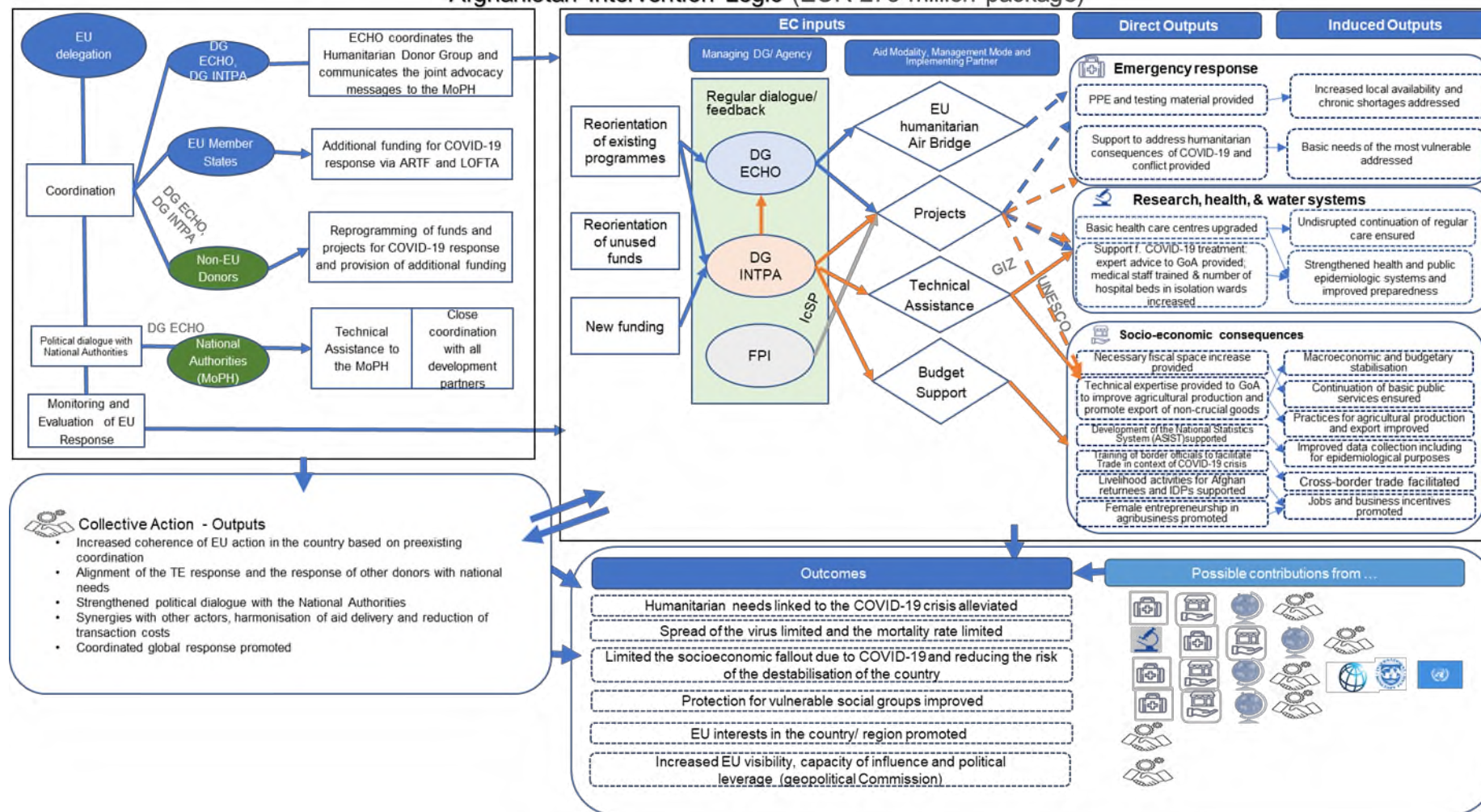
However, the humanitarian needs are immense and could not all be addressed by the international community. Insecurity and fear of escalated fighting as well as the withdrawal of the international troops adds to the overall situation. Going forward, there are gaps in the provision of support to trauma and mental health cases, as well as GBV and protection concerns with regards to negative coping strategies such as child labour and early marriages. It has also proved very difficult to maintain the health services in place while adding the extra burden of COVID-19.

⁵⁵ Interview with NGO

⁵⁶ Interview with National Authorities

3. Annex: Intervention Logic Sketch

Afghanistan Intervention Logic (EUR 275 million package)



Source: Evaluation Team

Country note - Ecuador

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THE PURPOSE OF THIS COUNTRY NOTE IS TO INFORM THE FAST-TRACK ASSESSMENT OF THE EU INITIAL RESPONSE AS A WHOLE. IT IS NOT DESIGNED TO BE AN ASSESSMENT OF THE RESPONSE IN THE COUNTRY.

Acronyms

AECID	Spanish Agency for International Development Cooperation
BS	Budget Support
CBI	Cash-Based Intervention
DFI	Development Financial Institution
DG DEVCO	Directorate-General for International Cooperation and Development
DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DG INTPA	Directorate-General for International Partnerships
DP	Disaster Preparedness
EIB	European Investment Bank
EU	European Union
EUD	Delegation of the European Union
FONPRODE	Development Promotion Fund
FPI	Foreign Policy Instrument
GDP	Gross Domestic Product
GIZ	German Corporation for International Cooperation
GoE	Government of Ecuador
IcSP	Instrument contributing to Stability and Peace
IDB	Inter-American Development Bank
IFRC	International Federation of Red Cross and Red Crescent Societies
INGO	International Non-Governmental Organisations
IOM	International Organization for Migration
LAIF	Latin America Investment Facility
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MS	Member states
NGO	Non-governmental organisation
OECD	Organisation for Economic Co-operation and Development
PPE	Personal protective equipment
RC	Red Cross
STRRP	Technical Secretary for Reconstruction and Productive Reactivation

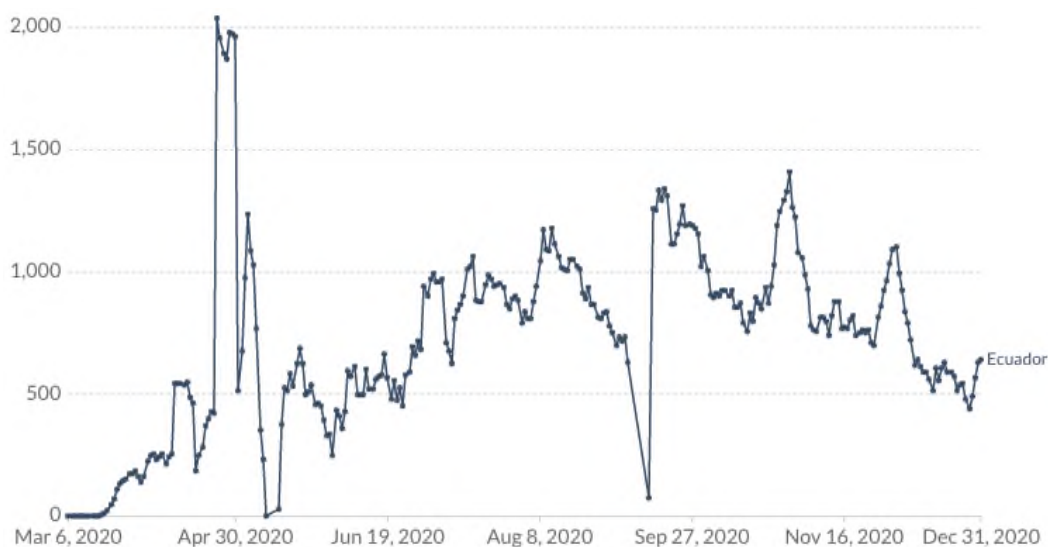
TE	Team Europe
UN	United Nations
UN HABITAT	United Nations Human Settlements Programme
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
WASH	Water, hygiene and sanitation
WB	World Bank

1. Background

1.1 Country COVID-19 context and government response

As of 31 December 2020, Ecuador had reported a total of 212 512 cases and 14 034 deaths¹ caused by COVID-19.² The virus spread exponentially between March and May, due to a delayed response by the Government which only introduced lockdown measures three weeks after the first case was reported, and which started to ease the measures in early May despite a surge in COVID-19 cases.³ The health system was quickly overwhelmed, with unequal and insufficient access to basic services and distribution of hospital beds, and an overall low per capita health expenditure.

Daily new confirmed COVID-19 cases in Ecuador



Source: Johns Hopkins University CSSE COVID-19 Data.

Prior to the pandemic, the country was already experiencing a public debt crisis, with public debt rising from 30.9% to 68.9% of gross domestic product (GDP) between 2015 and 2020.⁴ The health crisis has amplified this crisis as well as the macroeconomic imbalances that the country had been working on since the end of the oil price boom, revealed structural weaknesses such as the high level of informality (60% of employment is informal) or insufficient access to public services, and caused a deep recession that has led to a rebound in poverty. Beyond the consequences for economic activity in general, lockdown measures have had a dramatic impact on women, as 45% have lost their jobs⁵ and gender-based violence has increased sharply, as well as on education, as only 37.2% of households have access to the internet.

¹ <https://ourworldindata.org/covid-deaths#what-is-the-cumulative-number-of-confirmed-deaths>

² The official figure is likely to underestimate the true toll of the pandemic in the country. A comparison of mortality rates between 2019 and 2020 shows an excess of deaths of 38 788 during the pandemic.

Source: https://www.eurodad.org/ecuador_covid19_and_debt

³ Ibidem.

⁴ As a result, the country allocated 29% of government revenues to meet creditor claims in 2019 (around 2.3 times the public health budget of Ecuador). Source: https://www.eurodad.org/arrested_development

⁵ <https://www.vistazo.com/actualidad/nacional/el-de-las-mujeres-en-ecuador-ha-perdido-su-trabajo-durante-la-BXVI191536>

The Government has put in place measures to support the economy, including the distribution of a EUR 50⁶ family protection voucher for two months to selected targets,⁷ the regulation of fuel prices, the protection of workers and the extension of social security coverage for the unemployed, as well as the renegotiation of external debt and the creation of a EUR 931 million⁸ financing programme to boost production.

1.2 European Union (EU) response

A EUR 43 million envelope from the Commission to assist Ecuador in coping with the COVID-19 crisis was announced in April 2020, contextually to the Joint Communication on Team Europe (TE) response. The Directorate-General for International Partnerships (DG INTPA), Commission's Service for Foreign Policy Instruments (FPI) and the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) delivered assistance to the country covering all three priority areas identified in the joint communication. Several EU MS (Germany, Spain, France and Italy) that finance development cooperation in Ecuador were active in the COVID-19 response. The EU further joined forces with the Government of Ecuador and other multilateral donors (the United Nations (UN) and World Bank [WB]) to develop a post-disaster needs assessment to inform a coordinated recovery strategy, and was involved in the Organisation for Economic Co-operation and Development (OECD) Development Center Multisectoral study covering the social and macroeconomic impacts of COVID-19 in the country and estimating Ecuador's financial needs and available funding to finance a response strategy. To date, EU funds committed to tackle the COVID-19 crisis in Ecuador amount to EUR 45.2 million including both bilateral and regional support.

Emergency response measures accounted for around 5% of EU assistance for the country. DG ECHO provided most of the resources for humanitarian response through country-level and regional projects delivered through international non-governmental organisations (INGOs), the United Nations and the International Federation of Red Cross and Red Crescent Societies (IFRC). Ecuador was additionally one of the four beneficiary countries of FPI regional funds allocated to the COVID-19 emergency response in South America through the Instrument contributing to Stability and Peace (IcSP). The EU intervention in support to the Water, hygiene and sanitation (WASH) sector consisted of a EUR 10 million EU contribution to a European Investment Bank (EIB) loan – blending (Latin America Investment Facility (LAIF) - Portoviejo WASH) – covering the development of infrastructure, WASH initiatives and information campaigns. Socio-economic support accounted for more than 50% of EU response budget and was largely provided by DG INTPA. Support to address the socio-economic consequences of the crisis was channelled predominantly through budget support disbursements (EUR 13 million mobilised to date) aimed at strengthening macroeconomic stability and allowing the Government to implement its COVID-19 response plan. DG INTPA contribution was complemented by resources committed by FPI both at regional and country level, including the financing of research, workshops and dissemination of information concerning government measures to fight COVID-19 and impacts in the areas of trade, investments, and the business environment.

⁶ USD 60.

⁷ People in the informal sector, poor households, small retailers and producers with incomes below USD 400 per month (the target was 950,000 households).

⁸ USD 1.1 billion.

Several interventions were selected for an in-depth review, and have thus been given greater attention in this note, especially in Evaluation Question 4. Below is the list of the selected interventions in Ecuador:

- ECHO, emergency response: Disaster Preparedness (DP) Project - IFRC (implemented by the Ecuadorian Red Cross) (EUR 460 000)
- Directorate-General for International Cooperation and Development (DG DEVCO), health research and water: Blending operation LAIF - Portoviejo WASH - EIB, Inter-American Development Bank (IDB), the Spanish Agency for International Development Cooperation (AECID), the Development Promotion Fund (FONPRODE) (EUR 10.4 million)
- DEVCO, economic-social: Budget support (BS) programme - Economic reactivation of affected areas Manabi and Esmeraldas (EUR 17 million)
- DEVCO, economic-social: Northern Border programme – AECID, the German Corporation for International Cooperation (GIZ) – EUR 12.9 million
- DEVCO, economic -social: Proyecto Ciudades incluyentes, comunidades solidarias - OnuHabitat, the UN Refugee Agency (UNHCR), the International Organization for Migration (IOM) – EUR 3.7 million.

2. Answers to Evaluation Questions

2.1 EQ 1 – Relevance

EQ1: To what extent did the initial EU global response to the COVID-19 pandemic through the Team Europe (TE) country assistance address the needs and priorities of partner countries and regions in each country context in line with the three priorities of the Team Europe approach?

Summary

The Commission COVID-19 response was rather ad hoc, mainly consisting of adaptations needed to continue to pursue ongoing interventions in the new context and making some adjustments where feasible to address the needs arising from COVID-19. It was embedded in the existing framework of EU development activities in Ecuador with clear links to the EU Multiannual Indicative Programme for 2014-2020 and the advancement of the broader EU agenda. Existing activities were appropriately adapted, and, within their scope, funds reoriented to address COVID-19-related needs in the three thematic areas identified in the EU Joint Communication. New activities (beyond the reorientation of existing projects and budget lines) was extremely limited.

The emergency response was limited in scope but relevant to cover immediate necessities. The health response was suited to build long-term institutional capacities in line with the principles of the humanitarian-development nexus, yet it appeared less relevant to facilitate short-term service delivery. The socio-economic response, constituting the bulk of the assistance, was relevant. It combined operational adaptation responding to immediate needs, and support to the national budget providing some liquidity and increasing government ownership.

Overall, **the EU COVID-19 response was rather ad hoc**, mainly consisting in adaptations needed to continue to pursue ongoing interventions in the new context and in making some adjustments where feasible to address the needs arising from COVID-19. The response provided by the Government was quite slow. There was therefore no window of opportunity for the Commission to

anchor its COVID-19 response strategy into the government response. Nonetheless, consultations with national authorities – *Presidencia, Planifica Ecuador and Cancilleria* – within the response served the objective of strengthening strategic dialogue, especially for long-term planning.⁹ Overall EU funding to respond to the crisis was deemed insufficient by the Government of Ecuador (GoE) counterparts.¹⁰

Support to refugees and other vulnerable groups was included in the assistance, in accordance with the European Consensus on Development¹¹ and the EU Gender Action Plan.¹² For instance, the EUR 3.7 million programme “Proyecto Ciudades incluyentes, comunidades solidarias” introduced a cash-based intervention (CBI) benefitting 18 500 people in extreme poverty and increasing attention to the gender dimension.¹³ This and other CBIs (implemented through other projects, including the IFRC one, in a coordinated and non-overlapping fashion) were especially relevant to tackle difficulties in access to basic rights, particularly food security, lodging and education confirmed by partners on the ground; and adapted to new modalities (using tellers or sending money by phone).¹⁴ Other examples include the IcSP-financed projects, providing food-kits and biosecurity kits to vulnerable populations; the additional EIDHR emergency fund to support defenders of indigenous people’s rights;¹⁵ and the regional programme EUROSOCIAL+ sustaining women victims of domestic violence.

The priorities of the immediate assistance were appropriately informed by needs assessments from implementing partners on the ground¹⁶ as well as consultation with *Presidencia*. **Yet the scope of the emergency assistance was limited**, constituting around 5% of the response, with an additional small amount of EUR 5 million regional funds allocated. Among the emergency actions, the IFRC/Ecuador Red Cross (RC) project was relevant to strengthen prevention and management of the epidemic with activities including dissemination of COVID-19 best practices information, distribution of hygiene kits, psychosocial support to affected people, as well as establishment of triage centres and management of deceased people. The intervention also allowed a relevant response to immediate livelihood needs through the provision of food/cash support, especially targeting remote and uncovered areas; its appropriateness was, however, somewhat reduced by the scope of the benefit, as only 50 families were selected, while 500 were estimated to be in need.

Health interventions were designed to respond to the needs of the national health system, although involvement of the Ministry of Health (MoH) in planning was discontinuous as there was limited cooperation in the health domain in the five to six years before COVID-19. Dialogue was partially resumed with the crisis, the main necessities of the Government being acquiring supplies and rehiring doctors. However, technical assistance was not requested and the EU offer of a blending initiative in the health sector eventually did not materialise.¹⁷ **The Laboratory Project with the**

⁹ Under the MESA Covid framework 37 proposals focusing on long term economic reactivation are now being discussed with the EU.

¹⁰ Interview. As a middle-income country, Ecuador receives less funding than poorer countries.

¹¹ https://ec.europa.eu/international-partnerships/european-consensus-development_en

¹² EU Gender Action Plan 2016-2020

¹³ INTERIM PROGRESS REPORT1 “INCLUSIVE CITIES, COMMUNITIES OF SOLIDARITY” Fostering local communities of solidarity for migrants and refugees from Venezuela MIGR/2019/407-734

¹⁴ Interview

¹⁵ EuropeAid/159690/DD/ACT/EC

¹⁶ Interview

¹⁷ Interview. Initially there was interest from the Government but then dialogue stopped for weeks and the offer was eventually cancelled in February, as it was too close to elections.

AECID, partially reorienting the existing action “Talento Humano, Innovación y Transferencia de Tecnología”, **was relevant to compensate for the insufficient national diagnostic capacity**¹⁸ of the three centralised laboratories in Quito, Guayaquil and Cuenca, although EU contribution to the action was limited to EUR 200 000, with the bulk of the funds coming from EU MS.¹⁹ This project was coordinated with other EU MS actions on the same topic adding coherence to the response. The project was planned with the Delegation of the European Union (EUD) as early as April and included the provision of diagnostic kits, epidemiologic training, converting four pre-existing decentralised university laboratories for testing, and setting up a mobile laboratory to reach rural areas. However, the long amendment administrative procedure taking approximately one year was not appropriate to cover emergency needs.²⁰ **The newly signed EUR 10.4 million blending operation**, aiming to improve the health conditions of the rural population of Portoviejo through stable access to clean water and sanitation to a population that only had scarce access before, **was relevant both for COVID-19-related challenges and for long-term resilience**. However, its appropriateness for the needs of the pandemic was coincidental, since negotiations had already started in 2018,²¹ with 2020 designated as the year for parties to sign the contribution agreement.²² The design of this infrastructure operation is highly unlikely to change due to COVID-19. The use of blending (through LAIF) enabled the poverty focus of the project to increase in extending population coverage. The Commission contribution will also finance the technical assistance envisaged to support the local Project Implementation Unit. This was viewed as particularly useful since the local implementing party had no previous experience of working with international financiers.²³ However, it must be taken into account that donors were not active in the health sector prior to COVID-19 and cooperation with the MoH was difficult.

Ecuador’s EU cooperation programme initially included an important socio-economic component²⁴ intended to support the country’s development efforts, notably by reviving production and promoting exports. As for the socio-economic response, **the adaptation to the Northern Border Programme was relevant to address the immediate COVID-19-related challenges** ensuring continuation of activities with the introduction of protective equipment, safety measures for face-to-face activities, and converting activities to remote modalities²⁵ where possible. The refocus on WASH and food security/livelihood, within existing objectives and budget lines, was relevant to offset some of the household and community level social impact of the pandemic, as well as being conducive to long-term sustainability. The programme foresaw action to improve access to clean water and hygiene awareness, reinforce the capacity of local authorities, increase work opportunities via strengthening local markets and the agricultural value chain, and sustain food security through distribution of food parcels. Yet, the long-term programme was not fundamentally reoriented, potentially neglecting evolving socio-economic needs. **The front-loading of two tranches (a total of EUR 7 million initially foreseen for 2020 and 2021) of the ongoing budget support aimed to contribute to providing liquidity to government finances to implement the national response plan for COVID-19,**²⁶ although the amount of the support remained

¹⁸ The Ministry of Health estimated the need to increase PCR processing by 92%.

¹⁹ ANEXO 1. ACUERDO DE DELEGACIÓN DE LA UNIÓN EUROPEA. SUPPORT MEASURES EN ECUADOR. TALENTO HUMANO, INNOVACIÓN Y TRANSFERENCIA DE TECNOLOGÍA, April 2017

²⁰ Interview

²¹ Interview

²² UNIÓN EUROPEA CONVENIO DE CONTRIBUCIÓN Cooperación Española LA/2020/417-023 signed in November 2020

²³ Interview

²⁴ Sector 1 “Support to sustainable and inclusive growth at the local level” (2014-2020 MIP)

²⁵ For instance, switching to remote teaching/training; introduction of digital marketing etc.

²⁶ A USD 6.4 billion loss for the economy in Ecuador estimated in the national Post Disaster Need Assessment (PDNA)

limited compared to the country budget.²⁷ The budget support focus on reactivation of production in the areas most affected by the 2016 earthquake²⁸ was in line with the long-term objective to support sustainable and inclusive growth at local level set out in the 2014-2020 MIP, while resting on the national development plan 2017-2021 “Toda una vida”.²⁹ The EUR 1 million technical assistance was also considered relevant by government stakeholders to ensure alignment with commitments undertaken with other donors.³⁰

2.2 EQ 2 – Value added

EQ2: To what extent did the Team Europe (TE) initial response provide additional benefits beyond what would have resulted from actions taken by the EU institutions and EU MS on their own?

Summary

The Team Europe approach in Ecuador built on and complemented pre-existing coordination mechanisms. By providing a platform to identify and discuss emergency needs, and by creating a dedicated mechanism involving the Government (Mesa COVID-19) and the joint needs assessments, it positively influenced coordination among EU institutions and EU MS, and to some extent non-EU partners, even beyond the initial COVID-19 response. The TE approach also helped the EU joint programming in Ecuador – a first for the country. The TE communication strategy strengthened the EU brand and visibility, but not necessarily at all levels.

The Team Europe approach introduced in response to COVID-19 positively complemented pre-existing EU coordination mechanisms, and led to more coordinated programmes and interaction with the Government of Ecuador, even beyond the initial COVID-19 response design. It first provided a platform to navigate COVID-19 emergency needs and consequences, and increased dialogue among EU institutions and EU MS, limiting duplication of efforts. The TE approach was particularly instrumental in aligning priorities and bringing about a coordination mechanism across highly centralised EU institutions such as EIB, which operates remotely and works based on co-financing mechanisms.³¹

There were dedicated processes and staff for a joint COVID-19 Recovery Needs Assessment and mapping of EU cooperation to guide post-COVID-19 recovery.³²

Technical resources were mobilised by EU actors to re-programme a total EUR 39 million³³ (including a health response of EUR 8.48 million³⁴ and a socio-economic recovery support of EUR 27 million)³⁵,

²⁷ Interview

²⁸ Action Document Ecuador –Sector Reform Performance Contract

²⁹ The indicators of the BS address objective 5 and 6 of the National Development Plan: access to irrigation, rural poverty, accomplishment of results in local authorities, credit to microcredit segment in Public Bank affected areas, fishery, production of cocoa and coffee, formulation of central and local government strategy.

³⁰ Interview

³¹ COVID-19 response tracker 15/07/20, Minutes Premesa 01/10/20, EcuTEI Sept. 2020, Interviews.

³² *Análisis y mapeo de la respuesta UE a la COVID-19 en Ecuador 31/08/20, Informe tematico derechos humanos 2021, TDR Mesas 14/09/20*

³³ USD 46 million.

³⁴ USD 10 million.

³⁵ USD 32 million.

and an additional EUR 20 million³⁶ was mobilised from the EU (DEVCO, ECHO), EU MS (Spain, France, Italy, Germany, Hungary) and loans from the EIB.

Despite delays in the reprogramming and disbursement processes, the TE approach also supported political and policy dialogue between the EU and the country national counterparts well beyond the COVID-19 response. Capitalising on existing dialogue and thematic mechanisms such as the “Mesa Pais”, the EU-Ecuador High Level Political Dialogue, and the regional coordination platforms EUROsocial+, EL PACTO and EUROCLIMA+, a virtual thematic multi-stakeholder high-level dialogue process was created -- Mesa COVID-19 – to match priority needs with financial and technical resources. Mesa COVID-19 brought together seven ministries and more than 12 EU actors and partners to agree priorities and organise recovery. Information sharing was consolidated, allowing a clearer division of labour, with each EU MS driving specific sets of interventions. Mesa COVID-19 also came with a joint monitoring framework to gauge progress. It further leveraged individual EU MS resources and added value, notably in the framework of the Mesa COVID-19 (for example, in the framework of the second meeting of Mesa COVID-19 in December 2020, there were 15 requests by different ministries to specific EU actors and MS). The mesa facilitated the dialogue and dispatch of demands (see Powerpoint Secunda Mesa 09/12/20). However, some evidence suggests that the mechanism became an internal mechanism and was not inclusive enough in the long term.³⁷

Key priorities were defined following the joint needs assessments with EU MS and consultations with national authorities, DFIs and the private sector. This approach paved the way, for instance, for the Team Europe Initiative (TEI) concentrating on promoting Sustainable Growth and Jobs and the Green Deal, as part of its effort to help consolidate Ecuador’s status as an upper-middle income economy.³⁸

Furthermore, the TE approach consolidated the EU joint programming approach in the preparation and negotiations of “*Programación Conjunta 2021-2023*” and “*Visión Conjunta 2021-2027*” – a first for the country.

The Team Europe (TE) perspective also helped the EU Delegation and EU MS coordinate with non-EU and UN partners. This started at the analytical level with the COVID-19 Recovery Needs Assessment process. At the operational level, examples of improved coordination included the Frontera Norte region, where the EU, GIZ, AECID and the UN are coordinating and sometimes built synergies across their respective mandates. Examples include two of the seven areas of EU support to respond to COVID-19, which foresaw synergies with UN agencies: regional cooperation (approximately EUR 500 000) for El PACTO, EUROsocial+, Programa regional Migración IcSP-GIZ, Programa Regional Migración United Nations Human Settlements Programme (UN HABITAT); and a contribution to the United Nations Children’s Fund (UNICEF) for the Northern border region (approx. EUR 240 000).³⁹

More broadly, the TE approach served as a tool to reinforce political dialogue and alignment of EU interventions with the 2030 Agenda and the implementation of the Ecuador Multiparty Trade Agreement between the EU, Colombia, Peru and Ecuador. For example, the TE initiative foresaw a

³⁶ USD 24 million.

³⁷ *Minutas y PPT Primera Mesa 01/10/20, PPT Secunda Mesa 09/12/20, TDR Mesas, Infographics, Recursos reorientation 25/09/20, Interviews.*

³⁸ Ecuador Team Europe Initiative - version 29/09/2020.

³⁹ *Mapeo de la respuesta EU 31/08/20.*

series of measures to (i) strengthen the implementation of the trade agreement; (ii) facilitate private and public investments; and (iii) stimulate innovation and productivity. These measures applied to the broader EU engagement with the private sectors, international development banks and non-EU countries.⁴⁰

The TE communication strategy strengthened the EU brand and visibility, but not necessarily at all levels. In the “Month of Europe”, the official launch of the “Team Europe” assistance was organised through a two-week media tour, the production of infographics, and a number of digital activities such as the online forum “Facts 19 - Disinfectants in Latin America”. There is limited evidence of the campaign’s impact so far: for example, as of May 2021, the Youtube videos produced had less than 20 views. The TE brand is still perceived to be an internal label, with little conceptual clarity outside the EU and to some extent among EU MS and EU international partners (interviews). The Joint Programme (2021-23) and Joint Vision (2021-27) for Ecuador use the label “#TeamEurope” and promote the EU acting as a team to position itself at the same level of other big players in the country, notably the United States and China.

2.3 EQ 3 – Efficiency

EQ3: To what extent were, and are, the individual aid modalities and other aid delivery mechanisms and their combinations efficient and flexible enough for use in Team Europe’s COVID-19 response in COVID-19 crisis conditions?

Summary

Overall, the EU response was not mobilised as quickly as initially anticipated, though support was delivered during 2020. Several adjustments were made to the ongoing BS operation to respond to the pandemic and to adapt to wider implementation difficulties, hence showing adaptability. BS funds were released during the second semester of 2020, in August and December. ECHO response was not delivered as quickly as initially anticipated: funds for the IFRC project were released in September 2020 instead of May 2020.

Implementing partners generally stressed the strong flexibility and involvement of the EU Delegation staff to adapt to an evolving situation, which contributed to making changes at intervention level happen quickly when a rider was not required.

Monitoring and Evaluation (M&E) of the COVID-19 TE response was significantly challenged by the implementation difficulties brought by the pandemic. It varied between interventions, with no M&E for interventions having started in 2020 and follow-up of the ongoing BS operation, though the quality of reporting by the national authorities tended to diminish in recent years.

Several adjustments were made to the ongoing BS operation to respond to the pandemic and to adapt to wider implementation difficulties, but the response was not delivered as quickly as initially anticipated.

Whilst it was intended that part of BS financial flows (22%) would reach the country’s treasury in the first semester of 2020,⁴¹ BS disbursements were made during the second semester, in August and December 2020. The first amendment to the financing agreement, signed in June 2020, allowed for the front-loading of the payment of the fixed tranches planned for 2020 (EUR 4 million) and

⁴⁰ EC TEI 29/09/21.

⁴¹ Source: TE COVID-19 Fiche

2021 (EUR 3 million). The Government also later received EUR 2 million, corresponding to 40% of the first variable tranche scheduled for 2020, as only two indicators out of six achieved the 2019 targets.

Two amendments were signed to extend the duration of the operation to adapt to the difficulties faced during implementation, notably due to the economic downturn and the social unrest of October 2019. In November 2020, a second amendment to the financing agreement was signed. It enabled an increase of EUR 1 million of the complementary support by reducing by the same amount the BS financial flows and an extension of the technical assistance until June 2022 with a view to facilitate dialogue on the implementation of the National Development Plan. Finally, considering the poor performance of the first variable tranche, the EU proposed, in December 2020, a third amendment to the financing agreement to extend the review period of the budget support indicators from December 2020 to December 2021, thereby postponing the payment of the second variable tranche from October 2021 to July 2022.

The LAIF instrument (blending) did not contribute to respond to urgent needs emerging from COVID-19. Blending operations are not initially meant to respond quickly to crises. Blending procedures are usually lengthy. For the Portoviejo WASH infrastructure operation under review, negotiations started in 2018. It then took almost the full year 2020 to go through the signature process of the contribution agreement between the Commission and the EIB. In early 2021, the Project Implementation Unit was established. The first EIB disbursement is expected for September 2021, as soon as the pre-conditions are met. Works will only start towards end of the year 2021. Moreover, infrastructure operations – the design of which rests on feasibility studies delineating technical and financial aspects – do not offer much opportunity in terms of quick reorientation of activities.

Response through ECHO was not mobilised as quickly as expected for the IFRC project (EUR 456 000). The delivery of the response was initially envisaged in May 2020 for this intervention. Whilst the response was drafted in a couple of weeks and the proposal submitted and approved in April 2020, the Memorandum of Understanding with ECHO was signed in July 2020, and the funds were only released in September 2020. Implementation delays were also due to procurement difficulties surrounding protective equipment, understandable at a time when demand was far outstripping supplies.

Implementing partners mobilised for the TE response (including IOM, UNHCR, IFRC, GiZ) generally stressed the strong flexibility and involvement of the EU Delegation staff to adapt to an evolving situation, which contributed to making changes at intervention level happen quickly when a rider was not required. Interviewees often noted the excellent disposition of **EU Delegation** staff to discuss changes – even substantial – to be applied to interventions. They underlined that **EU Delegation** staff supported all possible reorientation, provided it was well justified. For the Northern Border Initiative, no formal resubmission of documents or request for budget changes was necessary. When project documentation had to be changed, it was more time consuming for administrative reasons (for instance, the launch of the Cash Bonus Intervention for the “*Ciudades Incluyentes*” project took place in September 2020 whilst discussions had started in February/March 2020).

The depth of the M&E of the COVID-19 TE response varied between interventions; it was significantly challenged by the implementation difficulties created by the pandemic. For the ongoing BS operation, the Technical Secretary of Planning (*Planifica Ecuador*) carried out the M&E of the National Development Plan 2017-2021 and interacted with the **EU Delegation** in 2020 through policy dialogue. The Commission BS disbursement file (2020) reported a decrease in the quality of reporting of *Planifica Ecuador* over the last years and the dissatisfaction of the citizens of

Manabí and Esmeraldas with the reconstruction process and the level of transparency given by the Technical Secretary for Reconstruction and Productive Reactivation (STRRP) on project's selection criteria, funding and implementation. For other operations, no M&E was conducted. Some operations only started implementation in 2020 (such as the Northern Border Initiative), and evaluation activities have only recently started to be implemented. For all four ongoing LAIF operations (not linked to COVID-19), the EIB could not perform M&E on site due to travel restrictions. It increased the frequency of its online monitoring missions, but this does not give the full picture.

2.4 EQ 4 – Effectiveness

To what extent was the EU response successful in progressing towards the objectives associated with the COVID-19 response?

Summary

Through ad hoc emergency and health support, the TE COVID-19 response supported the health system, provided PPE and contributed to enhancing diagnostic capacity in laboratories. The limited scale of the activities undertaken implies that the impact will remain limited. On the socio-economic front, the Commission front-loaded the disbursements envisaged for 2020 and 2021 under its ongoing BS focused on the economic recovery of earthquake-affected areas. The small amounts disbursed (EUR 9 million) brought limited fiscal space to the Government and could not meaningfully contribute to prevent a deterioration of the macro-fiscal framework. The contribution of the BS programme in terms of sustainable development, including in terms of enhanced socio-economic resilience, was mixed, mostly due to the slowdown of the economy at the national level as well the social unrest in October 2019. Moreover, most of the other interventions deployed for the socio-economic response were in early implementation in 2020, with few results to report on.

Emergency support was provided through small scale interventions, with limited impact.

The effectiveness of the IFRC/Ecuador RC intervention (EUR 456 000) is difficult to assess without talking to beneficiaries and having access to programmatic progress reports. However, the scale of activities undertaken, although clearly relevant, is not expected to have had a large impact. The intervention supported the Ecuador health system in numerous ways, providing a triage service in places, consultations with patients, psychosocial support, and cash and hygiene supplies. In addition, through the EUR 3 million regional IcSP contract, which includes Ecuador, approximately 4 000 food kits for people in vulnerable situations (refugees and Ecuadorians) were distributed in different cities in the country. The project delivered more than 130 000 biosecurity kits, including masks, gloves and protective suits for personnel fighting the pandemic, and hired health officials to reinforce different state institutions.

The laboratory project funded by AECID, GIZ and the EU contributed to scaling up diagnostic capacity, especially in the research laboratories in universities as well through implementation of a mobile laboratory for remote areas^{42 43} and laboratory equipment in Frontera Norte.⁴⁴ The **EU Delegation** and AECID contributions funded equipment whilst universities provided premises and human resources. A local non-governmental organisation (NGO) was engaged which had experience in procurement, which both empowered the local civil society and was considered

⁴² MS Spain, Germany, Italy; personal communication

⁴³ AECID Ecuador, personal communication

⁴⁴ GIZ, personal communication

more effective than the public sector.⁴⁵ **In addition, PPE was delivered through the Northern Border Initiative, which was not initially intended to provide health support for the community.** Personal protective equipment (PPE) was provided in terms of “biosafety supplies such as surgical masks, N95-type retractable masks, nitrile gloves, panoramic face shields, alcohol, gel, atomisers, eco-friendly paper towels, and metal shoe disinfectant trays” (July 2020 report) to its field teams, and established COVID-19 friendly operational protocols for staff to observe during field trips protecting both the teams and community members. Since testing for COVID-19 was very scarce in Ecuador, the project contributed to improving this capacity and strengthened the health system. However, other measures have been limited and effectiveness is not clearly observed.

BS disbursements (EUR 9 million) in 2020 brought limited fiscal space to the Government and could not prevent a deterioration of the macro-fiscal framework. They represented 0.04 % of total public revenues⁴⁶ in 2020. In response to the COVID-19 crisis, the Commission front-loaded the disbursement of the fixed tranches to be paid in 2020 (EUR 4 million) and 2021 (EUR 3 million) of the ongoing BS (EUR 26 million) targeting earthquake-affected regions.⁴⁷ In addition, EUR 2 million of the first variable tranche (40%) scheduled for 2020 was paid, with only two indicators (cacao and coffee productivity) out of six achieved. The other four indicators, on capacity of local authorities, employment, use of artisanal fishery facilities and microcredit, did not meet the targets. Macro-economic stability, which was at risk in recent years, worsened with the COVID-19 crisis in 2020: GDP growth fell, and the country’s fiscal deficit and external debt increased. The plummeting oil price and the social unrest of October 2019 also negatively impacted the economy. Structural issues (an economic model based on the exploitation of natural resources and a lack of competitiveness of the economy) also explain the difficult fiscal and economic situation of the country.

The contribution of the BS programme in terms of sustainable development, including in terms of enhanced socio-economic resilience, was mixed. The results reached on objectives 5 and 6 of the National Development Plan, which are sustained by the BS programme, were mixed, mostly due to the slowdown of the economy at the national level as well the social unrest in October 2019. The Government conducted pro-private sector policies promoting attraction of investment and industrial territorial development. The productivity of agriculture and agricultural exports have also improved. But, the situation is more challenging regarding employment. Whilst efforts were made to reduce the incidence of rural poverty, indicators measuring rural income and multidimensional poverty did not show improvements. “Regarding the progress of the policy for reconstruction and productive reactivation in Manabí and Esmeraldas provinces, and the implementation of its economic and productive reactivation, with only 1.2% of economic growth in Manabí and Esmeraldas in 2019 the target of at least 2% was not met. The same poor performance is registered for employment. (...) Some good results are observed in the agriculture sector where indicators of cocoa and coffee yield have been fully met.” (BS disbursement note, July 2020).

Most of the other interventions deployed for the socio-economic response were in early implementation in 2020, with few results to report on. The Northern border programme (EUR 18.9 million), in its first year of implementation in 2020, progressed at a slower pace because of

⁴⁵ MS Spain, Germany, Italy; personal communication

⁴⁶ As per executed budget in 2020.

⁴⁷ The objective of the programme is to help the Government reach objectives 5 and 6 of its national development plan 2017-2021 “Toda una vida” with a special focus on reactivating production in areas of Manabí and Esmeraldas affected by the 2016 earthquake. The programme started in March 2019 with the first fixed tranche of EUR 8 million disbursed in December 2019.

COVID-19 and the 2019 unrest.⁴⁸ Activities to promote agro-ecological production among targeted households were re-launched in August 2020 using new sanitary protocols, but none of the outcome indicators have yet been achieved.⁴⁹ Moreover, a “health” component was included in an early alert system meant to diagnose and monitor cases of lack of access/violation of basic human rights within population living along the border. No M&E framework was yet in place in early 2021 to assess results. Work under the LAIF WASH intervention are expected to start at the end of 2021. No M&E was in place to report on the outputs and results of the “*Proyecto Ciudades incluyentes, comunidades solidarias*” (EUR 3.7 million).

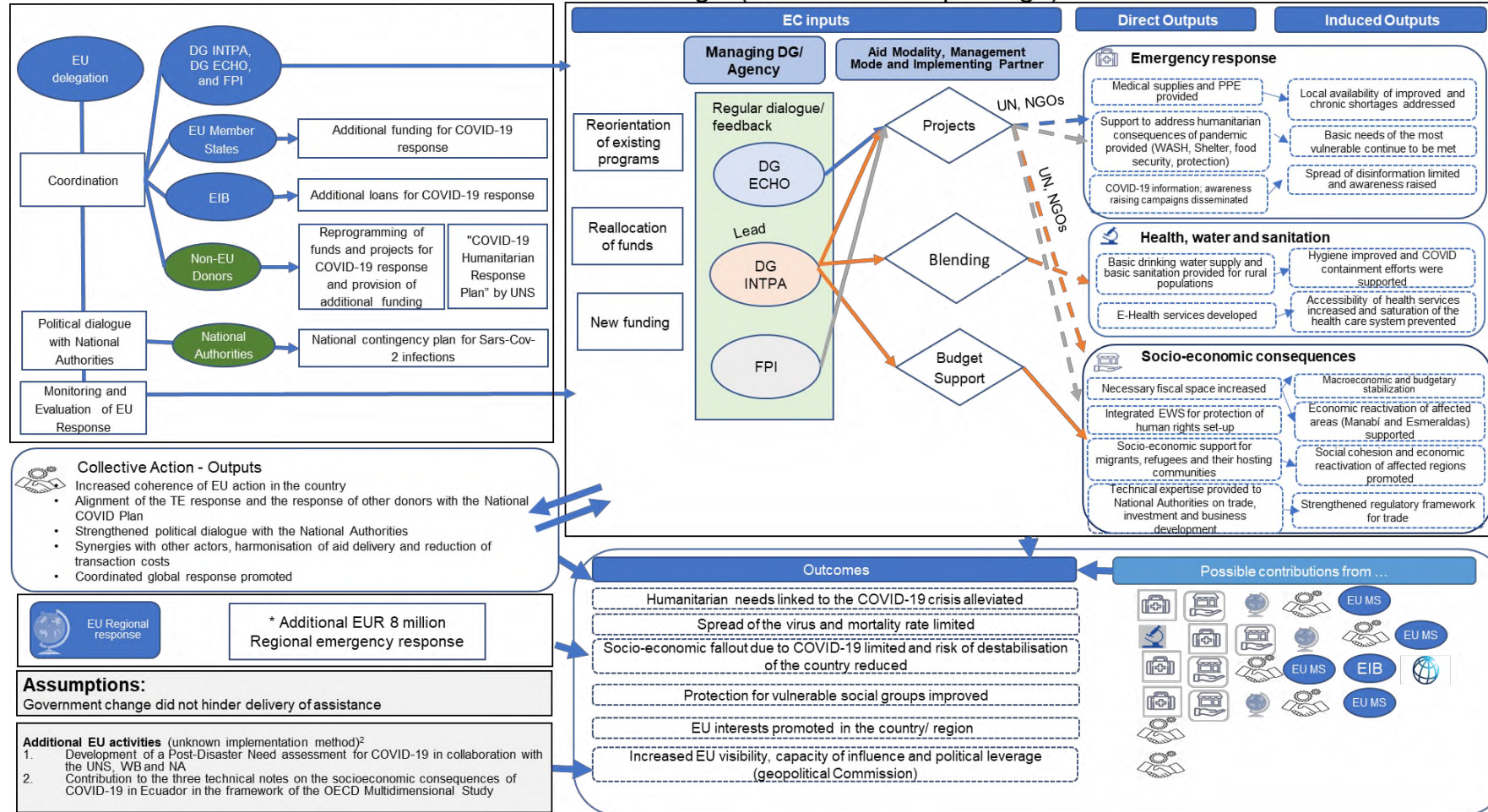
Public Finance Management and budget transparency were not specifically targeted by the COVID-19 response through the ongoing BS beyond the assessment of the general eligibility criteria. No specific provisions or changes (including in the general conditions, variable tranches indicators, sources of verification, etc.) were brought to the BS programme in the addendum prepared in May 2020 in response to the COVID-19 crisis.

⁴⁸ No field work took place between March and June 2020 because of the state of emergency and lockdown measures introduced by the Government.

⁴⁹ Targets for new production and new value chains were being defined.

3. Annex: Intervention Logic Sketch

Ecuador Intervention Logic (EUR 43 million package)*



Source: Evaluation Team

Country note - Ethiopia

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THE PURPOSE OF THIS COUNTRY NOTE IS TO INFORM THE FAST-TRACK ASSESSMENT OF THE EU INITIAL RESPONSE AS A WHOLE. IT IS NOT DESIGNED TO BE AN ASSESSMENT OF THE RESPONSE IN THE COUNTRY.

Acronyms

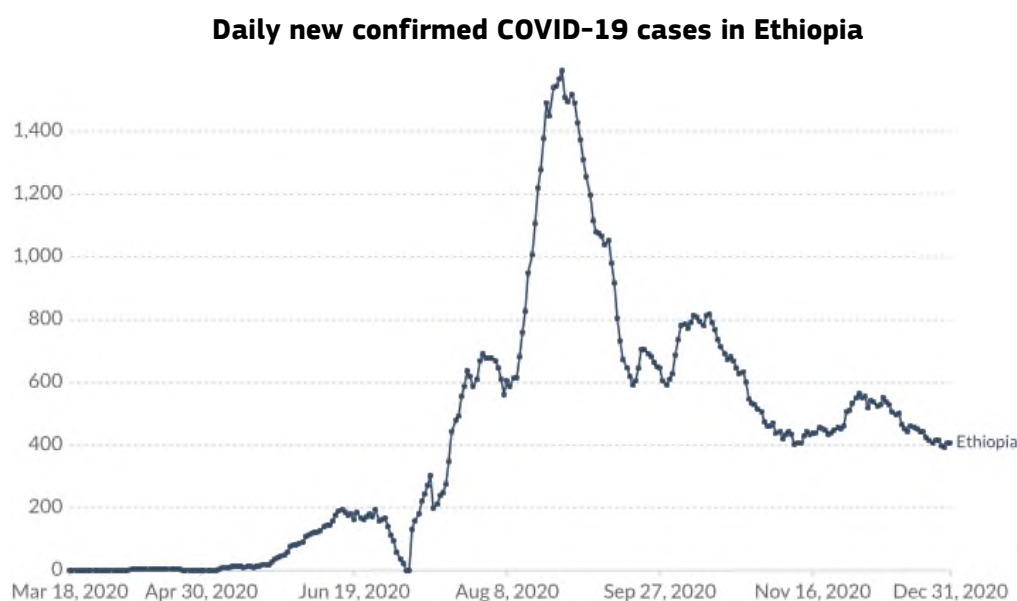
ACF	Action Against Hunger
BS	Budget Support
DAC	Development Assistance Committee
DG ECHO	European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations
DG INTPA	European Commission's Directorate-General for International Partnerships
EQ	Evaluation Question
EU	European Union
EUD	Delegation of the European Union
HBIC	Home-Based Isolation and Care initiative
HIP	Humanitarian Implementation Plan
IDP	Internally Displaced Person
IGAD	Regional Intergovernmental Authority on Development
INGO	International non-governmental organisations
IOM	International Organization for Migration
IRC	International Rescue Committee
MoF	Ministry of Finance
MoH	Ministry of Health
MS	European Union Member State
MSME	Micro, Small and Medium Enterprise
MSPRP	Multi-Sectorial Preparedness and Response Plan
NGO	Non-Governmental Organisation
PHEM	Public Health Emergency Management
PPE	Personal Protective Equipment
SRPC	Sector Reform and Performance Contract
TE	Team Europe
UN	United Nations
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
WASH	Water, sanitation and hygiene

WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

1. Background

1.1 Country COVID-19 context and government response

The first case of COVID-19 in Ethiopia was confirmed in March 2020. The pandemic is happening in a context of 7 million vulnerable people remaining in need of humanitarian assistance (including over 700 000 residing in the country), notably due to recurrent climatic disasters.¹ The crisis has significantly aggravated the fragile situation, putting pressure on the under-resourced health system already facing other epidemics such as cholera. It is exacerbated by poor living conditions, poor health and hygiene practices, and inadequate Water, sanitation and hygiene (WASH) facilities and services, with an aggravated food security scenario already impacted by a locust outbreak.²



Source: Johns Hopkins University CSSE COVID-19 Data

After introducing restrictive measures mid-March 2020, the Council allocated ETB 5 billion³ to the Ministry of Health (MoH) to scale up interventions aimed at containing the spread of the virus, such as the purchase of medical supplies, raising public awareness and outreach.⁴ The Government also issued a Health Preparedness and Response Plan to COVID-19 and a COVID-19 Multi-Sectorial Preparedness and Response Plan (MSPRP) in April 2020. Four levels of coordination were set up: National Disaster Risk Management Council led by the deputy prime minister's office; Public Health Emergency Management (PHEM) Task Force (multi-sectoral) led by the Ministry of Health; PHEM Technical Task Force led by the Director General of Ethiopian Public Health Institute; and PHEM Technical Working Group led by the national incident manager.⁵ The MSPRP identified COVID-19-

¹ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/humanitarian-bulletin_23_march_05_april_2020_final.pdf

² https://ec.europa.eu/echo/where/africa/ethiopia_en

³ The equivalent of around EUR 95 million.

⁴ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/humanitarian-bulletin_23_march_05_april_2020_final.pdf

⁵ <http://documents1.worldbank.org/curated/en/110671585329237527/pdf/Project-Information-Document-Ethiopia-COVID-19-Emergency-Response-P173750.pdf>

related needs for three months in different sectors such as agriculture, education, health, nutrition, refugees, and water and sanitation. The total cost of the plan amounted to USD 1 billion.⁶⁷

1.2 European Union (EU) response

With a population of over 100 million and as one of the fastest-growing economies in sub-Saharan Africa, Ethiopia is a key partner for the EU. The country is beneficiary to ambitious Team Europe (TE) Initiatives (such as the digitalisation initiative), which have gathered the interest of EU MS and their financial institutions/development agencies. In June 2020, Team Europe (TE) presented its COVID-19 response to the Ministry of Finance (MoF) and proposed an initial support package amounting to EUR 487 million, of which EUR 232 million was committed in 2020.

The **emergency response** included a top-up (EUR 10 million) and front-load of 2022 payment (EUR 17.5 million) of the health budget support (BS) programme for Ethiopia launched in 2016 (total EUR 175 million programme). The additional support to COVID-19 response (EUR 10 million) envisaged to increase the number of laboratories equipped for COVID-19 diagnostics and the capacity of treatment centres. Ethiopia has also benefited from the EU response to Health and Socio-Economic Impact of COVID-19 in the IGAD region (EUR 60 million). The programme is to support the IGAD efforts to mitigate the COVID-19 pandemic, and promotes regional cooperation and a collaborative response to shared concerns caused by the pandemic, especially to the most vulnerable populations in cross-border areas. The response was further delivered through United Nations (UN) agencies and non-governmental organisations (NGOs) by adapting ongoing humanitarian interventions as well the existing integration programme for returnees. These adaptations aimed to mitigate COVID-19-related food insecurity affecting the most vulnerable and to support information campaigns. Ethiopia also benefited from the EU Global response to COVID-19 channelled through the World Health Organization (WHO). Throughout the crisis, the EU remained committed to respond to the country's multiple vulnerabilities (including internal displacement, locust infestation, cholera outbreaks and natural disasters). A budget of EUR 42.85 million was committed by the European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) in 2020 to respond to the country's humanitarian needs, including COVID-19.

The **socio-economic response** consisted largely of budget support payments aiming to strengthen the country's macroeconomic stability and to support the MSPRP implementation. Direct financial support was channelled through several existing budget support programmes (such as the Job Compact Sector Reform and Performance contract, and the Connectivity and Competitiveness Contract), for a total amount of EUR 142.5 million disbursed in 2020. In December 2020, the disbursement of EUR 88.5 million in budget support payments across three different programmes was postponed by the EU in the context of the crisis in Tigray. The EU also postponed signing a financing agreement for the "EU budget support for economic recovery in response to COVID-19 crisis in Ethiopia" (See Annex: Intervention Logic Sketch).

Several interventions were selected for an in-depth review, and have therefore been given greater attention in this note, especially in Evaluation Question (EQ) 4. Below is the list of the selected interventions in Ethiopia:

⁶ Around EUR 0,8 billion.

⁷ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/humanitarian-bulletin_23_march_-05_april_2020_final.pdf

- ECHO, emergency response
 - 1. Health Budget Support – 2nd phase (EUR 50 million + 10 million COVID 19 response)
 - 2. EU Global response to COVID-19 - WHO (EUR 2.7 million)
 - 3. Adaptation of ongoing humanitarian interventions - UN agencies and international non-governmental organisations (INGOs) – EUR 2.4 million
- European Commission’s Directorate-General for International Partnerships (DG INTPA), economic-social:
 - 4. Regional Intergovernmental Authority on Development (IGAD) programme – International Organization for Migration (IOM), United Nations Children’s Fund (UNICEF), United Nations Office for Project Services (UNOPS) – delivery of medical equipment, border security and safe trade, digital innovation – (EUR 53 million for the whole region)

2. Answers to Evaluation Questions

2.1 EQ 1 – Relevance

EQ1: To what extent did the initial EU global response to the COVID-19 pandemic through the Team Europe (TE) country packages address the needs and priorities of partner countries and regions in each country context in line with the three priorities of the Team Europe approach?

Summary:

The EU package in Ethiopia was designed as a mixture of budget support programmes and realignment of humanitarian actions to the COVID-19 specific context. Emergency needs and the socio-economic recovery were both addressed in a timely fashion. The instruments used in the package aimed at responding to short-term priorities but also tried to build longer-term COVID-19 resilience. Particular attention was given to ensure national ownership and alignment with Ethiopian’s response strategy. Nevertheless, the Tigray crisis has disrupted the payment of budget support tranches.

The Team Europe (TE) response in Ethiopia is in line with the priorities set out in the Joint Communication and with Ethiopia’s specific context. Protection of vulnerable populations was also taken into consideration. The Team Europe (TE) response mainly consisted of a mix between budget support programmes and reallocation of humanitarian actions. ECHO addressed humanitarian needs in the health and WASH sectors by providing assistance to internally displaced persons, refugees and victims of natural disasters. Team Europe (TE) mobilised, through the ongoing health budget support,⁸ a EUR 10 million COVID-19-specific top up to support the national response plan and disbursed EUR 15 million planned BS payment for 2020 to strengthen the health sector. Another budget support programme was designed to support the Government towards economic recovery after the crisis, by improving job protection through improved governance and Micro, Small and Medium Enterprise (MSME) support.⁹ This programme also aimed to facilitate women’s participation and shifting towards empowerment in agreement with the principles of the Gender Action Plan.¹⁰ Two additional budget support programmes were included in the package, but they are not directly related to COVID-19: their scopes covers digitalisation and job creation concerns.

⁸ https://ec.europa.eu/international-partnerships/stories/budget-support-ethiopia-improving-health-facilities-times-covid-19_en

⁹ The contract was not signed as of March 2021

¹⁰ <https://www.gtai.de/resource/blob/645086/2321debedebc6d0981cba14c4f748113/PRO20210429645078.pdf>

EU assistance in Ethiopia was addressed in a timely fashion and was consistent with immediate needs related to COVID-19, including those of vulnerable populations. The EU health budget support aimed at increasing test capacities and setting up treatment centres and personal protective equipment (PPE) provision. According to the United Nations Refugee Agency (UNHCR), there are 700 000 refugees and 2.4 million internally displaced persons (IDPs) in Ethiopia. These populations were (and are) particularly vulnerable to COVID-19. Therefore, DG ECHO responded by realigning ongoing humanitarian interventions to cope with the additional risks associated with COVID-19 for IDPs and refugees living in densely populated camps or isolation centres. Some projects focused on providing WASH facilities in the camps as well as supporting health centres and providing food assistance.¹¹

The measures for the COVID-19 response included a longer-term perspective and fostered national ownership and shared responsibilities of the projects. They additionally gave more attention to the health sector. The support included instruments to build for a longer-term perspective. This is in line with the future ten year perspective development plan (2021-2030) and will provide support in digitalisation and job creation, through two budget support programmes.¹² These programmes should improve national capacities in the long-term. For instance, improving connectivity will contribute to develop e-health services useful to track and trace information. The Job Compact budget support should provide support to MSMEs enterprises and to informal workers, both men and women. Nevertheless, the relevance of the response provided through BS decreased due the conflict situation in Tigray which emerged in December 2020, and which led the Commission to postpone several BS payments foreseen in 2020 to 2021.

2.2 EQ 2 – Value added

EQ2: To what extent did the Team Europe (TE) initial response provide additional benefits beyond what would have resulted from actions taken by the EU institutions and EU MS on their own?

Summary:

EU institutions and MS built on pre-existing coordination mechanisms for the COVID-19 response and demonstrated flexibility in reprogramming and front-loading payments. At operational level, the Team Europe (TE) approach emphasised coordinated data collection, but there was no joint monitoring, and interviews highlighted important differences in approaches by ECHO and INTPA in their engagement on health. There is little evidence of increased coordination with and influence on non-EU donors – beyond the already central role the EU plays in the health sector, and as an important donor more generally. Communication on the Team Europe (TE) approach was mainly directed at the Government, with limited public communication efforts in-country; the Team Europe (TE) approach at the regional and global levels was more visible.

EU institutions and EU MS built on pre-existing coordination mechanisms for the COVID-19 response in Ethiopia and the IGAD region. The EU had already developed a joint cooperation strategy for 2017-2020, with a set of common mechanisms used for coordinated programming in the country (including the development of two TE initiatives), which continued working after the Team Europe (TE) approach was launched. They were supplemented by COVID-19 taskforce meetings

¹¹ Humanitarian Implementation Plan (HIP) Horn of Africa, 2020

¹² The “Ethiopia Regional Connectivity and Competitiveness” and the “Job Compact Sector Reform and Performance Contract”. The former is not directly related to COVID-19, while the latter has a specific COVID-19 focus through its addendum. Note that a share of payment of the former has been postponed due to the Tigray crisis.

taking place every 15 days to share data on progress, needs and remaining challenges.¹³ The development of a Team Europe (TE) approach to COVID-19 was not perceived to have an impact, either positive or negative, on these mechanisms. COVID-19-related matters were discussed as part of regular Head of Cooperation meetings.

Documents stress flexibility in fund re-orientation, reprogramming and front-loading payments. The bulk of the emergency health response was channelled through the ongoing Ethiopia Health Sector budget support programme. The EU's rapid reactivity was also observed at the regional level with the "EU-IGAD COVID-19 Response programme" designed as a joint response.¹⁴ These mechanisms also helped making subsequent joint, high-level decisions, such as postponing the budget support payment disbursements (EUR 88.5 million) in the context of the Tigray crisis.

However, beyond re-prioritisation, interviews indicate mixed results at operational level. On the one hand, the Team Europe (TE) approach put great emphasis on strengthening mechanisms for coordinated data collection and research. Specific interventions were to support the Government and its partners to track and monitor the health response to COVID-19, such as regional surveillance and monitoring systems (EU-IGAD COVID-19 Response Project), and fast dissemination of #CoronavirusFacts at country level. However, interviews highlighted important differences in approaches by ECHO and INTPA in their engagement with the Ministry of Health on public health matters, resulting from the different focus on the shorter term (ECHO one-year plans) and longer term (INTPA seven-year plans). Going forward with the COVID-19 second wave, efforts were made to bridge the emergency and development gap. Moreover, although regular reporting existed through the COVID-19 tracker and key programme action reports, there was no joint monitoring such as using a common result matrix.

There is little evidence that the Team Europe (TE) response to COVID-19 was particularly coordinated with the main non-EU donors to Ethiopia, namely the World Bank (WB), the United Kingdom and the United States. Interviews with non-EU donor representatives note only isolated examples of regular meetings with the EU on COVID-19 specifically, although coordination on health matters was already fluid. The EU-IGAD COVID-19 Response programme, under Team Europe (TE) but at a regional level, offered a tangible example of Team Europe (TE) added value. As part of the programme, a Communications Working Group was established with focal points from each partner organisation (UNOPS, UNICEF, IOM and TradeMark East Africa) and each country to ensure a "one programme, one team" approach as well as harmonised messages and visibility.

¹³ Interviews, April 2021.

¹⁴ EU-IGAD Final progress report, Dec. 2020.

Documentation shows that communication on the Team Europe (TE) approach to fight COVID-19 was mainly directed at the Government, while public communication efforts were limited. A letter to the Ministry of Finance explaining the Team Europe (TE) approach and announcing its EUR 487 million contribution was relayed by a number of local newspapers (such as the Daily Monitor/Fanabc). It was also broadcast on almost all local TV channels and through the EU Delegation Facebook profile, whilst the EU Delegation used the #TeamEurope hashtag in its communication. However, there was no massive public communication campaign on the Team Europe (TE) response to COVID-19. Interviews suggest that the communication campaign was insufficient to match the visibility and influence efforts of partners such as China or the United States, and also highlighted that budget support was not always good to raise visibility as compared to projects. EU MS both deplored this, yet also prioritised their own visibility over that of TE. The “Team Europe” label for a joined-up COVID-19 response was more visible at regional and global level, such as through the EU Global response to COVID-19 channelled through WHO.

As to whether the Team Europe (TE) approach led to increased EU convening power with non-EU actors, or potential for influence, there is no evidence at this stage beyond the central role the EU has played in the health sector, both prior to COVID-19 and in response to it, and more generally as an important donor (EU and EU MS together represent the country’s second donor reporting to the Development Assistance Committee [DAC]).

2.3 EQ 3 – Efficiency

EQ3: To what extent were, and are, the individual aid modalities and other aid delivery mechanisms and their combinations efficient and flexible enough for use in Team Europe’s COVID-19 response in COVID-19 crisis conditions?

Summary

DG ECHO humanitarian support was quickly released and ongoing activities adapted to meet the needs generated by the pandemic. EUR 35 million was disbursed as BS during the first semester of 2020, but only part of BS disbursements was made in 2020 due to the crisis in Tigray. Support was provided nationwide, where aid modality combinations worked well in matching needs. Humanitarian activities were monitored through established procedures such as post-distribution monitoring exercises. Monitoring of the BS Health Sector Reform and Performance Contract (SRPC) took place within joint health policy dialogue platforms.

DG ECHO humanitarian support was quickly released and ongoing activities adapted to meet the needs generated by the pandemic. This can be seen in the top-ups provided by ECHO to its implementing partners¹⁵ whereby ongoing interventions, predominantly in displaced communities, were adapted. For example, *Action contre la Faim* (ACF)¹⁶ reported that they were supporting and strengthening health systems in six primary hospitals, 92 health centres and 429 health posts, across Gambella, Benishangul-Gumuz, Oromia and Amhara. Funding was also provided to UNICEF, who was able to quickly purchase personal protective equipment (PPE) equipment.

BS funds were provided relatively quickly in 2020, but only a minor part of the planned disbursements was effectuated due to the crisis in Tigray. The Commission disbursed (following HQ’s approval end April 2020) the initially planned disbursements (EUR 35 million) under

¹⁵ Approximately 10 agencies including Dutch Red Cross, Goal, IOM, International Rescue Committee (IRC), World Food Programme (WFP), COOP Italia, Danish Red Cross, Norwegian Refugee Council, People In Need-Czech Republic, ACF.

¹⁶ “Action Against Hunger”.

two ongoing BS programmes (SPRC Health – FT disbursed in Q2 2020 – and SRPC Job Compact – FT & VT disbursed in Q1 2020-) and disbursed end of June 2020 an EUR 10 million COVID-19 top-up under the Health SRPC. However, due to the crisis in Tigray, the Commission postponed the initially planned disbursements of EUR 78.5 million under its three ongoing BS operations as well as the signature of an ‘EU budget support for economic recovery in response to COVID-19 crisis in Ethiopia in December 2020.

Support was provided nationwide, as can be seen in terms of the humanitarian support coverage and through the redirection of 70% of the Ministry of Health support budget to the regional health bureaus. Support was also provided to WHO which has offices in ten regions of the country as well as in Addis. The ongoing conflict in Tigray, however, complicated the provision of support in that region. Regional activities were implemented through IGAD.

The combination of aid modalities worked well in terms of matching needs. Within the health system, equipment and testing capacity were provided through both emergency and longer-term support, awareness was raised at a community level, displaced communities were supported, and training and orientation were provided to health workers to build capacity. This combined response may have increased the overall capacity of the health system and may also have a long-term beneficial effect on the level of funding provided to the Ministry of Health. Although different support mechanisms complemented each other, it is difficult to attribute this to a “Team Europe” approach; it is more perhaps the result of established mandates in action.

Monitoring activities were undertaken for both humanitarian and BS interventions. Humanitarian programmes had established procedures such as post-distribution monitoring exercises undertaken on a regular basis. The reporting period for such activities was relatively short, which enabled operational modifications to be identified and operational adjustment made comparatively quickly as projects were being implemented. Monitoring of the BS health response took place within existing joint policy dialogue platforms. Policy dialogue between the Government and partners took place within the health sector Annual Review Meeting. The main health dialogue platform was the Joint Consultative Forum. The health sector has been jointly supported for years by several donors through a pooled funding mechanism. The Commission did not increase this basket fund; it delivered its support to the Treasury through a Health SRPC. Monitoring of the performance of the Health Sector Transformation Plan (HTSP) and of the COVID-19 response plan – supported through the health SRPC – took place within these platforms.

2.4 EQ 4 – Effectiveness

EQ4: To what extent was the EU response successful in progressing towards the objectives associated with the COVID-19 response?

Summary:

The impact of the pandemic to date was substantially less than expected or planned for, which is to some extent due to the support provided by the EU and other donors. As a result of the consolidated pandemic response, the Ministry of Health was able to increase the short- and medium-term capacity of the national health system by increasing the number of testing centres and expanding treatment centres. The response also strengthened support to regional health authorities and provided diagnostic and medical equipment, PPE equipment, supplies for health workers, and improved case management, accompanied by training in surveillance and the detection of cases. Ongoing and upcoming BS interventions supporting employment initiatives and economic recovery may ease the socio-economic effects of the pandemic.

The sanitary impact of the pandemic to date was substantially lower than expected or planned for. According to available statistics, Ethiopia has only seen moderate reported levels of COVID-19 cases, peaking at approximately 1 500 new cases and 20 deaths per day around September 2020, reducing towards the year end. However, due to the lack of testing and limited access to some regions, there is a strong likelihood that the real number of cases is much higher.

The consolidated pandemic response contributed to enhance the short- and medium-term capacity of the national health system by:

- increasing the number of COVID-19 diagnostic laboratories (from two to more than 40)¹⁷ and expanding treatment centres. WHO supported the distribution of supplies for sample collection, transportation and testing; conducted laboratory quality assurance visits and facilitated the independent verification of tested samples; completed rehabilitation of lab facilities; trained lab staff and sample collectors; and supplied testing kits.¹⁸
- topping up the ongoing Health SRPC (2016-2022) which focuses on the quality and access to health service delivery, equity in health service delivery, allocation and spending in the health sector and on public finance management (PFM) and oversight functions in the sector. The EU strongly encouraged the Government to increase domestic allocations to the health sector, and the health ministry's budget increased in the fiscal year 2020/2021.¹⁹ Overall results were however mitigated as some key health indicators, notably on maternal and child health, performed well below HTSP targets and showed a decline in 2020 compared to 2019 (Source: EUD note to the Ministry of Finance from June 2020).

BS disbursements (EUR 45 million) provided limited fiscal space and represented 0.5% of 2020 total public revenue. The bulk of the BS disbursements planned for 2020 were postponed because of the Tigray crisis. However, the disbursements made did provide much needed liquidity into the Treasury in a tense macro-fiscal environment.

The Team Europe (TE) response also provided PPE and other much needed medical equipment, while strengthening support to the regional health authorities. DG ECHO provided support to humanitarian partners in terms of PPE, sanitiser, soap, washstands, hygiene practices and so on, which will have a beneficial effect in communities. ACF, for example, reported the renovation of 24 community water schemes. DG ECHO also provided EUR 3.9 million for the procurement of diagnostic equipment and medical supplies to the WHO,²⁰ who co-led the public health emergency centres and strengthened the overall support operation of the Ministry of Health. WHO support provided PPE and medical supplies for health workers, plus case management, accompanied by training in surveillance and case detection. This training support will generate positive impact in the medium- to long-term, as will the provision of diagnostic and ventilation equipment. The hotline set up in the Public Health Institute to provide guidance on COVID-19 for the population could be used for other similar epidemics within the country. WHO also provided continuous onsite mentorship for treatment, isolation and quarantine centres on IPC and case management, facility infrastructure and patient flow, and minimum patient care standards. They also

¹⁷ According to a key informant response. WHO quoted a figure of 74 testing centres.

¹⁸ WHO progress report (no date available).

¹⁹ The budget allocation to the health sector increased from ETB 12.64 billion in 2019/2020 to 18.7 billion in 2020/2021. Source: Cepheus Growth Capital, Ethiopia's 2020-21 Budget, 31 July 2020.

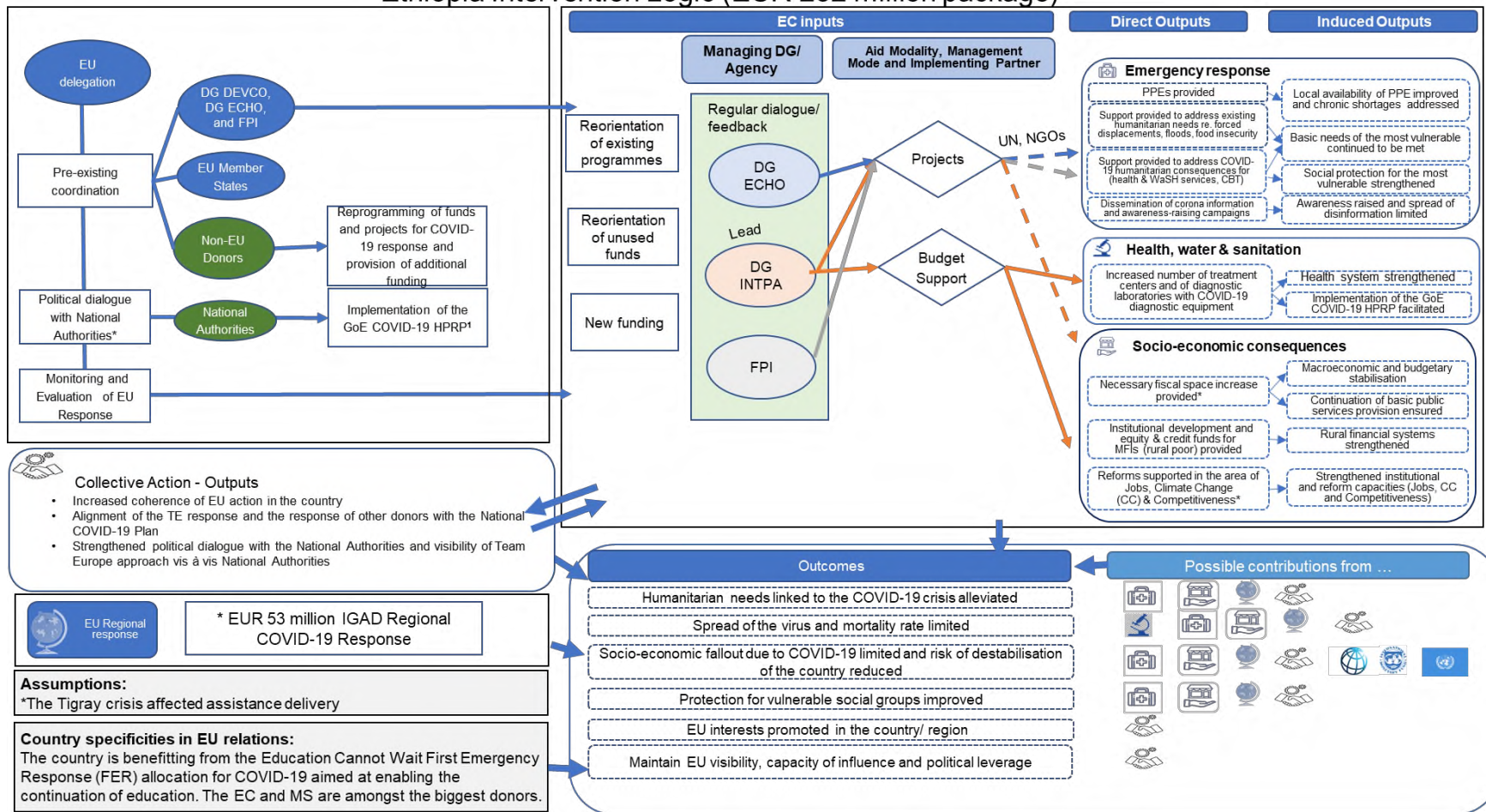
²⁰ Ethiopia is one of the priority countries which has benefited from the EU Global response to COVID-19, covering ten countries in Asia and Africa with EUR 37.5 million channelled through WHO between 30 January 2020 –and 29 January 2021).

supported the establishment of the home-based isolation and care initiative (HBIC) for COVID-19 and provided technical guidance on the integration of COVID-19 into the national health system.

Internal government mechanisms further helped to address the pandemic. Despite severe supply restrictions from Europe, the PPE supply chain was effective due to the government's close relationship with China, which provided a significant amount of PPE for African nations. Additional PPE was produced in-country to cover domestic needs, through government support at specific industrial parks. Furthermore, the ComBAT campaign, led by the Prime Minister of Ethiopia and supported by WHO, was started at the onset of the pandemic with an intensive surveillance set-up and active engagement with communities to promote COVID-19 testing. Through training and deploying 322 Rapid Response Teams across all 12 regions, the number of COVID-19 tests was successfully increased, 95% of which were investigated within 48 hours.

3. Annex: Intervention Logic Sketch

Ethiopia Intervention Logic (EUR 232 million package)*



Source: Evaluation Team

Country note - Montenegro

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THE PURPOSE OF THIS COUNTRY NOTE IS TO INFORM THE FAST-TRACK ASSESSMENT OF THE EU INITIAL RESPONSE AS A WHOLE. IT IS NOT DESIGNED TO BE AN ASSESSMENT OF THE RESPONSE IN THE COUNTRY.

Acronyms

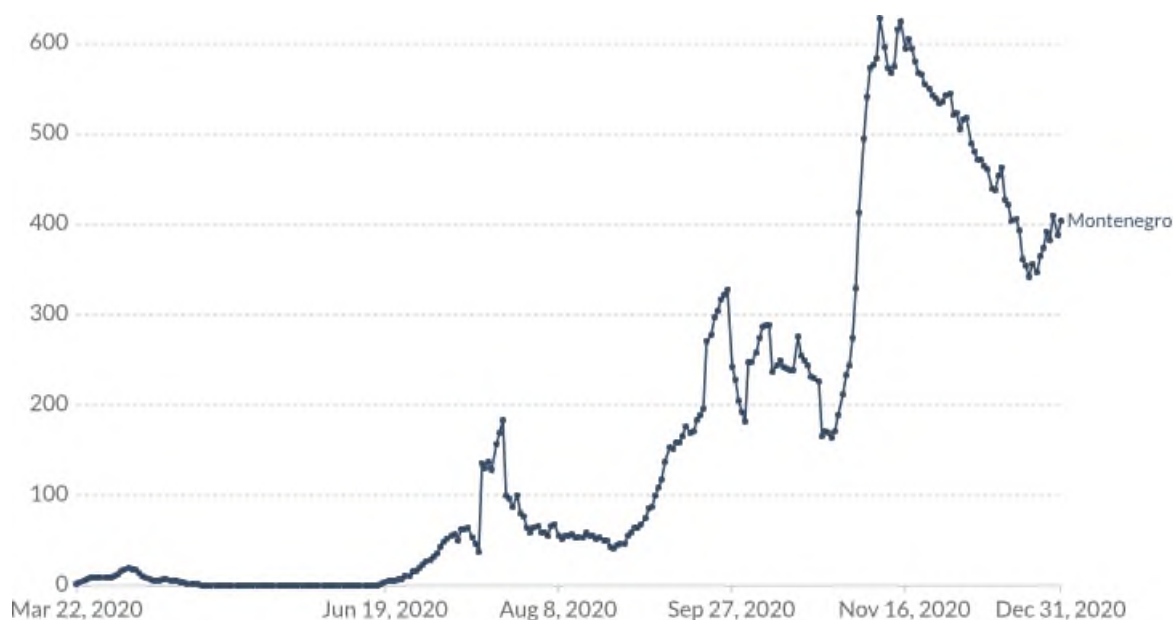
COVAX	COVID-19 Vaccines Global Access
ECFIN	EU Economic and Financial Affairs
NEAR	EU Neighborhood and Enlargement Negotiations
EBRD	European Bank for Reconstruction and Development
ECDC	European Centre for Disease Prevention and Control
DG ECHO	Directorate General for European Civil Protection and Humanitarian Aid Operations
DG SANTE	<i>Direction générale de la santé et de la sécurité alimentaire</i>
EEAS	European External Action Service
EIB	European Investment Bank
EP	European Parliament
EQ	Evaluation Question
EU	European Union
EUD	Delegation of the European Union
EU MS	EU Member States
IFI	International Financial Institution
IMF	International Monetary Fund
IPA	Instrument for Pre-Accession Assistance
JC	Judgment Criteria
MFA	Macro Financial Assistance
MSME	Micro, Small and Medium-Sized Enterprises
MSE	Micro and Small Enterprises
PFM	Public Financial Management
PHC	Primary Health Care
SAA	Stability and Association Agreement
SME	Small and medium enterprises
SRBC	State and Resilience-Building Contract
TE	Team Europe
UN	United Nations
UNDP	United Nations Development Programme
US	United States
WHO	World Health Organization

1. Background

1.2 Country COVID-19 context and government response

Montenegro was one of the last countries to be affected by the COVID-19 pandemic in Europe but was then heavily impacted. A first wave between March and May 2020 with only 324 confirmed cases was almost imperceptible.¹ A stronger wave arrived in the country in the second half of June 2020, intensified around September to October, and peaked between November and December 2020.² Before any cases were detected, the Government had issued a EUR 59 million “Country Preparedness and Response Plan” in collaboration with the WHO to cover immediate health priorities and offset the social implications of the crisis.³

Daily new confirmed COVID-19 cases in Montenegro



Source: Johns Hopkins University CSSE COVID-19 Data

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The country experienced a 12-14% fall in gross domestic product (GDP) in 2020, largely due to losses in the tourism sector, the informal sector and remittances from EU countries, on which the economy is heavily dependent.⁴ To mitigate the impact of the crisis, in April 2020 the Government adopted two fiscal stimulus packages of around EUR 75 million to boost growth and employment. This was followed by new measures totaling EUR 1.22 billion in June 2020 for investment and financial support to the real economy.⁵ A wage subsidy programme was introduced in a third stimulus package in July 2020, then

¹ OECD (2020), THE COVID-19 CRISIS IN MONTENEGRO.

² [OECD \(2021\), THE COVID-19 CRISIS IN MONTENEGRO.](#)

³ [WHO \(2020\), COVID-19 Country Preparedness and Response Plan: Montenegro, World Health Organization Regional Office for Europe, Podgorica.](#)

⁴ [OECD \(2021\), THE COVID-19 CRISIS IN MONTENEGRO.](#)

⁵ <https://www.gov.me/en/News/229705/PM-Markovic-presents-third-package-of-Government-measures-to-support-citizens-and-economy-After-280-million-in-first-and-40-mill.html>

extended to allow the initial economic support measures to continue into November and December 2020, when the second wave peaked in Montenegro.⁶

1.2 EU response

The EU COVID-19 response in Montenegro overall amounted to EUR 53 million. More in details, the EU provided support to the COVID-19 crisis in Montenegro by reallocating EUR 3 million under the existing Instrument for Pre-Accession Assistance (IPA) for the immediate response to the health crisis; supporting the strengthening of the health system with EUR 9.5 million by reallocating funds from the agriculture to the health sector under the IPA framework; and by addressing the economic and social consequences of the crisis through a new Budget Support Intervention (SRBC)⁷ of EUR 40.5 million. The EU also provided EUR 60 million in targeted Macro-Financial Assistance (MFA).⁸

As an EU candidate country, Montenegro benefited from support beyond specific assistance for COVID-19. The country signed the Joint Procurement Agreement, and has access to the Solidarity Fund, the EU Civil Protection Mechanism and the Early Warning and Response System. It received regional assistance for the health sector and vulnerable groups, assistance from the European Centre for Disease Prevention and Control (ECDC), and assistance from the EU's Joint Research Centre. Montenegro also has observer status in the EU Health Security Committee and participated in the Committee meeting on 15 April 2020.⁹ (See Annex: Intervention Logic Sketch)

Several interventions were selected for an in-depth review and have therefore been given greater attention in this note, in particular in Evaluation Question 4. The selected interventions in Montenegro are listed below:

- Emergency
 - ECHO: Purchase of medical equipment and supplies – UNDP (EUR 3 million)
- Socio-economic
 - NEAR: Resilience Contract budget support (EUR 40.5 million)
 - ECFIN: Macro Financial Assistance (EUR 60 million)

⁶ [OECD \(2021\), THE COVID-19 CRISIS IN MONTENEGRO.](#)

⁷ State- and Resilience-Building Contract

⁸ TE COVID-19 Country Fiche Dec. 2020

⁹ Ibidem

2. Answers to Evaluation Questions (EQs)

2.1 EQ 1 – Relevance

EQ1: To what extent did the initial EU global response to the COVID-19 pandemic through the Team Europe (TE) country packages address the needs and priorities of partner countries and regions in each country context in line with the three priorities of the Team Europe approach?

Summary: The scope and emphasis of the EU package in Montenegro were in line with the priorities of the EU joint communication on the Global COVID-19 response and other strategies for development cooperation and enlargement. The package was appropriately designed to address short-term, COVID-19-related needs related to the immediate emergency; health, water and sanitation; and socio-economic support. The emphasis on socio-economic assistance building on pre-existing efforts and national priorities, as well as on strengthening the government-centred health system, linked the response to short-term needs to the development of longer-term resilience.

The design and priorities of the EU package in Montenegro were in line with priorities of the EU joint communication on the Global COVID-19 response and other strategies relevant to Montenegro, as well as the overall EU agenda and principles. Assistance included taking actions to involve Montenegro in EU joint initiatives and platforms open to pre-accession countries, namely the Joint Procurement Agreement, the Western Balkans framework contract for procurement and the COVID-19 Vaccines Global Access (COVAX) initiative, in line with the Joint Communication approach and the enlargement strategy. The Resilience Contract budget support was aligned with the overall accession and development strategy for the country, as well as the EU 2030 Agenda. Its indicators focused on advancing PFM reforms and budget transparency as well as improving MSMEs resilience, all with a gender dimension. EUR 15 million IPA funds were redirected to support Roma communities, vulnerable women and children, elderly and disabled persons, migrants, and vulnerable returnees during the crisis, consistent with the principles expressed in the European Consensus on Development.

The support package in Montenegro was relevant for addressing immediate and evolving COVID-19-related needs in the three Team Europe priorities of the COVID-19 response (emergency response; health, water and sanitation; socio-economic support). The EUR 3 million IPA emergency reallocation through the EU Integration Facility, implemented by UNDP, foresaw support to help meet emergency needs for medical equipment (such as ventilators and X-rays machines) and supplies to protect against COVID-19 infections.¹⁰ The EUR 9.5 million health package was aimed at strengthening the health infrastructure and increasing laboratory capacities, also in view of future epidemics. Budget support of EUR 40.5 million to the Montenegrin authorities¹¹ was intended to provide the fiscal space necessary to respond to the economic crisis. Similarly, EUR 60 million MFA was aimed at sustaining the balance of payments within a climate of general instability several months into the crisis.¹²

¹⁰ The EUR 3 million reallocation under IPA was designed and agreed late in March. The agreement was signed with UNDP on 2 April and the first batches delivered mid to late April.

¹¹ Extensive discussions with authorities and internal work in DG NEAR (plus wider Commission) carried out in April on the first steps on design of the planned Budget Support Resilience Contract.

¹² Macro Financial Assistance (loans) package agreed on the 22nd of April.

The Commission's support aimed at long-term resilience against the crisis, whilst ensuring national ownership and alignment with country-level efforts. Budget support allowed the Government to manage the response according to nationally defined needs, priorities, and mechanisms. The performance indicators were realistic and in line with the Government's COVID-19 policy response. The MFA was aligned with ongoing PFM reforms. The priorities of the EUR 9.5 million health support were informed by Montenegrin Government preferences,¹³ but raised doubts on the EU side as to their appropriateness for meeting medium-term COVID-19-related needs.

2.2 EQ 2 – Value added

EQ2: To what extent did the Team Europe (TE) initial response provide additional benefits beyond what would have resulted from actions taken by the EU institutions and EU MS on their own?

Summary: EU institutions coordinated analysis and planning for the COVID-19 response for Montenegro and the Western Balkans from the start. Coordination with international organisations, good prior to COVID-19, was further stepped up through joint analysis and coordinated operations. Pre-COVID-19, coordination with EU MS was already strong around the accession reform agenda and did not intensify during the crisis response. Overall, the COVID-19 response increased visibility of the EU in Montenegro, but this response was not associated with the Team Europe (TE) approach, at least not at national level. The TE concept was much more visible at regional level (Western Balkans), where EIB and EBRD made consistent use of the brand in their communication.

EU institutions coordinated analysis and planning of the COVID-19 response for Montenegro and the Western Balkans from the start, especially at headquarters, between EEAS and NEAR, with DG SANTE and ECDC on health; and with ECFIN on MFA and BSRC. Inter-service consultation on budget support led to reprogramming funds from three annual programmes for a EUR 40.5 million budget support. In Montenegro itself, the EU Delegation liaised with EIB and EBRD more closely than pre-COVID-19. Overall, however, the COVID-19 portfolio was primarily a collection of COVID-19-related projects and was not backed by a COVID-19 strategy. The COVID-19 response does not seem to have impacted coordination with EU MS, either positively or negatively. Pre-COVID-19, there was already close coordination with EU MS on the accession reform agenda. There is no evidence of increased EU convening power.

The “Team Europe” label for increased coordination and cooperation around the COVID response was much more visible at regional level (Western Balkans). Here, DG NEAR held regular consultations with the EU Delegation, the EIB, EBRD and EU MS agencies and institutions such as KfW to identify needs (such as for SME support), to identify financial intermediaries, and to reorient activities to respond to COVID-19. In the case of regional support to businesses through local banks (European Investment Fund and European Fund for Southeast Europe), the EU Delegations often provided complementary grant elements. It is not clear if the COVID-19 response reinforced coordinated implementation and oversight. The most visible sign of coordinated reporting was the bi-weekly update of the TE response fiche between March and December 2020.

EU coordination with international organisations (chiefly the UN) was good prior to COVID-19 and was further stepped up, intensifying joint analysis and coherent but not joint operations. UNDP played a strong role in co-designing and implementing the EUR 3 million emergency response.¹⁴ The EU also liaised with the IMF on the European Parliament-Council decision

¹³ The bulk of the assistance (EUR 3.89 million and EUR 4.39 million) were top-ups for the rehabilitation and enlargement of hospitals and the construction of a bio-safety laboratory.

¹⁴ April 2020 agreement

to provide macro-financial assistance supported both by the World Bank Group and the IMF. While there is no joint matrix of reforms with these two actors, interviews did not indicate any inconsistencies between their respective interventions. There is no evidence, however, that this coordination extended to non-EU, bilateral partners, such as Turkey, or the USA. The COVID-19 response package did not contain projects that were co-financed by EU MS or non-EU donors.

The COVID-19 response increased visibility of the EU in Montenegro, aided by the rapid announcement of the EUR 3.3 billion package for the Western Balkans¹⁵ which “goes far beyond what any other partner has provided to the region”.¹⁶ With the exception of EIB and EBRD, which made consistent use of the TE brand, neither the country nor regional communication used the visual identity promoted EU-wide, relying rather on the “EU for you” branding, which makes sense in a pre-accession context.

2.3 EQ 3 – Efficiency

EQ3: To what extent were, and are, the individual aid modalities and other aid delivery mechanisms and their combinations efficient and flexible enough for use in Team Europe’s COVID-19 response in COVID-19 crisis conditions?

The EU rapidly and flexibly reprogrammed and reallocated existing resources to make bilateral IPA II assistance COVID-19-orientated and available to the country in response to short- and medium-term needs. A mix of complementary aid modalities facilitated effective interventions in the three COVID-19 response areas and allowed the EU to support Montenegro’s national fiscal capacities. An exceptional MFA package provided additional macro-financial support. This was completed by the adjustment of the EU regional cooperation to ensure direct financial support to the real economy (especially SMEs and local financial intermediaries). As an accession country, Montenegro was also included in a wide range of instruments and actions that are not available to the rest of the world.

In the absence of additional available funds, the EU used all the flexibility of its financial procedures and aid modalities to quickly review the bilateral envelope for Montenegro in March 2020. EU institutions used a fast-track approach to reprogramme and reorient funds which had already been committed to design an emergency and medium-term COVID-19 response. The resulting COVID-19 response package allowed the EU to address and contribute to the country’s immediate- short- and medium-term priorities in a comprehensive manner.

A complementary set of aid modalities and delivery mechanisms allowed the EU to respond to needs in all three of the Team Europe priorities of the COVID-19 response. This included a EUR 3 million (reallocation from the IPA European Integration Facility) immediate response to purchase medical protective equipment which was delivered with the support of UNDP at the onset of the second and stronger COVID-19 wave in the country. Timely support under the Budget Support Resilience Contract (BSRC) of EUR 40.5 million with a frontloaded first disbursement of EUR 28 million provided fiscal space to the national authorities to finance fiscal stimulus packages to mitigate social and economic impacts of the crisis. Finally, a EUR 9.5 million project was aimed at strengthening the national health system.¹⁷

The EU also quickly mobilised additional funds by adopting a flexible approach to its MFA instrument and by adapting this to the specific case of Montenegro. The EU changed the eligibility criteria for MFA and shortened the payment period to two years from three, with only two

¹⁵ Combining resources from the EU institutions, EU MS, EIB and EBRD.

¹⁶ Communication

¹⁷ Progress of this project has been slow (see EQ4).

instalments. This allowed the EU to complement its COVID-19 response toolkit with an extraordinary financial assistance of EUR 60 million of which EUR 30 million was disbursed in early October 2020 to address the negative economic and financial impacts of the COVID-19 crisis on the country's balance of payments and State Budget. MFA and BSRC were designed to ensure synergies and complementarity not only in terms of the objectives of their respective crisis financial supports but also in terms of their supported socio-economic and public financial governance reforms aligned with the country's EU accession reform agenda. Policy dialogue and monitoring of these operations remained embedded in the existing, comprehensive, and well-articulated monitoring framework of the Stability and Association Agreement (SAA) and for the accession negotiations.

The EU also complemented its bilateral support with a response at regional (Western Balkans) level especially through the redirection of its IPA-Multi-Country Programme and a strong focus on the short and medium-term needs of the regional real economy. This additional layer focused on providing direct support to the economic and banking/financial sector, with the mobilisation of several EU-funded guarantee schemes to inject liquidity into the local banking sector and to improve the borrowing performance of the private sector, especially SMEs. This was done in close coordination with key IFIs in the region, including the EIB, the EBRD, and the relevant financing institutions from EU MS.

2.4 EQ 4 – Effectiveness

To what extent was the EU response successful in progressing towards the objectives associated with the COVID-19 response?

Summary:

The EU provided personal protective and medical equipment ahead of a severe second COVID-19 wave. BS and MFA were instrumental in providing fiscal space for national fiscal stimulus packages which mitigated the economic and social impacts of the pandemic, with a specific focus on the most vulnerable and micro- and small enterprises. This highly EU concessional financial support also contributed to macroeconomic stability and supported the implementation of structural key socio-economic and governance reforms. The regional response is expected to increase the resilience of the private sector and the banking sector to the effects of the crisis.

Personal protective equipment (PPE), ventilators and x-ray machines protected medical staff and supported the diagnostic capacity of the health sector. The support also eased financial pressures on the public health system caused by the economic downturn. The EU managed to procure these items in adequate quality and quantities despite the highly competitive market for PPE and medical equipment during the first months of the pandemic caused by high demand and the export ban of some key suppliers.¹⁸ The rehabilitation and enlargement of four hospitals and the construction of biosafety laboratories has not yet progressed.

EU budget support and the exceptional provision MFA represented 3.2 % of public revenues for 2020 (excluding grants), and 5.14 % of sole tax revenues for that year. The payments helped maintain national macroeconomic stability during a steep economic contraction with lower fiscal revenues and important debt service obligations. They also increased the national fiscal capacity to ensure the funding of the health system and of key fiscal stimulus packages aimed at mitigating the immediate negative socio-economic impacts of the COVID-19 pandemic.

¹⁸ Data on the delivery and use of the equipment and supplies is limited as UNDP did not carry out monitoring and follow-up after delivering the materials to the Montenegrin authorities, as (according to information from UNDP) access to health facilities had been restricted.

Support channelled through BS and MFA ensured a proper alignment with the national priorities related to the country's COVID-19 own national response policy. It reinforced mutual EU policy dialogue, under the existing umbrella of the EU accession reform agenda, putting specific emphasis on the effectiveness of the country's COVID-19 response towards the more vulnerable populations (social assistance and protection), the preservation of existing and new employment (wage subsidies), and support for micro- and small enterprises (liquidity support). Regular reporting on the implementation of the government's fiscal package confirmed several effective achievements in all these areas.

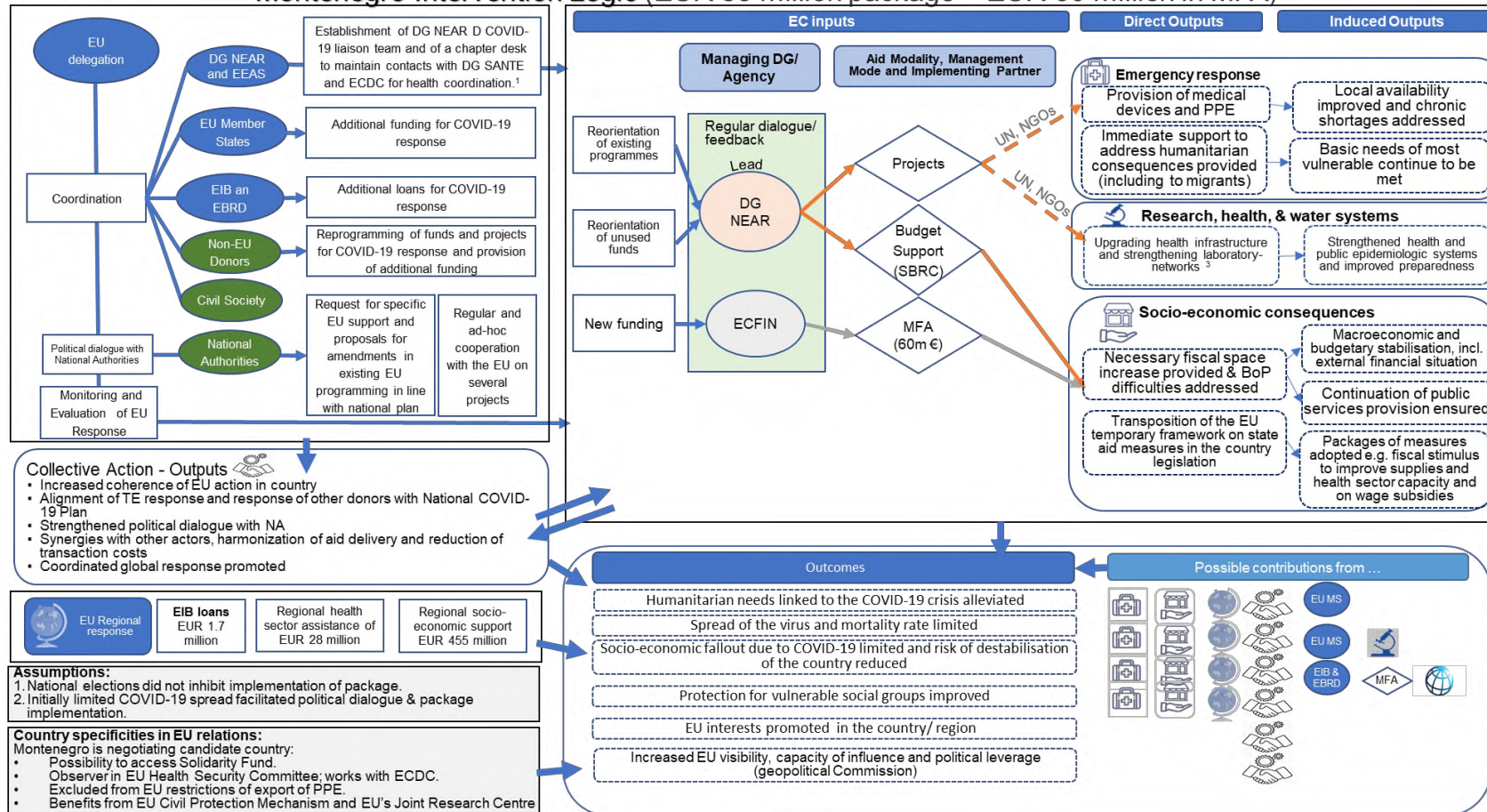
The response struck an effective balance between predictability of disbursement of funds in the 2020 budget and maintaining leverage for consolidating and accelerating key structural reforms (PFM, economic governance, social protection, and labour market). This was conducive to improving the overall efficiency, transparency and accountability of the government's ongoing COVID-19 fiscal stimulus packages while increasing the post-COVID-19 resilience of the national economy. The more recent fiscal stimulus packages demonstrated that national authorities are committed to promoting the resilience of the national economy with measures to preserve and improve competitiveness, boost financial intermediation and increase access to liquidity or equity for MSMEs.¹⁹

The EU did not support any specific awareness campaigns about the health risks associated with COVID-19 and the corresponding government response. However, EU communication promoted the visibility of the EU, through press releases, press conference on the EU COVID-19 responses, videos, infographics, and success stories. Communication focused on the distribution of medical protective equipment and the BSRC's and MFA first disbursements, where the link was made between the EU COVID-19 financial contribution to the State Budget and the country's fiscal stimulus packages to mitigate the socio-economic impacts of the pandemic. Communication campaigns associated the support with the "EU" and not specifically with "Team Europe".

¹⁹ In addition, EU regional cooperation with key IFIs active in the Western Balkans to support infrastructure, the real economy (including SME) and the local banking sector can help to improve borrowing performance of the private sector through the mobilisation of EU-funded guarantee schemes. These activities will materialise progressively over the course of 2021.

3. Annex: Intervention Logic Sketch

Montenegro Intervention Logic (EUR 53 million package + EUR 60 million in MFA)



Source: ADE Evaluation Team

Country note - Senegal

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THE PURPOSE OF THIS COUNTRY NOTE IS TO INFORM THE FAST-TRACK ASSESSMENT OF THE EU INITIAL RESPONSE AS A WHOLE. IT IS NOT DESIGNED TO BE AN ASSESSMENT OF THE RESPONSE IN THE COUNTRY.

Acronyms

ACP	African, Caribbean and Pacific Group of States
AFD	French Development Agency
AfDB	African Development Bank
BOAD	West African Development Bank
BS	Budget Support
CB/TA	Capacity Building / Technical Assistance
EBRD	European Bank for Reconstruction and Development
EC	European Commission
ECHO	European Civil Protection and Humanitarian Aid Operations
EIB	European Investment Bank
EQ	Evaluation Question
EU	European Union
EUD	Delegation of the European Union
EUTF	EU Trust Fund
FA	Financial Agreement
GDP	Gross Domestic Product
GMD	Governance, Migration and Development
HQ	Headquarter
IcSP	Instrument contributing to Stability and Peace
IDB	Inter- American Development Bank
IMF	International Monetary Fund
JICA	Japan International Cooperation Agency
KfW	<i>Kreditanstalt für Wiederaufbau</i> Development Bank
M&E	Monitoring and Evaluation
EUMS	EU Member States
MSME	Micro, Small and Medium-Sized Enterprises
NDICI	Neighbourhood, Development and International Cooperation Instrument
PNBSF	National Family Security Grant Programme
POC	<i>Partenariat Opérationnel Conjoint</i>
PRES	Economic and Social Resilience Programme
ROM	Results-Oriented Monitoring

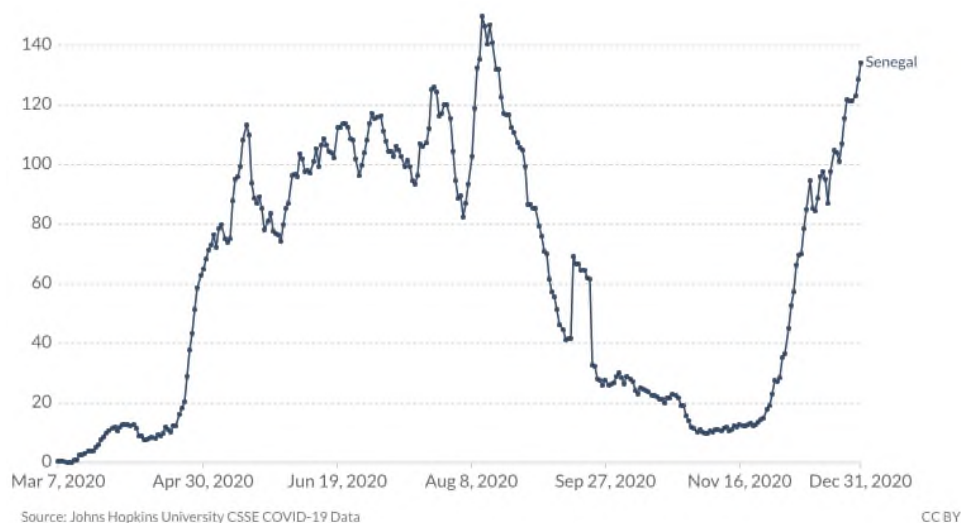
SDG	Sustainable Development Goals
SME	Small and medium enterprises
SRPC	Sector Reform Performance Contract
TE	Team Europe
WB	World Bank
XOF	West Africa CFA Franc

1. Background

1.1 Country COVID-19 context and government response

The pandemic hit Senegal on the 2 March 2020 and, as of 31 December 2020, 19 140 cases and 410 deaths were registered.¹ The measures adopted by the Government to contain the spread of the virus, namely lockdown and border closures, had a strong impact on the country's trade and financial exchanges and caused a contraction in economic activity. Some sectors were more affected than others by the pandemic, such as hotels and restaurants (-60.7% growth), transport, fisheries and construction, all of which are important in the country's economy. This led to an increase in unemployment and poverty rates especially as the income of 90% of Senegalese families depends mainly on the informal sector, which accounts for about half of the Gross Domestic Product (GDP).² Overall, the country recorded its first negative growth rate since the devaluation of the CFA franc in 1994 (-0.7% in 2020).³

Daily new confirmed COVID-19 cases in Senegal



To mitigate the effects of the shock, in April 2020 the Government adopted the Economic and Social Resilience Programme (PRES), endowed with XOF 1 billion. The PRES contains health and socio-economic mitigation measures and is organised into four pillars: supporting the health sector through strengthening prevention, detection and response by improving availability of medical equipment and laboratory capacity; strengthening the social resilience of the population, in particular by granting emergency food aid to the tune of XOF 69 million to the 1 million most vulnerable households; macroeconomic and financial stability to support the private sector and maintain jobs, thanks to the

¹ International Labour Organization, Etude de l'impact de la COVID-19 sur les entreprises et travailleurs de l'économie informelle au Sénégal, September 2020, from https://www.ilo.org/wcmsp5/groups/public/---africa/---ro-abidjan/---sro-dakar/documents/publication/wcms_763402.pdf.

² Ibidem

³ <https://www.imf.org/en/Countries/SEN>

provision of a XOF 200 billion facility; regular supply of hydrocarbons, medical products, pharmaceuticals and basic necessities to the country.⁴

1.2 European Union response

Team Europe (TE) mobilised a total of EUR 448.75 million⁵ in grants and loans to contribute to the response. EU MS including Germany, France, Spain, Italy, and Belgium made additional contributions of up to around EUR 200 million. 60 % of EU support was provided in the form of budget support. No emergency humanitarian response in the country was provided by the EU, as no critical humanitarian needs were reported. However, the European Civil Protection and Humanitarian Aid Operations (ECHO) maintained a food security and nutrition watch function.

The EU's COVID-19 response in the country mostly focused on strengthening the health system and promoting socio-economic recovery. For the health response, the EU financed the “LABPLUS AFRICA” project (EUR 10 million) under the Instrument contributing to Stability and Peace (IcSP) to reinforce the country's⁶ preparedness and response to COVID-19, as well as to implement innovative approaches. The EU also contributed via the African, Caribbean and Pacific Group of States (ACP) Investment Facility to the European Investment Bank (EIB) loan “Diagnostic Device Technology transfer with the Pasteur Institute” (EUR 20 million)⁷, and adapted its ongoing programmes to support awareness-raising campaigns on basic sanitary measures and kit distribution.

The support to socio-economic recovery mostly aimed to strengthen macro-economic stability and resilience through budget support. The purpose was to increase the necessary fiscal space for the Government to be able to implement the PRES. The EU support through budget support consisted in frontloading BS payments of ongoing programmes⁸ at the onset of the crisis (EUR 12.3 million) and in designing a new BS operation “UE Daan Corona” with a single fixed tranche of EUR 111.7 million. The remaining BS funds for the three ongoing BS operations in the country⁹ were decommitted and recommitted in this new operation. The Commission also re-oriented several projects financed under the EU Trust Fund for Africa (EUTF) to support socio-economic recovery. (See Annex: Intervention Logic Sketch)

Several interventions were selected for an in-depth review, and have therefore been given greater attention in this note, especially in EQ4. Below is the list of the selected interventions in Senegal:

- 1. Budget Support “EU Daan Corona” (EUR 111.7 million)
- 2. “Renforcement de la gestion et de la gouvernance des migrations et le retour et la réintégration durable au Sénégal” – AECID
- 3. “Programme de lutte contre la migration irrégulière à travers l'appui au Secteur Privé et à la création d'emplois au Sénégal” (PASPED) – AICS (EUR 14.3 million)

⁴ “Programme de Résilience Economique et Sociale”, Ministère de l'Economie, du Plan et de la Coopération, Dakar, April 21st, 2020.

⁵ Data as of December 2020.

⁶ Through the *Institut Pasteur de Dakar* and Praesens Belgium.

⁷ Approved by the EIB board in December 2020.

⁸ SDG-C and Water Sector Reform Performance Contract (SRPC).

⁹ SDG-C, Water SRPC and Social Protection SRPC.

2. Answers to Evaluation Questions (EQ)

2.1 EQ 1 – Relevance

EQ1: To what extent did the initial EU global response to the COVID-19 pandemic through the Team Europe (TE) country packages address the needs and priorities of partner countries and regions in each country context in line with the three priorities of the Team Europe approach?

Summary: The design and priorities of the EU package in Senegal were in line with development strategies relevant to Senegal, mostly reflecting the overall EU agenda and principles. The EU package in Senegal addressed the immediate and evolving COVID-19-related needs in a timely manner mainly in two Team Europe (TE) priorities of the TE COVID-19 response (health, water and sanitation; and socio-economic support). The scope and emphasis of the TE package in Senegal attempted to build medium- to long-term resilience, while ensuring national ownership, as well as alignment with country-level efforts and operational principles defined in the Joint Communication.

The design and priorities of the EU package in Senegal were in line with development strategies relevant to Senegal, mostly reflecting the overall EU agenda and principles. The bulk of the package consisted of a new budget support contract “EU Daan Corona”¹⁰ aimed at supporting the socio-economic mitigation measures of the Economic and Social Resilience Programme¹¹ adopted by the Government of Senegal in April 2020 as well as the strengthening of governance and budget transparency. This operation reflects well the key objectives identified in the Joint European Strategy for Senegal 2018-2023 such as private sector development and employment promotion, food security, better economic governance and better public finance management.¹² Explicitly built on the National Response to COVID-19, the new budget support programme was consistent with the principle of ownership of development priorities by recipient countries, in line with the European consensus on Development.¹³ Similarly, the reorientation of some activities of several EUTF-funded projects echoed the goal of reaching the most vulnerable. Several projects financed under the EU response to COVID-19 included actions addressing gender-specific needs and ensuring support to Senegalese women affected by the pandemic, thus reflecting the EU Gender Action Plan. One of the 14 indicators of the BS Daan Corona matrix also focused on the enhancement of productive social safety nets, notably for women.¹⁴

The priorities of the EU package in Senegal addressed the immediate and evolving COVID-19-related needs in a timely manner. They focused on two Team Europe (TE) priorities of the TE COVID-19 response (health, water and sanitation; and socio-economic support). Although no specific emergency response was planned under the EU package, the new BS operation addressed the need by the Government to finance its national response plan to COVID-19. The PRES foresaw, amongst others, the coverage of health expenditure linked to COVID-19 (health system facilities and care of

¹⁰ *Vaincre le Corona*

¹¹ “Programme de Résilience Economique et Sociale”, Ministère de l’Economie, du Plan et de la Coopération, Dakar, April 21st, 2020.

¹² *Document de Stratégie Conjointe Européenne pour le Sénégal 2018-2023.*

¹³ https://ec.europa.eu/international-partnerships/system/files/european-consensus-on-development-final-20170626_en.pdf

¹⁴ Gender Action Plan 2016-2020 for Senegal.

patients), emergency food aid for the population and support to the diaspora. Food aid was delivered in-kind, though all development partners strongly advocated for cash-based transfers to ease logistics and foster transparency. Pillar 1 of the PRES aimed at responding to the immediate health needs arising from the crisis, namely strengthening prevention, detection, awareness raising and health infrastructures,¹⁵ as well as ensuring procurements of medicines and necessity goods through pillar 4. To address the need of limiting the spread of the pandemic, the EU adapted several ongoing programmes to support awareness-raising campaign on basic sanitary measures and kit distribution, including “Développer l’emploi au Sénégal”, PASPED programme, and “Partenariat Opérationnel Conjoint (POC)”.¹⁶ Similarly, the reorientation of some EUTF-funded projects aimed to respond to socio-economic challenges linked to the pandemic in specific regions or for specific vulnerable populations, often filling gaps in the government’s response. Specifically, the PASPED programme was quickly reoriented to transform its EUR 3 million Small and Medium Enterprises (SME) investment facility (project component 1) into an emergency grant mechanism to maintain jobs, sustain activity and meet the livelihood needs of vulnerable populations.¹⁷ Funding within the Governance, Migration and Development (GMD) project was appropriately reallocated to provide cash transfers to returning migrants. However, delays in its approval hampered the original plan.

The scope and emphasis of the Commission’s assistance in Senegal attempted to build medium to long-term resilience, while ensuring national ownership, as well as alignment with country-level efforts and operational principles defined in the Joint Communication. The BS aid modality fully respected the principles of alignment and ownership. The BS Daan Corona financial flows were directed through national budgeting and execution systems; they were being audited by the national court of auditors in March 2021. The matrix of the BS “EU Daan Corona” was designed around the pillars 2 (strengthening of the social resilience of the population) and 3 (macroeconomic and financial stability to support the private sector and jobs) of the PRES. Development partners also included a third pillar in the joint matrix, focused on governance and transparency of public finances. This is key in terms of government’s long-term capacity to deliver public services to its population in an effective and transparent way. Furthermore, the preparation of the BS matrix, jointly led by the Commission with Germany, the International Monetary Fund and the World Bank, and its signature by all BS providers in Senegal (African Development Bank (AfDB), French Development Agency (AFD), Canada, Spain and Japan International Cooperation Agency (JICA) in addition) appropriately resonated with the commitment to improve collaboration as expressed in the Joint Communication. Though the matrix did not cover pillar 1 of the PRES (health system strengthening), the contribution of the BS Daan Corona to the financing of the PRES indirectly tackled the strengthening of the health preparedness and response to COVID-19. The Commission also had three ongoing BS operations when the crisis hit, which aimed to strengthen socio-economic resilience.¹⁸ The Commission’s response also aimed to enhance diagnostic capacity respectively via two interventions: the “LABPLUS AFRICA” project funded under the IcSP and the contribution via the ACP Investment Facility to the EIB investment loan supporting diagnostic devices technology transfer. The relevance of the response through these two interventions in addressing evolving/medium term

¹⁵ Finalisation of health infrastructures has been committed by the Government, namely for Mathlaboul Fawzaini and Asfadar hospitals.

¹⁶ TE COVID-19 response tracker and Excel Reorientation of activities provided by the European Delegation (EUD).

¹⁷ The changes were quickly made using the emergency procedure.

¹⁸ The assessment of these operations was not part of the scope of this fast-track assessment. Additionally, the remaining financial flows under these three operations were decommitted and recommitted to the new BS Daan Corona.

needs is questionable as implementation was in inception or had not yet started in March 2021. A health capacity building strategy including strengthening treatment and infrastructures, and supporting a vaccination campaign, is missing, leaving questions around the capacity of the country to deal with the third wave of COVID-19, as well as future pandemics.

2.2 EQ 2 – Value added

EQ2: To what extent did the Team Europe (TE) initial response provide additional benefits beyond what would have resulted from actions taken by the EU institutions and EU MS on their own?

Summary: The EU COVID-19 response helped to promote the EU brand and identity by announcing EUR 450 million support. Gains in improved division of labour and synergies were limited compared to pre-COVID-19. Coordination across EU institutions and between EU institutions and EU MS was already a reality pre-COVID-19. COVID-19 appeared to have made the ability of the Commission and its partners to engage in joint analysis, resource mobilisation, and planning more tangible. EU coordination with non-EU donors and international organisations was important and was further stepped up.

The EU COVID-19 response helped to promote the EU brand and identity by announcing the important EUR 450 million support from EU Institutions including the EIB and EU MS. This sent a strong message of European solidarity to Senegal.

EU institutions were quite joined up pre-COVID-19, and this is likely to continue. In 2020, the year that COVID-19 hit Senegal, the EU engaged in a programming exercise that is now part of the new 2021-2027 financial Neighbourhood, Development and International Cooperation Instrument (NDICI) framework, implying closer coordination with the other General Directorates outside of Development. During 2020, several pre-programming documents, such as the Team Europe Initiatives (TEIs), were drawn up. The COVID-19 tracker helps gather information on the different instruments used to adapt ongoing and planned projects to the pandemic.

Coordination between EU institutions and EU MS was already a reality pre-COVID-19, to the extent that Senegal had Joint EU-EU MS programming as of November 2018, and a donor coordination group called “Groupe Europe” has existed since at least 2014, bringing together Belgium, France, Germany, Italy, Luxemburg, the Netherlands, Spain, the EU Delegation and the EIB. The response to COVID-19 further intensified joint analysis, resource mobilisation, and planning. The EU and its Member States (Germany, France, Spain, Italy and Belgium) mobilised nearly EUR 450 million in support of the Government of Senegal’s COVID-19 response. This sent a strong message of European solidarity to Senegal. Secondly, the partners engaged in policy and operational dialogue with the authorities on PRES thanks to the common matrix of indicators signed by all budget support providers. The collaboration was particularly strong between the Commission and *Kreditanstalt für Wiederaufbau* (KfW). KfW disbursed its EUR 100 million in the form of grants on the basis of the EU disbursement file prepared for the Commission BS Daan Corona.

In more operational terms, gains in improved division of labour and synergies were substantial compared to pre-COVID-19. **The design of the BS Daan Corona programme promoted strong coordination between EU and Germany and closer coordination with other BS providers, including in particular multilateral actors (such as IMF, WB) and France (Afd).** The bulk of EU-TE COVID-19 support is budget support, with a common matrix and a common political dialogue. The EU main COVID-

19 response was the restructuring of the three existing budget support programmes (Sustainable Development Goals (SDGs), water and sanitation, social protection) into one, aligned to government's PRES. Outside of budget support, the EU's portfolio in response to COVID-19 included a series of COVID-19-related projects that were complementary to this budget support.

EU coordination with non-EU donors and international organisations was important and was further stepped up, especially when the crisis hit. The TE approach increased EU convening power with non-EU donors/actors, insofar as the EU Delegation became chair of the development partners' coordination group, including coordination of the contributions of the partners to the government's COVID-19 resilience program. The budget support matrix was naturally an important venue for coordinating policy messages and support to government. There was, for example, close cooperation between the EU and the International Monetary Fund (IMF) on governance and transparency pre-COVID-19 and for the COVID-19 response. Coordination between partners was particularly strong when the crisis hit but diminished throughout 2020. Whilst all BS providers signed the joint BS matrix, the AfDB, World Bank (WB) and AFD responded to the crisis by reorienting their own policy lending programmes and using triggers that were not included in the joint matrix. There were joint ongoing discussions on a second matrix in March 2021 to follow on the work carried out in 2020 and emphasise transparency and accountability on COVID-19 expenditure. Besides budget support, co-funded or co-financed projects provided signs of coordination between EU and non-EU donors (such as Rosso bridge with EIB and AfDB; Senoba-Zinguinchor road with the AfDB).

2.3 EQ 3 – Efficiency

EQ3: To what extent were, and are, the individual aid modalities and other aid delivery mechanisms and their combinations efficient and flexible enough for use in Team Europe's COVID-19 response in COVID-19 crisis conditions?

Summary: The TE (Commission, Germany) COVID-19 response was mobilised quickly through budget support and for ongoing projects that were reallocated to COVID-19 when they did not require an addendum. All BS payments were made during 2020. In combining various aid modalities (BS, "classical" capacity building/technical assistance programmes, including the ones financed under the EUTF), the Commission was able to provide a comprehensive response to the crisis. Close Monitoring and Evaluation (M&E) of the COVID-19 response took place and was embedded in already existing M&E mechanisms.

The TE (Commission, Germany) COVID-19 response was mobilised quickly through budget support and for ongoing projects that were reallocated to COVID-19 when they did not require an addendum. All BS payments were made during 2020, in Q2 for the frontloaded disbursements (EUR 12.3 million) and in Q4 for the single fixed tranche BS Daan Corona. This provided timely resources for the Government to finance its 2020 expenditures, notably those linked to the PRES. The design of the new BS Daan Corona operation was made on the basis of existing BS funds of three ongoing BS operations in the country. This operation was designed and implemented relatively smoothly¹⁹ around a joint matrix. The German BS was disbursed in Q4 as well on the basis of the EU disbursement notes,

¹⁹ Joint BS matrix statement signed in May 2020, Financial Agreement (FA) signed end August 2020, EU Delegation disbursement note sent early October 2020 to Headquarter (HQ) and payment made in November 2020

without including specific triggers for disbursement. Several EUTF projects (e.g. PASPED) could reallocate quickly some of their activities and provide a swift response when they did not require an addendum. For PASPED, the EU Delegation approved in record time the changes to be brought using the PRAG emergency procedures. Grants were financed to 136 enterprises with the first instalment paid in August 2020. For others (e.g. Governance, Migration and Development project) which required an addendum, the response was not delivered as swiftly: cash transfers to migrants was delivered during the period December 2020 to March 2021 although it had initially been envisaged for July 2020. By coincidence, it enabled the Commission to provide timely support to the second wave of the pandemic, at a time when the Government was not providing further support.

In combining various aid modalities (BS, “classical” CB/TA programmes, including the ones financed under the EUTF), the Commission was able to provide a comprehensive response to the crisis. Through BS, the Commission supported the Government in the implementation of its national COVID-19 response plan. The combination of i) financial flows and ii) close political and policy dialogue was useful to reinforce the effectiveness of the support offered. Several TA projects financed through the previously ongoing BS were also ongoing in areas covered by the BS Daan Corona, including external control. Through other projects such as the ones financed under the EUTF, the EU was able to target specific vulnerable populations whose needs were not necessarily well covered through the PRES, including Micro, Small and Medium-Sized Enterprises (MSMEs), the majority of which being informal.

Close monitoring of the COVID-19 response took place, embedded in already existing M&E mechanisms. A TE COVID-19 response fiche giving a brief overview of the state of play of the TE response was updated every month by the Commission HQ. At the Commission level, coordination of the response was made under the umbrella of the EU Head of Delegation, in close interaction with the Commission HQ. Specific Excel tables were also created to follow the reallocation of the activities of ongoing operations (e.g. for EUTF financed projects). Close monitoring of the response took place within the framework of the implementation of each intervention deployed or reallocated for the crisis response. The Government coordinated and monitored the implementation of the PRES. This was closely followed by all BS providers within the framework of the joint BS matrix. The Commission led both the technical and political dialogue around the joint BS matrix with the authorities (Ministry of Finance and Budget and Ministry of Economy, Planning and Cooperation). Moreover, all EUTF financed projects across Africa are subject to a third-party monitoring by a consulting firm. A specific M&E system was set up together with the implementing partners by developing a set of 40 common indicators to measure the outputs of all EUTF projects on a bi-annual basis. Specific COVID-19-response related indicators were added with the pandemic. The implementation of individual EUTF projects (such as PASPED) was also followed through external Results-Oriented Monitoring (ROM) missions.

2.4 EQ 4 – Effectiveness

To what extent was the EU response successful in progressing towards the objectives associated with the COVID-19 response?

Summary

The TE response (Commission, Germany) brought significant amounts into the government budget, with BS disbursements in the form of grants amounting to 5% of total public revenue in 2020. The enlarged fiscal space enabled the Government to limit the economic shock of the crisis and to maintain the stability of the macro-fiscal framework in the short-term through current expenditure spending. The increase in fiscal space was particularly useful to finance essential governmental expenditure to combat COVID-19 as foreseen in the PRES. Through the BS Daan Corona, the EU also strongly supported the governance and transparency of public finances. Through the dialogue held within the framework of the joint matrix, the Commission also supported additional critical issues not included in the PRES, in particular social protection. Support delivered through other EU instruments also contributed to mitigating the socio-economic effects of the crisis.

TE response (Commission, Germany) brought significant amounts into the government budget, with BS disbursements in the form of grants amounting to 5% of total public revenue in 2020.

The total EU contribution through BS in the form of grants amounted to EUR 224 million. The fiscal space increase effect was broadly amplified by the loans in the form of BS agreed by the donors, essentially multilateral (IMF, WB, AfDB, Inter- American Development Bank [IDB]) donors and the West African Development Bank (BOAD) for a total of EUR 703 million.

The enlarged fiscal space enabled the Government to limit the economic shock of the crisis and to maintain the stability of the macro-fiscal framework in the short-term through current expenditure spending.

In 2020, the support provided by international partners partly compensated for the loss in total revenue linked to the decrease in economic activity. After this, expenditure – in particular recurrent expenditure – was higher than initially expected. This resulted in a widening of the current account deficit (6.7% of GDP in 2020). Moreover, public debt and debt service have risen in recent years. In 2020, the mobilisation of funds in the form of loans, although concessional, to respond to the crisis is estimated to bring debt to 70% of GDP in 2020.

The increase in fiscal space was particularly useful to finance essential governmental expenditure to combat COVID-19 as foreseen in the PRES. The rapid execution of the PRES and its close piloting by the Government contributed to cushion the shock. The PRES showed an execution rate of 99% at end December 2020. Key measures of the PRES that were implemented and supported by the joint BS matrix included:

- Pillar 2 : Social resilience :
 - o Emergency food aid disbursed in kind for 1 000 000 vulnerable households or 8 million people. Though governance (public procurement) and logistical issues were encountered during aid delivery, the latter was completed by the end of July 2020.
 - o Takeover of electricity bills, completed by August 2020.
- Pillar 3 : Macro-economic and financial stability :
 - o Clearing the arrears of payment of the State in the sectors impacted by the crisis (such as agriculture, transport, health, education and energy).

- Direct support to enterprises (e.g. subsidies) in the sectors impacted by the crisis. Large companies benefited from this measure.
- Little enthusiasm from both banks and enterprises on a guarantee mechanism for the financial system to provide loans to SMEs impacted by the crisis
- A package of fiscal measures with tax debt remissions for enterprises.

PRES economic measures did not sufficiently reach MSMEs, the majority of which operate in the informal sector. Without legal recognition of their activity and employees, many MSMEs were barred from the advantages and mechanisms put in place by the PRES.

Through the BS Daan Corona, the EU also strongly supported the governance and transparency of public finances, which was one of the three pillars of the joint matrix. For instance, international partners required close control of COVID-19 expenditures by the court of auditors. The funds for the COVID-19 response were fully integrated into and executed through the state budget. The Government used fast-track procedures due to the emergency context. A monitoring committee for the implementation of Force COVID-19 operations was therefore set up to ensure control. The 2020 budgetary execution report detailing all COVID-19 expenses during 2020 was made available to the public in March 2021.

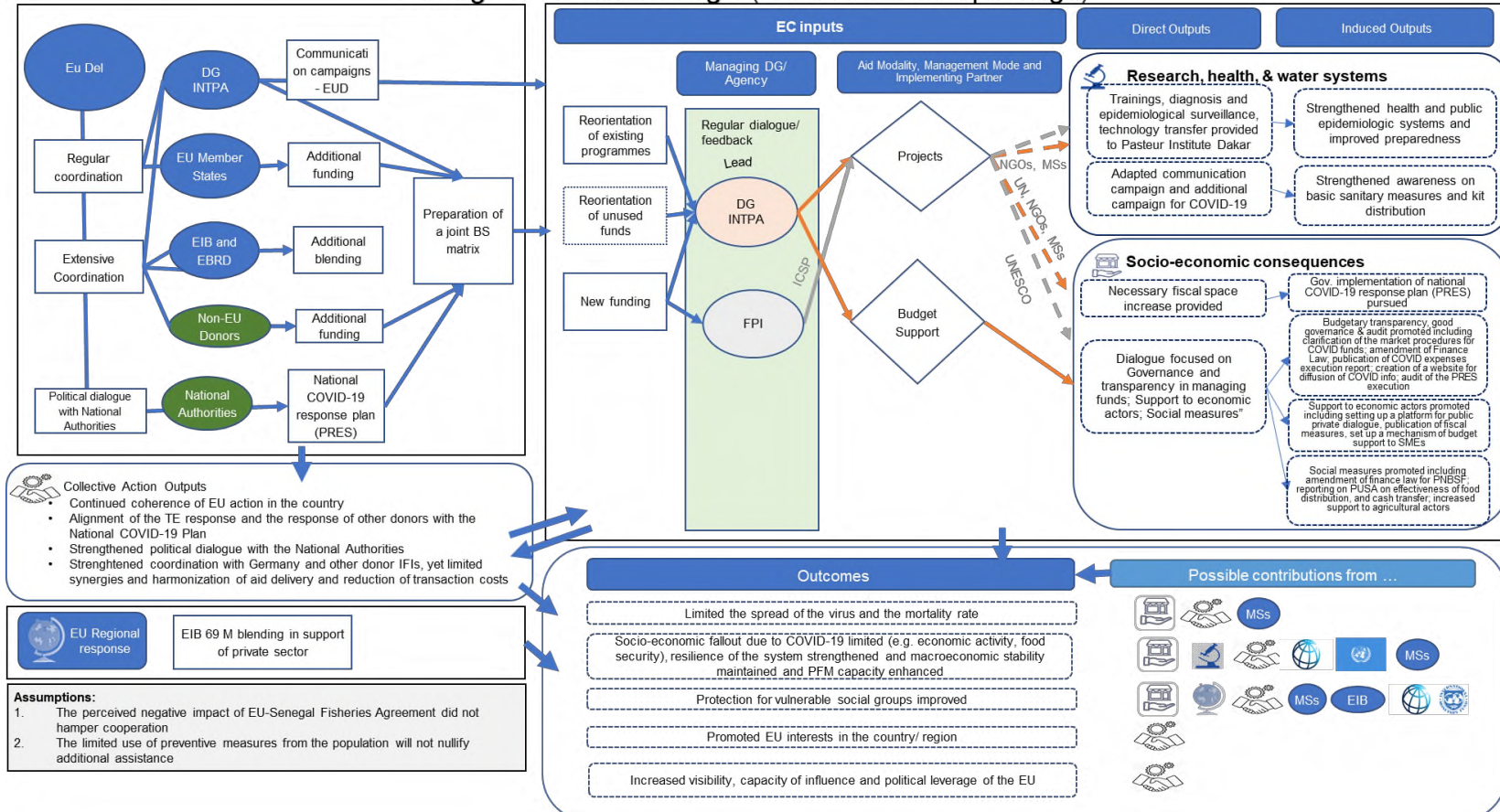
Through the dialogue held within the framework of the joint matrix, the Commission also supported additional critical issues not included in the PRES, in particular social protection.

The partners obtained the renewed commitment of the Government to support the National Family Security Grant Programme (PNBSF) and to ensure timely quarterly cash transfers within this framework.

Support delivered through other EU instruments also contributed to mitigating the socio-economic effects of the crisis. With the EUTF financed projects, subsidies were provided to around 730 enterprises to help them face the economic difficulties linked to the pandemic. Cash transfers were also provided to vulnerable people (e.g. migrants and families of migrants who stayed in Senegal) to help them meet electricity bill payments, medical expenses, restart a business, and meet other basic needs. With the EUTF GMD project, 15 000 people across the territory each benefited from XOF 50 000 in three instalments during the period December 2020 to February 2021.

3. Annex: Intervention Logic Sketch

Senegal Intervention Logic (EUR 162 million package)



Source: Evaluation Team

Country note - Turkey

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THE PURPOSE OF THIS COUNTRY NOTE IS TO INFORM THE FAST-TRACK ASSESSMENT OF THE EU INITIAL RESPONSE AS A WHOLE. IT IS NOT DESIGNED TO BE OUT AN ASSESSMENT OF THE RESPONSE IN THE COUNTRY.

Acronyms

CCTE	Conditional Cash Transfer for Education
CEB	Council of Europe Development Bank
CFM	Connectivity Fault Management
CRIS	Common External Relations Information System
DG ECHO	Directorate General for European Civil Protection and Humanitarian Aid Operations
DG NEAR	Directorate General for EU Neighbourhood and Enlargement Negotiations
EBRD	European Bank for Reconstruction and Development
EC	European Commission
EEAS	European External Action Service
EIB	European Investment Bank
EQ	Evaluation Question
ESSN	Emergency Social Safety Net
EU	European Union
EUD	Delegation of the European Union
EUMS	EU Member States
EUTF	European Union Trust Fund for Syrian Refugees
GAP	EU Gender Action plans
GoT	Government of Turkey
H2020	Horizon 2020
HIP	Humanitarian Implementation Plans
HOPE	European Hospital and Healthcare Federation
HQ	Headquarter
IEC	Information, Education and Communication
IFI	International Financial Institution
IFRC	International Federation of the Red Cross
INGO	International Non-Governmental Organisation
IO	International Organisation
IPA	Instrument for Pre-Accession Assistance
IPC	Infection Prevention and Control
ISAA	Integrated Situational Awareness and Analysis
JRC	Joint Research Centre
M&E	Monitoring and Evaluation
MHPSS	Mental Health & Psychosocial Support Network
MoH	Ministry of Health
ODA	Official Development Assistance
PDM	Post Distribution Monitoring

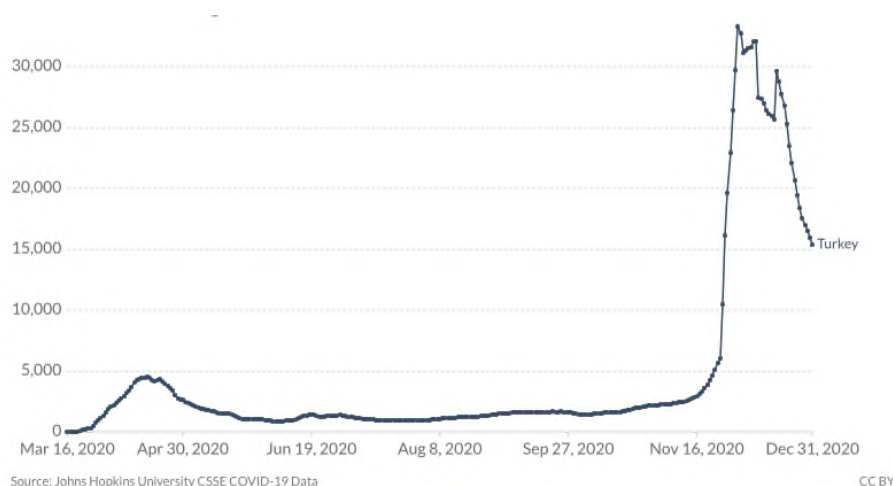
PPE	Personal Protective Equipment
RDT	Rapid Diagnostic Test
SME	Small and medium enterprises
TE	Team Europe
TOBB	Union of Chambers and Commodity Exchanges of Turkey
TRC	Turkish Red Crescent
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
WHL	Welthungerhilfe
WHO	World Health Organization

1. Background

1.1. Country COVID-19 context and government response

The first case of COVID-19 was confirmed on the 11 March 2020 in Turkey, but the number of infections exploded around the end of November 2020, peaking in early December 2020 with more than 30 000 cases per day. This resurgence of infections was mainly due to fact that the Turkish authorities adjusted their daily count to include asymptomatic cases. Despite this surge in cases, Turkey stands among the countries with overall lower mortality rates. This trend is correlated with the smaller proportion of elderly population in Turkey compared to countries with higher death rates. However, Turkey had remarkably low mortality rates for the elderly, which might be the result of early preventative measures and testing put in place to contain the spread of the virus, some of which were specifically targeted to this subgroup.¹ The country also managed to send Personal Protective Equipment (PPE) and other vital supplies to countries in need, thanks to previous health system reforms and a strong culture of health emergencies and disaster management.²

Daily new confirmed COVID-19 cases in Turkey



The crisis nonetheless exacerbated pre-existing problems in Turkey's labour market, including issues regarding access to finance and low demand for workers, and impacted on the informal sector, which accounts for a third of employment.³ New restrictive measures were introduced on 30 November 2020 in Turkey, resulting in the loss of 2.3 million jobs in December and bringing job losses in the hotel sector back to the levels of April and May 2020 (around -33-36%)⁴ The pandemic also had a severe impact on the 4 million refugees⁵ in the country, affecting incomes and living conditions,

¹ World Health Organization Regional Office for Europe, *Turkey's Response to COVID-19: First Impressions* (Ankara, Turkey, 2020), available from <https://apps.who.int/iris/bitstream/handle/10665/335803/WHO-EURO-2020-1168-40914-55408-eng.pdf>.

² Ibidem.

³ World Bank Group, *Jobs at Risk in Turkey: Identifying the Impact of COVID-19*, Social Protection & Jobs Discussion Paper, N°2004, July 2020, available from <https://openknowledge.worldbank.org/bitstream/handle/10986/34360/Jobs-at-Risk-in-Turkey-Identifying-the-Impact-of-COVID-19.pdf?sequence=1&isAllowed=y>.

⁴ International Labour Organization, *Impact of the Second Wave COVID-19 Measures on Employment in Turkey*, Research Brief, March 2021, available from https://www.ilo.org/wcmsp5/groups/public/---europe/---ro-geneva/---ilo-ankara/documents/publication/wcms_775757.pdf.

⁵ According to IOM, there are 3.6 million Syrian refugees in Turkey and around 360 000 refugees of differing nationalities (from <https://turkey.iom.int/syria-response>. Accessed on 24/09/2021).

further deteriorating the fragile situation.^{6 7} Among refugees benefiting from the Emergency Social Safety Net (ESSN), an EU funded programme under the Facility of Refugees in Turkey, 69% of households lost their previous sources of income and 82% went further into debt.⁸

The Government of Turkey launched a national recovery plan in response to the pandemic – the Turkey Relance – worth USD 15.4 billion. The stimulus package included the following measures: tax breaks, deferrals, additional credit guarantees and loan repayments delays, reduced interest rates, recruitment of additional health personnel, performance salaries for health personnel, lowest pension increase, cash salary support, minimum wage support, and company insurance coverage increases.⁹

1.2. EU response to COVID-19

The EU COVID-19 support to Turkey was largely channelled through European and international financial institutions. The European Investment Bank (EIB) planned EUR 270 million for new hospitals and small and medium enterprises (SMEs) support although this has not yet manifest as of September 2021. The Council of Europe Development Bank (CEB) provided a EUR 200 million loan to the Ministry of Health to fight the virus and the European Bank for Reconstruction and Development (EBRD) Board approved a EUR 1 billion “Solidarity Package” for targeted investments.

The EU provided a support package of a total of EUR 105 million. The assistance was channelled through different financial instruments including IPA II both under the Facility for Refugees, and the IPA Multiannual Programme and Civil Society Fund,¹⁰ ECHO under the Facility and via the HIP 2020, and the EUTF/MADAD both under and outside the Facility. Around EUR 60 million fell under the Emergency Response component, EUR 12.7 million under Strengthening the Health System and EUR 32.8 million under the Socio-economic Response. Around EUR 63 million were mobilised under the Facility.

ECHO provided a small-scale humanitarian response including supply of PPE, Hygiene items, food aid and cash /vouchers transfers); a EUR 40.4 million top up to the ESSN, a CTE top-up for children under the Facility for Refugees. ECHO also mobilised a EUR 8 billion cash intervention for non-ESSN-beneficiaries outside of the Facility, through the HIP 2020.

Under the Instrument for Pre-Accession Assistance (IPA), unused funds were used to provide health assistance, including a EUR 5.3 million project on strengthening Ministry of Health capacity. A number of ongoing projects were adapted to COVID-10 including EUR 2.7 million for epidemiology and surveillance capacity building (ongoing since 2018), as well as six projects on various socio-economic projects. A mobilisation of contingencies of EUR 4.7 million was also made under the EUR 300 million direct grant to the Ministry of Health (under the Facility) for PPEs and hygiene supplies for refugees, as well as training for health workers in migrant health centres under the Facility (SIHAAT project).

Furthermore, assistance was provided via the EUTF-MADAD, including provision of emergency supply and PPEs under the Facility and support to distance learning, special needs-fund, social cohesion and psychosocial care, employment activities, and SME support under the Facility and IPA.

⁶ *Strategic Mid-Term Evaluation of the Facility for Refugees in Turkey 2016-2020.*, available at https://ec.europa.eu/neighbourhood-enlargement/strategic-mid-term-evaluation-facility-refugees-turkey-main-report_en

⁷ https://reliefweb.int/sites/reliefweb.int/files/resources/Impact-of-COVID-19-on-Daily-Life-of-Refugees-in-Turkey_.pdf

⁸ International Labour Organization, Ibid.

⁹ “Turkey Government and Institution Measures in Response to COVID-19”, (KPGM), <https://home.kpmg/xx/en/home/insights/2020/04/turkey-government-and-institution-measures-in-response-to-COVID-19.html>.

¹⁰ The actions under the Facility are based on the commitment of EUR 6 billion under the EU-TR statement https://ec.europa.eu/neighbourhood-enlargement/enlargement-policy/negotiations-status/turkey/eu-facility-refugees-turkey_en. Accessed 24/09/2021.

In addition, there were in-kind donations of testing material by the JRC and assistance by the Civil Protection Mechanism in the repatriation of Turkish citizens.

Several interventions were selected for an in-depth review and have thus been given greater attention in this note, especially in EQ4. Below is the list of the selected interventions in Turkey:

- Emergency:
 - 1. DG ECHO under Facility for Refugees: PPE, hygiene items, small-scale food aid and cash/vouchers transfers – 11 partners (EUR 2.13 million)
 - 2. DG ECHO under the Facility for Refugees: ESSN top-up - IFRC (EUR 40.44 million)
 - 3. DG ECHO under the HIP 2020: Basic needs assistance for non-ESSN beneficiaries - UNHCR (EUR 8 million)
- Health:
 - 4. DG NEAR under IPA 2016: Strengthening Ministry of Health Capacity To Combat Covid-19 - WHO (EUR 5.3 million)
- Socio-economic:
 - 5. DG NEAR under MADAD - Facility for Refugees and IPA: Living and Working Together: Integrating SuTPs to Turkish Economy - TOBB (part of EUR 8.89 million)

2. Answers to Evaluation Questions (EQs)

2.1 EQ 1 – Relevance

EQ1: To what extent did the initial European Union (EU) global response to the COVID-19 pandemic through the Team Europe (TE) country packages address the needs and priorities of partner countries and regions in each country context in line with the three priorities of the Team Europe approach?

Summary: The Commission COVID-19 package was embedded in the existing framework of EU humanitarian and development activities in Turkey. Notwithstanding contextual limitations, the assistance was appropriately designed and operationally adapted to address short-term, COVID-19-related needs in the thematic areas identified in the EU Joint Communication¹¹, with a particular focus on emergency. The health response was characterised by high national ownership and suited to build long-term institutional/infrastructural capacities while facilitating short-term service delivery.

The EU COVID-19 package was embedded in the existing framework of EU humanitarian activities and the pre-accession framework in Turkey. In line with government preferences, existing lines of financing were not redirected to support COVID-19. As funds were not diverted this decision ensured continuity of existing EU financial assistance covering classical domains of EU humanitarian activities and the pre-accession framework in the country. Resources were allocated to support refugees and other vulnerable groups, in accordance with EU objectives. However, funding for gender-specific needs remained limited to 1.5 % of the total budget committed, limiting the pursuit of objectives expressed in the Commission’s policy document on gender and the EU Gender Action plans (GAP II and GAP III).¹²

¹¹ JOINT COMMUNICATION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS Communication on the Global EU response to COVID-19. JOIN/2020/11 final.

¹² Funding for protection and advocacy projects specifically benefiting women and minority groups amounted to 1%. Funding for additional gender-sensitive activities in the framework of existing projects accounted for about 0.5%. These included actions to contrast domestic violence and to support women shelters and psychosocial support services.

Notwithstanding contextual limitations, the assistance was appropriately designed and operationally adapted to address short-term, COVID-19-related needs in the thematic areas identified in the EU Joint Communication, with a particular focus on emergency. As the national needs assessment lacked credibility due to the absence of official data and rigorous analysis, the priorities of the humanitarian interventions were appropriately informed by needs assessments, surveys and analysis produced by implementing partners¹³ working across different thematic areas, as well as the protection working group's interagency assessment. The adaptation of the existing EU-funded ESSN¹⁴ directed relevant assistance to 1.7 million of the most vulnerable refugees who had been heavily impacted by the pandemic, as they were mostly working in the informal sector.¹⁵ This assistance was delivered rapidly, making use of the ESSN pre-established beneficiary registry and delivery system, as well as quickly disbursing funding from savings and contingencies. The assistance could have been delivered even earlier, namely in April 2020, but it was decided to wait until the assistance for Turkish citizens was rolled out by the Government of Turkey (June 2020) to avoid controversies. Through the post-Facility HIP, ECHO's funded support to United Nations High Commissioner for Refugees (UNHCR), distributed in May, enabled a further 88 000 non-ESSN beneficiary households to receive a one-off cash assistance. These interventions aligned with and complemented the government's pre-existing social assistance response to Turkish citizens, by including refugees and by setting transfer values mirroring the level of assistance that the Turkish government was providing to citizens.¹⁶

Similarly, the mobilisation of EUR 4.7 million contingencies under the EUR 300 million direct grant to the Ministry of Health (SIHAAT project) aimed at providing PPEs and hygiene supplies for refugees, as well as training for health workers in migrant health centres under the Facility. International Non-Governmental Organisations (INGOs) funded under the Facility for Refugees in Turkey also redirected budget or used contingencies to provide protective equipment, medical supplies and hygiene items, as well as food vouchers and food packages to vulnerable groups. This contributed to further address emergency needs. These interventions also accounted for the new operational challenges caused by lockdown and social distancing, with the introduction of measures such as digital payments, switching to remote monitoring and Connectivity Fault Management (CFM), as well as lifting conditionalities on school attendance (for the Conditional Cash Transfer for Education [CCTE]) and adapting refugee registration and referral mechanisms to include information on COVID-19 (for UNHCR). Meanwhile, TOBB's reorientation provided financial incentives to businesses to maintain employment for TOBB's certified beneficiaries. It complemented the government's COVID-19 subsidy programme, covering half the minimum wage for workers in the formal sector. However, the quota in favour of refugees (set under the Facility) limited further adaptation to include additional vulnerable Turkish citizens.¹⁷

The health response was characterised by high national ownership and suited to build long-term institutional/infrastructural capacities while facilitating short-term service delivery. The health package emerged directly from the needs identified by the Ministry of Health with the Ministry of Health being involved at each stage of the process. The EUR 2.7 million project strengthening epidemiology and surveillance (ongoing since 2018) not only responded to the

¹³ International Federation of the Red Cross (IFRC), Concern, Diakonie, United Nations Population Fund (UNFPA), Turkish Red Crescent (TRC), Union of Chambers and Commodity Exchanges of Turkey (TOBB).

¹⁴ ECHO/TUR/BUD/2019/91011

¹⁵ According to a survey carried out by IFRC and TRCS with 468 Emergency Social Safety Net beneficiary households, 78% reported facing an increase in expenses to cover additional costs like food and hygiene items and 79% had lost employment. Other households that are ineligible for the ESSN, the majority of which were still highly vulnerable prior to COVID-19, have also lost employment (See FRIT midterm evaluation - Annex on COVID-19).

¹⁶ Same transfer value as was used in the government's response (TL 1000).

¹⁷ The quota is set at 65:35 in favour of refugees. The project aimed to support 3 000 beneficiaries – however while the Turkish quota was rapidly filled, only 282 refugees have been supported.

immediate need of the Government to gather COVID-19 data and strengthen epidemic intelligence, but also aimed at strengthening the emergency preparedness and response capacity in the long run. Similarly, the EUR 5.3 million project on strengthening Ministry of Health's testing and genome sequencing capacity not only served the short-term necessity of strengthening expertise in contact tracing and rapid testing, but also the medium-term challenge of detecting COVID-19 variances, while producing long-lasting capacity to identify future pathogens through genome sequencing. The SIHAAT project also included some capacity building elements in the recruitment of health workers trained under another project funded by the EU and implemented by WHO. Simultaneously, some epidemiology capacity building was included in the framework of assistance to SMEs in the health sector, where not only equipment was provided, but virology training was also included in the project.

2.2 EQ 2 – Value added

EQ2: To what extent did the Team Europe (TE) initial response provide benefits beyond what would have resulted from actions taken by the EU institutions and EU MS on their own?

Summary: The Team Europe (TE) approach did not particularly increase visibility of the EU's role in the fight against COVID-19. There is no evidence that the Team Europe (TE) approach either reinforced or relaxed coordinated situation analysis, planning or implementation across EU institutions. Regarding EU-EU MS coordination, there were no significant gains in terms of improved division of labour and synergies compared to the joined-up approach that the Facility for Refugees in Turkey already represented. Regarding non-EU actors, there was "nothing more than usual", besides ad hoc meetings with major International Organisations (IOs) and International Financial Institutions (IFIs) regarding their COVID-19 response.

There is no evidence that the Team Europe (TE) approach either reinforced or relaxed coordinated situation analysis, response planning and prioritisation across EU institutions including EIB and EBRD. The EIB planned EUR 270 million in new operations, but this has not been formally approved "in view of the overall tense EU-Turkey relations" (COVID-19 tracker dated 26 February 2021), indicating close coordination with European External Action Service (EEAS, in charge of coordinating foreign policy including EU-Turkey relations). There is no data on how the EBRD EUR 1 billion "Solidarity Package" (much of it in response to the COVID-19 crisis) and the Council of Europe Development Bank's EUR 200 million loan to the Ministry of Health to fight COVID-19, on the one hand, were coordinated with, on the other hand, ongoing IPA and Facility for Refugees programmes and new projects funded by the EUR 105 million made available for the COVID-19 response from (among other sources) Facility savings. However, interviews underscored good coordination in country both pre-COVID-19 and in-COVID-19, supported by prompt (but not unilateral) decisions from Brussels. IFIs-Commission consultations were highlighted in particular.

There is no evidence that the Team Europe (TE) approach reinforced coordinated implementation and oversight across EU institutions either. There was regular reporting between the EU Delegation and Brussels, and in Brussels, alongside regular coordination between DG ECHO, EUTF and DG NEAR, and also with the DG RTD. But besides the NEAR Project Team on COVID-19, which was set up, and a measure of "horizontal coordination" between services (interviews, March 2021), there was no inter-service task team to go beyond information sharing and help ensure coherence between the different COVID-19-related projects. The Team Europe (TE) approach reinforced coordinated data collection, research, and monitoring to a basic (but important) degree, thanks to the COVID-19 tracker providing situation analysis and listing COVID-19-related projects across instruments and DGs, their commitments and disbursements.

Coordination between EU and EU MS under the Facility continued to be regular, as prior to the COVID-19 crisis. There was “regular information sharing” on the COVID-19 response among EU MS Development Counsellors/Heads of Mission, with a focus on reallocation or earmarking of available funds, and some joint messages for dialogue with the authorities. In more operational terms, there were no significant gains in terms of improved division of labour and synergies compared to the joined-up approach that the Facility (a central instrument in the TE COVID response) already represented.

The Team Europe (TE) approach to COVID-19 did not particularly increase EU convening power with non-EU actors, given its the EU’s already prominent role. The European Commission, EIB and EU MS (mainly Germany and France) together represented over 82% of all Official Development Assistance (ODA) flows reported to the OECD DAC. Coordination with non-EU donors was nonetheless important to political and policy dialogue, and for policy coherence in addressing Turkey’s multidimensional fragilities, but it did not change in quality or intensity. Interviews indicated that there was “nothing more than usual”, besides *ad hoc* meetings with major IOs and IFIs regarding their response to the pandemic.

The Team Europe (TE) approach did not particularly increase visibility of the EU's role in the fight against COVID-19. EU Delegation communicated on the EU response to the crisis, but the communication around the Team Europe (TE) response to COVID-19 was limited in the absence of a Government of Turkey (GoT) request. But in terms of being clear about what Team Europe’s values and purpose is, and how it distinguishes itself from other actors, the Team Europe (TE) brand was quite clear given the Facility for Refugees and given the highly visible political dialogue with Turkey.

2.3 EQ 3 – Efficiency

EQ3: To what extent were, and are, the individual aid modalities and other aid delivery mechanisms and their combinations, efficient and flexible enough for use in Team Europe’s COVID-19 response in COVID-19 crisis conditions?

Summary: The Commission COVID-19 response was mostly mobilised quickly through reallocation of funding from savings and contingencies and project adaptation, although with variation in the flexibility of the different instruments. ECHO’s emergency assistance under the Facility and via the HIPs was swift. Projects under the IPA framework were overall slower than ECHO but not necessarily less flexible. The speed of adaptation of EUTF projects varied across projects. The decision to not redirect funding under the current programming set some constraints in terms of flexibility of the aid modalities, yet synergies across classical projects under various instruments were exploited. Monitoring of the COVID-19 response took place, notwithstanding the absence of a common coherent reporting system.

The EU COVID-19 response was mostly mobilised quickly through reallocation of funding from savings and contingencies and project adaptation, although with variation in the flexibility of the different instruments. ECHO’s emergency assistance under the Facility and via the HIPs was swift. ECHO’s support modality under the Facility was flexible, allowing implementing partners to quickly adapt projects without the need for formal amendments, making possible delivery of assistance by as early as June 2020. The ESSN intervention under the Facility was rapidly implemented, making use of the pre-established beneficiary registry and delivery system, as well as quickly disbursing funding from savings and contingencies in June 2020 simultaneously to assistance rolled out by the Government for Turkish citizens. The UNHCR cash intervention was delivered as early as May 2020, utilising the long-used card system. The fast response was made

possible by upfront expenditures which were then retroactively reimbursed in September 2020 by the EU. **Projects under the IPA framework were overall** slower than ECHO but not necessarily less flexible per se. The EUR 2.7 million “epidemiology and surveillance capacity building” project made funds available immediately, at a time when the Ministry of Health was not willing to invest in Rapid Diagnostic Tests (RDTs). Procurements of personal protective equipment (PPE) and testing kits faced significant delays although the procurement still remained relevant, for use in subsequent waves. Similarly, the EUR 5.3 million “Strengthening Ministry of Health (MoH) Capacity to Combat COVID-19” was only signed at the end of December 2020. **The speed of adaptation of EUTF projects varied across projects.** For instance, TOBB’s adaptation took less than two months as there was no need for an addendum. Yet the programme stopped for three months mainly to adjust face-to-face operations to remote modalities.

The decision to not redirect funding under the current programming, informed by government preferences, set some constraints in terms of flexibility of the aid modalities.

The choice of modality was limited and primarily based on presence and availability of funding to be able to mobilise under a relevant instrument. The option of most flexible aid modalities such as budget support and macro-financial assistance was not available in Turkey, given specific conditionalities attached to these modalities. **However, coordination across EU and implementing partners ensured efficient allocation of resources and exploitation of synergies and complementarities.** Classical projects under various instruments/channels¹⁸ targeted specific vulnerable populations whose needs were not necessarily well covered by the government response, such as the ESSN and the UNHCR interventions. The different projects tried to complement each other, attempting to avoid duplication across ECHO, ESSN and UNHCR support via coordination and the deduplication matrix used by the Turkish Red Crescent, although lacking a single common data system.

Monitoring of the COVID-19 response took place, notwithstanding the absence of a common coherent reporting system. A Team Europe (TE) COVID-19 response tracker giving a brief overview of the state of play of the Team Europe (TE) response was updated (quarterly) by the Commission Headquarters (HQ). In the Integrated Situational Awareness and Analysis (ISAA) report, the EU provided on a weekly basis an overview of the COVID-19 situation in partner countries, while bi-monthly reports on lifting temporary restrictions of non-essential travel to the EU were produced. Close M&E of the response took place within the framework of the implementation of each intervention for crisis response. CTE, UNHCR, ESSN, and TOBB interventions adapted monitoring and CFM to remote modality and included COVID-19 related indicators. While monitoring stopped for a few months at ECHOFIELD level, guidance on additional reporting was provided by the HQ to ECHO partners. There was an effort to convene different stakeholders in meetings, data sharing and cross-checking information. The COVID-19 response could have further benefited from an overarching leader across EU divisions, which is currently missing. The disjointed reporting mechanisms, with all divisions reporting to different platforms,¹⁹ well reflects this horizontal structure and its challenges to efficiency.

¹⁸ Assistance channels included 1) unused funds under IPA II, 2) the Facility for Refugees, ECHO under the Facility, the EUTF/MADAD under the Facility and 3) ECHO under the HIP 2020 4) EUTF/MADAD outside the Facility 5) in-kind donations of testing material by the Joint Research Centre (JRC) and 6) Civil Protection Mechanism.

¹⁹ CRIS, HOPE – and the EUTF not reporting at all.

2.4 EQ 4 – Effectiveness

To what extent was the EU response successful in progressing towards the objectives associated with the COVID-19 response?

Summary: The interventions funded by the Commission were effective in fostering a prompt emergency response in the health sector, including strengthening personal protection and access to basic services. The package effectively contributed to strengthening national surveillance capacity and is expected to improve the resilience of the health system. It contributed to preventing and easing the onset of the socio-economic crisis in a limited way, mainly ensuring continuation of activities and alleviating the impact of COVID-19 on refugees. Emergency economic support to refugee households provided through the Team Europe (TE) package made an important contribution to meeting short term survival needs, but the amount and duration was insufficient to fill the full needs gap. Lack of information and limited strategic risk communication activities limited the effectiveness of the support. Experiences of COVID-19 opened space for dialogue on strengthening resilience through increasing or providing more efficient social protection.

The Commission interventions were effective in fostering a prompt emergency response in the health sector including strengthening personal protection and access to basic services. The full amount of EUR 57.5 million committed for the emergency response under the Facility and the ECHO HIP 2020 was paid in 2020, financing provision of PPEs, hygiene items and other basic needs assistance through mobilisation of savings and contingencies. These health-related interventions required only minimal adaptation, exploiting pre-existing services run by implementing partners such as mobile clinics, effective in strengthening health service provision in rural areas.²⁰ Surveys conducted by implementing partners further confirmed good satisfaction rates for remote tele-health services in remote areas and a 40% increase in beneficiaries with access to basic health services, including improved access for women.²¹ Mental health and psychosocial support (MHPSS) were addressed, including the setting up of an online support service for psychiatric consultations and helpline for women. However, the extent of the effect was not clear and language barriers made the service less effective.²² People needed prescriptions and medication support, which was not fully operationalised.²³ Under the IPA framework, EUR 267 300 of the committed EUR 4.7 million was paid for procurement of protective equipment and hygiene supplies, as well as awareness campaign among refugees and training health workers in migrant health centres in the course of 2020.²⁴ Local PPE procurement, coordinated with health directorates, contributed to an efficient and fast distribution,²⁵ as evidenced by specific monitoring missions. Three rounds were distributed over April to November 2020. The procurement of dignity kits, on the other hand, was delayed by two months due to the highly technical requirements of ECHO's tender.²⁶

The EU health response effectively contributed to strengthening national surveillance capacity and is expected to improve the resilience of the health system. Expected results of the “Strengthening MoH Capacity To Combat Covid-19” project suggest that this intervention will be effective, although it was unclear how risk mitigation measures related to procurement risk were addressed. The epidemiology and surveillance capacity building were effectively rolled out by the World Health Organization (WHO) with training on Early Warning & Response Systems including 298

²⁰ Interview, implementing partner.

²¹ Satisfaction survey of Tele Health Services, interview implementing partner.

²² Interview, implementing partner.

²³ Interview implementing partner.

²⁴ Team Europe COVID-19 Response Tracker to the 26/02/21.

²⁵ Interview, implementing partner

²⁶ Interview

participants, Field Epidemiology Training involving 163 participants and Laboratory including 61 participants. This action was already under implementation since 2018. The effect was maximised by linking laboratory surveillance with Training of Trainers programmes across the country. Team Europe supported a better coordination across stakeholders and brought specifically WHO and the Ministry of Health fostering a discussion on how to improve inaccurate reporting. It is worth noting that national authorities adjusted daily COVID-19 case count to international practices in November 2020.²⁷

The EU response contributed to easing the onset of the socio-economic crisis in a limited way, mainly ensuring continuation of activities and alleviating the impact of COVID-19 on refugees. The total committed EUR 8.8 million was paid in 2020 and included 9 EUTF projects focusing on support to distance learning, special needs-fund, social cohesion and psychosocial care, employment activities, and SME support for vulnerable refugee populations.²⁸ Among those, the TOBB project did not promote further employment but temporarily helped job retention for 1 800 beneficiaries, of which only 250 were Syrian refugees,²⁹ while ensuring continuation of activities introducing health and safety measures. The project also contributed to a deeper understanding of the needs of refugees and local companies and identified best responses for post-pandemic recovery by financing research on the local labour markets.

Emergency economic support to refugee households made an important contribution to meeting short term survival need, but the amount and duration was insufficient to fill the full needs gap. The ESSN emergency top-ups delivered in June-July totalled TRY 1000. UNHCR, Welthungerhilfe (WHL) and Diakonie also provided a one-off payment of TRY 1000. Relief International gave cash for food again totalling TRY 1000. Concern and UNFPA gave cash for rent, respectively as three monthly transfers (TRY 300 each) and a one-off payment (an average of TRY 800). Monitoring data from ESSN implementing partners highlighted that payments contributed to meeting household needs, where 78% reported increased expenditure on food and hygiene items and 69% had a member of their household who had lost employment. IFRC's monitoring of ESSN and non-ESSN beneficiaries' welfare highlighted marked differences in indicators such as resort to negative coping strategies and taking on debt between these groups. However, ESSN beneficiaries still faced deterioration in their situation, although less pronounced, and reported that it was insufficient to fill all needs. Similar findings were reported by UNHCR and International NGO partners (Concern, Diakonie, WHL, UNFPA). Their Post Distribution Monitoring (PDM) showed that the cash injections effectively supported household budgets and stopped the risk of eviction. However, all partners agreed that the socio-economic situation of households had not returned to pre-COVID-19 levels.³⁰

Protection support included individual protection assistance and psychosocial support for grown-ups and children. The coverage of refugees with such assistance, however, was quite low, with for example 50 000 beneficiaries for Concern, and 30 000 for Diakonie.

Certain factors undermined the effectiveness of programmes. For example, for UNHCR, lack of up-to-date contact information for non-ESSN refugees limited inclusion of vulnerable households in the cash assistance in practice. Whereas the original payroll included over 107 000 households, only 88 000 were eventually paid. Meanwhile, Diakonie faced some difficulties in ensuring the timely disbursement of the cash provided through bank transfers. In addition, the EU COVID-19 response

²⁷ Counting all detected cases, including asymptomatic ones.

²⁸ Team Europe COVID-19 Response Tracker to the 26/02/21

²⁹ Interview: the interest among Syrian refugees in participating was low, with the majority of them working in the informal sector and afraid of losing their right to the ESSN.

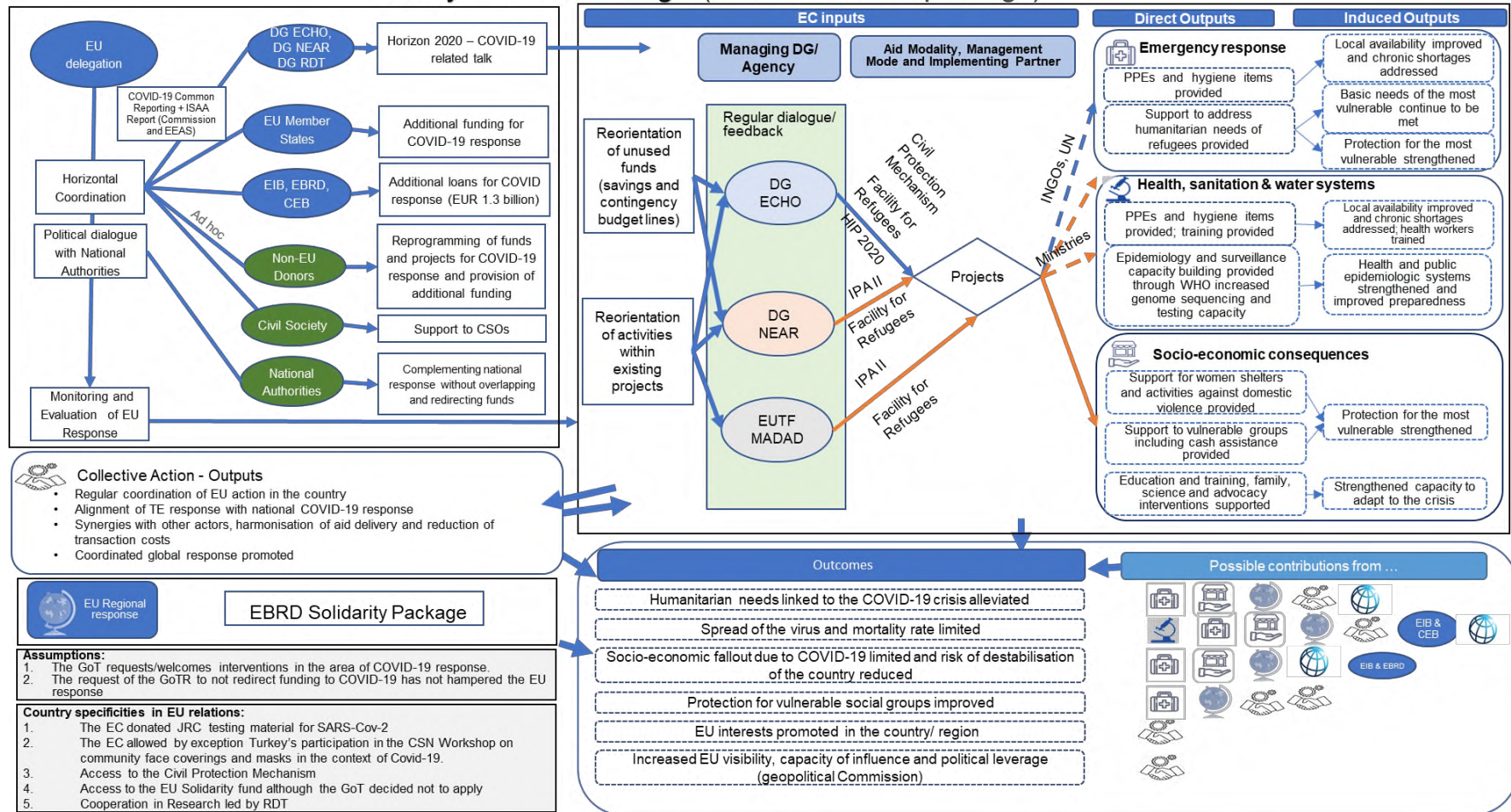
³⁰ Concern completed a second needs assessment in December 2020 which showed an improved situation in comparison to May 2020; the situation, however, was still difficult.

did not facilitate strategic risk communication activities for refugees in Turkey, and Team Europe (TE) support was not adequately communicated. This would have included a specific targeted approach in engaging refugee communities and strategize clear risk mitigation and prevention/behaviour measures against COVID-19. Refugees mainly received information from traditional media or social media, close contacts or friends, community groups and the Ministry of Health. Partners disseminated messages on the protection measures for COVID-19, and Information, Education and Communication (IEC) materials via SMS messages and Zoom sessions. Infection Prevention and Control (IPC) protocols were disseminated in health centres and prevention measures were discussed during psychosocial support sessions. Some partners only used online media in urban and rural areas for safety messages, while others disseminated them via mobile health promotion services.

Experiences of COVID-19 appeared to be opening space for dialogue. For example, on the ESN, ECHO and IFRC negotiated with the Government concerning increasing the routine transfer value on the ESN considering the increased cost of living. While the Government was previously reluctant, there was acknowledgement of this issue since COVID-19, and in March 2021 agreement was reached on increasing this from TRY 120 to TRY 150. Under the HIP 2021-22, ECHO accepts proposals for additional rounds of one-off cash assistance to meet the economic needs of non-ESN households. ECHO is also ready to negotiate with the Government of Turkey on the need for additional top ups to ESN beneficiaries if the economic situation deteriorates further during an imminent 'third wave'. UNHCR also broached the idea of an additional round of temporary assistance to other non-ESN beneficiaries, noting that the Government of Turkey also provides wage support for citizens which refugee populations do not benefit from.

3. Annex: Intervention Logic Sketch

Turkey Intervention Logic (EUR 105 million package)



Regional note - Caribbean

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THE PURPOSE OF THIS REGIONAL NOTE IS TO INFORM THE FAST-TRACK ASSESSMENT OF THE EU INITIAL RESPONSE AS A WHOLE AND NOT TO CARRY OUT AN ASSESSMENT OF THE RESPONSE IN THE REGION.

Acronyms

APS	French Public Health Agency
BS	Budget Support
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CB/TA	Capacity Building / Technical Assistance
CCRIF	Caribbean Catastrophe Risk Insurance Facility
CDC	United States Center for Disease Prevention and Control
CDEMA	Caribbean Disaster Emergency Management Agency
CEDA	Caribbean Export Development Agency
COVAX	COVID-19 Vaccines Global Access
DG ECHO	European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations
DG INTPA	European Commission's Directorate-General for International Partnership
EDF	European Development Fund
EIB	European Investment Bank
EQ	Evaluation Question
EU	European Union
EUD	Delegation of the European Union
FPI	Service for Foreign Policy Instruments
GDP	Gross Domestic Product
IMPACS	Caribbean Community Implementation Agency for Crime and Security
LAC	Latin America and Caribbean
M&E	Monitoring and Evaluation
MS	EU Member State
PAHO	Pan American Health Organization
PHAC	Public Health Agency Canada
PHE	Public Health England
PPE	Personal Protective Equipment
RIVM	Netherlands' National Institute for Public Health and the Environment
OECS	Organization of Eastern Caribbean States

OCT	Overseas Countries and Territories
SME	Small and medium enterprises
TE	Team Europe
TEI	Team Europe Initiatives
THIS	Tourism and Health Information System
UNCTAD	United Nations Conference on Trade and Development
UNICEF	United Nations International Children's Emergency Fund
WASH	Water, sanitation, and hygiene
WB	World Bank

1. Background

1.1 Regional COVID-19 context and governments' responses

The Caribbean has been one of the most efficient regions in containing the COVID-19 from the outset. As the first cases of COVID-19 were declared in the region, governments decided to move towards complete lockdown. Despite the swift response from governments, due to the structure of the economies heavily relying on tourism, remittances and export, these economies have been hard hit by the pandemic, notably in terms of employment, consumption, and poverty.

The economic impact of the COVID-19 crisis has varied across countries in the region, but the most salient common issue faced by Caribbean countries is the income shock for the tourism sector. In the region, the share of tourism in gross domestic product (GDP) ranges between 30 and 90 % (direct and indirect contribution). Remittances also fell sharply as the origin countries of these flows (United States, United Kingdom and Canada...) also went into lockdown. Furthermore, tax revenues and foreign exchange earnings derived from exports of goods and services (notably linked to tourism) have come to an abrupt halt.

In response, a common approach was decided upon by several countries of the Caribbean Community (CARICOM) leading to a set of coherent policies on health, logistics and transport. For instance, Member States of the CARICOM agreed on a Common Public Health policy which included joint procurement of goods. This also set common standards for the intra-regional transportation of people and goods. As for the economic response, most countries implemented fiscal packages that included additional health spending, temporary cash transfers for displaced workers, credit support to small and medium-sized firms and affected sectors— such as tourism, transport, and agriculture, expansion of social safety net programs for vulnerable groups, tax and custom duty waivers on essential food and hygiene product imports. Several Central banks reduced policy rates and/or reserve requirements or provided liquidity assistance through other facilities to support economic activity.¹

1.2 European Union (EU) response

The Team Europe (TE) Response in the Caribbean included emergency funding from the European Investment Bank (EIB) in support to governments' expenditure in the health sector, as well as access to finance for small and medium enterprises (SMEs), public infrastructure, and financing for climate change related projects. EU MS mainly contributed to bilateral programmes in few countries in the Caribbean, including delivery of in-kind assistance to governments.

The Commission committed a total of EUR 315 million, including EUR 30 million of funds channelled through regional initiatives. Bilateral emergency response led by the Commission's Directorate General for Humanitarian aid and Civil Protection (DG ECHO) included water, sanitation, and hygiene (WASH) and food distribution activities, as well as communication campaigns and personal protective equipment (PPE) distribution in different countries. The health response consisted of supply of health and medical equipment. The socio-economic response focused on restoring livelihoods and providing budget support (BS) to governments.

¹ United Nations Conference on Trade and Development (UNCTAD), "COVID-19 in the Caribbean and the Central America region: Identifying blue pathways to move forward in a COVID-19 context and beyond", July 2020. Retrieved from <https://unctad.org/es/node/26953>

As for the regional response, DG ECHO has reoriented EUR 0.6 million of ongoing initiatives. A global United Nations International Children's Emergency Fund (UNICEF) contract included EUR 0.6 million support to Cuba. The health response comprised a EUR 8 million programme through the Caribbean Public Health Agency (CARPHA). This included the provision of personal protective equipment (PPE), test reagents, lab material, treatment/vaccines, as well as support to increase the agency and health workforce technical capacity and public awareness. In addition, technical assistance (TA) for a total of EUR 2.8 million could be requested by Caribbean countries. The socio-economic response primarily consisted in a EUR 10 million grant to the Caribbean Catastrophe Risk Insurance Facility (CCRIF), securing substantial discount to CCRIF member countries to pay for their 2020 disaster insurance. Simultaneously, a EUR 3.86 million top-up was made to a pre-existing programme with the Caribbean Export Development Agency (CEDA) for financing the Direct Assistance Grant Scheme (DAGS) targeting the private sector.

For the purpose of this assessment regional initiatives (EUR 30 million) were considered in the analysis, although few additional elements of bilateral support are mentioned in the note. Two interventions were selected for an in-depth review, thus have been given greater attention in the note, especially in evaluation question (EQ) 4. Below the list of the selected interventions in the Caribbean:

- Health:
 - The Commission's Directorate-General for International Partnerships (DG INTPA): Prevention and control of outbreaks of communicable diseases in the Caribbean - CARPHA (EUR 8 million)
- Socio-economic:
 - DG INTPA: Disaster insurance premium discounts to Caribbean governments – EU-World bank (WB) Resilience Facility, CCRIF (EUR 10 million)

2 Answers to Evaluation Questions

2.1 EQ 1 – Relevance

EQ1: To what extent did the initial EU global response to the COVID-19 pandemic through the Team Europe (TE) country packages address the needs and priorities of partner countries and regions in each country context; in line with the three priorities of the Team Europe (TE) approach?

Summary

The priorities of the Commission assistance in the Caribbean were in line with the three Team Europe (EU) priorities of the Joint Communication, with a focus on health and mostly socio-economic assistance, and aligned with development strategies relevant to the Caribbean, reflecting the overall EU agenda and principles. The Commission support addressed - mostly timely - the immediate and evolving COVID-19 related needs especially in the health and socio-economic sphere. The scope and the emphasis of the Commission assistance aligned with regional and country-level efforts, ensuring national and regional ownership, while including capacity building elements for long term resilience.

The priorities of the Commission assistance in the Caribbean were in line with the three Team Europe (TE) priorities of the Joint Communication, with a focus on health and mostly socio-economic assistance. They were also aligned with development strategies relevant to the Caribbean, reflecting the overall EU agenda and principles.

Thematic priorities of assistance corresponded with the Team Europe (TE) priorities defined in the Joint Communication but with a specific focus on health (14 % of the DG INTPA total) and mostly on socioeconomic response (86 % of the DG INTPA total). This distribution accurately reflects the reality of the Caribbean, where COVID-19 has severely impacted economies, disrupting income streams and remittances flows and causing job loss and reduced income in the tourism sector, the main GDP contributor of the region.²

The COVID-19 assistance package largely consisted in reorientation of existing cooperation programmes at bilateral as well as regional level, including remaining resources from the 2014-2020 budgetary cycle. Although a limited pool of options, it ensured continuation of existing assistance and evident alignment with EU development agenda in the country. Namely, the CARPHA programme aligned with the Joint Caribbean-EU Partnership Strategy and the Strategic Plan for the Caribbean Community 2015-2019, while the CCRIF intervention reflected the objectives identified in the above-mentioned strategies, as well as with the Comprehensive Disaster Management Strategy 2014-2024.

Explicitly built on the needs of the governments, these two operations are also consistent with the principle of ownership of development priorities by recipient countries, in line with the European consensus on Development.³

DG ECHO's humanitarian assistance, under the emergency pillar, aimed at reaching the most vulnerable, in line with core EU principles. Similarly, bilateral actions had the objective of supporting civil society and strengthening actions in protection of sexual and gender-based violence, in line with EU principles on EU's Rights-based approach, gender and marginalized groups, and particularly relevant in the Caribbean context where women and vulnerable groups have been disproportionately affected by the pandemic.⁴

The Commission support addressed (mostly timely) the immediate and evolving COVID-19 related needs especially in the health and socio-economic sphere.

DG ECHO's regional emergency assistance (EUR 0.6 million committed) focused appropriately on supplying PPEs, hygiene kits, equipment, communication materials, food and cash assistance, as well as enhancing emergency response in health and WASH (EUR 0.6 million committed). This support addressed the need for prevention and control of COVID-19, as well as meeting basic needs of vulnerable groups in a region where pre-existing territorial disparities have been exacerbated.⁵ Yet the volume of the assistance seems quite limited, especially compared with DG ECHO's EUR 10 million action targeted for Haiti, including health equipment, training, WASH and a humanitarian air bridge, which was overall not as impacted by the virus (despite still being very poor).⁶

The health assistance was relevant, while speed varied across interventions. The EUR 8 million programme for outbreak control operations via CARPHA was quickly designed⁷ The response was fast as funds had previously been allocated to CARPHA for strengthening the health system in the

² <https://unctad.org/es/node/26953>

³ https://ec.europa.eu/international-partnerships/system/files/european-consensus-on-development-final-20170626_en.pdf

⁴ <https://www.oecd.org/coronavirus/policy-responses/covid-19-in-latin-america-and-the-caribbean-regional-socio-economic-implications-and-policy-priorities-93a64fde/>

⁵ Measures as basic as washing hands or avoiding physical contact are difficult to follow for 21 % of the Latin America and the Caribbean (LAC) urban population living in slums, informal settlements or inadequate housing where basic services are not affordable. See Oxfam (2020), *El coronavirus no discrimina, las desigualdades sí [Coronavirus does not discriminate, inequalities do]*, London, <https://www.oxfam.org/en/node/12128>.

⁶ Interview. Considering the population of the country the cases are overall lower than in other Caribbean countries. See <https://covid19.who.int/region/amro/country/ht>

⁷ within weeks from the onset of the pandemic

Caribbean. The signature of the contract for that purpose of strengthening the health system in the Caribbean, was originally planned for 2021 and 2022, and was expedited to have a programme specifically targeted to COVID-19. The programme addressed the demand-driven need for prevention and the lack of testing and treatment capacity across the region by providing PPEs, testing equipment, treatment and vaccines, support to increase health personnel and public awareness including developing guidelines and protocols particularly for construction and tourism.⁸ Similar actions have been financed on a bilateral level. A EUR 2.8 million demand driven TA under the Caribbean Regional Resilience Facility aimed at addressing the need to support public administrations to design and implement COVID-19 response actions. The extent to which this was a priority for governments is questionable given that they were all informed about the possible use of the facility, but only Haiti has requested and timely received TA for EUR 500 000.⁹ The regional EUR 1 million internal reallocation on communication surveillance and monitoring mechanisms for COVID-19 response under the Pan American Health Organization (PAHO)'s "one health programme" aimed at looking more in depth at compounded vulnerability. Although the relevance of the action could be questioned as the addendum was only adopted in November 2020 and the financial agreement subsequently signed,¹⁰ it might have accidentally proven timely for the second-third wave of the pandemic.

Socioeconomic assistance provided via the EUR 10 million grant to the CCRIF was relevant to - at least partially¹¹ - relieve CCRIF member states fiscal pressure. By securing a 26 % discount to pay for disaster insurance it aimed at freeing up resources to address COVID-19 related needs including health response and fiscal stimulus package set up by governments. This was highly relevant given the already limited fiscal space characterized by high level of indebtedness pre-crisis, likely to skyrocket in 2020,¹² and GDP estimated to fall by 7.9 % in 2020.¹³ Simultaneously, the action aimed at covering the evolving (and longstanding) needs to face natural disasters during the hurricane season (one of the main concerns in the region)¹⁴ by ensuring that countries would still purchase the insurance despite limited budget availability. The design of the discount with a flat rate also appropriately aimed at providing fair and equal access to every country, considering that extremely poor countries as Haiti already benefitted from a 50 % discount paid by the Caribbean Development Bank.¹⁵ Similarly, acceleration and top-up of bilateral BS operations aimed at improving overall fiscal balance, with around EUR 126 million delivered in 2020 out of the EUR 150 million committed, with most yet not all disbursements made between July and December 2020.

The scope and the emphasis of the Commission assistance aligned with regional and country-level efforts, ensuring national and regional ownership, while including capacity building elements for long term resilience.

Priorities of the assistance were mostly informed by identified needs from national authorities. For the EUR 8 million health strengthening programme, CARPHA led extensive coordination with country

⁸ Team Europe (TE) COVID-19 Response Tracker and Interviews

⁹ Team Europe (TE) COVID-19 Response Tracker and DIR G Response Tracker, internal documents

¹⁰ Team Europe (TE) COVID-19 Response Tracker and DIR G Response Tracker, internal documents

¹¹ The needs are very high. The IMF estimated that the region's financing gap is around USD 4 billion, or 4.8 % of 2020 regional GDP and that the risk of natural disasters could further aggravate it. See <https://www.imf.org/en/News/Articles/2021/03/11/na031221-how-the-caribbean-can-avoid-becoming-a-covid-19-long-hauler>

¹² average for the Caribbean was 68.5 % of the GDP in 2019. See <https://unctad.org/es/node/26953>

¹³ Estimates as of December 2020 and excluding Guyana. See <https://www.oecd.org/coronavirus/policy-responses/covid-19-in-latin-america-and-the-caribbean-regional-socio-economic-implications-and-policy-priorities-93a64fde/>

¹⁴ <https://unctad.org/es/node/26953>

¹⁵ Interview

Ministries and various regional organizations,¹⁶ generating national and regional ownership of the assistance and linking to in country effort to better respond to challenges brought by the crisis. Similarly, The CRIFF discount was demand driven and further ensured government ultimate ownership by giving countries the possibility to choose between different possibilities on how to use the discount including using it in 2020/2021, apply it over two years or increasing coverage for 2020/2021.¹⁷

Some capacity building elements were present in the design of the CARPHA intervention as training was planned for health officials which could be beneficial for the long run.¹⁸ The programme also adapted to respond to the medium-long term need to support the vaccination campaign, sustaining resilience against COVID-19 in a context characterized by logistical challenges and lack of economy of scale.¹⁹ Namely, in October 2020 EUR 1.9 million of funding contributed to support ten countries to purchase vaccines, making down payments to the COVID-19 Vaccines Global Access (COVAX) initiatives, while six countries were already exempted from payments for vaccines.²⁰ This effort was also in line with the indication of associating countries to the COVAX initiatives as expressed in the Joint Communication. The scope of the action however remained quite limited as 1.2 million doses, corresponding to around 20 % of the population, while 70 % coverage of the population was required.²¹

On the other hand, the CCRIF action rested on a long standing 10-years effort to strengthen countries capacity to address emergencies, making use of the lessons from the TA previously provided under this framework.²² Not only the action was relevant to respond to immediate and medium-term needs, but also potentially beneficial to further raise awareness on disaster risk financing, strengthening resilience in the long run.²³

¹⁶ The Caribbean Disaster Emergency Management Agency (CDEMA), CARICOM, Organization of Eastern Caribbean States (OECS), Pan American Health Organization, the Caribbean Community Implementation Agency for Crime and Security (IMPACS), US Center for Disease Prevention and Control (CDC), Public Health England (PHE), Public Health Agency Canada (PHAC), the Netherlands' National Institute for Public Health and the Environment (RIVM) and the French public health agency (APS).

¹⁷ Interview

¹⁸ Interview

¹⁹ <https://www.imf.org/en/News/Articles/2021/03/11/na031221-how-the-caribbean-can-avoid-becoming-a-covid-19-long-hauler>

²⁰ Given poor economic situation Haiti, St Lucia, St Vincente, Dominica, Guyana, Grenada were exempted from payments. The exemption is tied to their status with GAVI and not directly with funding from the EU. These countries were thus able to benefit from COVAX without needing to access funding from the CARPHA initiative.

²¹ Interview and <https://www.imf.org/en/News/Articles/2021/03/11/na031221-how-the-caribbean-can-avoid-becoming-a-covid-19-long-hauler>

²² Interview. Ministers of Finance had a better understanding of the process to deal with an emergency, the volume of finances required and the instruments available.

²³ Interview.

2.2 EQ 2 – Value added

EQ2: To what extent has the Team Europe (TE) initial response added benefits to what would have resulted from actions taken by the EU institutions and EU MS on their own?

Summary

The EU rapid response to COVID-19 in the Caribbean appears to be due to its pre-existing presence and participation in regional coordination mechanisms rather than to the adoption of a specific Team Europe (TE) approach. The response appeared well coordinated across EU institutions, whereas only few EU MS are engaged. Close cooperation with the WB allowed the creation of beneficial fiscal space for Caribbean governments to guarantee vital coverage despite the COVID-19 related crisis and ahead of the hurricane season. The Team Europe (TE) label has been proactively used to present the EU response to COVID-19 in regional media and on social media. There is limited evidence so far to gauge the impact of these efforts on EU visibility and influence in the region or in the donor community.

Despite limited use of the Team Europe (TE) concept in programme/project documents, the EU response to COVID-19 in the Caribbean has been fast and well-coordinated, building on pre-existing coordination mechanisms and programmes. Most of the response consisted of a reorientation of existing cooperation programmes at both country and regional levels. This decision was taken by the seven EU Delegations in the Caribbean region at the invitation of the EU headquarters to take timely decisions to contain the crisis.²⁴

Priorities alignment was conducted in close coordination between DG INTPA, DG ECHO and the Commission's Service for Foreign Policy Instruments (FPI) to ensure complementarity of the interventions, with response coordination managed by DG INTPA. Locally, coordination was ensured through Head of Missions meetings in Barbados, and amounted to EUR 367 million, targeting the health sector (14 % of the total) and socioeconomic recovery (86 %). Of these, EUR 313 million have been identified for country/regional COVID-19 response out of the pre-existing envelopes for Caribbean countries, EUR 28 million under the funding to Overseas Countries and Territories (OCTs) of the EU, and EUR 25 million through the Caribbean Investment Facility.²⁵ And in response to COVID-19, the EIB has offered emergency funding to the governments in the region to support health sector expenses.

The EU contribution to health emergency and socio-economic recovery has been fast and well prioritised. On the health front, while DG ECHO has led the emergency support with regional actions and projects in Haiti and the Dominican Republic, DG INTPA also shouldered an important share of the effort, directing its support through CARPHA, as well as through health-related bilateral and global allocations. CARPHA leadership ensured smooth coordination and relevant focus of support.²⁶

On the socio-economic front, through close cooperation with the WB, and through a EUR 10 million grant to the decade-old CCRIF, the EU supported the creation of fiscal space for Caribbean governments to guarantee vital coverage ahead of the 2020 hurricane season. The WB had set up a EUR 10 million trust fund to subsidise premiums to allow governments with sufficient liquidity to

²⁴ Interviews May 2021, Team Europe (TE) COVID-19 Response Tracker August 2020.

²⁵ Team Europe (TE) COVID-19 Response Tracker August 2020, informal email notes May 2021.

²⁶ Team Europe (TE) COVID-19 Response Tracker August 2020; CARPHA Factsheet; interview May 2021.

manage the ongoing crisis and minimize its potential impact.²⁷ In parallel, a Team Europe Initiative (TEI) on Increased Access to Finance and Improved Climate for the Private Sector, and a Team Europe Initiative (TEI) on Green Climate Financing, with a specific focus on renewable energy, have been proposed in September 2020, complementing ongoing programmes to support the private sector, including through the Caribbean Export Development Agency (CEDA).

There is limited evidence on how the Team Europe (TE) approach enabled better coordination with EU MS. Considering the selective presence of EU MS in the region, and the reactivity of DG INTPA, EU MS involvement was minimal, consisting mainly in information sharing on both the situation and EU action across diplomatic representations.²⁸

The EU's rapid response to COVID-19 in the Caribbean appears to be largely due to its pre-existing presence and involvement with regional coordination mechanisms and non-EU donors rather than to the adoption of a Team Europe (TE) approach. As interviews with CARPHA and EU Delegation suggest, the EU was already involved with the CARICOM and CARPHA, which facilitated dialogue and adaptation of priorities and programming when COVID-19 hit. On socio-economic recovery, the established presence of the EU team in the region and the “strong relationship with EU Delegation in Barbados” developed by key donors, notably the WB, facilitated mutual understanding and joined-up approach to mitigating the impact of the crisis and supporting CCRIF and the insurance sector.²⁹

The Team Europe (TE) label has been proactively used to present the EU response to COVID-19 in regional media and on social media, notably around the dedicated responses through CARPHA and CCRIF.³⁰ There is limited evidence available so far to gauge the impact of these communication efforts on EU visibility and influence in the region or in the donor community.

2.3 EQ 3 – Efficiency

EQ3: To what extent have the individual aid modalities and other aid delivery mechanisms and their combinations been, and currently are being, efficient and flexible enough for use in Team Europe's (TE) COVID-19 response under conditions of the COVID-19 crisis?

Summary

The Commission COVID-19 response was mostly mobilised quickly through a contribution to CARPHA, covering CRIFF insurance costs, as well as reorientation of programmes. Although modality choice was limited by contextual factors, the Commission could provide a comprehensive response to the crisis combining various aid modalities (contribution to regional partners, insurance discount, BS and “classical” CB/TA programmes). Regular monitoring and evaluation (M&E) of the COVID-19 response took place. It has rather rested on pre-existing M&E mechanisms, although additional monitoring came from participation in visibility-related events.

The speed of the Commission COVID-19 response varied depending on the aid modality and the extent to which programme were new or modified. The response was mostly

²⁷ Interviews, May 2021.

²⁸ Interview May 2021.

²⁹ Interview May 2021.

³⁰ Team Europe (TE) COVID-19 Response Tracker August 2020.

mobilised quickly through a contribution to CARPHA and covering CRIFF insurance costs. Programmes were not quickly reoriented when they required an addendum, which was the case for most of the actions.

The action with CARPHA was set up as early as April 2020 and EUR 5 million were quickly disbursed right after.³¹ The response was fast as funds had previously been allocated to CARPHA for strengthening the health system in the Caribbean. The signature of the contract, originally planned for 2021 and 2022, was anticipated, and the programme specifically targeted to COVID-19.³² The implementation of the action was not as straightforward as its design. For instance, procurement of PPEs and equipment encountered some issues because of delayed responses from Caribbean countries on specific needs and simultaneous increase in prices due to high demand. Similarly, vaccines delivery, arranged with PAHO as the designated COVAX procurement agent, has not been timely.³³ A EUR 10 million CCRIF-executed grant was quickly processed as additional financing to the CCRIF Multi-Donor Trust Fund to expand financial protection against disasters ahead of the 2020 hurricane season. Discussions started towards the end of April 2020 to adapt the intervention and the discount was made available in early May 2020.³⁴ All 18 active Caribbean governments active under CCRIF received a 26 % discount immediately, although the actual process of transferring the money to CCRIF is still ongoing. The action was timely and came when some of the governments had already reallocated part of their budget for the COVID-19 response while others were struggling or having difficulties to access resources from other donors.³⁵ A fast action was possible thanks to strong pre-existing relationship with the relevant stakeholders and especially as funds had been already earmarked for CCRIF (with the agreement signed in 2018) and there was no need for an amendment as the discount operation was eligible under this framework.³⁶ Alternatives to this type of financing, including pulling resources from a multi-donor trust fund, would have not been as fast and the volume not as big as reported by interviewees. Both regional and bilateral programmes (including classical CB/TA and BS) were redirected with speed of the response varying across programs. Reorientation was generally slower when an addendum was required, which was the case for most programmes. For instance, 15 programmes have been adjusted in the socio-economic area.

The Commission could provide a comprehensive response to the crisis combining various aid modalities (contribution to regional initiatives, trust funds, BS and “classical” CB/TA programmes).

Being at the end of the programming cycle most of the programmes had already been formulated and approved so there were limited possibilities of redirection and choice of aid modality. Nonetheless, the Commission used existing opportunities/spaces to provide a response specifically targeted to COVID-19 for both CARPHA and CCRIF action. For instance, through the regional contribution to CARPHA the Commission used CARPHA’s greater expertise in the health sector, as well as the wide pre-existing network ensuring a coherent health response across countries. By covering CRIFF insurance costs, the Commission supported the member countries in flexibly using budget as they saw best fit, while ensuring coverage for potential future crisis. The combination of financial flows and TA under the EU-WB Caribbean Regional Resilience Facility has been useful to reinforce the scope of the support brought. Flexibility and effectiveness were also enhanced as the design of

³¹ Specific documentation on CARPHA action and Directorate-General Response Tracker, internal documents

³² Interview

³³ Interview

³⁴ Interview and Directorate-General Response Tracker, internal document

³⁵ Interview

³⁶ Interview

the discount gave countries the possibility to choose between different options, including using the discount in 2020/2021, applying it over two years or increasing the coverage of the insurance for 2020/2021.³⁷ Finally, through programmes reorientation and adaptation, the Commission could ensure continuity of existing assistance while integrating the COVID-19 dimension.

Regular M&E of the COVID-19 response took place. It has rather rested on pre-existing M&E mechanisms, although additional monitoring came from participation in visibility-related events.

M&E of the response took place within the framework of the implementation of each intervention deployed/reallocated for the crisis response. Partners monitored projects implementation. Specifically, CARPHA closely monitored PPEs delivery, which was followed by press releases. Direct monitoring from the Commission took place through participation in visibility events, including PPEs handover ceremonies done jointly with partners. The status of COVID-19-related activities has been tracked at EU Delegation and headquarters level via a shared COVID-19 Tracker and Excel sheets detailing advancement of interventions. However, it is not clear from available information if specific COVID-19-response related indicators have been added with the pandemic.

2.4 EQ 4 – Effectiveness

To what extent has the EU response been successful in progressing towards the objectives associated with the COVID-19 response?

Summary

Through the CARPHA initiative the Commission fostered a prompt health emergency response including strengthening prevention, diagnosis and surveillance and contributed to strengthen national health systems capacity and vaccine accessibility in the region. The action is also expected to have contributed to greater public awareness about the pandemic.

The Commission response was effective in fostering PPEs' procurement as part of the health emergency response. PPEs were provided although procurement encountered delays. The EUR 0.8 million contract for procurement³⁸ to twelve CARPHA member countries was awarded in December 2020 and the first batch was only delivered in March 2021, while a second shipment is expected in June/July 2021.³⁹

The response via the contribution to CARPHA contributed to strengthening prevention, diagnosis and surveillance, as well as reinforcing national health systems' capacity and vaccine accessibility in the region. Testing capacity was enhanced in the region. Three additional laboratory technologists were recruited in August 2020 in the CARPHA regional laboratory, and 27 491 PCR tests were conducted between August and December 2020 for seventeen CARPHA countries. PAHO provided capacity building to eight countries and CARPHA developed guidelines and a tool for rapid antigen testing kits.⁴⁰ **Strengthening of surveillance system was supported in five countries.** An online surveillance assessment tool was developed towards the end of 2020 and is scheduled for roll out in 2021. Since April 2020, nine training webinars were conducted on the Tourism and Health Information System (THiS) and COVID-19 health measures for the hospitality

³⁷ Interview. Note that different countries have in fact chosen different options, with the majority of countries choosing the first option.

³⁸ within the framework of the EUR 8 million CARPHA initiative

³⁹ 11th European Development Fund (EDF) regional Health Security project – Implementation Update at 31st March 2021

⁴⁰ 11th EDF regional Health Security project – Implementation Update at 31st March 2021

sector in all CARPHA member states. Additionally, six specific COVID-19 guidelines for the hospitality sector were developed.⁴¹

Financial barriers to vaccine access were at least partially removed and vaccine availability/delivery was fostered. Vaccine procurement has materialized although quantities were limited to the allocation provided under the COVAX mechanism. Procurement procedures were adjusted, and vaccines sponsored with funds from the EUR 8 million allocation to CARPHA. Ten CARPHA member states were provided with support for down payments for more than one million doses of vaccine procurement through COVAX facility. A total of 408.000 doses have been delivered in different tranches, with a first batch having been delivered in late March 2021. These COVAX deliveries were funded via CARPHA and procured through PAHO.⁴² A greater budget would have allowed more vaccine procurement.⁴³

CARPHA initiative is expected to have contributed to greater public awareness about the pandemic. CARPHA Communication unit developed a regional risk communication strategy and a communication media plan to assist CARPHA countries in the development and implementation of national risk communication strategies. The action also promoted a more coordinated regional response to COVID-19. In December 2020 CARPHA hosted a virtual meeting to improve regional communication focal points listening skills, monitoring, analysing and responding to social media to address the 'disinfodemic'. Additionally, COVID-19 related health promotion campaigns were facilitated. Misinformation on COVID-19 was addressed through partnerships with OECS and Facebook. The initiative set CARPHA's website as the default result for COVID-19 related online research in CARPHA countries. Key health messages were also promoted through Facebook and Instagram. Finally, CARPHA collaborated with the Deaf Pioneers and produced a COVID-19 information video for the deaf which is expected to be completed in May 2021.⁴⁴

⁴¹ 11th EDF regional Health Security project – Implementation Update at 31st March 2021

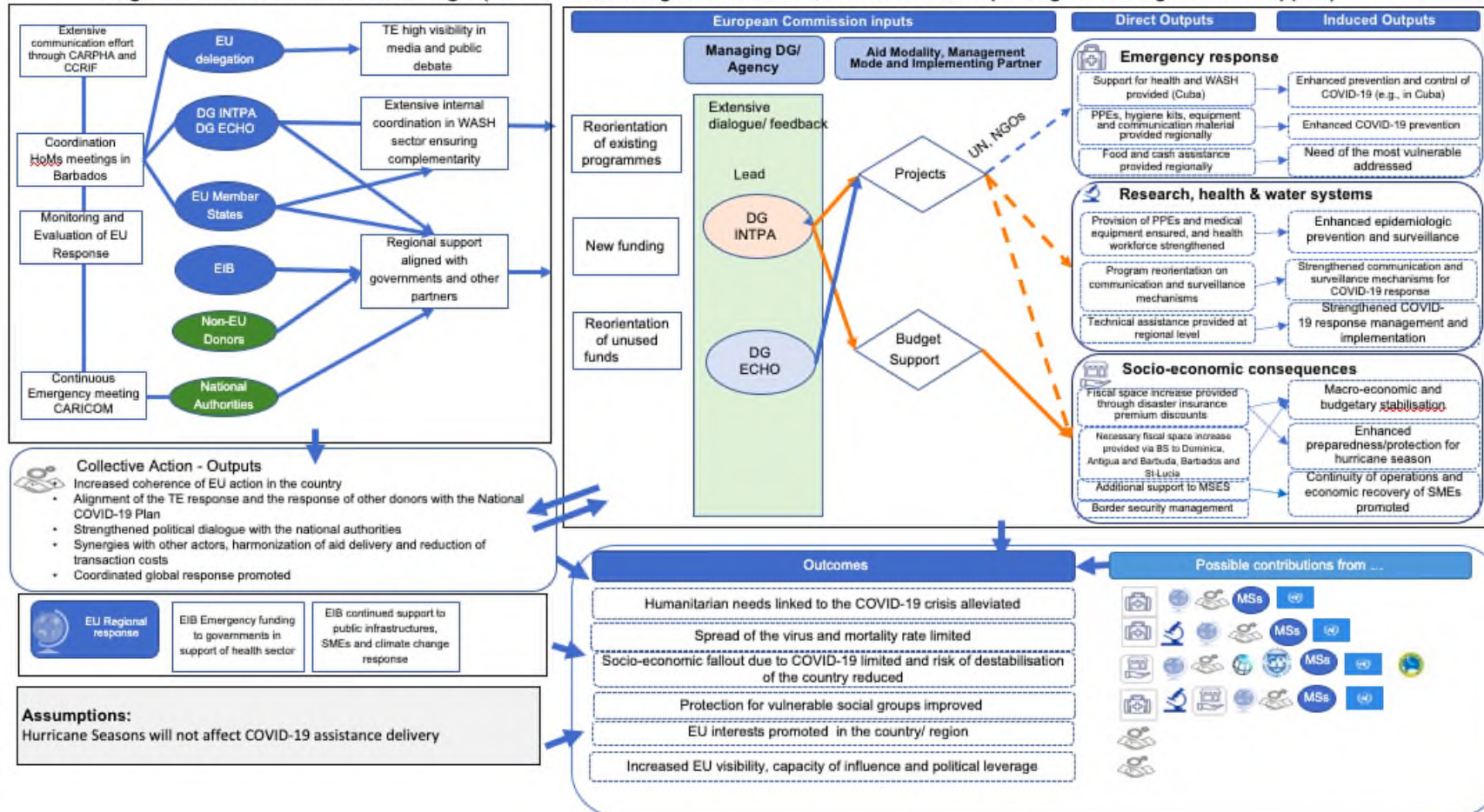
⁴² Interview

⁴³ 11th EDF regional Health Security project – Implementation Update at 31st March 2021

⁴⁴ 11th EDF regional Health Security project – Implementation Update at 31st March 2021

3 Annex: Intervention Logic Sketch

Regional Caribbean Intervention Logic (EUR 30 million regional initiatives, EUR 315 million package including bilateral support)



Country note - Fiji-Pacific

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THE PURPOSE OF THIS COUNTRY NOTE IS TO INFORM THE FAST-TRACK ASSESSMENT OF THE EU INITIAL RESPONSE AS A WHOLE. IT IS NOT DESIGNED TO BE AN ASSESSMENT OF THE RESPONSE IN THE COUNTRY.

Acronyms

AAP	Annual Action Plan
ACP	African, Caribbean and Pacific
ADB	Asian Development Bank
COVAX	COVID-19 Vaccines Global Access
DFAT	Australian Department of Foreign Affairs and Trade
ECHO	European Civil Protection and Humanitarian Aid Operations
EDF	European Development Fund
EQ	Evaluation question
EU	European Union
EUD	Delegation of the European Union
FAO	Food and Agriculture Organization
GDP	Gross domestic product
HQ	Headquarter
JIMT	Joint Incident Management Team
IFRC	International Federation of Red Cross and Red Crescent Societies
INTPA	International Partnerships
IOM	International Organization for Migration
MS	Member State
MFAT	Ministry of Foreign Affairs
PFM	Public Financial Management
PFTAC	Pacific Financial Technical Assistance Center
PICs	Pacific Island countries
PPE	Personal Protective Equipment
SDP	Strategic Development Plan
SPC	Pacific Community
SRPC	Sector Reform Performance Contract
SSRL	Support to Sustainable Rural Livelihoods
TE	Team Europe
TEI	Team Europe Initiatives
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WASH	Water Sanitation Health
WB	World Bank
WFP	World Food Programme
WHO	World Health Organisation

1. Background

1.1. Country COVID-19 context and government response

The Pacific Island countries (PICs) such as Fiji initially succeeded in keeping Covid-19 under control and recorded a small number of cases. Governments quickly implemented strict containment and health measures such as lockdowns, curfews and physical distancing, travel restrictions and international border closures to prevent imported cases of the virus.¹ However, the Fijian government ruled out any possibility of a nationwide lockdown. As of 15 July 2021, Fiji had registered 13 886 cases and 74 deaths, most of them since April 2021. Due to imported cases and alleged breaches in quarantine, the country is now struggling to contain an outbreak of the highly transmissible Delta variant. In addition to the pandemic, the region was hit by five tropical cyclones over the past year.

This had immense social and economic impacts. Tourism essentially collapsed due to travel restrictions and fear, and the economy is estimated to have contracted by 19%.² Given the region's strong dependency on tourism revenues, the international border closures have had knock-on effects for overall economic activity (especially on retail, manufacturing, and trade sectors), supply chain disruptions, and job losses. Unemployment has increased by 27%, in 2020, the most severe contraction in Fiji's history. This is especially worrying for the most vulnerable and marginalised groups, including women, children, older people, young people, persons with disabilities, LGBTQI+, single and women-headed households, and poor households. Overall, the social and economic crises brought about by these external shocks have undermined the country's ability to achieve the Sustainable Development Goals. The economic contraction was also particularly severe and persistent for other small island economies, with output in 2020 remaining more than 10% below pre-pandemic levels in Palau and Vanuatu.

In order to support the economic activity, the Fijian government adopted a series of relief measures. A stimulus package of FJD 1 billion was announced on 27 March 2020 together with the Fiji National Provident Fund. This included cash transfers through the FNPF for Fijians in the formal sector who had lost their jobs or seen their working hours reduced.³ With limited room for countering the negative impact of the pandemic on economic growth and household incomes, Fiji has had to rely heavily on support from international Donors such as the World Bank, Asian Development Bank, JICA, and AIIB among others. Overall, PICs have limited fiscal space and have struggled to provide the support that their people and economies need.⁴

¹ UN Pacific - Socio-economic impact assessment of Covid-19 in Fiji, Consolidated Report, July 2020

² World Bank. 2021. World Bank East Asia and Pacific Economic Update, April 2021 :Uneven Recovery. Washington, DC: World Bank. © World Bank. <https://openknowledge.worldbank.org/handle/10986/35272> License: CC BY 3.0 IGO.

³ World Bank - PRESS RELEASE NO: 2021/097/EAP

⁴ World Bank. 2021. World Bank East Asia and Pacific Economic Update, April 2021 Uneven Recovery. Washington, DC: World Bank. © World Bank. <https://openknowledge.worldbank.org/handle/10986/35272> License: CC BY 3.0 IGO.

1.2. European Union (EU) response

EU budget allocated to COVID-19 response in the Fiji amounted to EUR 8.31 million by December 2020. The largest share of bilateral support was provided in the form of budget support to increase the country's fiscal space and allow for the implementation of the national COVID-19 response plan. Budget support was complemented with humanitarian assistance delivered by the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) through the Disaster Relief Emergency Fund administered by the International Federation of Red Cross and Red Crescent Societies (IFRC), to address the humanitarian emergency triggered by Tropical Cyclone Harold in April 2020. Regional support of EUR 34 million was also committed by the Commission for the COVID-19 response, including EUR 22 million allocated through regional African, Caribbean and Pacific Group of States (ACP) programmes for prevention, detection and diagnostics.⁵ (See Annex: Intervention Logic Sketch)

Two interventions were selected for an in-depth review, and have therefore been given greater attention in this note, especially in EQ4. Below is the list of the selected interventions in Fiji-Pacific:

- Health:
 - Regional Health Support – World Health Organization (WHO), World Food Programme (WFP), Pacific Community (SPC) (EUR 22 million): composed of EUR 2 million for Timor Leste (WHO) and EUR 20 million for other Pacific countries. (WHO, WFP, SPC)
- Socio-economic support:
 - Budget Support Agriculture (EUR 8 million)

2. Answers to Evaluation Questions (EQs)

2.1. EQ 1 – Relevance

EQ1: To what extent did the initial EU global response to the COVID-19 pandemic through the Team Europe (TE) country packages address the needs and priorities of partner countries and regions in each country context in line with the three priorities of the Team Europe approach?

Summary: In keeping with the Joint Communication, the EU COVID-19 response for Fiji sought to address needs related to health and socio-economic recovery while also taking into account the effects of Tropical Cyclone Harold in April 2020, which exacerbated the COVID-19 crisis conditions. The EU used a combination of regional and national channels to provide support to Fiji and the other Pacific Island Countries (PICs), tying in particular its health response closely to multi-lateral response efforts in the region, in line with the Joint Communication. The response sought to address socio-economic needs primarily by advancing the final EUR 4 million payment tranche of a recently agreed budget support programme for agriculture by adding it to the EUR 4 million first payment tranche under the programme.

In keeping with the Joint Communication,⁶ the EU COVID-19 response for Fiji and other Pacific Island Countries sought to address needs across different sectors, emphasising in particular health and support for socio-economic recovery, but also taking into account

⁵ Country Team Europe Response to COVID-19 Tracker

⁶ Communication on the Global EU response to COVID-19 (JOIN (2020) 11 final); Brussels, 8.4.2020.

needs arising from Tropical Cyclone Harold in April 2020, which exacerbated the crisis conditions linked to the COVID-19 crisis. EU support was meant to help address short- and longer-term challenges of the health sector related to COVID-19, principally to provide resources and supplies for the immediate crisis in 2020, and to extend support into the medium- to -long-term to help increase the crisis resilience of the health system. Socio-economic needs were targeted through the budget support to the agricultural sector and various other, smaller scale interventions to ensure food and nutrition security and to safeguard trade and the private sector which had been affected by the closing of borders to goods and visitors. Through ECHO, the EU package also provided immediate support to communities affected by Tropical Cyclone Harold, which caused widespread destruction in Fiji and other PICs in April 2020 and exacerbated the difficult situation caused by the COVID-19 crisis.

The EU Delegation in Suva used a combination of regional and national channels to provide support to Fiji and the other Pacific Island Countries with their COVID-19 responses, tying some of its support closely to multi-lateral response efforts in the region, as requested in the Joint Communication on the COVID-19 response. In health, the EU re-allocated EUR 22 million from the Investment Facility for the Pacific to help fund a WHO-led multi-country, multi-lateral effort to support the health sector of Fiji and other PICs through a Joint Incident Management Team (JIMT) for COVID-19. The JIMT was established in January 2020, bringing together different UN organisations⁷ and donors⁸ to fund and implement a “Phase 1” regional action plan to provide initial support to PICs in the first few months of the pandemic. At national level, the EU used the front-loading of tranche payments of a budget support programme for the agricultural sector to help the Fijian government secure highly needed fiscal space and address socio-economic needs related to the pandemic. Beyond the front-loading, the budget support programme was not otherwise adapted to respond to any specific aspects of the COVID-19 crisis.

The EUR 22 million from the EU regional COVID-19 response package supported Phase 2 of the JIMT actions to address the “continued vulnerability of Pacific populations and health systems to COVID-19”⁹ in view of their limited capacity to diagnose, treat and manage large numbers of COVID-19 cases while also ensuring the continuous delivery of essential services. Acknowledging the uncertainty over the course and duration of the COVID-19 crisis, the Phase 2 action plan combined activities for tackling long-term health needs and resilience building of regional health systems with short-term actions to make available life-saving interventions needed in the emergency phase of the response. Aligned to the WHO Global Response Strategy for COVID-19 and the WHO Western Pacific Regional Action Plan for Response to Large-scale Community Outbreaks for COVID-19, the JIMT Phase 2 foresaw technical support to Fiji and other PICs, procurement, and transport of critical medical supplies, including personal protective equipment (PPEs), enhancing of diagnostic capabilities and also the strengthening of Water Sanitation Hygiene (WASH) infrastructure to reduce transmission and to improve care. As JIMT partners also included WFP, EU support also helped finance the transport of supplies and equipment

⁷ International Organization for Migration (IOM), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF) and WFP.

⁸ The Australian Department of Foreign Affairs and Trade (DFAT), the New Zealand Ministry of Foreign Affairs (MFAT), United States Agency for International Development (USAID), Asian Development Bank (ADB), and World Bank (WB), among other things.

⁹ Action Document for Health Support in response to COVID-19 in the Pacific; Annex III of the Commission Decision on the financing of the annual action programme in favour of the Pacific region for 2019.

by the WFP-managed *Pacific Humanitarian Air Service*¹⁰ as a relevant logistical element of the EU-financed response. Additionally, the EU also foresaw synergies between the COVID-19-response project and several other regional programmes financed by the EU and other partners. This included the WHO-led “ACP programme to strengthen health systems for universal health coverage” whose budget the EU topped up with an additional EUR 2 million in response to the COVID-19 crisis.

The EU response package sought to address socio-economic needs related to the COVID-19 crisis primarily by advancing the final EUR 4 million payment tranche of a recently agreed budget support programme for agriculture and adding it to the first EUR 4 million payment tranche paid in August 2020. The increased tranche-payment of EUR 8 million, paid in August 2020 in line with the 2019 – 2020 Fijian fiscal year, was meant to help maintain the fiscal space of the Government to protect livelihoods and to enact fiscal and economic stimulus measures in line with its national COVID-19 response plan, while also allowing it to inject resources into the agricultural sector to mitigate the negative impact of the COVID-19 crisis on the economy and food security in the country, and to build the medium to long run resilience of the agricultural sector. The budget support payment was complemented by the launch and adaptation of several regional projects aimed at trade support and private sector development, natural resource management and food security, all of which would help the region with its socio-economic recovery from the effects of the pandemic.

2.2. EQ 2 – Value added

EQ2: To what extent did the Team Europe (TE) initial response provide additional benefits beyond what would have resulted from actions taken by the EU institutions and EU MS on their own?

Summary:

The Team Europe (TE) approach was limited in Fiji, where very few MS are present and operate. The EU Delegation mainly ensured a quick and well-aligned response to the country and regional socio-economic priorities related to COVID-19. Active in multi-country programmes and multi-donor platforms of the region, the EU Delegation optimised its coordination with international organisations and non-governmental organisations present in such mechanisms, notably with the WHO-led Pacific Joint Incident Management Team for COVID-19. Complementarity with EU MS operating in the region was noted on specific actions. Despite a limited use of the “TE” branding, the organisation of the COVID-19 response was a good opportunity to enhance EU visibility as one of the key partners of the global response to COVID-19.

Given that EU presence in the Pacific region, including MS, consists mainly of the EUD, the development of a Team Europe (TE) approach was somewhat limited. Nonetheless, the EU demonstrated a smooth response to COVID-19, ensuring complementarity and coherence of its support to the EU overall strategy in the region, the region’s needs and existing donor coordination mechanisms.¹¹

¹⁰ The Commission authorised an exception to the “non-retroactivity of costs” to make all costs incurred from the start of the implementation of JIMT Phase 2 Plan on 1 June 2020 eligible for EU financing, independent of the actual signing of the financing and contribution agreements. The Financing Agreement of the project was signed in November 2020, five months after the start of the implementation of the Phase 2 plan. The duration of the implementation period was set to 22 months, with a subsequent closure period of 24 months to give room to address longer-term issues of the national health systems.

¹¹ Interview, June 2021.

First, the combined Team Europe (TE) response consisted of EUR 119 million of reoriented funding, demonstrating the EU's capacity to reconcile emerging needs and the continuity of programmes (Interview June 2021; COVID-19 Tracker regional January 2021). The response was deployed mainly by EU Delegation for the Pacific and France. EU priorities in the region were impacted by COVID-19-related restrictions on tourism and the EU response took that into account in a timely fashion. By the end of January 2021, most of the Team Europe (TE) COVID-19 response actions were signed into contracts and all the accelerated budget support payments were disbursed.

Second, the Team Europe (TE) response consisted mainly of EUD efforts to ensure complementarity with EU MS and some coordination with existing regional multi-donor mechanisms. EU aid originated mostly from European Development Fund (EDF). The only EU MS providing more than EUR 1 million in 2019 was Germany, and aside from France and Spain, there is no MS presence in Fiji. While highlighted as a key challenge for EU coordination (Interview June 2021), efforts to enhance EU-EU MS collaboration bore fruit following Tropical Cyclone Harold through a joint EU-France partnership to deliver humanitarian aid.¹²

At the country level, the EU Delegation met regularly with EU Heads of Mission in Suva and EU embassies in the Pacific under the supervision of the EU Head of Cooperation to share information and coordinate emergency action.¹³ Country-level coordination also relied on missions from the EUD, as many partners were working off-island and national authorities in Fiji demonstrated little appetite for donor-led regional mechanisms.

At the regional level, the EU channelled its support to the COVID-19 response through the WHO-led Pacific Joint Incident Management Team for COVID-19, which brought key organisations and donors together to support the emergency health response¹⁴, including the United Nations (UN)-led Pacific Humanitarian Group and a COVID-19-Pacific donor coordination group.

In the COVID-19 response context, coordination and partnerships with international organisations and non-governmental organisations present in the region were optimised thanks to the EU Delegation for the Pacific participating in multi-country programmes and in all the coordination mechanisms listed above. Advancing complementarity and avoiding duplication through these groups is key considering that there is no joint budget support among donors, and poor appetite from national authorities to use regional coordination mechanisms.¹⁵

There were clear efforts to brand and publicise the EU response to COVID-19 in the local media and social media. Despite a limited use of the "Team Europe" branding, the organisation of the COVID-19 response was a good opportunity to enhance visibility efforts.¹⁶ On 25 January 2021, a ceremony for the signature of the financing agreement of the COVID-19 Health Support to the Pacific was hosted at the EU Residence in Suva, covered by the local press. Most press releases referred to the "EU" or "the Head of Delegation". Tagged as part of the quartet supporting the health sector in the face of COVID-19 across the Pacific, i.e., EU, the World Health Organization, the United

¹² COVID-19 tracker, Dec.2020.

¹³ COVID-19 tracker country, Dec. 2020.

¹⁴ AAP 2019 Amended; COVID-19 Tracker regional Jan.2021.

¹⁵ COVID-19 Tracker, Jan. 2021.

¹⁶ Interviews, June 2021.

Nations World Food Programme and the Pacific Community, the EU appeared as one of the key partners among several actors in that global response.¹⁷

2.3. EQ 3 – Efficiency

EQ3: To what extent were, and are, the individual aid modalities and other aid delivery mechanisms and their combinations efficient and flexible enough for use in Team Europe’s COVID-19 response in COVID-19 crisis conditions?

Summary: The EU showed a strong reactivity and flexibility to reallocate available funds already committed in the framework of (1) its regional cooperation, by integrating the health dimension in view of the new needs of the PICs; and (2) its direct bilateral cooperation with Fiji, by amending the new budget support programme in the agricultural sector to double and advance the first payment by six months to mid-2021. This flexibility supported the national authorities in preserving fiscal resources at the beginning of the 2020/2021 fiscal year, at a time when they were facing severe declines in tax and foreign exchange inflows. It contributed to securing budget execution of an agricultural COVID-19 response package dedicated to protecting rural livelihoods and preserving national food and nutrition security. The monitoring of the bilateral EU COVID-19 response built on past experiences of budget support and capacity development projects in the agricultural sector. The EU intervention also supported the development of a new public policy monitoring and evaluation reform process at the level of the Ministry of Agriculture, which will contribute to improving the quality of the planning and monitoring of the national agriculture and food security policy. At regional level, the EU COVID-19 response in the health sector was aligned with the WHO’s monitoring system, but little information has been made available to date due to the recent contribution to JIMT phase 2.

The EU demonstrated strong responsiveness, at the onset of the COVID-19 pandemic crisis, in repurposing its existing cooperation programmes at national and regional (multi-country) level. This strategy consisted essentially of redirecting and strengthening the regional cooperation focus on health sector resilience,¹⁸ as well as front-loading the financial resources still available in the bilateral cooperation envelopes and prioritising budget support in order to support the national government’s fiscal capacities to address the immediate socio-economic consequences of the crisis; implement their national COVID-19 response plan; and preserve their stability-orientated macroeconomic policies. Indeed, while Pacific countries were able to contain the health consequences of the COVID-19 pandemic, notably by taking early travel restrictions, quarantine and lockdown measures, they were the worst hit developing countries in terms of economic and international trade disruption as well as in terms of deterioration of fiscal positions, aggravated by the strong reliance of Pacific economies on tourism, commodity exports and remittances.

In the case of Fiji, as the national financial envelope was almost already fully committed in 2020, the bulk of the bilateral EU COVID-19 response consisted of amending and advancing in a timely fashion the payment’s schedule of a new sector budget support programme that was in its final formulation stage. Using sector budget support and adapting its disbursement architecture to advance and increase the payments to the 2020/2021 Fijian State Budget was considered by the national authorities as the most relevant and fastest way to respond to their immediate fiscal and socio-economic challenges. A swift process of discussions and

¹⁷ Visibility report, Press releases Jan. 2021, Interview June 2021.

¹⁸ Overall implementation of the EUR 22. million channelled through WHO, WFP and The Pacific Community “Health Support in response to COVID-19 in the Pacific not yet assessable as only implemented since the very end of 2020

agreements at the onset of the COVID-19 crisis, involving the EU Delegation, national authorities and the endorsement of the Directorate-General for International Partnerships (INTPA) headquarters (Budget Support Steering Committee) in early 2020, allowed the EU budget support intervention to be quickly recalibrated in response to the new pandemic environment. The payment schedule of the EU budget support programme 'Support to Sustainable Rural Livelihoods' was modified to top-up the first payment of EUR 4 million with the same amount initially foreseen as a final payment in 2023. Initially planned for the end of the year 2020, the payment was advanced to August 2020.

In Fiji, the monitoring of the EU COVID-19 response built on past experiences of budget support operations related to natural disaster recovery interventions, supports to the reform of the sugar sector and capacity development projects in the agricultural sector. The EU budget support also contributed to support the national development of a dedicated detailed monitoring and evaluation system in the agricultural sector, including an updated baseline exercise through the carrying out of a comprehensive national agricultural census. The EU has been the leading donor in the agriculture sector since the onset of the preparation of the Ministry of Agriculture's five-year Strategic Development Plan (SDP) 2019-2023. Through the funding of an earlier Food and Agriculture Organization (FAO)-managed capacity development project, it provided an important technical support which led to progressive and fundamental changes in the agricultural public policy approach. The authorities for the first time set up a forward-looking strategic planning for the agricultural sector and developed a specific costed operation plan, contributing to a better link with the national fiscal planning and the national and sector budget processes. The direct contribution of the EU COVID-19 response to secure budget allocation and execution of this national sector reform process and the planned EU budget support capacity development activities prepared the ground for a more efficient national monitoring and evaluation framework of the Fijian agricultural and food security development policy. EU capacity building under the budget support programme aimed also at strengthening the statistical governance and project assessment, implementation and management review and management in the agricultural sector. Where the COVID-19 national containment measures complicated the day-to-day technical and financial monitoring of the EU budget support programme, the EU Delegation adapted its monitoring system accordingly. Extension officers of the Ministry of Agriculture (MoA) underwent training on data collection that was relevant for (i) rapid disaster damage assessments, and (ii) indicators of the MoA Strategic Development Plan. The above helped the MoA to obtain data and become more efficient in decision making related to the COVID-19 response. Monitoring also relied on an EU-supported national ongoing sector monitoring and evaluation reform process at the level of the Ministry of Agriculture.

On macroeconomic and public financial management (PFM) issues, the EU integrated the existing multi-donor policy dialogue with the national authorities and the related coordination and monitoring mechanisms such as the World Bank coordinated "Friends of Budget Support". The EU joined the existing coordination and policy dialogue fora on macroeconomic and public financial management issues led by key budget support donors such as the ADB and the World Bank. The long-time EU contribution to the Pacific Financial Technical Assistance Centre (PFTAC) was already conducive to a sound level of coordination, joint monitoring and policy dialogue with key PFM donors (including ADB, DFAT and New Zealand) and the national authorities.

At regional level, the EU COVID-19 response in the health sector relied on the WHO monitoring system in the context of the Pacific Action Plan for Novel COVID-19

Preparedness and Response Plan and the Joint Incident Management Team. Insufficient information on this is available for a full assessment. The related provisions of the contribution agreement planned the introduction of an electronic exchange system for the e-management of the agreement. It also defined the first reporting period from 1 June 2020 to 31 May 2021 with an expected monitoring report to be produced by the WHO.

2.4. EQ 4 – Effectiveness

To what extent was the EU response successful in progressing towards the objectives associated with the COVID-19 response?

Summary The swift increase and front-loading of the first budget support disbursement at the beginning of the 2020/2021 fiscal year was effective in supporting the government's Treasury to finance key and urgent economic, agricultural and food security stimuli and support packages, at the time of an extremely restrictive and constrained fiscal environment. The specific focus on food security and institutional and financial governance reform agenda in the agriculture sector played a critical role in mitigating the negative impacts of the economic contraction on vulnerable rural livelihoods and the risk of food crisis, while paving the way for economic and social resilience. Although the COVID-19 pandemic did not immediately lead to a major health crisis, the repurposing, mid-2020, of the EU regional cooperation to integrate health equipment and health system capacity building and resilience through support to WHO's phase 2 of its Joint Incident Management Team should also prove effective in view of the recent degradation of the health situation in the region. This includes EU funding for the COVID-19 Vaccines Global Access (COVAX) initiative as rapid immunisation of the relatively small population of the PICs region is also vital for a regional social and economic recovery.

Although the COVID-19 pandemic did not lead to an immediate health crisis due to the highly effective reaction of the Fijian and other regional authorities in controlling the spread of COVID-19, the EU promoted a risk-mitigation approach by amending its regional cooperation accordingly to include health equipment and health system capacity building and resilience activities. The EU COVID-19 health-related response under its regional cooperation intended to address the global low diagnostic capacity and critical care infrastructure situation in numerous PICs accentuated by the fact that the Pacific region is prone to natural disasters and related possible outbreaks, as well as to high rates of non-communicable diseases, entailing several risks factors for severe COVID-19 crisis.

The re-allocation of EUR 22 million from the Investment Facility for the Pacific to fund the second phase of a WHO-led multi-country, multi-lateral effort to support the health sector of Fiji and other PICs, aimed at reducing all these vulnerabilities by capitalising on the Joint Incident Management Team set up by WHO in January 2020. This intervention developed a specific focus on enhancing testing, detection, infection prevention and monitoring capacities as well as on patient management (through Standard Operation Procedures), strengthening of surveillance and prevention of zoonotic diseases. All these actions were proposed in order to promoting the International Health Regulation in the region. The share of the budget allocation to the different countries is not known. The initial implementation was planned for 19 months starting in June 2020, but the contract was finally signed only in December 2020 with the funding disbursed in January 2021 with a retroactive clause. In the absence of monitoring information at the time of the present report, it was not possible to make an effectiveness assessment of this regional EU COVID-19 response. The EU funding of the COVAX initiative, together with the other regional donors' vaccination distribution campaigns, was also considered as highly

effective by the Fijian authorities in minimising the pandemic's impact on the regional health systems and contributing to a rapid and sustainable economic recovery.

In terms of addressing major socio-economic consequences of the pandemic, the doubling and advancing of the first payment under the EU budget support programme 'Support to Sustainable Rural Livelihoods' infused timely liquidity into the 2020/2021 State Budget. The payment at the early stage of the 2020/2021 Fijian fiscal year (August 2020) contributed to a timely increase in the government fiscal capacities to finance a second round of fiscal and economic stimulus packages, and more specifically, the dimension of its national agricultural response package, dedicated to protecting rural livelihoods and to preserving national food and nutrition security. Despite the modest magnitude of the amount disbursed (EUR 8 million representing approximately 1% of the planned annual fiscal deficit, though the magnitude of the support increases when considering the sole annual budget appropriation to the agricultural sector), it contributed to support the continuity and scaling up of the financing of countercyclical socio-economic and agricultural stimuli packages (more than EUR 800 million for the 2020/2021 Fijian fiscal year compared to EUR 450 million in the 2019/2020 fiscal year), in an environment of extreme fiscal constraint and intensified socio-economic challenges which characterised the Fijian 2020/2021 fiscal year from the very beginning.

The bulk of the EU COVID-19 response channelled through a swift and increased budget support disbursement in August 2020 contributed to preserving macroeconomic and fiscal stability by compensating for the drop in foreign exchange inflow. It was instrumental to secure budget execution of programmes undertaken by the Agricultural Extensions Services to reduce socio-economic impact in rural areas and prevent food crisis. The EU scaling up and timing of the budget support disbursement was particularly predictable and timely for the national authorities considering the early 2020/2021 State Budget cash management needs. Indeed, the Government faced an even more severe public financial situation from mid-2020 onwards. Strong contraction of the national gross domestic product (GDP) owing to the pandemic-induced collapse of tourism and virus control measures (closing of the country's international borders, quarantine measures and other domestic containment measures early in the pandemic) led to more pronounced adverse effects on the government's overall fiscal position. This resulted in the dramatic decline of tax revenues and foreign exchange inflows, widening of the fiscal deficit and heavy reliance on debt financing. In this environment, the injection of EUR 8 million at the onset of the 2020/2021 fiscal year provided the Government with valuable fiscal room for manoeuvre to scale up key public expenditure programmes related to the fiscal stimulus and food security packages. It also contributed to ensure funding, in an increasingly challenging fiscal environment, for the necessary economic and agricultural diversification reform agenda (such as non-sugar agriculture sub-sectors) of the country by preserving vital state budget allocations and execution for related key public expenditure programmes dedicated to the agriculture sector's administrative, institutional and production reform policies.

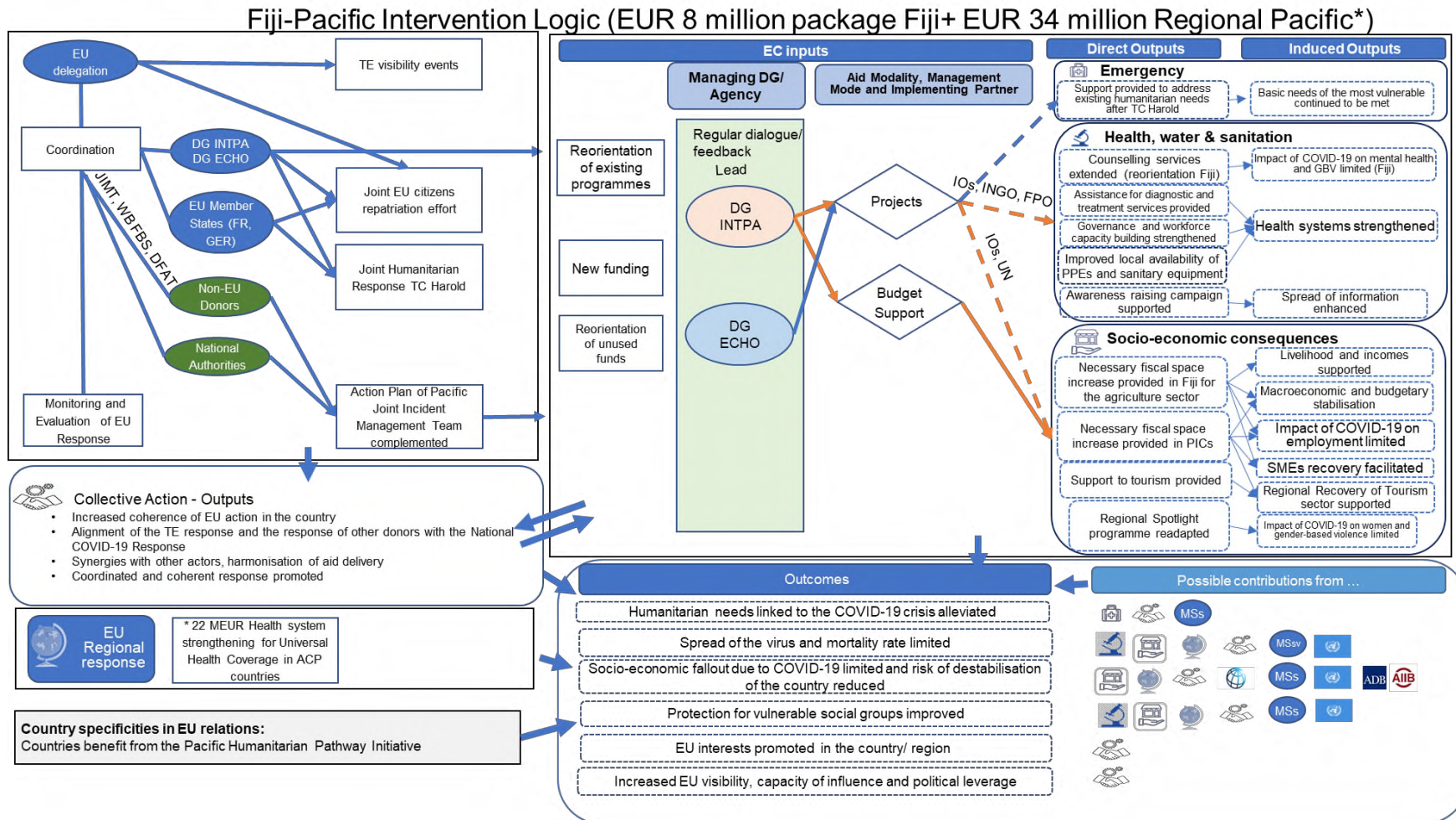
With an estimated contraction of more than 14% of GDP in 2020 in the aftermath of the April Tropical Cyclone Harold and the deep coronavirus-driven recession, characterised by a drop in tourist receipts due to travelling restrictions, the public finances further and sharply deteriorated after July 2020 compared to the 2019/2020 fiscal year. The planned fiscal deficit increased from 9% to close to an estimated 20% of GDP 2020/2021 (15% at the time of present reporting period). Fiscal revenues plunged by almost 35-40% during the second part of 2000 while expenditures increased due to fiscal and economic stimulus initiatives through funding

to priority public expenditures programmes (Agricultural Response Package) in the agriculture and food and nutrition security sectors, whereas tax concessions were offered to the business community and socially vulnerable populations, in addition to the expansion of unemployment assistance and additional subsidies to cover the payment of minimum wages.

The EU budget support payment contributed to easing the continuum in the implementation of the national COVID-19 response. The latter entailed specific measures to protect livelihoods in order to reduce the negative impact of the pandemic on food systems and consolidate the resilience of the farmers' community. The EU budget support notably included the scaling up of the existing Home Gardening Programme and a new Farm Support Package which aimed at boosting the production of short-term crops through distribution of seeds and materials. It preserved state budget financing for the agriculture sector strategy, including the specific national COVID-19 agricultural stimulus package, whereas several ministries saw a reduction in their budget appropriation between the 2019/2020 and 2020/2021 fiscal years in the wake of the subsequent recalibration and revision of State Budgets.

As the EU disbursement represented almost 30% of the total annual 2020/2021 budget appropriation of the Ministry of Agriculture, the EU COVID-19 response also contributed to preserving from the pandemic and its related fiscal crisis institutional and financial governance reforms at national level, but especially at the agricultural sector level. The budget support intervention, together with the EU contribution to PFTAC and the EU regional technical assistance project on PFM, and with the influence of more sizeable budget support contributions from key donors in the region (World Bank and ADB as well as neighbouring countries such as Australia, New Zealand and Japan), further strengthened the EU policy dialogue on PFM reform with the national authorities. As one of the key players in the agriculture sector (since the progressive phasing out of other donors such as New Zealand), the specific focus of the EU COVID-19 intervention (dedicated to support the sustainable rural livelihood intervention of the Ministry of Agriculture; ongoing comprehensive institutional and financial governance; and monitoring and evaluation reforms) paved the way for a more efficient management and reorientation of public resources as well as increased quality and accountability of public sector performance and service delivery in the agriculture and food security sector. This, consequently, should be conducive to stronger national pandemic resilience in the near future. However, as the health situation deteriorated further in the region during 2021, entailing a protracted socio-economic and fiscal crisis, the Government of Fiji will not have the financial capacity to offset the socio-economic damages alone and will need additional budget support in the coming years. In that regard, a future EU post COVID-19 related response may have to consider stronger alignment with the most important budget support donor programmes (World Bank, ADB, DFAT and New Zealand) through, for example, a joint matrix of policy actions and/or performance indicators.

3. Annex: Intervention Logic Sketch



Source: Evaluation Team

Country note - Kenya

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Acronyms

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THE PURPOSE OF THIS COUNTRY NOTE IS TO INFORM THE FAST-TRACK ASSESSMENT OF THE EU INITIAL RESPONSE AS A WHOLE AND NOT TO CARRY OUT AN ASSESSMENT OF THE RESPONSE IN THE COUNTRY.

Acronyms

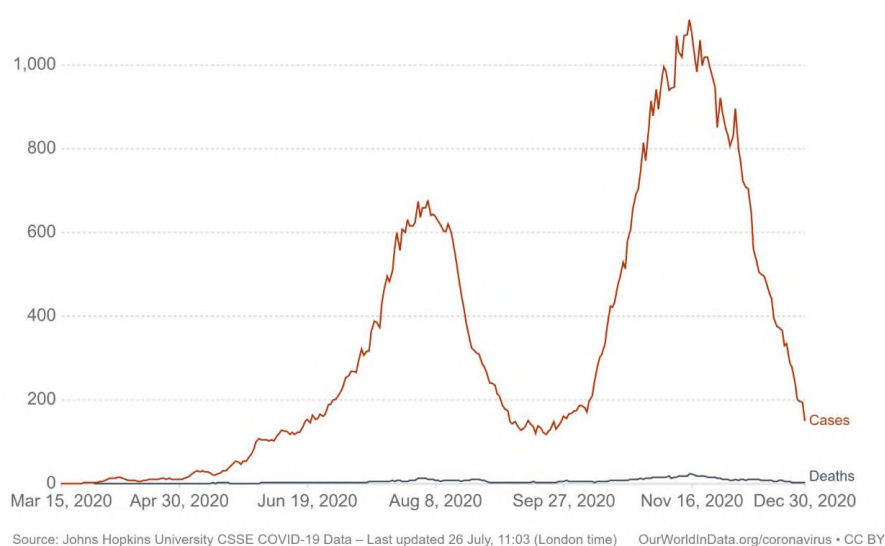
BS	Budget Support
EIB	European Investment Bank
EQ	Evaluation Question
EU	European Union
HQ	Headquarter
INGO	International Non-Governmental Organisation
MIP	Multi Annual Indicative Programme
MS	Member State
MSME	Micro, Small and Medium-Sized Enterprises
SME	Small and medium enterprise
SRPC	Sector Reform Performance Contract
TE	Team Europe
TEI(s)	Team Europe Initiatives
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
WB	World Bank
WHO	World Health Organisation

1. Background

1.1 Country COVID-19 context and government response

The first two cases of COVID-19 were confirmed on 13 March 2020, which prompted a rapid response from the Kenyan Government and the implementation of lockdown measures and a travel ban. Despite the first peak of contaminations being reached in late July 2020, Kenyan authorities lifted restrictions on movement in and out of the country's main cities and resumed international flights.¹ The number of cases subsequently increased in October and November, especially in the capital, Nairobi, causing the World Health Organisation (WHO) to worry about the potential spread to counties ill-equipped to handle an outbreak and to neighbouring countries. In fact, due to its geographical position, economic status and porous borders, Kenya has become a key transit country in the region.²

Daily new confirmed COVID-19 cases in Kenya



Measures to contain the spread of the virus have had socio-economic repercussions in Kenya, as evidenced by the economy contracting by 0.4 % in the first half of 2020.³ Despite a slight improvement in the second half of the year, output remained below 2019 levels. The economic slowdown resulted in significant income losses, with many people falling below the poverty line of EUR 1.60 per day. The unemployment rate rose dramatically, essentially doubling by the end of 2020 compared to the pre-COVID-19 level.⁴ The services, import and export sectors were strongly affected, with the tourism-related sectors being hit the hardest (83.3 % contraction in Q2). The pandemic also affected the agricultural sector, which employs 40 % of the population, leading to increased food insecurity.

The Government's response consisted of several economic and financial measures which have contributed to a modest recovery in the second half of 2020. An **immediate budgetary response** of EUR 53 million was provided to strengthen the health system, protect the most vulnerable

¹ IOM - COVID-19 regional overview on mobility restrictions - 17 September 2020

² IOM - COVID-19 Strategic Response and Recovery Plan 2021 for East & Horn of Africa

³ WB - Kenya economic update - November 2020

⁴ WB - Kenya economic update - November 2020

households and support businesses. A **fiscal stimulus package** of EUR 422 million was adopted to cushion the economy from the depressive effects of the pandemic, targeting among others youth worker programmes, education, environment, public infrastructure, agriculture and tourism. **Tax reliefs** (income, corporate, turnover) **and VAT rate reductions** further complemented the response. The Central Bank of Kenya provided additional **monetary stimulus** and liquidity support, reduced its key policy rate from 8.25% to 7.25 %, and granted flexibility to banks on provisioning requirements for restructured loans. The Kenyan Government developed in September 2020 a comprehensive response plan to the COVID-19 crisis around five pillars (private sector activity, policy, legal and institutional reforms, County governments' preparedness, information communication technology and human resource development).

1.2 EU response

The EU was among the first to provide substantial assistance in Kenya, as recognised by Kenyan leadership and the wider population. To date, **Team Europe (TE) response** in Kenya has totalled **EUR 502 million**, with **EUR 134 million in grants** from the EU and its Member States , and **EUR 368 million in loans** from the EIB (European Investment Bank) and European Development Finance Institutions (EDFIs). The EUR 90 million Commission's support to Kenya was twofold. Firstly, an emergency and health response aimed to strengthen national and county capacity to manage, detect, and respond to COVID-19 while also supporting communities' and vulnerable households. Through DG ECHO, the response also addressed health, water and sanitation issues in the refugee camps, in support of camp dwellers and host communities. Secondly, the socio-economic response included a new COVID-19 budget support (BS) programme (for which the **EU disbursed EUR 30 million** in November 2020) and projects on facilitating access to suitable finance for private enterprises. In addition, it included projects aimed to ensure safe trade, to keep critical supply chains opened, and to guarantee food security and access to essential medicines.

On the TE side, **Germany** and **France** donated equipment against COVID-19 to the Government in April 2020. **France** topped up its support to the Red Cross for cash transfer with EUR 0.5 million (around 8000 beneficiaries) and, in December 2020, provided EUR 30 million in concessional loans (via the World Bank Public Finance Reform programme). **Germany** (EUR 1 million) and **Denmark** (EUR 3 million) contributed to the Oxfam-led consortium supporting direct cash transfers in Mombasa. **Finland** (EUR 0.93 million), **Poland** (EUR 99,000), and **Sweden** (EUR 2.1 million) funded the World Food Programme to provide cash transfers and nutrition support to population in needs. **The Netherlands** contributed EUR 3 million to the Safe Trade Emergency Facility of Trademark East Africa, and was followed by **Denmark** which signed, in February 2021, a EUR 17 million contribution (for Kenya and the region).

Three interventions were selected for an in-depth review, thus have been given greater attention in the note, especially in evaluation question (EQ) 4. Below the list of the selected interventions in Kenya:

- Health:
 - 1. Health and social safety net response to COVID-19 at the community level in Kenya - Kenya Red Cross (EUR 2.5 million), Amref (EUR 2.5 million), Oxfam (EUR 5 million)
- Socio-econ support
 - 2. Safe Trade Emergency Facility' to mitigate the impact on trade of the COVID-19 crisis in Kenya - Trademark Africa (EUR 5 million)
 - 3. Kenya Micro, Small and Medium-sized enterprise Access Finance during the COVID-19 emergency (blending) - EIB (EUR 20 million)

2. Answers to Evaluation Questions

2.1 EQ 1 – RELEVANCE

EQ1: To what extent did the initial EU global response to the COVID-19 pandemic through the Team Europe (TE) country packages address the needs and priorities of partner countries and regions in each country context; in line with the three priorities of the Team Europe approach?

Summary

The EU response in Kenya was relevant in terms of timing, partnerships, Team Europe (TE) thematic priorities and cross-cutting issues. It was acknowledged by the various stakeholders that interventions were especially rapidly implemented compared to previous EU interventions. The response contributed to answering immediate country needs, including those arising from prevention and containment measures. However, the interventions are limited in their potential to strengthen local health systems and to enhance resilience to epidemic outbreaks.

The EU response to COVID-19 in Kenya was largely timely, in line with EU strategic documents and based on needs identified by knowledgeable local humanitarian partners.

Indeed, the local partners and authorities have highly appreciated the speed with which funding has been committed, partners contracted and interventions implemented.⁵ It can also be noted that the potentially disproportionate burden of COVID-19 on women and girls was well identified and tackled in interventions, including through targeted cash transfers and initiatives to support women traders at the borders.⁶

The response, while addressing all three Team Europe (TE) priorities, focused on socioeconomic issues where the needs were relatively less met by other development partners and where most of the expertise of the EU Delegation lied.⁷ DG ECHO also brought specific attention to the continuation of services in refugee camps⁸ and has provided funding to the WHO at the global level, which in part benefitted to Kenya.

Among the **main challenges** lied the facts that the EU had little to **no experience in health programming in the country** to build on and the **limited funding still available (non-committed) from the ongoing EDF**, as the epidemic outbreak happened at the end of a multi-annual financial period.⁹ Those challenges were met by engaging in new partnerships with well-established International NGOs, such as the Kenyan Red Cross and Oxfam, possessing the relevant knowledge and by redirecting funding from other projects, in agreement with Kenyan authorities.¹⁰ A main limitation for the social safety net response was the **coverage** and duration of the project **in relation to needs**. Oxfam estimated that almost 1.5 out of 2.6 million Kenyans in Nairobi's informal settlements could be currently food insecure. Even combined with the range of other safety net initiatives implemented by Government and partners, complete coverage is unlikely.

⁵ Interviews, May 2021

⁶ Interviews, May 2021

⁷ Interviews, May 2021; Team Europe Response to COVID-19 Tracker (July 2020 and March 2021); Strategic documents

⁸ Interviews, May 2021

⁹ Interviews, May 2021

¹⁰ Interviews, May 2021; Team Europe Response to COVID-19 Tracker; Project level documentation

The ownership of the response by local authorities differed among interventions and varied over time. For example, the cash transfer program was set up originally with the abovementioned International NGOs with a plan to eventually hand it over to the Government. However, despite a funding possibility, this did not take place as the Government had other priorities.¹¹

The interventions can only be expected to have a limited impact on global epidemic resilience and health system strengthening. Emergency and health interventions are not akin to generate greater resilience and capacity of the health sector. The speed and smoothness of the EU response did broker access for EU representatives to high-level national stakeholders and allowed to initiate dialogue in subjects where the EU was absent before.

2.2 EQ 2 – VALUE ADDED

EQ2: To what extent has the Team Europe (TE) initial response added benefits to what would have resulted from actions taken by the EU institutions and EU MS on their own?

Summary

Building on the Kenya joint programming experience, the TE approach has positively influenced coordination and communication channels across EU institutions and MSs in the COVID response. With the EU Delegation playing a key role promoting collaborative mechanisms and ensuring the relevance of EU action to Government priorities, TE approach has the potential to give impetus for increased MS's buy-in into new initiatives and EU partnerships with a broader set of stakeholders, including International NGOs and UN agencies. The strong TE narrative was instrumental in enhancing the political dialogue and increased EU visibility at the Government level and to some extent, in the donor community.

The TE approach has positively influenced coordination and communication channels across EU institutions in the COVID response. Available documentation shows the TE approach encouraged a fluid and cross-sectoral dialogue across EU institutions both in country and at HQs.¹² The EU Delegation has been working closely with EU MS embassies and the EIB to provide a comprehensive COVID response package, including two Team Europe Initiatives (TEIs) on Digitalisation and the Green Deal. The TE approach builds on several prior experiences of joint work including joint programming exercises: the TEIs built on the Kenya Joint Cooperation Strategy 2018-2022 and informed the new Multi Annual Indicative Programme (MIP) 2021-2017.¹³

The EU Delegation played a key role in advancing a TE perspective, notably enhancing the relevance of the EU response to Government priorities and recovery plans and pushing for collaborative mechanisms (weekly meetings with EU operational team, political and policy dialogue with key stakeholders, tracking tools). Most interviewees strongly welcomed such active role and emphasized how the TE approach facilitated division of labour in some cases (such as DG ECHO adapting its work on refugee issues to emerging COVID-19 related challenges) as well as a rapid reorientation and mobilisation of available resources.¹⁴ In areas where delays were experienced (such as in trade or access-to-finance projects), these were mainly due to the complexity and the specificities of chosen tools (such as blended finance procedures) rather than to poor coordination.¹⁵

TE provided a framework to design specific joint actions with MSs, mobilising their respective resources, networks and expertise (policy dialogue, technical assistance, finance...).

¹¹ Interviews, May 2021

¹² Interviews, May 2021; Team Europe Response to COVID-19 Tracker (March 2021)

¹³ Interviews, May 2021

¹⁴ Interviews, May 2021

¹⁵ Commission-EIB Access finance key point, 2020; Interviews, May 2021

Documentation stresses the strong potential of complementarities built through the TEIs on Green Deal and Digitalisation. In addition to the possibilities for blending financing tools, TEIs opened new opportunities for MS's buy-in. For example, the Green Deal initiative would allow Germany, France and EIB to join forces on clean urban transport and affordable green housing, while aligning to Denmark's plans to upscale its Green Growth programme.¹⁶ While it is too early to gauge actual impact, it is understood the TEIs have the potential of being "game changers" in the way the EU Delegation coordinates with MSs building on the Joint Cooperation Strategy and "working better together" approach. In contrast, some interviewees noted the tendency of some MSs to promote their own visibility rather than an "act as Europe" message, in a country that has a history of competition among powers for influence.¹⁷

As part of the TE approach, increased partnerships on specific areas of interventions were developed with non-EU donors, World Bank (WB), UN Agencies (IFAD (International Fund for Agricultural Development), United Nations Office on Drugs and Crime (UNODC), WHO) and International NGOs (e.g., Oxfam, Red Cross and Care), to advance COVID-related support to the most vulnerable populations, in sensitive settings and at community level (in refugee camps, informal settlements etc.). In this regard, an interview with an International NGO suggested that the EU Delegation facilitation of dialogue, rapid reaction, and easing of certain technical and bureaucratic processes, constitute good practice.¹⁸ Documentation also suggests that TEIs have the potential to give impetus to EU cooperation with other donors, International NGOs, and research. For example, digitalisation has been identified as a key area of enhanced UN-EU partnership in Kenya at the Joint UN-EU retreat held in March 2020.

Despite limited documentation, interviews suggest that a strong TE narrative has been pushed through communication outreach and policy dialogue, thereby increasing EU visibility. A series of stories from the field has been published on the EU Delegation website. Reports of press conferences, small videos and social media presence point to a potential positive effect on the EU's clout, notably at the government level and in the donor community. However, it is difficult to gauge the extent to which EU communication gained traction at the population level.

2.3 EQ 3 – EFFICIENCY

EQ3: To what extent have the individual aid modalities and other aid delivery mechanisms and their combinations been, and currently are being, efficient and flexible enough for use in Team Europe's COVID-19 response under conditions of the COVID-19 crisis?

Summary

Flexibility, implementation speed and monitoring varied across aid modalities. Humanitarian responses, BS as well as the Safe Trade Emergency Facility intervention have been relatively amenable, fast and well-monitored. Blending proved to be inappropriate as a rapid emergency response modality. The handling by the Kenyan Government of suspicion of corruption in the management of COVID-19 funds has been duly considered by the Commission before disbursing the single fixed tranche of the COVID-19 BS.

Humanitarian responses have been a great deal more amenable and therefore more adaptable than other aid modalities in terms of absorbing reallocated funding to provide quick support in addressing immediate health and social needs. DG ECHO has allocated funding to the WHO (EUR 2.3 million) to enable them to provide support through governmental health channels, while at the same time funding International NGOs to provide support to refugees based

¹⁶ Team Europe Response to COVID-19 Tracker (September 2020)

¹⁷ Interviews, May 2021

¹⁸ Interviews, May 2021

in the Dadaab and Kakuma camps in the north of the country. However, there was no modification in the regional Humanitarian Implementation Plan (HIP) for COVID-19 which would have generated an increased funding base. The EU Delegation and MSs have also supported humanitarian agencies (Oxfam, Kenyan Red Cross) to provide cash support to slum areas within Nairobi, with the first payment released in August 2020. Such relevant activities have happened quickly and efficiently, demonstrating good co-ordination between MSs and the EU Delegation.

The EU response through BS has been swift with a total of EUR 37 million disbursed in July and November 2020 from two Sector Reform Performance Contracts (SRPCs). A newly dedicated COVID-19 BS programme was signed very early on (June 23rd) prior to the first peak of contaminations in the end of July. The single fixed tranche (EUR 30 million) was disbursed in November 2020. Moreover, the fixed tranche instalment (EUR 7 million) initially foreseen under PASEDE was disbursed as initially planned in July 2020.

“Classical” operations were also mobilised swiftly: DG INTPA Safe Trade Emergency Facility intervention (EUR 4 million) implemented through TradeMark East Africa, which used reallocated funds for the pandemic started in May 2020.

The use of blending was not appropriate to provide a rapid emergency response. Indeed, blending operations usually go through a heavy design and approval process which takes almost a year. In Kenya, the EU reorientated funds originally attributed to the EIB for infrastructure operations to enhance the capacity of financial institutions to continue accepting the risk of lending to private enterprises, especially small and medium enterprises (SMEs). Discussions started in May 2020 but the contract between the Commission and the EIB could only be signed in December 2020. The project was in its inception phase mid-May 2021. This substantially reduced the relevance of the project as an immediate emergency response to COVID-19.

The monitoring systems in place varied across these interventions. Monitoring processes are inherently built in for all humanitarian interventions to highlight where positive changes take place, as is the case for the Oxfam cash support, and where not. DG INTPA Safe Trade Facility intervention monitoring system was well established, incorporating a national oversight committee with government representatives, with Trademark producing monthly reporting. For the blending operation, the EIB manages and implements the intervention. Since it was starting only early/mid 2021, no monitoring had yet taken place.

The handling by the Government of Kenya of suspicion of corruption in the management of COVID-19 funds has been duly considered by the Commission before disbursing the COVID-19 BS single fixed tranche (EUR 30 million). In July 2020, media and CSOs raised suspicions of corruption in the procurement of COVID-19 material by the Kenya Medical Supplies Authority (KEMSA). Following the scandal, the EU Delegation actively engaged with the anti-corruption bodies in Kenya, liaised with development partners to gain traction through a coordinated response, monitored the findings of the initial audit reports, and raised concerns and expectations during policy dialogue meetings. Furthermore, in order to enhance public scrutiny of the funds allocated towards addressing the Covid 19 crisis, the EU Del awarded a CSO grant of EUR 919 354 whose objective was to analyse and publicise, the allocation and use of Public Funds in relation to the COVID-19 Crisis for the Financial years 2019/2020 and 2020/2021 at National and County Government Levels in order to contribute to public feedback on resource allocation, utilisation and effectiveness during the crisis. Further government-led and donor-led investigations were envisaged. End October 2020, the

EU Delegation estimated that the Ministry of Health reacted swiftly following the audit report¹⁹ and that the government's overall response to the suspicions had been credible thus far.²⁰

2.4 EQ 4 – EFFECTIVENESS

To what extent has the EU response been successful in progressing towards the objectives associated with the COVID response?

Summary

The Commission agreed with the Kenyan Government to procure necessary personal protective equipment (PPE) kits and laboratory diagnostic, which was disseminated rapidly through well-established partners. Emergency support to urban households was adequate, but its duration too short. TE's support to the Government's socio-economic recovery efforts is only starting and results are limited.

The EU provided EUR 5 million for PPE, testing kits and ambulances. This was channelled through the Kenyan Red Cross and Amref over a timeframe of eight months. Large volumes of PPE could be procured and delivered due to reduced prices. 800,000 PPE kits were delivered by Amref alone, while 4,000 ambulance services were provided to pregnant women in rural areas. In addition, increased testing capacity was observed by partners, albeit low in the refugee camps. Increased social stress and gender-based violence within the country and the refugee camps are most likely consequences of the pandemic.

Emergency economic support to urban households provided through the Oxfam consortium's social safety net made an important contribution to meeting short-term survival needs. The amount transferred seemed sufficient to cover most households and food needs,²¹ but the duration has been insufficient. There has not yet been adequate collective discussion between the actors on (harmonization of) transfer values, and on whether these safety nets should be designed with humanitarian objectives as paramount or with social protection system building and complementarity to government in mind. The intentions of Oxfam, the Kenyan Red Cross and Amref to influence the Government on the need for social protection reforms remain to be seen, although all are well experienced in this competing area.

Not enough evidence could be collected on the effectiveness of Commission's socio-economic response. The revival of business activity will strongly depend on the Government's post-COVID-19 Economic Recovery Strategy yet to be implemented. BS disbursements provided limited fiscal space: they represented 0.25 % of 2020 total public revenues. They allowed the injection of timely liquidities into the Government's budget (e.g., EUR 7 million in July i.e., at the peak of the crisis and EUR 30 million in November). This was crucial in a tense macroeconomic environment where Kenya's fiscal deficit was already high before the start of the crisis (i.e., 7.9 % of GDP during Fiscal Year 2018/2019) and debt servicing obligations took up 4 % of GDP the same year, around a quarter of the budget in May 2020. Commission support focusing on Micro, Small and Medium-Sized Enterprises (MSMEs) through a blending operation with the EIB has not delivered results yet since the credit lines are supposed to be delivered in June 2021 at the earliest.

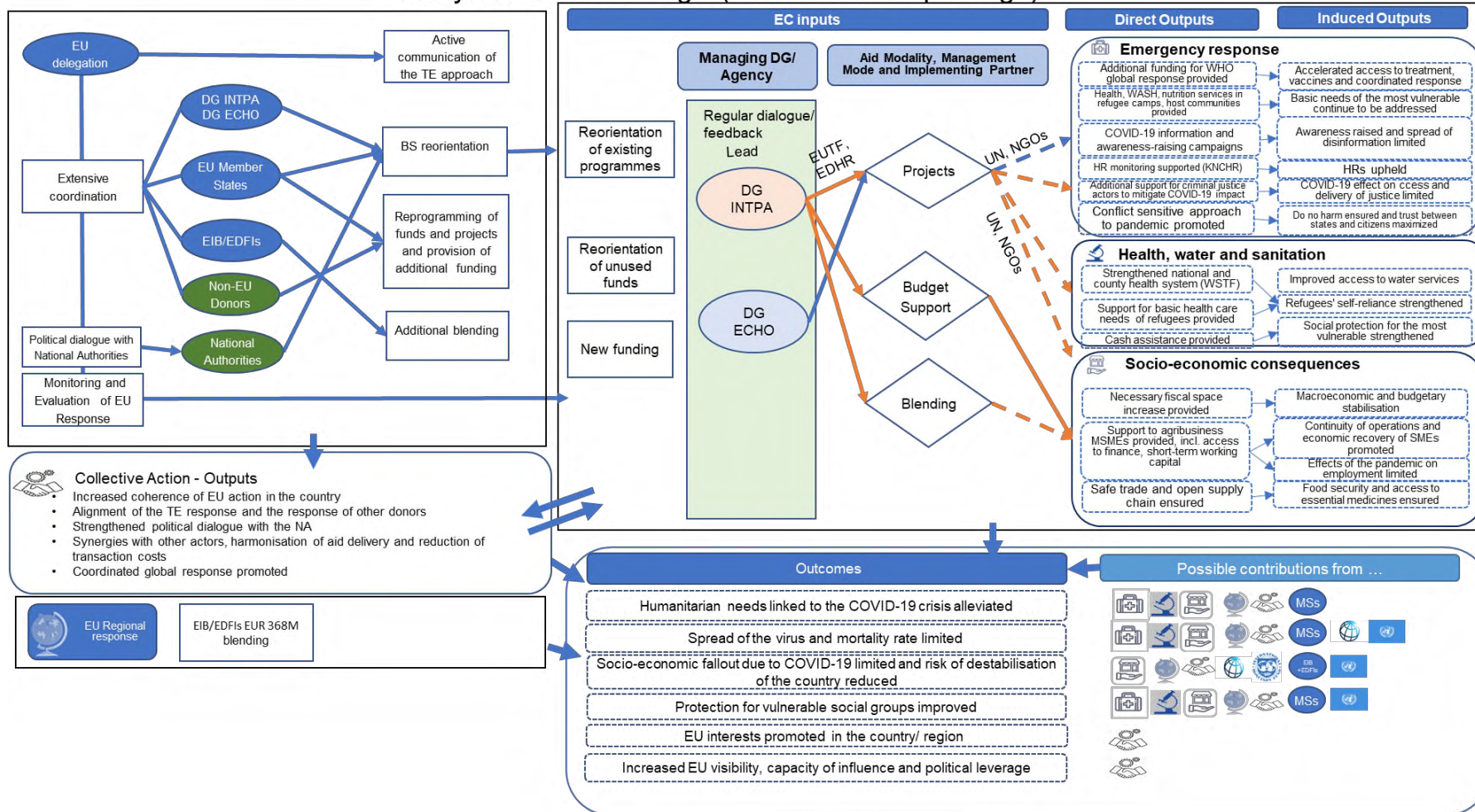
¹⁹ The draft audit report – published in September 2020 – highlighted breaches of competition best-practices and estimated that overpricing by companies may have cost KEMSA approximately EUR 17 million. The Ministry of Health suspended three officers as well as the non-compliant firms mentioned in the report, called on the Anti-Corruption Commission to investigate KEMSA, and appointed a multi-sector team to review internal processes at KEMSA, issue recommendations and support its new management.

²⁰ Note on the BS Eligibility Assessment, 29/10/2020 & Note to the file, 19/11/2020

²¹ The consortium provided a transfer value to ensure that households receive an income equivalent to 50% of the multi-sector COVID-adjusted MEB as calculated by the Cash Working group.

3. Annex: Intervention Logic Sketch

Kenya Intervention Logic (EUR 90 million package)



Country note - Sierra Leone

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THE PURPOSE OF THIS COUNTRY NOTE IS TO INFORM THE FAST-TRACK ASSESSMENT OF THE EU INITIAL RESPONSE AS A WHOLE. IT IS NOT DESIGNED TO BE AN ASSESSMENT OF THE RESPONSE IN THE COUNTRY.

Acronyms

CBO	Community Based Organisation
CRS	Christian Relief Services
CODOHSAPA	Centre of Dialogue on Human Settlements and Poverty Alleviation
COVAX	COVID-19 Vaccines Global Access
DFID	Department for International Development
DG	Directorate-General
ECHO	European Civil Protection and Humanitarian Aid Operations
ECOWAS	Economic Community of West African States
EIB	European Investment Bank
EU	European Union
EUD	Delegation of the European Union
EQ	Evaluation Question
FCC	Freetown City Council
FDI	Foreign direct investment
FEDURP	Federation of Urban and Rural poor
GIZ	<i>Gesellschaft für Internationale Zusammenarbeit</i>
IGC	International Growth Centre
ILO	International Labour Organization
IMF	International Monetary Fund
INTPA	International Partnerships
M&E	Monitoring and Evaluation
MS	Member states
MOPED	Ministry of Planning and Economic Development
NaCSA	National Commission for Social Action
NGO	Non-governmental organisations
NPRP	National COVID-19 Preparedness and Response Plan
PHU	Primary Health Care Units
PPE	Personal protective equipment
QAERP	Quick Action Economic Response Plan
RCDCS	Regional Centre for Disease Surveillance and Control

SSN	Social Safety Net programme
TE	Team Europe
TEI	Team Europe initiative
UNCDF	United Nations Capital Development Fund
WASH	Water, hygiene and sanitation
WB	World Bank

1. Background

1.1 Country COVID-19 context and government response

As early as February 2020, the Government rolled out actions and measures to prevent the pandemic from entering the country, including increased surveillance in the Lungi international airports and at the major land border posts. Furthermore, a curfew was imposed, schools and markets were closed, and services of worship, bars and restaurant hours were limited. On 24 March 2020, President Julius Maada Bio declared a State of Public Emergency in the country for a period of 12 months. The first case of COVID-19 was confirmed on 31 March 2020. The country's Minister of Defence was appointed Interim Coordinator of the Emergency Operations Centre, which was renamed National COVID-19 Emergency Response Centre (NACOVERC). Similar structures were also established at district level and District Coordinators for the 16 districts of the country appointed to coordinate the sub-national response. Measures put in place included a robust social mobilisation drive that includes, CSOs, journalist, artists, religious and community leaders; limiting meetings and public gathering to not more than 20 people; promotion of virtual meetings; imposition of inter-district and two-three day national lockdown; curfew; establishment of treatment centres for the management of positive patients and isolation centres for primary contacts of positive patient; promotion of hand washing in homes, communities, offices and other public places; mandatory wearing masks in public place.

In March 2020, the Ministry of Health and Sanitation led the development of the nation's COVID-19 Response Plan. This plan was replaced by the May 2020 **COVID-19 Preparedness and Response Plan (NPRP)**. The key objectives of the plan were to mitigate the spread of COVID-19, minimise deaths, protect wider health services and mitigate the impact of COVID-19 on livelihoods. To achieve these objectives, the response plan adopted a strategic approach built on previous experience dealing with health threats (Ebola, malaria, typhoid, cholera) and focused on surveillance, isolation, quarantine, testing, clinical care and behavioural change. Sierra Leone's strategy to contain COVID-19 built on the pre-existing Ebola response infrastructure and strong coordination between central and local authorities.

Fearing the economic impact and social instability resulting from extended lockdown measures, and given the decrease in the observed number of new cases, the Government gradually lifted restrictions. Despite the rather intangible presence of the virus and low transmission rates, pre-existing vulnerabilities and increased economic hardship have worsened the conditions of the majority of the population. Socio-economic consequences of the containment measures include increased food insecurity, (gender) inequalities, degradation of children's education, higher unemployment rates, strong decrease in economic activity (especially in the trade and tourism sectors), and decline in foreign direct investment (FDI) flows and remittances.¹ Since the pandemic affects both lives and livelihoods, the Government of Sierra Leone developed a **Quick Action Economic Response Plan (QAERP)**. The primary objective of the QAERP is to maintain macroeconomic and financial stability as well as mitigate the impact of the pandemic on households and businesses. The programme has the following objectives:

- Building and maintaining an adequate stock level of essential commodities at stable prices
- Providing support to hardest-hit businesses to enable them to continue operations and avert layoffs of employees

¹ International Growth Centre (IGC) - United Nations COVID-19 socio-economic response plan for Sierra Leone, 23 Apr 2021

- Expanding safety nets to vulnerable groups
- Supporting labour-intensive public works
- Providing assistance for the local production and processing of staple food items

The total funds required for the implementation of the QAERP were estimated at EUR 129 million.² As of the end of July 2020, the Government had committed EUR 77 million³ while multilateral partners had committed EUR 20 million.⁴

1.2 European Union (EU) response

The EU committed around EUR 142.5 million in response to the crisis in Sierra Leone:⁵

- The **health response** mainly consisted of repurposing 15 to 20 existing interventions, including adapting operations and adhering to new COVID-19 protocols. Adaptations focused on disease management, health facilities, access to basic services including food provision, shelters, border management, setting up isolation centres and provision of structural support via the Civil Service and Public Administration. The EU also funded several awareness campaigns to contribute to better prevention and fighting misinformation. Limited fresh funds were committed for a COVID-19-specific EUR 2.2 million grant to a consortium made up of the Freetown City Council and various NGOs focusing on WASH, health and livelihoods. Similarly, ongoing support to decentralisation focusing on WASH and agriculture was repurposed to support COVID-19 preparedness, socio-economic response and recovery in the targeted districts with four additional grants signed and a top-up of around EUR 2 million invested in emergency activities.⁶
- The **socio-economic response** included a EUR 25 million budget support disbursement under the ongoing State Building Contract (frontloading and conversion of the 2020 variable tranche into a fixed tranche)⁷. A COVID-19-specific top-up of EUR 5.2 million was allocated to the World Bank social safety nets project, providing households with income support. Additional interventions contributed to the response despite not being specifically designed for this purpose. These included two major programmes focusing on food security, job creation and education (BASF; Jobs and Growth Programme).⁸
- **No emergency response** was specifically targeted to COVID-19 given the absence of critical humanitarian needs. However, DG ECHO contributed to the crisis response through a EUR 4 million grant to WHO, consisting of a single delivery humanitarian flight providing Personal protection equipment (PPE).⁹

EU MS presence is limited in Sierra Leone, with Germany now pulling out from the country and Ireland mostly working on gender and democracy. The TE approach materialised in the collaboration between the Commission and Ireland combining resources up to EUR 1.5 million. The joint response specifically focused on supporting local authorities in addressing the COVID-19 crisis. Similarly, a Team Europe Initiative “Green Alliance with Sierra Leone” was designed in cooperation with Germany (Energy and

² USD 151.95 million.

³ USD 91.07 million.

⁴ USD 23.354 million.

⁵ Inventory compiled by the Evaluation Team

⁶ Sierra Leone Team Europe COVID-19 response tracker, December 2020, March 2021 update and Interviews

⁷ Rider n°4 to the Financing Agreement SL/FED/040- 115 signed on 25th June 2018

⁸ Sierra Leone Team Europe COVID-19 response tracker, December 2020, March 2021 update and Interviews

⁹ Sierra Leone Team Europe COVID-19 response tracker, December 2020, March 2021 update and Interviews

Agriculture) and Ireland (Nutrition and Gender), the European Investment Bank, the European Private Sector and European Civil Society Organisations.¹⁰ (See Annex: Intervention Logic Sketch)

Two interventions were selected for an in-depth review and have therefore been given greater attention in this note, especially in Evaluation Question (EQ) 4. Below is the list of selected interventions in Sierra Leone:

- Health
 - 1. DG INTPA: Freetown preparedness and response plan, Freetown City Council (FCC) - Christian Relief Services (CRS) and its co-applicants (Freetown City Council; Caritas Freetown; Centre of Dialogue on Human Settlements and Poverty Alleviation (CODHSAPA); Federation of Urban and Rural poor (FEDURP); Sierra Leone Red Cross Society) - (EUR 2.2 million)
- Socio-economic
 - 2. DG INTPA: Safety Net Project – World Bank (WB) (EUR 5.2 million)

2. Answers to Evaluation Questions

2.1 EQ 1 – Relevance

EQ1: To what extent did the initial EU global response to the COVID-19 pandemic through the Team Europe (TE) country packages address the needs and priorities of partner countries and regions in each country context in line with the three priorities of the Team Europe approach?

Summary

The TE package in Sierra Leone adequately covered COVID-19 priority areas, through repurposing activities under on-going and upcoming contracts in line with the objectives of the NPRP and the QAERP. Coordination among Government, donors and implementation partners started early on, and TE appeared to respond swiftly to the COVID-19 crisis, although lack of funding limited coverage. In general, TE also worked in close coordination with central and local authorities. The TE response package targeted medium-/long-term challenges through its strong linkages with on-going country-level efforts, although little was done on capacity building

The TE package in Sierra Leone adequately covered COVID-19 priority areas, through repurposing activities under on-going and upcoming contracts in line with the objectives of the NPRP and the QAERP:¹¹

- In terms of funding, the emphasis lay heavily on the **socio-economic response**, through (i) frontloading budget support payments to improve the government's fiscal position; (ii) providing recovery support to local authorities; and (iii) topping up the Social Safety Net programme (SSN) to support informal workers in urban areas (an uncommon target group particularly hit by the pandemic). These were further complemented by targeted interventions within the framework of the on-going food security, job creation and education programmes (such as soap and food production).

¹⁰ Sierra Leone Team Europe COVID-19 response tracker, December 2020, March 2021 update and Interviews

¹¹ Sierra Leone Team Europe COVID-19 response tracker, December 2020, March 2021 update and Interviews

- A comprehensive **health response** was realised despite the health sector not being a priority for the EU in Sierra Leone. This happened largely through *(i)* repurposing grants to manifold NGOs and local authorities in order to strengthen preparedness and response capacities – in particular in Freetown as the epicentre of the epidemic – and *(ii)* prevention and awareness campaigns to combat fake news and the alarming refusal of the population to comply with safety protocols.
- An **emergency response** was not included, given the absence of critical humanitarian needs.

Coordination among Government, donors and implementation partners started early on, and TE appeared to respond swiftly to the COVID-19 crisis, despite the relatively late in-country arrival of the pandemic, the limited number of cases and the partial evacuation of EU staff.¹² First, repurposing on-going activities allowed for quick and coordinated action through existing operational modes. Two prime examples were the budget support payments which were frontloaded by six months and transformed into a Fixed Tranche, and the actions through NGOs and local authorities with strong in-field work experience and networks. The top-up to the SSN for unconditional cash transfers exemplified an alternative approach for quick response, where TE channelled resources through the existing cash transfer delivery system of the World Bank and the National Commission for Social Action (NaCSA). Second, EU administrative procedures were simplified to allow faster mobilisation and implementation. Finally, Government, donors, implementing partners and citizens could build upon the experience and capacity gained during past crises (Ebola, landslide).

Lack of funding limited coverage and could have impeded appropriate adaptation of modalities to a deteriorating situation. The EUD expected in particular a deterioration with the rainy season and associated flooding, in which case additional funding could have increased coverage. Fortunately, a massive outbreak did not occur in Sierra Leone.

TE worked in close coordination with central and local authorities.¹³ This was firstly achieved by explicitly tying action to the NPRP and QAERP, and by regular correspondence with the Government and development partners. It should be noted though that the latter applied less to the health sector response with its smaller projects, which ran directly through NGOs and local authorities, and hence implied limited government ownership. Secondly, interventions were implemented in close coordination with local authorities (in line with the decentralisation policy), although inadequate resources at district level remain a concern. The latter illustrates the strong polarisation between Government and opposition, which also complicates cooperation and crisis management.

The TE response package also targeted medium-/long-term challenges through its strong linkages with on-going country-level efforts, although little was done on capacity building.¹⁴ TE response activities existed within on-going contracts, several of which particularly target structural change (e.g. the State Building Contract; the food security, job creation and education programmes). Moreover, the support to SSN through WB and NACSA is foreseen to be continued in the next programming cycle; conversely, this is not intended for the health response. The COVID-19 response also did not compromise ongoing EU activities in support of the government's Medium Term Development Plan (e.g. construction works). However, interviewees indicated that little attention was paid in the TE response to capacity building, and that structural, institutional and fiscal problems remain.

¹² Interviews

¹³ Interviews

¹⁴ Interviews

2.2 EQ 2 – Value added

EQ2: To what extent did the Team Europe initial response provide additional benefits beyond what would have resulted from actions taken by the EU institutions and EU MS on their own?

Summary

Despite signs of coordinated efforts from EU institutions and EU MS, there is little evidence of a specific TE approach in this process. Considering the relatively low magnitude of COVID-19 so far, the limited number of EU instruments mobilised, and the low presence of MS (only two have permanent representation), the TE approach was quite limited in Sierra Leone. Substantial support was, however, provided to local authorities and (EU) NGOs. EU visibility efforts were clear during COVID-19, and the TE approach contributed to enhancing the EU's profile, but mainly among its immediate partners.

There is little evidence of the extent to which the Team Europe approach improved coordination among EU institutions in Sierra Leone. Available documents and interviews do not provide enough information of inter-services and agencies cooperation beyond regular information exchanges and joint monitoring meetings with national stakeholders and MS in the country. Considering the relatively low magnitude of COVID-19 spreading in a country that has faced Ebola, there was no humanitarian emergency support planned for COVID-19, but rather a contingency response. In that sense, ECHO focused on monitoring the situation in the region and in the country and stood ready to intervene, should the humanitarian situation deteriorate whatever the cause, including the recent Ebola outbreak in neighbouring Guinea. There was a sense of flexibility and proactive dialogue across EU institutions, notably between the EU Delegation and the European Investment Bank (EIB) should additional funds be needed to boost economic resilience and access to finance.¹⁵

The TE approach entailed joint responses developed by the EU Delegation with Germany and Ireland – the two MS present in the country – to mainly help national authorities to address the health and socio-economic needs increasing with the COVID-19 crisis in line with the decentralisation policy in place in the country.¹⁶ A “Team Europe Initiative Supporting District Level Response to COVID-19” was launched by the EU and Ireland, while a Team Europe Initiative “Green Alliance with Sierra Leone” was designed in cooperation with Germany (Energy and Agriculture) and Ireland (Nutrition and Gender), the European Investment Bank, the European Private Sector and European Civil Society Organisations, to open space for the participation of EU businesses and EU NGOs in the country.¹⁷

There are signs of a comprehensive and coordinated effort from EU institutions and EU MS to support local and national authorities, as well as European and local NGOs, in their response to COVID-19. For example, the EU doubled its support to the Regional Centre for Disease Surveillance and Control (RCDS) in the Economic Community of West African States (ECOWAS) region, managed through the *Gesellschaft für Internationale Zusammenarbeit* (GIZ) and co-funded with the German Government, from EUR 5 million to EUR 11 million. Interviewees with EU

¹⁵Ministry of Planning and Economic Development (MOPED) Letter, April 2020. This had not materialised as of the end of June 2021, however.

¹⁶ Interviews, June 2021.

¹⁷ Interviews, June 2021; TEI Green Alliance.

stakeholders welcomed Irish and German close coordination at country level notably on medical supply actions where the EU is involved in a limited way.¹⁸

Moreover, the EU and MS were active in supporting global mechanisms benefiting Sierra Leone, in particular on economic and social recovery solutions and through the COVID-19 Vaccines Global Access (COVAX) facility, but not necessarily as part of a TE approach.

Regular meetings took place with the World Bank and the International Monetary Fund (IMF) who were strongly involved through budget support activities and a cash transfer programme. The EU topped up the WB Safety Net programme (EUR 5.2 million) and contributes to ongoing programmes in food security, job creation and education with various partners (the GIZ, World Bank, the United Nations Capital Development Fund (UNCDF) and the International Labour Organization [ILO]) with a total of EUR 5.4 million disbursed in 2020, which can be construed as part of the COVID-19 response. It should be noted that this EU contribution to social protection has led to a longer-term commitment with WB and NACSA.¹⁹

EU Team Europe initiative (TEI) fight against COVID-19 benefited from multiple launches

mainly at the governmental official level (with official launch ceremony, regular correspondence with ministries, and so on) and in social media. While EU visibility efforts were pushed during COVID-19, the EU action more generally was publicised more through various hashtags such as #EUStandWithSalome than under a TE brand. There is therefore no evidence of enhanced visibility thanks to TE.²⁰ However, the TE approach was quite instrumental in raising the profile of the EU's role among international and local NGOs. For instance, the "Team Europe Initiative Supporting District Level Response to COVID-19" brought together six European, Irish and Sierra Leonean NGOs to complement national COVID-19 response efforts.

2.3 EQ 3 – Efficiency

EQ3: To what extent were, and are, the individual aid modalities and other aid delivery mechanisms and their combinations efficient and flexible enough for use in Team Europe's COVID-19 response in COVID-19 crisis conditions?

Summary

TE adapted and combined various existing aid modalities to deploy a relatively rapid and comprehensive response, although several modality-specific difficulties were encountered. As the TE response was largely embedded within ongoing contracts, follow-up typically happened through existing Monitoring and Evaluation (M&E) mechanisms.

TE adapted and combined various existing aid modalities to deploy a relatively rapid and comprehensive response.²¹ The fixed tranche budget support payments (EUR 10 million) were frontloaded from the end of the fiscal year to May 2020, and the variable tranche (EUR 15 million) was transformed into a fixed tranche paid in December 2020. Grants to NGOs and district councils were repurposed. Uncommitted and decommitted balances were used for new project grants (e.g. to the Freetown city council) or contributions through development partners (e.g. SSN). Certain delays –

¹⁸ Interviews, June 2021

¹⁹ Interviews, June 2021.

²⁰ Letters to MOPED April 2020, Visibility note, Interviews June 2021.

²¹ Sierra Leone Team Europe COVID-19 response tracker, December 2020, March 2021 update and Interviews

especially in terms of technical assistance and monitoring – may have been created through the partial evacuation of EU staff.

Several modality-specific difficulties were encountered.²² For the Freetown project, the large consortium set up with CRS as an International NGO and leading agency, combined with FCC as local government and five Community Based Organisations (CBOs), was very challenging in the particular political context. A steering management committee was lacking, there was insufficient understanding of EU operation among some partners, and the approach was neither cost-efficient nor efficient in implementation. Overlapping sectoral mandates from the different government agencies e.g. ministries of water resources, lands, local government etc. and NaCOVERC; agency responsible for national corona response especially constituted an obstacle. For the SSN project, transfers were only effectuated by May 2021, due to negotiation interference, the need for lessons learned from the first government-led phase, and the need to identify additional beneficiaries in an urban setting.

As the TE response was largely embedded within ongoing contracts, follow-up typically happened through existing Monitoring and Evaluation (M&E) mechanisms.²³ For projects, meetings were held regularly and continuously with implementing partners, while field visits had to be temporarily suspended. For the budget support, although the Variable Tranche was turned into a Fixed Tranche, the EUD still informally followed up indicators. Additional fast-track governmental audits of funds used for the QAERP were installed. For the new SSN project, third-party monitoring, WB internal monitoring and NACSA audits were all in place, and complemented by supervision meetings. However, an overall monitoring mechanism for the TE response package as a whole was not put in place.

2.4 EQ 4 – Effectiveness

To what extent was the EU response successful in progressing towards the objectives associated with the COVID-19 response?

Summary

The impact of the TE package on health and the socio-economic situation appears to be generally positive. TE channelled EUR 2.2 million funding through a consortium-mix of a leading International NGO with co-implementing partners from the local government and community-based organisations. The intervention addressed greater public awareness and health determinants rather than direct health interventions; those were covered by DG ECHO. Cash transfers to 36 000 additional households through the World Bank Social Safety Net programme also appeared to have been well received. TE installed various communication activities to combat widespread disinformation.

Overall TE support had a positive impact on health and the socio-economic situation in the informal settlements. It accelerated several activities enhancing the continuous support to communities and strengthened the use of stakeholder networks in a country with epidemics, pandemics, and natural disasters. Specifically, the TE contributed to health determinant aspects in

²² Interviews

²³ Sierra Leone Team Europe COVID-19 response tracker, December 2020, March 2021 update and Interviews

informal settlements in Freetown with provision of water to markets, Primary Health Care Units (PHUs) and vulnerable communities.²⁴

- 1 million masks
- Water supply to 90 PHUs (out of 450) and 92 markets (90 with kiosk)
- Street cleaners (80 groups, with 10 persons per group) received salaries of 339 EUR/month²⁵, which was a United Kingdom's Department for International Development (DFID)/EU/FCC mix. This ensured that streets were cleaned and daily labour income continued. Flood mitigation measures were a main achievement due to timely EU funding support.⁶

TE supported the Freetown preparedness and response plan with EUR 2.2 million funding from uncommitted balance, and channelled it through Christian Relief Services and co-implementers (mix of local government and Community Based Organisations).²⁶ The support included the provision of up to 1 million masks for the Primary Health Units and people living in informal settlements in Freetown, and improved hygiene and water supplies. A COVID-19 response plan was jointly developed by the Freetown Municipality and development partners, and put major attention on supporting the informal settlements where about 350 000 people live. The strategy addressed behaviour change communication, risk communication, community engagement and adequate quarantine measures. Those quarantine places were established in the next district with about 180 beds. The response ensured that the Government, communities and municipalities were represented, had voices and built upon synergies.²⁷

The TE top-up to the World Bank Social Safety Net programme intended to support an additional 36 000 households (up to a combined total of 88 000) that would otherwise have been excluded from social assistance. A single transfer of a EUR 135 e-voucher per beneficiary was effectuated at the end of May 2021. Monitoring results and impact assessments were expected only from June 2021 onwards, although this project in particular was highlighted by multiple interviewees as a successful TE intervention.²⁸

The city of Freetown faced a great deal of rumours and disinformation; therefore, communication was a major activity to address inappropriate behaviour. TE contributed to the following prevention measures for reducing rumours and misinformation, which were prevalent across the country:²⁹

- 480 community representatives were trained to conduct door-to-door sensitisation. 322 zones in 48 wards were engaged during the door-to-door sensitisation. A total of 2 304 communities were targeted with door-to-door sensitisation and 115 200 people were reached over a period of two weeks.
- Additionally, sensitisation was undertaken in public spaces to promote safe behaviours. A total of 353 508 people were reached for both public space sensitisation and door-to-door sensitisation. 10 277 persons with disabilities and 46 034 market women were reached.

²⁴ CRS and Freetown Municipality, personal communication, 9th June 2021

²⁵ USD 400

²⁶ CSO-LA 415-636_CRS_Description

²⁷ CRS and Freetown Municipality, personal communication, 9th June 2021

²⁸ Interviews June 2021.

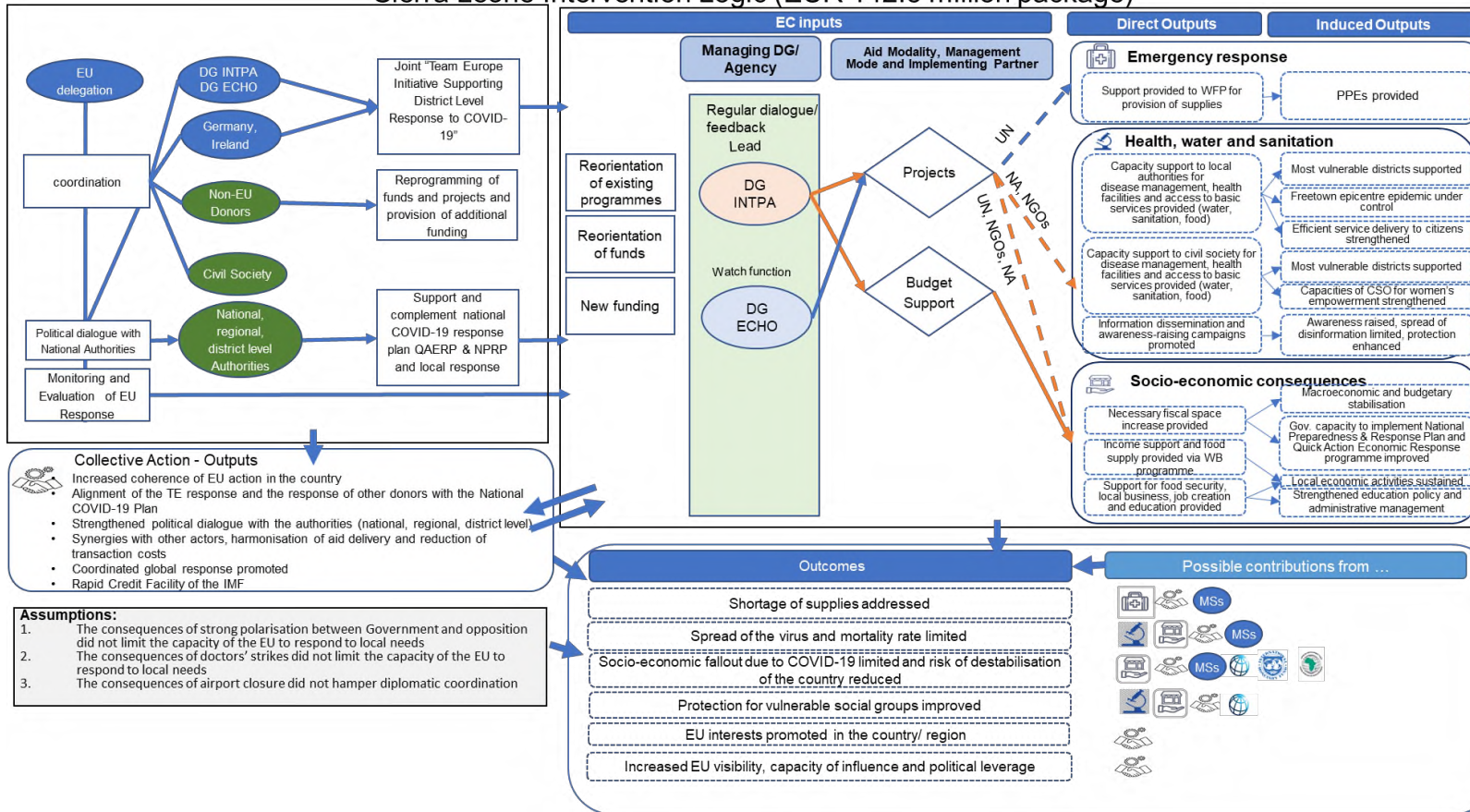
²⁹ Mid-Term Review, CRS, November, 2020

- The outreach teams focused mainly on special groups, including the Inter religious council, Ebola survivors association, persons living with disability, traders' council, slum dwellers' association, motor drivers' union, Kekeh drivers' union, and Okada drivers' union.
- 966 community stakeholders were engaged on outbreak prevention and best practices.
- 48 megaphones and batteries were distributed to community representatives in all the wards to conduct community engagement sessions.

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3. Annex: Intervention Logic Sketch

Sierra Leone Intervention Logic (EUR 142.5 million package)



Source: Evaluation Team

Country note - Ukraine

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Acronyms

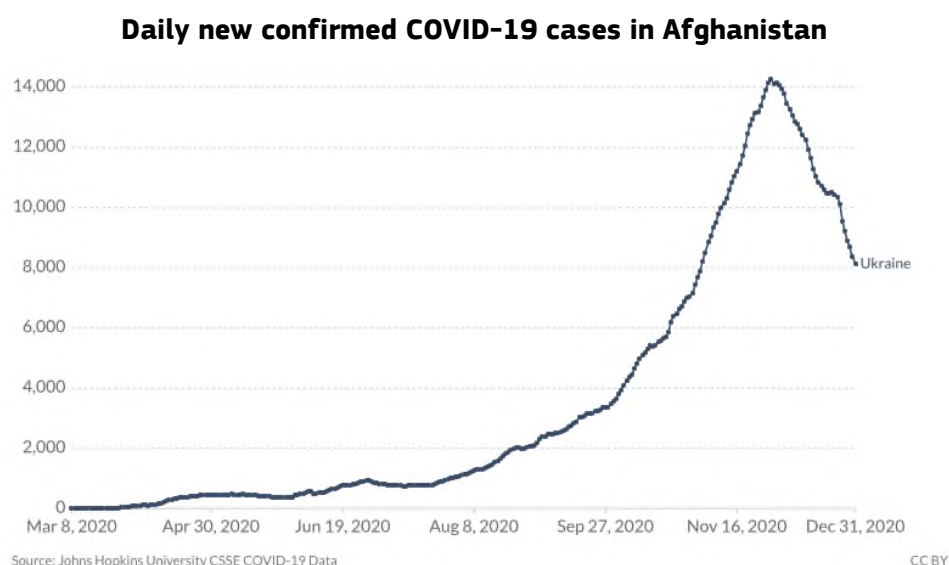
AAP	Annual Action Programme
AFETI	<i>Expertise France</i>
CPM	EU Civil Protection Mechanism
CSO	Civil Society Organisations
DG	Directorate-General
EaP	Eastern Partnership
EBRD	European Bank for Reconstruction and Development
EC	European Commission
ECFIN	EU Economic and Financial Affairs
ECHO	European Civil Protection and Humanitarian Aid Operations
EIB	European Investment Bank
ENI	European Neighbourhood Instrument
EQ	Evaluation Question
ERP	Emergency Response Plan
EU	European Union
EUD	Delegation of the European Union
GDP	Gross Domestic Product
GIZ	German Corporation for International Cooperation GmbH
HQ	Headquarters
ICMPD	International Centre for Migration Policy Development
ICU	Intensive Care Unit
IMF	International Monetary Fund
IOM	International Organization for Migration
ITC	International Trade Center
KfW	<i>Kreditanstalt für Wiederaufbau</i>
MFA	Macro Financial Assistance
MoU	Memorandum of Understanding
MS	EU Member States
MSME	Micro, Small and Medium-Sized Enterprises
NEAR	EU Neighbourhood and Enlargement Negotiations
NGO	Non-Governmental Organization

OECD	Organisation for Economic Co-operation and Development
PPE	Personal Protective Equipment
RRM	Eastern Partnership Rapid Response Mechanism
SME	Small and medium enterprises
TE	Team Europe
UN	United Nations
UNDP	United Nations Development Programme
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNOPS	United Nations Office for Project Services
UNRPP	UN Recovery and Peace Building Programme
UPHC	Ukrainian Public Health Centre
USAID	United States Agency for International Development
UWF	Ukrainian Women's Fund
WB	World Bank
WHO	World Health Organization

1 Background

1.1 Country COVID-19 context and government response

As of 10 December 2020, a total of 858 714 cases of COVID-19 and 14 470 deaths had been confirmed in Ukraine.¹ At the start of the pandemic, the country had around 83 ventilators per million inhabitant and 1 716 intensive care units (ICU) beds, and immediately faced shortages in medical supplies, such as masks or protective suits for health workers. The beginning of the epidemic coincided with a government reshuffle in March 2020 and the pursuit of healthcare reforms, which delayed the initial response. Faced with the threat of 50 000 doctors being laid off and more than 330 hospitals closing in the midst of a health crisis, the government amended a law in July 2020 to ensure that hospitals did not receive less funding than in previous years and to protect health care workers.²



Prior to the COVID-19 crisis, the economic outlook was stable, with steady growth, moderate public debt and relative price and currency stability. The unemployment rate, above 9% in 2019, did not rise as dramatically as in many Organisation for Economic Co-operation and Development (OECD) countries in 2020.³ Nevertheless, the share of informal workers in the economy remains very high (up to 30%), the social safety net and savings are low, and the fiscal space is limited, which limits the capacity of households or the government to absorb exogenous shocks.⁴ An assessment conducted by the UNDP in collaboration with UN Women and FAO found that since the beginning of the crisis, more than 84% households have lost income and 43% of them have at least a member who lost a job.⁵

Several measures were put in place by the government to counter the economic and social consequences of the health crisis. On 27 May 2020, a programme for Stimulation of Economy was

¹ Note that the evaluation period spanned from the incipit of the COVID-19 crisis to the end of December 2020.

² OECD, *The COVID-19 Crisis in Ukraine*, Tackling Coronavirus (COVID-19) Contributing to a Global Effort, December 2020, from <https://www.oecd.org/eurasia/competitiveness-programme/eastern-partners/COVID-19-CRISIS-IN-UKRAINE.pdf>.

³ The unemployment rate in Ukraine reached 9.9% in Q2 2020, before falling back to 9.4% in Q3.

⁴ OECD, *Ibidem*.

⁵ <https://www.undp.org/press-releases/un-study-documents-devastating-impact-covid-19-ukraine>

adopted by the government.⁶ It contained short-term initiatives in response to COVID-19,⁷ measures supporting six economic sectors,⁸ and the implementation of general functional measures to strengthen sectoral initiatives.⁹ Mid-September 2020, the draft state budget for 2021 was submitted. It included support for citizens and businesses, regional development, infrastructure renewal, and a total of USD 695.3 million for the fight against the COVID-19 infection.¹⁰

1.2 European Union (EU) response

The EU response in Ukraine was comprehensive providing considerable funding for macro-economic stabilisation and mobilising EU and its Member States instruments and programmes to meet health and humanitarian needs and address the socio-economic consequences of the pandemic. Ukraine is the biggest recipient of Macro-Financial Assistance (MFA) in the region, with an allocation of EUR 1.2 billion as part of a new COVID-19 programme to ten enlargement and neighbourhood countries.¹¹ The Commission package included EUR 191.3 million to deal with the emergency response, address medium-term and long-term needs of the health system and mitigate the socio-economic consequences of the crisis. This included EUR 22.5 million for the health response, of which EUR 7.2 million for emergency needs. Central to this component was the EU/World Health Organization (WHO) Solidarity for Health Initiative,¹² which the EU launched to help the six Eastern Partnership (EaP) countries cope with the pandemic with the supply of medical equipment and materials and the provision of technical training, advice, and management support to help contain the virus (through prevention, detection, and control) and improve patient care. Further EU support in addressing emergency health needs was provided via different additional implementing partners, including the German Corporation for International Cooperation (GIZ),¹³ the United Nations Development Programme¹⁴ (UNDP), *Expertise France* (AFETI),¹⁵ the International Centre for Migration Policy Development¹⁶ (ICMPD) and the International Organization for Migration (IOM), as well as other ¹⁷projects. Socio-economic support represented the bulk of the EU response package with EUR 168.7 million consisting of mostly new programmes which were re-profiled, when the programming cycle allowed it, to take account of COVID-19 priorities, including almost the entire Annual Action Programme (AAP) 2020 adopted in May and

⁶ "Government presents the Program to stimulate the economy to overcome COVID-19 aftereffects" (Ministry of Economic Development, Trade and Agriculture of Ukraine, posted 27 May 2020), from <https://www.kmu.gov.ua/en/news/uryad-predstaviv-programu-stimulyuvannya-ekonomiki-dlya-podolannya-naslidkiv-covid-19>.

⁷ Ensuring the functioning of the economy and supporting branches of economy and protection of goods, works and services from their import alternatives, considering the international agreements and obligations of Ukraine.

⁸ Industry, agriculture, energy, transport and infrastructure, information and communication technologies, services domain (trade, hotels and restaurants, education, creative industries, personal services).

⁹ Small and Medium Enterprises (SMEs) support, stimulation of international trade, investment attraction, innovation development, labour market development, reasonable regulation of economic activity.

¹⁰ OECD, *Ibidem*.

¹¹ The EUR 3 billion MFA package to help these ten countries limit the economic fallout of the COVID-19 pandemic was adopted on 25 May 2020.

¹² The EUR 35 million package was part of a wider EUR 140 million which was reallocated to support the six countries following the outbreak of COVID-19.

¹³ U-LEAD with Europe, the flagship EU programme supporting the decentralisation reform in Ukraine, was involved in delivering COVID-19 emergency medical kits and information to municipalities across Ukraine.

¹⁴ The UNDP is one of the implementing partners of the UN Recovery and Peacebuilding Programme (UN RPP) supported by the EU and other donors, which has addressed priority needs in eastern Ukraine since 2014. The programme targeted the delivery of emergency equipment and supplies to Donetsk and Luhansk regions.

¹⁵ Implementing the PRAVO programme

¹⁶ Both the ICMPD and IOM are implementing partners of EU-funded programmes supporting Integrated Border Management in Ukraine.

¹⁷ Excluding MFA and ECHO's humanitarian aid.

October 2020 and partly yet to be implemented. Additionally, the European Civil Protection and Humanitarian Aid Operations (ECHO) provided EUR 10.3 million of humanitarian assistance to address the needs of vulnerable populations in non-government-controlled areas and along the “line of contact” in eastern Ukraine. (See Annex: Intervention Logic Sketch)

Four interventions were selected for an in-depth review and have therefore been given greater attention in this note, especially in EQ4. Below is the list of the selected interventions in Ukraine:

- Emergency needs/Health
 - 1. NEAR/ENI: EU COVID-19 Solidarity Programme for the Eastern Partnership Health and Emergency– WHO
- Socio-economic:
 - 2. NEAR/ENI: U-LEAD with Europe Programme – GIZ, SIDA
 - 3. NEAR/ENI: EU4Business programme
 - 4. ECFIN: MFA (light review)

2 Answers to Evaluation Questions (EQ)

2.1 EQ 1 – Relevance

EQ1: To what extent did the initial EU global response to the COVID-19 pandemic through the Team Europe (TE) country packages address the needs and priorities of partner countries and regions in each country context in line with the three priorities of the Team Europe approach?

Summary

The EU COVID-19 response was consistent with the priorities set out in the Joint Communication, with funds/actions (re)directed to emergency health and humanitarian needs, the strengthening of the health system, and the mitigation of the socio-economic effects of the pandemic. The extensive partnership between the EU and Ukraine provided the EU with a wide range of modalities and actions on which to build its response to COVID-19. The focus on Ukraine's short-term health emergency needs was well-justified by the circumstances. A generous MFA programme was deployed to cushion the worst of the pandemic's economic impact. The EU4Business Initiative was mobilised to provide immediate support to SMEs, with the rest of the socio-economic response largely focused on medium-term needs through programmes which, for the most part, have yet to be implemented and, like other parts of the package, not solely dedicated to COVID-19.

The EU response was in line with the Joint Communication. It was also consistent in its scope and volume with the ambitious partnership established with Ukraine since the signing of the Association Agreement in 2014. The EU was able to draw on a wide range of programmes and instruments to shape its COVID-19 response. With the exception of the MFA and some Eastern Partnership initiatives launched specifically in response to COVID-19, most programmes and projects in the package contributed to this response only through part of their activities and resources with varying degrees of involvement and adaptation.

Overall, the package was relevant to Ukraine health needs, with ongoing programmes and the newly launched EU/WHO Solidarity for Health mobilised to address the need for medical equipment and materials in line with Ukraine's COVID-19 Emergency Response

Plan (ERP) adopted in March 2020.¹⁸ In accordance with the Joint Communication, the package also included actions to contribute to more resilient and responsive health systems in the long-term through the implementation of a country activity plan to be developed in consultation with national authorities and EU Delegations.¹⁹ The package took into account the needs of vulnerable people, including through DG ECHO's humanitarian aid, the United Nations Recovery and Peace Building Programme (UNRPP). Awareness-raising and information campaigns on safety standards and health measures also featured in the emergency package, responding to an urgent need to communicate information to the general public on the pandemic and how to combat it.

The COVID-19 response provided considerable funding much needed to support Ukraine's balance of payments and provide fiscal space for countering the economic fallout from the pandemic.

The substantial MFA programme (EUR 1.2 billion) addressed Ukraine's need to stabilise the macroeconomic environment and free up funds for managing the crisis. With a fragile macroeconomic environment, Ukraine was already a major recipient of MFA.²⁰ The new programme covering ten partner countries²¹ was timely to help preserve the sustainability of public finances in a time of crisis and provide fiscal space for supporting the health system and the economy through the national COVID-19 Response Fund.²²

SME short-term needs were covered through the EU4Business Initiative, which coordinates EU support for SMEs in EaP countries, while the rest of the package was made up of AAP 2020 actions to address the consequences of COVID-19 through support to sector reforms, including for the SME sector.

The EU response package mobilised the EU4Business Initiative²³ to address immediate SME needs, largely liquidity needs, in partnership with its partner financial organisations. These included the European Investment Bank (EIB), which recently launched a EUR 30 million credit line to support Ukrainian private sector businesses, with a focus on small and medium-sized enterprises (SMEs) impacted by the pandemic.²⁴ It should be noted that the SMEs programmes which EU4Business

¹⁸ The Ukrainian Emergency Response Plan, developed in cooperation with the WHO, was presented to international partners on 6 March 2020 and was last updated in September 2020.

¹⁹ The Component II of the EU/WHO Solidarity for Health is dedicated to long-term needs of the health system.

²⁰ The Commission had approved the disbursement of a EUR 500 million loan to Ukraine in May 2020, the last tranche of its fourth macro-financial assistance (MFA) programme. In total, the EU had provided Ukraine with EUR 3.8 billion in MFA loans between 2014 and the beginning of the pandemic.

²¹ The EUR 3 billion emergency MFA package covers ten enlargement and neighbourhood partner countries, with Ukraine the largest recipient.

²² The EUR 2.3 billion COVID-19 Acute Respiratory Disease Response Fund was established in 2020 to fund additional health, economic and social expenditures directly related to the COVID-19 epidemic.

²³ EU4Business Initiative coordinates EU SME support in the EaP region, which is delivered with partner organisations (international organisations such as the European Bank for Reconstruction and Development (EBRD), EIB, Kreditanstalt für Wiederaufbau (KfW), OECD, World Bank (WB), International Trade Centre (ITC), and UNDP, as well as international consultancies, governments, government agencies, and non-governmental organisations [NGOs]).

²⁴ [Ukraine: EIB and PRAVEX BANK join forces to enhance access to finance for SMEs affected by the economic impact of the coronavirus pandemic, EIB, March 2021.](#)

coordinates were not included in the package,²⁵ which was mostly made up of AAP 2020 actions²⁶ already programmed when the pandemic broke out and yet to be implemented.²⁷

The EU response drew on civil society development initiatives to contribute to the emergency response and the post-pandemic recovery, with particular attention paid to vulnerable people and women.

The EU response package drew on the Eastern Partnership Rapid Response Mechanism (RRM)²⁸ and the newly created Eastern Partnership COVID-19 Solidarity Programme²⁹ to support the involvement of civil society organisation (CSOs) projects in the crisis response, in addressing the needs of vulnerable populations, conducting awareness-raising campaigns, and supporting education and cultural institutions. The RRM funded, for example, the project 'Women's movement at the frontline of response to post-COVID-19 challenges in Ukraine' implemented by the Ukrainian Women's Fund (UWF).³⁰ The Civil Society Facility (EUR 10 million) under the AAP 2020 adopted in October 2020 was designed to help Ukraine tackle the aftermath of the COVID-19 crisis and its medium- to long-term impact on civil society and local communities in Ukraine.

2.2 EQ 2 – Value added

EQ2: To what extent did the Team Europe (TE) initial response provide additional benefits beyond what would have resulted from actions taken by the EU institutions and EU MS on their own?

Summary

Although the pandemic highlighted the need for greater cooperation, there is no evidence that the EU response significantly transformed the way the EU institutions work with each other and cooperate with EU MS and other international organisations. Some of the interventions mobilised for the response, such as U-LEAD with Europe, were already building on strong cooperation and coordination between the EU and its Member States. The response reinforced the strong cooperation that already existed between the EU and Ukraine's international partners. The "Team Europe" concept was used to promote the EU and its Member States as one whole, but the effectiveness of this campaign is not yet clear. Its strong presence in Ukraine meant that the EU already had the capacity to play a major role in the response to the COVID-19 crisis irrespective of the Team Europe Approach.

The Team Europe (TE) response was made possible thanks to the already well-developed cooperation between the EU and other donors, including EU MS, enabling a concerted and

²⁵ However, the EIB website presents its new loan operation for Ukrainian SMEs as being part of the Team Europe Initiative (TEI).

²⁶ EUR 105 million of the EUR 191.3 million EU response package.

²⁷ 1. Civil Society Facility (EUR 20 million) to build the capacity of local NGOs, also in tackling the COVID-19 crisis, 2. EU4ResilientRegions (EUR 30 million), seeking to enhance Ukraine's overall resilience, notably to hybrid threats through support to its regions, which will address destabilisation factors such as the COVID-19 pandemic, 3. Climate package for a sustainable economy (EUR 10 million), which will contribute to post-COVID-19 recovery through a cleaner environment, less conducive for transmittable diseases, 4. EU4Business Support to SMEs in Ukraine to strengthen the policy framework and business ecosystem and promote competitiveness and internationalisation of SMEs (EUR 20 million), 5. EU support to agriculture and small farm development in Ukraine (EUR 25 million).

²⁸ Established under the Eastern Partnership Civil Society Facility 2017, the EUR 500 000 facility supports CSOs with low value grants to respond to unexpected changes in the political or policy environment in partner countries of the Eastern Neighbourhood.

²⁹ The project (EUR 4 million) launched in 2020 targets the most affected parts of the populations, with sub-grants to smaller, local organisations.

³⁰ Direct award, EUR 60 000 five-month project to help mitigate the impact of the COVID-19 pandemic on women in Ukraine, particularly from an economic point of view.

comprehensive response to the country's emergency needs. The pandemic rather than the Team Europe (TE) approach intensified contacts, but no new joint analysis, coordination or monitoring mechanisms was established. The Commission and other EU institutions relied on existing channels, tools, and mechanisms to plan and articulate their action. The EU4Business Initiative, established to coordinate all EU support to SMEs in the Eastern Partnership countries, is a good example of an existing platform mobilised to inform stakeholders about the support available to the SME sector during the pandemic, including SME lending facilities that the EIB and EBRD redirected towards the COVID-19 response.³¹

Programmes that had preceded the COVID-19 response had already intensified the coordination and cooperation between the EU and its MS. As a mechanism to enhance the impact of European assistance by pooling resources and integrating programmes, the Team Europe Approach had in fact already been applied in Ukraine before the concept was introduced: this was for example the case of the U-LEAD flagship programme,³² which combined the efforts of the EU and several EU MS to support Ukraine's decentralisation reform. The EU Civil Protection Mechanism (UCPM) managed by DG ECHO also contributes to a more effective European response to crisis situations by ensuring the coordinated deployment of contributions from the EU and its Member States.

The response mobilised programmes based on strong partnerships with international organisations active in Ukraine. The UN Recovery and Peacebuilding Programme supported by the EU was well-placed to coordinate the COVID-19 response in the east of Ukraine.³³ The ongoing PRAVO programme, implemented by AFETI and the United Nations Office for Project Services (UNOPS),³⁴ delivered personal protective equipment (PPE) to its stakeholders.³⁵ The main EU emergency response was channelled through the new EU/WHO Solidarity for Health Initiative, which contributed to the implementation of Ukraine's COVID-19 Emergency Response Plan, with additional funding from the United States Agency for International Development (USAID) and the World Bank.

The "Team Europe" brand was used by the Commission to promote as a whole the assistance from EU institutions, EU MS, and European financial institutions, but the effectiveness of this campaign remains to be demonstrated.

The "Team Europe" brand was used to promote the overall support provided to Ukraine by the EU, its Member States, and the European financial institutions. Infographics, audio, and digital content were developed to inform the general public about the Team Europe (TE) response. Health messages and information on the support provided and the results achieved were disseminated through communication campaigns "Moving Forward Together"³⁶ and "BeatCovid-19". However, it is not yet

³¹ A new [EU4Business](#) information portal was launched in March 2021 with dedicated country websites in local languages providing information about existing EU SME support programmes, and particularly EU and national COVID-19 measures in favour of the private sector.

³² With funding from the European Union, Germany, Poland, Sweden, Denmark, Estonia, and Slovenia.

³³ Donetsk and Luhansk oblasts under control of the Ukrainian Government as well as the four surrounding oblasts (Kharkiv, Dnipropetrovsk, Zaporizhzhia and Kherson)

³⁴ Support to Rule of Law Reforms in Ukraine (PRAVO) is a special measure adopted in 2016 (EUR 52.2 million), which supports reforms in the justice sector (component 1 implemented by AFETI) and in the sector of law enforcement (component 2 implemented by UNOPS).

³⁵ Prison and probation staff, customs services, and district and city courts

³⁶ "Moving forward together" is the EU umbrella communication campaign to promote the EU and its programmes in Ukraine.

clear whether the “Team Europe” brand was sufficiently understood by the target audiences³⁷ as the concept was new and had never been used before.³⁸

EU-funded programmes contributed to the communication efforts, applying standard EU visibility and communication guidelines but with no reference to Team Europe (TE).

The programmes contributed to the communication efforts about COVID-19 and the assistance provided by the EU. U-LEAD, for example, implemented its own information and communication campaigns by developing publicity materials and digital content on social networks, not only to promote its activities related to COVID-19 but also to inform local actors about health measures and to share good practices in pandemic adaptation. The WHO also developed publicity materials to promote the results achieved in Ukraine in the framework of the EU/WHO Solidarity for Health Initiative. It should be noted that communication at intervention level was carried out in line with the EU visibility and communication guidelines with no reference to Team Europe (TE).

There is no evidence to suggest that the Team Europe Approach strengthened the EU’s convening power. The EU’s strong presence in Ukraine already made it an indispensable partner in the country’s response to COVID-19.

2.3 EQ 3 – Efficiency

EQ3: To what extent were, and are, the individual aid modalities and other aid delivery mechanisms and their combinations efficient and flexible enough for use in Team Europe’s COVID-19 response in COVID-19 crisis conditions?

Summary

The EU showed great flexibility and reactivity in responding to emergency needs, assembling its package³⁹ thanks to intense contacts among its services and with partners and fast-track formulation/programming cycles involving limited consultations with Ukrainian authorities. Ongoing programmes enabled the EU to launch its emergency response within days of the government introduction of a national lockdown on 12 March 2020,⁴⁰ which, albeit limited in scope⁴¹, was symbolically important to show European solidarity. The pandemic also highlighted the merits of EU flagship initiatives, such as the U-LEAD programme, which was already based on a wide partnership and was particularly well placed to respond to crises thanks to its network of twenty-four regional offices and close contacts with local authorities across the country. Regional initiatives under the Eastern Partnership also played a key role, such as the EU/WHO “Solidarity for Health” Initiative, designed and adopted in less than three months, which delivered essential support and training to health workers across the country. The exceptional MFA programme provided extremely swift and timely support thanks to the effective cooperation among EU institutions and the Ukrainian authorities. The ongoing Eastern Partnership EU4Business Initiative was mobilised to respond to immediate SMEs needs, with the remainder of the socio-economic response package yet to be implemented. There was little time to introduce new monitoring and learning mechanisms, which remain essentially the same as before, with no consolidated overview of results achieved and needs covered by Team Europe (TE).

³⁷ A project named “Team Europe” implemented in 2016 may have created confusion.

³⁸ Existing opinion surveys sound the perceptions of the public towards the EU alone. According to the most recent survey carried out in February-March 2021 (EU Neighbours east), the EU is considered the most trustworthy international institution in Ukraine, with 57.2% of respondents aware that the EU is helping Ukraine in fighting COVID-19 but only 26.6% considering this support effective.

³⁹ Announced in March 2020, the programme was adopted and signed by May 2020.

⁴⁰ For example, U-LEAD’s information campaign carried out in March 2020 provided information and advice to Ukrainian municipalities on how to prevent, mitigate and counteract the spread of the virus. The programme sent its first COVID-19 protection kits to rural municipalities in May 2020.

⁴¹ Ongoing programmes delivered basic protective equipment and materials to their target groups.

The EU response mobilised the full range of aid modalities available under the EU-Ukrainian partnership. While contacts were kept with the Government throughout the pandemic, the EU COVID-19 response was essentially devised by the EU in cooperation with its international development partners, the need to act quickly in the face of the crisis allowing only minimal interaction with the Government in contrast to normal programming cycles. The Government appeared to have shared this pragmatic approach, generally welcoming the proactive response of the donor community to the crisis. Ongoing programmes were rapidly redeployed to respond to the crisis and send an important signal of solidarity to Ukraine. Through its network of 24 regional offices and close contacts with local authorities across the country, U-LEAD with Europe, the EU's flagship decentralisation programme, was able to intervene swiftly when the rest of the response was still being developed, distributing 1 900 protection kits containing essential medical equipment for local health staff to over 900 municipalities, and addressing the shortage of face masks by supporting local producers.

The use of regional initiatives and partnerships with international institutions with a strong presence in Ukraine was appropriate to the circumstances and proved to be successful. The use of Eastern Partnership initiatives⁴² was well justified, enabling a faster and more efficient design and adoption process, although such programmes are usually more cumbersome to manage given the geographical scope and the number of stakeholders involved. By choosing the WHO as a partner, which already coordinated the United Nations (UN) response, the EU was able to deploy emergency assistance in the six Eastern Partnership countries through a more coordinated and coherent approach, drawing on WHO's leading expertise in pandemic response and the organisation's strong country presence. Likewise, the UN Recovery and Peacebuilding Programme operating in the east of Ukraine was well placed to deliver emergency supplies⁴³ to hospitals and medical facilities in conflict-afflicted areas as well as providing capacity building and training to healthcare professionals. The amount allocated to the emergency response was fully disbursed, while 68% of the health package allocated to medium to long-term needs was spent.⁴⁴

EU institutions showed great responsiveness in mobilising an emergency MFA, an aid modality which normally involves heavy and time-consuming procedures.⁴⁵ Ukraine, the largest recipient (EUR 1.2 billion), received a first tranche (EUR 600 million) in December 2020 following the signature of a Memorandum of Understanding and the renewed engagement to continue cooperation under the International Monetary Fund (IMF) programme.⁴⁶ The rapid design and adoption of this exceptional MFA COVID-19 programme was the achievement of a collegial and participatory coordination and monitoring process involving the DG of EU Economic and Financial Affairs (ECFIN), the DG of EU Neighbourhood and Enlargement Negotiations (NEAR), the EU Delegation and the Ukrainian Government.

The EU4Business Initiative demonstrated its usefulness as a coordinating platform to mobilise EU programmes in support of immediate SME needs, largely liquidity needs, linked to the pandemic. The remainder of the socio-economic package consisting of recently adopted programmes will take longer to be implemented. The EU4Business Facility aggregated

⁴² In addition to the EU/WHO Solidarity for Health Initiative, part of the support to SMEs and the civil society was channelled through Eastern Partnership initiatives: EU4Business, the Eastern Partnership Rapid Response Mechanism, the Eastern Partnership COVID-19 Solidarity Programme or the Civil Society Resilience and Sustainability.

⁴³ Face masks, PPE, antiseptic liquid, patient monitors, oxygen concentrators and ventilators.

⁴⁴ End of March 2021.

⁴⁵ The EUR 3 billion emergency MFA package for ten Enlargement and Neighbouring MFA countries was announced in March 2020 and was adopted in May 2020.

⁴⁶ The disbursement of the second tranche will be conditional on fulfilling eight measures laid down in the MoU. These include measures in the areas of public finance management, the fight against corruption, improving the business environment and the governance of state-owned enterprises.

data on all support measures available under EU SME programmes and was instrumental in providing timely information to SMEs via a new portal on business advice and access to grants and loans, which were expanded to respond to the pandemic.⁴⁷ The remainder of the EU response package consisted of actions recently adopted which will require additional time to effectively contribute to the post-COVID-19 recovery.⁴⁸ As of the end of March 2021, only EUR 30 million (17% of the amount allocated for the socio-economic response)⁴⁹ had been spent, including EUR 11 million of budget support to the public administration sector, which was already planned and was not connected to government measures in support of economic recovery.⁵⁰ However, as already mentioned, SME support was channelled through a variety of EU programmes⁵¹ that were not included in the EUR 191.3 million-EU response package.

There was no fundamental change to monitoring and learning mechanisms induced by the pandemic or the Team Europe Approach. The EU Delegation ensured overall coordination of the implementation of the EU response package, liaising with Ukrainian authorities, EU MS, international donors, and project implementing partners. This increased the workload of EU Delegation staff, with additional meetings and work to process administrative changes to ongoing programmes and the launch of new initiatives. In this context, there was little time to adapt monitoring and learning mechanisms. There is no evidence that the introduction of the Team Europe Approach brought any change either. Implementing partners were simply asked to report periodically on COVID-19 related activities, with the EU Delegation compiling this information and forwarding it to the Headquarters, which is responsible for following regional programmes. This may explain why, although figures exist for each programme, there is no consolidated overview of supplies and other outputs/outcomes achieved thanks to Team Europe (TE), including the share of the country's needs which the EU response package managed to cover.

2.3 EQ 4 – Effectiveness

To what extent was the EU response successful in progressing towards the objectives associated with the COVID-19 response?

Summary

The EU package was instrumental in responding to short-term health needs, strengthening the capacity of the health system to cope with the emergency, with essential supplies of medical equipment and materials and much-needed organisational support and technical advice to Ukrainian authorities with the implementation of their Emergency Response Plan. In doing so, it contributed to better crisis management, helping to mitigate the effects of the pandemic despite the continued increase in infections since February 2020. There was little time to build resilience by addressing more systemic deficiencies, as originally planned. The substantial macro-financial assistance (MFA) contributed to strengthening the country's macro-economic stability, giving the Government additional room to manoeuvre in fighting the pandemic, notably through its EUR 2.3 billion COVID-19 Response Fund, which contributed to a less severe economic downturn than expected. The EU response relied on the EU4Business Initiative to mobilise EU SME programmes in support of SMEs during the pandemic, with more assistance on its way under the recently adopted

⁴⁷ An additional EUR 120 million was channelled to help SMEs, including the self-employed and others, to have easier access to credit and boost their businesses following the crisis. Over EUR 200 million of existing credit lines and grants were available for SMEs in local currency through the EU4Business Initiative.

⁴⁸ Four out of five AAP 2020 programmes included in the socio-economic package were modified to include a COVID-19 component: Socio-economic support through the Climate Package, EU4Resilient Regions and the Civil Society Facility; EU4Business Support to Small and Medium Enterprises in Ukraine.

⁴⁹ EUR 169 million

⁵⁰ Indicators of achievement are related to the public administration.

⁵¹ Implemented with partner organisations under the umbrella of the EU4Business Initiative.

AAP 2020. DG ECHO's humanitarian aid and ongoing EU civil society projects alleviated the needs of some of the vulnerable groups with, again, new programmes foreseen under the AAP 2020. The EU response also contributed to greater public awareness about the pandemic, with the EU/WHO Solidarity for Health Initiative and other ongoing EU programme, such as U-LEAD and EU4Business, supporting the government's communication efforts on the pandemic and on health and socio-economic response measures.

The EU response helped the health system withstand the pressure of the pandemic despite a growing number of infections throughout most of 2020. However, systemic weaknesses in the health system remain, which could not be addressed due to the evolution of the pandemic. The EU response helped Ukrainian authorities manage the pandemic in line with the national Emergency Response Plan. The capacity of laboratories for testing was scaled up⁵² and the country's surveillance system and infection prevention and control were enhanced. The implementation of case management improved the quality of patient care across Ukrainian hospitals. Specific training and tools⁵³ contributed to improve the mental health and psychosocial conditions of frontline healthcare workers in their daily fight against the pandemic. EU support helped Ukrainian authorities carry out effective information campaigns⁵⁴ on health risks, recommended behaviours, and available support, which were essential to the country's fight against the pandemic. However, the EU response had limited time to address more long-term needs in the health system as the latter continued to combat the pandemic, which reached a new peak in early April 2021.⁵⁵

The highly concessional and substantial MFA helped stabilise the economy and provided fiscal space for the government's efforts to alleviate the consequences of the pandemic on the economy.

While it was not targeted at specific COVID-19 related public expenditures, nor linked to a specific policy dialogue on national crisis response measures, the highly concessional and substantial MFA contributed to increasing the fiscal space,⁵⁶ allowing the Government to finance a COVID-19 Response Fund (EUR 2.3 billion)⁵⁷ as well as to service the country's external debt repayments, reducing the impact of the pandemic on the 2020 fiscal deficit and mitigating the economic recession experienced by the country.⁵⁸

Fiscal and regulatory support measures included temporary tax breaks and tax audit holidays, extension of payment deadlines and increase of the threshold to benefit from the simplified taxation regime. Economic measures included unemployment schemes to support small businesses by

⁵² reaching more than 40,000 test a day in November 2020 and April 2021

⁵³ Mental Health and Psychosocial Support during COVID-19 Preparedness, Response and Recovery

⁵⁴ The WHO with the support of the EU/WHO Solidarity for Health conducted ten waves of national COVID-19 surveys to provide insights into public knowledge, risk perceptions, behaviours, and trust towards COVID-19 measures, including restrictions, testing, and tracing and confidence in response measures and the institutions implementing them. The results of these surveys were used to design communication actions in cooperation with the Ukrainian Public Health Centre (UPHC). The U-LEAD programme's immediate response included a country-wide Information Campaign implemented in cooperation with UPHC carried out at the outset of the pandemic in March 2020, which provided information and advice to Ukrainian municipalities on how to prevent, mitigate and counteract the spread of the COVID-19 pandemic and its effects.

⁵⁵ 16,156 new daily cases on 8 April 2021 (7-day average). Source: Our World in Data.

⁵⁶ MFA disbursements of EUR 1.1 billion have represented approximately 3.2 % of the total national tax revenues and 16% of the total fiscal deficit in 2020.

⁵⁷ The COVID-19 Acute Respiratory Disease Response Fund was established in 2020 to fund additional health and social expenditures directly related to the COVID-19 epidemic.

⁵⁸ The fiscal deficit was expected to reach 7.5% of Gross Domestic Product (GDP) in 2020 but ultimately amounted to approximately 6% due to smaller than expected economic decline (according to the WB, GDP declined by an estimated 4.5 % in 2020 against a decline of 6.5% during the first six months of the year) and better than anticipated performance of fiscal revenues, while a small part of the COVID-19 related outlays was redirected to capital expenditures and support to public sector wage and pensions increase.

compensating part of the worker's salary to save jobs.⁵⁹ Overall, UAH 10.7 billion (approx. EUR 325 million) was disbursed to fund unemployment and furlough benefits by the end of 2020.

On the social side, the pension fund was increased by an additional USD 1.1 billion⁶⁰ and the country's Social Insurance Fund set up monthly insurance benefits for healthcare workers on the COVID-19 frontline. The Government introduced a one-off pension increase to low-income pensioners (UAH 1,000) and a regular monthly (UAH 500) pension top-up for retirees aged 80 years or more. The authorities also softened access to several social support programmes, such as household utilities subsidies and aid to families with children.

The EU4Business Facility played an important role in providing information about EU SME support implemented with partner organisations under the umbrella of EU4Business initiative. The remainder of the package addressing longer-term reform priorities is still to be implemented.

The EU4Business Initiative, which coordinates EU support to the private sector implemented with partner organisations⁶¹ in the six EaP countries, redirected its EUR 200 million of existing credit lines and grants to help SMEs maintain business activities during the pandemic, including a EUR 10 million facility for local currency loans to Ukrainian SMEs, which was extended by 18 months.

The EU4Business: SME Competitiveness and Internationalisation project implemented by GIZ organised online business clinics to help Ukrainian SMEs during the pandemic through short individual and group consultancy, webinars, trainings and forums, and vouchers for in-depth business consultancy. The UN Recovery and Peacebuilding Programme helped twenty local SMEs in eastern Ukraine to move from in-person to online sales and organised webinars and online consultations to help Micro, Small and Medium-Sized Enterprises (MSMEs) survive the pandemic.⁶²

In addition to the aid delivered to vulnerable people in conflict-affected areas through DG ECHO, the 190 grants awarded to civil society/community action groups all over Ukraine helped address COVID-19 societal needs, including the delivery of food and medicines to the most vulnerable people.⁶³ Finally, the EU-funded House of Europe programme⁶⁴ awarded over 90 grants to cultural organisations and implemented digital labs for cultural managers.⁶⁵

⁵⁹ No figures available. However, the Ministry of Economic Development indicated that more than 300 000 jobs were saved in 2020.

⁶⁰ Source OECD

⁶¹ Like the EBRD, EIB, KfW, OECD, World Bank, ITC, and UNDP, as well as international consultancies, governments, government agencies, and NGOs

⁶² In partnership with the Donetsk Oblast Chamber of Commerce and Industry and Zaporizhzhia Oblast Chamber of Commerce and Industry

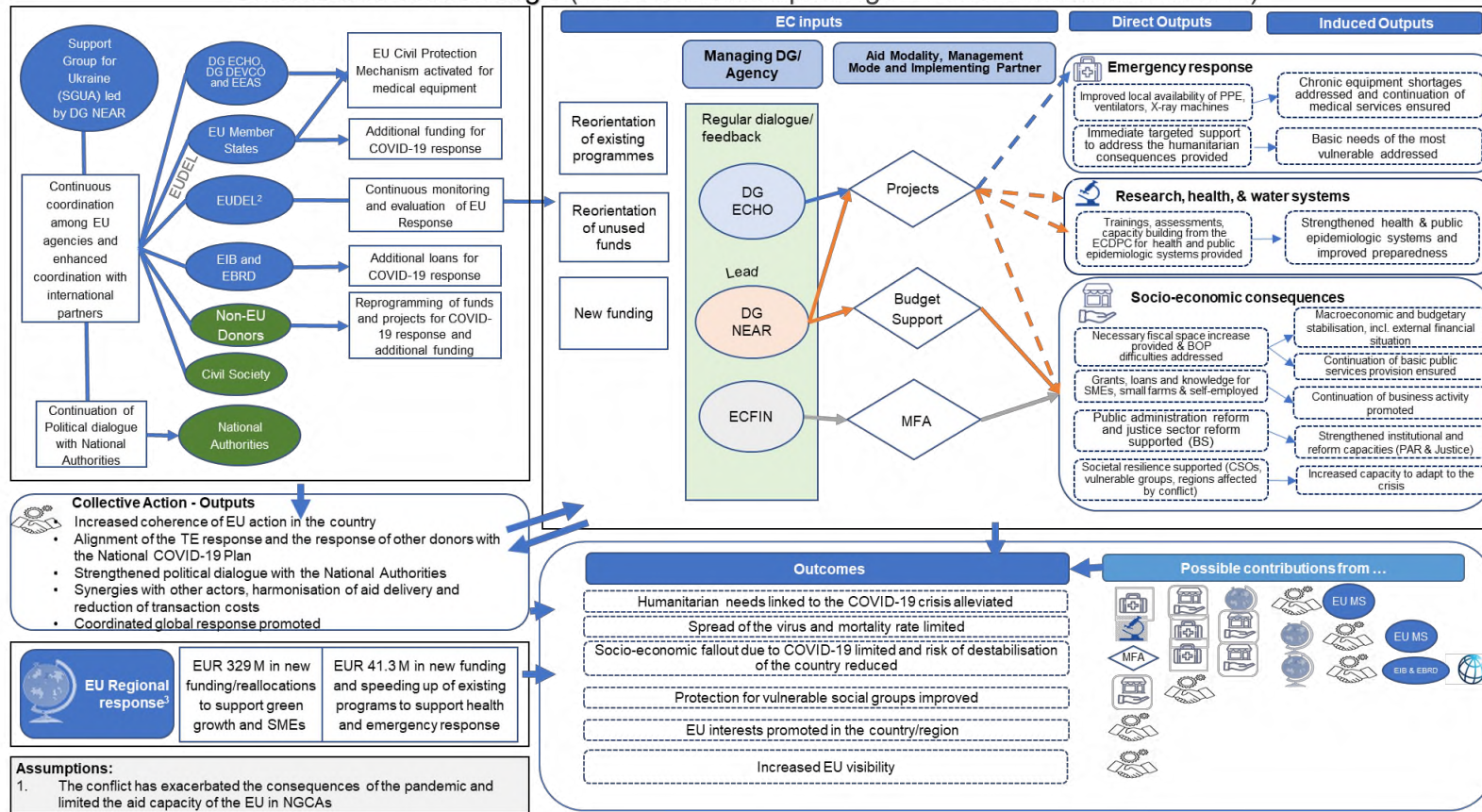
⁶³ Covering 500 vulnerable families in Rivne and Kharkiv and 4 000 elderly persons in Kyiv, Lviv and Dnipro. 17 civil society initiatives were also supported in conflict-affected regions to alleviate the impact of COVID-19 on the most vulnerable groups.

⁶⁴ The programme supports culture, people-to-people contacts and creativity in Ukraine

⁶⁵ The Civil Society Facility Ukraine adopted in October 2020 under the AAP 2020 (EUR 10 million) will help mobilise civil society to tackle the aftermath of the COVID-19 crisis and its medium to long term impact on local communities in Ukraine.

3 Annex: Intervention Logic Sketch

Ukraine Intervention Logic (EUR 204 million package + EUR 1 200 million in MFA)



Source: Evaluation Team

Country note - Yemen

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THE PURPOSE OF THIS COUNTRY NOTE IS TO INFORM THE FAST-TRACK ASSESSMENT OF THE EU INITIAL RESPONSE AS A WHOLE. IT IS NOT DESIGNED TO BE AN ASSESSMENT OF THE RESPONSE IN THE COUNTRY.

Acronyms

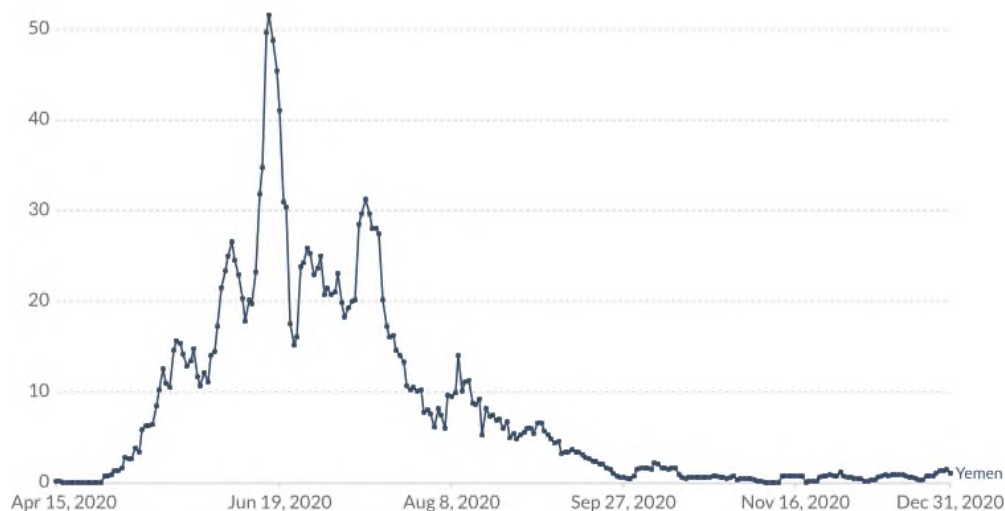
CHW	Community Health Workers
C-SHARE	Community Services for Health and Actions for Resilience
DG ECHO	European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations
DG INTPA	European Commission's Directorate-General for International Partnerships
DRC	Danish Red Cross
EQ	Evaluation Question
ERRY	Support Resilient Livelihoods and Food Security in Yemen
EU	European Union
EUD	Delegation of the European Union
FPI	European Commission's Service for Foreign Policy Instruments
GAP	EU Gender Action Plan
GBV	Gender-Based Violence
HIP	Humanitarian Implementation Plan
ICRC	International Committee of the Red Cross
IDA	International Development Association
IDP	Internally Displaced Person
IFRC	International Federation of Red Cross and Red Crescent Societies
IMF	International Monetary Fund
INGO	International Non-Governmental Organization
IPC	Infection, Prevention and Control
IRC	International Rescue Committee
IRG	Internationally Recognised Government
MS	European Union Member State
NGO	Non-Governmental Organisation
PPE	Personal Protective Equipment
ROM	Results-Oriented Monitoring
SIERY	Strengthening Institutional and Economic Resilience in Yemen
SPCRP	Social Protection for Community Resilience
SRHR	Sexual and Reproductive Health and Rights
TE	Team Europe
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Emergency Fund
WASH	Water Sanitation Hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

1. Background

1.1. Country COVID-19 context and government response

As of December 2020, Yemen has reported 2 100 COVID-19 cases and 610 deaths in total, resulting in a mortality rate of 29%, which is statistically one of the highest in the world.¹ However, these figures are highly uncertain as testing remains rare,² few deaths are officially reported and the two reference laboratories in the country are already overburdened by recurrent epidemics.³ The actual number of both infections and deaths from COVID-19 is likely much higher, and the actual mortality rate remains unknown.

Daily new confirmed COVID-19 cases in Yemen



Source: Johns Hopkins University CSSE COVID-19 Data

The pandemic comes against the backdrop of a very serious humanitarian crisis in Yemen, with more than 24 million people in need of emergency assistance and 3.6 million internally displaced persons (IDPs).⁴ In addition to famine risks, the health system is vulnerable, having been rendered ineffective by six years of conflict (for instance, only 700 intensive care beds and 500 ventilators were available in March 2020 for 30 million inhabitants)⁵. Only half of the country's health facilities are still open but lack the essential elements to be operational in their response to COVID-19, due to general personal protective equipment (PPE) funding shortages and long delays in importing response supplies. The country's overall situation further deteriorated in 2020 due to low global oil prices, the economic fallout resulting from COVID-19, weak public infrastructure, and low resilience to extreme weather events and natural disasters.⁶

To help address the impact of the pandemic, prevent the virus spread and mitigate associated risks, the World Bank (WB) provided EUR 22.8 million⁷ of International Development Association (IDA) grants to the World Health Organization (WHO), together with the Islamic bank, the UK and the US. The International Monetary Fund (IMF) approved immediate debt relief on all obligations becoming due over the six months from 14 April 2020 (amounting to around EUR 17 million)⁸, provided that

¹ <https://reliefweb.int/report/yemen/yemen-covid-19-preparedness-and-response-monthly-report-december-2020-enar>

² Due to the lack of testing facilities; testing is only done in the south of the country.

³ <https://documents1.worldbank.org/curated/en/106571586194037855/pdf/Yemen-Emergency-COVID-19-Project.pdf>

⁴ <https://www.unhcr.org/news/briefing/2020/3/5e7dbca64/peace-needed-five-years-conflict-yemen-deepens-suffering.html>

⁵ <https://oxfam.qc.ca/yemen-6-ans-de-querre/>

⁶ <https://documents1.worldbank.org/curated/en/106571586194037855/pdf/Yemen-Emergency-COVID-19-Project.pdf>

⁷ USD 26.9 million.

⁸ USD 20 million.

the Internationally Recognised Government of Yemen (IRG)⁹ commits to channelling resources through priority spending and health workers salaries throughout the country.¹⁰

1.2. European Union (EU) response to COVID-19

The EU mobilised around EUR 86 million for the COVID-19 response in Yemen. The package included interventions in two main areas: safeguarding public health services for the epidemic response, and socio-economic recovery and resilience. (See **Error! Reference source not found.**)

Interventions for safeguarding public health services included:

- The European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO)'s EUR 19.45 million adaptation of programmes supporting health, Water sanitation hygiene (WASH) and nutrition.
- The reorientation of three European Commission's Directorate-General for International Partnerships (DG INTPA) initiatives focusing respectively on inclusive access to health services (EUR 0.99 million), community health services (EUR 1.84 million) and resilience through the community health workers programme (EUR 6.40 million).
- A new action "Response to Covid-19 Crisis: Support the maternal health in Yemen" funded by INTPA (EUR 14.30 million).

Interventions under the socio-economic recovery and resilience response included:

- DG ECHO's community shielding programme with a focus on IDPs and host communities (EUR 6 million).
- Continuation of DG INTPA's ongoing programmes, including the Social Protection for Community Resilience in Yemen (SPCRP) (EUR 1.24 million), Support Resilient Livelihoods and Food Security in Yemen (ERRY II) (EUR 10 million), and Strengthening Institutional and Economic Resilience in Yemen (SIERY) – EUR 20 million.
- The European Commission's service for foreign policy instruments (FPI) also provided support for a conflict-sensitive response (EUR 0.9 million) and for a peace-making/humanitarian dialogue (EUR 200 000).

Two interventions were selected for an in-depth review and thus take greater space in this note, especially for Evaluation Question (EQ) 4. The selected interventions in Yemen were the following:

- Health and Emergency: DG ECHO – (UNICEF and other partners) Community Shielding Programme. (EUR 6.1 million total programme)
- Health and Emergency: DG INTPA – Danish Red Cross (DRC) Community Services for Health and Actions for Resilience (C-SHARE) (EUR 7 million total programme)

⁹ As a result of the civil war that has been raging in Yemen since 2014, the territory is controlled in part by an Internationally Recognised Government, led by Mansour Hadi and supported by Saudi Arabia, and in part by the Houthi rebels, an armed organisation supported by Iran that controls the northwest of the country, including the capital Sana'a.

¹⁰ Team Europe (TE) FICHE.

2. Answers to Evaluation Questions

2.1 EQ 1 – Relevance

EQ1: To what extent did the initial EU global response to the COVID-19 pandemic through the Team Europe (TE) country packages address the needs and priorities of partner countries and regions in each country context in line with the three priorities of the Team Europe approach?

Summary: Notwithstanding the many contextual limitations, the design of the Commission response was relevant and operationally appropriate to address immediate short-term, COVID-19-related needs in the thematic areas identified in the EU Joint Communication and line with core EU principles, with a particular focus on emergency health action (ECHO) and health system strengthening (INTPA). DG ECHO and DG INTPA appropriately adapted their on-going humanitarian and health activities to respond to the needs brought by the pandemic. However, the scope of the assistance is still limited compared to the proportion of the needs. The socio-economic response considered evolving and longstanding needs of the country. COVID-19 response has been mainstreamed in the ongoing activities, however, no long-term planning on post-COVID-19 recovery has been envisaged yet, due to the unstable context. Implementation faced several operational issues, in particular in North Yemen where the existence of the pandemic is largely denied by the de facto authorities.

Notwithstanding the many contextual challenges and limitations, the design of the Team Europe (TE) response was relevant and operationally adapted to address immediate short-term, COVID-19-related needs. The response was in line with the thematic priority areas identified in the EU Joint Communication and core EU principles, with a particular focus on emergency health action and health system strengthening. However, the scope of the assistance was still limited compared to the proportion of the needs, while timeliness was not as straightforward in all cases.

The absence of a single national authority – different authorities in North and South with different layers – meant that the Team Europe (TE) immediate response could not build on the national response as in other countries. Although restoring basic services, responding to humanitarian needs, and strengthening institutions and macroeconomic stability were identified as national priorities, the “Reconstruction and Economic Recovery Plan” by the IRG lacked credibility due to the absence of official data.¹¹ Similarly, no EU programming document existed at the time of the COVID-19 outbreak in Yemen, nor was there a joint needs assessment.¹² To respond to these programmatic challenges, the EU Delegation to Yemen approved a COVID-19 fast-track Special Measure in 2020¹³ and **priorities of the interventions were appropriately informed by implementing partners on the ground.**¹⁴

DG ECHO mainly adapted existing humanitarian projects, thereby ensuring continuity of humanitarian support and basic services, in a country where 80% of the population needs such assistance.¹⁵ These adaptations were well aligned with the immediate recognised needs of the country to contain the spread of the virus and strengthen treatment. Immediate needs of vulnerable

¹¹ Interview.

¹² Interview. A Yemen Humanitarian Needs Overview was elaborated the next year in February 2021. See <https://reliefweb.int/report/yemen/yemen-humanitarian-needs-overview-2021-february-2021-enar>

¹³ MIDEAST/2020/042-406.

¹⁴ Interview.

¹⁵ <https://reliefweb.int/report/yemen/tipping-point-yemen-s-health-system-impact-covid-19-fragile-state>

groups disproportionately affected by the pandemic¹⁶ were duly considered. For instance, the community shielding programme targeted families most at risk as well as IDPs and was approved as early as May 2020.

Ongoing DG INTPA development projects in the health sector were also relevantly reoriented to better respond to additional needs brought by the pandemic. More specifically, these addressed the lack of necessary infrastructure for prevention and treatment, lack of medical equipment, and the need for increasing training and protection for health personnel.¹⁷ The health workers' programme was particularly relevant considering how the COVID-19 outbreak has disproportionately harmed health workers in Yemen, further exacerbating the lack of health personnel.¹⁸ This programme was also built with a long-term perspective in mind, as it mainly focused on capacity development within the health sector. **The new INTPA programme on maternal health was relevant to strengthen core health services severely impacted by the pandemic in the short and long run.** This project was especially relevant considering that Yemen is one of the countries in the Middle East and North Africa region with the highest maternal, new-born and child deaths, with the pandemic having further aggravated the situation.¹⁹

The Team Europe (TE) socio-economic response, mainly consisting of a continuation of ongoing activities, considered evolving and longstanding needs of the country. This was in line with core pillars of EU international cooperation in Yemen, including development cooperation and political engagement.²⁰ The ongoing development assistance was relevant to address secondary socio-economic consequences of the pandemic at least partially, as well as supporting the long-term objectives of the EU including strengthening community-based and institutional resilience and strengthening Yemen's economy. **However, no new interventions or any long-term planning specifically on post-COVID-19 recovery were envisaged.**²¹ This needs to be understood in a context where the conditions for a formal multi-annual programme are not present, as reported by country stakeholders.²²

Additional support for peace and stability included in the COVID-19 related assistance was in line with EU principles, and relevant to tackling Yemen's unstable situation in the medium- and long term. This happened for instance through FPI's activities on preserving social cohesion and strengthening the humanitarian dialogue, which were designed to complement the UN peace process, in coordination with the UN Special Envoy.²³

Implementation faced operational issues. In North Yemen, the Team Europe (TE) response was challenging as the Northern de facto authority denied the existence of the pandemic and refused any precautionary measures and international support in this regard, despite efforts by EU, DG ECHO, the International Committee of the Red Cross (ICRC) and UN partners. Political engagement with the northern authorities by Team Europe (TE) is important as all stakeholders are facing problems (UN, international non-governmental organisations (INGOs), non-governmental organisations [NGOs]). Although resources would be available, agencies also require absorption capacity to deliver. South

¹⁶ Among vulnerable households, nearly half of the surveyed households (42%) reported that their living situation has changed since the COVID-19 outbreak started in March 2020. 42% of households (162) consider themselves at risk of eviction, more frequently within IDP communities. https://reliefweb.int/sites/reliefweb.int/files/resources/CCY_COVID-19%20IMPACT%20ON%20VULNERABLE%20HOUSEHOLDS%20IN%20YEMEN.pdf.

¹⁷ <https://medglobal.org/wp-content/uploads/2020/07/A-Tipping-Point-for-Yemen%E2%80%99s-Health-System072020.pdf>

¹⁸ 97 health workers - epidemiologists, medical directors, midwives and other critical medical professionals - have died in Yemen reportedly from COVID-19. <https://reliefweb.int/report/yemen/tipping-point-yemen-s-health-system-impact-covid-19-fragile-state>

¹⁹ According to the United Nations Population Fund (UNFPA), every two hours a woman dies in childbirth in Yemen. Source: <https://news.un.org/en/story/2021/03/1088352>

²⁰ YEMEN – EU Development Cooperation forward planning 2021-2024 – Internal Document.

²¹ Interview.

²² Interview.

²³ Yemen Country Team Meeting 17 December 2020 – Readout.

Yemen has its own complexities as well, as beyond the IRG there are many other actors in the field active in the ongoing hostilities. In addition, the capacity of the Yemen Red Crescent Society was low, hence requiring continuous capacity building measures during the pandemic.²⁴

2.1 EQ 2 – Value added

EQ2: To what extent did the Team Europe (TE) initial response provide additional benefits beyond what would have resulted from actions taken by the EU institutions and EU MS on their own?

Summary: Given the complex security and political context, the operationalisation of the Team Europe (TE) approach in Yemen was centred on EU institutions sharing information and readapting programming to COVID-19 emergency needs. The main achievement of EU-MS coordination was the deployment of the EU Humanitarian Air Bridge thanks to DG ECHO and Sweden mobilisation, among others. 2020-2021 saw encouraging analysis and policy dialogue across EU actors, non-EU international partners and national stakeholders on more effective coordination, notably through attempts at a humanitarian-development nexus approach, but Team Europe (TE) served a secondary priority for the country. It had little impact on existing coordination patterns and an already important EU influence.

Given the complex security and political context, and the multiple factors constraining external support to the country, the Team Europe (TE) approach used in the framework of the COVID-19 response was embraced in a very limited way in Yemen. According to interviewees, teams coordinating EU interventions in Yemen were exempt from advancing a **Team Europe (TE)** approach beyond what the context allowed. Correspondingly, there was no clear translation or operationalisation of the **Team Europe (TE)** approach in the country beyond a more systematic use of information sharing practices (joint analysis, coordinated programming and communication)²⁵ and programming adaptation at the EU institution level. Increased information sharing was beneficial given the abundant misinformation about the scale of the pandemic in the country, and limited resources and political will to track the evolution of the pandemic. With respect to programming adaptation, **the Team Europe (TE) approach did serve to strengthen coordination already existing between DG INTPA and DG ECHO, notably to deepen the humanitarian-development-nexus approach** (interestingly, interviews and documents did not mention the humanitarian-development-peace-nexus). It is worth noting that there were no programming documents for the period 2021-27 for Yemen when the pandemic broke out. As the EU Delegation is preparing a forward-looking planning document for 2021-2024, it appears that the Team Europe (TE) approach was pragmatic, without the deployment of specific mechanisms.²⁶

Interviews stressed that the Team Europe (TE) approach was not fully developed with EU MS either. Despite the creation of a steering committee early in the pandemic for coordinated prioritisation, participation was limited to a few actors (DG ECHO, Germany and the United Kingdom), and with no clear follow-up mechanisms.²⁷ Germany (EUR 73 million), Sweden (EUR 9 million) and the Netherlands (EUR 7 million) supported programmes to provide medical and psychological support to gender-based violence (GBV) victims, improve access to health facilities, and strengthen sexual and reproductive health and rights (SRHR) – yet with limited coordination.²⁸ The main achievement of EU-MS coordination was the deployment of EU's Humanitarian Air Bridge to Yemen (Aden and Sana'a) for the delivery of essential humanitarian aid (including COVID-19 supplies), thanks to DG

²⁴ Interview.

²⁵ Mainly in the framework of an EU-funded regional programme, although the COVID-19 tracker and EUD webpage do not indicate which.

²⁶ Draft forward planning document, 2021-2024.

²⁷ Interview.

²⁸ COVID-19 Tracker July 2020.

ECHO and Sweden mobilisation.²⁹ While this operation was not directly programmed as part of the Team Europe (TE) approach, it provides an example of positive coordination and good visibility.

The Team Europe (TE) approach extended existing coordination and policy dialogue with non-EU donors, UN agencies and other international partners intervening in Yemen. In addition to the EU contribution to the global WHO COVID-19 plan, the EU institutions utilised strong partnerships with UN agencies (UNICEF, UNFPA, WFP, WHO and IMF) to coordinate global support to the crisis, as well as with INGOs (notably CARE, Red Cross-Denmark, DRC and INTERSOS) to implement frontline COVID-19 emergency responses. The EU also responded positively to requests by partners such as DRC to support community resilience. However, as underlined in interviews, the COVID-19 response was one among several priorities, given the aggravated conflict situation and its security implications on aid delivery, combined with scarcity of supplies and the restrictions imposed on humanitarian personnel and aid delivery.³⁰

It remains quite unlikely that the Team Europe (TE) approach will serve to increase the EU's convening power in the country. The EU communication focused on raising awareness about the alarming situation of the country, rather than on promoting the EU response. In November 2020, a communication campaign ("We Need to Talk About Yemen") as well as regional EU diplomatic efforts were launched to drive interest on peace efforts in Yemen. The campaign hashtag #TalkAboutYemen is being reused by the United Nations Development Programme (UNDP) and other partners, demonstrating EU influence. It is, however, not attributable to the **Team Europe (TE)** approach.

2.3 EQ 3 – Efficiency

EQ3: To what extent were, and are, the individual aid modalities and other aid delivery mechanisms and their combinations efficient and flexible enough for use in Team Europe's COVID-19 response in COVID-19 crisis conditions?

Summary: Within a predominantly humanitarian crisis situation, DG ECHO quickly planned the response to the COVID-19 pandemic in Yemen. However, the humanitarian assistance was in general not as timely in terms of implementation, due to delays mainly attributable to external factors. Although DG ECHO modalities are more suited to a crisis response, DG INTPA also managed to roll out support. The ongoing civil war in Yemen prevented Team Europe (TE) from deploying its full package of aid modalities. DG ECHO Humanitarian implementation plan (HIP) modalities were sufficiently flexible and efficient for the crisis at hand, while partner networks and synergies across different projects were exploited for a COVID-19 response. Monitoring was challenging due to COVID-19-related and other contextual factors, yet the EU envisaged strategies to cope with difficulties, relying on partners and testing alternative modalities.

Within a predominantly humanitarian crisis situation, DG ECHO quickly planned the response to the COVID-19 pandemic in Yemen. This was done through its global allocation of EUR 30 million to WHO; its local HIP modification of EUR 4 million to UNICEF in May 2020 for the community shielding programme; its adaptations to ongoing initiatives for incorporating COVID-19 protocols and addressing additional challenges; and its facilitation of the Humanitarian Air Bridge in July and August 2020. **The humanitarian assistance was in general not as timely in terms of implementation, yet delays were mainly linked to external factors out of EU reach.**³¹ This

²⁹ https://ec.europa.eu/echo/news/coronavirus-global-response-eu-humanitarian-air-bridge-and-70-million-additional-aid-yemen_en.

³⁰ Meeting notes October-December 2020; Interview.

³¹ External limiting factors included need for constant negotiations with authorities especially in the north, limited access for personnel, hijacking of ambulances, delays in local procurement, Intensive Care Unit using funds as recovery costs,

also needs to be understood in Yemen's context, where reaching even the minimum of planned activities can already be considered as a success according to in-country stakeholders.³²

While DG ECHO systems are more aligned to sudden onset response scenarios – the HIP process for instance enables a flexible response to changes in operational context, as DG ECHO has done with respect to other contextual variations in Yemen – **DG INTPA also managed to roll out support**, mainly through programme continuation and adaptations. The SIERY programme started notably slowly, however.

The ongoing civil war prevented deploying the full package of EU aid modalities in Yemen.

DG ECHO HIP modalities were sufficiently flexible and efficient to respond to the crisis. DG ECHO also exploited partner networks and synergies across different projects, including those financed by DG INTPA, to address the COVID-19 crisis. This approach by DG ECHO, the Directorate-General with a comparatively large operational footprint, was deemed to make sense. Furthermore, it was in line with the nexus perspective and ongoing linkages between the DG ECHO food security interventions and the DG INTPA ERRY programmes.

Monitoring was challenging due to COVID-19-related and other contextual factors, yet the EU envisaged strategies to cope with difficulties, relying on partners and testing alternative modalities.

Team Europe (TE) agencies experienced complications in monitoring programme implementation, outcomes and added value, as access to project intervention areas was often difficult.³³ The communities most susceptible to covid are in urban areas, which are more easily accessible, whereas access is more difficult in remote rural areas. As a mitigation strategy, the EU worked through INGOs and local organisations with a proven track record for monitoring.³⁴ Furthermore, the EU Delegation currently has three service contracts for third-party monitoring and evaluation, undertaken by local monitors, which started early 2020. However, because of travel restrictions they have relied on phone calls and emails with project managers and staff for their data. DG ECHO resumed direct monitoring from December 2020.

2.4 EQ 4 – Effectiveness

To what extent was the EU response successful in progressing towards the objectives associated with the COVID-19 response?

Summary: Personal protective and medical equipment, diagnostics and capacity development were provided through the Red Cross and UN agencies. The established network of the Yemen Red Crescent was instrumental to support North and South Yemen. The Team Europe (TE) facilitated risk communication and community engagement, while supporting patient treatments and health service provider trainings.

The overall capacity of the health system is extremely low. The country has only five laboratories with PCR tests costing approximately EUR 90,³⁵ while intensive care unit services – including ventilators and oxygen supplies – are very limited in availability. Therefore, as an interviewee put it, “*achieving something is already wonderful*”.³⁶

Team Europe (TE) provided personal protective equipment (PPE) including gowns, aprons, oxygen, masks, infrared thermometers and hand sanitisers to five primary health care

disinformation, and cultural beliefs undermining the COVID-19 response. Furthermore, delays were also due to the total lockdown of Yemen for several months, with up to 70% of international staff evacuated. There was also an issue of the reduced capacity of partners due to the reduction of staff in offices and teams in order to reduce exposure.

³² Interview.

³³ Especially in northern Yemen, where the Houthi de facto authority has been largely in denial of COVID-19, and elsewhere where conflict is ongoing.

³⁴ The World Food Programme (WFP), for example, has scaled up its number of monitors in recent years.

³⁵ USD 105.

³⁶ Interview.

facilities of the Yemen Red Crescent Society.³⁷ International procurement by the Danish Red Cross was fast compared to other agencies, while dissemination was finalised in August 2020. The EU crisis declaration allowed local procurement for PPE kits, tents, beds and handwashing facilities, procured from a certified supplier.³⁸ Other procurement was delayed due to the global demand³⁹ and the challenges faced within Yemen with arrival of goods in the North, several customs checkpoints and negotiations with different authorities. Ordered ambulances were hijacked.⁴⁰ UNICEF provided cash support for families that had to remain isolated and could not work. The cash support (approximately EUR 42⁴¹ per month) focused on self-employed daily labourers.

The Team Europe (TE) facilitated risk communication and community engagement through the DRC to reduce COVID-19 transmission risk within five governorates and reached 188 691 people. Secondary school students were specifically targeted with key messages.⁴² Radio messages, posters and public awareness sessions through mobile teams enforced the activities. Challenges were faced specifically in North Yemen due to denial and politicisation of COVID-19 and vaccines by the Government and communities. However, people saw the impact of COVID-19 on health and started to acknowledge the pandemic. Initial vaccine supply for North Yemen by WHO was planned at 10 000 and later reduced to 1 000 doses (South Yemen received 360 000 doses).⁴³

The DG ECHO support to the UNICEF community shielding programme will have a lasting effect in terms of knowledge and capacity building of the community health workers (CHWs) involved as well as in terms of improved WASH facilities. UNICEF trained CHWs in both rural and urban areas at a cost of approximately USD 2 500⁴⁴ per CHW for a three month training period.

The Team Europe (TE) intervention implemented by the Danish Red Cross built upon the C-SHARE programme financed with EUR 7 million by DG INTPA from 2017-2021.⁴⁵ In five rehabilitated health facilities, 35 968 patients were treated between July and December 2020.⁴⁶ During the same period, face-to-face trainings were conducted in small groups for 100 staff and 200 volunteers on case management, infection, prevention and control (IPC), and correct PPE use to optimise health service delivery and ensure 'duty of care'. The training also included psychological first aid and self-care sessions.⁴⁷ Mental health expertise is very limited and not well accepted as a health issue in Yemen, providing challenges for both those affected and health service providers. Mobile services were attached to the primary health care facilities and were able to provide community services, risk communication and psychosocial support. Team Europe (TE) also addressed capacity development aspects by developing an infectious disease manual which was rolled out in remote health facilities and addressed COVID-19-related intervention pillars such as IPC, hygiene and case management.

³⁷ C-SHARE COVID-19 related interventions: Community Services for Health and Actions for Resilience (C-SHARE). COVID-19 Response Activities March 2020 to March 2021, DRC.

³⁸ Interview.

³⁹ Interview.

⁴⁰ Interview.

⁴¹ USD 50.

⁴² C-SHARE COVID-19 related interventions: Community Services for Health and Actions for Resilience (C-SHARE). COVID-19 Response Activities March 2020 to March 2021, DRC.

⁴³ Interview.

⁴⁴ Approximately EUR 2,119.

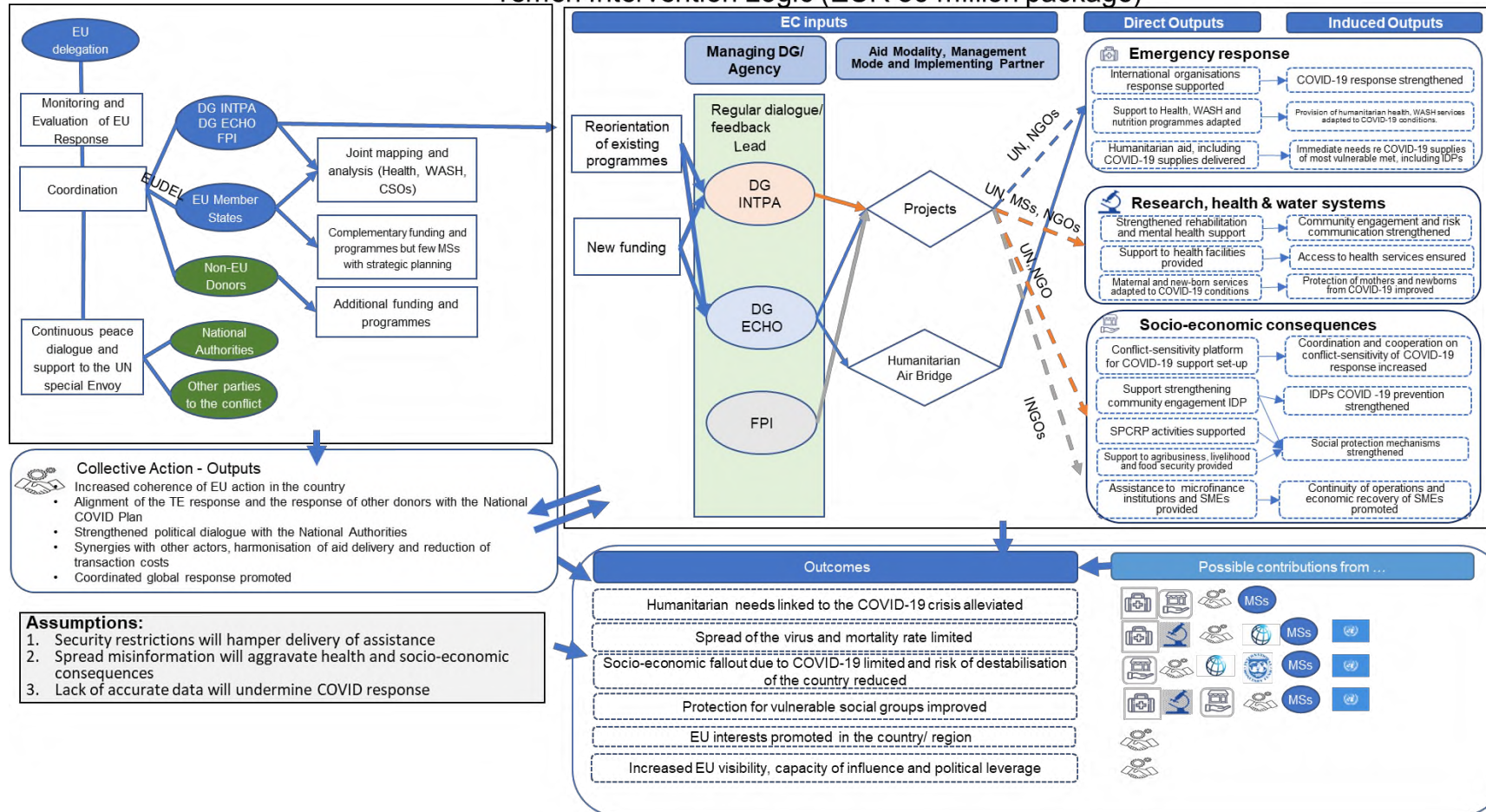
⁴⁵ Parts of the budget were re-channelled for the COVID-19 response through two amendments with a total amount of EUR 184 000 (April 2020) and EUR 62 000 (August 2020). The DRC additionally received DG ECHO emergency funding for 18 months. Source: International Rescue Committee (IRC) Modification Request.

⁴⁶ C-SHARE COVID-19 related interventions: Community Services for Health and Actions for Resilience (C-SHARE). COVID-19 Response Activities March 2020 to March 2021, DRC.

⁴⁷ Interview.

3. Annex: Intervention Logic Sketch

Yemen Intervention Logic (EUR 86 million package)



Source: Evaluation Team

Country note – Democratic Republic of Congo

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Acronyms

CFR	Case Fatality Rate
COVAX	COVID-19 Vaccines Global Access
DG DEVCO	European Commission's Directorate-General for Development and Cooperation
DG ECHO	European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations
DG INTPA	European Commission's Directorate-General for International Partnerships
DRC	Democratic Republic of the Congo
EDF	European Development Fund
ENABEL	Belgian Development Agency
EQ	Evaluation question
EU	European Union
EUD	Delegation of the European Union
FPI	Service for Foreign Policy Instruments
IcSP	Instrument contributing to Stability and Peace
MoH	Ministry of Health
MS	Member States
NAO	National Authorising Officer
TE	Team Europe
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

1. Background

1.1 Country COVID-19 context and government response¹

The virus was confirmed to have reached the Democratic Republic of the Congo (DRC) on 10 March 2020. The first few confirmed cases were all outside arrivals. Various measures were taken by the Government as of 18 March 2020 to limit the spread of the virus, and a National Response Plan was elaborated in March 2020.²

By early January 2021, 21 302 cases were confirmed, of which 604 were fatal. Kinshasa recorded 79% (16 915) of all confirmed cases. Other affected provinces included Kongo central (1 308), North Kivu (1 266 cases) and Haut Katanga (600 cases). As of 8 June 2021, the DRC had recorded 33 955 confirmed cases of the disease, of which 821 were fatal.³ The capital accounted for 24 020 of these cases, many of them concentrated in the wealthy district of Gombe (home to prosperous Congolese and travelling expatriates). Kinshasa has a population of about 15 million people, many of whom live in poor, crowded conditions. So far, the city – and DRC itself with its population of about 86.7 million people – have been relatively spared from the impact of COVID-19 compared to South Africa – the worst-hit country in Africa – and states in other continents.

Daily new confirmed COVID-19 cases in the Democratic Republic of Congo



Source: Johns Hopkins University CSSE COVID-19 Data

The DRC received the first deliveries of doses of the vaccine Vaxzevria (Astra Zeneca) from the Swedish-British laboratory via the COVID-19 Vaccines Global Access (COVAX) Mechanism on 2 March 2021 (1.7 million doses). The vaccination campaign has started on the 19 of April 2021 instead of the 12 of March as originally planned. The vaccination strategy initially included priority groups

¹ <https://www.unicef.org/drcongo/media/5461/file>; <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=CD>; <https://www.stopcoronavirusrdc.info>; <https://reliefweb.int/report/democratic-republic-congo/covid-19-rdc-08-juin-2021>; <https://www.theguardian.com/world/2021/jun/03/exponential-rise-in-covid-cases-in-drc-capital-reports-who>; <https://covid19.who.int/region/afro/country/cd>

² « Plan de préparation et de riposte contre l'épidémie au COVID-19 en République démocratique du Congo » (Mars 2020)

³ Thus a case fatality rate (CFR) of 2.5%. Source : <https://reliefweb.int/report/democratic-republic-congo/covid-19-rdc-08-juin-2021>

(including people aged over 55 and those with comorbidities, health staff, staff working at counters in airports, ports, banks or supermarkets). By the end of April it was extended to all people above 18 years old who wanted to be vaccinated. As of 14 June 2021, only a total of 36 939 vaccine doses had been administered, including to several foreigners. Of the 1.7 million doses available, 1.3 million were quickly redistributed to some African countries such as Togo and Ghana. According to government sources, there were only about 400 000 doses left in Congolese stocks to be used before the expiration date (June 2021).

The DRC Ministry of Health (MoH) officially announced the onset of the third wave of the COVID-19 pandemic in the country on 4 June 2021 (with Kinshasa as its epicentre), following the significant rise of the caseload (the daily national figures rose from several dozen cases in past weeks to 243 in early June 2021).⁴

1.2 European Union (EU) response

The Commission committed a total amount of EUR 21.4 million for the COVID-19 response in DRC. The emergency response included COVID-19 specific support to the World Health Organization (WHO) – EUR 5.6 million – and to support emergency health response in prisons (EUR 1.5 million). Simultaneously ongoing emergency assistance adapted to COVID-19 needs focused on provision of food and access to shelter, clean water, health services and education to the most vulnerable.

Health assistance included support to the Saint Joseph hospital for COVID-19 case management implemented by ENABEL (EUR 5 million), as well as provision of medicines and hygiene items (EUR 1.2 million) and support to the Congolese National Police to adapt to the crisis (EUR 3 million). Support for water system and sanitation was also included in the response for a total of EUR 0.5 million. Finally, the Commission services mobilised a total of EUR 5.2 million for communication and the fight against disinformation around the pandemic.

The Team Europe (TE) approach materialised in the joint EU-MS launch of an EU Humanitarian Air Bridge to DRC, with the participation of France and Belgium. Additionally, EU MS contributed to DRC's COVID-19 National Response Plan. Belgium mobilised EUR 18.6 million to support health system, food security, and vaccines, whilst France committed EUR 5 million for prevention, food security, Water, Sanitation and Hygiene (WASH), and health. Sweden contributed to the United Nations Children's Fund's (UNICEF) health action (EUR 5.9 million), while the Netherlands contributed to United Nations (UN) funds addressing the socio-economic impact of the pandemic (EUR 10 million). Finally, Denmark contributed to the global WHO fund (EUR 55 million) and directly supported the health and water sector through UN-led actions (EUR 4 million). (See Annex: Intervention Logic Sketch)

⁴ <https://www.theguardian.com/world/2021/jun/03/exponential-rise-in-covid-cases-in-drc-capital-reports-who>

2. Answers to Evaluation Questions

2.1 EQ 1 – Relevance

EQ1: To what extent did the initial EU global response to the COVID-19 pandemic through the Team Europe (TE) country packages address the needs and priorities of partner countries and regions in each country context in line with the three priorities of the Team Europe (TE) approach?

Summary

The Team Europe (TE) (Commission) country package was consistent with EU principles and approaches. The EU was at the forefront in supporting the country to identify the needs and build up a relevant National Response Plan to face the crisis. The bulk of the interventions implemented aimed at supporting the country at the emergency level rather than building on long term resilience against the pandemic. Nevertheless, some interventions in the health sector have long-term potential, but this is challenging given the limited resources and limited ownership from the country.

The European Commission's support in the DRC was consistent with the Joint Communication on the EU's global response to COVID-19, calling for a focus on the most vulnerable, as well as a broader EU strategy in the country. The main project of the Team Europe (TE) package in DRC (EUR 5.5 million) aimed at improving the quality and accessibility of health care for all (including the most vulnerable). Moreover, the health sector is one of the priority sectors of the European cooperation in DRC, ensuring the alignment of the Team Europe (TE) package with the EU's intervention priorities in the country under the 11th European Development Fund (EDF).⁵

The European Commission's assistance was consistent with country needs related to COVID-19. The specific objectives of the National Response Plan were aimed notably at improving WASH, addressing health determinants in all health facilities and strengthening COVID-19 care structures. Among other things, the Team Europe (TE) (European Commission) package emphasised these objectives through three projects dedicated to the supply of antiseptic soaps, hand-sanitiser, and water- and waste management supplies (buckets, garbage bins, hand-washing stations and so on), for a total of almost EUR 1 million. In the area of health infrastructure and crisis management in Kinshasa (the epicentre of the pandemic), one project supported the COVID-19 reference hospital Saint Joseph in partnership with the Belgian Development Agency (ENABEL) – the EUR 5 million project previously mentioned. The project is planned over 24 months and aims at improving the provision of health service (including through health staff training to improve the quality of health care), and population accessibility.⁶

The EU was in a good position to ensure that its interventions (emergency and health sector) were consistent with the needs at country level as the pandemic evolved in the country. The design of the National Response Plan was a participatory process in which the EU was active. The EU ensured notably that the COVID-19 plan was not a replica of Ebola plans, which would have not been fit to respond to the pandemic. In fact, the Congolese authorities were originally preparing to mimic the Ebola response in the response to COVID-19: hospital preparation, kit distribution for prevention and control and management of deceased people were planned in the

⁵ EU internal documents; EU response documents

⁶ Interview with the EU Delegation (EUD) and DG ECHO officers; EU response documents

same way. Specifically, there was no clear understanding of the contagiousness of COVID-19 and social distancing was not envisioned as this was not applicable to Ebola.⁷ The EU helped to set up a more COVID-19 specific plan and contributed with its expertise in assessing the country's health needs to cope with the pandemic. Intervention priorities were communicated to the authorities and to the EU MS through pre-existing discussion platforms (see EQ2).⁸

Although crisis resilience was an aspect of some of the projects, both the European Commission's Directorate-General for International Partnerships (DG INTPA) and the European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) interventions primarily focused on emergency responses. The EU Delegation did not receive additional development funding to respond to COVID-19-related needs. The resources used for the TE (European Commission) country package came from the remaining 11th EDF funds (including EUR 10 million from the B envelope that had been committed in 2020 to strengthen the EU Delegation's actions in health and food security). The scale of the EU response package was therefore relatively small compared to country needs (15.8% of the total resources required to fully implement the National Response Plan). A resilience dimension was present in the support to the Saint Joseph hospital, through the foreseen oxygen production activity which should be a source of income for the hospital.⁹

Some interventions of the COVID-19 response were appropriate for building long-term resilience against the pandemic. This included for instance the improvement of the accessibility to quality and affordable health care through the support to Saint Joseph Hospital. Nevertheless, there are structural difficulties in the DRC which undermine the contribution of this project to its resilience objective. These difficulties include the lack of ownership of projects by beneficiaries and Congolese authorities, and capacity gaps in the Congolese administration.¹⁰

22 EQ 2 – Value added

EQ2: To what extent did the Team Europe (TE) initial response provide additional benefits beyond what would have resulted from actions taken by the EU institutions and EU Member States on their own?

Summary

Coordination between EU institutions, EU Member States and non-EU donors was already a well-grounded reality in DRC, and was further stepped up when the crisis hit. In the crisis context, the Team Europe (TE) dynamic further increased coordination and complementarity of the response between the EU and its Member States. The approach was however less successful in promoting joint Team Europe (TE) interventions. There was high credibility and visibility of the EU response in the country. However, it was not clear to what extent this was linked with the Team Europe (TE) approach, which was formalised.

Coordination between EU institutions, EU Member States and non-EU donors was already a well-grounded reality in DRC, and was further stepped up when the crisis hit. During the first two weeks of the crisis coordination was limited for DG INTPA as EU Delegation non-essential staff were evacuated. However, DG ECHO remained active in the field and heavily involved in

⁷ Interview with EU Delegation (EUD) and DG ECHO officers

⁸ Interview with EU Delegation (EUD) and DG ECHO officers

⁹ Interview with EU Delegation (EUD) and DG ECHO officers; EU internal documents; EU response documents

¹⁰ Interview with EU Delegation (EUD) and DG ECHO officers; EU response documents; EU ambassadors Meeting notes

coordination with Member States and other donors. The COVID-19 crisis was discussed at regular weekly meetings between the EU and its Member States at the level of ambassadors and the head of cooperation. Specifically, France, Belgium, the Netherlands, Sweden, and Germany were involved in the joint COVID-19 response with different degrees of intensity in terms of coordination with the EU. Other European states active in health and crisis response in the country were Norway, Switzerland, and the United Kingdom (very active in the sector).¹¹ Very early on there were frequent contacts (several times a week) between the main donors in the DRC to take stock of the crisis and monitor funding. In the health sector, there was a regular (monthly) coordination forum with donors and the Government (various working committees at the Ministry of Health).¹² Additional meetings aside from regular contacts were organised between the EU and national authorities, including the Technical Secretariat. Communication and coordination of the response was also done at the level of provincial authorities resulting in greater integration and coherence as compared to the Ebola crisis.¹³

In the crisis context, the Team Europe (TE) dynamic further increased coordination and complementarity of the response between the EU and its Member States. It created momentum to identify the different competences available to implement COVID-19 activities, particularly during the weekly meeting between ambassadors and heads of cooperation. The intervention on treatment of moderate COVID-19 cases implemented by ENABEL was an example of this effort. The coherence of the overall response was boosted as the EU and its Member States relied on the same technical advice from experts (Belgian and French) to define their respective actions. Overall, there was low risk of duplication in terms of interventions, also given the vast needs of the country, as pointed out by interviewees. **The approach was however less successful in promoting joint Team Europe (TE) interventions.** The only COVID-19-related joint action under the Team Europe (TE) approach was the Humanitarian Air Bridge, launched by the EU, with the support of Belgium and France.¹⁴ Three flights transported 80 humanitarian workers and 56 tons of humanitarian cargo to Kinshasa and Goma. The first flight, in June 2020, provided the opportunity for a joint mission of the EU Commissioner with the respective EU MS foreign ministers and a meeting with the DRC President.¹⁵

There was high credibility and visibility of the EU response in the country. However, it was not clear to what extent this was linked with the Team Europe (TE) approach, which was never formalised. The credibility of the EU COVID-19 response rested on the EU's long-standing involvement in the country's health sector. Concurrently, the EU ambassador was especially active in communicating on the EU COVID-19 response (via the EU Delegation website, Twitter, and press releases, notably). There was also greater coherence in the overall external communication as the EU relayed issues raised by EU MS with the national authorities. However, this was not necessarily a joint EU-MS strategy and EU MS remained in control of their own communication on the COVID-19 response. Although coherent EU-MS communication was present, the approach was never formally labelled as "Team Europe" in DRC.

¹¹ United Kingdom's Department for International Development set up donors' meetings every two weeks on top of other meetings

¹² Monthly meetings with the *Groupe Inter-bailleurs de la santé* and consultations once or twice a week between the Ministry and UN agencies (WHO, UNICEF and others)

¹³ Interview

¹⁴ Interview with EUD and DG ECHO officers; EU internal documents; EU Delegation, France and Belgium Embassies in DRC websites (consulted in June 2021)

¹⁵ Interview with EUD and DG ECHO officers; EU response documents. We did not gain interviews with National Authorities and international organisations.

2.3 EQ 3 – EFFICIENCY

EQ3: To what extent were, and are, the individual aid modalities and other aid delivery mechanisms and their combinations efficient and flexible enough for use in Team Europe's (TE) COVID-19 response in COVID-19 crisis conditions?

Summary

The aid modality used for the EU response in DRC was the programme/project approach. INTPA projects in the health sector were funded with the EDF 11 available funds. The modality was flexible enough to allow adaptations in due time, such as budget rearrangements. The monitoring and learning mechanisms had to be adapted in the case of DG ECHO interventions due to difficulties related to the pandemic such as social distancing restrictions.

The EU's cooperation was based solely on a programme/project approach in DRC. The COVID-19 pandemic led to movement restrictions, supply difficulties, closure of organisations, and other difficulties. Nevertheless, according to EU internal documents, none of the EU response package interventions were problematic in 2020.

There were no particular concerns or delays in the implementation of the Team Europe (TE) package projects. Exchanges with the National Authorising Officer (NAO), in charge of EDF implementation, were fast and efficient. Only one month elapsed between the declaration of the first COVID-19 case in DRC (10 March 2020) and the start of the first project in the package (15 April 2020), even though the contract was only signed in May 2020 (with a retroaction clause).¹⁶

Monitoring of the COVID-19 response did not rely on specific indicators for COVID-19. For health projects, this was not considered relevant as the indicators already in place were seen to also apply to the management of COVID-19. For emergency projects under DG ECHO, regular monitoring was not possible due to social distancing measures. Instead, there was more communication with technical departments to update knowledge and adapt programmes as needed, according to the evolution of the sanitary situation in the field.¹⁷

¹⁶ Interview with EUD and DG ECHO officers; EU internal documents; EU response documents

¹⁷ Interview with EUD and DG ECHO officers

24 EQ 4 – Effectiveness

To what extent was the EU response successful in progressing towards the objectives associated with the COVID-19 response?

Summary

The distribution of items such as antiseptic soaps and hydroalcoholic gels to health structures contributed to providing Kinshasa with an emergency response capacity. The European Commission's interventions in health have the potential to contribute to strengthening the national health system. Although it is difficult to draw conclusions on the results of awareness raising projects, preliminary insight from the vaccination campaign suggested that a generalised distrust of the population hampered the effectiveness of the interventions in this area.

The EU response was effective in fostering a prompt emergency response in Kinshasa with the provision of antiseptic soaps, hydroalcoholic gels and plastic supplies (buckets, garbage cans, hand-washing stations and so on) to health structures shortly after the crisis began in the country.¹⁸

The Commission package also included interventions with the potential to strengthen the service delivery capacity of health facilities, in line with EU's cooperation priorities in DRC. For instance, the support to Saint Joseph Hospital, one of the targeted hospitals in the National Response Plan, aimed at improving COVID-19 case management. Beyond that, the project also aimed at improving the financial accessibility and the quality of health services supplies.¹⁹ The project started on 15 April 2020 without delays and the planned activities have been carried out so far. It is too early to assess results at this point as the project is planned as a 24-month intervention. However, interviewees were quite confident that the programme would bring an effective rationalisation of health resources in the short run, even if this is unlikely to be sustained in the long term once the programme ends.²⁰

It is difficult to draw conclusions on the results of awareness raising projects. However, the current vaccination campaign provides an insight. There were a few projects aimed at improving public awareness of the pandemic (such as Anti-Misinformation Projects, funded through the Instrument contributing to Stability and Peace [IcSP]). The roll out of a vaccination plan was attempted (2021) but the vaccination campaign is struggling to get off the ground due to a generalised distrust of the population - including medical staff - particularly in relation to the fake news spread on social networks. By May 2021, only 23,000 people had been vaccinated. The need to inform the target audience therefore remains high.²¹

¹⁸ The contract with the supplier of hydroalcoholic gels was signed by the NAO in July 2020, for a delivery due by end of July 2020.

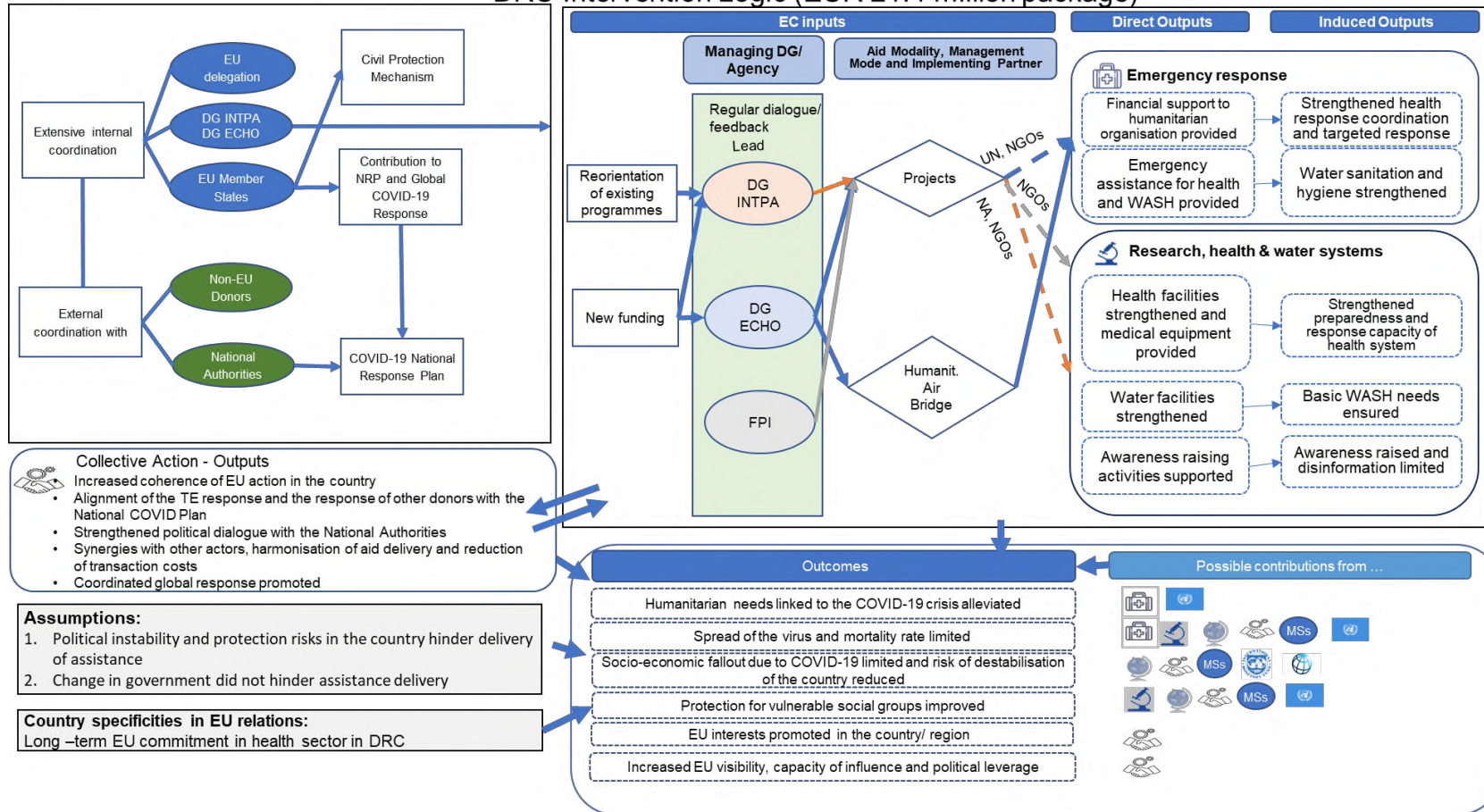
¹⁹ We do not have information on the Team Europe (TE) package interventions' outputs.

²⁰ Interview

²¹ Interview with EUD and DG ECHO officers; EU response documents; EU ambassadors Meeting notes

3. Annex: Intervention Logic Sketch

DRC Intervention Logic (EUR 21.4 million package)



Source: Evaluation Team

Country note - Honduras

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THE PURPOSE OF THIS COUNTRY NOTE IS TO INFORM THE FAST-TRACK ASSESSMENT OF THE EU INITIAL RESPONSE AS A WHOLE. IT IS NOT DESIGNED TO BE AN ASSESSMENT OF THE RESPONSE IN THE COUNTRY.

Acronyms

AECID	Spanish Agency for International Development Cooperation
BS	Budget Support
CABEI	Central American Bank for Economic Integration
CSOs	Civil society organisations
DG DEVCO	Directorate-General for Development and Cooperation
DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DG INTPA	Directorate-General for International Partnerships
EIDHR	European Instruments for Democracy and Human Rights
EU	European Union
EUMS	EU Member States
GDP	Gross Domestic Product
IDB	Inter-American Development Bank
IMF	International Monetary Fund
MIP	Multi-annual indicative programme
MS	Member States
SMEs	Small and Medium Enterprises
TE	Team Europe
WB	World Bank
UN	United Nations
DG DEVCO	Directorate-General for Development and Cooperation
DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DG INTPA	Directorate-General for International Partnerships

1. Background

1.1 Country COVID-19 context and government response

The first cases of COVID-19 in Honduras were confirmed on 11 March 2020. As of 31 May 2020, 5 094 confirmed cases and 201 deaths were registered, the highest figures in Northern Central America.¹ The pandemic arrived as the country was already struggling with a historically severe dengue emergency that put huge pressure on the weak medical care networks. As a result of insufficient human resources, a deficient and inadequate distribution in primary care, a low percentage of drugs and supplies in health care facilities, and poor availability of tools and equipment, around 1.3 million people had humanitarian needs in March 2020.

Daily new confirmed COVID-19 cases in Honduras



While the country was dealing with the pandemic, two storms hit its shores between 1 and 16 November 2020: tropical depression Eta and hurricane Iota. This further increased the humanitarian needs of hundreds of communities in the most affected geographical areas. As communities with destroyed homes tried to flee the region, they faced harsh mobility restrictions both within the national territory and at the border due to COVID-19 prevention measures. The combination of these natural disasters and COVID-19 left vulnerable people most at risk. The lack of hygiene and health access especially affected women and adolescents – particularly expectant mothers – girls and boys, the elderly, people with disabilities, and LGBTIQ+ people.

Shortly after the first case was confirmed, the Government implemented severe measures to reduce the circulation of the virus, including a travel ban, school closures, bans on large social events, and a mandatory curfew. In parallel to the containment measures, an economic response plan was set up to cushion the negative impact on aggregate macroeconomic performance, prioritise healthcare and humanitarian services, ensure basic needs by providing food to the most vulnerable families, and reduce corporate tax burdens to prevent mass layoffs for the duration of the pandemic.² On 2 April 2020, the Honduran Congress authorised the Government to issue debt worth up to EUR 2.1 billion.

¹ Humanitarian Needs Overview - El Salvador, Guatemala and Honduras, OCHA, May 2020.

² UNDP, Regional Bureau for Latin America and the Caribbean, June 22, 2020

The Honduras Solidarity Programme was established to provide food to around 800 000 families at risk across the country. The most affected sectors (self-employed workers, agriculture and transport) were primarily targeted through support programmes and bonds. Several tax and employment measures targeting small and medium taxpayers were implemented, including payment deferrals, rate reductions, state compensation schemes and training. Economic stimulus measures consisted of grace periods for borrowers and easing debt repayments. Nevertheless, GDP is expected to have contracted by 9% in 2020 due to the pandemic and natural disasters.

1.2 EU response

The overall Team Europe (TE) package for the COVID-19 crisis in Honduras amounted to **EUR 79 million** and included both non-refundable transfers and loans (the latter accounting for 39% of the total budget committed). More than half of Team Europe (TE) budget (EUR 43 million) was provided by the Commission.

The Honduras package included **budget support allocations** of EUR 24 million, complementing substantial liquidity injections provided through international financial institution loans (WB, IMF, IAB, CABI). EU interventions also consisted of **funds reallocated from existing DG INTPA programmes** (such as the CSO-LA programme and EIDHR) to support employment, improve food security and facilitate recovery in rural areas, as well as to provide first line assistance to vulnerable populations and mitigate the risk of increased domestic violence because of the lockdown. Employment support also included technical assistance to businesses for the implementation of biosecurity measures for a safer and quicker reactivation of activities, information campaigns for the adoption of such measures, and sustainable support to SMEs, for instance in the domain of digitalisation. Honduras also benefited from **DG ECHO regional funds** through the activation of crisis modifiers within existing interventions. Following the Eta and Iota disasters in November 2020, DG ECHO further committed EUR 1.5 million in **short-term humanitarian assistance** to support livelihood recovery. (see Annex: Intervention Logic Sketch).

2. Answers to Evaluation Questions

2.1 EQ 1 – Relevance

EQ1: To what extent did the initial EU global response to the COVID-19 pandemic through the Team Europe (TE) country packages address the needs and priorities of partner countries and regions in each country context in line with the three priorities of the Team Europe approach?

Summary:

The Team Europe (TE) country package appeared in line with EU principles and approaches. Efforts were also made to implement the package rapidly and adapt it to the evolving conditions, although it should be noted that in-country coordination was strongly affected by the low response capacity of the Government as well as the scarce existing infrastructure, particularly as it pertains to connectivity. Some of the interventions implemented have the potential to contribute to building long-term resilience. However, interventions within the health sector appeared focused on enabling continued support on an emergency level, with no significant structural improvements being expected.

The interventions of the Team Europe (TE) country package appeared consistent with the Joint Communication insofar they were targeted primarily at vulnerable people, including

people living in poverty, communities affected by migration and female survivors of gender-based violence, which increased during the pandemic. **Interventions also targeted supply chain issues**, particularly those related to food security (which is one of three priorities of EU cooperation with Honduras) and health. Projects also supported security protocol development as well as the purchase of biosecurity and other health-related supplies, through budget support.³

EU budget support operations were relevant to help the Honduran government sustain the most critical COVID-19 response actions, providing the necessary liquidity injections to keep them operating through time. Beyond COVID-19, **interventions were also adjusted to consider needs emerging from the two tropical storms that battered the country in November 2020.**

The design and implementation of Commission interventions during COVID-19 was significantly more rapid than usual, especially considering that INTPA aid modalities are designed for development cooperation more than for emergency response.⁴ **Some activities within existing projects were in fact immediately readjusted to provide immediate response to COVID-19** in areas in which it was deemed as (and appears to have been) highly needed. In this respect, it is worth mentioning that DG ECHO did not intervene in a country-specific response to the COVID-19 crisis in Honduras.⁵

Alignment with the Government of Honduras on the response to COVID-19 was only possible to some extent as the government response was limited, being affected by low political recognition, human capacity issues, and technical problems arising from limited connectivity and limited capacity to work remotely during COVID-19. **Connectivity issues and other significant changes in work conditions also strongly affected the capacity to collaborate with other actors**, namely other international donors as well as beneficiaries and implementing partners in the field.⁶

Although some elements of long-term resilience were addressed, in key areas (specifically in the health sector) the response appeared more geared towards ensuring sustainability of emergency measures over time, rather than building long-term resilience. Among elements of long-term resilience addressed in projects were the development of biosecurity protocols, along with related training, as well as capacity building related to local resilience, such as home agriculture and civil society capacity strengthening.⁷ However, discussions around budget support and closely related initiatives – which jointly represented EUR 30.8 million, or the bulk of the response – highlighted how these were primarily expected to sustain the viability of emergency interventions, such as temporary patches to the health system and provision of emergency food/other basic support to the most vulnerable. No significant structural improvements to the health system have been observed so far, nor are they credibly expected.⁸

³ Sources: descriptions of operations as reported on <http://equipoeuropahn.eu/> and in the August 2020 note describing the response of TE to the COVID-19 crisis in Honduras, also available on the website.

⁴ Citation from an interview

⁵ Interviews and EU response documents

⁶ Interviews. The novelty of the situation along with the relative lack of resources such as good internet/ phone connections (especially in remote areas), computers at home and systems for remote working/ possibility to access systems from locations other than the workplace affected all actors. In addition, a large portion of international personnel was repatriated, causing significant disruptions.

⁷ Project descriptions; Interviews

⁸ Interviews

2.2 EQ 2 – Value added

EQ2: To what extent did the Team Europe (TE) initial response provide additional benefits beyond what would have resulted from actions taken by the EU institutions and EU MS on their own?

Summary:

The introduction of the TE approach does not appear to have had significant influence on the design and execution of the COVID-19 response. In fact, coordination among the EU delegation, MS and other donors was already active in Honduras and was rather comparatively reduced in 2020, due to difficulties posed by the new working conditions (high rotation in donor staff due to evacuations, difficulties working remotely in a country with limited connectivity infrastructure). It was also noted that each MS tends to focus on different issues, making direct collaboration difficult. Although not perceived to have had tangible impact on the cooperation side, the TE branding may, however, have had a positive impact on the positioning of the EU and MS as leading cooperation actors in Honduras.

Coordination among EU MS as well as among international donors active in the country was taking place in Honduras for many years before COVID-19. In particular, the G-16 (the group bringing together international donors accredited in the country and with an active relationship with the Government) was organised as of 2016 in several working groups, which were topic-based and met regularly.⁹ EU actors present in the country also coordinated regularly, which resulted (amongst other outcomes) in a Joint Programming Document for the 2019-2022 period.¹⁰ This document is considered the basis of the EU involvement in the country and of the programming for 2021-27.

However, coordination among different actors was substantially reduced in 2020, mainly due to the emergency circumstances and associated changes in working conditions. Particular causes were the impossibility of meeting physically (and difficulties in connecting virtually due to infrastructural shortcomings), changes in donor teams¹¹ due to evacuations, and shifts in priorities and workloads both at government and donor levels.¹²

Interviews and document review showed no evidence of joint planning/ execution in the EU COVID-19 response. Team Europe (TE) joint actions seem to have been limited to mutual information on activities to be undertaken and communication/ media. Most notably, an online portal was created,¹³ offering information on support provided to Honduras in response to the COVID-19 crisis by all Team Europe (TE) members – among others, with the purpose of ensuring transparency of the use of EU funds. Furthermore, an official launch event of the Team Europe (TE) initiative was organised in late 2020. Finally, the TE (*Equipo Europa*) brand was extensively used in media and communication.¹⁴

The Team Europe (TE) initiative may have had some positive effects in terms of the perception of the EU (including MS) as a stronger and more coordinated actor both in the

⁹ Interviews

¹⁰ Available on <http://equipoeuropahn.eu/>, the transparency portal of the EU response to COVID-19 in Honduras.

¹¹ The EU donors present in the country are the EU itself, France, Spain and Germany. Ireland also has some limited presence. EIB and EBRD are not active in Honduras. Source: website and interviews.

¹² Interviews

¹³ <http://equipoeuropahn.eu/>

¹⁴ Interviews.

response to COVID-19 and in general, largely because of branding actions and communication (website, media messages).

2.3 EQ 3 – Efficiency

EQ3: To what extent were, and are, the individual aid modalities and other aid delivery mechanisms and their combinations efficient and flexible enough for use in Team Europe’s COVID-19 response in COVID-19 crisis conditions?

Summary

Ongoing projects managed directly by the EU were the most flexible and quick-to-adapt modalities. In most cases, adaptation was done immediately, within existing budget lines. Several modifications were also brought to ongoing budget support programmes to adapt to the pandemic. The BS funds mobilised for the COVID-19 response were released in December 2020 in the form of fixed tranches. Both modalities were complementary in the response in Honduras. In contrast, projects implemented through delegated cooperation to other international donors appeared to be the lengthiest to approve (only one of the new ones had started at the time of this study – namely, a EUR 3.5 million agreement with the World Food Programme) and most complicated to manage. It is also worth mentioning that flexibility was granted in re-assigning non-committed MIP funds to different sectors in the context of the COVID-19 crisis.

In terms of monitoring, the Commission strongly focused on transparency and accountability of emergency spending during the pandemic due to potential misuse of funds.

The three ongoing budget support programmes were adapted. For EUROSAN Budget, undisbursed funds from previous variable tranches were in part transformed into a fixed tranche (EUR 3.8 million) and disbursed in December 2020 following an addendum signed in September 2020; another part (EUR 3.5 million) was instead reassigned to a contribution agreement with the World Food Programme (WFP), aimed at fostering food security and resilience in rural areas, signed in September 2020. The two other ongoing BS programmes, which started in 2019, each benefited from a top-up of EUR 3.5 million released in December 2020 through addenda signed in the same month. For EUROEMPLOE, the variable tranche (EUR 5 million) was also transformed into a fixed tranche disbursed in December 2020. For EUROSAN Decentralisation, the fixed tranche of EUR 4 million was disbursed in July 2020 as initially planned.

In terms of flexibility, **ongoing “classical” projects were the fastest to be adjusted**, particularly in cases in which adaptations could be made within existing activities, without amendments necessary, as those already had an organisation in place and resources assigned. Hence, **the use of both projects and budget support can be considered complementary**: the former allowed to provide more immediate relief, while the latter brought a larger and more structured support in a subsequent step.¹⁵ Beyond initial COVID adaptations, further adjustments to projects were also made in some cases because of the tropical storms that hit Honduras in November 2020.¹⁶

Cooperation delegated to other entities, in particular to international organisations but also to AECID, **tended to be the least adaptable modality in the Honduras setting**. These projects were consistently characterised by lengthy times for approval. For instance, projects with the IDB and with AECID are yet to start while the Spotlight Initiative implemented by the UN, the single example of a project that was already ongoing and subsequently modified, was deemed largely ineffective

¹⁵ Project documentation and interviews

¹⁶ Project documentation and interviews

and highly time-consuming management-wise for the EU Delegation.¹⁷ The abovementioned contribution agreement with the World Food Programme (WFP) was a partial exception in this sense, having been signed in September 2020.

Lastly, **flexibility was granted to mobilise unused budget within different sectors**. In particular, a portion of unused Rule of Law budget was used within the Health and Food Security ongoing operations.

The Commission monitored emergency spending through BS. Otherwise, little or no structured monitoring activities were carried out during the crisis, and no specific mechanisms were developed in this sense. Most interventions were only recently implemented and reports are not yet due; additionally, field visits were impossible. Two special audits conducted by the Supreme Audit Institution in May and October 2020 and a social audit issued in June 2020 revealed potential misuse of pandemic funds.¹⁸ The most worrying purchases concerned seven mobile hospitals. The Commission obtained the commitment of the Honduras government to use BS funds through UN System procurement procedures to guarantee adequate and transparent use of the funds.¹⁹ In late September 2020, IADB and IMF carried out a mission to analyse fiscal transparency and control of expenses in the framework of COVID-19. Key recommendations formulated included, among others, adopting a Unique Purchasing Guide for the COVID-19 Emergency; strengthening budget management and internal control frameworks; and publishing recommendations of the concurrent controls. In addition, the delegation is regularly monitoring government spending, thus maintaining an informed opinion on the overall coherence with agreed-upon budget support priorities.²⁰ The Commission also closely followed the work of the Supreme Audit Institution. The disbursement notes of the three programmes put a heavy emphasis on transparency and accountability of emergency spending during the pandemic, in order to duly justify BS disbursements following the uncovering of these fraud allegations.

2.4 EQ 4 – Effectiveness

EQ4: To what extent was the EU response successful in progressing towards the objectives associated with the COVID-19 response?

Summary:

The EU response had some effect in progressing towards the objectives associated with the COVID-19 response: in particular, it contributed towards biosecurity awareness (through the design and publication of protocols, training, and acquisition of equipment); and is helping to extend in time measures which provide relief both to the health sector and to the economic situation of the most vulnerable people. However, these last measures are mostly short term in nature and/or focus on subsistence/ basic resilience rather than economic activation. From the information reviewed, it is not apparent that Honduras's health sector or economy will emerge strengthened or significantly more prepared for future pandemics from the current crisis, except perhaps for what concerns home/ small ecosystems.

The Team Europe (TE) response contributed to sustaining emergency solutions to temporarily strengthen the health system. For instance, while the disbursements made through three ongoing budget support operations did not create significant fiscal space, they injected liquidity

¹⁷ Project documentation and interviews

¹⁸ Such misuse concerned public funds only. (EU funds were not compromised.)

¹⁹ Commission disbursement note for EUROSAN Budget, 2020.

²⁰ Interviews

useful to sustain the management of the pandemic, such as the operation of temporary pre-diagnostic centres, the temporary withdrawal of which was immediately associated with hospital overcrowding. **However, so far the response has not included action targeted towards significant structural, long-term improvements to the health system.**²¹ In fact, only two out of the six mobile hospitals acquired by the Government are currently operational and capable of taking care of COVID-19 patients. Interventions of an economic nature were similarly largely focused on contributing to emergency or quasi-subsistence services such as food distribution and home agriculture. It is not immediately clear how or whether these can and will support economic development in the long term.²²

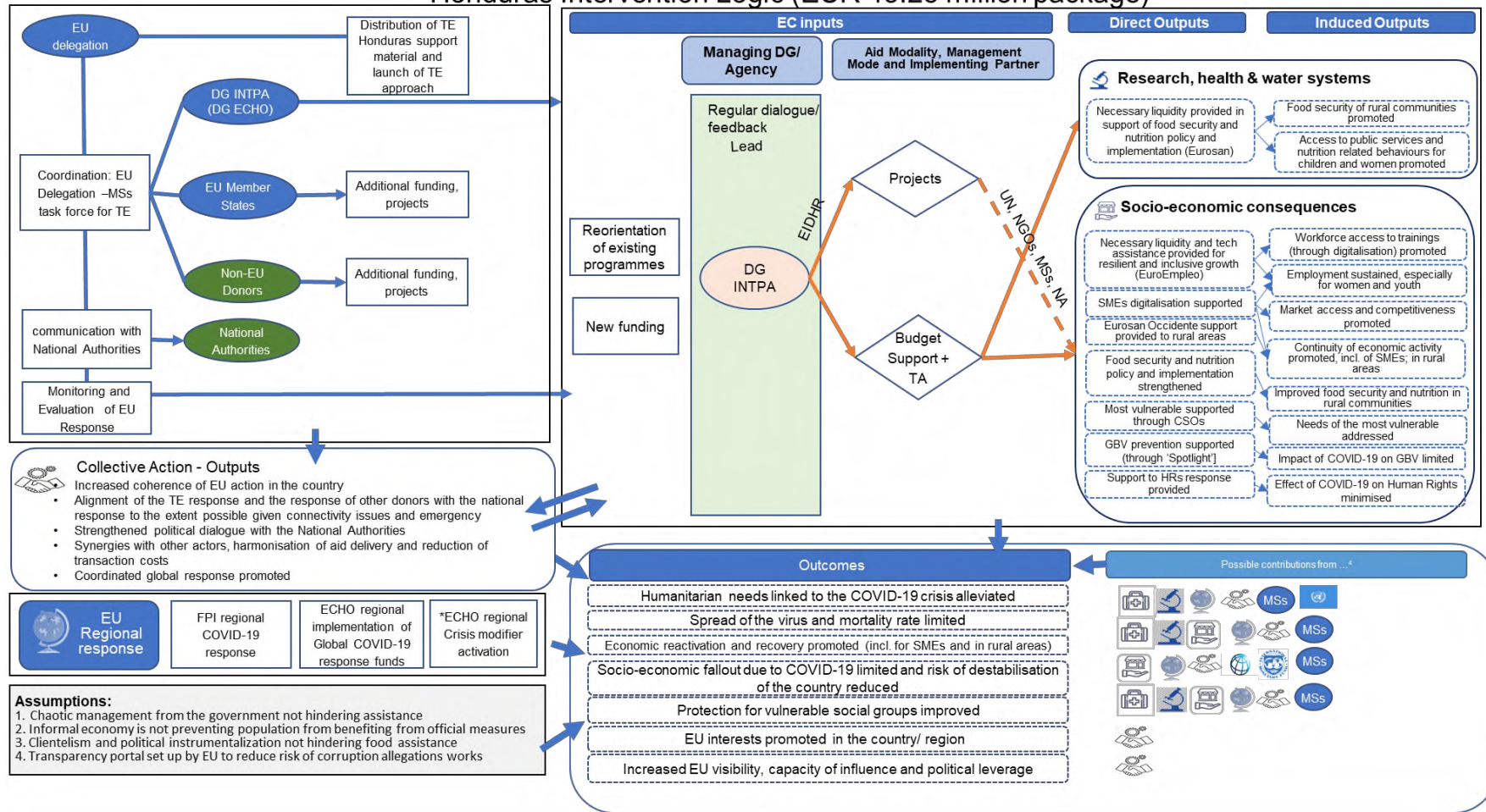
In terms of awareness of the pandemic, **the EU supported, through several projects, the design of biosecurity protocols for dealing with COVID-19, as well as training and acquisition of equipment.** Most notably, protocols designed through the technical assistance part of the EuroEmpleo program were published and made available through a dedicated portal on the Ministry of Employment website.

²¹ Interviews. In fact, some action in this sense is included in EUROSAN DEL (addressing nutrition through primary health establishments in 39 targeted municipalities); however, it pre-dated COVID-19 and was not eventually modified.

²² EU response documents

3. Annex: Intervention Logic Sketch

Honduras Intervention Logic (EUR 43.25 million package)



Source: Evaluation Team

Country note - Morocco

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THE PURPOSE OF THIS COUNTRY NOTE IS TO INFORM THE FAST-TRACK ASSESSMENT OF THE EU INITIAL RESPONSE AS A WHOLE. IT IS NOT DESIGNED TO BE AN ASSESSMENT OF THE RESPONSE IN THE COUNTRY.

Acronyms

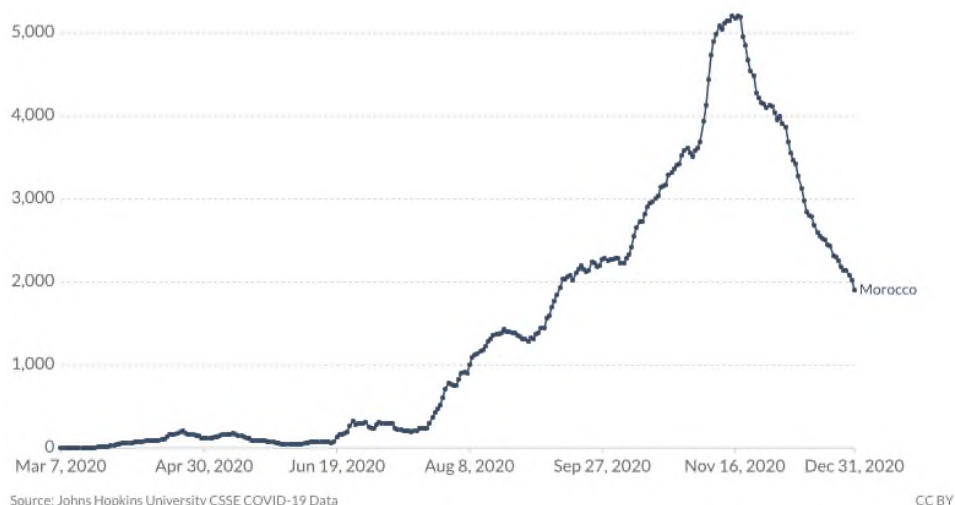
AAP	Annual Action Plan
BS	Budget Support
CGEM	<i>Confédération générale des entreprises du Maroc</i>
CHU	University Hospitals
EBRD	European Bank for Reconstruction and Development
EC	European Commission
EIB	European Investment Bank
EQ	Evaluation Question
EU	European Union
EUD	European Union Delegation in Morocco
EUTF	EU Trust Fund
EWC	Economic Surveillance Committee
GDP	Gross Domestic Product
IFI	International Financial Institution
IMF	International Monetary Fund
IOM	International Organization for Migration
MS	Member States
PASS	<i>Programme d'Appui au Secteur de la Santé Marocain</i>
PACC	<i>Programme d'Appui à la Compétitivité et Croissance Verte</i>
PIAFE	<i>Programme Intégré d'Appui à la Formation et à l'Education</i>
PLL	Precautionary and Liquidity Line
PPE	Personal Protective Equipment
PFM	Public Finance Management
SME	Small and Medium Enterprise
SRBC	State and Resilience Building Contract
TE	Team Europe

1. Background

1.1 Country COVID-19 context and government response

Morocco recorded the first case of COVID-19 on 2 March 2020. After progressing slowly, the pandemic gathered speed in late July, reaching a peak of 5,205 new daily confirmed cases¹ on 17 November 2020. Since then, the number of daily infections has steadily fallen, reaching slightly less than 2,000 new daily confirmed cases on 31 December 2020. A total of 439,192 people infected, and 7,388 COVID-19-related deaths were registered since the beginning of the pandemic as of that date.

Daily new confirmed COVID-19 cases in Morocco



The main governance structures/response instruments for managing the health crisis and its social and economic consequences were put in place within weeks of the first cases being identified, namely:

- An Economic Surveillance Committee (EWC)², to monitor the evolution of the socio-economic situation and to formulate measures to support the national economy and the actors impacted by the crisis, in connection with the implementation of the health national emergency response
- A Special Fund for the Management of the COVID-19 Pandemic (COVID-19 Fund) to mobilise and channel public and private resources (including external resources) for financing additional health expenditure and socio-economic measures recommended by the Economic Surveillance Committee (EWC)³
- A state of health emergency was declared on 23 and 24 March 2020 with a number of containment measures⁴ and health safety rules.⁵

¹ Rolling 7-day average. Source: Our world in data.

² The Committee, chaired by the Ministry of Economy, Finance and Administration Reform (MEFRA), is composed of several ministerial departments, the Central Bank and the private sector.

³ «Fonds spécial pour la gestion de la pandémie du coronavirus», endowed with MAD 10 billion (EUR 934 million) from the state budget. The Fund's total revenue amounted to MAD 33.7 billion (EUR 3.1 billion) at the end of August 2020.

⁴ Including quarantine, suspension of all international passenger flights, interdiction of all public gatherings, and closures of mosques, schools, universities, restaurants, cafes, and hammams.

⁵ The state of emergency is still ongoing as of September 2021 until 31 October 2021, although with fewer restrictions on travels for tourists and vaccinated persons.

The government's preliminary estimates indicated that Morocco's real gross domestic product (GDP) contracted by 7% in 2020,⁶ leading to an increase in unemployment from 9.2% to 11.9% and a budget deficit of 7.4% of the GDP in 2020.⁷ In August 2020, the Government announced an ambitious recovery plan of some MAD 120 billion (EUR 11.2 billion) in the form of state-guaranteed credits to businesses and funding for a newly created strategic investment fund which will finance investment projects (including Public Private Partnerships).⁸

1.2 European Union (EU) response

The EU COVID-19 response in Morocco consists of a package of approximately EUR 456 million, mostly made up of budget support funded from the bilateral cooperation and the North of Africa window of the EU Trust Fund (EUTF) for Africa. Central to the package is the European Support Programme for the COVID-19 Response in Morocco (EUR 111 million), which is a new State and Resilience Building Contract (SRBC)⁹ adopted in August 2020¹⁰ and released¹¹ in November 2020 to support the government's COVID-19 response plan.¹² Two recent large budget support programmes in the sectors of education and health adopted under the Action Programme 2019-2020¹³ were included in the package for a total amount of EUR 240 million, with the fixed tranches increased (50% of the total) and front-loaded, also in support of the government's COVID-19 response plan. Additional funding for the government's COVID-19 Fund was mobilised through special COVID-19 fixed tranches under ongoing budget support programmes¹⁴ to implement COVID-19 measures linked to the sector covered by these programmes.¹⁵ In total, these special COVID-19 tranches amounted to EUR 116.5 million. The package also included the last tranches of ongoing budget support programmes, which were transferred irrespective of the pandemic. In addition, a EUR 30 million-variable tranche was disbursed under the EUTF-funded budget support programme for migration.¹⁶ The only assistance provided through a project approach in the package is the EUTF-funded project implemented by the International Organization for Migration (IOM) in four North African countries to respond to emergency needs of the most vulnerable with the involvement of civil society.¹⁷ (See Annex: Intervention Logic Sketch)

⁶ Comparing to a 2.5% growth registered in 2019.

⁷ Haut Commissariat au Plan, [Situation économique en 2020 et ses perspectives en 2021. January 2021](#).

⁸ Mohammed VI Fund for Investment, which became effective with the adoption of a dedicated law in December 2020 and its decree in February 2021.

⁹ SRBC supports societal and state resilience as defined in the European Commission joint Communication "[A Strategic Approach to Resilience in the EU's external action](#)" (2017).

¹⁰ Signed on 5 October 2020.

¹¹ Through a fixed tranche representing almost the entire amount of the programme (EUR 105 million) to feed the government's COVID-19 Fund via a contribution to the treasury. The second tranche (EUR 6 million) was included to make it possible, if needed, for the programme to be increased through a top-up, and is to be paid in 2021.

¹² "To support the implementation of the government's strategy to respond to the COVID-19 crisis in terms of health, protection of workers and vulnerable populations, and support for economic activity in the short and medium term medium term", [EC Implementing decision. C\(2020\) 5410 final](#).

¹³ *Programme d'Appui au Secteur de la Santé Marocain (PASS) III* (EUR 100 million) and the *Programme Intégré d'Appui à la Formation et à l'Éducation (PIAFE)* (EUR 140 million).

¹⁴ For example : *Programme d'Appui à la Compétitivité et Croissance Verte (PACC)* supporting growth and competitiveness reforms (EUR 10.7 million), *PASS II* supporting health reforms (EUR 27.6 million), Youth programme (EUR 20 million). Unspent amounts were used to that effect for the first two programmes. In the case of the Youth programme, the special COVID-19 tranche is made up of funds from the subsequent tranches, which have been reduced.

¹⁵ For example, the special COVID-19 tranche of the Youth programme supports measures to alleviate the impact of the crisis on young people.

¹⁶ Worth EUR 101 million, it was adopted in 2019 to help Morocco improve the management of its borders, combat people smuggling and trafficking and improve migrant protection.

¹⁷ Regional Response to COVID-19 in North African Countries (EUR 7.55 million) covering Algeria, Egypt, Morocco and Tunisia and focusing on the needs of migrants and displaced persons, including returnees and asylum seekers, as well as their host communities. It seeks to ensure protection and assistance to vulnerable populations as well as to address their emergent socioeconomic needs.

2. Answers to Evaluation Questions (EQ)

2.1 EQ 1 – Relevance

EQ1: To what extent did the initial EU global response to the COVID-19 pandemic through the Team Europe (TE) country packages address the needs and priorities of partner countries and regions in each country context in line with the three priorities of the Team Europe approach?

Summary: The EU COVID-19 response was in line with the priorities set out in the Joint Communication with a significant package (EUR 450 million), consisting mostly of budget support feeding into the Moroccan treasury to finance national measures under the COVID-19 Fund set up by the Government to address health emergency needs and tackle the immediate socio-economic consequences of the pandemic. The response focused therefore on short-term needs through front-loading of budget support (BS) payments, while ensuring that dialogue would continue on long-term reform goals within the framework of the EU budget support programmes. Longer-term needs and the strengthening of resilience are also to be addressed through the EU support to the government's recovery plan, which is currently under discussion.

The EU COVID-19 response package was geared at supporting the comprehensive and well-designed national COVID-19 emergency response, which Morocco swiftly deployed.

Shortly after the pandemic was announced, the Moroccan authorities designed an ambitious and proactive plan to contain the pandemic, address emergency health needs, stabilise the economy and alleviate the immediate impact of the crisis for households and enterprises. Central to this response was the setting up of a special COVID-19 Fund to finance response measures drawing on public and private funds, including external aid. Considering that the country's response strategy was highly relevant and credible, the Commission decided to support its implementation with the front-loading of budget support, which was the main aid modality used in Morocco. This approach was agreed with the Moroccan authorities, which sought the backing of the donor community and international organisations to fund their emergency response. The national measures that the EU COVID-19 response package helped finance through the country's COVID-19 Fund were in line with the priorities of the Joint Communication, with a focus on emergency health needs, macro-economic stabilisation and fiscal and financial help for households and enterprises.

In supporting the national COVID-19 response plan, the EU response helped address emergency needs crucial to the management of the health crisis. The health system, with limited and unevenly distributed resources and weaknesses in terms of accessibility and governance, faced considerable pressure in coping with the pandemic, which overstretched health services, especially outside the main urban centres (Casablanca, Rabat, Fez, and Tangier). The EU COVID-19 response provided fiscal space for the Moroccan government to manage the health crisis, by strengthening the capacity for infection control and patient care, upgrading facilities for treating severe cases, and ensuring the country-wide delivery of laboratory testing materials, personal protective equipment (PPE), hospital materials and medicine.

The COVID-19 response was also well aligned with Morocco's priorities for economic stabilisation and support to households and businesses. The lockdown measures introduced by the Government between March and August 2020 and the impact of the pandemic on the global economy pushed the Moroccan economy into its first recession since 1995, with a major downturn in the tourism sector, a drop in foreign investment and disruptions to external and domestic demand,

compounded by the fall in agricultural production due to a severe drought.¹⁸ Morocco's real GDP contracted by 7% in 2020¹⁹ while unemployment rose from 9.2% to 11.9%.²⁰ In this context, the government's priority was to preserve macro-economic stability through a proactive monetary and macro-financial policy while cushioning the impact of the health crisis on economic actors through fiscal measures in support of businesses and social transfers targeted at the most vulnerable households.

The response package focused on short-term needs, but budget support programmes enabled the EU to maintain its dialogue on long-term reform goals, including strengthening resilience, which will feature high on the new EU-Morocco cooperation agenda.

The EU COVID-19 response focused on the country's emergency response, providing fiscal space to the Government to implement emergency health and socio-economic measures. While the response was not intended to build long-term resilience, the policy dialogue held in the framework of the budget support helped maintain the focus of Moroccan authorities on long-term reform goals despite difficulties linked to the pandemic, in particular regarding the health and social protection systems, which are receiving further assistance from the EU.²¹ Furthermore, the new cooperation framework 2021-2027, which will support the country's post-COVID-19 recovery plan, will lay emphasis on addressing structural weaknesses in the economy and building resilience.

The EU response helped draw attention to the needs of vulnerable populations. The response package included one regional EUTF-funded project, "Regional Response to COVID-19 in North African Countries", implemented by the IOM to help countries of the region ensure protection and assistance to the migrant population whilst also addressing their socio-economic needs by providing them with livelihood and employment opportunities. The special COVID-19 tranche under the Justice budget support programme put emphasis on legal protection measures and financial aid in favour of vulnerable people in contact with the justice system during the pandemic, such as women and children, victims of family violence, juvenile offenders in placement and prison inmates.

2.2 EQ 2 – Value added

EQ2: To what extent did the Team Europe (TE) initial response provide additional benefits beyond what would have resulted from actions taken by the EU institutions and EU MS on their own?

Summary: Given the crisis and the need to react quickly, the EU COVID-19 response package concentrated on Commission instruments, primarily budget support. While other EU institutions and EU MS supported Morocco's emergency response, their contributions were not pooled into nor branded as an EU response package. Therefore, the Team Europe (TE) approach as a promotion tool was not really put into practice. The EU, however, maintained coordination with its partners but the pandemic did not alter the way they cooperated. The EU response package was commensurate with the strategic partnership that exists between the EU and Morocco enabling the EU to influence emergency and recovery policies through the policy dialogue which accompanies budget support.

¹⁸ [Un an de gestion de la pandémie COVID-19](#), March 2021

¹⁹ After shrinking by 15.1% in the second quarter of 2020, mainly due to the lockdown, but also due to falling exports and collapsing tourism receipts ; activity recovered in the second half of 2020.

²⁰ Haut-Commissariat au Plan, [Situation économique en 2020 et ses perspectives en 2021. January 2021](#)

²¹ The objectives of the EU budget support programmes « *Programme d'Appui à la Réforme du Secteur de la Santé III* » (health) and « *Protection Sociale* » (social protection) are to build sustainable and inclusive health and social protection systems. Both programmes include substantial technical assistance components.

Given the crisis, the Commission gave priority to tailoring its own instruments, primarily budget support, to build the response package. Apart from one project implemented in partnership with the IOM, the EU COVID-19 response involved only the Commission. According to the EC, the crisis was not conducive to experimenting with closer cooperation with EU MS, as it requires considerable time to create common frameworks, starting with joint programming. The focus was then on Commission instruments, the adaptation of which was already complex and time-consuming.

Coordination with other international partners was maintained during the pandemic with no significant change in the level of contacts. Contacts with the other international partners were maintained through online meetings to exchange information and coordinate activities and to organise joint events in some cases. For example, EU-EBRD web seminars for enterprises were held to provide Moroccan companies affected by the crisis with concrete, operational and directly applicable solutions.²²

The EU Delegation initiated a dialogue with EU MS on promoting their response efforts under a common Team Europe (TE) brand, but the approach has not yet been applied in practice. The EU Delegation Communication Unit gathered EU MS to present the Team Europe (TE) approach and discuss how the response from the EU institutions and EU MS could be promoted jointly. The EIB referred to the Team Europe initiative (TEI) in promoting its package of measures in favour of Morocco, but the concept was explained only in a linked page,²³ and no Team Europe (TE) visual identity was used. Likewise, the EU-EBRD “Back to business Initiative” publicised on the EEAS website²⁴ makes mention to Team Europe (TE), but without visual brand and with only a link at the bottom of the page providing additional information about the concept. Moreover, and more importantly, the important contribution made by the EIB was not branded as part of the EU response package.²⁵

With its COVID-19 response, the EU positioned itself as one of the key players in supporting Morocco’s timely and effective response plan to which it also contributed through political dialogue thanks to the budget support modality. The EU was able to show its solidarity with the Moroccan people through significant financial transfers to help Moroccan authorities implement their national response plan. This support was publicised through a joint announcement between the Moroccan Minister of Foreign Affairs and the EU Commissioner for Enlargement and Neighbourhood (2.4)²⁶ and was also highlighted in the promotional materials recently issued by the EU Delegation about EU-Morocco relationships. However, other EU contributions, such as the exceptional financing from the EIB released in August 2020 was not mentioned in these materials although there were publicised on the EIB website which made a link to the overall EU COVID-19 response package and Team Europe (TE).²⁷ In addition, the EU continues to contribute to the country’s COVID-19 and post-COVID-19 response by maintaining a close policy dialogue in the framework of the budget support modality.

²² [Back to Business Initiative](#)

²³ [Maroc : tous unis contre la Covid-19 - la continuité pédagogique assurée par l'Université Euromed de Fès avec le soutien de l'Union européenne](#). The page makes no mention of the fact that Team Europe (TE) represents the combined response from the EU, its Member States and European financial institutions to help partner countries tackle the COVID-19 pandemic.

²⁴ [Team Europe - Back to Business Initiative - Industrie du conseil au Maroc : challenges et opportunités post Covid 19](#)

²⁵ “2020 saw an extraordinary level of European Investment Bank activity in Morocco, with EUR 617 million in signatures – double the 2019 figure. The Bank took wide-ranging action under the Team Europe initiative (TEI) to quickly provide urgent support to the Kingdom of Morocco to combat the COVID-19 pandemic”. [Unprecedented EIB mobilisation in Morocco in 2020 to combat COVID-19 pandemic](#), March 2021. In particular, the EIB mobilised [emergency financing](#) (EUR 200 million) to support the implementation of Morocco’s national response plan, of which EUR 100 million was released at the end of August 2020.

²⁶ [Joint announcement](#), March 2021

²⁷ [La BEI débloque en urgence 100 millions d'euros pour soutenir le Maroc face au Covid-19](#)

2.3 EQ 3 – Efficiency

EQ3: To what extent were, and are, the individual aid modalities and other aid delivery mechanisms and their combinations efficient and flexible enough for use in Team Europe’s COVID-19 response in COVID-19 crisis conditions?

Summary: Budget support is not an emergency instrument. Still, due to the crisis, exceptional lighter procedures were applied and budget support actually proved to be a very flexible modality that enabled the EU to provide significant, swift, and direct financial support to help Morocco respond to the crisis. The EU and the Moroccan authorities expanded much effort to adapt it to the crisis. Given that 75% of the cooperation between the EU and Morocco is conducted through this modality, the possibility of combining budget support with other instruments was limited. The framework set in place for budget support enabled the Commission to monitor the progress of the COVID-19 plan, with Moroccan authorities providing detailed information about the implementation of their plan.

The budget support modality provided the necessary flexibility to rapidly mobilise considerable resources in support of Morocco’s COVID-19 response, which would have been difficult to achieve under other aid modalities. The EU COVID-19 response consisted almost entirely of budget support reflecting the shape of the current EU-Moroccan cooperation, where budget support is the main aid modality, representing approximately 75% on average of the total amount of EU commitments to the country in the last decade. In agreement with Moroccan authorities, the EU decided to launch a State Resilience and Building Contract for the first time in Morocco, with a total budget of EUR 111 million reallocated from adopted budget support programmes but not yet implemented.²⁸ The Commission introduced a simplified template, which helped speed up the adoption of the new SRBC programme by October 2020.²⁹ In addition, the EC front-loaded fixed tranches of new programmes and disbursed special COVID-19 fixed tranches using unspent amounts under ongoing programmes. The familiarity of the Moroccan administration and the EU with the budget support modality also played an important part in the swift mobilisation of EU budget support for the national COVID-19 response, with EUR 456 million³⁰ disbursed by February 2021,³¹ representing about 15% of the national COVID-19 Fund set up by the Government to respond to the crisis. It would have been difficult to achieve the same level of support with other instruments involving more time-consuming and less flexible procedures, such as technical assistance contracts or grant schemes. Therefore, no efforts were needed to repurpose projects currently implemented in Morocco to contribute to the crisis response although activities of some projects were mobilised to address specific needs when feasible. As a result, besides budget support, the response included only one EUTF-funded regional initiative implemented by the IOM to address the needs of migrants in Algeria, Egypt, Morocco, and Tunisia. From this point of view, it seems there is a need for emergency instruments (rather than emergency procedures), which can be drawn upon in such crises. Even the budget support modality, which offers greater flexibility, is not an emergency instrument and its deployment in crisis mode required significant efforts from the Commission and the country authorities despite the lighter procedures introduced.³² Finally, it should be stressed that

²⁸ EUR 40 million from the Public Administration Reform Programme (Annual Action Plan (AAP) 2020) + EUR 50 million from the Financial Inclusion programme (AAP 2020) + EUR 21 million of unallocated top-up funding (AAP 2020). New funding for these programmes is committed under AAP 2021.

²⁹ The Financing Agreement was signed in October 2020 and EUR 105 million was disbursed in December 2020. A second payment of EUR 6 million is foreseen in 2021.

³⁰ Including EUR 113 million of variable tranches that were planned irrespective of the pandemic.

³¹ The special COVID-19 tranche (EUR 21 million) was released in February 2021.

³² Simplified template for the SBRC and lighter disbursement conditions (see next point)

the use of budget support was only made possible thanks to the great reactivity of the Moroccan authorities in adopting a comprehensive and credible response plan.

Given the urgency, only the fulfilment of the general conditions applicable to BS was required. However, regular budget support dialogue, and the application of “classical” reporting and monitoring requirements ensured a good follow-up of the implementation of the national response plan. The only criteria used for disbursing the SRBC and the special COVID-19 tranches were the general conditions of budget support: satisfactory progress with the national COVID-19 strategy, a stable, credible, and relevant macroeconomic policy, transparency and budget control and the pursuit of Public Finance Management (PFM) reforms. It was considered impractical and inappropriate to add other conditions given the urgency, not to mention the challenge of designing meaningful performance indicators in the midst of an evolving crisis. However, the budget support framework ensured that the European Commission was kept well informed about the progress of the government’s COVID-19 response, either through policy dialogue, disbursement requests submitted by the Government or day-to-day contacts between the EU Delegation and Moroccan authorities. The latter provided detailed information about the sanitary and socio-economic measures implemented under the national plan when submitting the disbursement requests to the EC³³, including a comprehensive overview report submitted at the end of 2020.³⁴ Finally, the indicators of the programmes with specific COVID-19 or front-loaded tranches remained in place ensuring that the EU continues to monitor the progress of public policies it supports, including through the second SRBC payment in 2021, which will ensure a longer-term follow-up to the crisis and the government’s post-crisis strategy. While front-loading may reduce the leverage effect of future payments, it should be noted that the budget of the programmes concerned³⁵ remains significant even after deducting the frontloaded tranches. Moreover, the transfer of funds is not the primary motivation of line ministries to engage in a budget support programmes. The technical assistance component accompanying such programmes often plays a more important role for the participating ministries.

2.4 EQ 4 – Effectiveness

EQ4: To what extent was the EU response successful in progressing towards the objectives associated with the COVID-19 response?

Summary: The EU response package, representing about 15% of the national COVID-19 Fund, gave Morocco fiscal space to implement its emergency response. The level of EU support for Morocco’s national plan was even greater when considering the contributions of the EU MS and the EU financial institutions. Together with funding from International Financial Institutions (IFIs) and other donors, the package enabled the mobilisation of important resources for the management of the crisis without destabilising public finances and adding excessively to the deficit and the public debt. The emergency plan supported by the Commission helped Morocco’s health system weather the worst of the pandemic while stimulus measures in favour of households and the private sector limited the socio-economic consequences and prevented a more serious downturn.

The EU COVID-19 response contributed to improving the management of the crisis, helping the health system to overcome the worst of the pandemic despite weaknesses, which

³³ For example, the request for payment of the COVID-19 special tranche under the Social Protection budget support programme was accompanied by a report from the Government on the social assistance provided for each type of beneficiary.

³⁴ « Pandémie COVID-19 : Principales Mesures Prises par le Gouvernement du MAROC », October 2020

³⁵ Half of the total budget for both programmes : *Programme d’Appui au Secteur de la Santé Marocain* (PASS) III (EUR 100 million) and the *Programme Intégré d’Appui à la Formation et à l’Education* (PIAFE) (EUR 140 million).

ongoing reforms seek to remedy with EU support. Together with other donors, the EU COVID-19 response helped Morocco mobilise additional resources for the public health authorities to monitor and control the spread of the virus, and to expand and reorganise hospital capacity and patient care. The testing capacity was expanded thanks to massive purchase of testing kits and the involvement of University Hospitals (CHU) and military hospitals across the country.³⁶ Medical and sanitary equipment and medicine were quickly imported and distributed to health care centres across the country. Military field hospitals were also set up in or around towns to reduce the pressure on the health system. Fast-track procedures were used to mobilise Moroccan companies specialised in respirators and hospital equipment to increase production. Other local companies were supported in adapting their production facilities to manufacture respirators and masks. The pandemic evolved slowly in Morocco thanks to the sanitary measures implemented early on. Infections began to rise when travelling restrictions were lifted in the summer of 2020,³⁷ with a sharp increase between October and November³⁸ when the capacity of the Moroccan health system was exceeded prompting the Government to set up field hospitals. The crisis highlighted well-known structural weaknesses,³⁹ which current reforms seek to remedy with the support of the EU.⁴⁰

The EU COVID-19 response helped Morocco contain the social and economic damage from the pandemic for households and enterprises while minimising macroeconomic and fiscal imbalances induced by the crisis. The EUR 456 million response package consisting almost entirely of budget support gave fiscal space to Moroccan authorities to implement comprehensive socio-economic response measures, which helped mitigate the impact of the pandemic⁴¹ on enterprises. Total BS disbursements (EUR 456 million) represented 1.4% of total public revenues in 2020 (equalling EUR 3 billion).⁴² In these circumstances, the budget support together with the other private and public voluntary contributions to the COVID-19 Fund helped minimise the impact on Morocco's fiscal position. The budgetary deficit increased from 3.6% in 2019 to 7.6% in 2021 mostly due to reduced tax revenues while lower tourism receipts explained the growing current account deficit,⁴³ which rose from 29.5% of GDP in 2019 to 34.9% in 2020.⁴⁴

Support measures for businesses and employees adopted by the EWC and funded by the COVID-19 Fund included the deferral of tax payments and social contributions for companies and employees; compensation schemes for the temporary unemployed; loan payment deferrals and refinancing measures for Small and Medium Enterprises (SMEs) and self-employed people; liquidity support to foster access to finance for SMEs and micro-enterprises,⁴⁵ and state-guaranteed credit schemes, amongst others. Support measures extended also to workers in the informal economy, who benefited from special social transfers. According to estimates, these fiscal and monetary measures, which are

³⁶ From 300 tests a day in March 2020 to more than 20 000 a day at the end of July 2020. Our world in data.

³⁷ International borders were reopened on July 1, 2020 for Moroccan nationals living abroad and foreigners established in Morocco.

³⁸ 5 205 new daily confirmed cases on 17 November 2020 (rolling 7-day average). Our world in data.

³⁹ Shortage of human and material resources; low motivation of health care practitioners to work in the most remote areas; problems of geographical and financial accessibility of services; poor performance and quality of services; and shortcomings in the governance of the sector as a whole.

⁴⁰ The EU launched its third-generation budget support programme (EUR 100 million) in support of health reforms in 2020 « *Programme d'Appui au Secteur de la Santé III* » (PASS III) whose objective is to provide citizens with quality health services distributed equitably throughout the territory. The EU is also supporting the reform of the social protection system through a EUR 109 million budget support programme implemented since 2018.

⁴¹ The economy was also hit by severe drought which affected agricultural production.

⁴² Source: *Ministère de l'Économie, des Finances et de la réforme de l'administration, Loi de Finances rectificative, 2020.*

⁴³ Morocco drew about USD 3 billion under the International Monetary Fund (IMF) Precautionary and Liquidity Line (PLL) arrangement.

⁴⁴ Source: *Loi de Finances rectificative, 2021*

⁴⁵ The Central Bank reduced the key interest rate from 2.25% to 1.5%, increased liquidity provision and relaxed prudential ratios support to support the banking system.

still ongoing, helped reduce the scale of the economic downturn in 2020 by 4 GDP points and, by preventing bankruptcies and job losses, enabled the economy to rebound once lockdown restrictions were lifted in the third quarter of 2020.⁴⁶

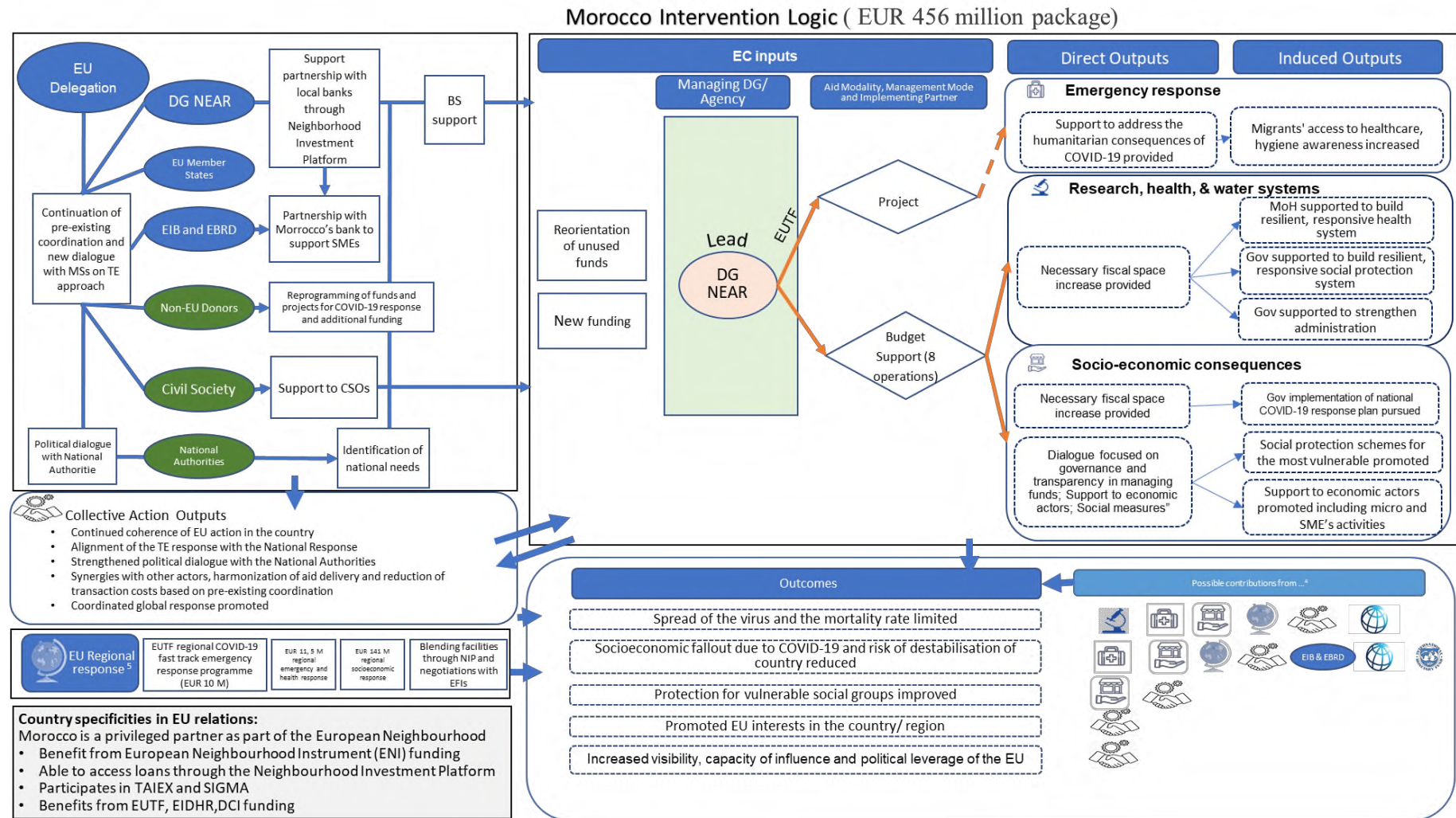
The EU response package indirectly contributed to the authorities' generally successful communication on the pandemic and health and socio-economic response measures. The Ministry of Health led a proactive communication policy informing the public on the evolution of the pandemic and the health measures taken to counter it. Communications on support available to households and enterprises was led by the EWC as the body in charge of formulating socio-economic response measures.⁴⁷ In general, the Government has been praised⁴⁸ for its transparency and communication on the pandemic to which the EU response may have contributed.⁴⁹

⁴⁶ Source: European Commission disbursement note, 27 November 2020.

⁴⁷ Information about the support for households and enterprises was published on the websites of the [Ministry of Economy and Finance](#) and the Confédération générale des entreprises du Maroc ([CGEM](#)), the employers' association, both members of the EWC.

⁴⁸ With the exception of some criticism in the media regarding the announcements on the lifting of restrictions, which were said to lack clarity.

3. Annex: Intervention Logic Sketch



Source: Evaluation Team

Country note - Myanmar

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THE PURPOSE OF THIS COUNTRY NOTE IS TO INFORM THE FAST-TRACK ASSESSMENT OF THE EU INITIAL RESPONSE AS A WHOLE AND NOT TO CARRY OUT AN ASSESSMENT OF THE RESPONSE IN THE COUNTRY.

Acronyms

AAP	Annual Action Plan
ASEAN	Association of Southeast Asian Nations
BS	Budget Support
CERP	COVID-19 Economic Relief Plan
CSO	Civil Society Organizations
DG ECHO	European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations
DG INTPA	European Commission's Directorate-General for International Partnership
DG SANTE	European Commission's Directorate-General for Health and Food Safety
EQ	Evaluation Question
E-READI	Enhanced Regional EU-ASEAN Dialogue Instrument
EU	European Union
EUD	Delegation of the European Union
ICT	Information and Communications Technology
IDP	Internally Displaced Person
IMF	International Monetary Fund
LIFT	Livelihoods and Food Security Fund
M&E	Monitoring and Evaluation
MFF	Multiannual Financial Framework
MS	EU Member State
NGO	Non-Governmental Organization
NRM	Nexus Response Mechanism
ODA	Official Development Assistance
PPE	Personal Protective Equipment
SRPC	Sector Reform Performance Contract
TE	Team Europe
TEI	Team Europe Initiatives
UN	United Nations
UNFPA	United Nations Population Fund
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations Refugee Agency
UNICEF	United Nations International Children's Emergency Fund
UNOPS	United Nations Office for Project Services
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

1 Background

A coup d'Etat was committed in Myanmar on February 1st, 2021. While being outside the temporal scope for this fast-track assessment, this event obviously affected the implementation and results of all support programmes at the time. To avoid losing the focus of this assessment, this note will focus on actions taken as reaction to the pandemic while considering the Coup in the Results section (evaluation question [EQ 4]). Any mention of “(local/national) government” or “(local/national) authorities” refers to authorities in place before the Coup.

1.1 Country COVID-19 context and government response

Myanmar was largely unaffected by the pandemic in early 2020, with only 316 confirmed cases as of 8 July 2020.¹ An anti-COVID-19 committee was created and a COVID-19 Emergency Response Project² implemented in early 2020. Despite the early reaction, the second half of the year was marked by a rapid increase in locally transmitted COVID-19 cases across the country from mid-August. As of November, more than 80,000 cases and 1,750 fatalities were reported. November was also the month when elections were organized, complicating local government action in the period right before (campaign) as well as immediately afterwards. The long-running conflict between the military and ethnic armed groups as well as the health system weakness also increase the risk for the population. Approximately 130,000 internally displaced persons (IDPs) from different communities are confined in camps (many in Rakhine State) and over 800,000 have fled the country and are currently refugees in Bangladesh³ and Thailand. Given the situation, Myanmar was incorporated in the United Nations (UN) Global Humanitarian Response Plan.

The pandemic and the associated containment measures have weakened consumption and investment while disrupting business' operations. Myanmar's economy is estimated to have grown by 1.7 % in the 2019/2020 fiscal year,⁴ falling from the 6.8 % growth of 2018/2019. Activity in the manufacturing, retail, travel, leisure and recreational sectors contracted, while the agriculture and information and communications technology (ICT) sectors were less affected. The garment manufacturing industries (which account for 40 % of total manufacturing exports) were particularly affected. Lower foreign direct investments also contributed to a further deterioration of the country's external position. The important inflow of migrant workers returning to Myanmar (about 100,000 from Thailand alone)⁵ contributed to reducing remittances and added pressure on households' welfare.

To cushion the financial, social and economic consequences of the pandemic, a EUR 2.11 billion (USD 2.5 billion) COVID-19 Economic Relief Plan (CERP) was announced in April 2020. A set of comprehensive fiscal and social measures were adopted. As of July 2020, the country's financial requirements to tackle the humanitarian needs related to Covid (health and non-health) were estimated at around EUR 50 million (USD 58.8 millions).⁶ The government's total financing needs

¹ [GHRP-COVID19_July_update.pdf \(unocha.org\)](https://www.unocha.org/sites/unocha/files/GHRP-COVID19_July_update.pdf)

² <https://documents.banquemonde.org/fr/publication/documents-reports/documentdetail/185931587609194332/myanmar-covid-19-emergency-response-project>

³ <https://unsdg.un.org/sites/default/files/2020-07/SG-Policy-brief-COVID-on-South-East-Asia.pdf>

⁴ <http://documents1.worldbank.org/curated/en/906171608086222905/pdf/Myanmar-Economic-Monitor-Coping-with-COVID-19.pdf>

⁵ <http://documents1.worldbank.org/curated/en/906171608086222905/pdf/Myanmar-Economic-Monitor-Coping-with-COVID-19.pdf>

⁶ https://www.unocha.org/sites/unocha/files/GHRP-COVID19_July_update.pdf

was expected to increase from EUR 3,13 billion to 3,55 billion in 2020 and to 3,8 billion in 2021.⁷ The Burmese government benefited from EUR 42 million in Fast-Track Financing⁸ from the World Bank (WB). On 13 January 2021, the International Monetary Fund (IMF) approved⁹ an emergency financial assistance of EUR 297 million to address Myanmar's urgent balance-of-payments needs, after a first disbursement of EUR 302 million in June 2020. While the CERP was initially seen as very successful, many of the positive actions of the government have not reached the entire population,¹⁰ with ethnic minorities being left behind. The situation has worsened since the February coup as the health infrastructure and services are being dismantled and are no longer functional in most areas. The combined effect of COVID-19 and the coup are likely to have a huge effect on poverty levels.

1.2 European Union (EU) response

In response to the COVID-19 outbreak in Myanmar, the EU and its Member States have provided both financial and non-financial assistance. Team Europe (TE) aid totalled around EUR 150 million, of which EUR 83 million consisted of debt suspension for Myanmar to focus efforts on economic recovery. The EU and its Member States (Denmark, Finland, France, Germany and Luxembourg) have coordinated efforts in the education sector through support to the Ministry of Education. Overall, the Commission has committed a total of around EUR 104 million for the COVID-19 response in Myanmar.

The socioeconomic response included the accelerated disbursement of EUR 37.6 million in budget support (BS) which aimed at supporting a fast and safe reopening of schools. The EU set up the emergency Myan Ku cash fund of EUR 10 million in support of the (predominantly female) laid off garment workers who face destitution. Several EU projects have been re-oriented. This included strategic support for Civil Society Organisations (CSOs) – EUR 3 million – and support to dislocated workers, pregnant women and older people through the Livelihoods and Food Security Fund (LIFT) – EUR 3.8 million.

The emergency response included dedicated COVID-19 programs (such as humanitarian flights and contribution to the World Food Programme [WFP]) and re-organisation of ongoing programs while mainstreaming COVID-19 safety security protocols such as avoiding large gatherings and providing personal protective equipment (PPE) to staff distributing humanitarian assistance. For instance, EUR 3 million were attributed to the COVID-19 response in Rakhine State. DG ECHO worked towards re-focusing EUR 2 million from ongoing programmes in support of Internally Displaced Persons in camps. Additionally, DG ECHO allocated EUR 1 million to support WFP's common services and logistics sector.

For the health response, the EU has provided hospitals with vital PPE, facemasks, gloves and hand sanitisers for police – although this project has been terminated after the coup – and other frontline responders. An ongoing blending programme supporting the National Health Laboratory had also been redirected and upscaled to support testing capacities, yet it was put on hold after the coup. Altogether, the EU has supported Myanmar's COVID-19 response needs in this strand through grants (EUR 5.2 million) and loans (EUR 22 million).

⁷ <https://www.adb.org/sites/default/files/project-documents/54255/54255-001-rrp-en.pdf>

⁸ [Myanmar: \\$50 Million in Fast-Track Financing for National COVID-19 Emergency Response \(worldbank.org\)](https://www.imf.org/en/News/Articles/2021/01/13/pr219-myanmar-imf-execboardapproves-sdr258-4m-disburse-under-rcf-purchase-rfi-address-covid19)

⁹ <https://www.imf.org/en/News/Articles/2021/01/13/pr219-myanmar-imf-execboardapproves-sdr258-4m-disburse-under-rcf-purchase-rfi-address-covid19>

¹⁰ <https://reliefweb.int/report/myanmar/left-behind-ethnic-minorities-and-covid-19-response-rural-southeast-myanmar>

2 Answers to Evaluation Questions

2.1 EQ 1 – Relevance

EQ1: To what extent did the initial EU global response to the COVID-19 pandemic through the Team Europe (TE) country packages address the needs and priorities of partner countries and regions in each country context; in line with the three priorities of the Team Europe approach?

Summary

The Commission response in Myanmar covered a large range of needs, including maintaining the ongoing humanitarian support to ethnic minorities and IDPs while avoiding spreading the virus through the humanitarian assistance vector and cooperating with the local authorities on socio-economic response, including education. Ownership of the response is a complex issue. The Commission's Directorate-general for International Partnerships (DG INTPA) worked with the government through grants, sector reform contracts and technical assistance. On the other hand, the Commission's Directorate-General for Humanitarian aid and Civil Protection (DG ECHO) aimed at ensuring that assistance reached ethnic minorities and IDPs that were completely left out of the national response plans. The nexus, longer-term capacity building and resilience perspectives varied depending on the interventions.

This section focuses on how the package was able to address successive waves of COVID-19 in the country and does not aim at answering the questions of whether the package was resilient to the Coup. The latter will be addressed in Section 2.4.

EU assistance to Myanmar covered the three thematic priorities of the Joint Communication. Vulnerabilities and needs of women, old and disabled people, and internally displaced people¹¹ were identified and targeted through both dedicated programmes (directed at older people and IDPs) and through gender-disaggregated analysis (such as for women in the garment sector).¹²

The response mechanisms differed across the three thematic priorities. EU response did not particularly focus on health as this thematic area was mostly covered by EU MS with extensive expertise in the sector, unlike the Commission and health is not a priority sector under the current Multiannual Financial Framework (MFF).¹³ The direct action on health was limited to two additional grants to an ongoing CSO-LA funded project targeting older people. In case of the socio-economic response, the EU relied on adjusting existing, signed and funded programmes along the way to “mainstream” the COVID-19 response, for example through admitting all expenses related to PPE within all ongoing projects. The socio-economic response was largely targeted at laid off garment workers, in line with both needs of the country and European political priorities.¹⁴ In case of the emergency response, the strategy consisted in giving the lead to DG ECHO, who ensured complementarity with the national Humanitarian Response Plan C19 Addendum providing additional support which the government is not able to offer.

¹¹ Source: Joint Communication, country TE note, interview, project documentation.

¹² Project documentation review.

¹³ Interview; https://ec.europa.eu/international-partnerships/where-we-work/myanmar_en

¹⁴ Interview.

Overall, there was global coherence and complementarity between the Right-Based Approach favoured by Development actors and the Need-Based Approach of Humanitarian actors. The humanitarian crisis preceding COVID-19 was indeed caused by a human rights crisis and denial of rights to large parts of society. The difference in approach between humanitarian and development actors can be noticed in the choice of targeted beneficiaries. For instance, the targeting of garment workers, while highly relevant, would not have fitted with humanitarian criteria.

The assistance included additional actions over time, in line with the dynamics of the pandemic in Myanmar. During the relatively “light” first wave of cases (despite being geographically close to large pandemic clusters such as China), the country especially experienced significant socioeconomic consequences from the collapse of trade and external demand, in particular in the garment sector. The corresponding socioeconomic response was timely, mostly building on existing programs. In the meantime, there was some room to design and implement COVID-19-specific interventions before the second wave hit, starting August 2020, during which the country was much more substantially affected in terms of health. For instance, the intervention targeted at older people for was designed to start early July 2020.

Shared ownership of the package was supported through different means. First, working largely through already ongoing programmes made use of existing relationship and trust. Second, technical assistance delivered to the government for drafting and estimating the cost of the national emergency and socioeconomic response plan also contributed to building trust with national authorities, enhancing ownership of the assistance.¹⁵ However, **humanitarian actors, including DG ECHO, went beyond government priorities mainly focusing on national citizens’ needs.**¹⁶ Instead, DG ECHO response as well as some CSO-LA funded projects focused on the needs of IDPs and local population of ethnic origin, neglected by the national response (including for example being set at the bottom of vaccination lists). In particular, the humanitarian health response was very limited as the local authorities did not let external actors act in this field. In an escalation of humanitarian access constraints, using COVID-19 as pretext, most humanitarian activities were suspended in September¹⁷ with a progressive return to normal capacity over time, reaching around 30 to 50 % as of May 2021.¹⁸

The longer-term resilience perspective was included to very different extents for the thematic priority areas. Humanitarian interventions and cash transfers for socio-economic relief did not fit into a Nexus perspective,¹⁹ even though some activities with higher degree of sustainability were included as part of the cash transfer programs, including informing laid off workers of their rights. The support to the national health laboratory and budget support programs on the other hand were relevant to strengthening resilience and fostering structural changes.

¹⁵ Interview.

¹⁶ Interview.

¹⁷ OCHA – Covid-19 Situation Report no. 11 (23 October 2020). Suspension of support letters for humanitarian personnel entering the country, new procedures for relief flight implemented with major inconsistencies, very limited travel authorization.

¹⁸ Interview

¹⁹ For Cash Transfer for instance, this would imply linkages with national protection systems. https://ec.europa.eu/echo/what/humanitarian-aid/cash-transfers_en

2.2 EQ 2 – Value added

EQ2: To what extent has the Team Europe (TE) initial response added benefits to what would have resulted from actions taken by the EU institutions and EU MS on their own?

Summary

The COVID-19 crisis along with the February 2021 coup gave impetus to a Team Europe (TE) approach, building on existing EU and MS coordination mechanisms. It facilitated joint priority setting as well as innovative programming at the regional level. There are signs of enhanced geographical and sectoral complementarities between EU and MS to support national efforts against COVID-19. However, there was limited data to gauge TE's impact on coordination with non-EU donors as well as EU visibility.

The Team Europe (TE) approach in Myanmar built on existing EU and MSs coordination mechanisms. The COVID-19 crisis along with the February 2021 coup gave impetus to develop a Team Europe (TE) approach building on existing EU Flagship initiatives.²⁰ As chair of the EU Development Counsellor Meeting, the EU Delegation has provided weekly updates since the coup on the general situation and COVID-19. The Team Europe (TE) approach manifested in division of labour and cooperation between the EU and MSs and specifically, the redirection of ongoing programmes in three sectors: education, health, and gender. It also included the continuation of EU- and Swiss-supported the United Nations Humanitarian Air Service (UNHAS) flight services. DG ECHO continued to coordinate with humanitarian donors on joint approaches to COVID-19. However, given the context of limited leverage and space for dialogue with national authorities, a few interviewees doubted the possibility of developing Team Europe (TE) joint programming, which went beyond internal organisation and thematic prioritisation.²¹

The Team Europe (TE) approach reinforced complementarities with MSs, including with those who suspended bilateral support after the coup. Several MSs are operating both through EU channels and bilaterally.²² The Team Europe (TE) approach enhanced geographical and sectoral complementarities through the EUD, Finland, Italy, France, Germany and Sweden providing personal protective equipment to local hospitals, support to the National Health Laboratory and sharing vital COVID-19 information to the Myanmar Police Task Forces -- although this support was suspended after the February 2021 coup. The EU, Finland, Italy and Sweden have also worked together as Team Europe (TE) on sexual and reproductive health and on psychological support during COVID-19, primarily through the Women and Girls First Programme implemented by the United Nations Population Fund (UNFPA).²³

At regional level, the Team Europe (TE) approach has facilitated joint priority setting and programming. Two Team Europe Initiatives (TEI) are being discussed in 2021: (i) the Association of Southeast Asian Nations (ASEAN) Team Europe Connectivity Programme that will integrate an adequate socio-economic response to COVID-19; and (ii) the ASEAN Team Europe Initiative on Green

²⁰ Interview June 2021, Informal exchanges.

²¹ Interviews June 2021.

²² Austria, Czech Republic, Denmark, France, Finland, Germany, Italy, Ireland, Luxembourg, Poland, Sweden, Netherlands.

²³ COVID-19 tracker July 2020.

Deal, seeking synergies between the European Green Deal and the ASEAN Community Vision 2025. The latter TEI is not directly related to COVID-19.²⁴

It is difficult to evaluate the extent to which Team Europe (TE) impacted coordination with non-EU donors considering pre-existing practices and regular communication channels notably with the United States, Australia and the United Kingdom (main donors to Myanmar), and with UN agencies and non-governmental organizations (NGOs). From documentation, EU stakeholders very much depended on local CSOs and UN agencies for need assessments and situation analyses related to COVID-19. The Team Europe (TE) approach did not itself trigger the agreement on official development assistance (ODA) debt suspension by EU MS (EUR 83 million), which was launched in the framework of the G20/Paris Club.²⁵

There are, however, signs of positive influence of the Team Europe (TE) approach on policy dialogue at the regional level. In March 2020, the EU and ASEAN engaged in a policy dialogue on COVID-19 response and pandemic prevention together with the World Health Organization (WHO) and the donor community to exchange information, strengthen cooperation and share best practices. This effort has been led by the Commission's Directorate-General for Health and Food Safety (DG SANTE) and DG ECHO under the Enhanced Regional EU-ASEAN Dialogue Instrument (E-READI) policy dialogue facility and was meant to lead to a first discussion on vaccine security in July 2021.²⁶

Besides production of infographics and use of #StrongerTogether and #TeamEurope hashtags, there is no available evidence of TE-branded communication products and how they impacted EU visibility and influence.²⁷

2.3 EQ 3 – Efficiency

EQ3: To what extent have the individual aid modalities and other aid delivery mechanisms and their combinations been, and currently are being, efficient and flexible enough for use in Team Europe's COVID-19 response under conditions of the COVID-19 crisis?

Summary

The combination of modalities, with funds allocated to various types of actors (government, CSOs, other international organisations such as the United Nations Office for Project Services (UNOPS) and other UN agencies), proved to be a key factor for a quick response and resilience in an unstable political context. In particular the Nexus Response Mechanism, a pilot programme operating similarly to a facility with high degree of flexibility, allowed an efficient reaction. Monitoring and evaluation (M&E) were constrained by the very limited access to information.

Funds under ongoing programmes²⁸ using different aid modalities were reshuffled and BS disbursements were accelerated to deliver a rapid response. Three modalities were used simultaneously. First, the **ongoing budget support programme (Sector Reform Performance**

²⁴ It foresees work at regional, sub-regional and country level to serve as a steering platform for the EU and MS to coordinate efforts towards a green transition in the region and to strengthen relevant regional and bilateral EU initiatives (TE initiatives Association of Southeast Asian Nations fiches, January 2021).

²⁵ COVID-19 Tracker July 2020; Interviews 2021

²⁶ ASEAN COVID-19 Tracker June 2020

²⁷ Factsheet Rapid response; Infographic.

²⁸ Hence also established and trusted partners.

Contract (SRPC) Education) allowed to make two quick payments in March and July 2020: EUR 35 million (from the fixed and the variable tranche in 2023) were frontloaded to a unique fixed tranche and EUR 2.65 million of undisbursed funds from the second tranche were transformed into a fixed tranche. Moreover, the variable tranche indicators were simplified. Second, funds were taken away from a non-performing blending programme in the country and **redirected to an ongoing blending programme supporting the National Health Laboratory**. This top-up was introduced by the partner to the EUD as a concept note on June 1st, 2020. Third, **funds were reshuffled from one less flexible project (Lift) to a more flexible one (Nexus Response Mechanism [NRM])**.

The use of the Nexus Response Mechanism, which operates similarly to a facility, facilitated the speed of the interventions.²⁹ The programme, operated by UNOPS, was most useful to design a rapid, project-type response to COVID-19. Namely, once an amount of money is committed to the NRM as part of the Annual Action Plan (AAP), the mechanism allows to flexibly allocate funds to various projects falling under its (wide) scope through the decision of a steering committee.³⁰ Furthermore, this mechanism allowed to support CSOs even after the Coup, and therefore proved to be more resilient to political instability than BS.

Monitoring and evaluation were constrained by the very limited access to information, including absence of any comprehensive or thematic need assessments. Information collection is entirely depending on the field presence of local staff as travel within Myanmar is restricted for international staff. Access to IDP camps is denied to most international and even local staff (with the exception of prominent United Nations Refugee Agency (UNHCR) and WHO staff). Humanitarian assistance to the camps was therefore mostly delivered through trained camp residents, which made supervision and monitoring of aid delivery challenging. Local authorities had wanted to transfer responsibility for aid delivery to camp managers, even though these are said to be corrupt and under the influence of the national government. The option was not accepted by international humanitarian partners.

2.4 EQ 4 – Effectiveness

To what extent has the EU response been successful in progressing towards the objectives associated with the COVID-19 response?

Summary

Most of the effects observed by the end of 2020, mostly at the level of inputs and outputs, were wiped out by the Coup d'Etat in February 2021. Humanitarian assistance continued during the pandemic surge until most of it was suspended by the local government in September 2020. BS disbursements, which represented less than 0,5 % of 2020 total public revenues, created only minor fiscal space but injected useful liquidity for the Government to face the pandemic. The WB and the IMF contributed to significantly enlarge the fiscal space. Moreover, EU MS contributed to almost a fifth of the Government's request of debt payment suspension under the G20 debt suspension initiative.

Most of the effects observed by the end of 2020 were wiped out by the Coup d'État in February 2021. Most public services (health, education, finance) were interrupted (or suffered major disruptions) following the Coup, offsetting any benefits from government assistance that had been

²⁹ Myanmar is a pilot country for the implementation of the Humanitarian-Development Nexus.

³⁰ This was an INTPA intervention but DG ECHO is also involved through a seat at the advisory board and observer status in the steering committee.

supported by the EU. Budget support programmes and lending to the National Health Laboratory were suspended. There is little confidence that progress made before the Coup can be recovered, making it unlikely that humanitarian needs resulting from COVID-19 can be alleviated, that the spread of the virus can be limited, and that the socio-economic fallout from the pandemic can be minimized³¹. The emergency response may have contributed to the continuation of humanitarian activities, for example through the distribution of PPE to humanitarian partners and re-design of some interventions to avoid large gatherings, at least until most of those were suspended by the local government in September 2020.

Results achieved before the Coup consisted largely of inputs by local authorities and direct outputs. These include planning, mobilization of adequate funding from various sources, increase in testing capacity and securing vaccines supplies.

The BS disbursements under the ongoing SRPC Education did not create significant fiscal space in Myanmar,³² but injected timely liquidity in the form of grants to the Treasury (two disbursements in March and July 2020 for a total of EUR 70 million). The bulk of the increase in fiscal space was provided by the World Bank and the IMF in the form of loans. As part of the Team Europe (TE) response, EU MS contributed EUR 83 million to the G20/Paris Club debt suspension initiative. It corresponds to almost a fifth of the total debt payment suspension requested by the Government of Myanmar from May to December 2020 (around EUR 420 million)³³.

Socio-economic measures also provided livelihood support to workers from the garment industry, mostly women and including returning migrant workers. Specific action was also taken to reach old and disabled people without access to mobile money devices. This support was operated through CSO actors, increasing its resilience to the Coup, even though the provision of those services has also been greatly impacted. In the education sector, support through the ongoing Sectoral Reform Contract aimed at the re-opening of schools. Schools have, however, not been able to re-open after the second COVID-19 wave in August 2020 followed by the November elections and February Coup.

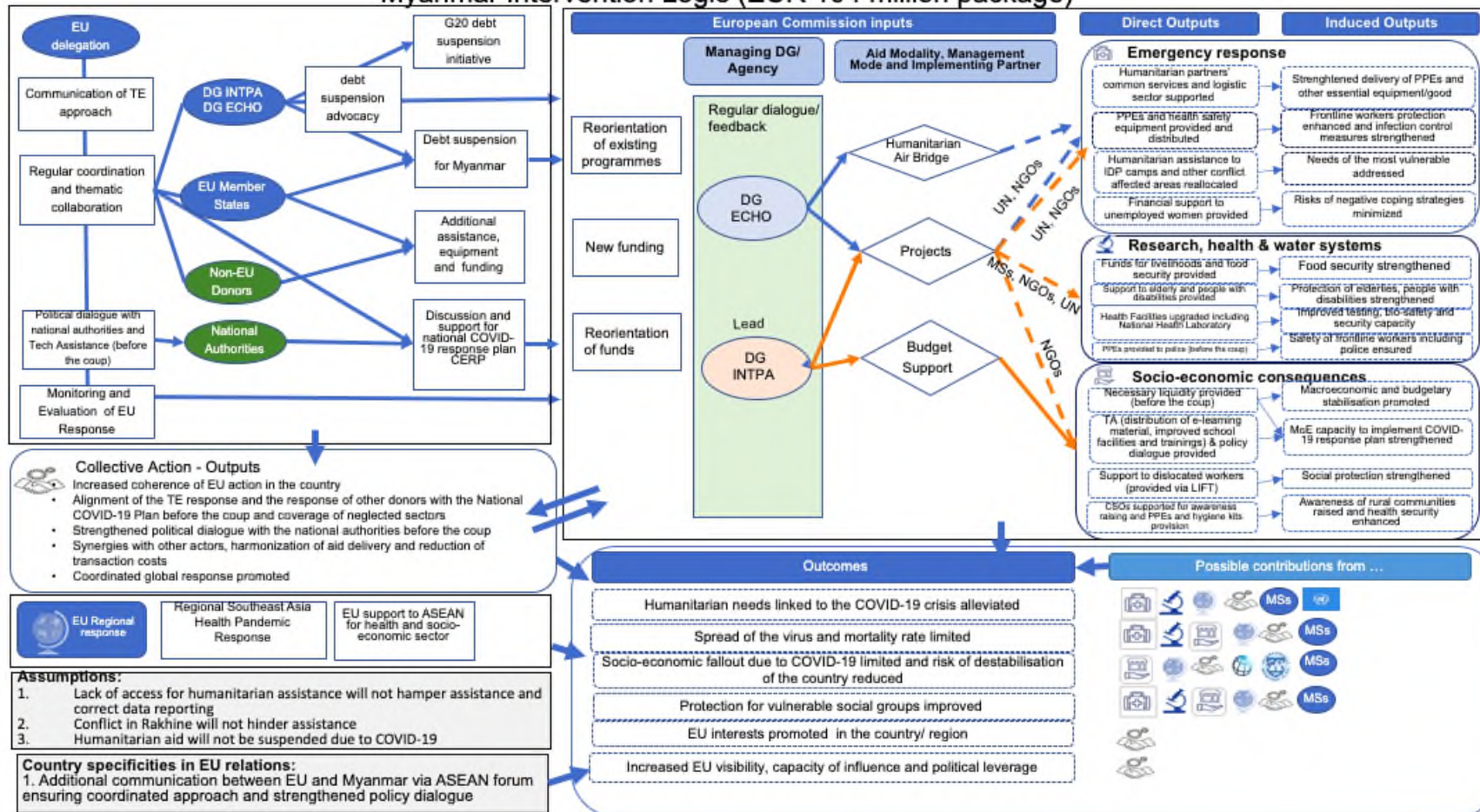
³¹ Interview.

³² BS disbursements (through the Education SRPC) corresponded to 0.43 % of 2020 total public revenues in Myanmar.

³³ USD 500 million.

3 Annex: Intervention Logic Sketch

Myanmar Intervention Logic (EUR 104 million package)



Country note - South Africa

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THE PURPOSE OF THIS COUNTRY NOTE IS TO INFORM THE FAST-TRACK ASSESSMENT OF THE EU INITIAL RESPONSE AS A WHOLE. IT IS NOT DESIGNED TO BE AN ASSESSMENT OF THE RESPONSE IN THE COUNTRY.

Acronyms

AfDB	African Development Bank
BS	Budget Support
BRIC	Brazil, Russia, India, China
CSOs	Civil society organisations
DG DEVCO	Directorate-General for Development and Cooperation
DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DG INTPA	Directorate-General for International Partnerships
EFSD	European Fund for Sustainable Development
EIP	External Investment Plan
EU	European Union
EUR	European Delegation
EUMS	EU Member States
FMO	Dutch Entrepreneurial Development Bank
FPI	Service for Foreign Policy Instruments
GDP	Gross Domestic Product
HIP	Humanitarian Implementation Plans
HIV	Human Immunodeficiency Virus
IBP	International Budget Partnership
IFIs	Independent Fiscal Institutions
IMF	International Monetary Fund
IOM	International Organization for Migration
JC	Judgment Criteria
MIP	Multi-annual indicative programme
MS	Member States
PPE	Personal Protective Equipment
PSET	Post-Secondary Education System
SA	South Africa
SEFA	Small Enterprise Finance Agency
SMMs	Small, Medium and Micro-enterprises
TE	Team Europe

TVET	Technical and vocational education and training
UN	United Nations
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNICEF	United Nations International Children's Emergency Fund
WASH	Water, Sanitation and Hygiene

1. Background

1.1 Country COVID-19 context and government response

South Africa's first COVID-19 case was reported on 5 March 2020. While the first cases were imported, local transmission led to a quick increase in the number of cases.¹ On 15 March, President Cyril Ramaphosa declared a national state of disaster. On 23 March 2020, a three-week nationwide lockdown with severe restrictions on travel and movement was announced, and further extended on 9 April.

South Africa was particularly at risk due to colliding epidemics, namely HIV/AIDS and tuberculosis. The total number of people living with HIV is estimated at approximately 7.52 million in 2018. An estimated 19.0% of the adult population aged between 15 and 49 is HIV positive.² South Africa also has a high tuberculosis burden, with high rates of HIV and TB co-infection. The prevalence of both diseases means South Africa's population is more at risk, especially the vulnerable and poorer individuals. The country endured two waves of infection in 2020, and as of 1 December 2020, 790 004 cases and 31 535 deaths had been confirmed.

South Africa's national COVID-19 response comprised 8 stages: preparation; primary prevention; lockdown; surveillance and active case-finding; hotspots; medical care; bereavement and the aftermath; and ongoing vigilance. The first steps consisted of lockdown, strict social distancing measures and curtailing human interactions, while later steps focused more on surveillance, testing and monitoring. A National Command Council on COVID-19 was established³ to lead the nation's plan to contain the spread and mitigate the negative impact of the coronavirus.

While the country was widely lauded for its quick initial response to the virus, lockdown measures have had a strong negative impact on the country's economy. The outbreak of the COVID-19 pandemic occurred at a time when the South African economy was already vulnerable, having experienced two consecutive quarters of recession.⁴ The ensuing health crisis and lockdown measures resulted in a deepening of the economic crisis. As of October 2020, the IMF forecast predicted an 8% contraction of the economy that year. Unemployment increased to over 30% according to StatsSA, especially in the manufacturing, utilities, transport, trade, accommodation and tourism sectors. The deeper consequence of this prolonged depression was the rise in poverty and inequality in what was already one of the most unequal countries in the world.⁵ In terms of trade, both exports and imports decreased in 2020 because of COVID-19. In absolute terms, exports from South Africa decreased by EUR 18.65 billion.

On 21 April 2020, a ZAR 500 billion stimulus package was announced in response to the pandemic, which was financed partly through internal resources, and partly by IFIs. The IMF Executive Board approved EUR 3.61 billion in Emergency Support to South Africa in July 2020.⁶ On 15 October 2020,

¹ FAO, ILO, IOM, OHCHR, UN Women, UNDP, UNEP, UNHCR, UNICEF, UNIDO, UNODC, WFP, WHO - Emergency Appeal for the Impact of COVID-19 in South Africa, April 2020

² Republic of South Africa, Department of Statistics - Mid-year population estimates, 2019

³ <https://www.gov.za/speeches/president-cyril-ramaphosa-meets-political-parties-combat-coronavirus-COVID-19-19-18-mar-18-mar>

⁴ South African Government - South African Economic Reconstruction and Recovery Plan, 15 October 2020

⁵ UNDP - Report - Socio-economic impacts of COVID--19 across diverse African contexts- March 2021

⁶ <https://www.imf.org/en/News/Articles/2020/07/27/pr20271-south-africa-imf-executive-board-approves-us-billion-emergency-support-COVID-19-19-pandemic>

the South African Government unrolled an Economic Reconstruction and Recovery plan to mitigate the effects of the crisis. Its main goals are to create jobs, re-industrialise the economy, accelerate economic reforms, and fight crime and corruption while improving the capability of the state. The National Response Plan also aims at resetting the South African economy, and building a new, more sustainable, resilient and inclusive economy.

1.2 EU response

In South Africa, the response to COVID-19 was led by the EU delegation and focused primarily on socio-economic support measures. Besides coordinating work with some EU MS and their European Development Financial Institutions, the EU delegation worked in collaboration with other actors, such as the International Budget Partnership (IBP). By the end of 2020, the EU had committed to COVID-19 response totalling EUR 25.2 million, of which EUR 14 million consisted of an acceleration of existing budget support programmes. The annual action plan for 2020 was modified to include top-ups in the budget allocated through four existing programmes within the three priority areas identified in the South Africa National Development Plan 2030: employment creation (EUR 4.2 million top-up on the “Promotion through SMMEs Support Programme for South Africa”, plus another EUR 1 million on “Capacity building programme for employment promotion”); education, training and innovation (“Support Programme to the National System of Innovation” reinforced by EUR 1.5 million); and improved delivery of public services (EUR 1 million top-up on the Technical Cooperation Facility in 2020). The EU also contributed to the UN-led Emergency Appeal for the impact of COVID-19 in South Africa, by redirecting EUR 4 million of unspent funds allocated to support civil society organisations through CSO, MIP and EIDHR programmes. Complementary emergency assistance consisted of DG ECHO funds allocated to UNOCHA from the Southern Africa and the Indian Ocean HIP (EUR 150 000), and humanitarian support to strained migrants through vouchers (EUR 200 000). (See Annex: Intervention Logic Sketch).

2. Answers to Evaluation Questions (EQs)

2.1 EQ 1 – Relevance

EQ1: To what extent did the initial EU global response to the COVID-19 pandemic through the Team Europe (TE) country packages address the needs and priorities of partner countries and regions in each country context in line with the three priorities of the Team Europe approach?

Summary: Assembly of the EU COVID-19 response package for South Africa was constrained by the limited resources which could be reallocated or otherwise made available for the COVID-19 response. This notwithstanding, the package was designed in line with the principles and priorities of the Joint Communication on the EU’s global response to COVID-19, including the response to short-term emergency needs, channelling resources into the UN-led Emergency Appeal for the impact of COVID-19 in South Africa. The EU prepared to address medium- and longer-term COVID-19-related needs by mobilising additional funds to “reinforce” existing budget support programmes to support COVID-19-related research and private sector support, and by accelerating the payment of existing commitments with the aim of providing the Government with additional fiscal space to respond to the pandemic. Potential for building longer-term resilience against the COVID-19 pandemic and similar crises with the help of the initial EU COVID-19 response is linked in particular to the predominant use of budget support in the EU package.

Assembling an EU COVID-19 response package for South Africa occurred within the constraints of the limited resources which could be reallocated or otherwise made available for the COVID-19 response. Identifying funds that could be made available for the COVID-19 response was seen as challenging at the particular time in the funding and programming cycle for cooperation with South Africa.

Under these constraints (see above), the EU COVID-19 response package was designed in line with the principles and priorities of the Joint Communication on the EU's global response to COVID-19, including the response to short-term emergency needs. In the absence of ECHO as a partner in South Africa,⁷ the EU channelled resources into the UN-led Emergency Appeal for the impact of COVID-19 in South Africa. The appeal complemented the government's own three-pronged COVID-19 response strategy,⁸ aiming at supporting the public health response to the COVID-19 crisis; providing life-saving assistance to mitigate negative socio-economic impacts of COVID-19, in particular targeting vulnerable communities; and supporting the overall coordination of the response. All of these principles and objectives are in line with the EU Joint Communication. ECHO itself channelled a limited amount of resources (EUR 350 000) through UN partners (IMO, UNOCHA) to support coordination of the regional response, and to support food aid for migrants (JC 1.1, 1.2).

The EU prepared to address medium- and longer-term COVID-19-related needs by mobilising additional funds to “reinforce” existing budget support programmes to support COVID-19-related research and private sector support, and by accelerating the payment of existing commitments with the aim of providing the Government with additional fiscal space to respond to the pandemic. In the absence of prior cooperation in the health sector, the EU directed additional support in “health, research and water”⁹ towards South Africa's “National System of Innovation” to help finance public investments in COVID-19-related research and development and provided grant-support to the International Budget Partnership (IBP) to support increased transparency, public participation and oversight of the use of public resources for key WASH services in informal settlements around the country. In order to help address socio-economic needs in the longer-term after the start of the COVID-19 crisis, the package foresaw increased financing for (budget support) programmes aiming at employment promotion through SMMEs (increased by EUR 4.2 million), and capacity building for employment promotion (increased by EUR 1 million). Both of these actions were in line with the EU's pre-COVID-19 cooperation priorities in South Africa, as well as with the government's own COVID-19 response priority of private sector support. In addition, an acceleration of EUR 14 million of tranche payments under existing budget support schemes was meant to provide the government with additional fiscal space to finance its own response to the COVID-19 crisis (JC 1.2, 1.3).

Potential for building longer-term resilience against the COVID-19 pandemic and similar crises with the help of the initial EU COVID-19 response is linked in particular to the predominant use of budget support in the EU package. Budget support constitutes the main aid modality for the EU COVID-19 response, aligning the use of the resources closely to the priorities

⁷ ECHO was not present in South Africa at the time of the start of the COVID-19 pandemic. A regional office was opened in late 2020.

⁸ Slowing down the rate of transmission and infection, cushioning the socio-economic impact of the crisis by increasing social safety nets and private sector support/workers protection, and effective coordination (South Africa Emergency Appeal 2020).

⁹ Joint Communication on the COVID-19 response.

of the South African Government and tying short-term activities to medium- and longer-term initiatives in key sectors such as private sector support, employment support and innovation. Even beyond the budget support modality, the emergency support channelled through the UN-led emergency appeal for the impact of COVID-19 in South Africa is also tied into short and longer-term plans of the Government, as the appeal was designed to complement the government's own COVID-19 response strategy (JC 1.3).

Under employment, through CBPEP an additional EUR 1 million provided support to:

- The design and implementation of the Covid Emergency Cash transfers to support the informally unemployed
- The roll-out of the Covid-TERS relief programme through the Unemployment Insurance Fund (UIF), benefiting over 13 million employees and 1,146,863 companies (with a disbursement valued at R57,1 billion from April to October 2020).
- The design and implementation of the Employment Stimulus Package creating close to 700,000 jobs from October 2020 to March 2021

2.2 EQ 2 – Value added

EQ2: To what extent did the Team Europe (TE) initial response provide additional benefits beyond what would have resulted from actions taken by the EU institutions and EU MS on their own?

Summary: The need to help South Africa respond to the COVID-19 crisis encouraged the EU and EU MS to increase their coordination and to present their COVID-19 assistance as a common response in the interest of greater visibility. The partners did make use of the Team Europe (TE) concept to present their COVID-19 response to the public, and to jointly engage with other external partners, including the UN, when negotiating contributions to the UN emergency appeal on COVID-19 for South Africa. The TE concept was also used to frame assistance opportunities beyond the initial COVID-19 response. These efforts also translated into attempts to develop a more coordinated communication campaign on the COVID-19 response and beyond.

The need to help South Africa respond to the COVID-19 crisis encouraged the EU and its Member States to increase their coordination and to present their COVID-19 assistance as a common response in the interest of greater visibility and coordination. The EU Delegation and representatives of EU MS agreed to log all their COVID-19-relevant interventions in a shared reference document, the Snapshot of EU COVID-19 Support. Other than the COVID-19 response tracker, it contained entries from all EU MS active in providing COVID-19-support to South Africa, as well as selected private sector contributions. The snapshot table was updated continuously throughout 2020, and among other things was shared during the monthly meetings of the EU Cooperation Counsellors.¹⁰ The table provides a succinct overview of the different interventions supported by the partners. Its intended purpose was to help avoid duplication and overlap of the individual responses. However, the available data did not allow an assessment of the actual strategic and operational coordination that the snapshot template facilitated. Also, the snapshot emphasised an overview of the division of labour between the EU and its Member States. Coordination among EU

¹⁰ A monthly meeting of representatives from EU MS active in development cooperation in South Africa, and shared by the EU.

institutions was not captured, and also seems to have been less relevant, considering the make-up of the COVID-19 response package from the side of the EU (JC 2.1, 2.2, 2.4).

he EU and its Member States did make use the Team Europe (TE) concept to present their COVID-19 response to the public, and to jointly engage with other external partners, such as the UN. The TE concept was also used to frame assistance opportunities beyond the initial COVID-19 response. The EU and EU MS considered the Team Europe (TE) concept as useful to combine comparatively small individual contributions to the COVID-19 response into a larger, more visible support package. The combined support was communicated to the public as “Team Europe’s Response to COVID-19 in South Africa”, where the “European Union and its Member States, acting together as ‘Team Europe’ were working “alongside the South African Government to help address this crisis”.¹¹ The EU Delegation and EU MS also decided to approach negotiations of contributions to the UN appeal for a COVID-19 response in South Africa (see EQ1) as “Team Europe”, starting with a joint request for the UN needs assessment underlying the appeal. The partners used the TE concept also to frame future assistance opportunities for South Africa through a “Team Europe Compact” that proposed a package of sovereign loans, budget support and projects to aid South Africa in COVID-19 recovery in 2021 and beyond (JC 2.2, 2.3).

These efforts also translated into efforts to develop a more coordinated communication campaign on the COVID-19 response and beyond. The EU Delegation and EU MS initiated meetings to develop a shared communication strategy on Team Europe (TE) and its role in the COVID-19 response in South Africa.

2.3 EQ 3 – Efficiency

EQ3: To what extent were, and are, the individual aid modalities and other aid delivery mechanisms and their combinations efficient and flexible enough for use in Team Europe’s COVID-19 response in COVID-19 crisis conditions?

Summary: Despite small financial margins of manoeuvre, the EU used a range of aid modalities to better assist the country in addressing its short to medium-term needs and challenges. The budget support appropriations and planning management by the South African authorities did not provide much leeway for amending schedules of disbursement and proposing rapid frontloading. Nevertheless, the EU sequenced an acceleration of BS payments mid-2020 followed by a frontloading of BS payments for the 2021/2022 fiscal year. The EU also ensured greater flexibility in the management of its capacity building activities. This included both increasing the budget available and aligning these activities more closely with the institutional support and capacity needs of the administrations concerned and their implementing partners to design and implement pandemic recovery and resilience national activities and policies. Under the TE response umbrella, the EU also proposed innovative solutions under a joint (EU, EIB and several European Development Finance Institutions) proposal for a sovereign loan of EUR 700 million, as well as a first intervention to support the banking and private sectors through the COVID-19 facility set up by the EFSD (financial arm of the External Investment Plan). The blending modality is considered to hold great potential, but could not be mobilised yet for medium-term recovery and resilience actions. The EU also adapted its policy dialogue and monitoring approach to a challenging environment through a virtual/online modus operandi which was difficult given the magnitude of the COVID-19 outbreaks in the country. Nevertheless, the EU also seized opportunities to promote national capacities and

¹¹ Communication material “A snapshot of Team Europe’s Response to COVID-19 in South Africa”.

policy developments for innovative reforms related to digital transition in the areas of public services provision, monitoring and accountability.

Although EU budget support operations (the bulk of EU financial cooperation with eight operations at different stages of implementation and completion) were neither particularly COVID-19 specific nor the most suitable modalities to address emergency response, the EU succeeded in accelerating the disbursement of three budget support instalments mid-2020 (JC 3.1). The accelerated budget support disbursements planned for the FY 2020/2021 (under the sector reform contracts: Teaching and learning development Programme; Ecosystem for Small Enterprise Programme/SMME support; and Socio-economic Justice for All) provided a timely total of EUR 14 million into the State Budget between June and July 2020 in order to support the fiscal space of the Government to finance its national COVID-19 policy response.

Given the impossibility of frontloading budget support payments during the 2020/2021 South African fiscal year, the EU was reactive in redirecting commitment appropriations from the MIP toward reinforcing the next fiscal year BS disbursements (JC 3.1 & JC 3.2) to address the country's COVID-19 crisis coping and recovery strategy. Due to non-flexible national legal provisions on planning and budgeting of EU budget support grants, it was not possible to frontload immediately future EU budget support instalments into the 2020/2021 South African fiscal year. The EU, however, swiftly amended the multi-annual indicative programme (MIP) to adapt sector budget support financing agreements related to the sectors most affected by the COVID-19 pandemic, with a focus on support to innovation and technology developments for public services provisions and COVID-19 research, as well as support to small businesses and employment. These were assessed as particularly relevant within the medium-term COVID-19 challenges for national policy response.

The EU also increased the amount of technical assistance budget (under the capacity building components of the BS as well as under a new TA facility under the MIP and the EU Delegation's Technical Cooperation Facility) to support national capacities in designing and implementing emergency and recovery sector policies in strategic areas of employment promotion, including support to small enterprises, digital response and innovation for COVID-19 related research as well as sustainable infrastructure development (JC 3.1). The EU increased the budget of related capacity development projects (an additional EUR 1 million under the complementary support of the Employment Promotion through SMMEs Support Sector Reform Contract – renamed the EDSE Ecosystem Development for Small Enterprises– and an additional EUR 1 million for the Technical Cooperation Facility) in order to provide support to the authorities in setting up an emergency recovery grant and an employment stimulus package with a particular focus on youth employment.

Uncommitted CSO funds (including from MIP and EIDHR budgets) were quickly mobilised and redirected towards specific urgent actions that were in line with and/or complementary to those identified by the UN-led emergency appeal on addressing COVID-19 impact (JC 3.1 & JC 3.2). The EU swiftly redirected several non-committed CSO funds towards urgent crisis response activities identified under the UN-led Emergency appeal for South Africa related to short-term COVID-19 interventions. These included improving access to water and sanitation services in informal and rural settlements (WASH) as well as awareness campaigns and procurement of personal protection equipment (PPE) in the Post-Secondary Education System (PSET), in particular for disadvantaged communities.

The EU also optimised the use of flexible procedures under the crisis declaration (JC 3.1) to ease the pace of contracting procedures for existing or new projects with implementing partners, and assisted them in swiftly developing support activities and mitigating the pandemic's economic and social impact.

Under the Team Europe (TE) joined-up response to the pandemic, the EU also promoted the mobilisation of specific additional COVID-19-related financial interventions for the benefit of local banking and financial services groups under the EFSD (European Fund for Sustainable Development) of the EU External Investment Plan (EIP), as well as under the preparation of a first-ever joint EU massive sovereign loan proposal to the country (JC 3.2).

At the end of 2020, a seven-year USD 35 million facility was allocated to the South Africa Bank SASFIN, through the 2020 COVID-19 emergency facility set in place by the EU financially-backed FMO's NASIRA guarantee fund. This action aimed at supporting SASFIN's on-lending to COVID-19 affected borrowers in South Africa, and developing and originating new digital lending products, specifically targeting youth, female and migrant borrowers. Team Europe (TE) also demonstrated high responsiveness in engineering and negotiating with the National Treasury an EU substantial financial support to the South African Authorities' Recovery Plan, which did not, however, materialise. It was a sovereign loan articulated around the EIB and other European Development Finance institutions' contributions with an associated EUR 50 million EU budget support to increase the level of concessionality for a total amount estimated at EUR 700 million (JC 3.1 JC 3.3). This proposal was finally declined by the Government in view of an already launched package of multilateral funding totalling USD 7 billion (the IMF USD 4.2 billion via a Rapid Credit Facility, the BRIC New Development Bank and the AfDB) and a conservative approach with regard to medium-term debt sustainability (estimated to peak at 87% debt to GDP by 2023-2024) and fiscal trajectory, further aggravated after the country's downgrading to non-investment grade by International rating agencies during 2020.

2.4 EQ 4 – Effectiveness

To what extent was the EU response successful in progressing towards the objectives associated with the COVID-19 response?

Summary: health was not a focal sector in EU cooperation with South Africa. In the context of a stretched national fiscus, the EU sector reform contracts provided rapid and timely, though modest, liquidity/cash support to the National Treasury, to finance programmes closely related to the country's COVID-19 fiscal stimuli package. Increased EU planned annual BS disbursements for the following fiscal year (2021/2022) also provided further predictability to the State Budget in view of the government's medium-term financial needs for their national COVID-19 policy response. In a complementary way, the EU also increased the delivery of fine-tuned capacity building supports which effectively assisted the national authorities in designing and implementing some of their COVID-19-related emergency and recovery policies and actions, especially in key areas such as employment promotion, support to small enterprises, and digital transition for public services delivery. This support, still on-going, is pivotal to address institutional needs for post-COVID-19 resilience policy-making and implementation.

The mobilisation of uncommitted CSO funds towards specific urgent crisis response activities can also be considered as effective in supporting the public health response to the COVID-19 crisis as in line with or complementary to those activities identified by the UN-led emergency appeal on addressing COVID-19's impacts (JC 4.1, JC 4.2). The funding activities

aimed among others at improving access to water and sanitation services in informal and rural settlements (WASH) as well as financing awareness campaigns (JC 4.4) and procurement of PPE in the Post-Secondary Education System (PSET) especially for disadvantaged communities. These activities can be assessed as effective in mitigating the negative impacts of the pandemic, strengthening resilience of the targeted population, improving the control of the COVID-19 pandemic, and contributing to maintaining continuity in key public services to vulnerable populations. However, so far, the lack of detailed information and results achieved does not allow a specific assessment of these activities.

At the time of an already stretched national fiscus (the consolidated budget deficit widened from 5.7% in 2019/20 to an estimated 14% in 2020/21), the acceleration of the disbursement of EU budget support instalments mid-2020, under three sector reform contracts, contributed in a timely manner to maintaining macroeconomic stability and providing liquidities to the National Treasury to finance specific programmes under the government COVID-19 fiscal stimulus package set up under the supplementary budget adopted in July 2020 (JC 4.3). However, the total amount of these three disbursements (EUR 14 million) remained modest compared to the estimated ZAR 500 billion (10% of GDP) government fiscal stimulus package to deal with the impact of the pandemic crisis. The magnitude of these budget support funds was not able to make a large impact on the global fiscal space of the Government. Nevertheless, the fact that these funds were earmarked to specific national sector programmes addressing COVID-19 negative socio-economic impacts (including promotion of youth employment, support to small enterprises through relief finance schemes and resilience facilities, and access to digital technology), as well as the efforts and high responsiveness of the South African sector authorities to re-orientate and reprioritise these EU-funded programmes towards more COVID-19-related urgent activities to counter socio-economic consequences and ensure continuity in the delivery of key public services, supported the effectiveness of this EU financial response.

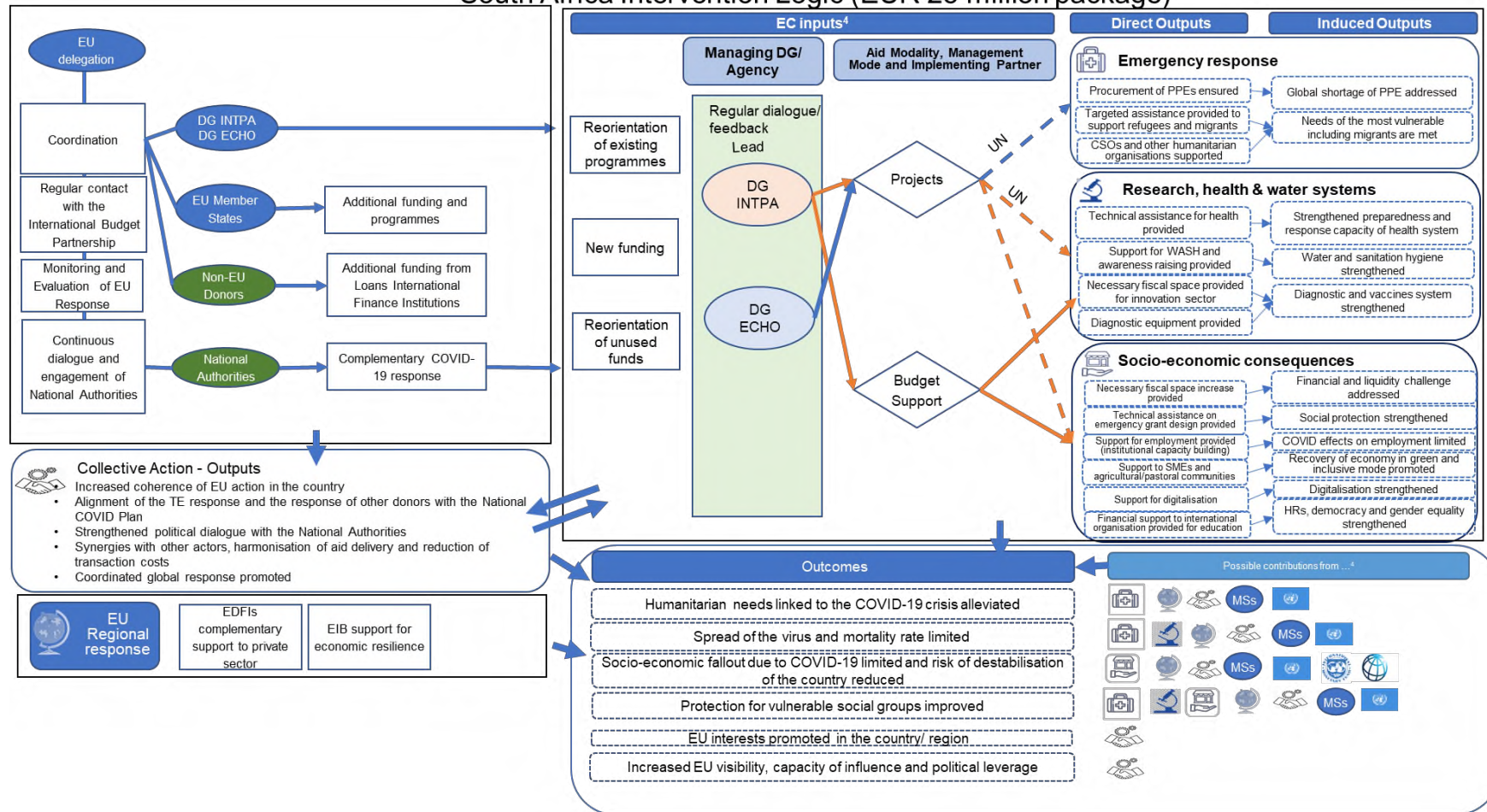
The financial reinforcement of EU Sector Reform Contracts via the top-up of two budget support disbursements in the 2021/2022 South African fiscal year will be effective in maintaining higher level of payments while making them more predictable (as channelled through additional fixed tranches only) (JC 4.3 JC 4.5). This EU response intended to acknowledge the government's medium-term financial needs to support the implementation of strategic COVID-19 mitigation efforts in economic and social recovery policies and the related fiscal and debt sustainability constraints. This increase materialised through a new fixed tranche of EUR 3.15 million under the Employment Promotion through SMMEs Support Sector Reform Contract and a top-up of the existing 2021 fixed tranche from EUR 4 to 5.5 million of the Support National System of Innovation Sector Reform Contract. The impact of this additional funding will be effective in 2021/2022 to support the Government in its response to the COVID-19 crisis. It will affect a wide array of sectors including safeguarding investments in science and innovation; the development of innovative decision-making tools in service delivery; ensuring continuity of education services and other public services; funding of COVID-19-related research; support to the government's Emergency Recovery Grants and Employment Stimulus Package; capacity development support to the Small Enterprise Finance Agency (SEFA) and the Small Enterprises Innovation Fund to de-risk enterprise development lending coupled with business development support to small enterprises; and capacity building measures for the Department of Small Business Development (DSBD). At the beginning of 2021, the SEFA had already provided ZAR 233 million in support to 26 small-scale local manufacturers and non-financial support to 66 local enterprises.

The increase of ongoing capacity building components of Sector Reform Contracts was also effective in assisting the national authorities in designing and implementing emergency and recovery sector policies in the strategic areas of employment promotion, providing support to small enterprises, digital response and innovation for COVID-19-related research, and sustainable infrastructure development (JC. 4.3, JC 4.5). These technical supports were instrumental in accompanying the national authorities in the setting up of an emergency recovery grant and an employment stimulus package with a particular focus on job creation and active labour market policies especially for youth employment. The Capacity Building Programme for Employment Promotion provided valuable technical advice to the Government on urgent COVID-19 related measures to provide financial support to the most vulnerable sectors while developing innovative approaches on partnering and social learning, especially in the Technical and vocational education and training (TVET) sector.

The mobilisation of specific financial interventions to the benefit of local banking and financial services groups under the EFSD (European Fund for Sustainable Development) of the EU External Investment Plan (EIP) with a 7-year USD 35 million facility can be preliminarily assessed as effective in addressing the socio-economic impacts of the COVID-19 pandemic while contributing to economic resilience in the medium term (JC. 4.5). The facility, allocated to the South Africa Bank SASFIN, is managed by the EU financially-backed FMO's NASIRA guarantee fund and aimed at supporting SASFIN's on-lending to borrowers affected by COVID-19 in South Africa, as well as developing and originating new digital lending products, specifically targeting youth, female and migrant borrowers. However, for the time being, information is lacking to properly assess the preliminary results of this intervention.

3. Annex: Intervention Logic Sketch

South Africa Intervention Logic (EUR 25 million package)



Source: Evaluation Team

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