

# EUROPEAN UNION CONTRIBUTION AGREEMENT

T05-EUTF-SAH-NG-09-01

(the "Agreement")

The European Union, represented by the European Commission (the “**Contracting Authority**”), first counterparty,

and

United Nations Development Programme (UNDP)  
International Organisation  
United Nations plaza 1  
10117 – New York, USA  
hereinafter the “**Organisation**”

second counterparty, (individually a "Party" and collectively the “Parties”) have agreed as follows:

## SPECIAL CONDITIONS

### Article 1 - Purpose

- 11 The purpose of this Agreement is to provide a financial contribution to finance the implementation of the action “EU Support to the United Nations ‘One UN Response Plan to COVID-19 in Nigeria’” as described in Annex I (the “Action”). This Agreement establishes the rules for the implementation and for the payment of the EU Contribution, and defines the relations between the Organisation and the Contracting Authority.
- 12 The Action is a Multi-Donor Action and the EU Contribution is not earmarked.
- 13 In the performance of the activities, the Organisation shall:
  - a) apply its own accounting, internal control and audit systems which have been positively assessed in the ex-ante pillar assessment.
  - b) apply its own procurement procedures, as assessed in the ex-ante pillar assessment and its own rules for the award of Grants, as assessed in the ex-ante pillar assessment.The Organisation is free to use any Regulations and Rules which have not been subject to an ex-ante pillar assessment to the extent that these Regulations and Rules are not in conflict with the provisions of this Agreement.
- 14 The Action is financed under the European Union Emergency Trust Fund For Stability And Addressing Root Causes Of Irregular Migration And Displaced Persons In Africa.

- 15 The Organisation shall provide a management declaration in accordance with Articles 3.10 of Annex II with every progress and final report.
- 16 This Agreement is subject to the provisions of the Financial and Administrative Framework Agreement (FAFA) between the European Union represented by the European Commission and the United Nations.

## **Article 2 - Entry into Force and Implementation Period**

### Entry into Force

- 2.1 The Agreement shall enter into force on the date when the last Party signs.

### Implementation Period

- 2.2 The implementation period of the Agreement (the "Implementation Period") shall commence on the day after the last Party signs.
- 2.3 The Implementation Period of the Agreement is 31 months and 24 days.

## **Article 3 - Financing the Action**

- 3.1 The total cost of the Action is estimated at USD 90,000,000 ("Currency of the Agreement"), as set out in Annex III. The Contracting Authority undertakes to provide a contribution up to a maximum of EUR 49,750,000 which is estimated at USD \$54,900,200 (the "EU Contribution"). The final amount will be established in accordance with Articles 18 to 20 of Annex II.
- 3.2 The remuneration of the Organisation by the Contracting Authority for the implementation of the activities to be implemented under this Agreement shall be 7% of the final amount of eligible direct costs of the Action to be reimbursed by the Contracting Authority.
- 3.3 Interest generated on pre-financing shall not be due.

## **Article 4 - Payment Arrangements and Reporting**

- 4.1 The pre-financing rate is 100%.
- 4.2 Payments shall be made in accordance with Article 19 of Annex II. The following amounts are applicable, all subject to the provisions of Annex II:

|                                      |                |
|--------------------------------------|----------------|
| First pre-financing instalment.....  | USD 40,000,000 |
| Second pre-financing instalment..... | USD 14,618,300 |
| Third pre-financing instalment ..... | USD 281,900    |
| Forecast balance.....                | USD 0          |

These amounts are indicative and subject to modification in accordance with the provisions of Article 19 of Annex II.

The sum of the payments in the accounting currency of the Organisation shall not exceed the total EU Contribution in EUR.

- 4.3 The Commission intends to progressively introduce an electronic exchange system for the e-management of contracts and agreements (the “System”). The Organisation will be required to register in and use the System to allow for the e-management of Contribution Agreements. The Commission will inform the Organisation in writing at least three months prior to the date of application of the individual components of the System.

As a first step, the information to be provided in accordance with Article 3.7 b) of Annex II has to be processed via the System for all reports (expected for 2020).

As a second step, all documents related to this Agreement (including reports, payment requests and formal amendments as per Article 11.1 of Annex II) will have to be processed via the System (expected for 2020).

- 4.4 Without prejudice to the General Conditions and notably Article 3, the Organisation provides the Contracting Authority as soon as possible after their production with reports and other documents linked to the Action including underlying data. With this transmission, the Organisation informs the Contracting Authority of any element that cannot be disseminated to third parties when this dissemination could endanger the beneficiaries or harm their interests.

4.5 Exception to the non-retroactivity of costs

The Commission authorises that the costs incurred may be recognised as eligible as of 11/04/2020, as per exchange of letters, due to the extreme urgency and in accordance with the crisis procedures declared by DG DEVCO on 06/04/2020, whereby an early engagement by the European Union would be of major importance for the purposes of crisis management aid.

## **Article 5 – Communication language and contacts**

- 5.1 All communications to the Contracting Authority in connection with the Agreement, including reports referred to in Article 3 of Annex II, shall be in English.
- 5.2 Any communication relating to the Agreement shall be in writing, shall state the Contracting Authority’s contract number and the title of the Action, and shall be dispatched to the addresses below.
- 5.3 Any communication relating to the Agreement, including payment requests and attached reports, and requests for changes to bank account arrangements shall be sent to:

**For the Contracting Authority**

*Head of Delegation*

*European Union Delegation to Nigeria and ECOWAS*

*EU Common Embassy Complex*

*European Union Crescent, off Constitution Avenue*

*Central Business District*

*Abuja, Nigeria*

*Email: [delegation-nigeria@ec.europa.eu](mailto:delegation-nigeria@ec.europa.eu)*

*For the attention of Head of Finance, Contracts & Audit Section*

Copies of the documents referred to above, and correspondence of any other nature, shall be sent to:

*Head of Delegation*

Special Conditions Contribution Agreement

T05-EUTF-SAH-NG-09-01

*European Union Delegation to Nigeria and ECOWAS  
EU Common Embassy Complex  
European Union Crescent, off Constitution Avenue  
Central Business District  
Abuja, Nigeria  
For the attention of Head of Cooperation*

A copy of the reports referred to in Article 3 of Annex II and the reports, publications, press releases and updates relevant to the Action referred to in Article 8.6 of Annex II shall be sent to:

*Head of Delegation  
European Union Delegation to Nigeria and ECOWAS  
EU Common Embassy Complex  
European Union Crescent, off Constitution Avenue  
Central Business District  
Abuja, Nigeria  
For the attention of Head of Health, Nutrition, Resilience Section*

**For the Organisation**

*Mohamed Yahya  
Resident Representative  
UNDP Nigeria Country Office  
UN House, Plot 617/618  
Diplomatic Zone, Central Area District  
P.M.B 2851 Garki, Abuja, Nigeria  
E-mail: [mohamed.yahya@undp.org](mailto:mohamed.yahya@undp.org)*

- 54 Ordinary mail shall be deemed to have been received on the date on which it is officially registered at the address referred to above.
- 55 The contact point within the Organisation, which shall have the appropriate powers to cooperate directly with the European Anti-Fraud Office (OLAF) in order to facilitate the latter's operational activities shall be: Office of Audit and Investigations, Head of Investigation Section, United Nations Development Programme, One United Nations Plaza, DCI Building 4th Floor, New York, NY 10017, USA.
- 56 All exchanges concerning the Early Detection and Exclusion System shall take place between the Contracting Authority and the authorised person designated by the Organisation, which is  
Mohamed Yahya,  
Resident Representative, UNDP Nigeria Country Office;  
UN House, Plot 617/618, Diplomatic Zone, Central Area District,  
P.M.B 2851 Garki, Abuja, Nigeria.

**Article 6 - Annexes**

- 6.1 The following documents are annexed to these Special Conditions and form an integral part of the Agreement:

Annex I: Description of the Action (including the Logical Framework of the Action)

Annex II: General Conditions for Contribution Agreements

Annex III: Budget for the Action

Annex IV: Financial Identification Form

Annex V: Standard Request for Payment

Annex VI: Communication and Visibility Plan

Annex VII: Management Declaration template

- 6.2 In the event of a conflict between these Special Conditions and any Annex thereto, the provisions of the Special Conditions shall take precedence. In the event of a conflict between the provisions of Annex II and those of the other Annexes, the provisions of Annex II shall take precedence.

## **Article 7 – Additional specific conditions applying to the Action**

- 7.1 The following shall supplement Annex II:

For costs of a project office:

- 7.1.1 Where the implementation of the Action requires the setting up or the use of one or more project offices, the Organisation may declare as eligible direct costs the capitalised and operating costs of the structure if all the following conditions are fulfilled:

- a) They comply with the cost eligibility criteria referred to in Article 18.1 of Annex II;
- b) They fall within one of the following categories:
  - i) costs of staff, including administration and management staff, directly assigned to the operations of the project office. The tasks listed in the Description of the Action (Annex I), undertaken by staff assigned to the project office will be directly attributable to the implementation of the Action.
  - ii) travel and subsistence costs for staff and other persons directly assigned to the operations of the project office;
  - iii) depreciation costs, rental costs or lease of equipment and assets composing the project office.
  - iv) costs of maintenance and repair contracts specifically awarded for the operations of the project office;
  - v) costs of consumables and supplies specifically purchased for the operations of the project office;
  - vi) costs of IT and telecommunication services specifically purchased for the operations of the project office;
  - vii) costs of energy and water specifically supplied for the operations of the project office;
  - viii) costs of facility management contracts including security fees and insurance costs specifically awarded for the operations of the project office;
- c) Where costs of the project office are declared as actual costs, the Organisation declares as eligible only the portion of the capitalised and operating costs of project office that corresponds to the duration of the Action and the rate of actual use of the project office for the purposes of the Action.
- d) Costs of the project office not declared as actual costs are only eligible if they have been ex ante-assessed by the European Commission.

Done in Abuja in two originals in the English language, one for the Contracting Authority and one for the Organisation.

**For the Organisation**

Name Mohamed Yahya

Position Resident Representative

Signature



Date 6 May 2020

**For the Contracting Authority**

Name Kurt Cornelis

Position Head of Cooperation

Signature

[E-signed]

Date

05/05/2020



## **Annex I**

### **Description of the Action**

**Project Title:** EU Support to the United Nations 'One UN Response Plan to COVID-19 in Nigeria'

**Project Number:** T05-EUTF-SAH-NG-09-01

## Brief Description

The United Nations Development Programme (UNDP) has established a Basket Fund to support a "EU Support to the United Nations 'One UN Response Plan to COVID-19 in Nigeria'" with the objective to ensure optimum care of confirmed COVID-19 cases and contain the spread of the outbreak through an inclusive and nationally owned process and based on emerging best practices from previous health emergencies as well other countries experiences during the COVID-19 crisis.

The COVID-19 Basket Fund for Nigeria launched on 6 April 2020 consists of multi-sectoral interventions to support rapid implementation of the UN response plan. This is spread amongst 6 outputs and is linked to the wider UN COVID-19 Strategic Preparedness and Response Plan (SPRP<sup>1</sup>), namely: Support Coordination of Partnerships and mobilization of resources for collective response (pillar 1); Support rapid procurement of disease commodity packages for surveillance, prevention and control, and clinical management (pillars 3,4,5 and 7); Complement and support ongoing Risk Communication Strategies for sustained community engagement and cooperation (pillar 2); Support towards the development of tailored and decentralized response strategies at state-level aligned to the coordinated framework at the Federal level (pillars 8); Maintaining access to essential health services through socio-economic analytics and Pro-active early recovery and social protection investments, during and after the crisis (pillar 9) and Research & Development (R&D) Capacities and modeling strengthened (pillars 6). The COVID-19 Basket Fund will initially support the Nigerian Federal Government's National COVID-19 multi-sectoral pandemic response plan which was presented to the Presidential Taskforce (PTF) on 20 March 2020. **The project will also provide support to implement the National COVID-19 Deployment and Vaccination Plan (NDVP) and to improve oxygen security and reliable power supply to health facilities.**

The direct beneficiaries will be the Presidential Taskforce (PTF), Ministry of health (MOH)<sup>2</sup>, and the Ministry of Humanitarian Affairs, Disaster Management and Social Development (MHADMSD) and States where these activities will be implemented. The final beneficiaries are those citizens living in States where this intervention will be implemented. This Project has a specific focus on the most vulnerable and include women and adolescent girls, the Elderly, persons with disabilities, IDPS/refugees, prisoners/detainees, orphans/street children/unaccompanied children and people living with HIV/AIDs.

The comparative advantage of funds being channeled and allocated through the COVID-19 Basket Fund is the prompt and effective implementation of the 'One UN Response Plan to COVID-19 in Nigeria' through UNDP, and creation of a political space necessary for better alignment and cohesion among the EU and other (national and international) stakeholders in the wider COVID-19 Response in Nigeria.

The proposed budget of US\$ 90 million of which EUR 49.5 million are expected to be funded by European Union. The project will be implemented over 24 months from the date of signature. In tandem with this project UNDP is preparing a multi-donor basket fund prodoc which is aligned to this prodoc and, will be managed by UNDP on behalf of the wider UN System in Nigeria

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------|
| <b>Contributing Outcome United Nations Sustainable Development Partnership Framework (UNSDPF):</b><br><br><b>Outcome 2:</b> By 2022, Citizens coexist peacefully, enjoying increased resilience, higher state capacity for humanitarian response, and reduced incidence of armed and violent conflicts in the country/cross border<br><br><b>Key Programme Area:</b> Crisis Prevention and Recovery<br><br><b>Indicative Output(s) with gender marker<sup>3</sup>:</b> | <b>Total resources required:</b>  | \$90,000,000 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Total resources allocated:</b> | \$73,383,599 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>European Union (EU)</b>        | \$54,900,200 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>UN</b>                         | \$2,814,621  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Other Donors</b>               | \$15,909,056 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Government</b>                 | -            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>In kind</b>                    |              |

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

<sup>2</sup> This support includes support to structures within the Ministry supporting the COVID-19 response including the National Centre for Disease control (NCDC) and the National Primary Health Care Development Agency (NPHCDA)

<sup>3</sup> The Gender Marker measures how much a project invests in gender equality and women's empowerment. Select one for each output: GEN3 (Gender equality as a principle objective); GEN2 (Gender equality as a significant objective); GEN1 (Limited contribution to gender equality); GEN0 (No contribution to gender quality)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <p><b>Output 1:</b> Improved rapid procurement of disease commodity packages for surveillance, prevention and control, and clinical management [Gen2]</p> <p><b>Output 2:</b> Complementary ongoing Risk Communication Strategies for sustained community engagement and cooperation are supported [Gen2]</p> <p><b>Output 3:</b> Development of tailored and decentralized response strategies at state-level aligned to the coordinated framework at the Federal level is supported [Gen2]</p> <p><b>Output 4:</b> Access to essential health services are maintained through socio-economic analytics, and pro-active early recovery and social protection activities, targeting vulnerable groups [Gen2]</p> <p><b>Output 5:</b> Capacities for R&amp;D and Modelling are strengthened [Gen2]</p> <p><b>Output 6:</b> Coordination of partnerships and mobilisation of resources for collective response are improved [Gen2]</p> |  |  |
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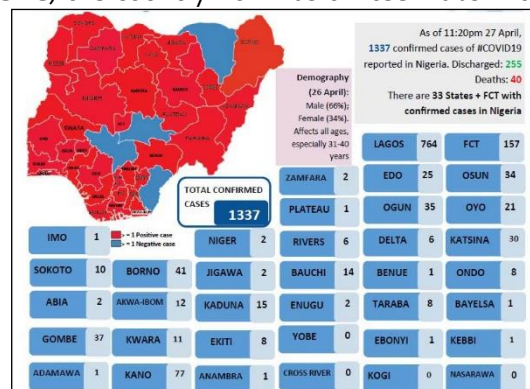
## Acronyms

|          |                                                                              |
|----------|------------------------------------------------------------------------------|
| CCT      | Conditional Cash Transfer                                                    |
| CA       | Coordinating Agent                                                           |
| COVID-19 | Coronavirus-2019                                                             |
| CSOs     | Civil Society Organisations                                                  |
| DaO      | Delivery as One                                                              |
| DFID     | Department for International Development                                     |
| DRC      | Democratic Republic of Congo                                                 |
| ECHO     | European Civil Protection and Humanitarian Aid Operations                    |
| EU       | European Union                                                               |
| EVD      | Ebola Virus Disease                                                          |
| FMU      | Fund Management Unit                                                         |
| GEEP     | Government Enterprise and Empowerment Programme                              |
| GPN      | Global Policy Network                                                        |
| HIV      | Human Immunodeficiency Virus                                                 |
| HQ       | Head Quarter                                                                 |
| IG       | Inspector General                                                            |
| INGO     | International Non-Government Organisation                                    |
| LGAs     | Local Government Areas                                                       |
| MHADMSD  | Ministry of Humanitarian Affairs, Disaster Management and Social Development |
| NCDC     | Nigerian Centre for Disease Control                                          |
| NEMA     | National Emergency Management Agency                                         |
| NGO      | Non-Government Organisation                                                  |
| NHGSFP   | National Home-Grown School Feeding Programme                                 |
| NSIP     | National Social Investment Programmes                                        |
| OXFAM    | Oxford Committee for Famine Relief                                           |
| PLHIV    | People Living with Human Immunodeficiency Virus                              |
| PPE      | Personal Protective Equipment                                                |
| PTF      | Presidential Task Force                                                      |
| PUNOs    | Participating United Nations Organisations                                   |
| REDISSE  | Regional Disease Surveillance Systems Enhancement                            |
| ROAR     | Result Oriented Annual Report                                                |
| SEC      | Social and Environmental Standards                                           |
| SMEs     | Small and Medium Enterprises                                                 |
| ToR      | Terms of Reference                                                           |
| UN       | United Nations                                                               |
| UNAIDS   | Joint United Nations Programme on HIV and AIDS                               |
| UNDP     | United Nations Development Programme                                         |
| UNICEF   | United Nations Children Fund                                                 |
| UNSDPF   | United Nations Sustainable Development Partnership Framework                 |
| WASH     | Water, Sanitation and Hygiene                                                |
| WFP      | World Food Programme                                                         |
| WHO      | World Health Organisation                                                    |

## I. DEVELOPMENT CHALLENGE

Since the emergence of first case of the Coronavirus (COVID-19) in China in December 2019, most of the countries in Africa (except Comoros and Lesotho) have now reported cases of the virus, with over 33,627 confirmed cases and 1,476 deaths as of 28 April 2020<sup>4</sup>. Nigeria is beginning to see a steady increase of confirmed cases with 1,337 cases and 40 reported deaths as of 27 April 2020<sup>5</sup>. Given the relentless and rapid spread of the pandemic witnessed in other countries, an increase in number of COVID-19 cases in Nigeria is inevitable.

According to the Nigerian Centre of Disease Control (NCDC) the country now has thirteen labs with testing capacity for the COVID-19 increasing from 5 in recent weeks including in Maidugari where one has recently been established. New labs are being set up in Port Harcourt and Sokoto with 3 additional labs to be established in Lagos<sup>6</sup>. Testing capacity has recently been set up in Borno State but not yet in Adamawa and Yobe States. The North East has been ravaged by other infectious diseases such as Lassa fever, tuberculosis and cholera, the region has much lower development indicators including on health and is also the epicentre of violent extremism.



The pandemic is going to put immense strain on the health system. Estimates indicate around 20% of cases will require hospitalisation and 7.5% intensive care<sup>7</sup>.

Presently five hospital beds are available for every 10,000 persons in Nigeria. The isolation facility in Lagos is equipped with 100 beds but the capacity outside is limited with a combined bed capacity of 21. The NCDC has approved treatment centres in all states for clinical management of patients, however, these hospitals are not adequately capacitated. More hospitals will need to scale up as a matter of urgency as cases increase. As a consequence of the COVID-19 pandemic, several challenges in Nigeria's health system were uncovered, especially in critical patient care. Many states could not deliver essential Oxygen to ill patients due to many factors, including non-availability, inadequate staff skills, and low equipment maintenance culture.

Efforts to contain the spread of the COVID-19 are underway. A National COVID-19 Multi-Sectoral Pandemic Response Plan has been adopted and will serve as a blueprint for a whole-of-Government response. Efforts are also underway to expand testing capacities. To that end, Nigeria it is expected to reach a testing capacity of 5,000/day with a 24-48-hour turnaround from receipt of samples.<sup>8</sup> This will lead to more cases being identified. However, the testing capacity will be constrained by the 35,000 testing kits available in the country, including 10,000 kits procured by the United Nations. With the expected increasing numbers of infected people in the weeks ahead, the Federal and State capacities for detection, isolation and case management will continue to be challenged. Moreover, as seen elsewhere, Nigeria challenges could be compounded by a lack of diagnostics, Personal Protective Equipment (PPE) such as surgical masks and face protectors, gloves, full body scrubs as well as essential medical equipment and supplies to maintain essential services. Some poorer regions, particularly the conflict-ridden middle belt and North-East and highly populated regions, have some of the weakest health systems and a population characterized by the prevalence of comorbidities

<sup>4</sup> <https://africanarguments.org/2020/04/08/coronavirus-in-africa-tracker-how-many-cases-and-where-latest/>

<sup>5</sup> <https://webcache.googleusercontent.com/search?q=cache:pLtGEVvqRMOJ:https://covid19.ncdc.gov.ng/>

<sup>6</sup> As of 21 April 2020, testing laboratories have been established in Lagos, Edo, Ogun, Ibadan, Ebonyi, Abuja, Jos, Kaduna, Kano and Maiduguri States with laboratories planned in Port Harcourt and Sokoto States.

<sup>7</sup> UNDP Nigeria, Brief, Impact of COVID-19 Pandemic in Nigeria, 14 March 2020

<sup>8</sup> PTF

heavily exposing them COVID-19 risks in case of widespread infection. As of 21 April 2020, the first case has registered in the North East with one case identified in Borno State

Economic effects arising from the pandemic could have a more profound impact than the health crisis and a high indirect mortality. The UN Secretary-General has remarked that *"COVID-19 is killing people, as well as attacking the real economy at its core – trade, supply chains, businesses, jobs. Entire countries and cities are in lockdown. Borders are closing. Companies are struggling to stay in business and families are simply struggling to stay afloat."*<sup>9</sup> The collapse in oil prices, which is Nigeria's main export have already reduced government revenue by \$10-19 Billion and even though prices are recovering somewhat the reduced demand for oil globally will have a profound impact. Already the Naira has devalued by 6.5%. Additional expenditure to provide a fiscal stimulus and economic relief to the poor during the crisis could increase the budget deficit from 1.5% as of now to an estimated 8.3% increasing Nigeria's debt burden<sup>10</sup>.

Furthermore, the conflict-stricken regions, such as North-East, North-West and Middle-Belt, are extremely vulnerable due to overcrowded settlements and urban township with huge, displaced populations. The health crisis is expected to lead to a high number of indirect mortalities and could also trigger knock-on emergencies related to education and food security, disrupt the large-scale humanitarian response to the conflict in the North-eastern part of the country, and set back already stressed broader human development efforts. In the Northeast for example, 35% of health facilities have been damaged/destroyed by conflict and is underfunded receiving only 25% of its funding requirements<sup>11</sup>. Preparedness for the outbreak reveals gaps. For example, in Borno State, hospitals there are 52 and 83 beds in ICU and isolation centers, respectively<sup>12</sup>. Given the insurgency not all LGA's are accessible in the Northeast whereas others are newly liberated with few basic services in place including health. Government capacities in the Northeast are also stretched with WHO already coordinating 45 health partners in the 3 North East States<sup>13</sup>. The recent cholera outbreak which was contained does evidence a high degree of coordination between the 3 states. In a recent press release the Commissioner for Health, Dr Fatima Atiku-Abubakar explained that WHO's robust surveillance activities including early detection, timely reporting and coordinated response guided interventions and helped in controlling the spread of the outbreaks which reached 2, 755 cases including 43 deaths as of 23 November 2018. These are capacities which can be brought to bear now<sup>14</sup>.

.The situation is particularly concerning in IDP camps in the middle belt and North East, many of which are overcrowded with social distancing impossible<sup>15</sup>. In addition to space, lack of access to water and sanitation further compound deprivations and vulnerabilities as well as for the implementation of preventative measures. The impact of the pandemic could increase significantly humanitarian needs in the Northeast with World Food Programme (WFP) estimating that an outbreak in the three states would increase the number of people who are food insecure and needing humanitarian assistance to about 7 million people-a staggering 91% increase.

The pandemic could also have an effect on peace and security particularly in the North East and middle belt. Security personnel availability could be severely strained as Security Forces are diverted to help with the outbreak or as has been seen elsewhere, capacities could be severely reduced due to sickness (i.e. for example 17% of Police in New York City are sick currently). Throughout the country there are also indications of a rise in criminal activity exacerbated by the loss of livelihoods and

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<sup>10</sup> Ibid

<sup>11</sup> WHO Nigeria, Health Sector Bulletin, September 2019.

<sup>12</sup> Borno State COVID-19 Preparedness Plan

<sup>13</sup> <https://www.afro.who.int/fr/node/10803>

<sup>14</sup> Ibid

<sup>15</sup> For example, in Jere, Gwoza and Kala Balge LGA in Borno State where close to 64,000 people reside- the static crowd per capita space is less than or equal to 1m<sup>2</sup> compared to 2m<sup>2</sup> in Mumbai's slums

reduced capacities of the criminal justice system to effectively respond. Law enforcement agencies are largely engaged in pandemic control whereas the majority of courts are not sitting and correctional centres are not accepting new inmates.

Outbreaks in strategic military camps themselves pose significant security risks as it could weaken military capabilities and present opportunities for non-state armed groups to expand their areas of influence. Local level peacebuilding an essential part of building social cohesion are likely to be affected relying as they do on people to people contact.

The Government has introduced measures to contain the pandemic including the introduction of curfews and quarantines in some states. President Buhari announced on 29 March 2020, the cessation of all movements in Lagos, the Federal Capital Territory (FCT) and Ogun State from 30 March 2020 for an initial period of 14 days. Based on recommendation from the Presidential Task Force on COVID-19, the President extended the lockdown on 13 April 2020 by another 14 days. Some Governors have done the same in their states (for example Plateau State). This potentially slows the spread of the disease and buys time to bolster health and testing capacities. These measures on the other hand affect the poorest with approximately 80% of the population working in the informal sector, living day to day with a limited safety net system to assist. Unemployment, and underemployment which was already on the rise<sup>16</sup> could also now increase sharply as the formal sector has also largely ground to a halt in a number of sectors. Due to their over-representation in the informal sector and vulnerable employment, women and youth tend to be worst affected by the immediate and short-term adverse livelihood and economic consequences of the disease containment measures. In response to the crisis, the Government have activated their social protection framework advancing two months cash transfers to two million recipients of the poorest, who are currently on the social registry. For those, who are not on the register and with children, the Government is planning to provide food rations through the home-grown school feeding programme. The Ministry of Agriculture will also release 70,000 metric tons of food reserves to provide to vulnerable Nigerians affected by the lockdown measures<sup>17</sup>. There are now plans to expand the social register to four million by June 2020, yet the identification-methodology usually applied may not be feasible to apply in times of severe restrictions on movements and social gatherings.

The Government is also focusing on risk communication and community engagement as a key component in slowing the spread of the pandemic through information dissemination, public awareness, and sensitization. However, the high level of miscommunication, disinformation and fake news could hamper the efforts and promote risky behaviour; potentially polarizing society along ethnic, religious and sometimes regional lines. Learning from lessons elsewhere, self-imposing restrictions on their social interactions and movements would be essential for mitigating the spread of the COVID-19 at the community level. In this regard, there is a need to provide support to develop and implement a culturally sensitive robust risk communication strategy, co-created with key stakeholders including the Federal Government, States, Local Government, traditional and community leaders, women's networks and youth organizations and then distributed using a communication and media network. Equally there is a need for targeted risk communication aiming to provide critical information to vulnerable groups

Government has introduced a number of measures to support the economy. It is proposed to offer free electricity for the next two months following a bill before the House of Representatives with electricity suppliers supporting the move<sup>18</sup>. The Government has slashed interest rates on loans from 8 to 6%, extended loan repayment dates and introduced a number of stimulus packages to help the economy and to provide inputs to business<sup>19</sup> and the economy including the National Assembly.

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<sup>16</sup> Youth unemployment/underemployment prior to the crisis was estimated at 55%

<sup>17</sup> <https://www.vanguardngr.com/2020/04/covid-19-lockdown-ministry-of-agric-complies-releases-70000mt-of-grains-garri/>

<sup>18</sup> <https://www.vanguardngr.com/2020/04/covid-19-discos-agree-to-supply-nigerians-free-electricity-for-two-months/>

<sup>19</sup> <https://www.vanguardngr.com/2020/04/covid-19-ncdmb-slashes-interest-rate-on-nci-fund-loans-extends-tenor/>

Emergency Stimulus Bill. The Central Bank have in place a 50 billion-naira (approx.: €120 million) credit facility designed to support medium and small businesses and households affected by the pandemic<sup>20</sup>. In parallel on 26 March 2020 the Central Bank launched a 100-billion-naira health care facility (approx.: €240 million) to support the health sector. It targets healthcare product manufacturers, including pharmaceutical drugs and medical equipment; healthcare service providers/medical facilities – hospitals/clinics, diagnostic centres, laboratories, fitness and wellness centres, rehabilitation centres, dialysis centres, blood banks, etc.<sup>21</sup> Government from the beginning have demonstrated strong ownership in the COVID-19 response indicating sustainability of this action.

Further, the Government of Nigeria (GoN) has undertaken a multi-sectoral response to contain the spread of the virus and minimize the adverse effects on the people. The Government of Nigeria (GoN) with support from stakeholders including UN agencies, as part of this response, developed a National COVID-19 Deployment and Vaccination Plan (NDVP) following the approval of candidate vaccines by the World Health Organization (WHO) under the Emergency Use List. The NDVP aims to roll out COVID-19 vaccines targeting 51.5 percent of Nigeria's total population (around 111.7 million persons) over a 2-year period. In the first year (2021), the GoN aims to vaccinate 76.1 million people, with an additional 35.6 million people targeted in 2022. To this end, GoN has secured 13,656,000 doses of SII AstraZeneca Vaccines, of which 3,924,000 doses arrived on March 2, 2021.

Hypoxemia, arising from different disease conditions, is a significant cause of morbidity and mortality in Nigeria. Annually, around 625,000 people die from ten disease conditions associated with hypoxemia. If not appropriately managed, hypoxia is a fatal outcome of childhood pneumonia and accounts for over 120,000 child deaths every year in Nigeria. In secondary health facilities in Nigeria, 25 per cent of neonates and approximately 12 per cent of under-5 children admitted to hospital with pneumonia are hypoxemic on admission. In children, effective oxygen therapy can reduce mortality due to pneumonic hypoxemia by about 35 per cent. However, clinical demand for oxygen transcends pneumonia, and it is required in other circumstances such as treatment of severely ill neonates, surgery, anesthesia, management of severe malaria and obstetric care, among others.

Despite these needs for oxygen, access to lifesaving oxygen is limited in Nigeria. In a study conducted in 832 primary, secondary, and tertiary facilities across Nigeria in 2016, only 55 per cent provided functional oxygen therapy, and 11 per cent provided pulse oximetry. Also, a recent assessment of oxygen plants in the country revealed that out of the 28 available oxygen plants, 16 were non-functional and many functional ones require an overhaul. Various reasons account for this, including fragmented oxygen supply systems, inadequate power supply, and bad equipment maintenance culture, among others. Besides, many health care-workers (HCWs) are inadequately trained to recognize and manage patients with hypoxemia. To overcome these problems, the Nigerian government elaborated a National Strategy for Scale-up of medical oxygen in Health Facilities from 2017-2022. The national strategy seeks to improve policy and financing, as well as the availability of functional well-maintained equipment, improving patients' uptake of oxygen, and using data to enhance management of hypoxemia related illnesses. While the policy document elaborates on an implementation framework across health institutions, implementation is limited across the country. In addition, the unstable power supply to health facilities affects functionality of oxygen supply system.

The Central Bank of Nigeria (CBN) maintained its current monetary policy rate in March but introduced additional measures, including (i) reducing interest rates from 9 to 5 per cent and introducing a one year moratorium on CBN intervention facilities; (ii) creating a N50 billion (\$139 million) targeted credit facility; and (iii) liquidity injection of 3.6 trillion (2.4 percent of GDP) into the banking system, including N100 billion to support the health sector, N2 trillion to the manufacturing sector, and N1.5 trillion to the real sector to impacted industries. Regulatory forbearance was also introduced to restructure loans in impacted sectors. The CBN is also coordinating a private-sector special intervention initiative targeting N120 billion (\$333 million) to fight COVID-19.<sup>22</sup>

## 1.1 Development Challenges Relevant to this project

### 1.1.1 Health Service Delivery System

The health system suffers from a number of challenges. It receives just 3.9% of the federal budget, one of the lowest ratios globally<sup>23</sup>. A recent review of health system financing for universal health care in Nigeria shows high out of pocket expenses for health care and a very low budget for health at all levels of government and poor health care penetration. Progress towards a universal health care system is slow with less than 5% of Nigerians have health insurance coverage<sup>24</sup>. The picture also varies per state with some implementing state led community-based health insurance programmes to reach the informal sector.

Infant mortality is the second highest globally with maternal mortality the 4<sup>th</sup> highest one in five children dying before the age of five. The disruption in health services due to the pandemic is likely to increase this further having a disproportionate impact on women and new-born as well as young children. There are 72,000 doctors registered with the medical and dental council of Nigeria but unfortunately many practices outside the country with one doctor per 5,000 people and 6.5 nurses per 5000 according to some estimates. In practice it has proven difficult to get an accurate figure on the exact numbers of practicing medical professionals. Many are overseas and others retired. Health staff are also not equitably distributed, so in some States the situation is worse. Due to the nature of their work health staff are at heightened risk. As we have seen elsewhere many have contracted COVID-19 spending extended time off sick and, in some cases, have died. This will bring added stress and challenges to the health system. It will be critical they are adequately protected when working with PPE and provided with psychosocial counselling, where needed. The quality of the primary Health care system is also of concern. The Minister of Health in 2016 disclosed that only 20% of Nigeria's 30,000 primary healthcare facilities were working and at that time releasing 42.5 million naira

<sup>20</sup> <https://www.vanguardngr.com/2020/04/covid-19-ncdmb-slashes-interest-rate-on-nci-fund-loans-extends-tenor/>

<sup>21</sup> <https://www.thisdaylive.com/index.php/2020/03/26/cbn-unveils-modalities-to-disburse-n100bn-healthcare-credit-support/>

<sup>22</sup> Retrieved from, International Monetary Fund: Policies Responses to COVID-19 <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19#N April 24 2020>

<sup>23</sup> <https://hekint.org/2019/05/08/health-care-in-nigeria/>

<sup>24</sup> [https://en.wikipedia.org/wiki/Healthcare\\_in\\_Nigeria](https://en.wikipedia.org/wiki/Healthcare_in_Nigeria)

(\$1.5million) to the states and appealing for international support<sup>25</sup>. Many have poor staffing, inadequate equipment, poor distribution of health workers, poor quality of health-care services and poor condition of infrastructure. NPHCDA plays an important role in addressing this and other health related imbalances in the country and under the current administration has prioritised improving the quality of primary health care as well as immunization throughout the country<sup>26</sup>

Hospitals are under-equipped and already struggling dealing with local health issues such as HIV, Lassa Fever, Tuberculosis, Cholera, Meningitis and Malaria. Immunization is low with only 4.5% of children under five fully immunized. People living with HIV may be more vulnerable during the crisis given many have compromised autoimmune systems. The Joint United Nations Programme on HIV and AIDS (UNAIDS) estimates that in 2018, 1,900,000 people were living with HIV/AIDS with the rate of infection at 0.65%.<sup>27</sup> More than 80,000 people living in detention settings and the more than 3 million Nigerians suffering from drug use disorders typically share a less robust health profile than the general population, combined with limitations to the exercise of social distancing they are far more at risk of contracting COVID-19 as well as to suffer severe symptoms if infected.

In addition to shortages of equipment, coverage and personnel, Water, Sanitation and Hygiene services (WASH) are poor. According to United Nations Children Fund (UNICEF) estimates only 26.5% of the population use improved drinking water sources and sanitation facilities and 23.5% of the population defecate in the open<sup>28</sup>. WASH plays a critical role in prevention and needs to be extended to hospitals and medical centers with many having non or limited water service, sanitation facilities, waste management, basic environmental cleaning, and a lack of basic handwashing points. For example, a World Health Organisation (WHO)/UNICEF study published in 2019 and based on recent data found, 41% of medical centers had no basic sanitation services, 13% with no hygiene services and 44% with only basic hygiene services in place<sup>29</sup>. These show significant gaps to ensure both patients and health care staff are able to provide treatment at these facilities without significant risk of infection. This is key given the medical advice to maintain and increase hygiene as part of COVID-19 preventative health measures.

Nigeria has a record of good experience in addressing health pandemics successful controlling Ebola Virus Disease (EVD) which came into Lagos state in 2014 during the Ebola pandemic in the Mano River Union States in West Africa. The state successfully isolated and brought the case under control quickly due to its most advanced medical services in the Country. COVID-19 however, is more infectious than Ebola and, it has already spread to a number of States and is increasing.

In order to support Nigeria's effort in fighting COVID-19 pandemic through strengthening the health service delivery system, the Government, development partners and the United Nations (UN) established a COVID-19 Basket Fund. The COVID-19 Basket Fund will support strengthening of healthcare systems. Strategically it will help in strengthening the overall response at Federal and State level and then operationally through complementing and boosting health infrastructure including PPE, essential equipment, WASH materials and medicines. It will support surveillance capacities given the criticality of early detection. Throughout, the project will work with the Government including Ministry of Health and its agencies particularly the NPHCDA, as well as community level health workers and community networks, the majority of which are women to ensure essential health services are maintained and vulnerable groups have equitable and equal access to healthcare services and health information and work with them to keep basic healthcare provision going including routine immunization. It is critical that the health sector can continue to keep going maintenance of

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<sup>25</sup> <https://www.informationng.com/2016/07/36-states-and-the-fct-to-share-1-5m-fg-fund-for-primary-healthcare.html>

<sup>26</sup> <https://www.afro.who.int/news/national-primary-health-care-development-agency-implements-4-prong-agenda>

<sup>27</sup> <https://www.unaids.org/en/regionscountries/countries/nigeria>

<sup>28</sup> <https://www.unicef.org/nigeria/water-sanitation-and-hygiene>

<sup>29</sup> Wash in Health Care Facilities, Global Baseline Report 2019, WHO, UNICEF

treatment and immunization of vaccine preventable diseases like measles, polio, yellow fever etc. An outbreak will quickly overwhelm the health system as it is dealing with COVID-19. The project will also work in strengthening data capacities to better ensure that decisions are both evidence based, and risk informed.

### **1.1.2 Peace and Social Cohesion**

In moments of health crisis, efforts across the national and international community tend to focus on the immediate needs of containing the spread of the disease and providing treatment support. As critical as this is, experience from other pandemics have shown that it is also essential that investments are made towards mitigating against inevitable secondary, related, and unintended impacts of the pandemic. One such risk is further social fragmentation and polarization that could exacerbate residual conflicts or incubate new ones in already fragile contexts. Lessons learned from the Ebola crisis for example have demonstrated that measures such as quarantines, isolation, curfews and lockdowns, have potential to constrain space for social dialogue, weaken social networks that provide community safety nets during crisis and induce economic and emotional strain that could trigger communal conflicts.

Evidence has shown a sharp rise in domestic and gender-based violence as a result of government imposed stay-at-home orders which confine women and children to their homes with abusers. Increased tensions within households due to economic hardships are also likely to increase intimate partner violence. The closure of schools for an extended period is also likely to lead to increased drop-out rates among girls, which can increase the prevalence of child marriage in communities where early marriage is already widely practiced. Furthermore, with health and law enforcement services burdened with responding to the COVID-19 outbreak, combined with movement restrictions, access to GBV and sexual and reproductive health services will be limited.

Human rights violations are also likely to happen including waves of violence, when ill equipped security forces are deployed to enforce restrictions on movement and normal livelihood activities. Misinformation, hate speech, especially through social media, can stir tensions, promote polarization and even lead to Xenophobic behaviour as is already been witnessed globally in some locations - eroding social cohesion through suspicion, isolation and stigmatization of victims of the disease, survivors and their family. Miscommunication could also polarize the society along ethnic, religious and sometimes regional lines. In addition, women in poorer urban communities and rural areas may be disadvantaged in accessing critical live-saving information due to lower education levels, exclusion from male networks and decision-making structures, and limitations on their mobility, which could heighten their risks of contracting the virus. In this regard, support to independent media and communication networks and channels with a wide reach and relevance to the community could play a key role; while investing in trusted religious, traditional, local community mobilisers and other influencers in messaging could bridge the trust deficit prevalent in moments of disasters.

For Nigeria, two scenarios are likely: first, evidence has demonstrated that violent extremist groups have used moments of disasters – natural or otherwise – to execute probing attacks and either enhance their recruitment through propaganda aimed at exploiting marginalized portions of the population. It could also exploit the context of an overstretched security deployment created as the government diverts attention towards containing the outbreak or as outbreaks occur within the various entities of the security infrastructure. Outbreaks within the police forces, for instance, could place added pressure on peace operations to distribute capacity towards enforcement of law and order and place women and girls at a heightened risk of gender-based violence. Moreover, in addition to a rise in violent and property crimes, certain forms of organized crime will experience a sharp increase, including fraud, cybercrime, the production and trafficking of fake medicines and medical supplies.

Second, lockdowns, curfews without incentives and related protection measures for vulnerable populations in a conflict-settings where social bonds are weak might trigger civil unrest and exacerbate communal conflicts. This could manifest in two different ways; in the form of rise in criminal activity and unrest among communities who cannot access livelihoods support and/or clashes with the police or military should they be used to enforce the lockdown and adopt a heavy-handed approach.

Furthermore, in the event of cases being imported by humanitarian actors, there is a threat of a new dimension of conflict where community unrest and possible attacks become directed towards humanitarian and aid workers. In locations relying on humanitarian assistance to a significant proportion of the community, irregular distribution of humanitarian support occasioned by measures to control COVID-19 spread could fuel unrest, or criminality within the community. Additionally, lockdown measures increase the difficulties for humanitarian actors in accessing remote areas and disrupt the supply chains. At the same time perceived favoritism by the host populations with regard to humanitarian support to the IDPs could create tensions between internally displaced persons and the host communities with respect to availability of such support especially in the context of a total lockdown. Moreover, ongoing reintegration, peacebuilding and reconciliation activities in the communities might be affected due to social gathering restriction measures, it should also be noted that during a lockdown, where evidence shows violence against women and girls increases, women have limited access to neither health facilities, information or justice and are left at home in a potentially violent environment.

In this regard, the COVID-19 Basket Fund will support selected states in the development of gender-inclusive early tensions detection, peace-informed and conflict-sensitive response and post COVID-19 recovery strategies. In addition, catalytic investments will be provided to sustain community level peacebuilding efforts, in particular efforts that gives women a central role in mediation and reconciliation, as evidence shows that the equal involvement of women increases the likelihood of a lasting, durable peace, (at State and LGA levels), compliment risk communication and advocacy efforts, rebuild social safety nets and operationalise early warning systems to monitor and track conflict risks and mobilise timely response before they escalate into violence.

### **1.1.3 Social Protection**

Nigeria has an ambitious social protection programme designed to tackle the high rates of poverty and vulnerabilities. It is estimated that 69% of Nigerians live below the poverty line. This could worsen significantly in the coming months with the pandemic. Oxford Committee for Famine Relief (Oxfam) have estimated that the Continent faces the loss of half of all jobs unless urgent action is taken<sup>30</sup>.

Addressing structural and long-term poverty has been a major priority of the Government with the Ministry of Humanitarian Affairs, Disaster Management and Social Development (MHADMSD) created to ensure a more equitable sharing of economic prosperity and to manage social protection programmes. National Social Investment Programmes (NSIP) have also helped in job creation and helped to lift the informal and formal economy. The components of the administration's Social Investment Programmes include the N-Power programme, the National Home-Grown School Feeding Programme (NHGSFP), the Conditional Cash Transfer (CCT) programme and the Government Enterprise and Empowerment Programme (GEEP), which consists of the MarketMoni, FarmerMoni and TraderMoni schemes. These provide a framework to support social protection initiatives. With the reduced revenue mobilisation caused by the declining oil prices and now exacerbated by COVID-19 it could lead to gaps in planned expenditure on social protection.

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<sup>30</sup> <https://www.theguardian.com/world/2020/apr/09/coronavirus-could-push-half-a-billion-people-into-poverty-oxfam-warns>

The COVID-19 Basket Fund will provide technical support that ensures Federal and State level planning processes are not only context specific, but also take a whole-community approach in addressing issues such as livelihoods and basic services i.e. education and food security as well as a gender and vulnerability lens. To this end, targeted technical support will be provided for in-kind assistance as well as through cash transfers and strengthened livelihoods particularly in humanitarian and conflict affected regions targeting the North East and middle belt.

## 1.2 Groups at Heightened Risk

Certain groups are disproportionately affected by the pandemic.

- (a) **Women and adolescent girls:** Closure of markets, where women are often involved have deprived them of a livelihood. Local clinics may be overwhelmed with dealing with the outbreak depriving women and girls of basic health provision including pre/post-natal reproductive health services and safe deliveries. Widows face particular challenges during this time. Due to cultural practices, they are often left disadvantaged and despite legal guarantees without access to inheritance and therefore, assets, which will leave them at greater risk during this period. Adolescent girls are at higher risk for child marriage. Traditional gender roles ascribed to women often means that they do up to three times as much unpaid care work at home, and are primary caregivers for sick family members, a situation which exposes them to the risk of contracting and transmitting the coronavirus, particularly given their limited access to sanitation, health care and information

There have been reports of increases in gender-based violence and in particular, domestic violence with impunity increasing as Police and other service providers are preoccupied with addressing the pandemic, courts are not sitting and shelters may not be accessible for fear of transmission of COVID-19. CSO's have urged the Government to expand help desks and service provision and also to ensure that they introduce measures to curb its prevalence during this time. A statement from an NGO consortium states that *"As the nation locks down, and in a bid to prevent the pandemic, it is important that support and protection services are available and accessible so that women are shielded from the risks of transferred aggression in their homes.... Focused sensitization and information on essential services are important for women and other marginalized groups who may be in violent situations arising in family settings, neighbourhoods or from the actions or inactions of other state and non- state actors"*<sup>31</sup>. They called on both the federal and state Government to designate and strengthen gender desks and family support units within Police departments and other departments of Governments.

- (b) **Prisoners and Detainees:** Those in correctional centers and other detention facilities are at risk. Prisons and detention centers are confined spaces which may act as a source of infection, amplification and spread of infectious diseases within and beyond prisons. In Nigeria this is exacerbated given many facilities are also overcrowded and prisoners are living in unhygienic conditions. For example, Kirikiri Prison in Lagos has capacity for only 500 prisoners but now accommodates 1,601 prisoners, whereas Port Harcourt prison has a capacity of 804 but has 4,576 locked up.<sup>32</sup> At the same time, prisoners typically suffer from poorer health profiles than the general population with higher rates of HIV, tuberculosis and hepatitis making them more vulnerable.

Prison health is part of public health so that nobody is left behind. As part of a public health response, WHO and UNODC globally has worked develop a set of new materials on

<sup>31</sup> NGO Statement 29 March 2020 <https://www.vanguardngr.com/2020/04/covid-19-stay-at-home-heightening-sexual-violence-against-women-girls-%E2%80%95-groups/>

<sup>32</sup> <https://www.amnesty.org/en/latest/news/2020/04/nigeria-covid-19/>

preparedness, prevention and control of COVID-19 in prisons and other places of detention, which should be mainstreamed here in Nigeria including guidance on screening, protective equipment and guidance on prison medical facilities<sup>33</sup>. The Inspector General (IG) of the Federal Police in March 2020 has requested Police to only use detention as a last resort during the pandemic. the Federal Government has released 2600 inmates serving terms for minor offences or whose prison terms were about to be completed with a view to reducing overcrowding.

- (c) **The Elderly:** People, over 65 years of age, make up 3.1% of the population or 5.9 million according to latest estimates.<sup>34</sup> .<sup>35</sup> Women also make up the majority of this group, as they live on average up to two years longer than men. Available evidence indicates they are at heightened risk during the pandemic. Often, chronic health conditions are more prevalent in old age, increasing risks for older adults. As of March 2020, 16.80% of deaths associated with COVID-19 in the United States were among adults aged 65 and over, with highest fatalities among those 85 years and older. In Nigeria, some states do provide social security support, however, the majority do not have health insurance and depend on support from family members or/and local communities. Care homes are particularly vulnerable and will require prioritisation to reduce the risk of infections.
- (d) **Persons with disabilities:** This vulnerable group make up about 15% Nigeria's population, or at least 25 million people according to the 2011 as per WHO's World Disability Report. Many have compromised immune systems. It will also be key to ensure that messaging is tailored to reach them. Many face stigma and discrimination including lack of access to health care and other basic public services. Nigeria enacted the Discrimination against Persons with Disabilities Act in 2019, which provides for setting up of a National Commission which still needs to happen. Women with disabilities are often discriminated against in particular in their access to reproductive health services where they are already amongst the most underserved. In addition, they are more likely to be exposed to gender-based violence and will be at a disadvantage if the prevention and response systems does not have special measures in place to ensure quality services. Priority will be given to certain sectors, such as education, Health, WASH, social protection services with differentiated strategies and timeframes to address both the crisis, but also subsequent recovery and resilience phases
- (e) **Orphans, Street Children and Unaccompanied Children:** There is no one more vulnerable than a child without a safe and stable family. Orphanages are also overcrowded. Street connected children and homeless youth have no access to clean water, health care or shelter. Data indicates that children and young persons have a lower fatality rate than adults to the COVID-19 itself. However, the main health threat for anyone, who catches COVID-19 is also poor immune systems and underlying health conditions, and which will make street- connected children and homeless youth more vulnerable. Many are in the North based in Al Majirir schools and forced to resort to begging. In the past it has been challenging including this group in health and social campaigns. Nigeria's Federal Ministry of Women Affairs and Social Development estimates that there are 17.5 million orphans and vulnerable children. Studies have shown they are in need of basic care and access to basic services and evidence also shows that children are more likely to survive and thrive if their mothers are alive and consequently there is a need to prevent an increase in maternal mortality indirectly cause by the crisis.

<sup>33</sup> <http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/focus-areas/prevention-and-control-of-covid-19-in-prisons-and-other-places-of-detention>

<sup>34</sup> <https://www.tandfonline.com/doi/full/10.1080/23311886.2018.1555201>

<sup>35</sup> <https://www.tandfonline.com/doi/full/10.1080/23311886.2018.1555201>

- (f) **People living with HIV/AIDS (PLHIV/AIDS) and with Tuberculosis:** According to UNAIDS, there were an estimated 1.9 million living with HIV in 2018 in Nigeria with 53,000 dying from AIDS-related illness<sup>36</sup>. There are an estimated 407,000 with TB<sup>37</sup>. Some persons may be at risk if they also have underlying health conditions, where they are not on HIV treatment and where immunocompromised including pregnant women living with HIV. It is expected COVID-19 will affect these disproportionately. Regular health services may also be disrupted including access to medication due to interruptions in supply chains.
- (g) **Health workers:** Some countries have seen health professionals threatened, assaulted and stigmatized during the COVID-19 pandemic<sup>38</sup>. Examples have also seen medical professionals evicted from their homes or shunned. There have also been erroneous campaigns to stop vaccines with some claiming they spread disease. This has also endangered health workers. Health workers are also at greater risk given their work treating patients. For example, the UK has reported the deaths of over 100 doctors and health professionals as of 20 April<sup>39</sup>. One doctors death will be a loss to over 5000 people given the lack of qualified professionals. It is key that they are provided with PPE which is a challenge given shortages, that WASH material are provided, that they are prioritised for testing and that activities including around social cohesion, messaging and advocacy underscore the invaluable role medical professionals have.
- (h) **Drug users:** it is estimated that 3 million Nigerians are living with a drug disorder. They tend to have a poorer health profile and face health related issues like withdrawals due to lockdowns. Particular attention will need to be given to women who use drugs, injecting drug users, and drug users who are homeless or in IDP camps. PP3 should be prioritized in drug treatment centers, tele-counselling to drug users in distress, expansion of DrugHelpNet who provide volunteer counselling to drug users, IEC material through drug user networks and information on drug use prevention.
- (i) **Displaced persons:** COVID-19 exacerbates all pre-existing vulnerabilities of displaced persons. The outbreak generates a big impact in terms of mobility and a challenge for border and migration management, and the situation of all people on the move, including those displaced by conflict or disaster<sup>40</sup>. Displaced populations in camps or camp-like settings are already highly vulnerable to contracting infectious disease, in conditions where a virus can more easily spread. Others caught up conflict may be some of the hardest populations to reach and monitor, yet most ill-equipped to protect themselves against infection<sup>40</sup>.

### 1.3. Lessons Learned from Similar Crises

Previous health crisis have underscored the importance of national ownership, alignment to government plans and working through national institutions. The Government has a National COVID-19 Multi-Sectoral Pandemic Response Plan led by the Presidential Taskforce which has been adopted and serves as a blueprint for a whole-of-Government response. The UN and international community works closely with the Presidential Taskforce and coordinates their responses accordingly. This operates under a clear governance structure which will be key in implementing activities under the basket fund.

<sup>36</sup> <https://www.unaids.org/en/regionscountries/countries/nigeria>

<sup>37</sup> <https://tbfacts.org/tb-nigeria/>

<sup>38</sup> <https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response>

<sup>39</sup> <https://www.theguardian.com/world/2020/apr/20/at-least-100-uk-health-workers-have-died-from-coronavirus-figures-show>

<sup>40</sup> Retrieved from: IOM statement on COVID-19 and mobility. [https://www.iom.int/sites/default/files/iom\\_covid\\_key\\_messages\\_19-03\\_final.pdf](https://www.iom.int/sites/default/files/iom_covid_key_messages_19-03_final.pdf)

Similarly, we have seen the importance of messaging and communications and ensuring coordinated unambiguous information is provided and is conveyed across different modalities, so it reaches as many as possible including hard to reach groups. This approach also mitigates against misinformation and confusing guidance circulating. This will be strengthened through the Basket Fund.

The EVD crisis in both Democratic Republic of Congo (DRC) and West Africa also taught countries to invest in effective surveillance systems, which is a priority in Nigeria as part of the COVID-19 Response. The other significant lesson learned from Sierra Leone is that the rapid spread of the disease was due to major shortcomings in governance, social cohesion, and missed opportunities in exploiting the benefits of sub regional collaboration. This informs the need to strengthen governance and partnership with regional and sub-regional bodies like ECOWAS.

Furthermore, experience of similar emergencies in the past has shown that a single funding mechanism with strong procurement capabilities, simple fund disbursement mechanisms, and a quick decision-making arrangement are the most efficient vehicles for catalysing financial support. Moreover, lessons have demonstrated that a coordinated One UN approach, which leveraging agencies expertise, mandates and added value is key.

Other health crises particularly the EVD outbreak have demonstrated the disproportionate impact on the poor, women and children and vulnerable groups. It threatens the social fabric and can erode trust within communities. Measures to support strengthening of health systems need to be accompanied by responses that will ensure that the numbers of extreme poor do not increase and that the needs of the most vulnerable are prioritised. The COVID-19 Basket Fund established on 24 March 2020 responds to these requirements.

### 1.3 Complementary Actions and Synergies

#### (a) The United Nations

The UN in Nigeria is supporting the Government of Nigeria with coordination, preparedness, response and risk communication through the Presidential Taskforce on COVID-19 Response. The guiding principles of engagement for national authorities and partners to respond to the pandemic, based on lessons learned in the HIV response, are the following (i) One agreed National COVID-19 Multi-Sectoral Pandemic Response Plan; (ii) One COVID-19 National Coordinating Authority with a broad-based multi-sector mandate; (iii) One COVID-19 monitoring and evaluation system.

In response to the needs and priorities identified in the National COVID-19 Multi-Sectoral Pandemic Response Plan, the UN has developed a system-wide strategy with proposed areas of support to complement Government's COVID-19 response efforts. This strategy draws from the comparative advantage of each UN agency, including geographical coverage of ongoing programmes in the country to ensure impactful support. While most UN agencies are still in the process of re-aligning their internal programmes to specifically define areas of possible support, significant progress has already been made in complementing Government's efforts. These are summarised in the following matrix:

| Areas of UN Engagement on COVID-19                     | Progress                                                                                                                 |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Support coordination and mobilisation of resources and | The COVID-19 Basket Fund to support Government in mobilising resources and coordinating partnerships around COVID-19 has |

|                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| partnerships for collective response.                                                                                                              | been launched.                                                                                                                                                                                                                                                                                                                                                           |
| Rapid procurement of disease commodity packages and supplies for surveillance, prevention and control, and clinical management.                    | The UN has delivered nearly \$3.0 million worth of medical supplies and equipment by mid-April 2020.                                                                                                                                                                                                                                                                     |
| Complement and support ongoing Risk Communication Strategies for sustained community mobilisation and engagement.                                  | UN Agencies are preparing to support inclusive mechanisms for designing, packaging and dissemination of information for engagement and mobilisation.                                                                                                                                                                                                                     |
| Support efforts towards tailored and decentralized response strategies at state-level (aligned to the coordinated framework at the Federal level). | Leveraging the UN presence in the country, to accompany and support States in deploying tailored responses that are context specific and aligned to local cultural realities.                                                                                                                                                                                            |
| Socio-economic analytics, R&D capacities and data innovations for evidence-informed responses.                                                     | UN agencies are providing R&D advisory and support through epidemiology, surveillance of COVID and socio-economic analytics. With the objective of ensuring evidence-based responses.                                                                                                                                                                                    |
| Early recovery investments after the crisis.                                                                                                       | The UN has initiated efforts for programmatic, financial and technical support towards post-COVID-19 planning with a goal of ensuring recovery strategies re-establish the conditions for a quick return to a path of economic growth after the crisis, improving social contract, and overall human development that can foster more inclusive societies in the future. |

## (b) International Community and the Private sector

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

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

The Federal Government of Nigeria is not eligible for budget support. However, the EU Delegation has identified a few possibilities within existing programmes for small-scale support to NCDC in response to the COVID-19 pandemic (EUR 300,000 on the West-Africa Regional Indicative Programme (RIP) support to the Regional Centre for Disease Surveillance & Control (RCDCS); EUR 750,000 for solar panels for NCDC's National Reference Lab on the Nigeria Energy Support Programme). Partners of ongoing programmes in rural areas (e.g. recovery & resilience programmes in Borno and Yobe States, food security interventions in other States) will be asked how they can adapt their programmes to take into account the needs of local governments and communities in the fight against the COVID-19 virus.

In Borno State the UNDP implements two ongoing programmes for the EU: (i) the Integrated Community

Recovery & Resilience programme, jointly implemented with WHO (EU contribution: EUR 15 million); and (ii) the EU Support to Waste Management and Environmental protection in Borno State, a programme with a big cash for work component (EU contribution: EUR 7 million). Furthermore, the EU is one of the donors to the UNDP managed Stabilisation Facility for the Lake Chad Basin and member of the Board of its Nigeria-window.

UNDP is also one of the five UN agencies implementing the EU funded (EUR 25 million for Nigeria) Spotlight programme, aiming at reducing Sexual and Gender Based Violence in five selected States. UN Women are also implementing an EU Project in Gombe, Plateau and Adamawa States in support of women networks which could be repurposed as part of this response.

European Civil Protection and Humanitarian Aid Operations (ECHO) is providing €1.2 million through UNICEF to procure medical supplies. At the global level, the EU has provided significant funding to the UN to combat COVID-19. The EU funded Spotlight initiative, which is a UN Multiagency programme has an important role to play during the crisis in GBV prevention and response. As highlighted earlier the crisis has witnessed an alarming increase in cases particularly domestic violence placing women and children at risk of violence in home settings.

The World Bank has on 3 April 2020, approved \$370 million to countries on the Continent to fight COVID-19. More funds are expected to be approved shortly. \$14 billion has also been approved to assist companies and countries globally in COVID-19 prevention and response. The World Bank also supports the Regional Disease Surveillance Systems Enhancement (REDISSE) Project to strengthen health systems and support effective disease surveillance in 16 West and Central African countries. The World Bank, NCDC and UN have also worked together in finalising systems in the Nigeria Emergency Operations Centre including the incident action plan.

Other donors are now exploring funding for the COVID-19 Response. In Nigeria, Department for International Development (DFID) has a health sector programme which contains a 5% provision for emergencies. It is now operational and redirecting activities to COVID-19. Norway has pledged funding to the COVID-19 Response in developing countries including the Continent. The Government of China has provided medical equipment including Chinese Private Sector companies (i.e. Ali Baba Foundation). News reports allege China may build hospitals on the Continent. Other donors are reviewing their funding and may contribute.

The private sector in Nigeria are looking to contribute. Dangote and the Managing Directors of Access Bank Group, Zenith Bank, Guaranty Trust Bank, MTN, ITB and others are spearheading a coalition of private sector organisations to support governments' ongoing efforts.

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## II. STRATEGY

### 2.1 Scope and approach

COVID-19 has led to a health crisis in Nigeria with cases increasing daily and threatening to overwhelm health systems. The crisis, as seen in other countries, has also had profound impacts not only on health but also on the economic, peace and security and eroding social fabric of the country. This calls for a holistic and sector-wide response encompassing the whole-of-Government approach to address this. The ONE UN Response Plan to COVID-19 in Nigeria reflects to support the national effort. The Basket Fund will support this at a number of levels:

- at Federal level, the COVID-19 Basket fund supports the Ministry of Health and their agencies and departments including the NCDC and NPHCDA, who are leading the health-related response and

the National Emergency Management Agency (NEMA) to other sector responses including on social protection;

- at State level, the Basket Fund extend support in leading the crisis response through the leadership of Governors and systems supporting the COVID-19 response including state level task forces and state commissioners , contributing to strengthening design and implementation of State level energy preparedness and response plans linked to the Federal plan and eventually supporting the design and deployment of localised recovery plans.
- the Local Government Areas (LGAs) level which is key given much of the service delivery is overseen here including primary health care. The LGA's also have an important role in terms of ensuring dissemination of messages, identifying and addressing local level needs and vulnerable persons as well as issues relating to social cohesion. Hence, the Basket Fund supports LGAs to implement this initiatives.

The COVID-19 Basket Fund will allow for a swift, coordinated response and ONE UN response grounded on the joint UNCT/HCT strategy for COVID-19 response and on the wider UN's Delivering as One (DaO) approach. The caseload is accelerating across the country in Lagos and Abuja in particular but now spreading to other states and now present in 22 states including Abuja(FCT)<sup>41</sup>. The fund will complement Funds already provided by the State, UN and International Community but also work in tracking the response to the crisis to better identify gaps and support in a complementary manner providing the health system with support so it is better prepared, to increase surveillance capacities so States can better identify and so delay transmission buying time; to ensure messaging reaches as many as possible including the hard to reach and is also accurate; minimise to the greatest extent possible the secondary effects of the pandemic including poverty and reduced social cohesion, prepare for the recovery and ensure this is evidence based. It is accepted that measures to curb and arrest the pandemic involve restrictions on citizens' rights and livelihoods. Averting one case today could reduce spread to 3 others according to evidence. That said it is key that measures are pro-poor hence why the COVID-19 Basket Fund also includes measures to support social protection. The COVID-19 Basket Fund also promotes a human rights approach placing emphasis on supporting the most vulnerable and to that will mainstream this across result areas. It is intended to be a multi-donor action establishing a pooled funding mechanism and to operate at scale building on work that in some cases has started and pooling lessons learned from previous health emergencies as well as the evolving experiences of the work that is being undertaken by the UN here in Nigeria but also by experiences of countries globally in addressing the pandemic.

The overall objective (impact) of the Project is "Nigeria response to the COVID-19 pandemic supported by ensuring optimum care of the confirmed cases and contain further spread of the outbreak and pathway for rapid recovery and resilience is established".

This will be achieved through the following interlinked Outputs/Results:

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

**Output/Result 2.** Complementary ongoing Risk Communication Strategies for sustained community engagement and cooperation are supported;

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

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

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

**Output/ Result 6.** Coordination of partnerships and mobilization of resources for collective response are improved.

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<sup>41</sup> According to 4th April data from the NCDC

## **2.2 Partnership, Resource Mobilisation and Coordination Strategy**

The project funds will be channelled through the COVID-19 Basket Fund for Nigeria which supports Nigeria's response to the Covid-19 pandemic and in turn supports priorities identified in the National COVID-19 Multi-Sectoral Pandemic Response Plan. The UN System in Nigeria in collaboration with the Government of Nigeria, has launched the COVID-19 Basket Fund to complement ongoing efforts to mobilise resources in support of the National COVID-19 Multi-Sectoral Pandemic Response Plan, developed by the Presidential Task Force on COVID-19. The COVID-19 Basket Fund will serve as a key mechanism of the One COVID-19 Financing and Investment Platform for diverse stakeholders (UN and other multilaterals, bilaterals, private sector, foundations, philanthropists, among others) to channel their financial support to ensure an efficient, effective and impactful response to the COVID- 19 pandemic. The COVID-19 Basket Fund will be facilitated and implemented by the UN system in Nigeria, through a Project Board comprising representatives of the Presidential Task Force on COVID- 19 Response, relevant Government agencies, contributing donors and the UN system.

The National COVID-19 Response Plan is developed around 10 pillars, encompassing scaling up surveillance, testing, isolation, contact tracing, infection prevention and control (including protection of medical staff), case management of critically unwell COVID-19 patients, risk communication and community engagement, research and emergency preparedness, security and logistics for mass care, and coordination and resource mobilization. The UN system is supporting the Government of Nigeria through the Basket Fund and urging others to invest in the 10 pillars of the national response plan. Under the DaO framework, the UN in Nigeria, through the Basket Fund, has already mobilized and deployed over USD \$2 million from the UN system for the procurement of essential medical supplies that will boost the efforts of the Nigerian Government in containing COVID-19 and caring for those confirmed cases in need of serious medical attention.

## **2.3 Implementation Strategy**

The project will be implemented through a mix of technical, operational assistance, and financial support. The range of implementation strategies will depend on the nature of the pillars being addressed. In this regard, UNDP acts as a Coordinating Agent (CA) managing the Basket Fund and UN agencies implement the project as Participating UN Organisations (PUNOs). The CA and the PUNOs use their programme and operation policies and procedures in implementing, monitoring, evaluation and reporting.

The Project will be implemented using existing human resources with activities mainstreamed. In some cases, activities can be integrated into interventions taking place or that have been modified/adjusted as a result of the pandemic. UN Agencies, funds and programmes are in the process of going through a re-programming exercise and identifying where its funds and programmes can be brought to bear to support the COVID-19 Response across the country. The Basket Fund will further leverage the UN's presence in affected regions, partnerships with Government, Private Sector, Civil Society and at the community level including with civic and traditional leaders, women's organisations and networks of community volunteers. For example, Nigeria has a sophisticated polio eradication campaign which the UN has been working for 10 years with the Government which has now been reimbursed for COVID-19 to identify potential contacts and do follow up. They can also work on sensitisation, risk communication, coordination and other work connected to the response. The role of religious and traditional leaders will be crucial to support the design of culturally sensitive and context-specific risk communication strategies, to relay messages and support other community groups including women and youth networks to do social mobilization.

The 10 pillars that have been constituted around the National COVID-19 Response Plan are in the process of developing work-plans and prioritisation of activities and will inform prioritisation of this fund.

## 2.4 Guiding Principles of Engagement

In order to achieve the planned outputs, the project will apply the following principles:

- **Inclusive national ownership and alignment to national plans/approaches:** The Project will make sure that an inclusive process which involves both state and non-state actors in identifying their priorities and aligning with national strategies is followed. National perspectives will be reflected throughout the implementation and activities will be aligned to the National COVID-19 Response plan. The Project will to a large extent rely on national expertise and capacities for the implementation of the interventions and promote active participation of national and federal authorities in planning, implementation and monitoring. The Project will also promote the “four ones” approach which guide engagement to the pandemic namely: (i) One agreed National COVID-19 Multi-Sectoral Pandemic Response Plan; (ii) One COVID-19 National Coordinating Authority with a broad-based multi-sector mandate; (iii) One COVID-19 M&E System for tracking and reporting progress; and (iv) One COVID-19 Financing and Investment Platform.
- **Partnership between Government, UN, Private Sector, and Civil Society:** Successfully addressing and containing COVID-19 will require a sector and partner wide approach. The project will work to promote partnerships including promotion of their involvement in coordination platforms, inclusion in coordination and implementation plans. The COVID-19 Basket Fund has been designed to serve within the One COVID-19 Financing and Investment Platform, through which the different stakeholders (including UN, other multilateral and bilateral donors, as well as private sector donors, foundations and philanthropists) can channel their financial contributions to the multisectoral efforts of the Presidential Task Force on COVID-19 Response.
- **Human Rights Based Approach:** The project will ensure it is underpinned by a Human Rights approach and serves affected communities and individuals without discrimination. The project will coordinate with civil society organizations and oversight bodies such as the Human Rights Commission to apply a rights-based approach.
- **Participation and Inclusiveness.** The project will adopt a gender, youth and disability inclusive participatory approach that engages men, women, boys and girls from diverse backgrounds including persons with disability throughout the formulation, implementation and monitoring.
- **Transparency and Accountability:** In compliance with corporate rules and regulations and similarly with all its activities, the project will ensure transparency on its plans, budgets and programme. In addition, specific steps will be supported to manage the increased risk of corruption and fraud in the management and delivery of health-related interventions, including as relates to the rapid procurement and distribution of PPE and other medical supplies as well as service delivery by national health service providers. Information on project delivery, progress and evaluation will be made public.
- **Do No Harm-Conflict Sensitive Approach.** Programming strategies and interventions will be conflict sensitive and underpinned by the Do-No-Harm principle. This will be done through ongoing analysis on relational and power dynamics, structural fault-lines exposed by the crisis, stakeholder analysis and identifying approaches that foster social cohesion as well as ensuring that these approaches are mainstreamed into activities

## 2.5 Alignment to Development Frameworks

The project is aligned with the following development frameworks:

- The UN Sustainable Development Goals, especially Goals 2 (Zero Hunger), 3 (Good health and wellbeing), 5 (Gender Equality), 6 (Clean Water and Sanitation), 8 (Decent Work and Economic

Growth), 10 (Reduced Inequality), 11 (Sustainable Cities and communities), 16 (Peace and Strong Institutions) and 17 (Partnership);

- The United Nations Sustainable Development Partnership Framework (UNSDPF) 2018-2022;
- The Nigerian National Economic Recovery and Growth Plan (ERGP) 2017 – 2020” which aims to restore macroeconomic stability, good governance and growth;
- The National COVID-19 Multi-Sectoral Pandemic Response Plan.
- A UN framework for the immediate socio-economic response to Covid-19, April 2020

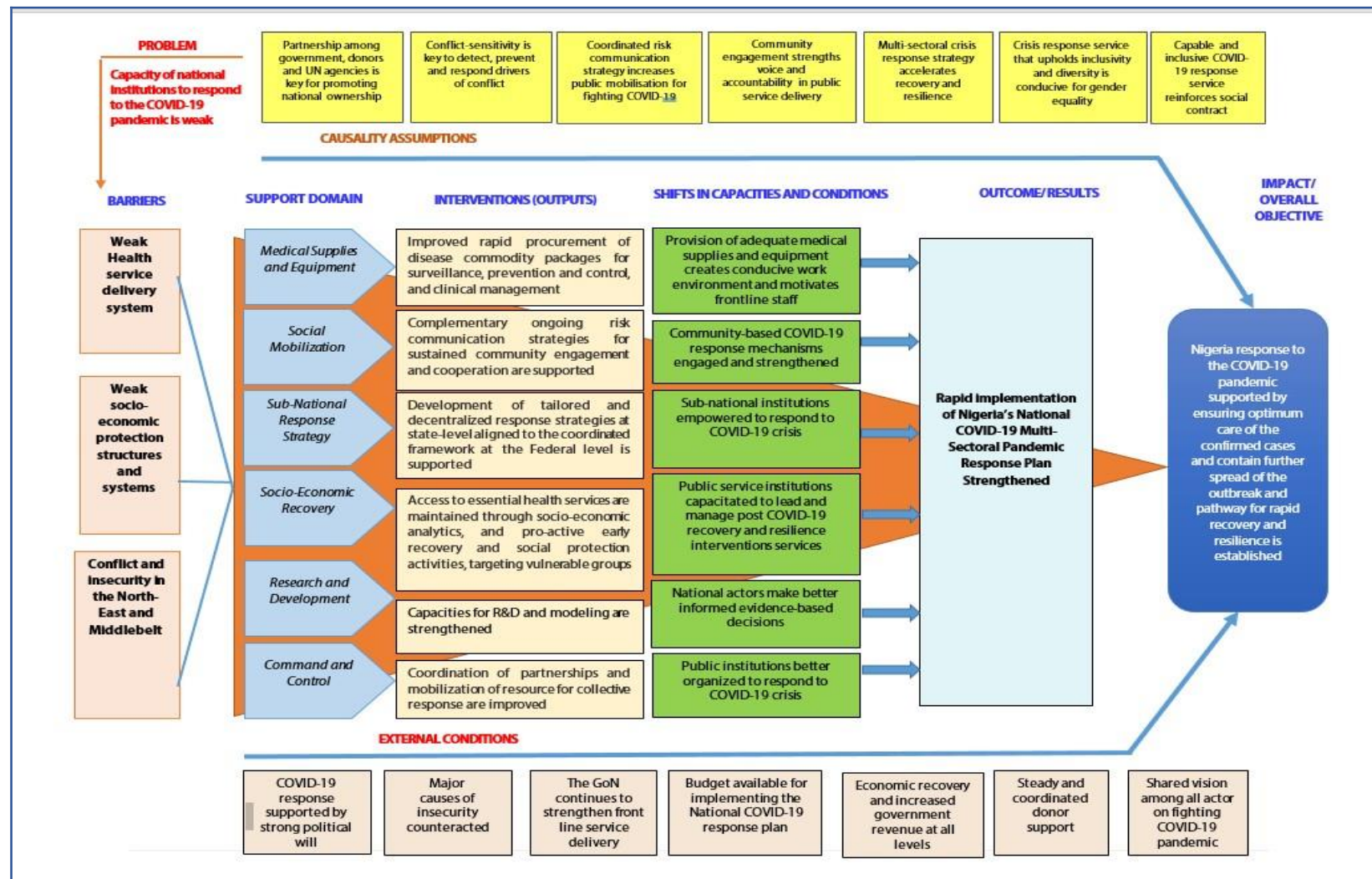
## 2.6 Theory of Change

The theory underpinning this project is; **IF** the health sectors’ capability to detect, test, isolate, treat and limit further spread is rapidly enhanced; **IF** Behavioural change is positively impacted, all levels and citizens are sensitized; **IF**, state and local COVID-19 response strategies are developed, implemented and harmonized with the national strategy and response; **IF** proactive socio-economic recovery and social cohesion programmes are initiated and implemented; **IF** Federal, State and Local level decision and policy action is informed by incisive data, research results and models; and **IF** strong partnerships and cooperation among all stakeholders is enhanced; **THEN** the implementation of Nigeria’s National COVID-19 Multi-Sectoral Pandemic Response Plan will be strengthened leading to a pathway for containment of COVID-19 spread in Nigeria and speedy community recovery and resilience. Please see below the Figure-1 for the Theory of Change.

This theory of change envisages a set of assumptions that are crucial for the successful realization of the proposed interventions. Therefore, for the project to produce positive results, internal and external assumptions include:

- The project design will continue to be relevant amidst a changing COVID-19 pandemic context;
- Donor support to the national COVID-19 response plan will remain;
- Major causes of insecurity can be counteracted;
- Strong national political will for the fight against COVID-19 pandemic;
- Stakeholders support the COVID-19 response plan in a coordinated and nationally owned manner;
- The Federal Government will continue to provide budget for the implementation of the national COVID-19 response plan; and,
- National policies and legal frameworks are revised/developed to support the fight against COVID-19 pandemic.
- As per advice from the WHO and the international community, until a vaccine is ready and enough people have received it that COVID-19 cases will continue. Medical and other measures are therefore likely to continue until then.

Figure 1: COVID-19 RESPONSE THEORY OF CHANGE



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### III. RESULTS AND PARTNERSHIPS

#### 3.1 Expected Results

**Overall Objective / Impact:** Nigeria response to the COVID-19 pandemic supported by ensuring optimum care of the confirmed cases and contain further spread of the outbreak and pathway for rapid recovery and resilience is established.

**Outcome(s) (Specific Objective(s):** Rapid implementation of Nigeria's National COVID-19 Multi-Sectoral Pandemic Response Plan strengthened.

**Output 1. Improved rapid procurement of disease commodity packages for surveillance, prevention and control, and clinical management:** The UN through its global procurement and support systems will procure medical supplies including PPE, equipment, medicines, **oxygen equipment and solar inverters**. WHO have compiled a list of supplies. The PTF will agree the list to complement their own procurement and those of other partners. UN Agencies, Funds and Programmes will act as a procurement agent making use of their extensive network globally.

**Key Activities:**

- 1.1. Procurement and distribution of medical supplies, equipment, **oxygen equipment and solar inverters** hygiene products and medicines required to respond to the outbreak including prevention, treatment, control and case management;
- 1.2. Expand and support to surveillance at the state and local level for case detection, monitoring of the pandemic and detection for containing spread of the pandemic;
- 1.3. Support establishment of additional new laboratories for testing through procurement of testing kits to expand scope in selected states;
- 1.4. Rehabilitation/conversion of facilities & procurement of supplies to utilize as medical facilities, ICU's to expand capacity for isolation and treatment;
- 1.5. Supporting provision of basic health in prisons, including development of isolation, referral and care plans for inmates and prison officials and IDP/refugee camps support to minimize the introduction of infections as well as minimizing their effects should this happen;
- 1.6. Ensure universal access to treatment for COVID-19 with full respect for human rights, gender equality and without stigma through analysis, advocacy and sensitisation.

**Output 2. Complementary ongoing Risk Communication Strategies for sustained community engagement and cooperation are supported:** Having in place contextualized risk communication strategies are key to slow down and mitigate the pandemic. The project will utilize networks that have already been built up at the state and local level including media, local govt, CSO's. It will be critical that these messages relatable and reach vulnerable groups including women, adolescent girls, prisoners, persons with disabilities, the elderly, at risk children, PLHIV and other marginalized groups. There is a Risk Communication and Public Engagement Committee that provides relevant technical support to the NCDC.

**Key Activities:**

- 2.1 Co-create targeted messages disbursed through a range of mediums including television, radio, digital platforms such as social media, print media, at the community level and elsewhere leveraging Government at State Levels, Local Governments, Civic Leaders, women's organisations and networks, youth organisations, Religious and Traditional Leaders, creative sector influencers to enhance public awareness, sensitization and buy-in;

- 2.2 Technical support provided to ensure risk communication and community engagement messages are contextualised to reach vulnerable groups including women, persons living with disabilities, the elderly, PLHIV and other marginalised groups;
- 2.3 Provide technical and logistical support to the NCDC and the Presidential Task Force on COVID-19 in developing and packaging messages on mitigation of risk and recovery post COVID19;
- 2.4 Provide training support on Risk Communication and Community Engagement for key stakeholders;
- 2.5 Conduct regular analysis and assessments to monitor and evaluate impact of messaging and adjust as required.
- 2.6 Support demand generation and risk communication through increased sensitization and engagement with communities and the media; generate evidence to inform approaches for addressing vaccine hesitancy among targeted communities.

**Output 3. Development of tailored and decentralized response strategies at state-level aligned to the coordinated framework at the Federal level is supported:** This will support development of state level plans aligned to the national COVID-19 multisectoral pandemic response plan. Emphasis will differ given the unique challenges that states face and be multisectoral given that this is not just a health crisis but impacts a range of sectors. It will draw on lessons learned within Nigeria and also globally.

#### **Key Activities:**

- 3.1 Provide technical support to States and Local Governments to develop COVID-19 contingency and response plans tailored to the local context and aligned to the broader Federal level plan;
- 3.2 Provide integrated support packages to the implementation of State and Local Government contingency and response plans.
- 3.3 Support quality implementation of COVID-19 vaccination by ensuring equity in vaccine access and roll-out by supporting health worker vaccinators, e-Registration recorders, and technical assistance.
- 3.4 Monitoring and evaluation of vaccine roll-out through in-process monitoring and vaccination coverage survey to guide intra-campaign activities.
- 3.5 Last mile vaccine safety and transportation to ensure vaccine availability at the community level; transportation of vaccines and devices for hard-to-reach teams and monitors; fuel for generators and waste management, including retrieval of used vials to the state level for security and accountability purposes.
- 3.6 Evidence generation and documentation through operations research including the conduct of 'Vaccines Effectiveness study' and the vaccine traceability project with NAFDAC for improved vaccine accountability across the vaccine distribution chain.

**Output 4. Access to essential health services are maintained through socio-economic analytics, and pro-active early recovery and social protection activities, targeting vulnerable groups:** it will support strengthening of the health sector including strengthening of systems and support to the health insurance system. More broadly this output will also support those vulnerable groups who are at risk of facing poverty supporting socio-economic interventions including cash transfers. Emphasis will be placed on the informal sector & small business sector which has a disproportionate number of women who depend on this for their livelihoods. The output will also support key sectors including agriculture. The fund will further support social cohesion measures and support protection of vulnerable groups.

#### **Key Activities:**

- 4.1 Provide support for continued essential health services including reproductive and maternal health care, through the deployment and protection of medical personnel, medicines, diagnostics, PPEs, and rehabilitation of WASH and other essential facilities;
- 4.2 Initiate socio-economic measures, such as cash transfers, food distribution, employment generation, livelihood opportunities, Small and Medium Enterprises (SMEs) community cohesion including other social protection measures to vulnerable groups. Use these contexts to strengthen personal hygiene messaging and WASH services availability;
- 4.3 Supporting manufacturing and distribution agents in country who are engaged with essential medical supplies such as disinfectants, hand sanitizers, masks and medical equipment;
- 4.4 Conduct analysis of peacebuilding and social cohesion risks and provide support to state and local level responses prioritising vulnerable groups and support the activation of gender sensitive conflict early warning systems and their repurposing for detection and referral of COVID-19 related tensions;

- 4.5 Provide psychosocial support and solidarity kits comprising household supplies, food etc. to bereaved families and those where family members have been severely affected and help people get back on their feet;
- 4.6 Preparation of risk informed post COVID-19 recovery and development strategies and provide support for implementation of targeted activities related to livelihoods and employment generation.

**Output 5. Capacities for Research & Development (R&D) and Modeling are Strengthened:** continuous analysis and research are key to both ensure responses are guided by evidence and also in advance to prepare comprehensive recovery interventions.

**Key Activities:**

- 5.1 Conduct COVID-19 gender sensitive political, social, economic, environmental, conflict, and security impact analysis to inform policy options for health responses, economic recovery, social safety nets system, prevention of recurrence, mitigation of conflict and other elements;
- 5.2 Provide technical and financial support to national and state level institutions to conduct COVID-19 impact analysis.
- 5.3 An operational research activity could also be on pilot use for validation or not of selected rapid test kits for wider use within the country versus continued use of molecular testing only

**Output 6. Coordination of partnerships and mobilization of resources for collective response are improved:** lessons learned from previous crisis' includes the importance of ensuring transparency and use of funds during crisis including ensuring funds are used strategically and in a coordinated fashion. A number of donors as well as private sector will be using the basket fund during the crisis.

**Key Activities:**

- 6.1 Provide technical and operational support to the Presidential Task Force on COVID-19 response;
- 6.2 Provide technical support to UNCT/HCT coordination mechanisms to effectively support the national COVID-19 response including resource mobilisation and partnership development;
- 6.3 Manage the UN joint Basket Fund for COVID-19 response.

As described below, the above outputs also includes the recruitment of international and local short-term technical experts necessary for delivery of the activities and the provision of necessary logistical support to enable them discharge their duties.

### 3.2 Resources Required to Achieve the Expected Results

The total cost of the proposed project is 90 million USD (include amount in EUR also), of which EUR 49.5 million are expected to be funded by European Union. UNDP as a Coordinating Agent will manage the Basket Fund within its existing staff capacity and Country Office structure. The cost of staff delivering the Basket fund will be covered by the UN. The project will also be implemented through UN Agencies in Nigeria using their existing staff. UNDP will draw on resources from HQ and their Regional Service Centre for Africa remotely until the restriction is over. In addition, to support the delivery of the activities under each of the six outputs, international and local short-term technical experts (such as epidemiologist, databases experts, socio-economic and livelihood experts, risk communication experts, strategic response advisors, medical waste management etc.) will be recruited as consultants as and when required during the project implementation and will be provided

with essential logistical support such as ICT equipment, communication, supplies, internet connectivity, etc.

The multi-year budget is provided in Section VII. The allocation of funding to the activities per year will be detailed in the Annual Work Plan to be presented to the Steering Committee for approval before the start of each year.

### 3.3 Partnerships

The project will establish partnerships with a broad range of, national, sub-national, regional and international stakeholders. In the implementation of the project, The UN in Nigeria will work with the key national responsible partners that include the Presidential Task Force (as the mechanism coordinating all COVID-19 response efforts in Nigeria); Ministry of Health and NCDC – as the technical leads for epidemiology and surveillance, case management, prevention and control; NEMA coordinating preventive enforcement measures, including security, mass care, logistics and protection services; NPHCDA who have a mandate in ensuring maintenance of primary care; Ministry of Information and Culture coordinating risk communication and community engagement and the Ministry of HACMSD to ensure a coordinated effort in using the national social protection framework and the social registry in the response to the crisis. Further, the project work with relevant state government counterparts and will collaborate with UN agencies, bilateral development organizations, the private sector, media and CSOs/NGOs supporting the COVID-19 response. UNDP will leverage on its integrator role and convening power, credibility, coordination capability, and Basket Fund management knowhow and experience to this project.

The UN in Nigeria will ensure that contractors and grant recipients' engagement will abide by article 2.4 of the General Conditions under the EU-UNDP Contribution Agreement and will apply procedures as required by regulations and rules of UNDP.

### 3.4 Risks and Assumptions

A large-scale, time-bound and multi-stakeholder-based interventions carries inherent risks that may delay or hinder implementation and progress. Furthermore, the COVID-19 crisis environment will raise the stakes of the success of the response plan. The path to a successful response operation is paved with several layers of risks detailed in the table below. Organizations and donors supporting the National Covid-19 Multisectoral Pandemic Response Plan should carefully consider and mitigate against these risks wherever possible. The following are potential risks associated with the implementation of the project:

| Risk                                                                                                                                                                    | Type of Risk | Impact and Probability (1 low and 4 High) | Mitigating measures                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The security situation is volatile in large parts of the country and could delay implementation and activities including changes in the course of the COVID-19 pandemic | Security     | P=4<br>I= 4                               | <ul style="list-style-type: none"> <li>➤ Close coordination with the authorities, including the security sector to mitigate risk.</li> <li>➤ Flexible programming to allow scale up/down of activities and resources in different areas. Put in place arrangements for medical evacuations.</li> </ul>                                          |
| Lack of access due to insecurity                                                                                                                                        | Security     | P=4<br>I= 4                               | Negotiations with military, formal and informal authorities and community leaders to secure a safe environment for implementing partners and community members themselves. UN and UNDP have close contacts with the actors mentioned in view of their involvement in the Stabilisation in the Lake Chad Basin and in other hotspots in Nigeria. |
| Insufficient buy-in of key                                                                                                                                              | Political    | P=1                                       | Political advocacy, and extensive consultations at local, state,                                                                                                                                                                                                                                                                                |

|                                                            |                                  |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------|----------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| stakeholders                                               |                                  | I= 1        | national and regional level to ensure that all perspectives are as much as possible aligned.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Operational bottlenecks (procurement, payments, logistics) | Operational                      | P=2<br>I= 2 | Advance planning of procurement and logistics as well as of implementation modalities on the ground Use of established and tested implementation modalities in target areas.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Misappropriation or misuse of resources                    | Political/ operational/ security | P=2<br>I= 2 | UNDP will be responsible for procurement, financial management and distribution of resources, in close collaboration with MOH, NCDC and PTF who consider the COVID crisis response as an absolute political priority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| COVID-19 Infections among staff members                    | Operational                      | P=4<br>I= 4 | <ul style="list-style-type: none"> <li>➤ Regular Staff sensitization;</li> <li>➤ UN Clinic is better equipped to address;</li> <li>➤ Isolation facility in place for UN Personnel and dependents;</li> <li>➤ Staff to ensure compliance with national plan on dealing with infections. Working from home/ avoiding meetings with external parties unless absolutely necessary;</li> <li>➤ Non-essential travels/ missions suspended; constant sharing of information on preventive measures and the application of social distancing at work and home/everywhere;</li> <li>➤ Regular information sharing on preventive measures;</li> <li>➤ Encourage staff to educate their families on preventive measures;</li> <li>➤ The office to keep providing sanitizers and wipes for staff use in the office.</li> </ul> |
| Implementing Partners suspend their operations             | Operational                      | P=3<br>I= 3 | <ul style="list-style-type: none"> <li>➤ Explore alternatives with partners to minimize disruption;</li> <li>➤ Conduct joint contingency plan with partners;</li> <li>➤ Conduct regular consultations and request partners inform of changes of operations in advance</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

### 3.5 Stakeholder Engagement

The COVID-19 Basket Fund was developed at the request of the Government of Nigeria. The direct beneficiaries are the Federal Ministry of Health (FMoH), NCDC, PTF on COVID-19, NPHCDA and the indirect beneficiaries are population of the 36 Nigeria states in the 6 geopolitical zones.

In engaging the stakeholders, the project will adapt the following approaches:

- Inclusive approach to working with national, state and LGA institutions engaged in COVID-19 response shall be observed. In cases where Inter-Agency Coordination arrangements exists, the project shall use such platforms as its entry point. In cases where such is non-existence, project activities approach shall be based on consultations with the relevant government institutions, UN agencies and civil society organizations concerned;
- Through series of regular bilateral consultations with donors, the scheduled meetings of the project board and other relevant structures, the project shall ensure synergy with other initiatives to promote coherence, coordination and result-oriented implementation;
- On the fund allocation to UN agencies, the project shall endeavour to reach the 774 LGAs in Nigeria and promote a mass movement of citizens committed to the fight against COVID-19.

Through continuous horizon scanning, analysis and feedback from project beneficiaries, the project shall adapt its priorities to the COVID-19 dynamic and specific requests from the Government of Nigeria, in selecting specific activities to support. The Basket Fund will pay special attention to ensuring that vulnerable groups are supported, empowered and are beneficiaries of this project.

### **3.6 South-South and Triangular Cooperation (SSC/TrC)**

In line with the United Nations guidelines on South-South and Triangular Cooperation (SSC- and TrC), the project will use South-South cooperation (SSC/TrC). The project will enhance the capacity of institutions responding to the COVID-19 crisis through exchanges of knowledge, skills, resources and technical know-how using tele-conferences and e-discussions. These exchanges will be through regional, sub-regional and inter-regional collective actions, including partnerships involving Governments, regional organizations, civil society, academia and the private sector, for mutual learning. Through triangular cooperation, the project will benefit from the financial and technical support, experience and technical know-how of multilateral and developed-country partners. The increased capacity to tackle the COVID-19 response challenges, strengthened partnerships and enhanced regional integration benefits the institutions and the citizens of Nigeria.

### **3.7 Knowledge Management**

As a major thought leader in crisis prevention and recovery, the UN in Nigeria shall work collaboratively with the aforementioned stakeholders in contributing to top-notch research, mapping, assessment and capacity building which contributes to cost-effective, efficient and effective strategies of delivering inclusive COVID-19 response in Nigeria. UNDP shall work closely with its global learning networks in availing Nigerian stakeholders of good practices, lessons and other value-added which are capable of influencing progress and development of the Nigerian COVID-19 Response. The lessons learned from the implementation of this project will contribute to shaping the crisis preparedness in Nigeria. It should be noted that strengthening R&D is a dedicated output and a cross-cutting issue in the Basket Fund.

### **3.8 Communication and Visibility**

Some of the communication and visibility related activities normally undertaken will be challenging to conduct, given the current public health, security, and restriction of movement in place. However, UN Agencies are committed to promote the fact that activities implemented through the COVID-19 Basket Fund are made possible thanks to the co-financing of the European Union and other partners. Among others, the following communication activities will be undertaken:

1. Develop a detailed overarching communication and visibility strategy plan covering pre, during, and post project visibility needs, including for the key partners and supporters of the project. Details are laid down in Annex 6 of the EU-UNDP Agreement - Communication and Visibility Plan;
2. Multimedia documentation of beneficiaries and project sites including human interest stories, stories of impact and change to be covered and shared through press releases, story gathering missions, news features, social media, and other media approaches possible given current restrictions. To that end partners will be provided with guidance on dissemination and amplification of content etc.;
3. Up to date news coverage, press releases and progress stories be featured on the websites of UN Nigeria in the required language formats;
4. Posters, infographics, publications and multimedia content produced to ensure high visibility of the contribution made by the EU through the COVID-19 Basket Fund;
5. Regular dissemination of information on social media and various platforms. Such channels will include the dedicated social media accounts of UN and UNDP at country and global level
6. A media analysis and summary of news coverage and media engagement related to the on COVID-19 Basket Fund support.
7. Relevant monitoring and evaluation reports will be shared among key partners to ensure transparency, accountability and acknowledgement of results achieved.

8. Contributing partners will be prominently highlighted in all outreach and communication materials including in key constituencies and capitals.
9. Reference to the EU support in the national communication strategy and other relevant engagements and activities as appropriate.

### 3.9 Sustainability and Scaling Up

The issue of sustainability is enshrined in the principles that guide all interventions envisaged under this project. Aside from interventions to be implemented to build the capacity of national institutions, the project looks at long-term interventions that strengthen crisis governance in Nigeria. With regard to sustainability and scaling up, the project plans to institute the following:

- **Enabling Environment Level:** The project will engage with actors working at the forefront of responding to the COVID-19 pandemic. The scale of the project and the realistic targets envisioned within the results framework are aligned with Nigeria's national COVID-19 Response Plan. As the project begins to achieve initial results, it is hoped that duty bearers will continue to pursue and implement policies, legislations and institutional reforms conducive for fighting COVID-19. The project, through its capacity building initiatives, focuses on developing and strengthening relevant institutions' systems and procedures that are sustainable beyond the life of the project.
- **In Institutional Terms:** The project will be implemented through existing statutory institutions and UN agencies which will remain in place after the end of the project. The project does not create new and parallel structures, which would be unsustainable in the long run. As a result, where the need for establishing project related committees or task forces arise, they will be based upon existing institutions.
- **On the Societal Levels:** Rights-holders are expected to witness tangible improvements in the performance of national institutions involved, lessening the sense of exclusion that fuels conflict and erosion of social contract. It is expected that initial improvements in the state of the crisis prevention and recovery environment of Nigeria, however incremental, will create a snowball effect lasting beyond the project wherein rights-holders demand and expect responsiveness from state institutions on an ever more regular basis. Once society sees improvement in frontline social services, confidence in these institutions will increase, thereby reducing the sense of marginalization and exclusion. This may give momentum to society-wide efforts to create institutions in addition to those already existing that aggregate pressure on duty-bearers to maintain high standards in the management and administration of social services in Nigeria.

The sustainability strategy of the Basket Fund is built on promoting national ownership. In this case, the project does not create new structures and mechanisms that will not be sustainable after the project, rather works with existing statutory agencies. Further the equipment bought under this project will be fully transferred to the government relevant agencies to support their response capacity and preparedness for the next epidemic.

### 3.10 Cross Cutting Issues

- **Gender Mainstreaming:** As highlighted earlier women and girls have been disproportionately impacted by the pandemic. They will be impacted directly through their livelihoods which are now affected by security measures. Health services are likely to be overstretched affecting women's maternal health, where GBV has spiked. The Basket Fund will support continuation of health services to the extent possible, peacebuilding activities will prioritise violence against women, whereas livelihoods opportunities will prioritise women, in particular, women headed households including cash grants and restoration of livelihoods. In addition, the front-line health professionals

and workers most exposed to the infectious diseases are likely to be women: nurses, nurse aides, teachers, cleaners and those providing care to the sick, however, they are very often not at the forefront of decision-making in the management of health crises. Women's leadership at all levels of response interventions and resourcing is necessary for attaining sustainable outcomes, and will help to ensure that women also have an opportunity to shape important healthcare decisions. In addition, the project will ensure that gender and age disaggregated monitoring data is collected to track progress of the project and to ensure it is reaching the intended target groups. It will also ensure the mainstreaming of gender equality in projects funded from the Basket Fund.

- **Human Rights Mainstreaming:** The project will mainstream human rights and have a human rights-based approach. This means ensuring the poor, IDPs and other groups who are going to be at heightened risk such as persons with disabilities, elderly, PLHIV, informal workers as well as women/girls are prioritized for livelihood support, that messaging targets hard to reach groups, that containment measures are pro-poor and takes into account the needs of vulnerable groups. In addition, the Basket Fund ensures that security forces enforcing restrictions, locked downs and quarantines will be provided with human right and gender sensitivity training.
- **Anti-Corruption:** The recent NBS/UNODC 2019 corruption survey found that while the Government has made considerable strides in preventing and combatting corruption, bribery and other forms of corruption remain a considerable challenge, with 30% of all Nigerian coming into contact with public officials ending up paying a bribe. The project will contribute to anti-corruption efforts including through:
  - Ensuring that all procurements activities are executed in strict adherence to UNDP's & UN's procurement policies which has embedded characters of cost effectiveness, transparency and relevant control mechanism
  - Ensuring zero tolerance on corruption including through adhering to national and international standards and statues
  - Managing corruption and fraud related risks through the conduct of a respective risk mapping exercise, the delivery of policy advise, training and awareness raising among relevant stakeholders.
- **Environment Considerations:** The Project is unlikely to have adverse impact on environment. The project will ensure that its activities proactively embeds messages targeted at protection of environmental resources and in adherence to all relevant the UN's commitment to climate change and environmental protection issues.

## IV. PROJECT MANAGEMENT

### 4.1 Cost Efficiency and Effectiveness

Value for Money (VfM) is about maximizing the impact of every money spent to improve people's lives. The project adopts the 3-E framework (Please refer Figure 2)<sup>42</sup>—economy, efficiency, effectiveness and cost-effectiveness. In this regard, the project will undertake the following measures to maximize VfM:

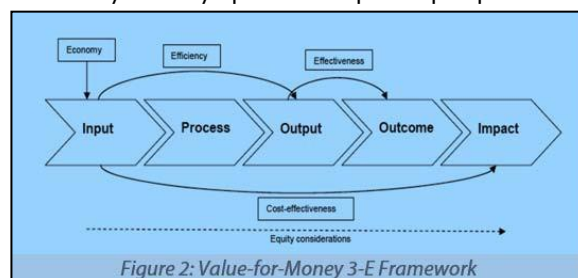


Figure 2: Value-for-Money 3-E Framework

<sup>42</sup>. [www.undp.org/content/dam/sudan/docs/.../Annex%20q%20VfM%20Principles.docx](http://www.undp.org/content/dam/sudan/docs/.../Annex%20q%20VfM%20Principles.docx)

- **Leveraging Partnerships and Comparative Capacities/Expertise:** The project will work with key strategic partners at the national level. Partners consist of government institutions, UN agencies, I/NGOs/CSOs and the private sector where relevant. In effect, these partnerships leverage existing capacities within specific institutions that have a direct expertise, capacity and/or a leading stake in achieving one or more COVID-19 response outcomes with UNDP.
- **Using Competitive Procurement Processes:** The core governing principle of procurement in UNDP is to obtain the best VfM. In the procurement process, obtaining “best VfM” means selection of the offer, which presents the optimum combination of life-cycle costs and benefits, which meet the needs of beneficiaries.
- **Investing in Up-front Planning, Documentation and Evidence-Based Programming:** The project will invest in evidenced-based planning to allocate and target resources as strategically and efficiently as possible including identifying and addressing main drivers of costs.

## 4.2 Project Management

The project will be implemented at Federal, state, and LGAs levels. UNDP as custodian for the Basket Fund assumes the role of Coordinating Agent (CA) to implement the project in a Direct Implementation Modality (DIM). DIM is the modality whereby UNDP as CA takes on full responsibility and accountability for the effective use of resources and the delivery of outputs, as set forth in the project document. The relevant UN agencies are accountable for the effective delivery of results for activities they will be implementing. The project will adopt a mix of area-based, sector-based and target group-based implementation approaches. The project will be vertically and horizontally integrated to maximize impact. Outside the Country Office, UNDP has a Sub-Office in Maiduguri serving the North-East region, whereas UN Agencies have field offices across the country. The project does not envisage establishing additional Sub-Offices or Projects Offices at sub-national levels. As outlined in the VfM section, UNDP will closely work with sister UN agencies and/or other development partners on cost-sharing arrangement to utilize their operational and security assets and avoid establishing parallel field operations. This will significantly reduce the cost of maintaining field presence in a highly insecure environment. In areas that remain prohibitively expensive or too insecure to operate. UNDP works through local partners to implement project activities relevant to such areas, thereby reducing on the capital and operating expenditure required to establish secure field sites.

The project scope relates to the work being done by other UN/DP projects and other interventions initiated by UN agencies and development partners. Collaboration and partnership with relevant UN agencies will be actively sought. In managing this size of Basket Fund, UNDP will establish a Fund Management Unit, which will be staffed by people having project management, grant administration, finance, administration, logistics, communication and monitoring, evaluation and reporting competencies. Further, UNDP Nigeria Country Office Operation Units such as Procurement, Finance, Communications, Common Services, Information and Communication Technology, Human Resources, and Partnership and Management Support will support the Fund Management Unit for efficient and effective project delivery and oversight. The cost of the FMU will be covered by the UN. In The project will also benefit from a wealth of technical and managerial expertise from the UNDP Nigeria Programme Units, Regional Service Center, Global Policy Network (GPN), and HQ offices.

In addition, the project staff will actively participate and take advantage of COVID-19 response coordination forums and programme spaces. Further, project reports will be shared with the management of relevant projects to ensure that they are kept up to date with the progress and challenges. The project management of related projects will also be invited to undertake joint field trips to the states where possible to ensure coordination and synergy in project implementation. Project accounts will follow standard UNDP Procedures. For funds that will be transferred to PUNOs, auditing will follow the normal procedures required.

### 4.3 Monitoring Evaluation, tracking mechanism and Results Reporting

UNDP will establish a permanent internal, technical and financial monitoring system for the Basket Fund and will elaborate quarterly progress and financial reports for the Project Board. Each report will provide an accurate account of implementation of the Basket Fund, difficulties encountered, changes introduced, as well as the degree of achievement of its results (outputs and direct outcomes) as measured by corresponding indicators, using as reference the log frame matrix (which will be further developed upon approval of the Project). Reports will be laid out in such a way as to allow monitoring of the means envisaged and employed and of the budget details for the Fund. The final reports, narrative and financial, will cover the entire period of the implementation of the Fund.

A Mid-term evaluation will be carried out via independent consultants contracted. The mid-term evaluation will be carried out for problem solving and learning purposes, in particular with respect to a) the adaptive and iterative approach the Basket Fund will take to ensure the log frame and results matrix remain valid. The mid-term evaluation report will be shared with the Government authorities and donor partners. The Project Board will analyse the conclusions and recommendations of the evaluations and, where appropriate, decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the Basket Fund. The COVID-19 Basket Fund will implement monitoring and evaluation conduct, in accordance with UNDP's programming policies and procedures. The project will be monitored through the monitoring and evaluation plans as elaborated in Section VI below.

### 4.4 Project Assurance and Audit Arrangements

The project assurance function for the COVID-19 Basket Fund will be the responsibility of UNDP Nigeria, which will carry out periodic internal monitoring missions to assess progress toward the desired results and make recommendations for adjustments as deemed necessary. The EU may undertake additional monitoring visits both through their own staff or through independent consultants as foreseen in General Conditions, Art. 10.

The COVID-19 Basket Fund will be subject to the internal and external auditing procedures provided for in the financial regulations, rules and directives of UNDP.

The audit of UNDP activities is carried out by external and/or internal auditors:

- External audit: fulfilled by the United Nations Board of Auditors (BoA); and
- Internal audit: assigned to the Office of Audit and Investigations (OAI)

All externally available information on accountability of UNDP, including disclosure of audit reports can be found at:

<http://www.undp.org/content/undp/en/home/operations/accountability/overview.html>

In accordance with Executive Board decision 2012/18 of June 2012, all audit reports issued by UNDP Office of Audit and Investigations (OAI) since 1 December 2012 are publicly disclosed on this website, one month after they have been issued internally.

## V. RESULTS FRAMEWORK<sup>43</sup>

### United Nations Sustainable Development Partnership Framework (UNSDPF) 2018-2022 Outcomes:

**UNSDPF Outcome 2: By 2022, Citizens coexist peacefully, enjoying increased resilience, higher state capacity for humanitarian response, and reduced incidence of armed and violent conflicts in the country/cross border**

Indicator: (a) Number of people supported to recover, restore and protect livelihoods; (b) Number of people who receive food assistance through in kind and cash-based vouchers;

Baseline: (a) 200,000 (M/F) (2017) Target: 1.5 million (M/F) (2022); (b) Baseline: 3million (M/F) (2017) Target: 0.5 million (M/F) (2022);

Data sources: Livelihoods assessments (Government, UN and NGOs); Humanitarian reports; Monitoring reports;

| EXPECTED OUTCOMES AND EXPECTED OUTPUTS                                                                                                                                                                                                         | INDICATORS                                                                                                                                  | DATA SOURCES                                                                                                                                                                                                                                                                                       | BASELINE                                                                                      |            | TARGET                                     |                                            | ASSUMPTIONS & RISKS <sup>45</sup>                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------|--------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                |                                                                                                                                             |                                                                                                                                                                                                                                                                                                    | Value                                                                                         | Year       | Year 1                                     | Year 2                                     |                                                                                                                                                                                                                                                          |
| <b>OVERALL OBJECTIVE (IMPACT):</b> Nigeria response to the COVID-19 pandemic supported by ensuring optimum care of the confirmed cases and contain further spread of the outbreak and pathway for rapid recovery and resilience is established | Reduced case fatality rate disaggregated by gender                                                                                          | <ul style="list-style-type: none"> <li>- Federal Ministry of Health</li> <li>- Nigeria Center for Disease Control</li> <li>- National surveys</li> <li>- WHO and UN reports</li> </ul>                                                                                                             | 3.4% <sup>44</sup> against all confirmed cases                                                | April 2020 | 2% against all confirmed cases             | 0.5% against all confirmed cases           | -                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                | % of infected persons who have recovered disaggregated by gender                                                                            | <ul style="list-style-type: none"> <li>- Federal Ministry of Health</li> <li>- Nigeria Center for Disease Control</li> <li>- National surveys</li> <li>- WHO and UN reports</li> </ul>                                                                                                             | 26% infected persons recovered/ discharged (85 out of 323 as of 12 April 2020 <sup>45</sup> ) | April 2020 | 35% infected persons recovered/ discharged | 80% infected persons recovered/ discharged |                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                | Number of Federal and State post COVID-19 recovery plans under implementation                                                               | <ul style="list-style-type: none"> <li>- Presidential taskforce reports</li> <li>- Federal and state finance and planning ministries reports</li> <li>- Parliament and houses of assembly reports</li> <li>- National and state level reports and surveys</li> <li>- WHO and UN reports</li> </ul> | Nil                                                                                           | April 2020 | 1 Federal and 10 State plans               | 1 Federal and 8 State plans                |                                                                                                                                                                                                                                                          |
| <b>SPECIFIC OBJECTIVE(S) (OUTCOME):</b> Rapid implementation of Nigeria's National COVID-19 Multi-Sectoral Pandemic Response Plan strengthened                                                                                                 | Rate of success in implementation of National pandemic response plan (As an aggregated rate of success for each of the 10 functional areas) | <ul style="list-style-type: none"> <li>- Presidential Taskforce reports</li> <li>- WHO and UN reports</li> <li>- Media reports</li> <li>- Public perception surveys</li> </ul>                                                                                                                     | 0                                                                                             | April 2020 | 50%                                        | 75%                                        | <ul style="list-style-type: none"> <li>- The National COVID-19 multi-sectoral pandemic response plan continues to be in place</li> <li>- National COVID-19 Multi-Sectoral Pandemic Response Plan M&amp;E framework is established and running</li> </ul> |

<sup>43</sup> UNDP publishes its project information (indicators, baselines, targets and results) to meet the International Aid Transparency Initiative (IATI) standards. Make sure that indicators are S.M.A.R.T. (Specific, Measurable, Attainable, Relevant and Time-bound), provide accurate baselines and targets underpinned by reliable evidence and data, and avoid acronyms so that external audience clearly understand the results of the project.

<sup>44</sup> <https://www.worldometers.info/coronavirus/coronavirus-death-rate/>

<sup>45</sup> <https://webcache.googleusercontent.com/search?q=cache:pLtGEVvqRMoJ:https://covid19.ncdc.gov.ng/>

|                                                                                                                                                       |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                         |                  |            |                   |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------|-------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OUTPUT 1:</b><br>Improved rapid procurement of disease commodity packages for surveillance, prevention and control, and clinical management [Gen2] | 1.1 Number of testing kits dispatched                                                                                                                                                                   | <ul style="list-style-type: none"> <li>- UN procurement reports</li> <li>- Handover notes</li> <li>- NCDC distribution reports</li> </ul>                                                                                                                               | 15,000           | April 2020 | 150,000           | 100,000                                   | <ul style="list-style-type: none"> <li>- Procurement and delivery can take place swiftly despite closed borders and airspace;</li> <li>- Material remains available besides global constraints</li> <li>- Distribution of material is structured and consistent</li> <li>- Government of Nigeria continues to strengthen frontline service delivery</li> <li>- National budgets are availed towards the COVID-19 national response plan and similarly at the State level</li> </ul> |
|                                                                                                                                                       | 1.2 number of laboratories with testing capabilities ( <i>and existing laboratories with expanded testing capability</i> )                                                                              | <ul style="list-style-type: none"> <li>- Federal Ministry of Health</li> <li>- Nigeria Center for Disease Control (National Strategy to Scale Up Access to Coronavirus Disease Testing in Nigeria)</li> <li>- National surveys</li> <li>- WHO and UN reports</li> </ul> | 13 (In 6 states) | April 2020 | 15 (In 12 states) | 50 (In all states)                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                       | 1.3 Number of PPEs dispatched ( <i>Information disaggregated by type of PPE</i> )                                                                                                                       | <ul style="list-style-type: none"> <li>- UN procurement reports</li> <li>- Handover notes</li> <li>- NCDC distribution reports</li> </ul>                                                                                                                               | 4,800,000        | April 2020 | 15,000,000        | 10,000,000                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                       | 1.4 number of COVID-19 healthcare facilities with triage and treatment capacity ( <i>Adhering to IPC guidelines and SOPs specific for COVID-19 and National/WHO guidance on case management</i> )       | <ul style="list-style-type: none"> <li>- Federal Ministry of Health</li> <li>- Nigeria Center for Disease Control</li> <li>- National surveys</li> <li>- WHO and UN reports</li> <li>- Handover notes</li> </ul>                                                        | 32               | April 2020 | 20 (of baseline)  | 50 (of baseline and more)                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                       | 1.5 % of acute health care facilities with isolation capacity ( <i>and adhering to IPC guidelines and SOPs specific for COVID-19</i> )                                                                  | <ul style="list-style-type: none"> <li>- Federal Ministry of Health;</li> <li>- Nigeria Center for Disease Control;</li> </ul>                                                                                                                                          | 16               | April 2020 | 50% (of baseline) | 100% (of baseline)                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                       | 1.6 number of health facilities that have functional solar power supply system                                                                                                                          | <ul style="list-style-type: none"> <li>- Ministry of Health report</li> <li>- UNICEF and WHO reports</li> </ul>                                                                                                                                                         | 0                | 2022       | -                 | 22 health facilities have solar inverters |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>OUTPUT 2:</b><br>Complementary ongoing Risk Communication Strategies for sustained community engagement and cooperation are supported [Gen2]       | 2.1 Number of integrated communication strategies strengthened                                                                                                                                          | <ul style="list-style-type: none"> <li>- Media reports and analysis</li> <li>- Social media analytics</li> <li>- Presidential taskforce reports</li> <li>- Nigeria Center for Disease Control</li> <li>- UN reports</li> </ul>                                          | 2                | April 2020 | 2                 | 2                                         | <ul style="list-style-type: none"> <li>- Continued strong communication strategy by Government of Nigeria</li> <li>- Deliberate measures to reach the very isolated locations and a targeting strategy includes most vulnerable groups</li> <li>- Misinformation and false information are not widespread to discredit correct information</li> </ul>                                                                                                                               |
|                                                                                                                                                       | 2.2 Number of public awareness campaigns on preventive measures and recovery interventions supported ( <i>disaggregate: addressed to women; persons living with disabilities; marginalized groups</i> ) | <ul style="list-style-type: none"> <li>- Media reports and analysis</li> <li>- Social media analytics</li> <li>- Presidential taskforce reports</li> <li>- Nigeria Center for Disease Control</li> <li>- UN reports</li> </ul>                                          | 2                | April 2020 | 50                | 120                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                       | 2.3 Number of individuals reached with risk communication and public engagement messaging ( <i>(disaggregate: addressed to women; persons living with disabilities; marginalized groups)</i> )          | <ul style="list-style-type: none"> <li>- Media reports and analysis</li> <li>- Social media analytics</li> <li>- Presidential taskforce reports</li> <li>- Nigeria Center for Disease Control</li> <li>- UN reports</li> </ul>                                          | 30,000,000       | April 2020 | 80,000,000        | 110,000,000                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|                                                                                                                 |                                                                                                                                                                       |                                                                                                |     |            |    |                            |                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----|------------|----|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                 | 2.4 Number of States with COVID-19 related rumours and misinformation tracking system established and functional                                                      | - Ministry of Health report<br>- WHO report                                                    | 0   | 2021       |    | Federal, 36 States and FCT |                                                                                                                                     |
|                                                                                                                 | 2.5 % target population exposed to correct information on COVID-19                                                                                                    | - Ministry of Health report<br>- WHO report                                                    | 57% | 2021       |    | 80%                        |                                                                                                                                     |
|                                                                                                                 | 2.6 % target population willing to accept COVID-19 vaccine                                                                                                            | - Ministry of Health report<br>- WHO report                                                    | 63% | 2021       |    | 80%                        |                                                                                                                                     |
| <b>OUTPUT 3:</b><br>Development of tailored and decentralized response strategies at state-level aligned to the | 3.1 Number of States that develop and are implementing contingency, response and recovery plans ( <i>including those responding to secondary effects of COVID19</i> ) | - Media reports<br>- State reports<br>- Presidential Taskforce reports<br>- WHO and UN reports | 0   | April 2020 | 10 | 36                         | - Commitment of States to develop tailored response strategies aligned with framework at Federal level<br>- Financial and technical |

|                                                                                                                                                                                                    |                                                                                                                                                          |                                                                                                |     |            |                               |                               |                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----|------------|-------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| coordinated framework at the Federal level is supported [Gen2]                                                                                                                                     | 3.2 Number of Local Governments that develop and are implementing contingency, response and recovery plans                                               | - Media reports<br>- State reports<br>- Presidential Taskforce reports<br>- WHO and UN reports | 0   | April 2020 | 25                            | 50                            | resources can be mobilized locally                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                    | 3.3 Proportion of states with TA available                                                                                                               | -                                                                                              | 0%  | 2021       |                               | 100%                          |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                    | 3.4 Number of states with functional TWG                                                                                                                 | -                                                                                              | 18  | 2021       |                               | 36 States + FCT               |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                    | 3.5 Proportion of LGAs with monitoring completed                                                                                                         | -                                                                                              | 0%  | 2021       |                               | 80% of LGAs monitored         |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                    | 3.6 Proportion of EAs with HHs sampled for post vaccination surveys.                                                                                     | -                                                                                              | 0%  | 2021       |                               | 100%                          |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                    | 3.7 % LGAs having adequate vaccines                                                                                                                      | -                                                                                              | 99% | 2021       |                               | 99%                           |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                    | 3.8 Proportion of vaccination teams with adequate transportation                                                                                         | -                                                                                              | 0%  | 2021       |                               | 99%                           |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                    | 3.9 Proportion of LGAs generators fueled                                                                                                                 | -                                                                                              | 99% | 2021       |                               | 99%                           |                                                                                                                                                                                                                                                                                                                                                                                         |
| OUTPUT 4: Access to essential health services are maintained through socio-economic analytics, and pro-active early recovery, and social protection activities, targeting vulnerable groups [Gen2] | 4.1 Number of households reached with cash transfers during the period disaggregated by gender                                                           | - UN reports<br>- NGO reports<br>- State reports                                               | 0   | April 2020 | 20,000                        | 50,000                        | <ul style="list-style-type: none"> <li>- Government of Nigeria will allocate resources to integrate risk informed development strategies after the crises and maintain or increase allocation to the health sector</li> <li>- States will be able to apportion funds for post crisis analysis, planning and recovery</li> <li>- Major sources of insecurity are counteracted</li> </ul> |
|                                                                                                                                                                                                    | 4.2 number of health care facilities providing health services (including routine immunization) in line with the revised/new health investment framework | - UN reports<br>- NGO reports<br>- State reports                                               | 0   | April 2020 | 15                            | 30                            |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                    | 4.3 Number of peacebuilding and conflict transformation initiatives addressing post COVID-19 residual and emerging risks                                 | - UN reports<br>- NGO reports<br>- State reports                                               | 0   | April 2020 | 4                             | 8                             |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                    | 4.4 Number of vulnerable provided with livelihood opportunities in conflict affected and humanitarian contexts disaggregated by gender                   | - UN reports<br>- NGO reports<br>- State reports                                               | 0   | April 2020 | 5,000                         | 20,000                        |                                                                                                                                                                                                                                                                                                                                                                                         |
| OUTPUT 5: Capacities for R&D and Modelling are strengthened [Gen2]                                                                                                                                 | 5.1 Number of researches and modelling activities conducted, and their results translated into policy action during and after the crisis                 | - UN reports<br>- NGO reports<br>- Federal & State Government reports<br>- Media reports       | 2   | April 2020 | 15 conducted<br>10 translated | 30 conducted<br>20 translated | <ul style="list-style-type: none"> <li>- Government of Nigeria engages in policy actions after the crisis</li> <li>- Continued engagement with Federal and States leads to uptake of policy analysis research results</li> </ul>                                                                                                                                                        |
| OUTPUT 6: Coordination of partnerships and mobilisation of resources                                                                                                                               | 6.1 Number of presidential taskforce's intersectoral coordination fora conducted per quarter (aggregated annually)                                       | - Presidential taskforce meeting minutes;<br>- UN meetings minutes;                            | 10  | April 2020 | 45                            | 60                            | <ul style="list-style-type: none"> <li>- Continued commitment of Government of Nigeria to improve coordination and</li> </ul>                                                                                                                                                                                                                                                           |

|                                             |                                                                                                                   |                                                                                                                                                             |           |            |             |             |                                                                                                                                                         |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| for collective response are improved [Gen2] | 6.2 The COVID-19 Basket Fund management arrangements in place                                                     | <ul style="list-style-type: none"> <li>- UN analysis</li> <li>- Participation in meetings minutes</li> <li>- M&amp;E reports (UN and Government)</li> </ul> | 0         | April 2020 | 1           | 1           | allocation of resources<br>- One UN implementation is retained<br>- Partners consider the One UN basket as an important channel for consolidated action |
|                                             | 6.3 Amount of financial resource committed by donors in support to COVID-19 in Nigeria through the one UN basket; | <ul style="list-style-type: none"> <li>- UN reports</li> <li>- Partner reports</li> <li>- Government reports</li> <li>- Media highlights</li> </ul>         | 2,300,000 | April 2020 | 100,000,000 | 150,000,000 |                                                                                                                                                         |

## VI. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans: *[Note: monitoring and evaluation plans should be adapted to project context, as needed]*

### 6.1 Monitoring Plan

| Monitoring Activity                | Purpose                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Frequency                                                   | Expected Action                                                                                                                                                           | Partners (if joint)                  | Cost (in US\$) (if any) |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------|
| Track results progress             | Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.                                                                                                                                                                                                                                                                                                            | Quarterly, or in the frequency required for each indicator. | Slower than expected progress will be addressed by project management.                                                                                                    | PTF, NCDC, FMoH, Donors, UN Agencies | 150,000                 |
| Monitor and Manage Risk            | Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.                                                                                                            | Quarterly                                                   | Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken. | PTF, NCDC, FMoH, Donors, UN Agencies |                         |
| Learn                              | Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.                                                                                                                                                                                                                                                                                                     | At least annually                                           | Relevant lessons are captured by the project team and used to inform management decisions.                                                                                | PTF, NCDC, FMoH, Donors, UN Agencies |                         |
| Annual Project Quality Assurance   | The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.                                                                                                                                                                                                                                                                               | Annually                                                    | Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.                                        | PTF, NCDC, FMoH, Donors, UN Agencies |                         |
| Review and Make Course Corrections | Internal review of data and evidence from all monitoring actions to inform decision making.                                                                                                                                                                                                                                                                                                                                                                              | At least annually                                           | Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.                                                  | PTF, NCDC, FMoH, Donors, UN Agencies |                         |
| Project Report                     | A progress report will be presented to the Project Board and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk long with mitigation measures, and any evaluation or review reports prepared over the period.                                                                                                                 | Annually, and at the end of the project (final report)      |                                                                                                                                                                           | PTF, NCDC, FMoH, Donors, UN Agencies |                         |
| Project Review (Project Board)     | The project's governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the Project Board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences. | Specify frequency (i.e., at least annually)                 | Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.            | PTF, NCDC, FMoH, Donors, UN Agencies |                         |
| TOTAL                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             |                                                                                                                                                                           |                                      | 150,000                 |

## 6.2 Evaluation Plan<sup>46</sup>

| Evaluation Title          | Partners (if joint) | Related Strategic Plan Output                                                                                      | UNDAF/CPD Outcome | Planned Completion Date | Key Stakeholders       | Cost and Source of Funding in US\$ |
|---------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------|------------------------|------------------------------------|
| e.g., Mid-Term Evaluation | PUNOs               | 2.2.1 Use of digital technologies and big data enabled for improved public services and other government functions |                   | May 2021                | PTF, NCDC, UN Agencies | 50,000                             |

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<sup>46</sup> Optional, if needed

## VII. MULTI-YEAR WORK PLAN

| Annex 3: One UN Response Plan to COVID-19 in Nigeria <b>Basket Fund Budget</b>                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |              |                        |                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| EXPECTED OUTPUTS/<br>RESULTS                                                                                                                              | PLANNED ACTIVITIES                                                                                                                                                                                                                                                                                                                                                                                                                                  | BUDGET PER YEAR |              | Total Budget in<br>USD | Budget Description                                                                                                                         |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Year 1 (USD)    | Year 2 (USD) |                        |                                                                                                                                            |
| <b>Output/Result 1: Improved rapid procurement of disease commodity packages for surveillance, prevention and control, and clinical management [Gen2]</b> | 1.1 Procurement and distribution of medical supplies, equipment, <b>oxygen equipment and solar inverters</b> , and hygiene products and medicines required to respond to the outbreak including prevention hygiene products and medicines required to respond to the outbreak including prevention, treatment, control and case management;                                                                                                         |                 |              |                        | 72300 Materials and Goods<br>74700 Transport, Shipping and handle<br>71200 International Consultants<br>71300 Local Consultants            |
|                                                                                                                                                           | 1.2 Expand and support to surveillance at the state and local level for case detection, monitoring of the pandemic and detection for containing spread of the pandemic;                                                                                                                                                                                                                                                                             |                 |              |                        | 72300 Materials and Goods<br>74700 Transport, Shipping and handle<br>71200 International Consultants<br>71300 Local Consultants            |
|                                                                                                                                                           | 1.3 Support establishment of additional new laboratories for testing through procurement of testing kits to expand scope in selected states;                                                                                                                                                                                                                                                                                                        |                 |              |                        | 72300 Materials and Goods<br>74700 Transport, Shipping and handle<br>71200 International Consultants<br><del>71300 Local Consultants</del> |
|                                                                                                                                                           | 1.4 Rehabilitation/conversion of facilities & procurement of supplies to utilize as medical facilities, ICU's to expand capacity for isolation and treatment;                                                                                                                                                                                                                                                                                       |                 |              |                        | 72100 Contractual Services-Companies<br>71200 International Consultants<br>71300 Local Consultants                                         |
|                                                                                                                                                           | 1.5 Supporting provision of basic health in prisons, including development of isolation, referral and care plans for inmates and prison officials and IDP/refugee camps support to minimize the introduction of infections as well as minimizing their effects should this happen;                                                                                                                                                                  |                 |              |                        | 72100 Contractual Services-Companies<br>71200 International Consultants<br>71300 Local Consultants                                         |
|                                                                                                                                                           | 1.6 Ensure universal access to treatment for COVID-19 with full respect for human rights, gender equality and without stigma through analysis, advocacy and sensitization.                                                                                                                                                                                                                                                                          |                 |              |                        | 75700 Training, Workshops and Conference<br>71200 International Consultants<br>71300 Local Consultants                                     |
|                                                                                                                                                           | <b>Subtotal of Output/Result 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |              | <b>26,779,578.07</b>   |                                                                                                                                            |
| <b>Output/Result 2: Complementary ongoing Risk Communication Strategies for sustained community engagement and cooperation are supported [Gen2]</b>       | 2.1 Co-create targeted messages disbursed through a range of mediums including television, radio, digital platforms such as social media, print media, at the community level and elsewhere leveraging Government at State Levels, Local Governments, Civic Leaders, women's organisations and networks, youth organisations, Religious and Traditional Leaders, creative sector influencers to enhance public awareness, sensitization and buy-in; |                 |              |                        | 74100 Professional Services<br>71200 International Consultants<br>71300 Local Consultants                                                  |

|                                                                                                                                                                                    |                                                                                                                                                                                                                                                  |  |  |                     |                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------|--------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                    | 2.2 Technical support provided to ensure risk communication and community engagement messages are contextualized to reach vulnerable groups including women, persons living with disabilities, the elderly, PLHIV and other marginalized groups; |  |  |                     | 71200 International Consultants<br>71300 Local Consultants                                             |
|                                                                                                                                                                                    | 2.3 Provide technical and logistical support to the NCDC and the Presidential Task Force on COVID-19 in developing and packaging messages on mitigation of risk and recovery post COVID19;                                                       |  |  |                     | 71200 International Consultants<br>71300 Local Consultants                                             |
|                                                                                                                                                                                    | 2.4 Provide training support on Risk Communication and Community Engagement including addressing vaccine hesitancy among targeted communities for key stakeholders;                                                                              |  |  |                     | 75700 Training, Workshops and Conference<br>71200 International Consultants<br>71300 Local Consultants |
|                                                                                                                                                                                    | 2.5 Conduct regular analysis and assessments to monitor and evaluate impact of messaging and adjust as required.                                                                                                                                 |  |  |                     | 71200 International Consultants<br>71300 Local Consultants                                             |
|                                                                                                                                                                                    | 2.6 Support demand generation and risk communication through increased sensitization and engagement with communities and the media; generate evidence to inform approaches for addressing vaccine hesitancy among targeted communities.          |  |  |                     |                                                                                                        |
|                                                                                                                                                                                    | <b>Subtotal of Output/Result 2</b>                                                                                                                                                                                                               |  |  | <b>7,325,762.42</b> |                                                                                                        |
| <b>Output/Result 3: Development of tailored and decentralized response strategies at state-level aligned to the coordinated framework at the Federal level is supported [Gen2]</b> | 3.1 Provide technical support to States and Local Governments to develop COVID-19 contingency and response plans tailored to the local context and aligned to the broader Federal level plan;                                                    |  |  |                     | 71200 International Consultants<br>71300 Local Consultants                                             |
|                                                                                                                                                                                    | 3.2 Provide integrated support packages to the implementation of State and Local Government contingency and response plans including COVID-19 vaccination roll out plan.                                                                         |  |  |                     | 72300 Materials and Goods<br>71200 International Consultants<br>71300 Local Consultants                |
|                                                                                                                                                                                    | 3.3 Support quality implementation of COVID-19 vaccination by ensuring equity in vaccine access and roll-out by supporting health worker vaccinators, e-Registration recorders, and technical assistance.                                        |  |  |                     |                                                                                                        |
|                                                                                                                                                                                    | 3.4 Monitoring and evaluation of vaccine roll-out through in-process monitoring and vaccination coverage survey to guide intra-campaign activities.                                                                                              |  |  |                     |                                                                                                        |

|                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                       |  |  |                      |                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------|----------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                 | 3.5 Last mile vaccine safety and transportation to ensure vaccine availability at the community level; transportation of vaccines and devices for hard-to-reach teams and monitors; fuel for generators and waste management, including retrieval of used vials to the state level for security and accountability purposes.                          |  |  |                      |                                                                                                    |
|                                                                                                                                                                                                                 | 3.6 Evidence generation and documentation through operations research including the conduct of 'Vaccines Effectiveness study' and the vaccine traceability project with NAFDAC for improved vaccine accountability across the vaccine distribution chain.                                                                                             |  |  |                      |                                                                                                    |
|                                                                                                                                                                                                                 | <b>Subtotal of Output/Result 3</b>                                                                                                                                                                                                                                                                                                                    |  |  | <b>29,534,299.46</b> |                                                                                                    |
| <b>Output/Result 4: Access to essential health services are maintained through socio-economic analytics, and pro-active early recovery and social protection activities, targeting vulnerable groups [Gen2]</b> | 4.1 Provide support for continued essential health services including reproductive and maternal health care, through the deployment and protection of medical personnel, medicines, diagnostics, PPEs, and rehabilitation of WASH and other essential facilities;                                                                                     |  |  |                      | 72100 Contractual Services-Companies<br>71200 International Consultants<br>71300 Local Consultants |
|                                                                                                                                                                                                                 | 4.2 Initiate socio-economic measures, such as cash transfers, food distribution, employment generation, livelihood opportunities, Small and Medium Enterprises (SMEs) community cohesion including other social protection measures to vulnerable groups. Use these contexts to strengthen personal hygiene messaging and WASH services availability; |  |  |                      | 72600 Grants<br>71200 International Consultants<br>71300 Local Consultants                         |
|                                                                                                                                                                                                                 | 4.3 Supporting manufacturing and distribution agents in country who are engaged with essential medical supplies such as disinfectants, hand sanitizers, masks and medical equipment;                                                                                                                                                                  |  |  |                      | 72600 Grants<br>71200 International Consultants<br>71300 Local Consultants                         |
|                                                                                                                                                                                                                 | 4.4 Conduct analysis of peacebuilding and social cohesion                                                                                                                                                                                                                                                                                             |  |  |                      | 71200 International Consultants                                                                    |

|                                                                                                                                |                                                                                                                                                                                                                                                                                            |  |  |                      |                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                | risks and provide support to state and local level responses prioritising vulnerable groups and support the activation of gender sensitive conflict early warning systems and their repurposing for detection and referral of COVID-19 related tensions;                                   |  |  |                      | 71300 Local Consultants                                                                                                                                         |
|                                                                                                                                | 4.5 Provide psychosocial support and solidarity kits comprising household supplies, food etc. to bereaved families and those where family members have been severely affected and help people get back on their feet;                                                                      |  |  |                      | 72300 Materials and Goods<br>71200 International Consultants<br>71300 Local Consultants                                                                         |
|                                                                                                                                | 4.6 Preparation of risk informed post COVID-19 recovery and development strategies and provide support for implementation of targeted activities related to livelihoods and employment generation.                                                                                         |  |  |                      | 71200 International Consultants<br>71300 Local Consultants                                                                                                      |
|                                                                                                                                | <b>Subtotal of Output/Result 4</b>                                                                                                                                                                                                                                                         |  |  | <b>17,505,141.15</b> |                                                                                                                                                                 |
| <b>Output/Result 5: Capacities for R&amp;D and Modeling are strengthened [Gen2]</b>                                            | 5.1 Conduct COVID-19 gender sensitive political, social, economic, environmental, conflict, and security impact analysis to inform policy options for health responses, economic recovery, social safety nets system, prevention of recurrence, mitigation of conflict and other elements; |  |  |                      | 71200 International Consultants<br>71300 Local Consultants<br>74100 Professional Services                                                                       |
|                                                                                                                                | 5.2 Provide technical and financial support to national and state level institutions to conduct COVID-19 impact analysis.                                                                                                                                                                  |  |  |                      | 71200 International Consultants<br>71300 Local Consultants                                                                                                      |
|                                                                                                                                | 5.3 An operational research activity could also be on pilot use for validation or not of selected rapid test kits for wider use within the country versus continued use of molecular testing only                                                                                          |  |  |                      | 71200 International Consultants<br>71300 Local Consultants<br>74200 Audio Visual&Print Prod Costs                                                               |
|                                                                                                                                | <b>Subtotal of Output/Result 5</b>                                                                                                                                                                                                                                                         |  |  | <b>100,000.00</b>    |                                                                                                                                                                 |
| <b>Output/Result 6: Coordination of partnerships and mobilization of resources for collective response are improved [Gen2]</b> | 6.1 Provide technical and operational support to the Presidential Task Force on COVID-19 response;                                                                                                                                                                                         |  |  |                      | 74200 Audio Visual&Print Prod Costs<br>75700 Training, Workshops and Conference<br>72500 Supplies<br>71200 International Consultants<br>71300 Local Consultants |
|                                                                                                                                | 6.2 Provide technical support to UNCT/HCT coordination mechanisms to effectively support the national COVID-19 response including resource mobilisation and partnership development;                                                                                                       |  |  |                      | 74200 Audio Visual&Print Prod Costs<br>75700 Training, Workshops and Conference<br>72500 Supplies<br>71200 International Consultants<br>71300 Local Consultants |
|                                                                                                                                | 6.3 Manage the UN joint Basket Fund for COVID-19 response.                                                                                                                                                                                                                                 |  |  |                      | 74200 Audio Visual&Print Prod Costs<br>75700 Training, Workshops and Conference<br>72500 Supplies                                                               |

|                                                                     |                                                                           |                     |                   |                      |                                                                                                                             |
|---------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------|-------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------|
|                                                                     |                                                                           |                     |                   |                      | 71600 Travel<br>71200 International Consultants<br>71300 Local Consultants                                                  |
|                                                                     | <b>Subtotal of Output/Result 6</b>                                        |                     |                   | <b>150,000.00</b>    |                                                                                                                             |
| <b>M&amp;E and Communication Cost<br/>(UNDP managed activities)</b> | Visibility & Communication (UNDP managed activities)                      |                     |                   |                      | 74400 Miscellaneous Operating Expens<br>71200 International Consultants<br>71300 Local Consultants                          |
|                                                                     | Monitoring, Evaluation, Audit and Reporting (UNDP managed activities)     |                     |                   |                      | 72500 Supplies<br>71600 Travel<br>74100 Professional Services<br>71200 International Consultants<br>71300 Local Consultants |
|                                                                     | <b>Subtotal of M&amp;E</b>                                                |                     |                   | <b>267,500.00</b>    |                                                                                                                             |
| <b>UN In Kind contribution</b>                                      | Personnel, infrastructure and transport cost                              | <b>1,500,000.00</b> | <b>600,000.00</b> | <b>2,100,000.00</b>  | 71400 Contractual Services - Individ<br>62300 Recurrent Payroll Costs-IP Stf<br>71500 UN Volunteers                         |
|                                                                     | <b>TOTAL DIRECT COSTS: Subtotal of (1+2+3+4+5+6+M&amp;E)</b>              |                     |                   | <b>81,662,281.10</b> |                                                                                                                             |
|                                                                     | Contingency (3%)                                                          |                     |                   | 2,449,868.43         |                                                                                                                             |
|                                                                     | <b>TOTAL DIRECT COSTS: Subtotal of (1+2+3+4+5+6+M&amp;E+ Contingency)</b> |                     |                   | <b>84,112,149.53</b> |                                                                                                                             |
|                                                                     | INDIRECT COSTS General Management Support (7%)                            |                     |                   | 5,887,850.47         |                                                                                                                             |
|                                                                     | <b>TOTAL ELIGIBLE COSTS</b>                                               |                     |                   | <b>90,000,000.00</b> |                                                                                                                             |

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## **VIII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS**

### **9.1 Fund Management Modality**

The project will be managed by UNDP under a Direct Implementation (DIM) modality. The project will be funded through a Basket Fund to be managed by UNDP. UNDP will enter into individual bi-lateral agreements with fund contributing donors; and an overarching memorandum of understanding (MoU) will be signed between Government of the Federal Republic of Nigeria, UNDP, and donors for the management of the fund. The COVID-19 Response Basket Fund will be activated upon the signing of the project document with the Federal Government and EU. As described in section 4.2 above, UNDP will use its existing Country Office structure and staff in managing the Basket Fund as CA. This will serve as part of UNDP's own contribution to this project. The Fund Management Unit (FMU) will be supported by various specialists like finance, procurement, logistic, ICT and Monitoring and Evaluation.

### **9.2 The Basket Fund Allocation Process**

The Basket Fund Project Board (PB) will agree on the PUNOs to implement the project. UNDP will disburse fund to the PUNOs using the UN-to-UN agreement. The PUNOs will be responsible for implementing all activities, for which they got funding.

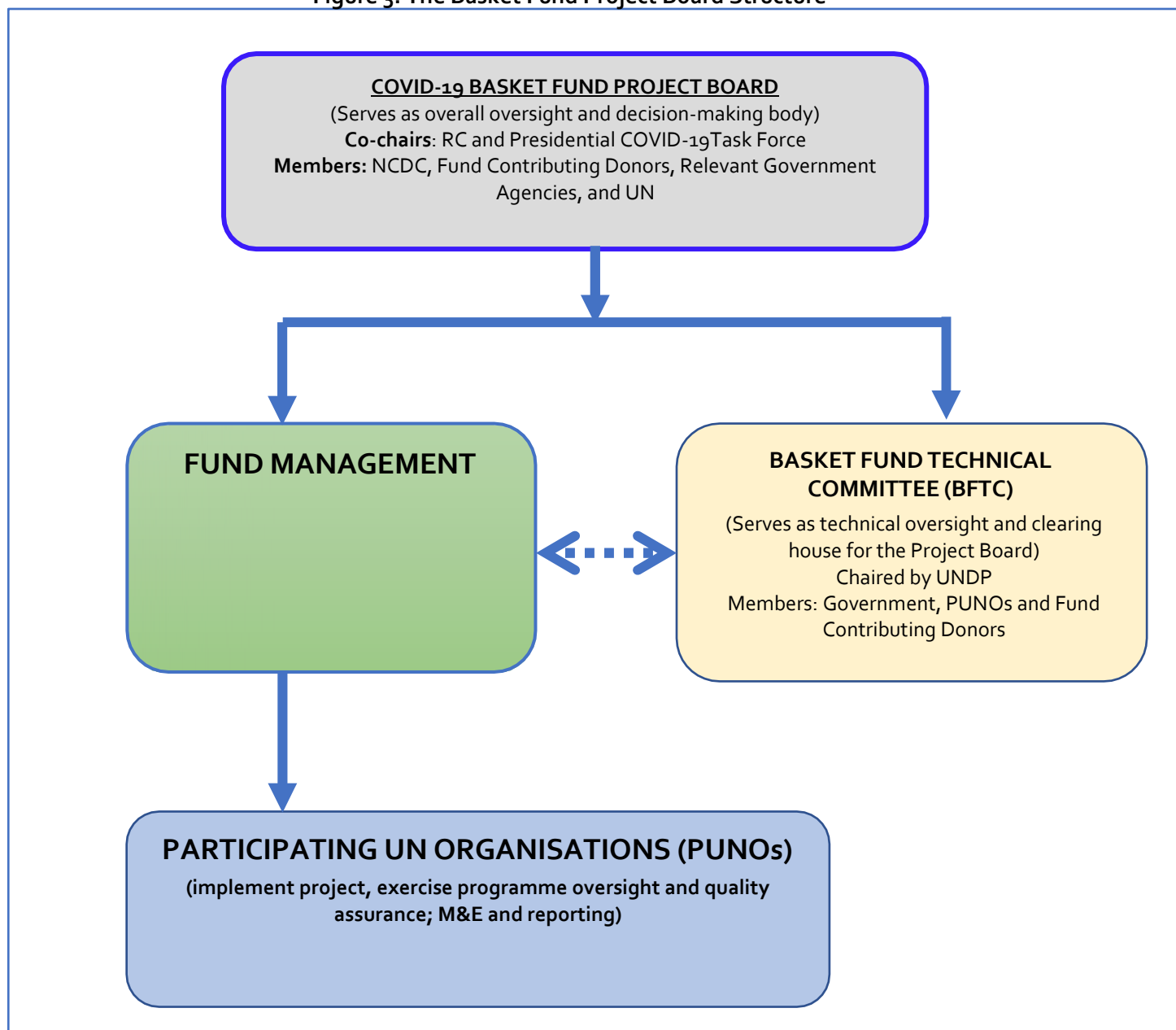
### **9.3 The Basket Fund Project Board**

A Basket Fund Project Board will be established to be co-chaired by the Chairperson of PTF and the Resident Coordinator/Humanitarian Coordinator (RC/HC). The Project Board provides strategic guidance and oversight on the direction and execution of the Basket Fund. The Project Board will be consisting of representatives of the PTF on COVID-19 Response, relevant Government agencies, contributing donors and the UN (Please refer Figure 3). The Project Board will be supported by a Technical Committee established for providing technical oversight over the design, implementation, monitoring, evaluation and reporting of the project. Other relevant donors (implementing COVID-19 respond activities outside of the Basket Fund), and representation from civil society/media and the private sector may be invited at the Board's discretion as observers and be called upon to provide technical and operational clarity on implementation of the national COVID-19 response plan, on which they are collaborating with UNDP. The project governance structure and the Terms of Reference (ToRs) of the Project Board and the Technical Committee are given below.

### **9.4 Donors**

The donors, besides providing the funding needed for project implementation, the donors will provide general oversight through counterpart visits. Donor representative will also be invited to accompany project staff on field visits where possible.

Figure 3: The Basket Fund Project Board Structure



## IX. RISK MANAGEMENT

Please refer Section 3.4 for Risk and Assumptions.

## **COVID-19 BASKET FUND RESPONSE**

### **PROJECT BOARD TERMS OF REFERENCE (ToR)**

A Project Board with representation from the Nigerian Centre for Disease Control (NCDC), relevant Government departments, fund contributing donors and UN will be established. The Project Board shall oversee the UN COVID-19 Basket Fund. The COVID-19 Basket Fund is to be managed by the UNDP's Fund Management Unit (FMU) based on work plans reviewed and approved by the COVID-19 Basket Fund Project Board.

#### **Specific roles of the COVID-19 Basket Fund Project Board are:**

- Review and provide guidance on matters relating to substantive support to the UN COVID-19 Response process, (financing procedure; allocation of resources for specific activities or purchases; procurement for the response tasks; coordination and oversight of basket sub-programmes; communication and visibility);
- Provide guidance to the FMU on implementation of specific matters decided upon during the Project Board meetings;
- Provide overall guidance and direction to the project, ensuring it remains within any specified constraints;
- Address project issues as raised by the Fund Management Unit;
- Provide guidance and agree on possible countermeasures/ actions to address specific risks and provide ad-hoc direction and advice for exceptional situations, and assess and decide on project changes through revisions;
- Conduct regular meetings to review the Project Progress Reports and provide direction and recommendations to ensure that the agreed deliverables are produced satisfactorily according to plans;
- Review and approve project work plans and budget plans and authorize any major deviation from these agreed plans;
- Provide project and policy implementation oversight and ensure resources are committed;
- Appraise the Project Quarterly Review Report; make recommendations for the next AWP;
- Review and approve the Final Project Review Report, including lessons-learned;
- Commission project evaluation where required.

**Composition:** The Project Board will include members from NCDC, Fund Contributing Donors and UN Agencies, and Relevant Government Agencies.

**Co-chairs:** The Project Board will be co-chaired by the UN Resident Coordinator and a representative of the Presidential Task Force on National COVID-19 Response.

**Decision-making:** The Project Board makes decisions by consensus.

**Secretariat:** UNDP Fund Management Unit

**Frequency of Meetings:** The Project Board will meet monthly for the purpose of substantive and financial progress reporting. UNDP as Secretariat will be responsible for circulating the agendas and minutes of the Project Board.

ONE UN RESPONSE PLAN TO COVID-19 IN NIGERIA **BASKET FUND**  
**TECHNICAL COMMITTEE TERMS OF REFERENCE (ToR)**

A One UN Response Plan to COVID-19 in Nigeria Basket Fund Technical Committee will be established to coordinate technical support to the Basket Fund process in Nigeria. Ultimately, the Basket Fund Technical Committee, under the guidance of the Basket Fund Project Board, will support the Fund Management Unit (FMU) and Participating UN Organisations (PUNOs) in delivering technically sound, responsive and inclusive COVID-19 response in Nigeria.

**Specific Roles of the Basket Fund Technical Committee are:**

- Provide technical expertise and recommendations related to the Basket Fund operations;
- Provide oversight over the design, implementation, monitoring, evaluation and reporting of the project;
- Review the PUNO's work plan and budget and recommend to the Project Board for approval;
- Review project implementation tools (such as AWP, ToRs) as required;
- Clear the Basket Fund Project Board meeting agenda proposed by the Fund Management Unit.
- Assist FMU in reviewing periodic reports submitted by PUNOs.

**Composition:** The Technical Committee will include members from relevant government agencies, Fund Contributing Donors and UN.

**Chair:** The Technical Committee will be chaired by the UNDP

**Decision-making:** The Technical Committee makes decisions by consensus.

**Secretariat:** UNDP Fund Management Unit

**Frequency of Meetings:** The Technical Committee will meet bi-weekly for the purpose of substantive technical advice. UNDP as Secretariat will be responsible for circulating the agendas and minutes of the Technical Committee.

## ANNEX II - General Conditions for Contribution Agreements

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## Article 1: Definitions

|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Action:                               | the cooperation programme or project partly or wholly financed by the EU, which is carried out by the Organisation as described in Annex I. Where reference is made to the Action or part of the Action financed by the EU Contribution, this refers both (i) to activities exclusively financed by the EU Contribution and (ii) to activities jointly co-financed by the EU.                                                                                                                                                                                                                                                                                                                                       |
| Contractor:                           | a natural or legal person with whom a Procurement Contract has been signed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Days:                                 | calendar days.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Early Detection and Exclusion System: | a system set up by Regulation (EU, Euratom) No 2015/1929 of 28 October 2015 on the financial rules applicable to the general budget of the Union (OJ L 286/1, 30.10.2015), which includes information on the early detection of risks threatening the EU financial interests, on the cases of exclusion from EU funding of legal and natural persons and on the cases of imposition of financial penalties.                                                                                                                                                                                                                                                                                                         |
| End Date:                             | the date by which the Agreement ends, i.e. the moment of the payment of the balance by the Contracting Authority in accordance with Article 19 or when the Organisation repays any amounts paid in excess of the final amount due pursuant to Article 20. If any of the Parties invokes a dispute settlement procedure in accordance with Article 14, the End Date shall be postponed until the completion of such procedure.                                                                                                                                                                                                                                                                                       |
| Final Administrative Decision:        | a decision of an administrative authority having final and binding effect in accordance with the applicable law.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Final Beneficiary:                    | a natural or legal person ultimately benefitting from the Action.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Force Majeure:                        | any unforeseeable and exceptional situation or event beyond the Parties' control which prevents either of them from fulfilling any of their obligations under the Agreement, which may not be attributed to error or negligence on either part (or on the part of the Grant Beneficiaries, Partners, Contractors, agents or staff), and which could not have been avoided by the exercise of due diligence. Defects in equipment or material or delays in making them available cannot be invoked as force majeure, unless they stem directly from a relevant case of force majeure. Labour disputes, strikes or financial problems of the Organisation cannot be invoked as force majeure by the defaulting Party. |
| Grant:                                | a direct financial contribution by way of donation given by the Organisation or a Partner to finance third parties activities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Grant Beneficiary:                    | a natural or legal person to whom a Grant has been awarded. Grant Beneficiaries can sub-grant and procure for the implementation of their activities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Grave Professional Misconduct: | <p>any of:</p> <ul style="list-style-type: none"> <li>a violation of applicable laws or regulations, in particular the Organisation's Regulations and Rules, or ethical standards of the profession to which a person or entity belongs, including any conduct leading to sexual or other exploitation or abuse, or</li> <li>any wrongful conduct of a person or entity which has an impact on its professional credibility where such conduct denotes wrongful intent or gross negligence.</li> </ul>                                                                                                                                                              |
| Indicator:                     | the quantitative and/or qualitative factor or variable that provides a simple and reliable means to measure the achievement of the Results of an Action.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Internal Control System:       | <p>a process applicable at all levels of management designed to provide reasonable assurance of achieving the following objectives:</p> <ul style="list-style-type: none"> <li>a) effectiveness, efficiency and economy of operations;</li> <li>b) reliability of reporting;</li> <li>c) safeguarding of assets and information;</li> <li>d) prevention, detection, correction and follow-up of fraud and irregularities;</li> <li>e) adequate management of the risks relating to the legality and regularity of the financial operations, taking into account the multiannual character of programmes as well as the nature of the payments concerned.</li> </ul> |
| International Organisation:    | an international public-sector organisation set up by international agreement (including specialised agencies set up by such organisations), or an organisation assimilated to international organisations in accordance with the EU Financial Regulation.                                                                                                                                                                                                                                                                                                                                                                                                          |
| Member State Organisation:     | an entity established in a Member State of the European Union as a public law body or as a body governed by private law entrusted with a public service mission and provided with adequate financial guarantees from the Member State.                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Multi-Donor Action:            | an Action co-financed by the EU Contribution (whether or not earmarked) and other donor(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Outcome:                       | the likely or achieved short-term and medium-term effects of an Action's Outputs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Output:                        | the products, capital goods and services which result from an Action's activities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Partner:                       | an entity implementing part of the Action and being a party to the relevant Contribution Agreement together with the Organisation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Procurement Contract:          | a contract signed between the Contractor and either the Organisation or a Partner under which the Contractor provides services, supplies or works.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Regulations and Rules:         | regulations, rules, organisational directives, instructions and other parts of the regulatory framework of the Organisation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Result:                        | the Output or Outcome of an Action.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

a principle overarching the implementation of this Agreement, namely economy, effectiveness and efficiency (including all aspects of internal control). The principle of economy requires that resources used in the pursuit of the implementation of the Action shall be made available in due time, in appropriate quantity and quality and at the best price. The principle of effectiveness concerns the attainment of the specific objectives and the achievement of the intended results. The principle of efficiency concerns the best relationship between resources employed and results achieved.

## **Article 2: General obligations**

### **Implementation of the Action**

- 2.1 The Organisation is responsible for the implementation of the Action described in Annex I, regardless of whether the activities are performed by the Organisation itself, a Contractor or a Grant Beneficiary. Both Parties will endeavour to strengthen their mutual contacts with a view to foster the exchange of information throughout the implementation of the Action. To this end, the Organisation and the Contracting Authority shall participate in coordination meetings and other jointly organised common activities, and the Organisation shall invite the European Commission to join any donor committee which may be set up in relation to the Action.

### **Responsibility**

- 2.2 The Organisation shall be responsible for the performance of the obligations under this Agreement with a due degree of professional care and diligence, which means that it shall apply the same level of duty and care which it applies in managing its own funds. The Organisation shall respect the principles of Sound Financial Management, transparency, non-discrimination and visibility of the European Union in the implementation of the Action.
- 2.3 The Organisation shall have full financial responsibility towards the Contracting Authority for all funds, including those unduly paid to or incorrectly used by Contractors or Grant Beneficiaries. The Organisation shall take measures to prevent, detect and correct irregularities and fraud when implementing the Action. To this end, the Organisation shall carry out, in accordance with the principle of proportionality and its positively assessed Regulations and Rules, ex-ante and/or ex-post controls including, where appropriate, on-the-spot checks on representative and/or risk-based samples of transactions, to ensure that the Action financed by the EU Contribution is effectively carried out and implemented correctly. The Organisation shall inform the European Commission and the Contracting Authority of irregularities and fraud detected in the management of the EU Contribution and the measures taken. Where funds have been unduly paid to or incorrectly used by Contractors or Grant Beneficiaries, the Organisation shall take all applicable measures in accordance with its own Regulations and Rules to recover those funds, including, where appropriate, by bringing legal proceedings and by endeavouring to assign claims against its Contractors or Grant Beneficiaries to the Contracting Authority or the European Commission. Where the Organisation has exhausted such measures and the non-recovery is not the result of error or negligence on the part of the Organisation, the Contracting Authority will consider the amounts that could not be recovered from Contractors and/or Grant Beneficiaries as eligible costs.

### **Other obligations**

- 2.4 The Organisation undertakes to ensure that the obligations stated in this Agreement under Articles 2.6, 5-Conflict of interests, 7-Data protection, 8-Communication and Visibility, 16-Accounts and archiving and Article 17-Access and financial checks apply, where applicable, to all Contractors and Grant Beneficiaries.

- 2.5 The Organisation shall notify the Contracting Authority and the European Commission without delay of any substantial change in the rules, procedures and systems applied in the implementation of the Action. This obligation concerns in particular (i) substantial changes affecting the pillar assessment undergone by the Organisation or (ii) those that may affect the conditions for eligibility provided for in the applicable legal instruments of the EU. The Parties shall use their best efforts to resolve amicably any issues resulting from such changes. The Contracting Authority reserves the right to adopt or require additional measures in response to such changes. In the event an agreement on such measures or other solutions cannot be reached between the Parties, either Party may terminate the Agreement in accordance with Article 13.3.
- 2.6 The Organisation shall promote the respect of human rights and respect applicable environmental legislation including multilateral environmental agreements, as well as internationally agreed core labour standards. The Organisation shall not support activities that contribute to money laundering, terrorism financing, tax avoidance, tax fraud or tax evasion.
- 2.7 Where the European Commission is not the Contracting Authority, it shall not be a party to this Agreement, with the consequence that rights and obligations are conferred upon it only where explicitly stated. This is without prejudice to the European Commission's role in promoting a consistent interpretation of the terms of this Agreement.

### **Article 3: Obligations regarding information and reporting**

#### **General issues**

- 3.1 The Organisation shall provide the Contracting Authority with full information on the implementation of the Action. To that end, the Organisation shall include in Annex I a work plan at least for the first year of the Implementation Period (or the whole Implementation Period where it is less than one year). The Organisation shall submit to the Contracting Authority progress report(s) and a final report in accordance with the provisions below. These reports shall consist of a narrative part and a financial part.
- 3.2 Every report, whether progress or final, shall provide a complete account of all relevant aspects of the implementation of the Action for the period covered. The report shall describe the implementation of the Action according to the activities envisaged in Annex I as well as the degree of achievement of its Results (Outcomes or Outputs) as measured by corresponding Indicators. The report shall be drafted in such a way as to allow monitoring of the objective(s), the means envisaged and employed. The level of detail in any report shall match that of Annexes I and III.
- 3.3 Where the overall action of the Organisation lasts longer than the Implementation Period of this Agreement, the Contracting Authority may request – in addition to the final reports to be submitted pursuant to Article 3.8 - the final reports of the overall action, once available.
- 3.4 Any alternative or additional reporting requirement shall be set out in the Special Conditions.
- 3.5 The Contracting Authority may request additional information at any time, providing the reasons for that request. Subject to the Organisation's Regulations and Rules, such information shall be supplied within thirty (30) days of receipt of the request. The Organisation may submit a duly motivated request to extend the 30-day deadline.
- 3.6 The Organisation shall notify the Contracting Authority without delay of any circumstances likely to adversely affect the implementation and management of the Action, or to delay or jeopardise the performance of the activities.

#### **Content of the reports**

- 3.7 The progress report(s) shall relate directly to this Agreement and shall at least include:
- a) summary and context of the Action;
  - b) actual Results: an updated table based on a logical framework matrix including reporting of Results achieved by the Action (Outcomes or Outputs) as measured by their corresponding Indicators, agreed baselines and targets, and relevant data sources;
  - c) information on the activities directly related to the Action as described in Annex I and carried out during the reporting period;
  - d) information on the difficulties encountered and measures taken to overcome problems and eventual changes introduced;
  - e) information on the implementation of the Visibility and Communication Plan (Annex VI) and any additional measures taken to identify the EU as source of financing;
  - f) a breakdown of the total costs, following the structure set out in Annex III, incurred from the beginning of the Action as well as the legal commitments entered into by the Organisation during the reporting period;
  - g) a summary of controls carried out and available final audit reports in line with the Organisation's policy on disclosure of such controls and audit reports. Where errors and weaknesses in systems were identified, an analysis of their nature and extent, as well as information on corrective measures taken or planned, shall also be provided;
  - h) where applicable, a request for payment;
  - i) work plan and budget forecast for the next reporting period.
- 3.8 The final report shall cover the entire Implementation Period and include:
- a) all the information requested in Article 3.7 a) to h);
  - b) a summary of the Action's receipts, payments received and of the eligible costs incurred;
  - c) where applicable, an overview of any funds unduly paid or incorrectly used which the Organisation could or could not recover itself;
  - d) the exact link to the webpage where, according to Article 22.1, information on Grant Beneficiaries and Contractors is available;
  - e) if relevant, details of transfers of equipment, vehicles and remaining major supplies mentioned in Article 9;
  - f) where the Action is a Multi-Donor Action and the EU Contribution is not earmarked, a confirmation from the Organisation that an amount corresponding to that paid by the Contracting Authority has been used in accordance with the obligations laid down in this Agreement and that costs that were not eligible for the EU Contribution have been covered by other donors' contributions;
  - g) where applicable, a request for payment.
- 3.9 The Organisation shall submit a report for every reporting period as specified in the Special Conditions starting from the commencement of the Implementation Period, unless otherwise specified in the Special Conditions<sup>1</sup>. Reporting, narrative as well as financial, shall cover the whole Action, regardless of whether this Action is entirely or partly financed by the EU Contribution. Progress reports shall be submitted within sixty (60) days after the period covered by such report. The final report shall be submitted, at the latest, six (6) months after the end of the Implementation Period.

### **Management declaration**

- 3.10 Every progress and final report shall be accompanied by a management declaration in accordance with the template included in Annex VII, unless Article 1.5 of the Special

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<sup>1</sup> By default, the reporting period is every 12 months as from the commencement of the Implementation Period.

Conditions states that an annual management declaration shall be sent to the European Commission headquarters, separately from the reports provided under this Agreement.

#### **Audit or control opinion for organisations other than International Organisations/Member State Organisations**

- 3.11 In case the Organisation is neither an International Organisation, nor a Member State Organisation, the Organisation shall provide an audit or control opinion in accordance with internationally accepted audit standards, establishing whether the accounts give a true and fair view, whether the control systems in place function properly, and whether the underlying transactions are managed in accordance with the provisions of this Agreement. The opinion shall also state whether the audit work puts in doubt the assertions made in the management declaration mentioned above.
- 3.12 Such audit or control opinion shall be provided up to one (1) month following the management declaration sent with every progress or final report, unless Article 1.5 of the Special Conditions states that the management declaration and the audit or control opinion shall be sent annually to the European Commission headquarters separately from the reports provided under this Agreement.

#### **Currency for reporting**

- 3.13 The reports shall be submitted in the Currency of the Agreement as specified in Article 3 of the Special Conditions.
- 3.14 The Organisation shall convert legal commitments, the Action's receipts and costs incurred in currencies other than the accounting currency of the Organisation according to its usual accounting practices.

#### **Failure to comply with reporting obligations**

- 3.15 If the Organisation is unable to present a progress or final report, together with the accompanying documents, by the deadline set out in Article 3.9, the Organisation shall inform the Contracting Authority in writing of the reasons. The Organisation shall also provide a summary of the state of progress of the Action and, where applicable, a provisional work plan for the next period. If the Organisation fails to comply with this obligation for two (2) months, following the deadline set out in Article 3.9, the Contracting Authority may terminate the Agreement in accordance with Article 13, refuse to pay any outstanding amount and recover any amount unduly paid.

#### **Article 4: Liability towards third parties**

- 4.1 The European Commission shall not, under any circumstances or for any reason whatsoever, be held liable for damage or injury sustained by the staff or property of the Organisation while the Action is being carried out, or as a consequence of the Action. The European Commission shall not therefore accept any claim for compensation or increase in payment in connection with such damage or injury.
- 4.2 The European Commission shall not, under any circumstances or for any reason whatsoever, be held liable towards third parties, including liability for damage or injury of any kind sustained by them in respect of or arising out of the implementation of the Action.
- 4.3 The Organisation shall discharge the European Commission of all liability associated with any claim or action brought as a result of an infringement of the Organisation's Regulations and Rules committed by the Organisation or Organisation's employees or individuals for whom those employees are responsible, or as a result of a violation of a third party's rights in the context of the implementation of the Action.

## **Article 5: Conflict of interests**

- 5.1 The Organisation shall refrain, in accordance with its Regulations and Rules, from any action which may give rise to a conflict of interests.
- 5.2 A conflict of interest shall be deemed to arise where the impartial and objective exercise of the functions of any person implementing the Agreement is compromised.

## **Article 6: Confidentiality**

- 6.1 The Contracting Authority and the Organisation shall both preserve the confidentiality of any document, information or other material directly related to the implementation of the Action that is communicated as confidential. The confidential nature of a document shall not prevent it from being communicated to a third party on a confidential basis when the rules binding the Parties, or the European Commission when it is not the Contracting Authority, so require. In no case can disclosure put in jeopardy the Parties' privileges and immunities or the safety and security of the Parties' staff, Contractors, Grant Beneficiaries or the Final Beneficiaries of the Action.
- 6.2 The Parties shall obtain each other's prior written consent before publicly disclosing such confidential information unless:
- a) the communicating Party agrees in writing to release the other Party from the earlier confidentiality obligations; or
  - b) the confidential information becomes public through other means than in breach of the confidentiality obligation by the Party bound by that obligation; or
  - c) the disclosure of confidential information is required by law or by Regulations and Rules established in accordance with the basic constitutive document of any of the Parties.
- 6.3 The Parties shall remain bound by confidentiality for five (5) years after the End Date of the Agreement, or longer as specified by the communicating Party at the time of communication.
- 6.4 Where the European Commission is not the Contracting Authority, it shall nonetheless have access to all documents communicated to the Contracting Authority, and shall maintain the same level of confidentiality.

## **Article 7: Data Protection**

The Organisation shall ensure an appropriate protection of personal data in accordance with its applicable Rules and Procedures. Personal data shall be:

- processed lawfully, fairly and in a transparent manner in relation to the data subject;
- collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes;
- adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed;
- accurate and, where necessary, kept up to date;
- kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed; and
- processed in a manner that ensures appropriate security of the personal data.

## **Article 8: Communication and visibility**

- 8.1 The Organisation shall implement the Communication and Visibility Plan detailed in Annex VI.
- 8.2 Unless the European Commission requests or agrees otherwise, the Organisation shall take all appropriate measures to publicise the fact that the Action has received funding from the EU. Information given to the press and to the Final Beneficiaries, as well as all related

publicity material, official notices, reports and publications shall acknowledge that the Action was carried out "with funding by the European Union" and shall display the EU logo (twelve yellow stars on a blue background) in an appropriate way. Publications by the Organisation pertaining to the Action, in whatever form and whatever medium, including the internet, shall carry the following disclaimer: "This document was produced with the financial assistance of the European Union. The views expressed herein can in no way be taken to reflect the official opinion of the European Union." Such measures shall be carried out in accordance with the Communication and Visibility Requirements for EU External Action<sup>2</sup> published by the European Commission, or with any other guidelines agreed between the European Commission and the Organisation.

- 8.3 If, during the implementation of the Action, equipment, vehicles or major supplies are purchased using the EU Contribution, the Organisation shall display appropriate acknowledgement on such vehicles, equipment or major supplies, including the display of the EU logo (twelve yellow stars on a blue background). Where such display could jeopardise the Organisation's privileges and immunities or the safety of the Organisation's staff or of the Final Beneficiaries, the Organisation shall propose appropriate alternative arrangements. The acknowledgement and the EU logo shall be of such a size and prominence as to be clearly visible in a manner that shall not create any confusion regarding the identification of the Action as an activity of the Organisation, nor the ownership of the equipment, vehicles or major supplies by the Organisation.
- 8.4 If, pursuant to Article 9.5, the equipment, vehicles or remaining major supplies purchased with the EU Contribution have not been transferred to the local authorities, local Grant Beneficiaries or Final Beneficiaries when submitting the final report, the visibility requirements as regards this equipment, vehicles or major supplies (in particular display of the EU logo) shall continue to apply between submission of the final report and the end of the overall action, if the latter is longer. Where the Organisation retains ownership in accordance with Article 9.6, the visibility requirements shall continue to apply as long as the relevant equipment, vehicles or remaining major supplies are used by the Organisation.
- 8.5 Unless otherwise provided in the Special Conditions, if disclosure risks threatening the Organisation's safety or harming its interests, the European Commission and the Contracting Authority (if other than the European Commission) may publish in any form and medium, including on its internet sites, the name and address of the Organisation, the purpose and amount of the EU Contribution.
- 8.6 The Organisation shall ensure that reports, publications, press releases and updates relevant to the Action are communicated to the addresses stated in the Special Conditions upon their issuance.
- 8.7 The Parties will consult immediately and endeavour to remedy any detected shortcomings in implementing the visibility requirements set out in this Article. This is without prejudice to measures the Contracting Authority may take in case of substantial breach of an obligation.

## **Article 9: Right to use results and transfer of equipment**

### **Right to use**

- 9.1 Ownership of the results of the Action shall not vest in the Contracting Authority. Subject to Article 6, the Organisation shall grant, and shall act to ensure that any third party concerned grants the Contracting Authority (and the European Commission where it is not the Contracting Authority) the right to use free of charge the results of the Action, including the reports and other documents relating to it, which are subject to industrial or intellectual property rights.

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<sup>2</sup> Communication and Visibility in EU-financed external actions – Requirements for implementing partners (Projects), available at: [https://ec.europa.eu/europeaid/sites/devco/files/communication-visibility-requirements-2018\\_en.pdf](https://ec.europa.eu/europeaid/sites/devco/files/communication-visibility-requirements-2018_en.pdf)

- 9.2 Where the results mentioned in Article 9.1 include pre-existing rights and the Organisation cannot warrant the Contracting Authority (and the European Commission where it is not the Contracting Authority) the right to use such results, the Organisation shall inform in writing the Contracting Authority (and the European Commission, where it is not the Contracting Authority) accordingly.

## **Transfer**

- 9.3 The equipment, vehicles and remaining major supplies purchased with the EU Contribution shall be transferred to or remain with local authorities, local Grant Beneficiaries or Final Beneficiaries, at the latest when submitting the final report.
- 9.4 The documentary proof of those transfers shall not be presented with the final reports, but shall be kept for verification for the duration and along with the documents mentioned in Article 16.2.
- 9.5 By way of derogation from Article 9.3, the equipment, vehicles and remaining major supplies purchased with the EU Contribution in the framework of actions which continue after the end of the Implementation Period may be transferred at the end of the overall action. The Organisation shall use the equipment, vehicles and remaining major supplies for the benefit of the Final Beneficiaries. The Organisation shall inform the Contracting Authority on the end use of the equipment, vehicles and remaining major supplies in the final report.
- 9.6 In the event that there are no local authorities, local Grant Beneficiaries or Final Beneficiaries to whom the equipment, vehicles and remaining major supplies could be transferred, the Organisation may transfer them to another action funded by the EU or - exceptionally - retain ownership of the equipment, vehicles and remaining major supplies at the end of the Action or the overall action. In such cases, it shall submit a justified written request with an inventory listing of the items concerned and a proposal concerning their use in due course and - at the latest – together with the submission of the final report. In no event may the end use jeopardize the sustainability of the Action.

## **Article 10: Monitoring and evaluation of the Action**

- 10.1 Keeping in mind the commitment of the Parties to the effective and efficient operation of the Agreement, the Organisation shall invite representatives of the European Commission and the Contracting Authority (if other than the European Commission) to participate at their own costs to the main monitoring missions and evaluation exercises related to the performance of the Action. Participation in evaluation exercises should be ensured by requesting comments from the European Commission and the Contracting Authority on the terms of reference before the exercise takes place, and on the different deliverables related to an evaluation exercise prior to their final approval (as a minimum, on the final report). The Organisation shall send all monitoring and evaluation reports relating to the Action to the European Commission and the Contracting Authority once issued, subject to confidentiality.
- 10.2 Article 10.1 is without prejudice to any monitoring mission or evaluation exercise, which the European Commission as a donor, or the Contracting Authority, at their own costs, may wish to perform. Monitoring and evaluation missions by representatives of the European Commission or the Contracting Authority shall be planned ahead and completed in a collaborative manner between the staff of the Organisation and the European Commission's (or Contracting Authority's) representatives, keeping in mind the commitment of the Parties to the effective and efficient operation of the Agreement. The European Commission (or the Contracting Authority) and the Organisation shall agree on procedural matters in advance. The European Commission (or the Contracting Authority) shall make available to the Organisation the terms of reference of the evaluation exercise before it takes place, as well as the different deliverables (as a minimum, the draft final report) for comments prior to final issuance. The European Commission (or the Contracting Authority) shall send the final monitoring and evaluation report to the Organisation once issued.

- 10.3 In line with the spirit of partnership, the Organisation and the European Commission (and the Contracting Authority, if applicable), may also carry out joint monitoring and/or evaluation. Such arrangements will be discussed and agreed in due time, planned ahead and completed in a collaborative manner.
- 10.4 Representatives of the relevant partner country may, whenever possible, be invited to participate at their own costs in the main monitoring missions and evaluation exercises, unless such participation would be detrimental to the objectives of the Action or threaten the safety or harm the interests of Partners, Grant Beneficiaries or Final Beneficiaries.

## **Article 11: Amendment to the Agreement**

- 11.1 Without prejudice to Articles 11.3 to 11.7, any amendment to this Agreement, including its annexes, shall be set out in writing in an addendum signed by both Parties. This Agreement can only be amended before the End Date.
- 11.2 The requesting Party shall request in writing any amendment thirty (30) days before the amendment is intended to enter into force and no later than thirty (30) days before the End Date, unless there are special circumstances, duly demonstrated by it, and accepted by the other Party. The other Party shall notify its decision regarding the amendment proposed in due time and in any case no later than thirty (30) days after the date when the amendment request was received.
- 11.3 By way of derogation from Articles 11.1 and 11.2, where an amendment to Annex I and/or Annex III does not affect the main purpose of the Action, such as its objectives, strategy and priority areas, and the financial impact is limited to a transfer within a single budget heading, including cancellation or introduction of an item, or a transfer between budget headings involving a variation (as the case may be in cumulative terms) of 25 % or less of the amount originally entered (or as amended by a written addendum) in relation to each concerned heading, the Organisation may unilaterally amend Annex I and/or Annex III and shall inform the Contracting Authority accordingly in writing, at the latest in the next report.
- 11.4 The method described in Article 11.3 shall be used neither to amend the contingency reserve, the rate for remuneration, nor the agreed methodology or fixed amounts/rates of simplified cost options.
- 11.5 The Organisation may, in agreement with the Contracting Authority, change Outputs, the Indicators and their related targets, baselines and sources of verification described in Annex I and in the logical framework if the change does not affect the main purpose of the Action, without the need for a formal addendum to the Agreement.
- 11.6 The Organisation may, in agreement with the European Commission, amend Annex VI without the need for a formal addendum to the Agreement.
- 11.7 Changes of address and of bank account shall be notified in writing to the Contracting Authority. Where applicable, changes of bank account must be specified in the request for payment, using the financial identification form attached as Annex IV.

## **Article 12: Suspension**

### **Suspension of the time limit for payment**

- 12.1 The Contracting Authority may suspend the time limit for payment following a single payment request by notifying the Organisation that either:
- a) the amount is not due; or
  - b) the appropriate supporting documents have not been provided and therefore the Contracting Authority needs to request clarifications, modifications or additional information to the narrative or financial reports. Such clarifications or additional information may notably be requested by the Contracting Authority if it has doubts about

compliance by the Organisation with its obligations in the implementation of the Action;  
or

- c) credible information has come to the notice of the Contracting Authority that puts in doubt the eligibility of the reported expenditure; or
- d) credible information has come to the notice of the Contracting Authority that indicates a significant deficiency in the functioning of the Internal Control System of the Organisation or that the expenditure reported by the Organisation is linked to a serious irregularity and has not been corrected. In this case, the Contracting Authority may suspend the payment deadline if it is necessary to prevent significant damage to the EU's financial interests.

12.2 In the situations listed in Article 12.1, the Contracting Authority shall notify the Organisation as soon as possible, and in any case within thirty (30) days from the date on which the payment request was received, of the reasons for the suspension, specifying - where applicable - the additional information required. Suspension shall take effect on the date when the Contracting Authority sends the notification stating the reasons for the suspension. The remaining payment period shall start to run again from the date on which the requested information or revised documents are received or the necessary further checks are carried out. If the requested information or documents are not provided within the deadline fixed in the notification or are incomplete, payment may be made on the basis of the partial information available.

### **Suspension of the Agreement by the Contracting Authority**

12.3 The Contracting Authority may suspend the implementation of the Agreement, fully or partly, if:

- a) the Contracting Authority has proof that irregularities, fraud or breach of substantial obligations have been committed by the Organisation in the procedure of its selection, in its pillar assessment or in the implementation of the Action;
- b) the Contracting Authority has proof that irregularities, fraud or breach of obligations have occurred which call into question the reliability or effectiveness of the Organisation's Internal Control System or the legality and regularity of the underlying transactions;
- c) the Contracting Authority has proof that the Organisation has committed irregularities, fraud or breaches of obligations under other agreements funded by EU funds provided that those irregularities, fraud or breaches of obligations have a material impact on this Agreement.

12.4 Before suspension, the Contracting Authority shall formally notify the Organisation of its intention to suspend, inviting the Organisation to make observations within ten (10) days from the receipt of the notification. If the Organisation does not submit observations, or if - after examination of the observations submitted by the Organisation - the Contracting Authority decides to pursue the suspension, the Contracting Authority may suspend all or part of the implementation of this Agreement serving seven (7) days' prior notice. In case of suspension of part of the implementation of the Agreement, upon request of the Organisation, the Parties shall enter into discussions in order to find the arrangements necessary to continue the part of the implementation that is not suspended. Any expenditures or costs incurred by the Organisation during the suspension and related to the part of the Agreement suspended shall not be reimbursed, nor be covered by the Contracting Authority. Following suspension of the implementation of the Agreement, the Contracting Authority may terminate the Agreement in accordance with Article 13.2, recover amounts unduly paid and/or, in agreement with the Organisation, resume implementation of the Agreement. In the latter case, the Parties will amend the Agreement where necessary.

## **Suspension for exceptional circumstances**

- 12.5 The Organisation may decide to suspend the implementation of all or part of the Action if exceptional or unforeseen circumstances beyond the control of the Organisation make such implementation impossible or excessively difficult, such as in cases of Force Majeure. The Organisation shall inform the Contracting Authority immediately and provide all the necessary details, including the measures taken to minimise any possible damage, and the foreseeable effect and date of resumption.
- 12.6 The Contracting Authority may also notify the Organisation of the suspension of the implementation of the Agreement if exceptional circumstances so require, in particular:
- a) when a relevant EU Decision identifying a violation of human rights has been adopted; or
  - b) in cases such as crisis entailing a change of EU policy.
- 12.7 Neither of the Parties shall be held liable for breach of its obligations under the Agreement if Force Majeure or exceptional circumstances as set forth under Articles 12.5 and 12.6 prevent it from fulfilling said obligations, and provided it takes any measures to minimise any possible damage.
- 12.8 In the situations listed in Articles 12.5 and 12.6, the Parties shall minimise the duration of the suspension and shall resume implementation once the conditions allow. During the suspension period, the Organisation shall be entitled to the reimbursement of the minimum costs, including new legal commitments, necessary for a possible resumption of the implementation of the Agreement or of the Action. The Parties shall agree on such costs, including the reimbursement of legal commitments entered into for implementing the Action before the notification of the suspension was received which the Organisation cannot reasonably suspend, reallocate or terminate on legal grounds. This is without prejudice to any amendments to the Agreement that may be necessary to adapt the Action to the new implementing conditions, including, if possible, the extension of the Implementation Period or to the termination of the Agreement in accordance with Article 13.3. In case of suspension due to Force Majeure or if the Action is a Multi-Donor Action, the Implementation Period is automatically extended by an amount of time equivalent to the duration of the suspension.

## **Article 13: Termination**

- 13.1 Without prejudice to any other provision of these General Conditions or penalties foreseen in the EU Financial Regulation, where applicable, and with due regard to the principle of proportionality, the Contracting Authority may terminate the Agreement if the Organisation:
- a) fails to fulfil a substantial obligation incumbent on it under the terms of the Agreement;
  - b) is guilty of misrepresentation or submits false or incomplete statements to obtain the EU Contribution or provides reports that do not reflect reality to obtain or keep the EU Contribution without cause;
  - c) is bankrupt or being wound up, or is subject to any other similar proceedings;
  - d) is guilty of Grave Professional Misconduct proven by any justified means;
  - e) has committed fraud, corruption or any other illegal activity to the detriment of the EU's financial interests on the basis of proof in the possession of the Contracting Authority;
  - f) fails to comply with the reporting obligations in accordance with Article 3.15;
  - g) has committed any of the failings described in Article 12.3 on the basis of proof in the possession of the Contracting Authority.
- 13.2 Before terminating the Agreement in accordance with Article 13.1, the Contracting Authority shall formally notify the Organisation of its intention to terminate, inviting the Organisation to make observations (including proposals for remedial measures) within thirty (30) days from the receipt of the notification. During this period, and until the termination takes effect,

the Contracting Authority may suspend the time limit for any payment in accordance with Article 12.2 as a precautionary measure informing the Organisation immediately in writing. If the Organisation does not submit observations, or if, after examination of the observations submitted by the Organisation, the Contracting Authority decides to pursue the termination, the Contracting Authority may terminate the Agreement serving seven (7) days' prior notice. During that period, the Organisation may refer the matter to the responsible director in the European Commission. Where the Contracting Authority is the European Commission, the termination will take effect if and when confirmed by the director. Where the Contracting Authority is not the European Commission, the referral to the responsible director in the European Commission will not suspend the effects of the decision of the Contracting Authority. In case of termination, the Contracting Authority may demand full repayment of any amounts paid in excess of the final amount determined in accordance with Article 20 after allowing the Organisation to submit its observations. Neither Party shall be entitled to claim indemnity by the other Party on account of the termination of this Agreement.

- 13.3 If, at any time, either Party believes that the purpose of the Agreement can no longer be effectively or appropriately performed, it shall consult the other Party. Failing agreement on a solution, either Party may terminate the Agreement by serving sixty (60) days written notice. In this case, the final amount shall cover:
- a) payment only for the part of the Action carried out up to the date of termination;
  - b) in the situations described in Articles 12.5 and 12.6, the unavoidable residual expenditures incurred during the notice period; and,
  - c) in the situations described in Articles 12.5 and 12.6, reimbursement of legal commitments the Organisation entered into for implementing the Action before the written notice on termination was received by it and which the Organisation cannot reasonably terminate on legal grounds.

The Contracting Authority shall recover the remaining part in accordance with Article 15.

- 13.4 In the event of termination, a final report and a request for payment of the balance shall be submitted in accordance with Articles 3 and 19. The Contracting Authority shall not reimburse or cover any expenditure or costs which are not included or justified in a report approved by it.

## **Article 14: Applicable law and settlement of disputes**

- 14.1 The Parties shall endeavour to settle amicably any disputes or complaints relating to the interpretation, application or validity of the Agreement, including its existence or termination.
- 14.2 Where the Organisation is not an International Organisation, and the European Commission is the Contracting Authority, this Agreement is governed by EU law, complemented - if necessary - by the relevant provisions of Belgian law. In the absence of an amicable settlement in accordance with Article 14.1 above, the General Court, or on appeal the Court of Justice of the European Union, has sole jurisdiction. Such actions must be brought under Article 272 of the Treaty on the Functioning of the EU (TFEU). Notwithstanding the foregoing sentence, where the Organisation is not established or incorporated in the EU, any of the Parties may bring before the Brussels courts any dispute between them concerning the interpretation, application or validity of the Agreement, if such dispute cannot be settled amicably. Where one party has brought proceedings before the Brussels courts, the other party may not bring a claim arising from the interpretation, application or validity of the Agreement in any other court than the Brussels courts before which the proceedings have already been brought.
- 14.3 Where the Organisation is not an International Organisation and the European Commission is not the Contracting Authority, the Agreement shall be governed by the law of the country of the Contracting Authority and the courts of the country of the Contracting Authority shall have exclusive jurisdiction, unless otherwise agreed by the Parties. The dispute may, by common agreement of the Parties, be submitted for conciliation to the European

Commission. If no settlement is reached within one hundred and twenty (120) days of the opening of the conciliation procedure, each Party may notify the other that it considers the procedure to have failed and may submit the dispute to the courts of the country of the Contracting Authority.

14.4 Where the Organisation is an International Organisation:

- a) nothing in the Agreement shall be interpreted as a waiver of any privileges or immunities accorded to any Party by its constituent documents, privileges and immunities agreements or international law;
- b) in the absence of an amicable settlement pursuant to Article 14.1 above, any dispute shall be settled by final and binding arbitration in accordance with the Permanent Court of Arbitration Optional Rules for Arbitration Involving International Organizations and States, as in effect on the date of entry into force of this Agreement. The appointing authority shall be the Secretary General of the Permanent Court of Arbitration. The arbitration proceedings must take place in the Hague and the language used in the arbitral proceedings will be English. The arbitrator's decision shall be binding on all Parties and there shall be no appeal.

**Article 15: Recovery**

- 15.1 Where an amount is to be recovered under the terms of the Agreement, the Organisation shall repay the amount due to the Contracting Authority.
- 15.2 Before recovery, the Contracting Authority shall formally notify the Organisation of its intention to recover any undue amount, specifying the amount and the reasons for recovery and inviting the Organisation to make any observations within 30 days from the date of receipt of the notification. If, after examination of the observations submitted by the Organisation or if the Organisation does not submit any observations, the Contracting Authority decides to pursue the recovery procedure, it may confirm recovery by formally notifying the Organisation. If there is a disagreement between the Organisation and the Contracting Authority on the amount to be repaid, the Organisation may refer the matter to the responsible director in the European Commission within thirty (30) days. Where the Contracting Authority is the European Commission, a debit note specifying the terms and the date for payment may be issued after the deadline for the referral to the director. Where the Contracting Authority is not the European Commission, the referral to the responsible director in the European Commission will not prevent the Contracting Authority from issuing the debit note.
- 15.3 If the Organisation does not make the payment by the date specified in the debit note, the Contracting Authority shall recover the amount due:
  - a) by offsetting it against any amounts owed to the Organisation by the EU;
  - b) by taking legal action pursuant to Article 14;
  - c) in exceptional circumstances justified by the necessity to safeguard the financial interests of the EU, the Contracting Authority may, when it has justified grounds to believe that the amount due would be lost, recover by offsetting before the deadline specified in the debit note without the Organisation's prior consent.
- 15.4 If the Organisation fails to repay by the due date, the amount due shall be increased by late payment interest calculated at the rate indicated in Article 19.6(a). The interest shall be payable for the period elapsing from the day after the expiration of the time limit for payment up to and including the date when the Contracting Authority actually receives payment in full of the outstanding amount. Any partial payment shall first cover the interest.
- 15.5 Where the European Commission is not the Contracting Authority, it may, if necessary, proceed itself to the recovery.

- 15.6 The European Commission may waive the recovery in accordance with the principle of Sound Financial Management and proportionality or it shall cancel the amount in the event of a mistake.

## **Article 16: Accounts and archiving**

### **Accounting**

- 16.1 The Organisation shall keep accurate and regular records and accounts of the implementation of the Action. The accounting Regulations and Rules of the Organisation shall apply to the extent that they ensure accurate, complete, reliable and timely information. Financial transactions and financial statements shall be subject to the internal and external auditing procedures laid down in the Regulations and Rules of the Organisation.

### **Archiving**

- 16.2 For a period of five (5) years from the End Date and in any case until any on-going audit, verification, appeal, litigation or pursuit of claim or investigation by the European Anti- Fraud Office (OLAF), if notified to the Organisation, has been disposed of, the Organisation shall keep and make available according to Article 17 all relevant financial information (originals or copies) related to the Agreement and to any Procurement Contracts and Grant agreements financed by the EU Contribution.

## **Article 17: Access and financial checks**

- 17.1 The Organisation shall allow the European Commission, or any authorised representatives, to conduct desk reviews and on-the-spot checks on the use made of the EU Contribution on the basis of supporting accounting documents and any other document related to the financing of the Action.
- 17.2 The Organisation agrees that OLAF may carry out investigations, including on-the-spot checks and inspections, in accordance with the provisions laid down by EU law for the protection of the financial interests of the EU against fraud, corruption and any other illegal activity.
- 17.3 The Organisation agrees that the execution of this Agreement may be subject to scrutiny by the Court of Auditors when the Court of Auditors audits the European Commission's implementation of EU expenditure. In such case the Organisation shall provide to the Court of Auditors access to the information that is required for the Court to perform its duties.
- 17.4 To that end, the Organisation undertakes to provide officials of the European Commission, OLAF and the European Court of Auditors and their authorised agents, upon request, information and access to any documents and computerised data concerning the technical and financial management of operations financed under the Agreement, as well as grant them access to sites and premises at which such operations are carried out. The Organisation shall take all necessary measures to facilitate these checks in accordance with its Regulations and Rules. The documents and computerised data may include information that the Organisation considers confidential in accordance with its own established Regulations and Rules or as governed by contractual agreement. Such information once provided to the European Commission, OLAF, the European Court of Auditors, or any other authorised representatives, shall be treated in accordance with EU confidentiality rules and legislation and Article 6. Documents must be accessible and filed in a manner permitting checks, the Organisation being bound to inform the European Commission, OLAF or the European Court of Auditors of the exact location at which they are kept. Where appropriate, the Parties may agree to send copies of such documents for a desk review.
- 17.5 Where applicable, the desk reviews, investigations, on-the-spot checks and inspections referred to in Article 17.1 to 17.4 shall refer to a verification that shall be performed in accordance with the verification clauses agreed between the Organisation and the European

Commission. This is without prejudice to any cooperation arrangement between OLAF and the Organisation's anti-fraud bodies.

- 17.6 The European Commission shall inform the Organisation of the planned on-the-spot missions by agents appointed by the European Commission in due time in order to ensure adequate procedural matters are agreed upon in advance.
- 17.7 Failure to comply with the obligations set forth in Article 17 constitutes a case of breach of a substantial obligation under this Agreement.

## **Article 18: Eligibility of costs**

- 18.1 Direct costs are eligible for EU financing if they meet all the following criteria:
- a) they are necessary for carrying out the Action, directly attributable to it, arising as a direct consequence of its implementation and charged in proportion to the actual use;
  - b) they are incurred in accordance with the provisions of this Agreement;
  - c) they are actually incurred by the Organisation, i.e. they represent real expenditure definitely and genuinely borne by the Organisation, without prejudice to Article 18.5;
  - d) they are reasonable, justified, comply with the principle of Sound Financial Management and are in line with the usual practices of the Organisation regardless of their source of funding;
  - e) they are incurred during the Implementation Period with the exception of costs related to final report, final evaluation, audit and other costs linked to the closure of the Action which may be incurred after the Implementation Period;
  - f) they are identifiable and backed by supporting documents, in particular determined and recorded in accordance with the accounting practices of the Organisation;
  - g) they are covered by one of the sub-headings indicated in the estimated budget in Annex III and by the activities described in Annex I; and
  - h) they comply with the applicable tax and social legislation taking into account the Organisation's privileges and immunities.
- 18.2 The following costs may not be considered eligible direct costs, but may be charged as part of the remuneration: all eligible costs that, while necessary and arising as a consequence of implementation, are supporting the implementation of the Action and not considered part of the activities that the European Union finances as described in Annex I, including corporate management costs or other costs linked to the normal functioning of the Organisation, such as horizontal and support staff, office or equipment costs (except when duly justified and described in Annex I, such as a project office).
- 18.3 The remuneration shall be declared on the basis of a flat-rate which shall not exceed 7% of the total eligible direct costs to be reimbursed by the Contracting Authority. The remuneration does not need to be supported by accounting documents. For Multi-Donor and comparable actions, the remuneration shall not be higher than that charged by the Organisation to comparable contributions.
- 18.4 The following costs are ineligible for EU financing:
- a) bonuses, provisions, reserves or non-remuneration related costs. Employers' contributions to pension or other insurance funds run by the Organisation may only be eligible to the extent they do not exceed the actual payments made by these schemes and that the amount provisioned does not exceed the contribution that could have been made to an external fund;
  - b) full-purchase cost of equipment and assets unless the asset or equipment is specifically purchased for the Action and ownership is transferred in accordance with Article 9;

- c) duties, taxes and charges, including VAT, that are recoverable/deductible by the Organisation;
- d) return of capital;
- e) debts and debt service charges;
- f) provision for losses, debts or potential future liabilities;
- g) banking charges for the transfers from and to the Contracting Authority;
- h) costs incurred during the suspension of the implementation of the Agreement except the minimum costs agreed on in accordance with Article 12.8;
- i) costs declared by the Organisation under another agreement financed by the European Union budget (including through the European Development Fund);
- j) contributions in kind. The cost of staff assigned to the Action and actually incurred by the Organisation is not a contribution in kind and may be declared as a direct eligible cost if it complies with the conditions set out in Article 18.1; and
- k) costs of purchase of land or buildings, unless otherwise provided in the Special Conditions.

### **Simplified cost options**

- 18.5 Direct eligible costs may also be declared by using any or a combination of unit costs, lump sums and flat-rate financing.
- 18.6 The methods used by the Organisation to determine unit costs, lump sums or flat-rates shall comply with the principles provided in Articles 18.1, 18.2 and 18.4, be clearly described and substantiated in Annex III, shall avoid double funding of costs and shall respect the principle of Sound Financial Management. These methods shall be based on the Organisation's historical or actual accounting data, its usual accounting practices, an expert judgment or on statistical or other objective information where available and appropriate.
- 18.7 Costs declared under simplified cost options do not need to be backed by accounting or supporting documents except if they are necessary to demonstrate that the costs have been declared according to the declared method or cost accounting practices and that the qualitative and quantitative conditions defined in Annex I and III have been respected.
- 18.8 Simplified cost options not linked to the achievement of concrete Results shall only be eligible if they have been ex ante-assessed by the European Commission.
- 18.9 If a verification reveals that the methods used by the Organisation to determine unit costs, lump sums or flat-rates are not compliant with the conditions established in this Agreement, the Contracting Authority shall be entitled to recover proportionately up to the amount of the unit costs, lump sums or flat-rate financing.

### **Article 19: Payments**

- 19.1 Payment procedures shall be as follows:
  - a) the Contracting Authority shall provide a first pre-financing instalment as set out in Article 4.1 of the Special Conditions within thirty (30) days of receiving the Agreement signed by both Parties;
  - b) the Organisation may submit a request for further pre-financing instalment for the following reporting period in accordance with Article 4 of the Special Conditions; the following provisions apply:
    - i) the reporting period is intended as a twelve-month period, unless otherwise provided for in the Special Conditions. When the remaining period to the end of the Action is up to eighteen (18) months, the reporting period shall cover it entirely;

- ii) if at the end of the reporting period less than 70% of the last payment (and 100% of previous payments, if any) has been paid by the Organisation to its staff or otherwise subject to a legal commitment with a third party, the further pre-financing payment shall be reduced by the amount corresponding to the difference between the 70 % of the immediately pre-financing payment (and 100% of previous payments, if any) and the part of the previous pre-financing payments which has been paid by the Organisation to its staff or has been subject to a legal commitment with a third party;
    - iii) the Organisation may submit a request for further pre-financing payment before the end of the reporting period, once more than 70 % of the immediately preceding payment (and 100% of previous payments, if any) has been paid by the Organisation to its staff or otherwise subject to a legal commitment with a third party. In this case, the following reporting period starts anew from the end date of the period covered by this payment request;
  - c) at the end of the Implementation Period, the Organisation shall submit a payment request for the balance, where applicable, together with the final report. The amount of the balance shall be determined according to Article 20 and following approval of the request for payment of the balance and of the final report; and
  - d) the Contracting Authority shall pay the further pre-financing instalments and the balance within ninety (90) days of receiving a payment request accompanied by a progress or final report, unless the time limit for payment was suspended according to Article 12 or 13.
- 19.2 Payment requests shall be accompanied by narrative and financial reports presented in accordance with Article 3. The requests for pre-financing payments and the request for the balance shall be drafted in the Currency of the Agreement as specified in the Special Conditions. Except for the first pre-financing instalment, the payments shall be made upon approval of the payment request accompanied by a progress or final report. The final amount shall be established in line with Article 20. If the balance is negative, the payment of the balance takes the form of recovery.
- 19.3 Approval of the requests for payment and of the accompanying reports shall not imply recognition of the regularity or of the authenticity, completeness and correctness of the declarations and information contained therein.
- 19.4 The Contracting Authority shall make payments in the Currency of the Agreement as specified in the Special Conditions to the bank account referred to in the financial identification form in Annex IV.
- 19.5 Payment arrangements for performance-based financing in accordance with Article 21 shall be set out in Article 4 of the Special Conditions and Annex I.

#### **Late payment interest**

- 19.6 In case of late payment of the amounts stated in Article 4 of the Special Conditions the following conditions apply:
- a) upon expiry of the time limits for payments specified in Article 19.1, if the Organisation is not a Member State Organisation, it shall receive interest on late payment based on the rate applied by the European Central Bank for its main refinancing operations in Euros (Reference Rate), increased by three and a half percentage points. The Reference Rate shall be the rate in force on the first day of the month in which the time limit for payment expires, as published in the C series of the Official Journal of the EU;
  - b) the suspension of the time limit for payment by the Contracting Authority in accordance with Article 12 or 13 shall not be considered as late payment;
  - c) interest on late payment shall cover the period running from the day following the due date for payment, up to and including the date of actual payment as established in Article 19.1. Any partial payment shall first cover the interest;

- d) by way of exception to point (c), when the interest calculated in accordance with this provision is lower than or equal to EUR 200, the Contracting Authority shall pay such interest to the Organisation only upon request from the Organisation submitted within two months of it receiving late payment;
- e) by way of exception to point (c), when the Contracting Authority is not the European Commission, and the European Commission does not make the payments, the Organisation shall be entitled to late payment interest upon its request submitted within two months of it receiving late payment.

## **Article 20: Final amount of the EU Contribution**

- 20.1 The Contracting Authority shall determine the final amount of the EU Contribution when approving the Organisation's final report. The Contracting Authority shall then determine the balance:
- a) to be paid to the Organisation in accordance with Article 19 where the final amount of the EU Contribution is higher than the total amount already paid to the Organisation; or
  - b) to be recovered from the Organisation in accordance with Article 15 where the final amount of the EU Contribution is lower than the total amount already paid to the Organisation.
- 20.2 The final amount shall be the lower of the following amounts:
- a) the maximum EU Contribution referred to in Article 3.1 of the Special Conditions in terms of absolute value;
  - b) the amount obtained after reduction of the EU Contribution in accordance with Article 20.3.
- 20.3 Where the Action (i) is not implemented, (ii) is not implemented in line with the Agreement or (iii) is implemented partially or late, the Contracting Authority may, after allowing the Organisation to submit its observations, reduce the EU Contribution in proportion to the seriousness of the above mentioned situations. If there is a disagreement between the Organisation and the Contracting Authority on the reduction, the Organisation may refer the matter to the responsible director in the European Commission.

## **Article 21: Performance-based financing**

- 21.1 The payment of the EU Contribution may be partly or entirely linked to the achievement of Results measured by reference to previously set milestones or through performance Indicators. Such performance-based financing is not subject to Article 18. The relevant Results and the means to measure their achievement shall be clearly described in Annex I.
- 21.2 The amount to be paid per achieved Result shall be set out in Annex III. The method to determine the amount to be paid per achieved Result shall be clearly described in Annex I and take into account the principle of Sound Financial Management.
- 21.3 The Organisation shall not be obliged to report on costs linked to the achievement of Results. However, the Organisation shall submit any necessary supporting documents, including where relevant accounting documents, to prove that the Results triggering the payment as defined in Annex I and III have been achieved.
- 21.4 Articles 3.7 f), 3.8 b) and 3.8 f) do not apply to the part of the Action supported by way of performance-based financing.

## **Article 22: Ex-post publication of information on Contractors and Grant Beneficiaries**

- 22.1 The Organisation shall publish, on an annual basis, on its internet site, the following information on Procurement Contracts exceeding EUR 15.000 and all Grants financed by the EU Contribution: title of the contract/agreement/project, nature and purpose of the

contract/agreement/project, name and locality of the Contractor or Grant Beneficiary and amount of the contract/agreement/project. The term "locality" shall mean the address for legal persons and the Region on NUTS<sup>3</sup> 2 level, or equivalent, for natural persons. This information shall not be published in relation to education support paid to natural persons and other direct support paid to natural persons in most need. This information shall be published with due observance to the requirements of confidentiality security and in particular the protection of personal data. The publication shall be waived, if such disclosure risks threatening rights and freedoms as protected by the Charter of Fundamental Rights of the European Union or harm the commercial interests of the Contractors or Grant Beneficiaries.

- 22.2 The Organisation shall provide to the European Commission the address of the internet site where this information can be found and shall authorise the publication of such address on the European Commission's internet site.
- 22.3 Where the Action is a Multi-Donor Action and the EU Contribution is not earmarked, the publication of information on Contractors and Grant Beneficiaries shall follow the rules of the Organisation.

## **Article 23: Contracting and Early Detection and Exclusion System**

### **Contracting**

- 23.1 Unless otherwise provided for in the Special Conditions, the origin of the goods and the nationality of the organisations, companies and experts selected for carrying out activities in the Action shall be determined in accordance with the Organisation's relevant rules. However, and in any event, goods, organisations, companies and experts eligible under the applicable regulatory provisions of the European Union shall be eligible. Without prejudice to the foregoing or to the Organisation's assessed Regulations and Rules, the Organisation shall promote the use of local contractors when implementing the Action.
- 23.2 The Organisation shall adopt reasonable measures, in accordance with its own Regulations and Rules, to ensure that potential candidates or tenderers and applicants shall be excluded from the participation in a procurement or grant award procedure and from the award of a Procurement Contract or Grant financed by the EU Contribution, if the Organisation becomes aware that these entities:
- a) or persons having powers of representation, decision making or control over them, have been the subject of a final judgement or of a Final Administrative Decision for fraud, corruption, involvement in a criminal organisation, money laundering, terrorist-related offences, child labour or trafficking in human beings;
  - b) or persons having powers of representation, decision making or control over them have been the subject of a final judgement or of a Final Administrative Decision for an irregularity affecting the EU's financial interest;
  - c) are guilty of misrepresentation in supplying the information required as a condition of participation in the procedure or if they fail to supply this information;
  - d) have been the subject of a final judgment or of a Final Administrative Decision establishing that the entities have created an entity under a different jurisdiction with the intention to circumvent fiscal, social or any other legal obligations of mandatory application in the jurisdiction of its registered office, central administration or principal place of business;
  - e) have been created with the intention described in point d) above as established by a final judgment or a Final Administrative Decision.

### **Early Detection and Exclusion System**

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<sup>3</sup> Nomenclature of Territorial Units for Statistics, available at: <http://ec.europa.eu/eurostat/ramon>.

- 23.3 The Organisation shall inform the European Commission if, in relation to the implementation of the Action, it has detected a situation of exclusion pursuant to Article 23.2 or its own positively assessed Regulations and Rules, as applicable, or if it has detected a fraud and/or an irregularity pursuant to Article 2.3. This information may be used by the European Commission for the purpose of the Early Detection and Exclusion System. The Organisation shall inform the European Commission when it becomes aware that transmitted information needs to be rectified updated or removed. The Organisation shall ensure that the entity concerned is informed that its data was transmitted to the European Commission and may be included in the Early Detection and Exclusion System and be published on the website of the European Commission. These requirements cease at the end of the Implementation Period.
- 23.4 Without prejudice to the power of the European Commission to exclude a person or an entity from future procurement contracts and grants financed by the EU and/or to impose financial penalties according to the EU Financial Regulation, the Organisation may impose sanctions on third parties according to its own Regulations and Rules ensuring, where applicable, the right of defence of the third party.
- 23.5 The Organisation may take into account, as appropriate and on its own responsibility, the information contained in the Early Detection and Exclusion System, when implementing the EU Contribution. Access to the information can be provided through the authorised persons or via consultation with the European Commission as referred in Article 5.6 of the Special Conditions<sup>4</sup>.

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<sup>4</sup> The Organisation shall be allowed to have direct access to the Early Detection and Exclusion System through an authorised person when the Organisation certifies to the Contracting Authority service responsible that it applies adequate data protection measures as provided in Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000 or its successor, as applicable.

| Annex III: Budget T05-EUTF-SAH-NG-09-01 EU Support to the United Nations 'One UN Response Plan to COVID-19 in Nigeria'                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                      |                      |                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| EXPECTED<br>OUTPUTS/RESULTS                                                                                                                        | PLANNED ACTIVITIES                                                                                                                                                                                                                                                                                                                                                                                                                                  | BUDGET PER YEAR      |                      | Total Budget in USD  | Budget Description                                                                                                              | Budget notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Percentage<br>Distribution |
|                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Year 1 (USD)         | Year 2 (USD)         |                      |                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |
| <b>Output/Result 1: Improved rapid procurement of disease commodity packages for surveillance, prevention and control, and clinical management</b> | 1.1. Procurement and distribution of medical supplies, equipment, hygiene products and medicines required to respond to the outbreak including prevention, treatment, control and case management;                                                                                                                                                                                                                                                  | 32.715.000,00        | 8.050.000,00         | 40.765.000,00        | 72300 Materials and Goods<br>74700 Transport, Shipping and handle<br>71200 International Consultants<br>71300 Local Consultants | <b>PREVENTION and CONTROL:</b> PPE (Face shield, Gloves, examination Goggles, protective Mask, surgical Gown etc),<br><br><b>CLINICAL MANAGEMENT:</b><br>Supportive Treatment ( Resuscitator, adult Resuscitator, child Airway, Guedel, sterile, single use (range of sizes))<br>PPE Health Care Facilities (PCR Test Kit, Alcohol-based hand rub, Soap, Gloves, surgical, length to forearm large, Scrubs, tops, Scrubs, pants, Bio-hazardous bag, Safety Box, Chlorine)<br><br><b>SURVEILLANCE:</b> Sample Collection (Triple packaging boxes, Viral Transport Medium, Viral Transport Medium) |                            |
|                                                                                                                                                    | 1.2. Expand and support to surveillance at the state and local level for case detection, monitoring of the pandemic and detection for containing spread of the pandemic;                                                                                                                                                                                                                                                                            | 3.000.000,00         | 2.000.000,00         | 5.000.000,00         | 72300 Materials and Goods<br>74700 Transport, Shipping and handle<br>71200 International Consultants<br>71300 Local Consultants |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |
|                                                                                                                                                    | 1.3. Support establishment of additional new laboratories for testing through procurement of testing kits to expand scope in selected states;                                                                                                                                                                                                                                                                                                       | 1.500.000,00         | 500.000,00           | 2.000.000,00         | 72300 Materials and Goods<br>74700 Transport, Shipping and handle<br>71200 International Consultants<br>71300 Local Consultants |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |
|                                                                                                                                                    | 1.4. Rehabilitation/conversion of facilities & procurement of supplies to utilize as medical facilities, ICU's to expand capacity for isolation and treatment;                                                                                                                                                                                                                                                                                      | 2.000.000,00         | 1.600.000,00         | 3.600.000,00         | 72100 Contractual Services-Companies<br>71200 International Consultants<br>71300 Local Consultants                              | First year: Supporrtng 20 states with renovation of atleast one health facility each costing US\$100,000<br><br>Second year: Supporrtng 16 states with renovation of atleast one health facility each costing US\$100,000                                                                                                                                                                                                                                                                                                                                                                        |                            |
|                                                                                                                                                    | 1.5. Supporting provision of basic health in prisons, including development of isolation, referral and care plans for inmates and prison officials and IDP/refugee camps support to minimize the introduction of infections as well as minimizing their effects should this happen;                                                                                                                                                                 | 600.000,00           | 400.000,00           | 1.000.000,00         | 72100 Contractual Services-Companies<br>71200 International Consultants<br>71300 Local Consultants                              | First Year: Support 20 selected Prisons and 10 IDP camps with renovation of health facilities/ health service improvements each costing US\$ 20,000<br><br>Second Year: Support 16 Prisons and 4 IDP camps with renovation of health facilities/ health service improvements each costing US\$ 20,000                                                                                                                                                                                                                                                                                            |                            |
|                                                                                                                                                    | 1.6 Ensure universal access to treatment for COVID-19 with full respect for human rights, gender equality and without stigma through analysis, advocacy and sensitisation.                                                                                                                                                                                                                                                                          | 100.000,00           | 150.000,00           | 250.000,00           | 75700 Training, Workshops and Conference<br>71200 International Consultants<br>71300 Local Consultants                          | Support monitoring to ensure universal health services espically for marginalised. Suport to include Workshops, events, seminars, campaigns, conferences to reach at least 2Mpeople                                                                                                                                                                                                                                                                                                                                                                                                              |                            |
|                                                                                                                                                    | <b>Subtotal of Output/Result 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>39.915.000,00</b> | <b>12.700.000,00</b> | <b>52.615.000,00</b> |                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>58,46%</b>              |
| <b>Output/Result 2: Complementary ongoing Risk Communication Strategies for sustained community engagement and cooperation are supported</b>       | 2.1 Co-create targeted messages disbursed through a range of mediums including television, radio, digital platforms such as social media, print media, at the community level and elsewhere leveraging Government at State Levels, Local Governments, Civic Leaders, women's organisations and networks, youth organisations, Religious and Traditional Leaders, creative sector influencers to enhance public awareness, sensitization and buy-in; | 350.000,00           | 200.000,00           | 550.000,00           | 74100 Professional Services<br>71200 International Consultants<br>71300 Local Consultants                                       | Working with print, electronic, audiio/visual and social media to reach at least 70% of the population                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |

| Annex III: Budget T05-EUTF-SAH-NG-09-01 EU Support to the United Nations 'One UN Response Plan to COVID-19 in Nigeria'                                                       |                                                                                                                                                                                                                                                                   |                     |                     |                     |                                                                                                        |                                                                                                                                                                                                                                                                 |                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|---------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| EXPECTED OUTPUTS/RESULTS                                                                                                                                                     | PLANNED ACTIVITIES                                                                                                                                                                                                                                                | BUDGET PER YEAR     |                     | Total Budget in USD | Budget Description                                                                                     | Budget notes                                                                                                                                                                                                                                                    | Percentage Distribution |
|                                                                                                                                                                              |                                                                                                                                                                                                                                                                   | Year 1 (USD)        | Year 2 (USD)        |                     |                                                                                                        |                                                                                                                                                                                                                                                                 |                         |
|                                                                                                                                                                              | 2.2 Technical support provided to ensure risk communication and community engagement messages are contextualised to reach vulnerable groups including women, persons living with disabilities, the elderly, PLHIV and other marginalised groups;                  | 100.000,00          | 100.000,00          | 200.000,00          | 71200 International Consultants<br>71300 Local Consultants                                             | Recruitment of and deployment of at least 10/15 media consultants to support messaging                                                                                                                                                                          |                         |
|                                                                                                                                                                              | 2.3 Provide technical and logistical support to the NCDC and the Presidential Task Force on COVID-19 in developing and packaging messages on mitigation of risk and recovery postCOVID19;                                                                         | 100.000,00          | 100.000,00          | 200.000,00          | 71200 International Consultants<br>71300 Local Consultants                                             |                                                                                                                                                                                                                                                                 |                         |
|                                                                                                                                                                              | 2.4 Provide training support on Risk Communication and Community Engagement for key stakeholders;                                                                                                                                                                 | 100.000,00          | 100.000,00          | 200.000,00          | 75700 Training, Workshops and Conference<br>71200 International Consultants<br>71300 Local Consultants | Organise online/tele-training for at least 400 selected stakeholders from national and subnational levels                                                                                                                                                       |                         |
|                                                                                                                                                                              | 2.5 Conduct regular analysis and assessments to monitor and evaluate impact of messaging and adjust as required.                                                                                                                                                  | 100.000,00          | 100.000,00          | 200.000,00          | 71200 International Consultants<br>71300 Local Consultants                                             | Recruitment of and deployment of at least 2/3 media consultants to undertake COVID-19 risk communication impact assessment                                                                                                                                      |                         |
|                                                                                                                                                                              | <b>Subtotal of Output/Result 2</b>                                                                                                                                                                                                                                | <b>750.000,00</b>   | <b>600.000,00</b>   | <b>1.350.000,00</b> |                                                                                                        |                                                                                                                                                                                                                                                                 | <b>1,50%</b>            |
| <b>Output/Result 3: Development of tailored and decentralized response strategies at state-level aligned to the coordinated framework at the Federal level is supported</b>  | 3.1 Provide technical support to States and Local Governments to develop COVID-19 contingency and response plans tailored to the local context and aligned to the broader Federal level plan;                                                                     | 300.000,00          | 240.000,00          | 540.000,00          | 71200 International Consultants<br>71300 Local Consultants                                             | First Year: Support 20 States in developing response plan each costing US\$ 15,000<br><br>Second Year: Support 15 States in developing response plan each costing US\$ 15,000                                                                                   |                         |
|                                                                                                                                                                              | 3.2 Provide integrated support packages to the implementation of State and Local Government contingency and response plans.                                                                                                                                       | 1.500.000,00        | 1.200.000,00        | 2.700.000,00        | 72300 Materials and Goods<br>71200 International Consultants<br>71300 Local Consultants                | First Year: Support 20 States in implementing developed response plan in 2/3 selected LGAs each costing US\$ 25,000 per LGA<br><br>Second Year: Support 20 States in implementing developed response plan in 2/3 selected LGAs each costing US\$ 25,000 per LGA |                         |
|                                                                                                                                                                              | <b>Subtotal of Output/Result 3</b>                                                                                                                                                                                                                                | <b>1.800.000,00</b> | <b>1.440.000,00</b> | <b>3.240.000,00</b> |                                                                                                        |                                                                                                                                                                                                                                                                 | <b>3,60%</b>            |
| <b>Output/Result 4: Access to essential health services are maintained through socio-economic analytics, and pro-active early recovery and social protection activities.</b> | 4.1 Provide support for continued essential health services including reproductive and maternal health care, through the deployment and protection of medical personnel, medicines, diagnostics, PPEs, and rehabilitation of WASH and other essential facilities; | 100.000,00          | 500.000,00          | 600.000,00          | 72100 Contractual Services-Companies<br>71200 International Consultants<br>71300 Local Consultants     | First Year: Support 10 conflict affected States rehabilitation of essential health facilities each costing US\$ 100,000<br><br>Second Year: Support 5 conflict affected States rehabilitation of essential health facilities each costing US\$ 100,000          |                         |

| Annex III: Budget T05-EUTF-SAH-NG-09-01 EU Support to the United Nations 'One UN Response Plan to COVID-19 in Nigeria' |                                                                                                                                                                                                                                                                                                                                                       |                      |                      |                      |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                   |                         |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| EXPECTED OUTPUTS/RESULTS                                                                                               | PLANNED ACTIVITIES                                                                                                                                                                                                                                                                                                                                    | BUDGET PER YEAR      |                      | Total Budget in USD  | Budget Description                                                                        | Budget notes                                                                                                                                                                                                                                                                                                                                                      | Percentage Distribution |
|                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                       | Year 1 (USD)         | Year 2 (USD)         |                      |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                   |                         |
| targeting vulnerable groups                                                                                            | 4.2 Initiate socio-economic measures, such as cash transfers, food distribution, employment generation, livelihood opportunities, Small and Medium Enterprises (SMEs) community cohesion including other social protection measures to vulnerable groups. Use these contexts to strengthen personal hygiene messaging and WASH services availability; | 8.000.000,00         | 7.000.000,00         | 15.000.000,00        | 72600 Grants<br>71200 International Consultants<br>71300 Local Consultants                | First Year: Support 30 highly COVID-19 affected States with cash transfer schemes benefiting 1,000 persons per state each costing US\$ 267,000<br><br>Second Year: Support 6 highly COVID-19 affected States plus year one good performing 20 states a total of 26 states with cash transfer schemes benefiting 1,000 persons per state each costing US\$ 269,000 |                         |
|                                                                                                                        | 4.3 Supporting manufacturing and distribution agents in country who are engaged with essential medical supplies such as disinfectants, hand sanitizers, masks and medical equipment;                                                                                                                                                                  | 2.712.000,00         | 1.500.000,00         | 4.212.000,00         | 72600 Grants<br>71200 International Consultants<br>71300 Local Consultants                | First Year: Providing innovative grant for selected 10 medical small and medium scale industries each costing US\$271,000<br><br>Second Year: Providing innovative grant for selected additional 6 medical small and medium scale industries each costing US\$250,000                                                                                             |                         |
|                                                                                                                        | 4.4 Conduct analysis of peacebuilding and social cohesion risks and provide support to state and local level responses prioritising vulnerable groups and support the activation of gender sensitive conflict early warning systems and their repurposing for detection and referral of COVID-19 related tensions;                                    | 500.000,00           | 500.000,00           | 1.000.000,00         | 71200 International Consultants<br>71300 Local Consultants                                | Year 1 and 2 support social cohesion activities in 10 conflict affected states including the establishment of early warning systems each costing US\$50,000                                                                                                                                                                                                       |                         |
|                                                                                                                        | 4.5 Provide psychosocial support and solidarity kits comprising household supplies, food etc. to bereaved families and those where family members have been severely affected and help people get back on their feet;                                                                                                                                 | 500.000,00           | 500.000,00           | 1.000.000,00         | 72300 Materials and Goods<br>71200 International Consultants<br>71300 Local Consultants   | Year 1 and 2 support 5,000 COVID-19 affected selected households with soldarity kits each costing US\$ 100                                                                                                                                                                                                                                                        |                         |
|                                                                                                                        | 4.6 Preparation of risk informed post COVID-19 recovery and development strategies and provide support for implementation of targeted activities related to livelihoods and employment generation.                                                                                                                                                    | 300.000,00           | 240.000,00           | 540.000,00           | 71200 International Consultants<br>71300 Local Consultants                                | First Year: Support 20 States in developing post COVID-19 recovery plan each costing US\$ 15,000<br><br>Second Year: Support 15 States in developing post COVID-19 recovery plan each costing US\$ 15,000                                                                                                                                                         |                         |
|                                                                                                                        | <b>Subtotal of Output/Result 4</b>                                                                                                                                                                                                                                                                                                                    | <b>12.112.000,00</b> | <b>10.240.000,00</b> | <b>22.352.000,00</b> |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                   | <b>24,84%</b>           |
| Output/Result 5: Capacities for R&D and Modeling are strengthened                                                      | 5.1 Conduct COVID-19 gender sensitive political, social, economic, environmental, conflict, and security impact analysis to inform policy options for health responses, economic recovery, social safety nets system, prevention of recurrence, mitigation of conflict and other elements;                                                            | 300.000,00           | 225.000,00           | 525.000,00           | 71200 International Consultants<br>71300 Local Consultants<br>74100 Professional Services | First Year: Support 30 analyses in different thematic areas each costing US\$ 15,000<br><br>Second Year: Support 15 States in developing post COVID-19 recovery plan each costing US\$ 15,000                                                                                                                                                                     |                         |
|                                                                                                                        | 5.2 Provide technical and financial support to national and state level institutions to conduct COVID-19 impact analysis.                                                                                                                                                                                                                             | 250.000,00           | 250.000,00           | 500.000,00           | 71200 International Consultants<br>71300 Local Consultants                                | Year 1 and 2 : Support research and analysis capacity of 10 selected national MDAs each costing US\$ 25,000                                                                                                                                                                                                                                                       |                         |

| Annex III: Budget T05-EUTF-SAH-NG-09-01 EU Support to the United Nations 'One UN Response Plan to COVID-19 in Nigeria'   |                                                                                                                                                                                                   |                      |                      |                      |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              |                         |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| EXPECTED OUTPUTS/RESULTS                                                                                                 | PLANNED ACTIVITIES                                                                                                                                                                                | BUDGET PER YEAR      |                      | Total Budget in USD  | Budget Description                                                                                                                                                              | Budget notes                                                                                                                                                                                                                                                                                                                                                                                                 | Percentage Distribution |
|                                                                                                                          |                                                                                                                                                                                                   | Year 1 (USD)         | Year 2 (USD)         |                      |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              |                         |
|                                                                                                                          | 5.3 An operational research activity could also be on pilot use for validation or not of selected rapid test kits for wider use within the country versus continued use of molecular testing only | 125.000,00           | 150.000,00           | 275.000,00           | 71200 International Consultants<br>71300 Local Consultants<br>74200 Audio Visual&Print Prod Costs                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                              |                         |
|                                                                                                                          | <b>Subtotal of Output/Result 5</b>                                                                                                                                                                | <b>675.000,00</b>    | <b>625.000,00</b>    | <b>1.300.000,00</b>  |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1,44%</b>            |
| <b>Output/Result 6: Coordination of partnerships and mobilisation of resources for collective response are improved.</b> | 6.1 Provide technical and operational support to the Presidential Task Force on COVID-19 response;                                                                                                | 100.000,00           | 100.000,00           | 200.000,00           | 74200 Audio Visual&Print Prod Costs<br>75700 Training, Workshops and Conference<br>72500 Supplies<br>71200 International Consultants<br>71300 Local Consultants                 | Year 1 and 2: Provide operational support (meeting, communication, printing, stationery, refreshment, etc. costs)                                                                                                                                                                                                                                                                                            |                         |
|                                                                                                                          | 6.2 Provide technical support to UNCT/HCT coordination mechanisms to effectively support the national COVID-19 response including resource mobilisation and partnership development;              | 50.000,00            | 39.031,10            | 89.031,10            | 74200 Audio Visual&Print Prod Costs<br>75700 Training, Workshops and Conference<br>72500 Supplies<br>71200 International Consultants<br>71300 Local Consultants                 | Year 1 and 2: Provide operational support (meeting, communication, printing, stationery, refreshment, etc. costs)                                                                                                                                                                                                                                                                                            |                         |
|                                                                                                                          | 6.3 Manage the UN joint Basket Fund for COVID-19 response.                                                                                                                                        | 50.000,00            | 50.000,00            | 100.000,00           | 74200 Audio Visual&Print Prod Costs<br>75700 Training, Workshops and Conference<br>72500 Supplies<br>71600 Travel<br>71200 International Consultants<br>71300 Local Consultants | Year 1 and 2: Provide operational support (meeting, communication, printing, stationery, local travel etc. costs)                                                                                                                                                                                                                                                                                            |                         |
|                                                                                                                          | <b>Subtotal of Output/Result 6</b>                                                                                                                                                                | <b>200.000,00</b>    | <b>189.031,10</b>    | <b>389.031,10</b>    |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              | <b>0,43%</b>            |
| <b>M&amp;E and Communication Cost (UNDP managed activities)</b>                                                          | Visibility & Communication (UNDP managed activities)                                                                                                                                              | 100.000,00           | 150.000,00           | 250.000,00           | 74400 Miscellaneous Operating Expens<br>71200 International Consultants<br>71300 Local Consultants                                                                              | Year 1 and 2: Cost of print, electronic, audio/visual and social media etc. for promoting communication and donor visibility                                                                                                                                                                                                                                                                                 |                         |
|                                                                                                                          | Monitoring, Evaluation, Audit and Reporting (UNDP managed activities)                                                                                                                             | 66.250,00            | 100.000,00           | 166.250,00           | 72500 Supplies<br>71600 Travel<br>74100 Professional Services<br>71200 International Consultants<br>71300 Local Consultants                                                     | Year 1 and 2: Joint field monitoring, Spot check, Programme visit, Project Board meetings, report preparation, Audit, one Mid-term evaluations etc.                                                                                                                                                                                                                                                          |                         |
|                                                                                                                          | <b>Subtotal of M&amp;E</b>                                                                                                                                                                        | <b>166.250,00</b>    | <b>250.000,00</b>    | <b>416.250,00</b>    |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              | <b>0,46%</b>            |
| <b>UN In Kind contribution</b>                                                                                           | Personnel, infrastructure and transport cost                                                                                                                                                      | <b>1.500.000,00</b>  | <b>600.000,00</b>    | <b>2.100.000,00</b>  | 71400 Contractual Services - Individ<br>62300 Recurrent Payroll Costs-IP Stf<br>71500 UN Volunteers                                                                             | Personnel includes staffed by people having project management, grant administration, finance, administration, logistics, communication and monitoring, evaluation and reporting competencies.<br><br>Infrastructure includes assorted office furniture and equipment; office communication, connectivity, office supplies and stationery, etc.<br><br>Transport includes vehicle and vehicle running costs. |                         |
|                                                                                                                          | <b>TOTAL DIRECT COSTS: Subtotal of (1+2+3+4+5+6+M&amp;E)</b>                                                                                                                                      | <b>55.618.250,00</b> | <b>26.044.031,10</b> | <b>81.662.281,10</b> |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              |                         |
|                                                                                                                          | Contingency (3%)                                                                                                                                                                                  | 1.668.547,50         | 781.320,93           | 2.449.868,43         |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              |                         |
|                                                                                                                          | <b>TOTAL DIRECT COSTS: Subtotal of (1+2+3+4+5+6+M&amp;E+ Contingency)</b>                                                                                                                         | <b>57.286.797,50</b> | <b>26.825.352,03</b> | <b>84.112.149,53</b> |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              |                         |

| Annex III: Budget T05-EUTF-SAH-NG-09-01 EU Support to the United Nations ‘One UN Response Plan to COVID-19 in Nigeria’ |                                                |                 |               |                     |                    |              |                            |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------|---------------|---------------------|--------------------|--------------|----------------------------|
| EXPECTED<br>OUTPUTS/RESULTS                                                                                            | PLANNED ACTIVITIES                             | BUDGET PER YEAR |               | Total Budget in USD | Budget Description | Budget notes | Percentage<br>Distribution |
|                                                                                                                        |                                                | Year 1 (USD)    | Year 2 (USD)  |                     |                    |              |                            |
|                                                                                                                        | INDIRECT COSTS General Management Support (7%) | 4.010.075,83    | 1.877.774,64  | 5.887.850,47        |                    |              |                            |
|                                                                                                                        | TOTAL ELIGIBLE COSTS                           | 61.296.873,33   | 28.703.126,68 | 90.000.000,00       |                    |              | 100,00%                    |

NB:

Note 1: The Budget is in USD calcuated at exchange rate 1 Euro = 1.09

Note 2: The EU Contribution is EUR 49.5 million

Note 3: This Budget allocation amnong Outputs will be further reviewed and approved by the Project Board including allocation to PUNOs

Note 4: “\*For the purpose of interpreting clause 11.3 of the General Conditions, the budget heading is understood as 'Output/result”

Note 5: The cost of personnel, infrastructure and transport is in kind contribution by UN. Thus, not calculated in the total budget.

| Workplan T05-EUTF-SAH-NG-09-01 EU Support to the United Nations 'One UN Response Plan to COVID-19 in Nigeria'                                      |                                                                                                                                                                                                                                                                                     |                                      |           |           |           |                                       |           |           |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------|-----------|-----------|---------------------------------------|-----------|-----------|-----------|
| EXPECTED<br>OUTPUTS/RESULTS                                                                                                                        | PLANNED ACTIVITIES                                                                                                                                                                                                                                                                  | YEAR 1(01 MAY 2020 TO 30 APRIL 2021) |           |           |           | YEAR 2 (01 MAY 2021 TO 30 APRIL 2022) |           |           |           |
|                                                                                                                                                    |                                                                                                                                                                                                                                                                                     | QUARTER 1                            | QUARTER 2 | QUARTER 3 | QUARTER 4 | QUARTER 5                             | QUARTER 6 | QUARTER 7 | QUARTER 8 |
| <b>Output/Result 1: Improved rapid procurement of disease commodity packages for surveillance, prevention and control, and clinical management</b> | 1.1. Procurement and distribution of medical supplies, equipment, hygiene products and medicines required to respond to the outbreak including prevention, treatment, control and case management;                                                                                  |                                      |           |           |           |                                       |           |           |           |
|                                                                                                                                                    | 1.2. Expand and support to surveillance at the state and local level for case detection, monitoring of the pandemic and detection for containing spread of the pandemic;                                                                                                            |                                      |           |           |           |                                       |           |           |           |
|                                                                                                                                                    | 1.3. Support establishment of additional new laboratories for testing through procurement of testing kits to expand scope in selected states;                                                                                                                                       |                                      |           |           |           |                                       |           |           |           |
|                                                                                                                                                    | 1.4. Rehabilitation/conversion of facilities & procurement of supplies to utilize as medical facilities, ICU's to expand capacity for isolation and treatment;                                                                                                                      |                                      |           |           |           |                                       |           |           |           |
|                                                                                                                                                    | 1.5. Supporting provision of basic health in prisons, including development of isolation, referral and care plans for inmates and prison officials and IDP/refugee camps support to minimize the introduction of infections as well as minimizing their effects should this happen; |                                      |           |           |           |                                       |           |           |           |
|                                                                                                                                                    | 1.6 Ensure universal access to treatment for COVID-19 with full respect for human rights, gender equality and without stigma through analysis, advocacy and sensitisation.                                                                                                          |                                      |           |           |           |                                       |           |           |           |

| Workplan T05-EUTF-SAH-NG-09-01 EU Support to the United Nations 'One UN Response Plan to COVID-19 in Nigeria'                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |           |           |           |                                       |           |           |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------|-----------|-----------|---------------------------------------|-----------|-----------|-----------|
| EXPECTED<br>OUTPUTS/RESULTS                                                                                                                      | PLANNED ACTIVITIES                                                                                                                                                                                                                                                                                                                                                                                                             | YEAR 1(01 MAY 2020 TO 30 APRIL 2021) |           |           |           | YEAR 2 (01 MAY 2021 TO 30 APRIL 2022) |           |           |           |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                | QUARTER 1                            | QUARTER 2 | QUARTER 3 | QUARTER 4 | QUARTER 5                             | QUARTER 6 | QUARTER 7 | QUARTER 8 |
| <b>Output/Result 2:<br/>Complementary ongoing Risk Communication Strategies for sustained community engagement and cooperation are supported</b> | 2.1 Co-create targeted messages disbursed through a range of mediums including television, radio, digital platforms such as social media, print media, at the community level and elsewhere leveraging Government at State Levels, Local Governments, Civic Leaders, women's organisations and networks, Religious and Traditional Leaders, creative sector influencers to enhance public awareness, sensitization and buy-in; |                                      |           |           |           |                                       |           |           |           |
|                                                                                                                                                  | 2.2 Technical support provided to ensure risk communication and community engagement messages are contextualised to reach vulnerable groups including women, persons living with disabilities, the elderly, PLHIV and other marginalised groups;                                                                                                                                                                               |                                      |           |           |           |                                       |           |           |           |
|                                                                                                                                                  | 2.3 Provide technical and logistical support to the NCDC and the Presidential Task Force on COVID-19 in developing and packaging messages on mitigation of risk and recovery post COVID19;                                                                                                                                                                                                                                     |                                      |           |           |           |                                       |           |           |           |
|                                                                                                                                                  | 2.4 Provide training support on Risk Communication and Community Engagement for key stakeholders;                                                                                                                                                                                                                                                                                                                              |                                      |           |           |           |                                       |           |           |           |
|                                                                                                                                                  | 2.5 Conduct regular analysis and assessments to monitor and evaluate impact of messaging and adjust as required.                                                                                                                                                                                                                                                                                                               |                                      |           |           |           |                                       |           |           |           |
| <b>Output/Result 3:<br/>Development of tailored and decentralized response strategies at state-level aligned to the coordinated framework at</b> | 3.1 Provide technical support to States and Local Governments to develop COVID-19 contingency and response plans tailored to the local context and aligned to the broader Federal level plan;                                                                                                                                                                                                                                  |                                      |           |           |           |                                       |           |           |           |

| Workplan T05-EUTF-SAH-NG-09-01 EU Support to the United Nations 'One UN Response Plan to COVID-19 in Nigeria'                                                                                     |                                                                                                                                                                                                                                                                                                                   |                                      |           |           |           |                                       |           |           |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------|-----------|-----------|---------------------------------------|-----------|-----------|-----------|
| EXPECTED<br>OUTPUTS/RESULTS                                                                                                                                                                       | PLANNED ACTIVITIES                                                                                                                                                                                                                                                                                                | YEAR 1(01 MAY 2020 TO 30 APRIL 2021) |           |           |           | YEAR 2 (01 MAY 2021 TO 30 APRIL 2022) |           |           |           |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                   | QUARTER 1                            | QUARTER 2 | QUARTER 3 | QUARTER 4 | QUARTER 5                             | QUARTER 6 | QUARTER 7 | QUARTER 8 |
| the Federal level is supported                                                                                                                                                                    | 3.2 Provide integrated support packages to the implementation of State and Local Government contingency and response plans.                                                                                                                                                                                       |                                      |           |           |           |                                       |           |           |           |
| Output/Result 4: Access to essential health services are maintained through socio-economic analytics, and pro-active early recovery and social protection activities, targeting vulnerable groups | 4.1 Provide support for continued essential health services through the deployment and protection of medical personnel, medicines, diagnostics, PPEs, and rehabilitation of WASH and other essential facilities;                                                                                                  |                                      |           |           |           |                                       |           |           |           |
|                                                                                                                                                                                                   | 4.2 Initiate socio-economic measures, such as cash transfers, food distribution, employment generation, livelihood opportunities, community cohesion including other social protection measures to vulnerable groups. Use these contexts to strengthen personal hygiene messaging and WASH services availability; |                                      |           |           |           |                                       |           |           |           |
|                                                                                                                                                                                                   | 4.3 Supporting manufacturing and distribution agents in country who are engaged with essential medical supplies such as disinfectants, hand sanitizers, masks and medical equipment;                                                                                                                              |                                      |           |           |           |                                       |           |           |           |
|                                                                                                                                                                                                   | 4.4 Conduct analysis of peacebuilding and social cohesion risks and provide support to state and local level responses prioritising vulnerable groups and support the activation of conflict early warning systems and their repurposing for detection and referral of COVID-19 related tensions;                 |                                      |           |           |           |                                       |           |           |           |

| Workplan T05-EUTF-SAH-NG-09-01 EU Support to the United Nations 'One UN Response Plan to COVID-19 in Nigeria' |                                                                                                                                                                                                                                                                           |                                      |           |           |           |                                       |           |           |           |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------|-----------|-----------|---------------------------------------|-----------|-----------|-----------|
| EXPECTED<br>OUTPUTS/RESULTS                                                                                   | PLANNED ACTIVITIES                                                                                                                                                                                                                                                        | YEAR 1(01 MAY 2020 TO 30 APRIL 2021) |           |           |           | YEAR 2 (01 MAY 2021 TO 30 APRIL 2022) |           |           |           |
|                                                                                                               |                                                                                                                                                                                                                                                                           | QUARTER 1                            | QUARTER 2 | QUARTER 3 | QUARTER 4 | QUARTER 5                             | QUARTER 6 | QUARTER 7 | QUARTER 8 |
|                                                                                                               | 4.5 Provide psychosocial support and solidarity kits comprising household supplies, food etc. to bereaved families and those where family members have been severely affected and help people get back on their feet;                                                     |                                      |           |           |           |                                       |           |           |           |
|                                                                                                               | 4.6 Preparation of risk informed post COVID-19 recovery and development strategies and provide support for implementation of targeted activities related to livelihoods and employment generation.                                                                        |                                      |           |           |           |                                       |           |           |           |
| <b>Output/Result 5:<br/>Capacities for R&amp;D and<br/>Modeling are strengthened</b>                          | 5.1 Conduct COVID-19 political, social, economic, environmental, conflict, and security impact analysis to inform policy options for health responses, economic recovery, social safety nets system, prevention of recurrence, mitigation of conflict and other elements; |                                      |           |           |           |                                       |           |           |           |
|                                                                                                               | 5.2 Provide technical and financial support to national and state level institutions to conduct COVID-19 impact analysis.                                                                                                                                                 |                                      |           |           |           |                                       |           |           |           |
|                                                                                                               | 5.3 An operational research activity could also be on pilot use for validation or not of selected rapid test kits for wider use within the country versus continued use of molecular testing only                                                                         |                                      |           |           |           |                                       |           |           |           |
| <b>Output/Result 6:<br/>Coordination of<br/>partnerships and</b>                                              | 6.1 Provide technical and operational support to the Presidential Task Force on COVID-19 response;                                                                                                                                                                        |                                      |           |           |           |                                       |           |           |           |

| Workplan T05-EUTF-SAH-NG-09-01 EU Support to the United Nations 'One UN Response Plan to COVID-19 in Nigeria' |                                                                                                                                                                                      |                                      |           |           |           |                                       |           |           |           |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------|-----------|-----------|---------------------------------------|-----------|-----------|-----------|
| EXPECTED<br>OUTPUTS/RESULTS                                                                                   | PLANNED ACTIVITIES                                                                                                                                                                   | YEAR 1(01 MAY 2020 TO 30 APRIL 2021) |           |           |           | YEAR 2 (01 MAY 2021 TO 30 APRIL 2022) |           |           |           |
|                                                                                                               |                                                                                                                                                                                      | QUARTER 1                            | QUARTER 2 | QUARTER 3 | QUARTER 4 | QUARTER 5                             | QUARTER 6 | QUARTER 7 | QUARTER 8 |
| mobilisation of resources for collective response are improved.                                               | 6.2 Provide technical support to UNCT/HCT coordination mechanisms to effectively support the national COVID-19 response including resource mobilisation and partnership development; |                                      |           |           |           |                                       |           |           |           |
|                                                                                                               | 6.3 Manage the UN joint Basket Fund for COVID-19 response.                                                                                                                           |                                      |           |           |           |                                       |           |           |           |
| M&E and Communication Cost (UNDP managed activities)                                                          | Visibility & Communication (UNDP managed activities)                                                                                                                                 |                                      |           |           |           |                                       |           |           |           |
|                                                                                                               | Monitoring, Evaluation, Audit and Reporting (UNDP managed activities)                                                                                                                |                                      |           |           |           |                                       |           |           |           |



## FINANCIAL IDENTIFICATION

PRIVACY STATEMENT

[http://ec.europa.eu/budget/contracts\\_grants/info\\_contracts/financial\\_id/financial\\_id\\_en.cfm#en](http://ec.europa.eu/budget/contracts_grants/info_contracts/financial_id/financial_id_en.cfm#en)

Please use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form.

### BANKING DETAILS

ACCOUNT NAME @ IUNDP CONTRIBUTIONS ACCOUNT

IBAN/ACCOUNT NUMBER @ 136349562

CURRENCY @ US DOLLAR

BIC/SWIFT CODE @ ICITIUS33 BRANCH CODE @ INY - 940

BANK NAME @ lcmBANK

### ADDRESS OF BANK BRANCH

STREET & NUMBER @ 11399 PARK AVENUE

TOWN/CITY @ NEW YORK, NEW YORK POSTCODE @ 110022-4617

COUNTRY @ UNITED STATES OF AMERICA

### ACCOUNT HOLDER'S DATA

#### AS DECLARED TO THE BANK

ACCOUNT HOLDER @ UNITED NATIONS DEVELOPMENT PROGRAMME

STREET & NUMBER @ ONE UNITED NATIONS PLAZA

TOWN/CITY @ NEW YORK, NEW YORK POSTCODE @ 110011

COUNTRY @ UNITED STATES OF AMERICA

REMMK

|                                                                                                                                                                                 |                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>BANK STAMP + SIGNATURE OF BANK REPRESENTATIVE @</p> <p><i>Shannon Lavechla, AVP<br/>TTS Client Operations<br/>One Penn Plaza<br/>New York, NY 10119<br/>302-224-6518</i></p> | <p>DATE (Obligatory)</p> <p>17 OCTOBER 2016</p> <p>SIGNATURE OF ACCOUNT HOLDER (Obligatory)</p> <p><i>YIJ, k--(l_ --, L, L, Lf) u&gt;.t</i></p> <p><b>Vi</b> JULIE ANNE MEJIA<br/>Treasurer</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

© Enter the final bank data and not the data of the intermediary bank.

@ The first two characters of the account name refer to the type of account. The account name is usually in the form of 'UNDP' followed by the account number. The account number may have chosen to give a different name to its bank account.

@ The first four characters of the IBAN Code (International Bank Account Number) If it exists in the country where your bank is established.

@ Only applicable for US (ABA code), for AU/NZ (BS code) and for CA (Transit code). Others not apply for other countries.

@ It is preferable to attach a copy of RECENT bank statement. Please note that the bank statement has to confirm all the information listed above under 'ACCOUNT NAME', 'ACCOUNT NUMBER/IBAN' and 'BANK NAME'. With an attached statement, the stamp of the bank and the signature of the bank's representative are not required. The signature of the account holder and the date are ALWAYS mandatory.

UNDP Treasury Division

## ANNEX V



## Request for payment for Contribution Agreement

Date of the request for payment <.....>

For the attention of  
<Address of the Contracting Authority>  
<Financial unit indicated in the Contribution Agreement><sup>1</sup>

Reference number of the Contribution Agreement: ...

Title of the Contribution Agreement: ...

Name and address of the Organisation: ...

Request for payment number: ...

Period covered by the request for payment: ...

Dear Sir/Madam,

I hereby request payment of pre-financing/interim payment/balance<sup>2</sup> under the Contribution Agreement mentioned above.

The amount requested is [in accordance with Article 4 of the Special Conditions of the Contribution Agreement/the following: ...]<sup>3</sup>

Please find attached the following supporting documents:

- narrative and financial progress report (for pre-financing / interim payments )
- final narrative and financial report (for payment of the balance)<sup>4</sup>

The payment should be made to the following bank account: .<sup>5</sup>

Please when making the payment indicate the following communication: ...

I hereby certify on honour that the information contained in this request for payment is full, reliable and true, that the costs incurred can be considered eligible in accordance with the Agreement and that this request for payment is substantiated by adequate supporting documents that can be checked.

Yours faithfully, <signature>

<sup>1</sup> If applicable, please do not forget to address a copy of this letter to the European Union Delegation mentioned in Article 5 of the Special Conditions of the Contribution Agreement.

<sup>2</sup> Delete the options which do not apply.

<sup>3</sup> Delete the option which does not apply.

<sup>4</sup> Delete the items which do not apply.

<sup>5</sup> Indicate the account number shown on the financial identification form annexed to the Contribution Agreement. In the event of change of bank account, please complete and attach a new financial identification form as per model.

N.B.: Instalments of pre-financing, interim payments and final payments shall be made upon approval of the payment request accompanied by a progress or final report (see Articles 19 of the General Conditions of Contribution Agreement).



## Annex VI

### Communication and Visibility Plan

#### T05-EUTF-SAH-NG-09-01

#### EU Support to the United Nations 'One UN Response Plan to COVID-19 in Nigeria'

##### A. Context

The European Union (EU) has provided 50 million EUR to the COVID-19 Basket Fund, created by the United Nations and Government of Nigeria in response to the current challenges and future impacts posed by pandemic on the country. The COVID-19 Basket Fund is implemented by UNDP.

##### B. Objective and approach

The overall objective of the Communication and Visibility Plan is to ensure EU's visibility for its support and contribution to the Covid-19 response in Nigeria, through the European Union Emergency Trust Fund for Africa (EUTF). All communications and visibility activities will be carried out in line with [Joint Action Plan on Visibility 2006](#), and [Joint Visibility Guidelines for EC-UN actions in the field](#).

Communication will aim to communicate results and impact achieved with the EU support and will be carried out through stories (video, photo, text) of people affected, media reports, press releases, social media campaigns as well as through infographics, and other promotional items to increase and steer communication with all beneficiaries and stakeholders. EU branding will be applied in all communication, including visuals, press releases and supplies (where suitable).

UNDP will ensure the EU Delegation has validated the visibility and communication activities. Importantly, production and release of all communications and visibility materials and media appearances and press conferences will be consulted and closely coordinated with the EU Delegation.

##### C. Target groups

For the purpose of this project, the stakeholders to be targeted by the Communication and Visibility Plan have been broadly categorized as follows:

- i. **End beneficiaries:** Health workers, first responders, management structures of the healthcare facilities and caregivers, patients; targeted population groups
- ii. **Beneficiary Government institutions:** to informed of the main objectives, progress and outcomes of the project, as well as the EU support;
- iii. **Development community and partners:** Including donors and diplomatic missions in Nigeria, regional bodies [African Union, The Economic Community of Western African States (ECOWAS)], UN agencies (in Nigeria and globally) and private sector, foundations, philanthropies as appropriate.
- iv. **African public:** All Nigerian population in Nigeria, Nigeria population in the diaspora; including community mobilisers and influencers (traditional and inter-religious leaders) and national development organizations;

- v. European public: UNDP will also publicize the results and impact of the EU contribution among the European taxpayers via its offices and platforms located in Brussels and other European capitals.
- vi. **Media**

#### D. Specific objectives for each target group

- i. **End Beneficiaries** will be informed about the financial contribution of the European Union to the programme, the main objectives, progress and outcomes of the project, in a way which clearly communicates that assistance was made available thanks to the EUTF contribution to the COVID-19 Basket Fund – with an aim to ensure adequate and rapid response to the outbreak. Communication with end beneficiaries will include but not limited to recommended safety measures, procedures on safe usage and removal of PPE, as well as rational use of available resources.
- ii. **Beneficiary Government institutions:** will regularly be informed about the planned activities, their obligations and results/impact of the project. While resources will be allocated towards communication targeted to the key stakeholders, the project will rely on stakeholders' resources to further disseminate information, ensure far-reaching visibility of the EU funding contributed to the basket fund, but also to infuse the overall sense of solidarity and cooperation.
- iii. **Development community and donors** will be regularly informed with the intention of aligning COVID-19 response by different international stakeholders, as well as with the aim of highlighting the support of the European Union and key achievements of the project. This communication will be ensured through the Presidential Task Force on COVID-19 and through regular EU and UN channels – aiming to facilitate national and international outreach.
- iv. **African and European Public:** will be kept abreast of the project progress and impact, with particular focus on its contribution to “flattening the curve” of the pandemic, reducing the overburdening impact on the healthcare system and ensuring provision and access to efficient healthcare for all citizens including the national recovery interventions post COVID-19 such as safeguarding of livelihoods among others. Outreach to the public will be amplified in cooperation with the Presidential Task Force on COVID-19; The Nigeria Centre for Disease Control (NCDC); UN system in Nigeria, the EU Delegation office in Nigeria and other relevant government ministries and agencies and national and state level.
- v. **Media:** Media is both a tool and a target. Consistent engagement is key as to sensitize media on the support of the EU to the response and encourage sharing of information with various stakeholders, including positive messaging and coverage of activities.

#### E. Communication and visibility activities

- i. **Branding and signage:** Branding of equipment, activities and project materials (in line with the visual identity agreed with the EU Delegation). This may include stickers, banners, flak safety jackets, lab coats, medical supplies carrier bags for first responders, healthcare workers etc.
- ii. **Press releases:** In support of key activities and milestones of the project including the signing of the agreement, delivery of medical equipment and other assistance. The project will issue press releases to mainstream media outlets. The content will also be published on the UNDP and EUD websites and amplified on social media pages, and on partners' communications channels – in close cooperation with the Presidential Task Force on COVID-19. This set of activities will reach a wide-ranging group of people, in and outside Nigeria.

- iii. **Digital:** All websites and social media outlets will be used to communicate clear messages of the project purpose, key milestones, impact results and specific activities. All implementing agencies will share achievements and events through their websites and social media sites, using brief and clear posts, but also sharing web stories, online videos, vlogs and blog posts, ensuring the visibility of the European Union through the EUTF at all stages. The material will be used to feed the main communication channel dedicated to EUTF funded programmes: the EUTF official website. The external communication and visibility will be closely linked with key stages in project intervention so that project activities and initiatives are regularly feeding into its contents and material development and the overall COVID-19 Basket Fund.
- iv. **Creation of interactive community platform** leverage on available digital and non-digital platforms and mainstream media to create opportunities to humanize the COVID-19 response to gain public appreciation; help to demystify COVID-19 and discourage misinformation and misinterpretation of information; and, strengthen community connections despite the recommendation for social/physical distancing. This could be delivered in five key languages spoken in Nigeria.
- v. **Production of audiovisual material:** Professional High-resolution imagery and videos will be taken throughout the course of the project to be used and communicated when needed, on digital platforms along with relevant contents, or in the other project materials. The team will assess the need to turn the key messages and data into infographics and/or leaflets/posters around the assistance provided as well as humanize the assistance through firsthand stories, human interest stories, case studies, success stories, photo/video essays among others.
- vi. **Media appearances:** Broker media appearances and interviews to highlight milestones and impact of the assistance. Given the circumstances and social distancing measures, the focus should be radio interviews conducted via phone or TV appearances via internet link or via digital platforms. The collocutors should be primarily doctors, caregivers, first responders but also project team, partners and donors.
- vii. **Project briefs and online briefing:** In order to ensure that consistent key messages on the project purpose and intended results are communicated, project briefs and news updates will be developed, explaining the activities and result areas. Online briefing sessions will be used in place of direct, face-to-face communication with target audiences and will be made available on the online communication channels, such as websites and social media outlets. The project briefs and updates will be concise, clear and communicating end benefits to all target audiences.
- viii. **Multimedia documentation of reach and impact:** Continuous documentation and communication on the progress, impact, achievements, will be done through specifically, commissioned documentary missions including film and photography, vloggers, bloggers, writers, visualizers deployed to document different aspects and activities carried out during the period of implementation of the Action. Gathered content including periodic reports, human interest stories policy and position papers will be published on various multi-media platforms on the relevant partners' websites, Social media platforms, and websites, news media outlets among others. This may include self-produced video material from doctors and other persons of interest.

## F. Human Resources

Visibility actions will take place on a rolling basis throughout the project. The UNDP communications specialist will be responsible for the implementation of the activities, supported by communication specialists from the regional offices and headquarters; and, expert consultants. The UNDP communications specialist will act as the focal point for all communication undertaken during the implementation of the Action and the liaison with the communications unit at the EU Delegation office.

The project will engage professional consultancy services of a media and communication firm to work directly under by the UNDP communications specialist in consultation with the EU Delegation.

Additional support will be provided through the UN Nigeria Communications Group (UNCG).

## **G. Calendar**

A calendar of the Communication and Visibility activities foreseen will be further detailed during the Inception Phase of the project.

## **H. Coordination and Planning**

The Communications and Visibility strategy work plan will be further detailed during the Inception Phase of the Project. UNDP will submit a first-year work plan as part of the Inception Phase Report. Subsequent annual work plans will be produced for each year of project implementation, for consideration before implementation. All annual work plans will include budgets for specific activities, responsible parties for implementation, result indicators and means of verification.

## **I. Implementation and Monitoring**

The UNDP Project Manager will be responsible for implementation of annual work plans. The Communication and Visibility Plan is understood as an integral component of the overall Action, and its implementation will be assessed in parallel with monitoring and evaluation processes for the project as a whole.

## **J. Budget**

Funding for the Communication and Visibility Plan is included in the overall allocation for all relevant project activities. The annual work plans will be shared with the EU Delegation for inputs and suggestions of specific costs for the communication and visibility activities envisaged.

## Annex VII Management Declaration

I, the undersigned, <insert forename and surname>, in my capacity as <insert function in the entrusted entity or person>, confirm that in relation to the Contribution Agreement <insert reference of the concrete Agreement>, (the “Agreement”), based on my own judgement and on the information at my disposal, including, inter alia, the results of the audits and controls carried out, that:

1. The information submitted under Article 3 General Conditions of the Agreement for the financial period dd/mm/yyyy to dd/mm/yyyy is properly presented, complete and accurate;
2. The expenditure was used for its intended purpose as defined in Annex I of the Agreement;
3. The control systems put in place give the necessary assurances that the underlying transactions were managed in accordance with the provision of this Agreement.
4. The Organisation performed the activities in compliance with the obligations laid down in the Agreement and applying the accounting, internal control, audit systems, and procedures for grants and procurement, including a review procedure,<sup>1</sup> referred to in Article 1.3 of the Special Conditions and which have been positively assessed in the ex-ante pillars assessment.

Furthermore, I confirm that I am not aware of any undisclosed matter which could harm the interests of the European Union.

[However, the following reservations should be noted:]<sup>2</sup>.

<insert place and date>

.....

(signature)

<Insert forename and surname>

---

<sup>1</sup> Adapt if grants and/or procurement procedures is/are not the one(s) assessed by the Commission

<sup>2</sup> Option to be used in case of reservations.

**Annex VIII: Strengthening health systems resilience and addressing oxygen security in the face of the COVID-19 pandemic in select states in Nigeria**

|                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Project Title</b>                                                     | <b>Strengthening health systems resilience and addressing oxygen security in the face of the COVID-19 pandemic in select states in Nigeria</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Project Summary</b>                                                   | As a consequence of the COVID-19 pandemic, several challenges in Nigeria's health system were uncovered, especially in critical patient care. Many states could not deliver essential Oxygen to ill patients due to many factors, including non-availability, inadequate staff skills, and low equipment maintenance culture. These contributed to an initial surge in mortality from the COVID-19 pandemic. UNICEF Nigeria proposes to work in two states of Kano and Oyo to improve oxygen security and reliable power supply to health facilities. Kano and Oyo states have high under-five and neonatal mortalities. Prematurity, asphyxia, and sepsis are the key causes of neonatal mortality whilst pneumonia is a significant cause of under-five mortality. Reliable power and oxygen supply systems for health facilities are critical to provide uninterrupted services to reduce mortality due to hypoxemia. The proposal aligns with national efforts to improve the oxygen landscape and conform with the National Strategy for Scale-up of Medical Oxygen in Health Facilities 2017-2022. Its overall goal is to strengthen and sustain health systems' resilience and address oxygen security in the face of the COVID-19 pandemic in select states in Nigeria. |
| <b>Alignment with National Priorities</b>                                | <ul style="list-style-type: none"> <li>National Strategy for Scale-up of Medical Oxygen in Health Facilities 2017-2022</li> <li>Nigeria Every Newborn Action Plan (NiENAP)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Implementing Agency</b>                                               | UNICEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Project Location and Target groups</b>                                | Kano and Oyo States.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Consultation with and clearance from relevant government agencies</b> | UNICEF is already supporting Kano and Oyo State Ministry of Health to strengthen medical oxygen system in collaboration with IHS Nigeria.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Communication &amp; Visibility</b>                                    | Communication and visibility will be assured throughout the implementation of this project in line with the overall plan per the basket fund project document. Communication materials, including from the field, will be produced and appropriate visibility of partners contributing to the Basket Fund will be provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Estimated Budget</b>                                                  | USD 250,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Period of Implementation</b>                                          | 12 month (January -December 2022)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Intended Outcome</b>                                                  | A strengthened medical oxygen system in Kano and Oyo states with a reliable and sustainable power supply to 20 Primary Health Care and two secondary health facilities in the two states.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Proposed Activity(s)</b>                                              | Procure and install oxygen equipment and solar inverters to provide reliable power and oxygen for health facilities in two Local Government Areas (LGAs) in Kano and Oyo states.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Responsible Officers</b>                                              | Peter Hawkins, UNICEF Representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

Email: [phawkins@unicef.org](mailto:phawkins@unicef.org)

Eduardo Celades Blanco, Chief of Section Health/HIV

Email: [ecelades@unicef.org](mailto:ecelades@unicef.org)

## **Proposal: Strengthening Health Systems Resilience and Addressing Oxygen Security in the Face of COVID-19 Pandemic in Select States in Nigeria.**

### **1. PROBLEM OUTLINE:**

#### **BACKGROUND**

Strengthening the capacity of health systems, particularly primary health care, is central to mitigating the impact of COVID-19 while building resilience for future epidemics. Throughout the COVID-19 response and recovery, sustaining safe essential health services delivery has been critical, especially for the most vulnerable populations such as newborns, infants, children, and their mothers. Availability of comprehensive oxygen supply and management systems for COVID-19, pneumonia and other hypoxemia disorders and capacities to safely manage hypoxemia cases are key contributory factors towards improving health outcomes and preventing avoidable morbidity and mortality. Oxygen therapy is a critical lifesaving commodity in the case management of severe pneumonia with hypoxia, including that of COVID-19. With the advent of the pandemic, oxygen demand in Nigeria increased by more than 10 per cent. Rudimentary supply chains in the selected states were already underperforming, and the capacity to meet oxygen demand during the peak of the epidemic was hardly met.

#### **SITUATION ANALYSIS**

Hypoxaemia, arising from different disease conditions, is a significant cause of morbidity and mortality in Nigeria. Annually, around 625,000 people die from ten disease conditions associated with hypoxemia. If not appropriately managed, hypoxia is a fatal outcome of childhood pneumonia and accounts for over 120,000 child deaths every year in Nigeria. In secondary health facilities in Nigeria, 25 per cent of neonates and approximately 12 per cent of under-5 children admitted to hospital with pneumonia are hypoxaemic on admission. In children, effective oxygen therapy can reduce mortality due to pneumonic hypoxaemia by about 35 per cent. However, clinical demand for oxygen transcends pneumonia, and it is required in other circumstances such as treatment of severely ill neonates, surgery, anesthesia, management of severe malaria and obstetric care, among others. Despite these needs for oxygen, access to lifesaving oxygen is limited in Nigeria. In a study conducted in 832 primary, secondary, and tertiary facilities across Nigeria in 2016, only 55 per cent provided functional oxygen therapy, and 11 per cent provided pulse oximetry. Also, a recent assessment of oxygen plants in the country revealed that out of the 28 available oxygen plants, 16 were non-functional and many functional ones require an overhaul. Various reasons account for this, including fragmented oxygen supply systems, inadequate power supply, and bad equipment maintenance culture, among others. Besides, many health care-workers (HCWs) are inadequately trained to recognize and manage patients with hypoxaemia. To overcome these problems, the Nigerian government elaborated a National Strategy for Scale-up of Medical oxygen in Health Facilities from 2017-2022. The national strategy seeks to improve policy and financing, as well as the availability of functional well-maintained equipment, improving patients' uptake of oxygen, and using data to enhance management of hypoxaemia related illnesses. While the policy document elaborates on an implementation framework across health institutions, implementation is limited across the country. In addition, the unstable power supply to health facilities affects functionality of oxygen supply system.

The COVID-19 pandemic has exposed the health system's inadequacies to cater to critically ill patients, especially those requiring additional support, either critical support needing ventilators or essential support requiring direct delivery of oxygen. A recent facility assessment of federal tertiary hospitals' need for oxygen plants undertaken by the United for Oxygen Coordination platform in the context of the emergency response showed that five hospitals never had oxygen plants available, seven hospitals' oxygen plant repairs were not cost effective and 11 hospitals had outgrown the production capacity of their oxygen plants. Additionally, the unreliable electricity supply, unclear regulations, weak internal logistics systems, and low oxygen usage have been identified whilst the COVID-19 pandemic pushed the system to a tipping point.

#### **RESPONSE TOWARDS OXYGEN SECURITY**

The situation above demonstrates the need to have a comprehensive approach for addressing Nigeria's oxygen needs and moving towards a path for oxygen security. UNICEF and partners have since responded to this emergency with UNICEF procuring 950 oxygen concentrators and 155 pulse oximeters. In addition, efforts are underway to continue to increase oxygen supply capacity. UNICEF is currently supporting Kano and Oyo states

to conduct a comprehensive assessment of the oxygen system in every health facility, develop state specific oxygen security plans based on identified gaps and support implementation towards a resilient medical oxygen system. Oyo and Kano states were prioritized because they have high neonatal and under-five mortalities and are among the states with highest numbers of confirmed COVID-19 cases with 8,794 and 4,437 cases respectively based on data from Nigeria Centre for Disease Control (NCDC) on 5<sup>th</sup> December 2021.

Funds from the UN Basket Fund will contribute to ongoing support from IHS Towers and The Global Fund toward supporting oxygen strengthening initiatives. The Global Fund has approved a fast-track approach for part of the oxygen strengthening component of the Global Fund/National Agency for the Control of AIDS (NACA) COVID-19 support. NACA has initiated the process to procure oxygen concentrators (2,086), 5,229 pulse oximeters, about 20,000 cylinders, and 12 PSA plants. Notwithstanding, there is urgent need to support states to develop state specific oxygen security plans and coordination mechanisms to monitor its implementation.

## **2. OBJECTIVES AND EXPECTED RESULTS:**

### **OBJECTIVE**

This proposal seeks to mobilize additional resources to complement UNICEF's efforts to provide oxygen security for Oyo and Kano states. Specifically, the additional resources will support installation of solar inverters to ensure reliable and sustainable power supply to beneficiary health facilities.

### **EXPECTED OUTCOME**

The overall outcome is a strengthened medical oxygen system in Kano and Oyo states with a reliable and sustainable power supply to 20 Primary Health Care and two secondary health facilities in Kano and Oyo States.

## **3. ALIGNMENT WITH NATIONAL AND UN PRIORITIES**

The project will build on the foundation of the COVID-19 response in alignment with the national guidelines for the control and management of COVID-19 and will be implemented in conformity with the National Policy and Strategy for Scale-Up of Medical Oxygen, the Global Action Plan for Prevention and Control of Pneumonia (GAPP) and Nigeria Every Newborn Action Plan.

## **4. PROPOSED ACTIVITIES AND IMPLEMENTATION STRATEGY:**

The following strategic actions will be undertaken in collaboration with the State Ministry of Health and the State Primary Health Care Development Agency of the two states:

1. Strengthen coordination and monitoring of medical oxygen system improvement through state oxygen desk at the SMOH.
2. Generate data and evidence for decision making through a comprehensive assessment of medical oxygen capacities.
3. Develop states' specific oxygen security plans.
4. Build capacity of frontline health workers to effectively utilize oxygen and appropriately manage hypoxaemic cases.
5. Build capacity of biomedical engineers and technicians to repair and maintain oxygen equipment.
6. Procure and install oxygen equipment in health facilities
7. Install solar inverters to provide reliable power for health facilities in two LGAs in each of the two states.

Funds provided through this proposal will contribute to activity seven. Funds will be utilized to augment existing partnership between IHS Nigeria and UNICEF to strengthen medical oxygen and power supply to health facilities within the target states and will be implemented in 12 months.

## **5. RISK AND MITIGATION MEASURES: *(Provide most likely risks to impact implementation of activities and proposed mitigation measures.)***

The major risk in this programme centers around buy-in from the states to provide regular maintenance for the oxygen equipment and the solar power system for sustainability due to dwindling resources and competing demands in the states. Every attempt will be made to ensure that maintenance plans are incorporated in the annual operational plans for the States, and there are specific budget line items focusing on Oxygen.

## **6. CROSS CUTTING ISSUES: *(State how the proposed intervention will address gender and youth empowerment, conflict sensitivity, human rights issues and target vulnerable groups)***

The proposal is designed to contribute to long term systems strengthening focusing on oxygen security and reliable power supply for health facilities. This will have positive implication for maternal and child health services.

The ongoing community engagement activities, supported by IHS Towers, towards improving child health as well as COVID-19 response will be linked with the implementation and roll out. Properly managed, this investment will strengthen the efficiency of the system and health care facilities involved to reduce mortality due to due to hypoxemia.

## 7. COMMUNICATION AND VISIBILITY

Communication and visibility will be assured throughout the implementation of this grant in line with the overall plan per the basket fund project document. Communication materials, including from the field, will be produced and appropriate visibility of partners contributing to the Basket Fund will be provided.

## 8. MONITORING & EVALUATION:

The key performance indicator (number of health facilities that have functional solar power supply system) will be used to monitor the project performance.

The implementing agency will provide timely reports detailing the project's progress, achievements, challenges, and way forward per established UN Basket Fund requirements. The UN Basket Fund Technical Committee will be duly informed of significant impediments to achieving project goals and objectives.

## 9. WORK PLAN AND BUDGET

| Indicative Work Plan Budget January 2022 – December 2022 |                                                                                                            |    |    |    |    |                            |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----|----|----|----|----------------------------|
|                                                          |                                                                                                            | Q1 | Q2 | Q3 | Q4 | Total Budget Amount<br>USD |
| <b>1</b>                                                 | <b>Output 1</b>                                                                                            |    |    |    |    |                            |
| 1.1                                                      | Identify priority Primary Health Care centres based on assessment report and install Solar power inverters |    |    |    |    | 160,000                    |
| 1.2                                                      | Identify priority secondary health facilities and install solar power inverters                            |    |    |    |    | 43,645                     |
| 1.4                                                      | Technical support                                                                                          |    |    |    |    | 30,000                     |
|                                                          | <b>Total Programmable</b>                                                                                  |    |    |    |    | <b>233,645</b>             |
|                                                          | UNICEF Cost recovery (&%)                                                                                  |    |    |    |    | <b>16,355</b>              |
| <b>Total</b>                                             |                                                                                                            |    |    |    |    | <b>250,000</b>             |