

ONE UN COVID-19 RESPONSE PLAN FOR NIGERIA

BASKET FUND PROJECT DOCUMENT

Project Title: One UN COVID-19 Response Plan for Nigeria

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Brief Description

The United Nations Development Programme(UNDP) has established the One UN COVID-19 Response Plan for Nigeria Basket Fund 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 One UN COVID-19 Response Plan for Nigeria Basket Fund was launched on 6 April 2020 consists of multi-sectoral interventions to support rapid implementation of the UN response plan. This is spread amongst five outputs and is linked to the wider UN COVID-19 Strategic Preparedness and Response Plan (SPRP¹), 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 One UN COVID-19 Response Plan for Nigeria Basket Fund will initially support the Nigerian Federal Government's National COVID-19 Multi-Sectoral Pandemic Response Plan, which was presented by the Presidential Taskforce (PTF) on 20 March 2020.

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

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

The project will be implemented over 24 months and will be managed by UNDP on behalf of the wider UN System in Nigeria.

Contributing Outcome United Nations Sustainable Development Partnership Framework (UNSDPF):	Total resources required:	\$93,500,000
	Total resources allocated:	\$53,955,000

¹ 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)

² 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)

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 Key Programme Area: Crisis Prevention and Recovery Indicative Output(s) with gender marker³: Output 1: Rapid procurement of disease commodity packages for surveillance, prevention and control, and clinical management improved [Gen2] Output 2: Complementary ongoing Risk Communication Strategies for sustained community engagement and cooperation are supported [Gen2] Output 3: Development of tailored and decentralized response strategies at state-level aligned to the coordinated framework at the Federal level is supported; [Gen2] Output 4: Access to essential health services maintained [Gen2] Output 5: Pro-active early recovery, social protection and cohesion is enhanced, targeting vulnerable groups supported [Gen2] Output 6: Coordination of partnerships and mobilization of resources for collective response are improved. [Gen2]	UN	\$2,300,000
	Government	
	Donor	
	European Union (EU)	\$53,955,000
	In kind	

³ 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)

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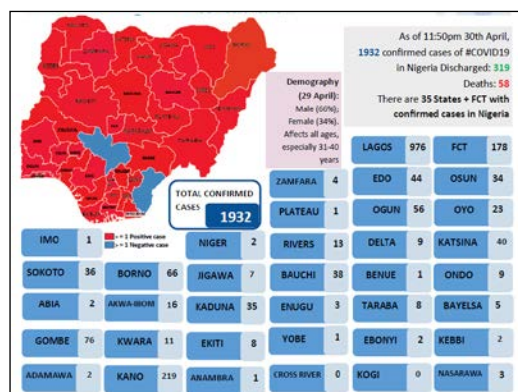
Acronyms

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 40,848 cases and 1,693 deaths as of 2 May 2020⁴. Nigeria is beginning to see a steady increase of confirmed cases with 1,932 cases and 58 reported deaths as of 30 April 2020⁵. 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 Lagos⁶. 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 care⁷.

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.

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

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

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

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

⁷ UNDP Nigeria, Brief, Impact of COVID-19 Pandemic in Nigeria, 14 March 2020

from receipt of samples.⁸ 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 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."*⁹ 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 burden¹⁰.

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 North East for example, 35% of health facilities have been damaged/destroyed by conflict. They are also underfunded, receiving only 25% of funding requirements¹¹. Preparedness for the outbreak reveals gaps. For example, in Borno State, hospitals there are 52 and 83 beds in ICU and isolation centers, respectively¹². Given the insurgency not all LGA's are accessible in the North East whereas others are newly liberated with few basic services in place including health. Government capacities in the North East are also stretched with WHO already coordinating 45 health partners in the 3 North East States¹³. 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

⁸ PTF

¹⁰ Ibid

¹¹ WHO Nigeria, Health Sector Bulletin, September 2019.

¹² Borno State COVID-19 Preparedness Plan

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

including 43 deaths as of 23 November 2018. These are capacities which can be brought to bear now¹⁴.

The situation is particularly concerning in IDP camps in the Middle Belt and North East, many of which are overcrowded with social distancing impossible¹⁵. 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 North East 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 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 Kaduna and 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 rise¹⁶ 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

¹⁴ ibid

¹⁵ 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 1m² compared to 2m² in Mumbai's slums

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

Nigerians affected by the lockdown measures¹⁷. 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 move¹⁸. 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 inputus to business¹⁹ and the economy including the National Assembly 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 pandemic²⁰. 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.²¹ Government from the beginning have demonstrated strong ownership in the COVID-19 response indicating sustainability of this action.

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-19.²²

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

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

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

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

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

²² 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>

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 ratio's globally²³. 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 coverage²⁴. The picture also varies per state with some implementing state led community-based health insurance programmes to reach the informal sector.

The number of infant deaths is the second highest globally and maternal deaths are the 4th highest. Moreover, one in five children will die before the age of five. The disruption in health services due to the pandemic is likely to exacerbate the situation, with a disproportionate impact on women and new borns 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 according to some estimates. 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 psycho social counselling, where needed.

Hospitals are under-equipped and already struggling dealing with local health issues such as HIV, Lassa Fever, Tuberculosis, Cholera, Meningitis and Malaria. Immunisation is low with only 4.5% of children under five fully immunised. 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%.²⁵ . 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 open²⁶. 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 WHO/UNICEF study published in 2019 and based on

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

²⁴ https://en.wikipedia.org/wiki/Healthcare_in_Nigeria

²⁵ <https://www.unaids.org/en/regionscountries/countries/nigeria>

²⁶ <https://www.unicef.org/nigeria/water-sanitation-and-hygiene>

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 place²⁷. 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 successfully 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 immunisation. It is critical that the health sector can continue to keep going maintenance of treatment and immunisation 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

²⁷ Wash in Health Care Facilities, Global Baseline Report 2019, WHO, UNICEF

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 life-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, lock down 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 lock down, 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 taken²⁸.

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.

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

²⁸ <https://www.theguardian.com/world/2020/apr/09/coronavirus-could-push-half-a-billion-people-into-poverty-oxfam-warns>

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 sensitisation 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"*²⁹. 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.³⁰ 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.

²⁹ 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/>

³⁰ <https://www.amnesty.org/en/latest/news/2020/04/nigeria-covid-19/>

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 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 facilities³¹. 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.³² .³³ 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

³¹<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>

³² <https://www.tandfonline.com/doi/full/10.1080/23311886.2018.1555201>

³³ <https://www.tandfonline.com/doi/full/10.1080/23311886.2018.1555201>

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.

- (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 illness³⁴. There are an estimated 407,000 with TB³⁵. 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 pandemic³⁶. 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 April³⁷. 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". Displaced populations in camps or

³⁴ <https://www.unaids.org/en/regionscountries/countries/nigeria>

³⁵ <https://tbfacts.org/tb-nigeria/>

³⁶ <https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response>

³⁷ <https://www.theguardian.com/world/2020/apr/20/at-least-100-uk-health-workers-have-died-from-coronavirus-figures-show>

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 infection³⁸.

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.

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 be prioritised.

1.3 Complementary Actions and Synergies

(a) The United Nations

³⁸ Retrieved from: IOM statement on COVID-19 and mobility. https://www.iom.int/sites/default/files/iom_covid_key_messages_19-03_final.pdf

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 compliment 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 partnerships for collective response.	The COVID-19 Basket Fund to support Government in mobilising resources and coordinating partnerships around COVID-19 has 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 an evidence-based response.
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 is providing support to the health sector which is continuing through the pandemic. For example their 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 is providing 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.

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.

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.

The African Development Bank have unveiled a \$10 billion response facility to curb COVID-19. The bank has also launched a \$3 billion social bond, the world's largest US dollar denominated social bond ever on the international capital market. The Bank have also donated \$2 million to WHO globally in the last weeks³⁹. The Islamic Development Bank has also made available \$2.3 billion to its members for the COVID-19 Response.

The Department for International Development (DFID) have an estimated budget of £220 million for Nigeria in 2020 with significant support earmarked for the health and WASH sector as well as poverty reduction and the governance/security sector. They are poised to announce funding for COVID-19 both globally and at the country level. JICA have provided

³⁹ <https://www.afdb.org/en/news-and-events/press-releases/african-development-bank-group-unveils-10-billion-response-facility-curb-covid-19-35174>

medical equipment to the Government whereas 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. The US have allocated \$21.4 million to date from USAID and State Department with approximately \$18million earmarked for humanitarian assistance⁴⁰. 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. They have contributed \$66.7 million as of May 2nd⁴¹.

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 emergency 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 fund will complement Funds already provided by the State, UN and International Community but also work in tracking the response to the crisis to

⁴⁰ <https://ng.usembassy.gov/u-s-assistance-to-fight-covid-19-in-nigeria-reaches-21-4-million/>

⁴¹ <http://www.cacovid.org/#learn>

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 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 1. Rapid procurement of disease commodity packages for surveillance, prevention and control, and clinical management improved;

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

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

Output 4. Access to essential health services maintained;

Output 5. Pro-active, gender-responsive early recovery, social protection and cohesion is enhanced, targeting vulnerable groups supported;

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

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 as one of the 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 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

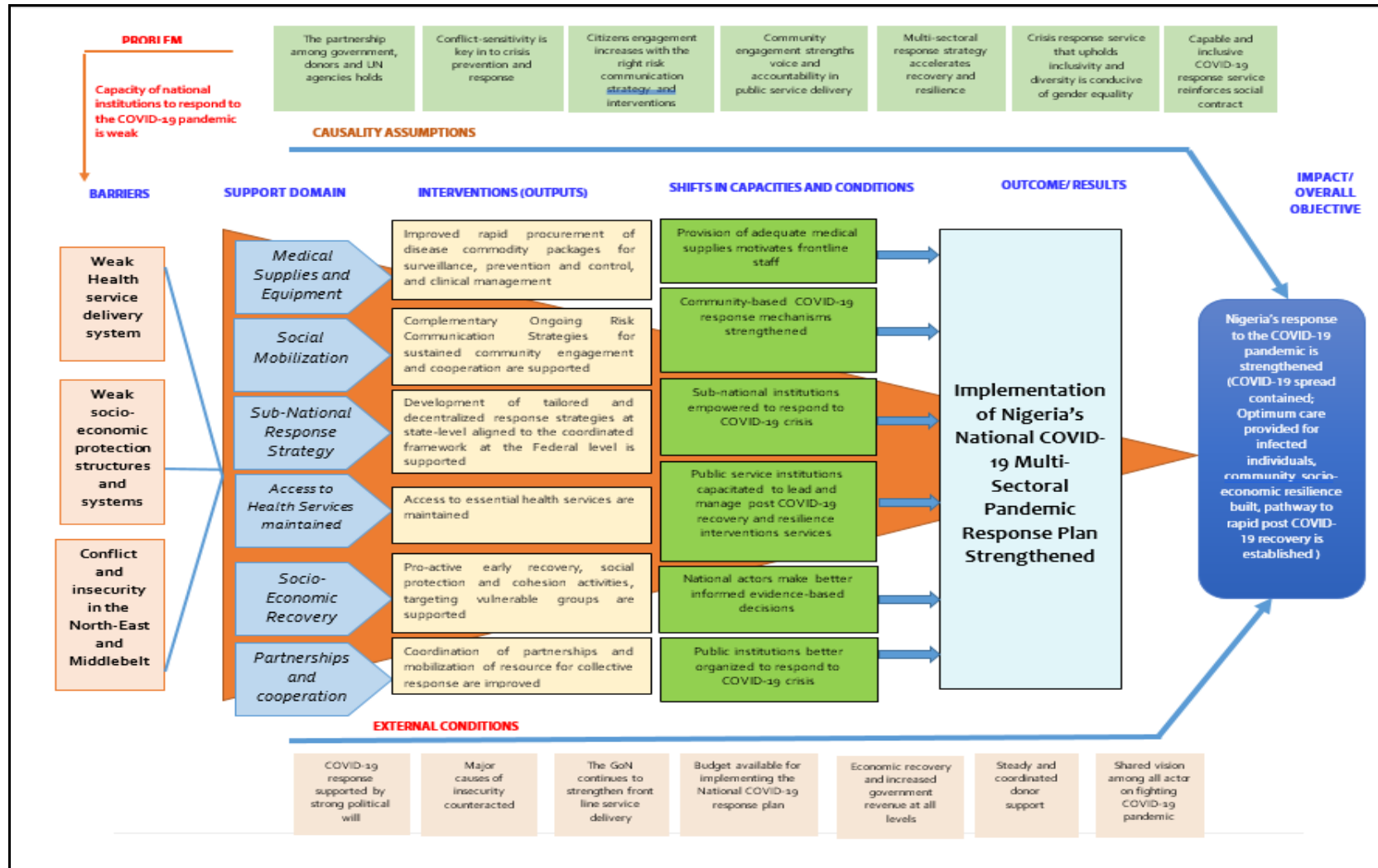
2.6 Theory of Change

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** access to essential health services are maintained; **IF** proactive socio-economic recovery, social protection and cohesion activities are initiated and implemented; 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



III. RESULTS AND PARTNERSHIPS

3.1 Expected Results

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): 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. The PTF agree the list to complement their own procurement and those of other partners (eg GAVI, Global Fund, World Bank). The UN agencies will act as procurement agents making use of its extensive network globally.

Key Activities:

- 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.

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.

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.

Output 4. Access to essential health services maintained: it will support strengthening of the health sector including strengthening of systems.

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;

Output 5. Pro-active early recovery, social protection and cohesion is enhanced, targeting vulnerable groups supported: This output will support those vulnerable groups who are risk of facing poverty supporting socio-economic interventions including cash transfers and social protection. Emphasis will be placed on the informal sector, Small and Medium Enterprises (SMEs) which has a disproportionate number of women who

depend on this for their livelihoods. The output will further support social cohesion measures and support protection of vulnerable groups.

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 Initiate socio-economic measures, such as cash transfers, food distribution, employment generation, livelihood opportunities, support to SMEs community cohesion, psychosocial support including other social protection measures to vulnerable groups;
- 5.3 Supporting manufacturing and distribution agents in country who are engaged with essential medical supplies such as disinfectants, hand sanitizers, masks and medical equipment;
- 5.4 Support the activation of conflict early warning systems and their repurposing for detection and referral of COVID-19 related tensions.

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 US\$ 93.5 million. 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.

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-	Security	P=4 I= 4	➤ Close coordination with the authorities, including the security sector to mitigate risk. ➤ Flexible programming to allow scale up/down of activities and resources in different areas. Put in place arrangements for medical evacuations.

19 pandemic			
Lack of access due to insecurity	Security	P=4 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.
Delay in the procurement and delivery of essential items in a timely fashion.	Operational	P=2 I=2	Promote and lobby about vulnerability to persuade African Union (AU), regional and global teams of the importance of timely support to Nigeria
Insufficient buy-in of key stakeholders	Political	P=1 I= 1	Political advocacy, and extensive consultations at local, state, national and regional level to ensure that all perspectives are as much as possible aligned.
Operational bottlenecks (procurement, payments, logistics)	Operational	P=2 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 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 I= 4	➤ Regular Staff sensitization; ➤ UN Clinic is better equipped to address; ➤ Isolation facility in place for UN Personnel and dependents; ➤ Staff to ensure compliance with national plan on dealing with infections. Working from home/ avoiding meetings with external parties unless absolutely necessary; ➤ Non-essential travels/ missions suspended; constant sharing of information on preventive measures and the application of social distancing at work and home/everywhere; ➤ Regular information sharing on preventive measures; ➤ Encourage staff to educate their families on preventive measures; ➤ The office to keep providing sanitizers and wipes for staff use in the office.
Implementing Partners suspend their operations	Operational	P=3 I= 3	➤ Explore alternatives with partners to minimize disruption; ➤ Conduct joint contingency plan with partners; ➤ Conduct regular consultations and request partners inform of changes of operations in advance

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 and FCT 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. UN 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 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.;

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 partners 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

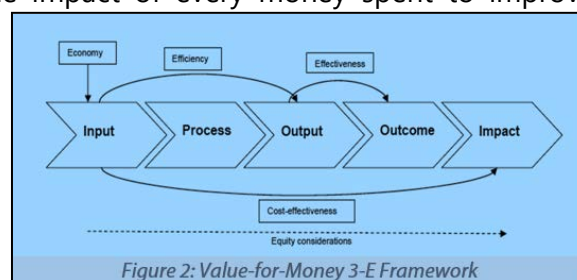
- **Gender Mainstreaming:** As highlighted earlier women and girls have been disproportionately impacted by the pandemic. They will be impacted directly through their livelihoods which are now affected by security measures. Health services are likely to be overstretched affecting women's maternal health, 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)⁴²—economy, efficiency, effectiveness and cost-effectiveness. In this regard, the project will undertake the following measures to maximize VfM:



- **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 UN 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

⁴². www.undp.org/content/dam/sudan/docs/.../Annex%209%20VfM%20Principles.docx

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 the Basket Fund, UNDP will recruit and deploy required personnel to work in the Fund Management Unit. 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 UN in 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 contributing donors may undertake additional monitoring visits both through their own staff or through independent consultants as per respective agreement.

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 FRAMEWORK⁴³

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)
			Value	Year	Year 1	Year 2	
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	Reduced case fatality rate disaggregated by gender and age group	- Federal Ministry of Health - Nigeria Center for Disease Control - National surveys - WHO and UN reports	3.4% ⁴⁴ 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 and age group	- Federal Ministry of Health - Nigeria Center for Disease Control - National surveys - WHO and UN reports	26% infected persons recovered/ discharged (85 out of 323 as of 12 April 2020 ⁴⁵)	April 2020	35% infected persons recovered/ discharged	80% infected persons recovered/ discharged	
	Number of Federal and State post COVID-19 recovery plans under implementation	- Presidential taskforce reports - Federal and state finance and planning ministries reports - Parliament and houses of assembly reports - National and state level reports and surveys - WHO and UN reports	Nil	April 2020	1 Federal and 10 State plans	1 Federal and 8 State plans	

⁴³ 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.

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

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

OUTCOME: 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)	- Presidential Taskforce reports - WHO and UN reports - Media reports - Public perception surveys	0	April 2020	50%	75%	- The National COVID-19 multi-sectoral pandemic response plan continues to be in place - National COVID-19 Multi-Sectoral Pandemic Response Plan M&E framework is established and running
OUTPUT 1: Rapid procurement of disease commodity packages for surveillance, prevention and control, and clinical management improved [Gen2]	1.1 Number of testing kits dispatched	- UN procurement reports - Handover notes - NCDC distribution reports	15,000	April 2020	150,000	100,000	- Procurement and delivery can take place swiftly despite closed borders and airspace; - Material remains available besides global constraints - Distribution of material is structured and consistent - Government of Nigeria continues to strengthen frontline service delivery - National budgets are availed towards the COVID-19 national response plan and similarly at the State level
	1.2 number of laboratories with testing capabilities (and existing laboratories with expanded testing capability)	- Federal Ministry of Health - Nigeria Center for Disease Control (National Strategy to Scale Up Access to Coronavirus Disease Testing in Nigeria) - National surveys - WHO and UN reports	13 (In 6 states)	April 2020	15 (In 12 states)	50 (In all states)	
	1.3 Number of PPEs dispatched (Information disaggregated by type of PPE)	- UN procurement reports - Handover notes - NCDC distribution reports	4,800,000	April 2020	15,000,000	10,000,000	
	1.4 number of COVID-19 healthcare facilities with triage and treatment capacity (Adhering to IPC guidelines and SOPs specific for COVID-19 and National/WHO guidance on case management)	- Federal Ministry of Health - Nigeria Center for Disease Control - National surveys - WHO and UN reports - Handover notes	32	April 2020	20 (of baseline)	50 (of baseline and more)	
	1.5 % of acute health care facilities with isolation capacity (and adhering to IPC guidelines and SOPs specific for COVID-19)	- Federal Ministry of Health; - Nigeria Center for Disease Control;	16	April 2020	50% (of baseline)	100% (of baseline)	
OUTPUT 2: Complementary ongoing Risk Communication Strategies for sustained community engagement and cooperation are supported [Gen2]	2.1 Number of integrated communication strategies strengthened	- Media reports and analysis - Social media analytics - Presidential taskforce reports - Nigeria Center for Disease Control - UN reports	2	April 2020	2	2	- Continued strong communication strategy by Government of Nigeria - Deliberate measures to reach the very isolated locations and a targeting strategy includes most vulnerable groups - Misinformation and false
	2.2 Number of public awareness campaigns on preventive measures and recovery interventions supported	- Media reports and analysis - Social media analytics - Presidential taskforce reports	2	April 2020	50	120	

	(disaggregate: addressed to women; persons living with disabilities; marginalized groups and vulnerable groups)	- Nigeria Center for Disease Control - UN reports					information are not widespread to discredit correct information
	2.3 Number of individuals reached with risk communication and public engagement messaging ((disaggregate: addressed to women; persons living with disabilities; marginalized groups and vulnerable groups)	- Media reports and analysis - Social media analytics - Presidential taskforce reports - Nigeria Center for Disease Control - UN reports	30,000,000	April 2020	80,000,000	110,000,000	
OUTPUT 3: Development of tailored and decentralized response strategies at state-level aligned to the coordinated framework at the Federal level is supported [Gen2]	3.1 Number of States that develop and are implementing contingency, response and recovery plans (including those responding to secondary effects of COVID19)	- Media reports - State reports - Presidential Taskforce reports - WHO and UN reports	0	April 2020	10	36	- Commitment of States to develop tailored response strategies aligned with framework at Federal level - Financial and technical resources can be mobilized locally
	3.2 Number of Local Governments that develop and are implementing contingency, response and recovery plans	- Media reports - State reports - Presidential Taskforce reports - WHO and UN reports	0	April 2020	25	50	
OUTPUT 4: Access to essential health services maintained [Gen2]	4.1 number of health care facilities providing health services (particularly reproductive and maternal health care and routine immunization) in line with the revised/new health investment framework	- UN reports - NGO reports - State reports	0	April 2020	15	30	- Government of Nigeria will allocate resources to integrate risk informed development strategies after the crises and maintain or increase allocation to the health sector
OUTPUT 5: Pro-active, gender-responsive early recovery, social protection and cohesion, and GBV response is enhanced, targeting vulnerable groups supported [Gen2]	5.1 Number of gender-sensitive researches and modelling activities conducted, and their results translated into policy action during and after the crisis	- UN reports - NGO reports - Federal & State Government reports - Media reports	2	April 2020	15 conducted 10 translated	30 conducted 20 translated	- Government of Nigeria engages in policy actions after the crisis - Continued engagement with Federal and States leads to uptake of policy analysis research results - States will be able to apportion funds for post crisis analysis, planning and recovery - Major sources of insecurity are counteracted
	5.2 Number of households reached with cash transfers during the period (disaggregated by gender, women headed HH and age)	- UN reports - NGO reports - State reports	0	April 2020	20,000	50,000	
	5.3 Number of peacebuilding and conflict transformation initiatives addressing post COVID-19 residual and emerging risks	- UN reports - NGO reports - State reports	0	April 2020	4	8	

	5.4 Number of vulnerable provided with livelihood opportunities in conflict affected and humanitarian contexts (disaggregated by sex/gender and age)	- UN reports - NGO reports - State reports	0	April 2020	5,000	20,000	
	5.5 Number of people educated on SGBV prevention.	- UN reports - NGO reports - State reports - NHRC reports - SpotlightNG	150,000	June 2020	300,000	450,000	
OUTPUT 6: Coordination of partnerships and mobilization of resources for collective response are improved [Gen2]	6.1 Number of presidential taskforce's intersectoral coordination fora conducted per quarter (aggregated annually)	- Presidential taskforce meeting minutes; - UN meetings minutes;	10	April 2020	45	60	- Continued commitment of Government of Nigeria to improve coordination and allocation of resources - One UN implementation is retained - Partners consider the One UN basket as an important channel for consolidated action
	6.2 The COVID-19 Basket Fund management arrangements in place	- UN analysis - Participation in meetings minutes - M&E reports (UN and Government)	0	April 2020	1	1	
	6.3 Amount of financial resource committed by donors in support to COVID-19 in Nigeria through the one UN basket;	- UN reports - Partner reports - Government reports - Media highlights	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 log 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 Plan⁴⁶

Evaluation Title	Partners (if joint)	Related Strategic Plan Output	UNDAF/CPD Outcome	Planned Completion Date	Key Evaluation 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

⁴⁶ Optional, if needed

VII. MULTI-YEAR WORK PLAN

EXPECTED OUTPUTS/RESULTS	PLANNED ACTIVITIES	BUDGET PER YEAR		Total Budget in USD	Budget Description
		Year 1 (USD)	Year 2 (USD)		
Output 1. Improved rapid procurement of disease commodity packages for surveillance, prevention and control, and clinical management	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 74700 Transport, Shipping and handle 71200 International Consultants 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;	3,000,000.00	2,000,000.00	5,000,000.00	72300 Materials and Goods 74700 Transport, Shipping and handle 71200 International Consultants 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 74700 Transport, Shipping and handle 71200 International Consultants 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 71200 International Consultants 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;	600,000.00	400,000.00	1,000,000.00	72100 Contractual Services-Companies 71200 International Consultants 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.	100,000.00	150,000.00	250,000.00	75700 Training, Workshops and Conference 71200 International Consultants 71300 Local Consultants
	Subtotal of Output/Result 1	39,915,000.00	12,700,000.00	52,615,000.00	
Output 2. Complementary ongoing Risk Communication Strategies for sustained community engagement and cooperation are supported	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 71200 International Consultants 71300 Local Consultants

	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 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;	100,000.00	100,000.00	200,000.00	71200 International Consultants 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 71200 International Consultants 71300 Local Consultants
	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 71300 Local Consultants
Subtotal of Output/Result 2			750,000.00	600,000.00	1,350,000.00	
Output 3. Development of tailored and decentralized response strategies at state-level aligned to the coordinated framework at the Federal level is supported	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 71300 Local Consultants
	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 71200 International Consultants 71300 Local Consultants
Subtotal of Output/Result 3			1,800,000.00	1,440,000.00	3,240,000.00	
Output 4. Access to essential health services maintained	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;	2,000,000.00	3,000,000.00	5,000,000.00	72100 Contractual Services-Companies 71200 International Consultants 71300 Local Consultants
Subtotal of Output/Result 4			2,000,000.00	3,000,000.00	5,000,000.00	
Output 5. Pro-active gender-responsive early recovery, social protection and cohesion, and GBV response is enhanced, targeting vulnerable	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;	150,000.00	150,000.00	300,000.00	71200 International Consultants 71300 Local Consultants 74200 Audio Visual&Print Prod Costs

groups supported	5.2	Initiate socio-economic measures, such as cash transfers, food distribution, employment generation, livelihood opportunities, support to SMEs community cohesion, psychosocial support including other social protection measures to vulnerable groups, particularly women and women-headed households;	8,500,000.00	7,252,000.00	15,752,000.00	72600 Grant 71600 Travel 71300 Local Consultants
	5.3	Supporting manufacturing and distribution agents in country who are engaged with essential medical supplies such as disinfectants, hand sanitizers, masks and medical equipment;	1,200,000.00	1,000,000.00	2,200,000.00	72600 Grant 71600 Travel 71300 Local Consultants
	5.4	Support the activation of gender-inclusive conflict early warning systems and their repurposing for detection and referral of COVID-19 related tensions;	200,000.00	200,000.00	400,000.00	71200 International Consultants 71300 Local Consultants 74200 Audio Visual&Print Prod Costs
	5.5	Support communication activities focused on SGBV prevention.				
	Subtotal of Output/Result 5		10,050,000.00	8,602,000.00	18,652,000.00	
Output 6. Coordination of partnerships and mobilization of resources for collective response are improved	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 75700 Training, Workshops and Conference 72500 Supplies 71200 International Consultants 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;	50,000.00	39,031.10	89,031.10	74200 Audio Visual&Print Prod Costs 75700 Training, Workshops and Conference 72500 Supplies 71200 International Consultants 71300 Local Consultants
	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 75700 Training, Workshops and Conference 72500 Supplies 71600 Travel 71200 International Consultants 71300 Local Consultants
	Subtotal of Output/Result 6		200,000.00	189,031.10	389,031.10	
Project Management Cost	Project Manager (P4)		304,922.00	304,922.00	609,844.00	71400 Contractual Services - Individ
	Grant Administrator (NOB)		93,355.00	93,355.00	186,710.00	62300 Recurrent Payroll Costs-IP Stf
	Project Finance Specialist (NOC)		118,488.00	118,488.00	236,976.00	71500 UN Volunteers

	Project Logistics Associate (NOA)	71,874.00	71,874.00	143,748.00	71200 International Consultants
	Admini Finance Associate (NOA)	71,874.00	71,874.00	143,748.00	71300 Local Consultants
	Monitoring, Evaluation and Reporting Officer (NOC)	118,488.00	118,488.00	236,976.00	72500 Supplies
	Procurement Analyst (NOB)	93,355.00	93,355.00	186,710.00	71600 Travel
	Drivers (2) (SB-1)	40,000.00	40,000.00	80,000.00	74400 Miscellaneous Operating Expens
	Office supplies and ICT equipment	265,506.00	300,000.00	565,506.00	
	Subtotal Project Management cost	1,177,862.00	1,212,356.00	2,390,218.00	
M&E and Communication Cost	Visibility & Communication	100,000.00	150,000.00	250,000.00	74400 Miscellaneous Operating Expens 71200 International Consultants 71300 Local Consultants
	Monitoring, Evaluation, Audit and Reporting	66,250.00	100,000.00	166,250.00	72500 Supplies 71600 Travel 74100 Professional Services 71200 International Consultants 71300 Local Consultants
	Subtotal of M&E	166,250.00	250,000.00	416,250.00	
	Subtotal of (1+2+3+4+5+6+PMC+M&E)	56,059,112.00	27,993,387.10	84,052,499.10	
	Contingency (3%)	1,681,773.36	839,801.61	2,521,574.97	
	Subtotal of (1+2+3+4+5+6+PMC+M&E+Contingency)	57,740,885.36	28,833,188.71	86,574,074.07	
	General Management Support (8%)	4,619,270.83	2,306,655.10	6,925,925.93	
	GRAND TOTAL	62,360,156.19	31,139,843.81	93,500,000.00	

NB:

Note 1: This Budget allocation among Outputs will be further reviewed and approved by the Project Board including allocation to PUNOs

VIII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

9.1 Fund Management Modality

The project will be managed by UNDP under a Direct Implementation (DIM) modality. 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 fund contributing 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 the fund contributing donor(s). UNDP will recruit and deploy required staff in managing the Basket Fund as CA.

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.

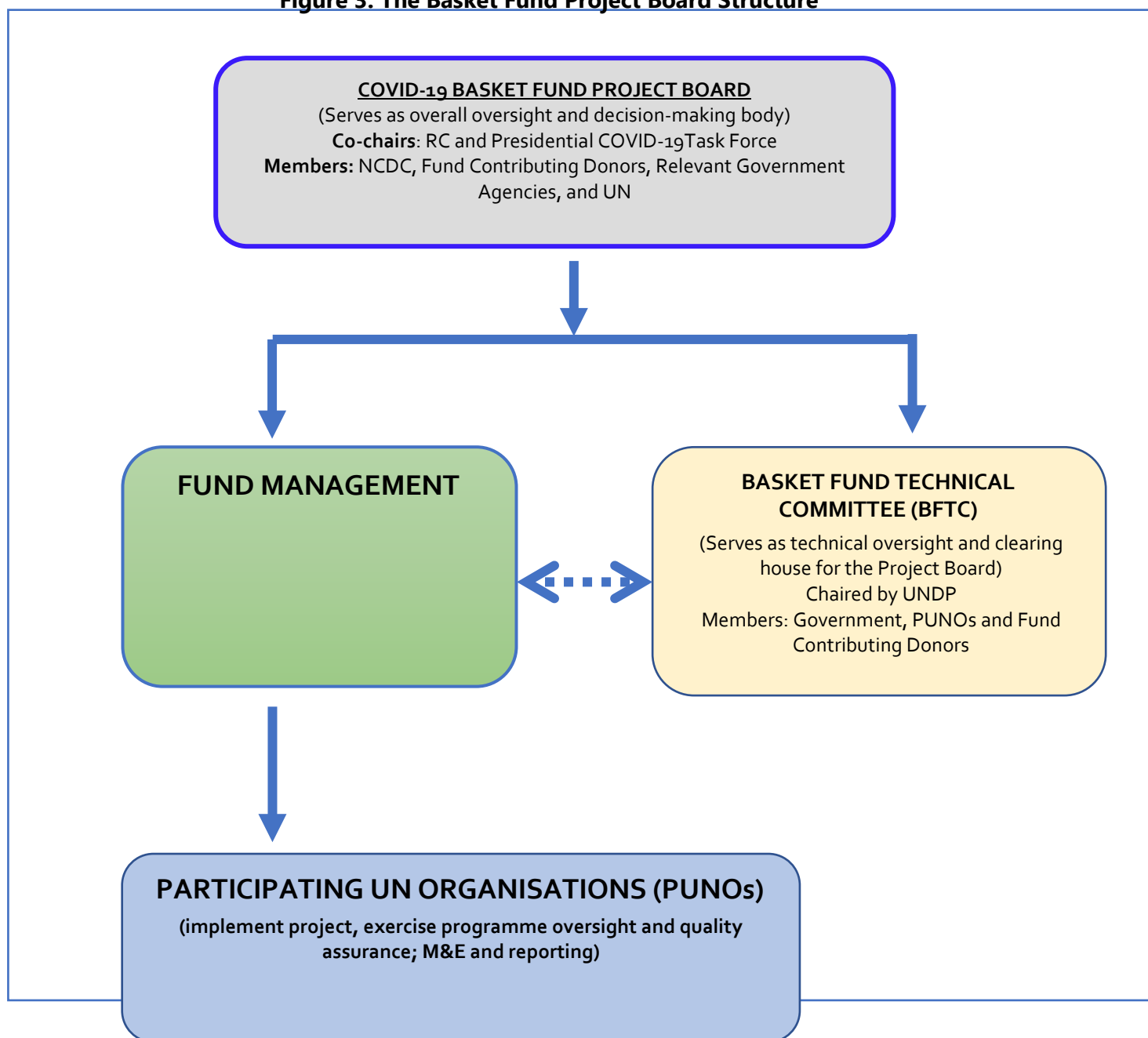
9.3 The Basket Fund Project Board

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.