Evaluation of the European Union External Action

Thematic Evaluation

Combined evaluation of DG ECHO's humanitarian response to epidemics, and of DG ECHO's partnership with the World Health Organization, 2017-2021

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Contents

Table of Figures 5

List of Tables 5

Annexe 1 – Evaluation Matrix 6

Annexe 2 – Key Informant Interviews and Focus Group Discussions conducted 14

Annexe 3 – List of KIIs 18

Annexe 4 – Sampling Frameworks of DG ECHO Actions 24

Annexe 5 – WHE Work Area Aims and Activities 70

Annexe 5 – Focus Group Discussion (minutes) 72

Annexe 6 – Online Survey 118

Annexe 7 - Bibliography 130

Annexe 8 – Terms of Reference (TOR) 134

Table of Figures

Figure 31 Interviewees by stakeholder category 15

List of Tables

Table 12 Evaluation Matrix 6
Table 13: Summary of KIIs conducted by stakeholder category 14
Table 14: Interviewees by sex 15
Table 15 KII list by Stakeholder Category and Organisation 15
Table 16 List of KIIs 18
Table 17 Actions within scope of evaluation (n=201) 24
Table 18 Sampling frame 1 (Selected countries) (n=39) 54
Table 19: Sampling frame 2 (Actions selected for detailed review within selected countries) (n=23) 66
Table 20 WHE Work area aims and activities 70
Table 21 FGD tables 72
Table 22 EQs selected for survey targeting 119
Table 23 Survey timeframe 120

Annexe 1 – Evaluation Matrix

Table 1 Evaluation Matrix

Evaluation question (EQ)	Judgement criteria	Indicators	Potential data sources and data collection methods
1. How appropriate were DG ECHO's plans and interventions in response to epidemics?	1.1. Decisions were based on needs assessments and complementary data	1.1.1. Evidence that funding decisions captured needs assessment findings, drew on external analysis/evidence, and aligned with other national and international actors 1.1.2. Inclusion of analysis of national capacities and estimation of gaps between existing response capacity and needs of the population in assessments	<u>DR</u> • Anopheles Epidemic Assessments • Funding decisions/HIPs • Action documents (FicheOps and eSingleForms) • Funding decisions by other donors <u>KIIs</u> • DG ECHO • IPs • National authorities
	1.2. The magnitude and severity of epidemic crises and their likely trajectory were fully considered when making decisions on how DG ECHO should respond	1.2.1. Evidence of analysis of quantitative metrics relating to morbidity, size of affected population, and geographical extent in funding decisions 1.2.2. Presence of epidemiological analysis to estimate future scale of needs with/without preventative actions in needs assessments 1.2.3. Balance of funding between response and prevention (in % or EUR) and perspectives 1.2.4. Evidence that individual health actions involved response AND containment AND prevention measures	<u>DR</u> • Anopheles Epidemic Assessments • INFORM • Funding decisions/HIPs • Action documents (FicheOps and eSingleForms) • Financial data (HOPE) • Categorisation of actions (HOPE) <u>KIIs</u> • DG ECHO • IPs
2. To what extent did DG ECHO's actions seek the participation of affected populations at all stages of the humanitarian project cycle, and seek to address their needs and priorities?	2.1. Needs assessments made efforts to identify the most vulnerable individuals or households within the wider affected populations	2.1.1. Presence of disaggregated data (e.g., by age and gender) in needs assessments, and analysis/discussion of other factors associated/correlated with increased vulnerability	<u>DR</u> • Anopheles Epidemic Assessments • INFORM • Funding decisions/HIPs • Action documents (FicheOps and eSingleForms) <u>KIIs</u> • DG ECHO • IPs • National authorities
	2.2. Response plans demonstrated a 'do no harm' approach and were sensitive to cultural factors	2.2.1 Evidence in plans that affected populations were consulted regarding their preferences on the location/timing/mode of delivery of relevant health services	<u>DR</u> • DG ECHO thematic policy guidelines (stating Do No Harm standards) • SPHERE/Health Cluster guidance on consultation • Action documents (FicheOps and eSingleForms)

Evaluation question (EQ)	Judgement criteria	Indicators	Potential data sources and data collection methods
			KIIs • DG ECHO • IPs • Local civil society FGDs • Affected communities
	2.3 Project implementation involved - and demonstrated accountability to - the affected populations	2.3.1. Evidence in implementation that affected populations were asked about the key issues that hinder their access to health services, and the extent to which they can provide support to programme implementation	DR • DG ECHO thematic policy guidelines (stating Do No Harm standards) • SPHERE/Health Cluster guidance on consultation • Action documents (FicheOps and eSingleForms) KIIs • DG ECHO • IPs • Local civil society FGDs • Affected communities
3. How coherent was DG ECHO's response with that of relevant external actors?	3.1. DG ECHO decisions and actions were aligned with national public health policies, priorities and plans for epidemic response	3.1.1. Evidence of communication/consultation/coordination with national public health bodies	DR • National public health policies/strategies in selected countries • Funding decisions/HIPs • Action documents (FicheOps and eSingleForms) KIIs • DG ECHO • National authorities Online survey
	3.2. DG ECHO decisions and actions were coherent with those of other international actors and the WHO	3.2.1. Evidence of coherence with WHO's WHE, and the Global Health Security Agenda 3.2.2. Evidence of coherence with the decisions and programmes of other donors	DR • IHR/GHSA documents • WHE documents • UN HRPs • Health Cluster documents • Funding decisions/HIPs • Action documents (FicheOps and eSingleForms) KIIs • DG ECHO • Global Health Cluster • WHO • Other donors Online survey

Evaluation question (EQ)	Judgement criteria	Indicators	Potential data sources and data collection methods
	3.3. DG ECHO actively participated in multi-agency coordination mechanisms (including in advocacy), at global and national levels	3.3.1. Evidence of DG ECHO participation and proactivity in global coordination mechanisms before and after COVID-19 (e.g., in relation to the WHO Preparedness and Response Plan to COVID-19, the Task Team on COVID-19 set up by the Global Health Cluster, and COVAX) 3.3.2. Evidence of DG ECHO participation and proactivity in national (sector/cluster) health coordination mechanisms	DR • WHE documents • UN HRPs • Health Cluster documents • Funding decisions/HIPs • Action documents (FicheOps and eSingleForms) • Meeting minutes/communiques KIIs • DG ECHO • Global Health Cluster • WHO • Other donors Online survey
	3.4. DG ECHO's interventions enhanced - and added value to - the overall response	3.4.1. Evidence of DG ECHO decisions/advocacy influencing the behaviour of other donors/agencies and global systems	DR • Health Cluster documents • Meeting minutes/communiques KIIs • DG ECHO • Global Health Cluster • WHO • Other donors • Member States Online survey
4. How coherent was DG ECHO's response with that of other EU/EC actions including those of individual Member States and how can DG ECHO's role evolve given the EC's strategic intent to strengthen European and global health security?	4.1. DG ECHO's coordination with other EU/EC services ensured that its interventions were complementary to – and added value to – epidemic preparedness/response work conducted by the EU/EC as a whole, including that of other member states	4.1.1. Evidence of regular consultation and information-sharing between DG ECHO and other EU/EC services 4.1.2. Evidence of DG ECHO drawing on information/analysis conducted by other services 4.1.3. Evidence that DG ECHO instruments and tools complemented – and added value to - those of other EU/EC services, rather than overlapping (e.g., with joint needs assessments and joint programming)	DR • Joint programming documents • Meeting minutes • Analysis by other EC services • Funding decisions/HIPs KIIs • DG ECHO • Other DGs/agencies • Member state officials Online survey

Evaluation question (EQ)	Judgement criteria	Indicators	Potential data sources and data collection methods
	4.2. DG ECHO's mandate, capacities and potential are being considered strategically in light of ongoing developments in the EC's epidemic response capacity (e.g., EHRC, DG HERA)	4.2.1. Evidence of DG ECHO proactively engaging in the establishment of the new mechanisms to seek clarity on mandates, divisions of labour, communication mechanisms and potential for complementarity/added value	DR • Meeting minutes • Analysis by other EC services KIIs • DG ECHO • Other DGs/agencies Online survey
5. How effective have DG ECHO's tools and instruments been in addressing epidemics?	5.1. The size of DG ECHO's epidemic/pandemic response architecture was appropriate to the scale of the needs	5.1.1. Evidence that DG ECHO's tools/instruments were of an adequate size to respond to global epidemics e.g., COVID-19	DR • HOPE/OCHA FTS data • HIPs/funding decisions • HRPs • Global Response Plans KIIs • DG ECHO • WHO • IPs • Global health actors • Member States Online survey
	5.2. DG ECHO's tools and instruments were well designed, 'fit for purpose' and do not leave unreasonable gaps in response capacity	5.2.1. Evidence that DG ECHO's different tools and interventions were chosen carefully and appropriate to the situation 5.2.2 Evidence that tools and instruments included appropriate criteria and "triggers" for both response and prevention	DR • ECHO policy guidelines • Technical Issue Papers • HIPs/funding decisions • Position papers • Meeting minutes KIIs • DG ECHO • WHO • IPs • Global health actors • Member States Online survey
6. What results were achieved by DG ECHO's epidemics response?	6.1. DG ECHO-funded actions and advocacy in response to epidemics mitigated the spread and impact of those epidemics	6.1.1. Infection incidence rates in selected countries/contexts (number of cases per x number of people per day/week/month) 6.1.2. Numbers of beneficiaries reached by funded actions with health services/measures which are scientifically proven or can be reasonably assumed to reduce mortality/morbidity and disease transmission	DR • Action documents (FicheOps and eSingleForms) • Mission reports • Results Frameworks/aggregated monitoring data • Existing action level evaluations • National or external incidence data • National policy changes

Evaluation question (EQ)	Judgement criteria	Indicators	Potential data sources and data collection methods
		6.1.3. Evidence that DG ECHO's advocacy influenced the course and severity of epidemics in select countries 6.1.4 Evidence that DG ECHO supported effective RCCE initiatives leading to positive behaviour change	KIIs • DG ECHO • IPs • WHO • National authorities • Local civil society FGDs Affected communities
	6.2. Unintended negative consequences of DG ECHO-funded actions were minimal and effectively mitigated when identified	6.2.1. Evidence that DG ECHO IP staff were aware of unintended consequences of their programmes and able to react effectively	DR • Action documents (FicheOps and eSingleForms) • Mission reports KIIs • DG ECHO • IPs • WHO • Local civil society FGDs Affected communities
7. Have DG ECHO's actions in response to epidemics been cost-effective?	7.1. DG ECHO-funded actions demonstrated cost-effectiveness	7.1.1. Qualitative evidence that partners and actions supported were cost-effective (ref. *Study on Approaches to Assess Cost-Effectiveness of DG ECHO's Humanitarian Aid Actions*, ADE, August 2016) 7.1.2. Evidence that DG ECHO staff considered both strategic and operational cost-effectiveness when analysing proposals for funding	DR • Action documents (FicheOps and eSingleForms) • Monitoring data • Existing cost effectiveness analysis KIIs • DG ECHO • IPs • WHO Online survey
8. To what extent were DG ECHO's interventions in response to epidemics timely and flexible, thereby allowing partners to have adapted responses?	8.1. EU-funded actions in response to epidemics were timely, demonstrating an appropriate balance between speed and quality of design	8.1.1. Evidence that EU-funding / and other forms of assistance arrived in time to respond to needs 8.1.2. Evidence that EU funding / and other forms of assistance arrived in time to prevent the further multiplication of cases and needs	DR • Epidemiological analysis • Timing data (HOPE) • Action documents (FicheOps and eSingleForms) KIIs • DG ECHO • IPs • WHO • Health cluster FGDs Affected communities Online survey

Evaluation question (EQ)	Judgement criteria	Indicators	Potential data sources and data collection methods
	8.2. EU-funded actions in response to epidemics were flexible enough to enable appropriate adaptation at field level	8.2.1. Partners considered that EU grants provide flexibility to respond to emerging situations and changes in context 8.2.2. Reporting requirements for partners were proportionate	DR • Action documents (FicheOps and eSingleForms) KIIs • DG ECHO • IPs • WHO Online survey
9. To what extent has DG ECHO contributed to the resilience of public health systems for outbreak prevention and response in the countries where it works?	9.1. Humanitarian actions included both immediate relief and recovery/resilience activities	9.1.1. Evidence that interventions included a mixture of measures to cater to a variety of acute and longer-term humanitarian needs 9.1.2 Extent to which investments in national early warning systems, infrastructure, skills were expected to be durable and outlast EU-funding periods 9.1.3. Beneficiaries felt that humanitarian actors have addressed both their "crisis" and longer-term recovery needs 9.1.4. Grant durations were appropriate to the length of emergency situations and enabled transitions to service provision in a more stable environment	DR • HOPE data on contracts • Action documents (FicheOps and eSingleForms) KIIs • DG ECHO • IPs • WHO FGDs Affected communities Online survey • National policies • International indices • National/local authorities • DG ECHO staff at HQ and selected field locations • IPs • Development actors • DG INTPA/NEAR/SANTE staff • Beneficiaries •
	9.2. Coordination with EC services and external actors strengthened linkages between emergency and development programming and transition to nationally owned systems or development programmes where possible	9.2.1. Evidence of linked programming and coordinated efforts between EC services 9.2.2. Evidence that DG ECHO's interventions laid the groundwork for transition/handover to longer-term development support	DR • Programming documents, Team Europe strategies, action plans. • ECHO-INTPA meeting minutes and documents • Joint programming/nexus strategy documents • Action documents (FicheOps and eSingleForms) KIIs • DG ECHO • Other EC services • Development actors • IPs • WHO

Evaluation question (EQ)	Judgement criteria	Indicators	Potential data sources and data collection methods
			FGDs Affected communities Online survey
10. Is the DG ECHO-WHO partnership strategic and synergistic, with a shared vision that leverages collaborative advantages at all levels?	10.1. The DG ECHO-WHO partnership has a shared vision that is understood and valued by both partners at HQ, regional and country levels	10.1.1. Evidence of alignment between DG ECHO and WHO policies, strategies and humanitarian health objectives 10.1.2. Extent to which DG ECHO and WHO staff feel "ownership" of the partnership aims, priorities and actions 10.1.3. Extent to which DG ECHO and WHO staff perceived the partnership as strategic and valuable	DR • DG ECHO and WHO needs assessments/analyses • DG ECHO and WHO policies and strategies • MOUs and similar KIIs • DG ECHO • WHO Online survey
	10.2. Both DG ECHO and WHO understand the collaborative advantages of the partnership and how to leverage these for value creation	10.2.1. Evidence of complementarity between the DG ECHO-WHO partnership and other EC-WHO relations	DR • Wider EU-WHO agreements/MOUs KIIs • DG ECHO • Other EC services • WHO Online survey
11. Is the DG ECHO-WHO partnership supported by effective dialogue and fit for purpose structures and mechanism to deliver on its objectives at all levels?	11.1. Dialogue between DG ECHO and WHO is strategic, effective and leads to concrete actions at HQ, regional and country levels	11.1.1. Evidence that constructive and transparent dialogue took place at the appropriate levels and led to concrete actions 11.1.2. Evidence that DG ECHO-WHO communication and coordination at country-level has increased/improved in recent years and resulted in convergent action	DR • Minutes/communiques • Communications outputs KIIs • DG ECHO • WHO • Global Health Cluster Online survey
	11.2 The DG ECHO-WHO partnership has defined governance and accountability structures and joint processes, and	11.2.1 Evidence that the DG ECHO-WHO partnership maximises efficiencies and decreases management costs and administrative burdens	DR • Minutes/communiques • Communications outputs KIIs • DG ECHO • WHO staff

Evaluation question (EQ)	Judgement criteria	Indicators	Potential data sources and data collection methods
	adequate resources to support collaborative, effective and efficient action	11.2.2 Evidence that DG ECHO-WHO partnership aims for cost effective programming and accountability 11.2.3 Evidence that DG ECHO provided timely and flexible support to WHO's response to COVID-19	• Global Health Cluster Online survey
			DR • HIPs/funding decisions • COVID-19 grant correspondence • Action documents KIIs • DG ECHO • WHO Online survey
12. What is the added value of the DG ECHO-WHO partnership in contributing to sustainable and resilient health systems, and more equitable and improved health outcomes in humanitarian settings?	12.1. The DG ECHO-WHO partnership strengthens the humanitarian-development nexus in health emergencies	12.1.1. Evidence that the DG ECHO-WHO partnership enhanced WHO's efforts in health emergencies, including WHO's response to COVID-19 12.1.2. Evidence of positive outcomes which might be reasonably attributed to the DG ECHO-WHO partnership	DR • Financial data – HOPE and WHO • WHO reports • Monitoring data • National data sets • Advocacy materials • Action documents (FicheOps and eSingleForms) • WHO programming documents KIIs • DG ECHO • WHO • National authorities Online survey
	12.2. DG ECHO's partnership with WHO led to more resilient, equitable and durable approaches in the humanitarian health sector	12.2.1 Evidence that the DG ECHO-WHO partnership that connected short-term humanitarian health actions to longer-term, more resilient systems that benefit the most vulnerable 12.2.2 Evidence that the DG ECHO-WHO partnership enhanced advocacy efforts on health in humanitarian settings.	DR • Financial data – HOPE and WHO • WHO reports • Monitoring data • National data sets • Advocacy materials • Action documents (FicheOps and eSingleForms) • Existing studies and evaluations KIIs • DG ECHO • WHO • National authorities Online survey

Annexe 2 – Key Informant Interviews and Focus Group Discussions conducted

In total, 155 key informant interviews (remote and in-person) were conducted over the full course of the evaluation, with 144 individual interviewees. 26 percent of individuals interviewed were from WHO, while 21 percent were from DG ECHO, 21 percent from other Implementing Partners, 16 percent were other international actors (donors, other UN agencies), and 8 percent were from other EU institutions (e.g. DG INTPA, DG SANTE, HERA)

60 percent of interviewees were male, while 40 percent were female.

In *addition* to individual/ group KIIs detailed below, 10 focus group discussions were conducted with affected populations in the countries of Venezuela and DRC. FGDs included 98 individuals, the majority of whom were females (70 percent).

Table 2: Summary of KIIs conducted by stakeholder category

Stakeholder Category	Number of interviews	Number of interviewees
WHO	43	37
DG ECHO	38	31
Other ECHO IP	31	30
Other international actors (donors/UN etc)	23	23
EU institution (other)	12	12
EU Member State	4	7
Third country govt.	3	3
Local civil society	1	1
Total	**155**	**144**

Figure 1 Interviewees by stakeholder category

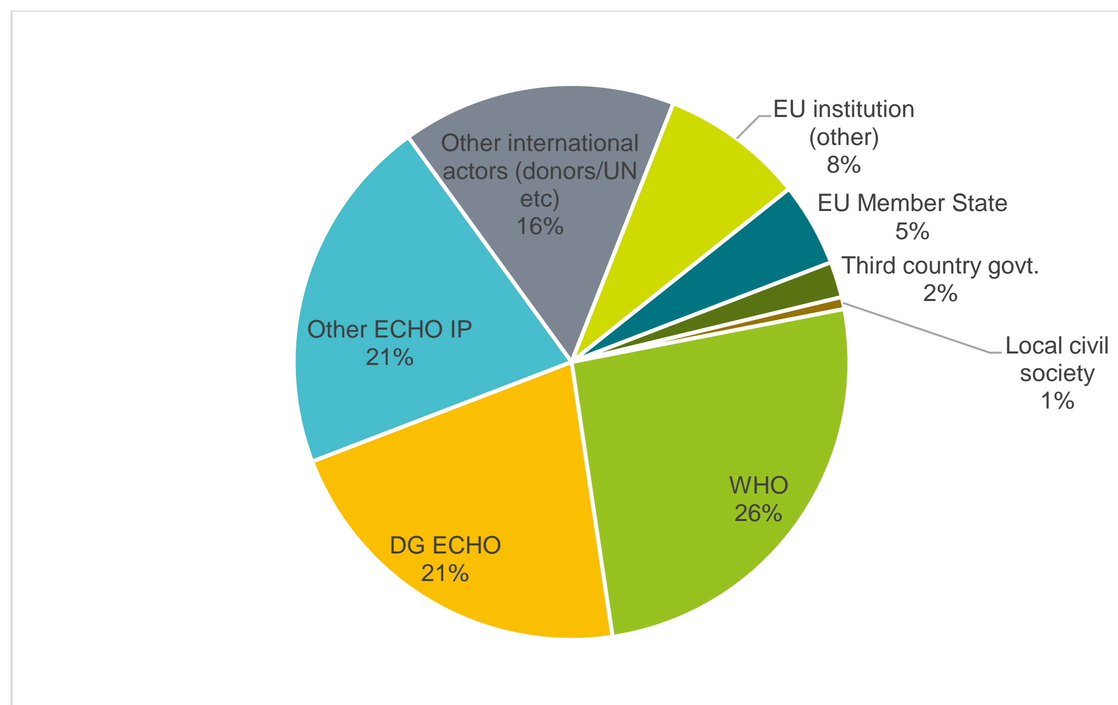

Table 3: Interviewees by sex

Sex	Number of interviewees	% of interviewees
Female	57	40%
Male	87	60%
Total	**144**	

Table 4 KII list by Stakeholder Category and Organisation

Stakeholder Category and Organisation	Number of interviews	Number of interviewees
WHO	**43**	**37**
Health Cluster	1	1
OMS	1	1
PAHO	6	5
WHE	9	9
WHO	25	20
WHO EMRO	1	1
DG ECHO	**38**	**31**
DG ECHO	38	31
Other ECHO IP	**31**	**30**
Acción Solidaria	1	1
ACH	3	3
Action Against Hunger Syria	1	1

ALIMA (Alliance for International Medical Action)	1	1
Caritas	1	1
Caritas LU	3	2
Forum des ONGI	1	1
IFRC	1	1
Intersos	2	2
IRC	4	4
Maltesser	1	1
MDMF	1	1
Medair	2	2
Premiere Urgence	1	1
PU-AMI	1	1
Red cross	1	1
Relief International	1	1
SEMA	2	2
STC	1	1
Syrian American Medical Society	2	2
Other international actors (donors/UN etc)	**23**	**23**
ACBAR	1	1
British Embassy	1	1
FCDO	1	1
IFRC	1	1
ITM	1	1
Médecins Sans Frontières (MSF)	1	1
OCHA	4	4
PNUD	1	1
Swiss Cooperation	1	1
UNICEF	6	6
US CDC	1	1
USAID	1	1
WFP	2	2
World Bank	1	1
EU institution (other)	**12**	**12**
DG DEVCO	1	1
DG INTPA	2	2
DG RTD	1	1
DG SANTE	2	2
ECDC	1	1
European Union Delegation (EUD)	2	2
EUD/INTPA	1	1
HERA	2	2
EU Member State	**4**	**7**
Belgium	1	1
French Embassy	2	2
SIDA	1	4
Third country govt.	**3**	**3**
INRB	1	1

MoH	2	2
Local civil society	**1**	**1**
Forum des ONGI	1	1
Grand Total	**155**	**144**

Annexe 3 – List of KIIs

Table 5 List of KIIs

Tab	Stakeholder category	Organisation
Syria	Other ECHO IP	Syrian American Medical Society
Part B	WHO	WHE
DRC	Other international actors (donors/UN etc)	OCHA
South Sudan	Other ECHO IP	ALIMA
Afghanistan	Other ECHO IP	IFRC
Syria	Other ECHO IP	Relief International
Afghanistan	DG ECHO	DG ECHO
South Sudan	EU institution (other)	DG INTPA
Part B	WHO	WHE
HQ A	EU institution (other)	HERA
South Sudan	WHO	WHO
Afghanistan	Other ECHO IP	Intersos
Part B	WHO	WHO
South Sudan	Other international actors (donors/UN etc)	USAID
Venezuela	WHO	PAHO
Part B	WHO	WHE
DRC	DG ECHO	DG ECHO
HQ A	DG ECHO	DG ECHO
Syria	Other ECHO IP	ACH
Part B	WHO	WHO

Syria	WHO	Health Cluster
Syria	Other international actors (donors/UN etc)	WFP
Part B	WHO	WHE
Venezuela	WHO	PAHO
DRC	Local civil society	Forum des ONGI
Venezuela	WHO	WHO
Venezuela	Other international actors (donors/UN etc)	OCHA
Syria	Other ECHO IP	ACH
Afghanistan	WHO	WHO
Venezuela	Other ECHO IP	Caritas LU
Syria	WHO	WHO
South Sudan	Other ECHO IP	Medair
Part B	WHO	WHO
Venezuela	Other ECHO IP	Acción Solidaria
Afghanistan	DG ECHO	DG ECHO
Region A	DG ECHO	DG ECHO
Part B	WHO	WHO
Venezuela	Other ECHO IP	Caritas LU
Venezuela	WHO	PAHO
DRC	Other international actors (donors/UN etc)	UNICEF
DRC	WHO	WHO
Part B	WHO	WHO
Syria	Other ECHO IP	Syrian American Medical Society
Venezuela	DG ECHO	DG ECHO
Part B	WHO	WHO

Venezuela	Other international actors (donors/UN etc)	WFP
Afghanistan	Other international actors (donors/UN etc)	OCHA
HQ A	EU institution (other)	DEVCO
Venezuela	Other ECHO IP	Caritas
Venezuela	Other international actors (donors/UN etc)	UNICEF
Region A	DG ECHO	DG ECHO
DRC	EU Member State	French Embassy
DRC	EU institution (other)	EUD
Venezuela	DG ECHO	DG ECHO
DRC	DG ECHO	DG ECHO
DRC	Other ECHO IP	Maltesser
South Sudan	Third country govt.	MoH
Part B	WHO	WHE
South Sudan	WHO	WHO
Venezuela	WHO	PAHO
Afghanistan	Other ECHO IP	PU-AMI
Venezuela	Other ECHO IP	Red cross
South Sudan	Other international actors (donors/UN etc)	OCHA
South Sudan	DG ECHO	DG ECHO
Part B	WHO	WHO
Part B	WHO	WHE
DRC	Other international actors (donors/UN etc)	World Bank
Afghanistan	Other international actors (donors/UN etc)	ACBAR
DRC	EU institution (other)	HERA

Syria	DG ECHO	DG ECHO
Venezuela	DG ECHO	DG ECHO
Venezuela	Other ECHO IP	ACH
Part B	WHO	WHO
Part B	WHO	WHO
DRC	Other international actors (donors/UN etc)	PNUD
Venezuela	WHO	PAHO
Syria	DG ECHO	DG ECHO
Venezuela	Other international actors (donors/UN etc)	IFRC
Afghanistan	WHO	WHO
Afghanistan	Other ECHO IP	Intersos
Venezuela	Other ECHO IP	IRC
Venezuela	Other international actors (donors/UN etc)	UNICEF
DRC	EU institution (other)	EUD/INTPA
Part B	WHO	WHE
Part B	WHO	WHO EMRO
Syria	Other ECHO IP	SEMA
Syria	Other ECHO IP	SEMA
Syria	WHO	WHO
South Sudan	WHO	WHO
Venezuela	Other ECHO IP	Forum des ONGI
DRC	Other ECHO IP	MEDAIR
Venezuela / Region A	DG ECHO	DG ECHO
Part B	WHO	WHE
Syria	DG ECHO	DG ECHO
DRC	EU Member State	French Embassy

DRC	Other ECHO IP	STC
DRC	WHO	OMS
Venezuela	Other international actors (donors/UN etc)	Swiss Cooperation
Afghanistan / Part B	WHO	WHO
DRC	Other international actors (donors/UN etc)	British Embassy
DRC	Other international actors (donors/UN etc)	UNICEF
South Sudan	Other international actors (donors/UN etc)	FCDO
Part B	WHO	WHE
Syria	Other ECHO IP	IRC
DRC	Other international actors (donors/UN etc)	UNICEF
South Sudan	EU institution (other)	EU
DRC	EU Member State	Belgium
DRC	Other international actors (donors/UN etc)	MSF
DRC	Third country govt.	INRB
South Sudan	Other international actors (donors/UN etc)	US CDC
Part B	DG ECHO	DG ECHO
DRC	Third country govt.	MOH
Syria	Other ECHO IP	Action Against Hunger Syria
Part B	WHO	WHO
Venezuela	Other ECHO IP	Premiere Urgence
Venezuela	Other international actors (donors/UN etc)	UNICEF
Afghanistan	Other ECHO IP	IRC

Venezuela	Other ECHO IP	IRC
DRC	Other international actors (donors/UN etc)	ITM
Venezuela	Other ECHO IP	MDMF
South Sudan	EU Member State	SIDA (4x interviewees in one interview)
HQ Part A/B	DG ECHO	DG ECHO
HQ Part A/B	DG ECHO	DG ECHO
HQ Part A/B	DG ECHO	DG ECHO
HQ Part A/B	DG ECHO	DG ECHO
HQ A	EU institution (other)	DG SANTE
HQ A	DG ECHO	DG ECHO
HQ A	DG ECHO	DG ECHO
HQ A	EU institution (other)	ECDC
HQ A	EU institution (other)	DG RTD
HQ A	DG ECHO	DG ECHO
HQ A	DG ECHO	DG ECHO
HQ A	EU institution (other)	DG INTPA
Region A	DG ECHO	DG ECHO
Region A	DG ECHO	DG ECHO
Region A	DG ECHO	DG ECHO
Region A	DG ECHO	DG ECHO
Region A	DG ECHO	DG ECHO
Region A	DG ECHO	DG ECHO
Part B	DG ECHO	DG ECHO
Part B	EU institution (other)	DG SANTE

Annexe 4 – Sampling Frameworks of DG ECHO Actions

Overall portfolio of actions: All actions within the scope of the evaluation. Includes all actions tagged to subsector 'Epidemics' in HOPE database, submitted between 2017 and 2021. Plus, additional relevant actions brought to our attention by DG ECHO. Included 201 actions. See Table 6 for details. This is the sample used for quantitative portfolio analysis undertaken and presented in the synthesis report.

Sampling frame 1 (Selected countries): As above but including only the relevant Part A actions within 5 selected countries of Syria, DRC, Venezuela, Afghanistan and South Sudan between 2017 and 2021. Included 39 actions. See Table 7 for details.

Sampling frame 2 (Actions selected for detailed review within selected countries) : Within sampling frame 1, a smaller number of actions were selected for a detailed review during the evaluation – including document review of the Action documents (FichOps and single forms) during the desk phase. These included 23 actions, as listed in Table 8**.**

Table 6 Actions within scope of evaluation (n=201)

Agreement No.	Partner	Reference number	Country	Action title	Amount	EC Amount	Status
ECHO/SYR/BUD/2022/91011	WHO	2021/01243	SYRIAN ARAB REPUBLIC	Sustaining provision of life saving health services within humanitarian response in Syria through the provision of integrated primary and specialized secondary health services to the most vulnerable groups	€ 7,553,520.16	€ 6,000,000.00	ONGOING
ECHO/-HF/BUD/2021/91055	FEDERATION HANDICAP-FR	2021/01196	ETHIOPIA	Integrated emergency life-saving response for conflict affected IDPs and host communities	€ 3,150,000.00	€ 3,000,000.00	ONGOING
ECHO/-XA/BUD/2021/91044	WHO	2021/01134	Nepal	Health Emergency Preparedness of Prehospital, Hospital and Post-hospital	€ 1,251,963.60	€ 1,000,000.00	ONGOING

				in response to COVID-19 Pandemic in Nepal.			
ECHO/DRF/BUD/2021/91039	MDM-BE	2021/01124	Tunisia	Appui à la réponse de la Tunisie face à la crise sanitaire (SEHAT ETTWENSA, santé des Tunisiens)	€ 700,000.00	€ 700,000.00	ONGOING
ECHO/-XA/BUD/2021/91043	WHO	2021/01123	Sri Lanka	Emergency response to COVID-19 pandemic in Sri Lanka	€ 1,588,972.71	€ 1,400,000.00	ONGOING
ECHO/-XA/BUD/2021/91045	IOM-CH	2021/01121	Nepal	Effective case management by strengthening Isolation centers and Ground Crossing Points (GCPs) management for Rapid Response and Preparedness against COVID-19	€ 1,500,000.00	€ 1,500,000.00	ONGOING
ECHO/-XA/BUD/2021/91042	WV-DE	2021/01120	Sri Lanka	COVID-19 prevention, case management and vaccination Response for Communities in Central, North Eastern, North Western and Western provinces in Sri Lanka	€ 642,000.00	€ 600,000.00	ONGOING
ECHO/DRF/BUD/2021/91035	FICR-CH	2021/01118	Indonesia	COVID-19 Response in Indonesia	€ 605,012.44	€ 500,000.00	ONGOING
ECHO/-AM/BUD/2021/91073	PAHO	2021/01113	BOLIVIA	Strengthening COVID-19 response capacities in health facilities and vulnerable indigenous communities in Santa Cruz Department, Bolivia	€ 786,991.42	€ 700,000.00	ONGOING
ECHO/DRF/BUD/2021/91034	IRC-DE	2021/01090	MYANMAR	COVID-19 Clinical Care through Home-Based Interventions and Community Care Corner	€ 750,000.00	€ 750,000.00	ONGOING
ECHO/DRF/BUD/2021/91033	UNICEF-US	2021/01089	Myanmar	Improved access to COVID-19 care and response	€ 1,418,867.85	€ 500,000.00	ONGOING

ECHO/DRF/BUD/2021/91031	CROIX-ROUGE-DK	2021/01088	Myanmar	Emergency response to COVID-19 outbreak and conflict affected communities in Myanmar	€ 1,210,438.00	€ 1,150,438.00	ONGOING
ECHO/-AS/BUD/2021/91025	FICR-CH	2021/01056	AFGHANISTAN	Access to essential health care and WASH in hard-to-reach areas of Afghanistan	€ 2,383,290.00	€ 1,500,000.00	ONGOING
ECHO/-AS/BUD/2021/91023	WHO	2021/01053	AFGHANISTAN	Providing trauma care, emergency primary healthcare and emergency nutrition services for populations in underserved and conflict affected areas of Afghanistan	€ 16,810,726.00	€ 14,000,000.00	ONGOING
ECHO/DRF/BUD/2021/91020	WHO	2021/01047	Nepal	Emergency COVID-19 case management and containment support in Nepal	€ 753,445.09	€ 500,000.00	ONGOING
ECHO/DRF/BUD/2021/91013	UNICEF-US	2021/01041	Nepal	UNICEF Nepal Health Response to the current COVID-19 crisis	€ 2,820,787.50	€ 1,500,000.00	ONGOING
ECHO/DRF/BUD/2021/91010	WHO	2021/01035	India	Emergency response to COVID-19 pandemic in India	€ 2,496,080.00	€ 2,200,000.00	ONGOING
ECHO/DRF/BUD/2021/91040	WHO	2021/01003	BURUNDI, CAMEROON, CENTRAL AFRICAN REPUBLIC, CHAD, CONGO DEMOCRATIC REPUBLIC OF, GUINEA, LIBERIA, MADAGASCAR,	Support to the rollout of COVID-19 national vaccination campaigns in Africa and reinforcement of national health systems? resilience to epidemics	€ 17,539,902.41	€ 16,000,000.00	ONGOING

			MALI, MOZAMBIQUE, NIGER, NIGERIA, SOMALIA, SOUTH SUDAN REPUBLIC, SUDAN				
ECHO/DRF/BUD/2021/91027	IOM-CH	2021/00998	NIGER	Supporting Niger National Vaccination Campaign through capacity-building, logistical and sensitization support in the Agadez region	€ 1,053,883.66	€ 1,000,000.00	ONGOING
ECHO/DRF/BUD/2021/91026	PUI-FR	2021/00995	Libya	Improving safe access to an effective and efficient COVID-19 vaccination campaign for vulnerable people living in Al Kufra, Libya.	€ 1,100,000.00	€ 1,000,000.00	ONGOING
ECHO/DRF/BUD/2021/91008	CICR-CH	2021/00988	Papua New Guinea	ICRC activities geared towards helping prevent the spread of the COVID-19 virus in Papua New Guinea (PNG), notably: health in detention; primary-health-care (PHC); and protection of detainees.	€ 1,436,558.26	€ 1,000,000.00	ONGOING
ECHO/DRF/BUD/2021/91003	ALIMA-FR	2021/00903	GUINEA	Réponse à l?épidémie de Maladie à Virus Ebola en Guinée	€ 1,000,000.00	€ 1,000,000.00	ONGOING
ECHO/-AF/BUD/2021/91038	UNHCR-CH	2021/00893	UGANDA	Comprehensive Response: Providing Protection and Assistance to Refugees and Asylum-Seekers in Uganda	€ 28,950,872.67	€ 7,800,000.00	ONGOING
ECHO/-AF/BUD/2021/91018	IRC-DE	2021/00886	UGANDA	Epidemic preparedness and response and life-saving health services to newly	€ 3,300,000.00	€ 3,000,000.00	ONGOING

				arrived refugees and vulnerable host community members in Uganda			
ECHO/IRQ/BUD/2021/91010	WHO	2021/00870	IRAQ	Strengthen essential primary, referral, and preventive health care services in conflict-affected governorates of Iraq as well as support the emergency health interventions to respond to COVID-19 epidemic in Iraq	€ 14,552,480.00	€ 2,500,000.00	ONGOING
ECHO/DRF/BUD/2020/91032	PAHO	2021/00848	BRAZIL, COLOMBIA, PERU	Response to COVID-19 outbreaks in the North Amazon Basin	€ 941,600.00	€ 900,000.00	ONGOING
ECHO/-AS/BUD/2021/91004	CICR-CH	2021/00840	AFGHANISTAN	ICRC health activities for detainees, hospital services/secondary care, physical rehabilitation services, and prevention (IHL dissemination and implementation) and protection activities in Afghanistan.	€ 10,955,779.60	€ 8,000,000.00	ONGOING
ECHO/-NF/BUD/2021/91017	UNICEF	2021/00787	Egypt	Supporting access to COVID vaccination, basic education and child protection services for refugee and migrant children, their families, and other vulnerable populations in Egypt.	€ 2,532,157.15	€ 2,200,000.00	ONGOING
ECHO/-AF/BUD/2021/91019	NRC-NO	2021/00771	SOUTH SUDAN REPUBLIC	Integrated Emergency Preparedness and Response to address critical humanitarian needs in South Sudan	€ 5,555,555.56	€ 5,000,000.00	ONGOING
ECHO/COD/BUD/2021/91020	MEDAIR-DE	2021/00706	CONGO DEMOCRATIC REPUBLIC OF	Emergency multi-sectoral response in favour of vulnerable populations affected by conflict and outbreaks in Eastern Democratic Republic of the Congo	€ 6,591,666.67	€ 5,700,000.00	ONGOING

ECHO/COD/BUD/2021/91008	MDM-FR	2021/00705	CONGO DEMOCRATIC REPUBLIC OF	Réponse d'urgence aux besoins de santé des populations affectées par les conflits dans la zone de santé (ZS) de Nyemba, province du Tanganyika	€ 2,893,000.00	€ 2,593,000.00	ONGOING
ECHO/COD/BUD/2021/91011	UNICEF-US	2021/00695	CONGO DEMOCRATIC REPUBLIC OF	Reduce the incidence and transmission of cholera through an integrated and evidence-based community approach in North Kivu, South Kivu and Tanganyika in the DRC	€ 8,222,998.31	€ 3,500,000.00	ONGOING
ECHO/COD/BUD/2021/91025	WHO	2021/00683	CONGO DEMOCRATIC REPUBLIC OF	Amelioration de l? offre des services et soins de santé de base aux populations affectées par la crise humanitaire et les épidémies dans les 4 provinces du Nord Kivu, Sud Kivu, Ituri et Tanganyika.	€ 1,948,507.90	€ 1,550,000.00	ONGOING
ECHO/-XA/BUD/2021/91008	WHO	2021/00682	Bangladesh	Ensuring a coordinated delivery of essential health services amidst disease outbreaks and in emergency and response preparedness in low resource settings in Cox?s Bazar, Bangladesh	€ 2,470,449.60	€ 2,100,000.00	ONGOING
ECHO/-AM/BUD/2021/91068	PAHO	2021/00670	VENEZUELA	Improving access to safe and quality essential health services to Venezuelans in situation of vulnerability	€ 2,740,000.00	€ 2,500,000.00	ONGOING
ECHO/-AM/BUD/2021/91067	MDM-ES	2021/00616	VENEZUELA	Contribute to the provision of integrated health, MHPSS and WASH services of the most vulnerable populations, including prevention of the spread of COVID-19, in Sucre State of Venezuela.	€ 2,200,000.00	€ 2,200,000.00	ONGOING
ECHO/-XA/BUD/2021/91001	ACF-ES	2021/00563	PHILIPPINES	REACH: Response to the Unmet Humanitarian Needs of the Most Vulnerable Populations In Mindanao	€ 4,550,000.00	€ 4,400,000.00	ONGOING

				and the Visayas Affected by Conflict, Disasters and the COVID-19 pandemic			
ECHO/-AM/BUD/2021/91012	PUI-FR	2021/00512	VENEZUELA, COLOMBIA	Addressing the most urgent needs of populations affected by the Venezuelan crisis through a multi-sectoral integrated assistance, including COVID-19 programming	€ 2,800,000.00	€ 2,700,000.00	ONGOING
ECHO/-HF/BUD/2021/91011	IRC-DE	2021/00480	ETHIOPIA	Multi-Sectoral Humanitarian Response for Conflict Affected and Internally Displaced People in SNNPR	€ 2,310,000.00	€ 2,200,000.00	ONGOING
ECHO/-HF/BUD/2021/91040	IRC-DE	2021/00432	KENYA	Improved health and nutritional status for refugees and surrounding host communities in Kenya	€ 3,495,994.96	€ 3,131,200.00	ONGOING
ECHO/-HF/BUD/2021/91041	WHO	2021/00428	ETHIOPIA	Strengthening humanitarian support to crisis-affected populations in Ethiopia	€ 9,398,133.01	€ 6,445,000.00	ONGOING
ECHO/SYR/BUD/2021/91062	WHO	2021/00403	SYRIAN ARAB REPUBLIC	Continuing the health humanitarian response in Syria through the provision of comprehensive package of health care services to the most vulnerable groups	€ 2,883,940.37	€ 2,500,000.00	ONGOING
ECHO/-AF/BUD/2021/92071	ALIMA-FR	2021/00399	CAMEROON	Assistance médico-nutritionnelle aux populations vulnérables affectées par les crises dans les régions anglophones, DS de Batibo, Bali et de Santa et dans les DS de Makary, Mada et Kousseri, impactés par la crise du bassin du Lac Tchad	€ 2,300,000.00	€ 1,950,000.00	ONGOING
ECHO/-AM/BUD/2021/91047	UNICEF-US	2021/00394	BRAZIL, COLOMBIA, ECUADOR,	Comprehensive humanitarian response for the Protection, Education and Health of Venezuelan refugee and migrant	€ 4,408,654.86	€ 3,700,000.00	ONGOING

			PERU, TRINIDAD AND TOBAGO, DOMINICAN REPUBLIC	children in Brazil, Colombia, Dominican Republic, Ecuador, Peru and Trinidad & Tobago			
ECHO/-AF/BUD/2021/92085	ALIMA-FR	2021/00358	MAURITANIA	Améliorer l?accès des populations vulnérables dans la Wilaya du Brakna, en Mauritanie à des soins médico-nutritionnels de qualité.	€ 1,684,211.00	€ 1,600,000.00	ONGOING
ECHO/YEM/BUD/2021/91011	SI-FR	2021/00357	YEMEN	Integrated Emergency Multisector Assistance to Populations Affected by Conflict or Sudden Shock in RoYG Controlled Territories	€ 3,500,000.00	€ 3,350,000.00	ONGOING
ECHO/-AF/BUD/2021/92030	IRC-DE	2021/00243	NIGERIA	Improving access to lifesaving integrated services for vulnerable host communities, IDPs and returnees in Borno State	€ 1,391,000.00	€ 1,300,000.00	ONGOING
ECHO/-AF/BUD/2021/91002	WHO	2021/00214	SOUTH SUDAN REPUBLIC	Strengthening Public Health Surveillance and Response systems in South Sudan	€ 1,263,648.00	€ 1,000,000.00	ONGOING
ECHO/-AF/BUD/2021/92122	STC-DK	2021/00174	MALI	Appui au renforcement de l?accès aux soins médico-nutritionnels de qualité pour les populations vulnérables des districts sanitaires de Mopti et Niafunké	€ 1,777,777.78	€ 1,600,000.00	ONGOING
ECHO/YEM/BUD/2021/91006	MDM-FR	2021/00149	YEMEN	Emergency Medical Assistance for host and displaced population affected by current crisis in Yemen	€ 1,315,789.48	€ 1,250,000.00	ONGOING
ECHO/SYR/BUD/2021/91040	ACF-ES	2021/00139	SYRIAN ARAB REPUBLIC	Life-saving support and increased COVID emergency response for the most vulnerable people in northern Syria	€ 1,980,000.00	€ 1,800,000.00	ONGOING

ECHO/-NF/BUD/2021/91007	UNICEF	2021/00104	Algeria	Improving safe and inclusive access to quality learning and healthcare through COVID-19 vaccination related activities in the five Sahrawi refugee camps	€ 2,408,146.55	€ 1,677,000.00	ONGOING
ECHO/-AF/BUD/2021/92028	ALIMA-FR	2021/00066	CENTRAL AFRICAN REPUBLIC	Projet d?assistance médicale et nutritionnelle d?urgence des populations hôtes et déplacées affectées par la crise dans la Nana-Gribizi et la pandémie Covid-19 à Bimbo en RCA	€ 1,930,000.00	€ 1,930,000.00	ONGOING
ECHO/-AF/BUD/2021/92017	ALIMA-FR	2021/00055	MALI	Assistance médico-nutritionnelle aux populations affectées par la crise dans la région de Tombouctou, Nord Mali	€ 1,745,000.00	€ 1,600,000.00	ONGOING
ECHO/-AM/BUD/2020/91049	CROIX-ROUGE-ES	2021/00003	GUATEMALA	Mitigating the Impact of Hurricanes Eta and Iota on the Health of the Most Vulnerable Families in Alta Verapaz and Izabal, Guatemala	€ 700,000.00	€ 700,000.00	ONGOING
ECHO/-AF/BUD/2020/91027	GOAL-IR	2020/00993	SUDAN	Multi-sector lifesaving response for the conflict-affected population of Kutum and Al Waha localities in North Darfur, and Talodi and Habila localities in South Kordofan	€ 4,757,514.00	€ 4,000,000.00	ONGOING
ECHO/HTI/EDF/2020/01002	PAHO	2020/00970	HAITI	Response to the COVID-19 Pandemic in Haiti	€ 4,469,080.00	€ 4,000,000.00	ONGOING
ECHO/MWI/EDF/2020/01001	STC-IT	2020/00968	MALAWI	Support to 7 high risk districts and communities in Malawi to prevent, rapidly detect and effectively respond to COVID-19	€ 1,792,456.00	€ 1,700,000.00	ONGOING

ECHO/MWI/EDF/2020/01003	UNHCR-CH	2020/00967	MALAWI	Timely, consistent and coordinated preparedness and response in the event of COVID-19 outbreak in refugee population and their hosts, Malawi	€ 642,274.00	€ 300,000.00	CLOSED
ECHO/MWI/EDF/2020/01002	COOPI-IT	2020/00966	MALAWI	Support to at risk districts and communities in Malawi to prevent, rapidly detect and effectively respond to COVID-19	€ 1,793,356.00	€ 1,700,000.00	ONGOING
ECHO/HTI/EDF/2020/01004	MDM-ES	2020/00965	HAITI	Appui au système de santé haïtien dans sa réponse à la pandémie de COVID-19	€ 905,726.00	€ 800,000.00	ONGOING
ECHO/HTI/EDF/2020/01005	IOM-CH	2020/00963	HAITI	Supporting the most vulnerable people affected by Covid-19 in Haiti through immediate, integrated humanitarian assistance	€ 3,793,523.00	€ 3,000,000.00	ONGOING
ECHO/SYR/BUD/2020/91034	WHO	2020/00956	SYRIAN ARAB REPUBLIC	Strengthening COVID-19 preparedness and response in northwest Syria	€ 1,251,963.00	€ 1,000,000.00	ONGOING
ECHO/-AM/BUD/2020/91043	CARITAS-LU	2020/00947	COLOMBIA, VENEZUELA, BRAZIL	PCPR: Promoting COVID-19 Prevention and Resilience among vulnerable refugees and migrants, indigenous people and host communities in Brazil, Colombia and Venezuela lacking effective public health policies and responses.	€ 1,050,000.00	€ 850,000.00	ONGOING
ECHO/SYR/BUD/2020/91033	STC-DK	2020/00930	Lebanon	Community Led Household-level Shielding Approach – Protecting the Most Vulnerable from COVID-19 Infection	€ 300,000.00	€ 250,000.00	CLOSED

ECHO/PSE/BUD/2020/91007	CROIX-ROUGE-DK	2020/00926	Palestinian Territory, Occupied	Response and Preparedness to the COVID-19 Crisis and Escalations of Violence in Palestine	€ 1,875,000.00	€ 1,700,000.00	ONGOING
ECHO/COD/BUD/2020/91020	STC-NO	2020/00921	CONGO DEMOCRATIC REPUBLIC OF	Contain and Control the Spread of Covid-19 in the Tshangu District of Kinshasa Province, DRC	€ 1,370,108.00	€ 1,300,000.00	ONGOING
ECHO/-SF/EDF/2020/01015	CROIX-ROUGE-FR	2020/00905	COMOROS	Réponse sanitaire d'urgence, surveillance épidémiologique et consolidation des acquis en contexte de crise Covid-19, suivant une approche « LRRD ».	€ 526,315.00	€ 500,000.00	ONGOING
ECHO/COD/BUD/2020/91021	FICR-CH	2020/00903	CONGO DEMOCRATIC REPUBLIC OF	Réponse à la pandémie de la COVID-19 en RDC, province de Kinshasa	€ 1,571,393.00	€ 1,200,000.00	ONGOING
ECHO/-SF/EDF/2020/01011	CROIX-ROUGE-DK	2020/00902	MALAWI	Prevent, control and contain the COVID-19 epidemic in Malawi	€ 1,333,333.00	€ 1,200,000.00	ONGOING
ECHO/-SF/EDF/2020/01010	WHO	2020/00888	MAURITIUS, SEYCHELLES	Strengthening the National Action Preparedness and Response plan, related to access to testing services , infection prevention control measures in public health facilities serving underserved populations; and reinforcing risk communication and community engagement among hard to reach populations	€ 338,798.87	€ 250,000.00	ONGOING
ECHO/-SF/EDF/2020/01009	WHO	2020/00887	BOTSWANA	Strengthening epidemic preparedness and response to Covid-19 to reduce excess morbidity and mortality due to Covid-19 and other epidemic prone	€ 1,255,236.73	€ 1,000,000.00	ONGOING

				disease in the high-risk population in Botswana.			
ECHO/-WF/BUD/2020/91043	GOAL-IR	2020/00844	NIGER	Reducing the Spread of COVID-19 in Niger through Community Led Action and Strengthening Health System Response Capacity	€ 493,033.00	€ 400,000.00	CLOSED
ECHO/-AF/BUD/2020/91009	IRC-DE	2020/00759	UGANDA	Epidemic preparedness and response and life-saving health services to newly arrived refugees and vulnerable host community members in Uganda	€ 4,516,125.00	€ 4,150,000.00	CLOSED
ECHO/-AS/BUD/2020/91009	IRC-DE	2020/00739	Pakistan	Containing the spread of COVID-19 and strengthening existing capacities of health system in Pakistan.	€ 8,135,227.00	€ 8,000,000.00	ONGOING
ECHO/-AS/BUD/2020/91017	CONCERN WORLDWIDE-IR	2020/00738	Pakistan	Health Systems Strengthening and Response to COVID-19 in Vulnerable Districts of Sindh	€ 1,650,000.00	€ 1,650,000.00	ONGOING
ECHO/DRF/BUD/2020/91003	WHO	2020/00727	CAMEROON, CONGO DEMOCRATIC REPUBLIC OF, ETHIOPIA, BURKINA FASO, SOMALIA, KENYA, PHILIPPINES, AFGHANISTAN, NIGERIA, BANGLADESH	Support to WHO?s COVID-19 Preparedness and Response Plan in high risk and vulnerable countries in Africa and Asia	€ 37,500,000.00	€ 30,000,000.00	ONGOING

ECHO/DRF/BUD/2019/91034	PAHO	2020/00653	VENEZUELA	Response to the Yellow Fever Outbreak in Venezuela	€ 670,890.00	€ 600,000.00	ONGOING
ECHO/-AM/BUD/2020/91029	AYUDA EN ACCION-ES	2020/00597	VENEZUELA, COLOMBIA, ECUADOR, PERU	Addressing relief and protection needs of vulnerable populations affected by the Venezuelan crisis and impacted/at risk of COVID-19 pandemic in a gender-responsive and disability inclusive way in urban and peri-urban areas in VENEZUELA and in transit and border areas of COLOMBIA, ECUADOR and PERU	€ 2,842,373.89	€ 2,500,000.00	ONGOING
ECHO/-AF/BUD/2020/91011	UNHCR-CH	2020/00584	UGANDA	Protection and Humanitarian Assistance to Refugees and Host Communities in Support of the Comprehensive Refugee Response in Uganda.	€ 43,453,333.00	€ 10,500,000.00	CLOSED
ECHO/-AM/BUD/2020/91035	MDM-ES	2020/00570	VENEZUELA	Contribute to improve health and protection of the most vulnerable populations, including prevention of the spread of COVID-19, in various States of Venezuela.	€ 2,300,000.00	€ 2,300,000.00	ONGOING
ECHO/-AS/BUD/2020/91007	RI-FR	2020/00549	IRAN	Enhancing Access to Education and Health Care Services for Vulnerable Afghans in Iran - and Responding to the COVID-19 outbreak	€ 7,500,000.00	€ 7,500,000.00	ONGOING
ECHO/-AF/BUD/2020/91003	MEDAIR-DE	2020/00524	SOUTH SUDAN REPUBLIC	Emergency Response in South Sudan	€ 4,322,885.00	€ 1,500,000.00	CLOSED
ECHO/-AS/BUD/2020/91003	INTERSOS-IT	2020/00481	AFGHANISTAN	Provision of essential and quality services through an integrated protection, health and nutrition response	€ 1,242,380.86	€ 1,200,000.00	ONGOING

				for vulnerable conflict-affected population in Southern Afghanistan.			
ECHO/-AS/BUD/2020/91005	IRC-DE	2020/00466	AFGHANISTAN	Integrated Emergency Protection and Health response in Kabul, Helmand, Badghis, Herat, Laghman, Khost, Nangarhar and Paktya provinces of Afghanistan	€ 2,578,127.00	€ 2,400,000.00	CLOSED
ECHO/COD/BUD/2020/91001	UNICEF-US	2020/00394	CONGO DEMOCRATIC REPUBLIC OF	Targeted rapid interventions to cholera cases through community outbreak response teams	€ 3,487,808.63	€ 500,000.00	CLOSED
ECHO/-XA/BUD/2020/91019	WHO	2020/00393	Bangladesh	Reduce the avoidable morbidity and mortality through public health action in the world's largest refugee camps	€ 600,000.00	€ 500,000.00	CLOSED
ECHO/-HF/BUD/2020/91011	UNICEF-US	2020/00375	ETHIOPIA	Emergency Health and Nutrition Response to Crisis Affected Areas of Ethiopia	€ 16,294,720.24	€ 6,327,096.69	CLOSED
ECHO/-AF/BUD/2020/91017	ALIMA-FR	2020/00309	SOUTH SUDAN REPUBLIC	Integrated multi-sectoral (Nutrition, Health and Protection) intervention for the most vulnerable population of Raja County, Western Bahr el Ghazal State, South Sudan	€ 1,465,000.00	€ 1,250,000.00	CLOSED
ECHO/-WF/BUD/2020/91032	STC-ES	2020/00201	NIGER	Programme multisectoriel visant la réduction de la mortalité et de la morbidité des populations vulnérables liées à l?insécurité nutritionnelle dans les régions de Maradi et Zinder au Niger	€ 821,667.00	€ 755,000.00	CLOSED
ECHO/-WF/BUD/2020/91009	ALIMA-FR	2020/00173	BURKINA FASO	Réponse d?urgence pour l?accès à des services de santé de qualité des personnes affectées par la crise	€ 1,867,000.00	€ 1,250,000.00	CLOSED

				sécuritaire et humanitaire dans la région du Centre-Nord, au Burkina Faso			
ECHO/-WF/BUD/2020/91030	MDM-BE	2020/00078	MALI	Assistance médico-nutritionnelle pour les populations affectées par les crises dans le District Sanitaire (DS) de Gao, Nord Mali	€ 1,181,370.00	€ 970,000.00	CLOSED
ECHO/-WF/BUD/2020/91010	WHO	2020/00002	BURKINA FASO	Maintien et renforcement des services de santé essentiels pour les populations touchées par la crise humanitaire et réaction rapide aux urgences sanitaires aiguës en appui aux capacités nationales.	€ 502,010.83	€ 300,000.00	CLOSED
ECHO/YEM/BUD/2020/91005	INTERSOS-IT	2019/00985	YEMEN	Provision of emergency health & nutrition services, with integration of protection services, for conflict and displacement affected people in Aden, Hajja and Lahj governorates	€ 2,606,670.66	€ 2,500,000.00	CLOSED
ECHO/-WF/BUD/2019/91066	ALIMA-FR	2019/00911	NIGER	Assistance aux populations affectées par les conflits par un RRM et une préparation aux urgences dans les DS de Abala Ayerou Banibangou Guidam Roumdji Tahoua et Tassara, PEC médico-nutritionnelle dans les DS de Mirriah et Dakoro et appui à la PEC du COVID19 à l?HGR de Niamey et DS de Dakoro	€ 3,213,243.00	€ 2,650,000.00	CLOSED
ECHO/DRF/BUD/2019/91021	WHO	2019/00867	BURUNDI	Renforcement de la coordination et surveillance épidémiologique d'alerte précoce et augmentation des capacités du pays à répondre aux situations d?urgence de santé publique dont la maladie à virus Ebola dans 4 districts	€ 465,000.00	€ 465,000.00	CLOSED

				sanitaires à haut risque en frontière terrestre avec la RDC			
ECHO/COD/BUD/2019/91032	MALTESER HILFSDIENST-DE	2019/00843	CONGO DEMOCRATIC REPUBLIC OF	Contribuer à réduire la mortalité et la morbidité liées à la flambée épidémique de MVE, de COVID-19 et de la peste dans la région du Nord-Est de l'?Ituri et du Haut Uélé.	€ 850,000.00	€ 800,000.00	CLOSED
ECHO/COD/BUD/2019/91030	FICR-CH	2019/00837	CONGO DEMOCRATIC REPUBLIC OF	Integrated Community-Based Interventions in the Ebola Virus Disease Response 2019	€ 1,744,998.00	€ 1,500,000.00	ONGOING
ECHO/COD/BUD/2019/91025	WHO	2019/00801	CONGO DEMOCRATIC REPUBLIC OF	MR 2020 Update:. Rapid Response to the Ebola Virus Disease (EVD) and Measles Epidemics in Nord Kivu, Sud Kivu, Ituri, Bas-Uele, Equateur, Haut Uele, Kasai, Kinshasa, Kongo Central, Kwilu, Mai-Ndombe, Mongala, Sud-Ubangi and Tshuapa in the DRC.	€ 12,178,703.60	€ 9,670,000.00	CLOSED
ECHO/COD/BUD/2019/91021	ZOA-NL	2019/00723	CONGO DEMOCRATIC REPUBLIC OF	Emergency Response to the Ebola Outbreak in Eastern DRC	€ 785,000.00	€ 785,000.00	CLOSED
ECHO/COD/BUD/2019/91020	STC-NO	2019/00718	CONGO DEMOCRATIC REPUBLIC OF	Ebola Emergency Response	€ 1,072,234.00	€ 800,000.00	CLOSED
ECHO/COD/BUD/2019/91022	MCE-UK	2019/00716	CONGO DEMOCRATIC REPUBLIC OF	Pamoya tujikengele ku Ebola - Ensemble contre Ebola	€ 807,271.00	€ 715,000.00	CLOSED
ECHO/-AF/BUD/2019/91020	ALIMA-FR	2019/00711	SOUTH SUDAN REPUBLIC	Capacity Strengthening for Rapid Response and Early Action for Viral Haemorrhagic Diseases in South Sudan	€ 1,529,678.00	€ 1,500,000.00	CLOSED

ECHO/DRF/BUD/2019/91010	ALIMA-FR	2019/00680	CONGO DEMOCRATIC REPUBLIC OF	Réponse à la flambée de rougeole dans la Zone de Santé (ZS) de Kalonda Ouest, Province du Kasaï	€ 395,000.00	€ 395,000.00	CLOSED
ECHO/-AF/BUD/2019/91008	ZOA-NL	2019/00660	SOUTH SUDAN REPUBLIC	Emergency Response in South Sudan	€ 3,750,000.00	€ 1,500,000.00	CLOSED
ECHO/-AM/BUD/2019/91033	PAHO	2019/00575	ARUBA, COLOMBIA, ECUADOR, BRAZIL, GUYANA, PERU, SURINAME, TRINIDAD AND TOBAGO, VENEZUELA	Improve indiscriminatory access to and delivery of essential healthcare services in Venezuela and countries recipient of Venezuelan migrants	€ 8,339,750.00	€ 8,000,000.00	ONGOING
ECHO/-AM/BUD/2019/91029	MDM-ES	2019/00495	VENEZUELA	Contribute to reduce the impact of the crisis of Venezuela health system, through the capacity building of the local health organizations serving the most vulnerable populations, plus the strengthening of the response capacity to health emergencies	€ 1,048,000.00	€ 1,048,000.00	CLOSED
ECHO/-AS/BUD/2019/91008	PUI-FR	2019/00446	AFGHANISTAN	Multi-sector lifesaving assistance to conflict and COVID-19 affected populations in Eastern Afghanistan	€ 4,200,000.00	€ 4,200,000.00	CLOSED
ECHO/-AS/BUD/2019/91011	WHO	2019/00422	AFGHANISTAN	Provision of emergency trauma care and primary healthcare services for the internally displaced population, host communities, and those affected by conflicts	€ 25,794,006.23	€ 16,299,999.89	ONGOING

ECHO/COD/BUD/2019/91013	MDM-FR	2019/00397	CONGO DEMOCRATIC REPUBLIC OF	Réponse d'urgence aux besoins de santé des populations affectées par le conflit dans la zone de santé (ZS) de Nyemba, province du Tanganyika.	€ 4,045,000.00	€ 3,500,000.00	CLOSED
ECHO/-AF/BUD/2019/92029	PUI-FR	2019/00369	CHAD, CHAD	Renforcement de l'accès à des soins de santé primaire et secondaire intégrés de qualité pour les enfants de moins de 5 ans et les FEFA et la réponse aux urgences dans les provinces du Lac et du Ouaddai	€ 1,220,854.00	€ 1,200,000.00	CLOSED
ECHO/-AF/BUD/2019/92038	IMC-UK	2019/00360	CENTRAL AFRICAN REPUBLIC	Emergency Assistance for Conflict-Affected Communities in the Ouaka Prefecture, Central African Republic	€ 1,042,097.00	€ 1,000,000.00	CLOSED
ECHO/IRQ/BUD/2019/91011	WHO	2019/00202	IRAQ	Ensuring lifesaving and preventive, primary and secondary health care services for IDPs and hosting communities in conflict-affected governorates of Iraq.	€ 12,118,438.35	€ 3,000,000.00	CLOSED
ECHO/IRQ/BUD/2019/91008	UNICEF-US	2019/00198	IRAQ	Multi-sector WASH, Education, Child Protection, Health and Nutrition including COVID-19 Response response to displaced populations affected by conflict and displacement in Iraq	€ 5,670,364.90	€ 5,500,000.00	CLOSED
ECHO/SYR/BUD/2019/91052	WHO	2019/00169	Syrian Arab Republic	Strengthening essential health services in Syria, including for Covid-19 preparedness and response	€ 11,615,897.85	€ 9,000,000.00	ONGOING
ECHO/-WF/BUD/2019/91048	STC-DK	2019/00141	MALI	Réponse intégrée Santé/Nutrition et Education en situations d'urgence dans les regions de Mopti et de Tombouctou	€ 3,477,777.77	€ 3,130,000.00	CLOSED

ECHO/-WF/BUD/2019/91028	ALIMA-FR	2019/00124	MALI	Assistance médico-nutritionnelle aux populations vulnérabilisées par la crise au nord du Mali, dans la région de Tombouctou	€ 3,375,949.00	€ 3,270,000.00	CLOSED
ECHO/-WF/BUD/2019/91050	MDM-FR	2019/00099	NIGERIA	Emergency Medical Assistance for Host and Displaced Populations in Northeast Nigeria	€ 4,500,000.00	€ 2,500,000.00	CLOSED
ECHO/-WF/BUD/2019/91051	ALIMA-FR	2019/00086	NIGER	Prise en charge médico-nutritionnelle curative et préventive pour les enfants de moins de cinq ans et amélioration de la santé maternelle au Niger	€ 2,500,000.00	€ 2,000,000.00	CLOSED
ECHO/-AS/BUD/2019/91004	CICR-CH	2018/01209	Pakistan	ICRC Health activities in Pakistan	€ 3,918,899.00	€ 1,600,000.00	CLOSED
ECHO/-AF/BUD/2019/91015	STC-FI	2018/01179	SUDAN	Improving access and utilization of life-saving Health, Nutrition and Food Security services for the most vulnerable IDPs, refugees and host communities in West Darfur, North Darfur and South Kordofan, respond to COVID-19 outbreak in Khartoum and support the flood-affected population in Sudan	€ 4,800,000.00	€ 4,800,000.00	CLOSED
ECHO/-AF/BUD/2019/91006	IMC-UK	2018/01174	SUDAN	Integrated Humanitarian Health, Nutrition & WASH Assistance to Conflict Affected and Vulnerable Populations of Central and South Darfur and South Kordofan states	€ 2,200,000.00	€ 2,200,000.00	CLOSED
ECHO/YEM/BUD/2019/91004	INTERSOS-IT	2018/01134	YEMEN	Provision of emergency primary and secondary health & nutrition services, with integration of protection services,	€ 2,114,532.15	€ 2,000,000.00	CLOSED

				for conflict and displacement affected people, in Aden and Hajjah governorates			
ECHO/YEM/BUD/2018/91024	IRC-DE	2018/01132	YEMEN	Integrated Health and Nutrition Support for Conflict-Affected Populations in Al Dhale?e Governorate of Yemen	€ 3,764,612.00	€ 3,500,000.00	CLOSED
ECHO/YEM/BUD/2019/91012	IMC-UK	2018/01127	YEMEN	Integrated Life-Saving Assistance for Conflict-Affected People in Yemen	€ 1,092,011.00	€ 1,000,000.00	CLOSED
ECHO/-HF/BUD/2019/91007	IRC-DE	2018/01104	UGANDA	Epidemic disease surveillance and response and improvements of life-saving health services to newly arrived refugees and vulnerable host community members in Uganda	€ 4,400,000.00	€ 4,000,000.00	CLOSED
ECHO/-HF/BUD/2019/91003	IRC-DE	2018/01053	KENYA	Improved health, nutritional status and protection for refugees and surrounding host communities in Kenya	€ 3,889,579.00	€ 3,313,000.00	CLOSED
ECHO/-HF/BUD/2019/91005	IMC-UK	2018/01046	SOMALIA	Improving access to life-saving health and nutrition services for vulnerable populations in Galkacyo/Mudug and Jowhar /Middle Shabelle regions of Somalia	€ 1,010,897.00	€ 1,000,000.00	CLOSED
ECHO/COD/BUD/2018/91035	FICR-CH	2018/01007	CONGO DEMOCRATIC REPUBLIC OF	Ebola 2018	€ 2,454,670.00	€ 2,000,000.00	CLOSED
ECHO/DRF/BUD/2018/91019	ALIMA-FR	2018/01003	NIGER	Riposte à l'épidémie de choléra dans le District de Maradi commune (Région de Maradi)	€ 275,000.00	€ 275,000.00	CLOSED
ECHO/DRF/BUD/2018/91012	CISP-IT	2018/00943	VENEZUELA	Emergency Humanitarian Aid for those families affected by Heavy Rains Floods	€ 300,000.00	€ 300,000.00	CLOSED

				in Apure, Táchira and Amazonas states.			
ECHO/-AF/BUD/2018/91044	WHO	2018/00914	SOUTH SUDAN REPUBLIC	Strengthening early detection, verification, investigation, identification and response to outbreaks to reduce excess morbidity and mortality due to infectious hazard events.	€ 2,624,778.20	€ 2,250,000.00	CLOSED
ECHO/-AM/BUD/2018/91045	UNHCR-CH	2018/00880	PERU, ARUBA, BRAZIL, COLOMBIA, ECUADOR, TRINIDAD AND TOBAGO, VENEZUELA, NETHERLANDS ANTILLES, PANAMA	Emergency interventions to ensure provision of protection and life-saving humanitarian assistance to vulnerable populations affected by the crisis in Venezuela.	€ 21,625,101.00	€ 14,095,000.00	CLOSED
ECHO/-AM/BUD/2018/91043	PAHO	2018/00879	VENEZUELA, COLOMBIA, ECUADOR, PERU	Strengthening the health sector's capacities to deal with active outbreaks and increased health needs in Venezuela and neighboring countries recipient of Venezuelan migrants	€ 5,424,550.00	€ 5,000,000.00	CLOSED
ECHO/COD/BUD/2018/91026	IOM-CH	2018/00856	CONGO DEMOCRATIC REPUBLIC OF	EBOLA OUTBREAK RESPONSE IN THE DEMOCRATIC REPUBLIC OF THE CONGO (DRC)	€ 500,000.00	€ 500,000.00	CLOSED
ECHO/DRF/BUD/2018/91008	CROIX-ROUGE-ES	2018/00855	GUATEMALA	Humanitarian aid for the most vulnerable people affected by the eruption of the Volcán de Fuego in Guatemala.	€ 300,000.00	€ 300,000.00	CLOSED

ECHO/DRF/BUD/2018/91006	WHO	2018/00846	CONGO DEMOCRATIC REPUBLIC OF	Rapid Response to the Ebola Virus Disease (EVD) Epidemic in the Democratic Republic of the Congo	€ 6,921,262.00	€ 5,500,000.00	CLOSED
ECHO/-XA/BUD/2018/91026	RI-UK	2018/00796	BANGLADESH	Integrated Health, Protection, and Food Security Support for Vulnerable Rohingya Refugee Households Living in Cox's Bazar	€ 1,510,000.00	€ 1,500,000.00	CLOSED
ECHO/DRF/BUD/2018/91002	WHO	2018/00733	NIGERIA	Addressing Lassa Fever in Nigeria through a strategic response plan	€ 639,528.00	€ 500,000.00	CLOSED
ECHO/COD/BUD/2018/91007	GVC-IT	2018/00678	BURUNDI	Assistance médico/nutritionnel aux demandeurs d'asile en provenance de RDC dans la zone du Sud de BURUNDI	€ 100,000.00	€ 100,000.00	CLOSED
ECHO/SYR/BUD/2018/91009	SI-FR	2018/00601	SYRIAN ARAB REPUBLIC	Provision of integrated, principled and flexible life-saving and sustaining humanitarian assistance for vulnerable populations in Syria.	€ 2,170,000.00	€ 2,000,000.00	CLOSED
ECHO/SYR/BUD/2017/91049	WHO	2018/00436	SYRIAN ARAB REPUBLIC	Strengthening Emergency and Essential Health Assistance Delivery in Syria	€ 12,651,484.00	€ 3,000,000.00	CLOSED
ECHO/IRQ/BUD/2018/91007	RI-UK	2018/00429	IRAQ	Emergency Health Response II: Anbar (EHR II)	€ 1,800,000.00	€ 1,800,000.00	CLOSED
ECHO/YEM/BUD/2018/91009	INTERSOS-IT	2018/00421	YEMEN	Provision of emergency primary health services through support of 8 existing health facilities and integrated nutrition and protection services supported by a network of community volunteers in 4 districts Ibb Governorate	€ 1,413,800.00	€ 1,400,000.00	CLOSED

ECHO/-HF/BUD/2018/91056	UNHCR-CH	2018/00395	UGANDA	Protection and Humanitarian Assistance to Refugees and Host Communities in Support of the Comprehensive Refugee Response in Uganda.	€ 20,751,061.00	€ 6,800,000.00	CLOSED
ECHO/-HF/BUD/2018/91046	RI-UK	2018/00384	UGANDA	Integrated Emergency Health and Surveillance for Resilience and Recovery - Uganda	€ 2,158,509.71	€ 2,000,000.00	CLOSED
ECHO/-HF/BUD/2018/91047	MDM-FR	2018/00351	UGANDA	Sustaining access to primary healthcare, mental health and psychosocial support, sexual and reproductive health, including treatment and care for victims of gender-based violence in Northern Uganda - Health response to the impact of the protracted South Sudanese crisis in Uganda	€ 4,563,042.00	€ 2,400,000.00	CLOSED
ECHO/IRQ/BUD/2018/91001	WHO	2018/00346	IRAQ	Increasing health security and resilience for IDPs, returnees and host communities in the most conflict-affected governorates of Iraq	€ 10,585,534.00	€ 4,500,000.00	CLOSED
ECHO/COD/BUD/2018/91021	MEDAIR-CH	2018/00301	CONGO DEMOCRATIC REPUBLIC OF	Emergency Health response in favour of vulnerable populations affected by conflict and outbreaks in Nord Kivu province and neighbouring areas in Eastern Democratic Republic of the Congo.	€ 4,819,889.00	€ 4,088,052.00	CLOSED
ECHO/-AS/BUD/2018/91014	PUI-FR	2018/00273	AFGHANISTAN	Lifesaving integrated emergency health response and Emergency Response Mechanism (ERM) in the conflict and disaster affected areas of Afghanistan.	€ 800,000.00	€ 800,000.00	CLOSED

ECHO/-AS/BUD/2018/91019	WHO	2018/00266	AFGHANISTAN	Provision of emergency primary healthcare services and trauma care for the populations affected by conflicts, natural catastrophes and limited accessibility to healthcare services	€ 2,095,956.73	€ 800,000.00	CLOSED
ECHO/-AF/BUD/2017/92053	IMC-UK	2018/00214	CENTRAL AFRICAN REPUBLIC	Emergency Assistance for Conflict-Affected Communities in the Ouaka Prefecture, Central African Republic	€ 1,389,619.75	€ 1,309,751.00	CLOSED
ECHO/-AF/BUD/2017/92051	ALIMA-FR	2018/00211	CENTRAL AFRICAN REPUBLIC	Assistance médicale d'urgence auprès des populations vulnérables affectées par le conflit en RCA	€ 1,300,000.00	€ 950,000.00	CLOSED
ECHO/-AF/BUD/2018/92022	IMC-UK	2018/00208	CHAD	Reinforcement of the response to the humanitarian crisis through integrated, health and nutrition intervention in the Lake Chad Region	€ 2,000,000.00	€ 2,000,000.00	CLOSED
ECHO/-AF/BUD/2018/92025	WHO	2018/00169	CAMEROON	Strengthen emergency preparedness for epidemic-prone diseases in the Far North region.	€ 635,168.00	€ 500,000.00	CLOSED
ECHO/-WF/BUD/2018/91037	ALIMA-FR	2018/00142	BURKINA FASO, NIGER, MALI	Réponses aux urgences médico-nutritionnelles à travers la Plateforme des ONG du Sahel dans la zone des trois frontièreset la région de Maradi, Afrique de l'Ouest	€ 600,000.00	€ 500,000.00	CLOSED
ECHO/-WF/BUD/2018/91049	TDH-CH	2018/00123	MALI	Renforcement de l'intégration des activités de prévention et de prise en charge de la malnutrition aigüe sévère dans le système de santé et réponse aux urgences médico-nutritionnelles dans les districts sanitaires de Ségou, Markala, Macina et Niono (Région de Ségou, Mali)	€ 850,000.00	€ 850,000.00	CLOSED

ECHO/-WF/BUD/2018/91038	ALIMA-FR	2018/00114	MALI	Prévention et prise en charge et la MAS dans la région de Koulikoro, et assistance médico-nutritionnelle aux populations vulnérabilisées par la crise au Nord du Mali dans la Région de Tombouctou	€ 2,886,122.00	€ 2,650,000.00	CLOSED
ECHO/-WF/BUD/2018/91031	SI-FR	2018/00091	NIGERIA	IMPROVEMENT OF ACCESS TO BASIC NUTRITION, HEALTH AND WASH SERVICES FOR IDPS AND HOST COMMUNITIES IN BORNO STATE	€ 7,750,000.00	€ 7,200,000.00	CLOSED
ECHO/-WF/BUD/2018/91069	MDM-BE	2018/00078	MALI, MALI	Assistance médico-nutritionnelle pour les populations affectées par les crises dans le District Sanitaire (DS) de Gao et les Districts Sanitaires de la Région de Ménaka, Nord Mali	€ 3,509,803.00	€ 2,600,000.00	CLOSED
ECHO/-XA/BUD/2018/91002	CROIX-ROUGE-DE	2018/00055	BANGLADESH	Provision of emergency assistance to displaced Undocumented Myanmar Nationals and host communities in Cox's Bazar	€ 4,000,000.00	€ 4,000,000.00	CLOSED
ECHO/-XA/BUD/2018/91021	WHO	2018/00043	BANGLADESH	Reducing avoidable morbidity and mortality among Rohingya refugees in Cox's Bazar	€ 3,790,410.20	€ 1,000,000.00	CLOSED
ECHO/-XA/BUD/2018/91006	CICR-CH	2017/01195	Myanmar	ICRC health and protection activities in Myanmar	€ 7,700,809.00	€ 1,650,000.00	CLOSED
ECHO/-AF/BUD/2018/91035	CONCERN WORLDWIDE-IR	2017/01189	SUDAN	"Life-saving Services for All" (LSA) through provision of integrated health, nutrition, WASH and NFI/shelter services in West Kordofan, Sudan	€ 1,442,000.00	€ 1,352,000.00	CLOSED

ECHO/-AF/BUD/2018/91029	WV-UK	2017/01179	SUDAN	Enhancing life-saving support through continuation of Health, Nutrition and WASH in Nutrition services among vulnerable conflict affected populations in South Darfur	€ 1,143,188.03	€ 1,093,188.00	CLOSED
ECHO/-AF/BUD/2018/91030	GOAL-IR	2017/01178	SUDAN	Provision of multi-sector lifesaving response for the conflict-affected population of Kutum and Al Waha localities, North Darfur, and Habila and Talodi localities, South Kordofan	€ 2,461,827.00	€ 2,300,000.00	CLOSED
ECHO/-HF/BUD/2018/91008	IMC-UK	2017/01093	SOMALIA	Provision of life-saving health and nutrition services to vulnerable populations in Galkacyo/Mudug, Jowhar /Middle Shabelle and Abudwak/Galgaduud regions of Somalia regions of Somalia	€ 2,201,385.00	€ 2,000,000.00	CLOSED
ECHO/-HF/BUD/2018/91017	IRC-UK	2017/01037	KENYA	Improved health, nutritional status and protection for refugees and surrounding host communities in Kenya	€ 1,315,407.00	€ 981,000.00	CLOSED
ECHO/-HF/BUD/2018/91021	SOS KINDERDORF INT-AT	2017/01015	SOMALIA	SOS Children's Villages International Mother and Child Health Care Programme	€ 5,105,157.00	€ 1,750,000.00	CLOSED
ECHO/-CR/EDF/2017/02003	PAHO	2017/00999	DOMINICA	Health emergency response to Dominica following Hurricane Maria	€ 829,250.00	€ 500,000.00	CLOSED
ECHO/DRF/BUD/2017/91018	FICR-CH	2017/00984	MADAGASCAR	Accelerated Action against Plague in Madagascar	€ 286,231.00	€ 192,021.00	ONGOING

ECHO/DRF/BUD/2017/91017	UNICEF-US	2017/00983	MADAGASCAR	Emergency response to plague outbreak in Madagascar	€ 189,711.00	€ 150,000.00	CLOSED
ECHO/DRF/BUD/2017/91015	ALIMA-FR	2017/00976	CONGO DEMOCRATIC REPUBLIC OF	Riposte à l'épidémie de choléra dans les provinces du Kasaï et du Haut-Lomami	€ 300,000.00	€ 300,000.00	CLOSED
ECHO/-AM/BUD/2017/91021	PAHO	2017/00958	ANTIGUA AND BARBUDA, CUBA, TURKS AND CAICOS ISLANDS, NETHERLANDS ANTILLES	Health emergency response to Caribbean disaster-affected areas following Hurricane Irma	€ 749,000.00	€ 500,000.00	CLOSED
ECHO/-AF/BUD/2017/91039	STC-FI	2017/00924	SUDAN, SUDAN	Integrated life-saving response to humanitarian needs of South Sudanese refugees in South Kordofan and North Darfur	€ 1,700,000.00	€ 1,700,000.00	CLOSED
ECHO/IRQ/BUD/2017/91028	WHO	2017/00920	IRAQ	Provision of emergency trauma care and essential life-saving primary and secondary health care services to vulnerable populations in Iraq	€ 22,620,662.50	€ 7,000,000.00	CLOSED
ECHO/-HF/BUD/2017/91057	CROIX-ROUGE-DE	2017/00909	SOMALIA	Integrated emergency response for 2017 drought affected population in Togdheer region - Somaliland.	€ 907,899.06	€ 800,000.00	CLOSED
ECHO/SYR/BUD/2017/91034	IRC-UK	2017/00876	SYRIAN ARAB REPUBLIC	Multi-sectoral humanitarian response for conflict-affected populations in Syria	€ 7,814,417.00	€ 7,445,974.00	ONGOING
ECHO/SYR/BUD/2017/91047	WHO	2017/00867	SYRIAN ARAB REPUBLIC	Strengthening Emergency and Essential Health Assistance Delivery in Syria	€ 12,651,484.00	€ 3,000,000.00	CLOSED

ECHO/-WF/BUD/2017/91089	MDM-BE	2017/00831	MALI	Assistance Médicale aux populations affectées par les crises dans le Nord du Mali.	€ 800,000.00	€ 800,000.00	CLOSED
ECHO/-AF/EDF/2017/01020	UNICEF-US	2017/00828	SOUTH SUDAN REPUBLIC	UNICEF response to key emergency issues related to health and child protection in south Sudan	€ 9,747,067.78	€ 5,100,000.00	CLOSED
ECHO/-HF/BUD/2017/91053	UNICEF-US	2017/00800	SOMALIA,	Multi-sectoral drought response, including emergency response to the cholera outbreak in Somalia.	€ 10,445,099.30	€ 7,500,000.00	CLOSED
ECHO/DRF/BUD/2017/91004	ACF-FR	2017/00733	SOMALIA	Integrated emergency WASH and Health response to the cholera outbreak in Bakool region of Somalia	€ 550,000.00	€ 500,000.00	CLOSED
ECHO/IRQ/BUD/2017/91020	IMC-UK	2017/00689	IRAQ	Improving Access to integrated Primary Health and MPHSS services for Conflict-Affected Populations in Mosul and the South Central Region of Iraq	€ 4,349,157.00	€ 4,000,000.00	CLOSED
ECHO/IRQ/BUD/2017/91005	RI-UK	2017/00678	IRAQ, IRAQ, IRAQ	Emergency Health Response (EHR): Anbar, Salahaldin and Recently Retaken Areas	€ 1,400,000.00	€ 1,400,000.00	CLOSED
ECHO/-AF/EDF/2017/01026	WHO	2017/00624	SOUTH SUDAN REPUBLIC	Strengthening epidemic preparedness and response to reduce excess morbidity and mortality among the emergency affected populations of South Sudan	€ 1,397,145.00	€ 1,000,000.00	CLOSED
ECHO/-AS/BUD/2016/91049	WHO	2017/00606	AFGHANISTAN	Providing emergency primary health services and trauma care for people affected by conflicts, natural calamities and limited accessibility to health services	€ 5,893,088.00	€ 2,440,000.00	CLOSED

ECHO/-AS/BUD/2017/91016	ICMC-CH	2017/00587	PAKISTAN	Provision of Integrated Protection and Health Assistance to Afghan Refugees	€ 2,930,640.00	€ 2,800,000.00	CLOSED
ECHO/UKR/BUD/2017/91007	STC-SE	2017/00483	UKRAINE	Building a safer environment for conflict-affected children and their families in Eastern Ukraine by improving access to integrated health and protection services	€ 1,057,847.00	€ 965,920.00	CLOSED
ECHO/-AS/BUD/2016/91047	PUI-FR	2017/00355	AFGHANISTAN	Preparedness and response to conflict-induced and natural disaster related medical emergencies in Afghanistan	€ 980,000.00	€ 980,000.00	CLOSED
ECHO/-HF/BUD/2017/91034	IMC-UK	2017/00302	SOMALIA,	Provision of life-saving health and nutrition services to vulnerable populations in Galkacyo/Mudug and Jowhar /Middle Shabelle regions of Somalia.	€ 1,286,717.00	€ 1,000,000.00	CLOSED
ECHO/-HF/BUD/2017/91013	OXFAM-UK	2017/00270	ETHIOPIA,	Lifesaving EFSL, WASH, Nutrition and Emergency Health Drought Response in Somali Region, Ethiopia	€ 5,547,930.90	€ 5,270,000.00	CLOSED
ECHO/-HF/BUD/2017/91025	SOS KINDERDORF INT-AT	2017/00222	SOMALIA,	SOS Children's Villages International Mother and Child Health Care Programme	€ 2,782,000.00	€ 1,000,000.00	CLOSED
ECHO/COD/BUD/2017/91008	COOPI-IT	2017/00202	CONGO DEMOCRATIC REPUBLIC OF	Assistance Sanitaire et de Protection aux populations vulnérables affectées par les conflits dans les Provinces du Nord Kivu et du Kasai Central.	€ 1,688,000.00	€ 1,650,000.00	CLOSED
ECHO/COD/BUD/2017/91024	MEDAIR-CH	2017/00172	CONGO DEMOCRATIC REPUBLIC OF	Emergency Health Response to Vulnerable Populations in Lubero, Walikale and Masisi Territories, Nord Kivu Province	€ 2,216,256.72	€ 1,500,000.00	CLOSED

ECHO/-HF/BUD/2017/91031	IRC-UK	2017/00153	SOMALIA	Multi-Sector Emergency Assistance to Vulnerable Populations in Somalia	€ 2,361,958.42	€ 2,000,000.00	CLOSED
ECHO/COD/BUD/2017/91016	UNICEF-US	2017/00149	CONGO DEMOCRATIC REPUBLIC OF	Réponse Rapide aux Mouvements de Population (RRMP)	€ 38,540,615.51	€ 4,000,000.00	CLOSED
ECHO/YEM/BUD/2017/91017	WHO	2017/00116	YEMEN	Saving lives by improving access to primary health care, strengthening outbreak surveillance, control and response to vulnerable populations in conflict affected areas of Yemen	€ 22,766,226.50	€ 5,000,000.00	CLOSED
ECHO/-AF/BUD/2017/92013	ALIMA-FR	2017/00105	CENTRAL AFRICAN REPUBLIC	Projet d'assistance médico-nutritionnelle d'urgence pour les populations vulnérables du District Sanitaire de Boda - Préfecture de la Lobaye	€ 1,070,000.00	€ 1,000,000.00	CLOSED
ECHO/-AF/BUD/2017/92027	IMC-UK	2017/00094	CHAD	Reinforcement of the humanitarian response to emergency nutrition needs in Chad through integrated, multi-sectorial interventions in Abdi District	€ 2,050,000.00	€ 2,050,000.00	CLOSED
ECHO/-SF/BUD/2017/91007	UNICEF-US	2017/00008	MADAGASCAR	Improving the survival of children affected by severe acute malnutrition in the El Nino drought affected regions of southern Madagascar MR01-01 See Annex	€ 1,562,943.00	€ 1,200,000.00	CLOSED

Table 7 Sampling frame 1 (Selected countries) (n=39)

Agreement No.	Partner short name	Reference number	Country	Action title	Total Amount	EC Amount	Status
ECHO/-AS/BUD/2021/91025	FICR-CH	2021/01056	AFGHANISTAN	Access to essential health care and WASH in hard-to-reach areas of Afghanistan	€ 2,383,290.00	€ 1,500,000.00	ONGOING
ECHO/-AS/BUD/2021/91023	WHO	2021/01053	AFGHANISTAN	Providing trauma care, emergency primary healthcare and emergency nutrition services for populations in underserved and conflict affected areas of Afghanistan	€ 16,810,726.00	€ 14,000,000.00	ONGOING
ECHO/-AS/BUD/2021/91004	CICR-CH	2021/00840	AFGHANISTAN	ICRC health activities for detainees, hospital services/secondary care, physical rehabilitation services, and prevention (IHL dissemination and implementation) and protection activities in Afghanistan.	€ 10,955,779.60	€ 8,000,000.00	ONGOING
ECHO/-AS/BUD/2020/91003	INTERSOS-IT	2020/00481	AFGHANISTAN	Provision of essential and quality services through an integrated protection, health and nutrition response for vulnerable conflict-affected population in Southern Afghanistan.	€ 1,242,380.86	€ 1,200,000.00	ONGOING
ECHO/-AS/BUD/2020/91005	IRC-DE	2020/00466	AFGHANISTAN	Integrated Emergency Protection and Health response in Kabul, Helmand, Badghis, Herat, Laghman, Khost,	€ 2,578,127.00	€ 2,400,000.00	CLOSED

				Nangarhar and Paktya provinces of Afghanistan			
ECHO/-AS/BUD/2019/91008	PUI-FR	2019/00446	AFGHANISTAN	Multi-sector lifesaving assistance to conflict and COVID-19 affected populations in Eastern Afghanistan	€ 4,200,000.00	€ 4,200,000.00	CLOSED
ECHO/-AS/BUD/2019/91011	WHO	2019/00422	AFGHANISTAN	Provision of emergency trauma care and primary healthcare services for the internally displaced population, host communities, and those affected by conflicts	€ 25,794,006.23	€ 16,299,999.89	ONGOING
ECHO/-AS/BUD/2018/91014	PUI-FR	2018/00273	AFGHANISTAN	Lifesaving integrated emergency health response and Emergency Response Mechanism (ERM) in the conflict and disaster affected areas of Afghanistan.	€ 800,000.00	€ 800,000.00	CLOSED
ECHO/-AS/BUD/2018/91019	WHO	2018/00266	AFGHANISTAN	Provision of emergency primary healthcare services and trauma care for the populations affected by conflicts, natural catastrophes and limited accessibility to healthcare services	€ 2,095,956.73	€ 800,000.00	CLOSED
ECHO/-AS/BUD/2016/91049	WHO	2017/00606	AFGHANISTAN	Providing emergency primary health services and trauma care for people affected by conflicts, natural calamities and limited accessibility to health services	€ 5,893,088.00	€ 2,440,000.00	CLOSED
ECHO/-AS/BUD/2016/91047	PUI-FR	2017/00355	AFGHANISTAN	Preparedness and response to conflict-induced and natural disaster	€ 980,000.00	€ 980,000.00	CLOSED

				related medical emergencies in Afghanistan			
ECHO/-AM/BUD/2019/91033	PAHO	2019/00575	ARUBA, COLOMBIA, ECUADOR, BRAZIL, GUYANA, PERU, SURINAME, TRINIDAD AND TOBAGO, VENEZUELA	Improve indiscriminatory access to and delivery of essential healthcare services in Venezuela and countries recipient of Venezuelan migrants	€ 8,339,750.00	€ 8,000,000.00	ONGOING
ECHO/DRF/BUD/2021/91040	WHO	2021/01003	BURUNDI, CAMEROON, CENTRAL AFRICAN REPUBLIC, CHAD, CONGO DEMOCRATIC REPUBLIC OF, GUINEA, LIBERIA, MADAGASCAR, MALI, MOZAMBIQUE, NIGER, NIGERIA, SOMALIA, SOUTH SUDAN REPUBLIC, SUDAN	Support to the rollout of COVID-19 national vaccination campaigns in Africa and reinforcement of national health systems? resilience to epidemics	€ 17,539,902.41	€ 16,000,000.00	ONGOING

ECHO/DRF/BUD/2020/91003	WHO	2020/00727	CAMEROON, CONGO DEMOCRATIC REPUBLIC OF, ETHIOPIA, BURKINA FASO, SOMALIA, KENYA, PHILIPPINES, AFGHANISTAN, NIGERIA, BANGLADESH	Support to WHO?s COVID-19 Preparedness and Response Plan in high risk and vulnerable countries in Africa and Asia	€ 37,500,000.00	€ 30,000,000.00	ONGOING
ECHO/-AM/BUD/2020/91043	CARITAS-LU	2020/00947	COLOMBIA, VENEZUELA, BRAZIL	PCPR: Promoting COVID-19 Prevention and Resilience among vulnerable refugees and migrants, indigenous people and host communities in Brazil, Colombia and Venezuela lacking effective public health policies and responses.	€ 1,050,000.00	€ 850,000.00	ONGOING
ECHO/COD/BUD/2021/91020	MEDAIR-DE	2021/00706	CONGO DEMOCRATIC REPUBLIC OF	Emergency multi-sectoral response in favour of vulnerable populations affected by conflict and outbreaks in Eastern Democratic Republic of the Congo	€ 6,591,666.67	€ 5,700,000.00	ONGOING
ECHO/COD/BUD/2021/91008	MDM-FR	2021/00705	CONGO DEMOCRATIC REPUBLIC OF	Réponse d'urgence aux besoins de santé des populations affectées par les conflits dans la zone de santé (ZS) de Nyemba, province du Tanganyika	€ 2,893,000.00	€ 2,593,000.00	ONGOING
ECHO/COD/BUD/2021/91011	UNICEF-US	2021/00695	CONGO DEMOCRATIC REPUBLIC OF	Reduce the incidence and transmission of cholera through an integrated and evidence-based	€ 8,222,998.31	€ 3,500,000.00	ONGOING

				community approach in North Kivu, South Kivu and Tanganyika in the DRC			
ECHO/COD/BUD/2021/91025	WHO	2021/00683	CONGO DEMOCRATIC REPUBLIC OF	Amelioration de l? offre des services et soins de santé de base aux populations affectées par la crise humanitaire et les épidémies dans les 4 provinces du Nord Kivu, Sud Kivu, Ituri et Tanganyika.	€ 1,948,507.90	€ 1,550,000.00	ONGOING
ECHO/COD/BUD/2020/91020	STC-NO	2020/00921	CONGO DEMOCRATIC REPUBLIC OF	Contain and Control the Spread of Covid-19 in the Tshangu District of Kinshasa Province, DRC	€ 1,370,108.00	€ 1,300,000.00	ONGOING
ECHO/COD/BUD/2020/91021	FICR-CH	2020/00903	CONGO DEMOCRATIC REPUBLIC OF	Réponse à la pandémie de la COVID-19 en RDC, province de Kinshasa	€ 1,571,393.00	€ 1,200,000.00	ONGOING
ECHO/COD/BUD/2020/91001	UNICEF-US	2020/00394	CONGO DEMOCRATIC REPUBLIC OF	Targeted rapid interventions to cholera cases through community outbreak response teams	€ 3,487,808.63	€ 500,000.00	CLOSED
ECHO/COD/BUD/2019/91032	MALTESER HILFSDIENST-DE	2019/00843	CONGO DEMOCRATIC REPUBLIC OF	Contribuer à réduire la mortalité et la morbidité liées à la flambée épidémique de MVE, de COVID-19 et de la peste dans la région du Nord-Est de l'?Ituri et du Haut Uélé.	€ 850,000.00	€ 800,000.00	CLOSED
ECHO/COD/BUD/2019/91030	FICR-CH	2019/00837	CONGO DEMOCRATIC REPUBLIC OF	Integrated Community-Based Interventions in the Ebola Virus Disease Response 2019	€ 1,744,998.00	€ 1,500,000.00	ONGOING

ECHO/COD/BUD/2019/91025	WHO	2019/00801	CONGO DEMOCRATIC REPUBLIC OF	MR 2020 Update:. Rapid Response to the Ebola Virus Disease (EVD) and Measles Epidemics in Nord Kivu, Sud Kivu, Ituri, Bas-Uele, Equateur, Haut Uele, Kasai, Kinshasa, Kongo Central, Kwilu, Mai-Ndombe, Mongala, Sud-Ubangi and Tshuapa in the DRC.	€ 12,178,703.60	€ 9,670,000.00	CLOSED
ECHO/COD/BUD/2019/91021	ZOA-NL	2019/00723	CONGO DEMOCRATIC REPUBLIC OF	Emergency Response to the Ebola Outbreak in Eastern DRC	€ 785,000.00	€ 785,000.00	CLOSED
ECHO/COD/BUD/2019/91020	STC-NO	2019/00718	CONGO DEMOCRATIC REPUBLIC OF	Ebola Emergency Response	€ 1,072,234.00	€ 800,000.00	CLOSED
ECHO/COD/BUD/2019/91022	MCE-UK	2019/00716	CONGO DEMOCRATIC REPUBLIC OF	Pamoya tujikengele ku Ebola - Ensemble contre Ebola	€ 807,271.00	€ 715,000.00	CLOSED
ECHO/DRF/BUD/2019/91010	ALIMA-FR	2019/00680	CONGO DEMOCRATIC REPUBLIC OF	Réponse à la flambée de rougeole dans la Zone de Santé (ZS) de Kalonda Ouest, Province du Kasaï	€ 395,000.00	€ 395,000.00	CLOSED
ECHO/COD/BUD/2019/91013	MDM-FR	2019/00397	CONGO DEMOCRATIC REPUBLIC OF	Réponse d'urgence aux besoins de santé des populations affectées par le conflit dans la zone de santé (ZS) de Nyemba, province du Tanganyika.	€ 4,045,000.00	€ 3,500,000.00	CLOSED
ECHO/COD/BUD/2018/91035	FICR-CH	2018/01007	CONGO DEMOCRATIC REPUBLIC OF	Ebola 2018	€ 2,454,670.00	€ 2,000,000.00	CLOSED

ECHO/DRF/BUD/2017/91015	ALIMA-FR	2017/00976	CONGO DEMOCRATIC REPUBLIC OF	Riposte à l'épidémie de choléra dans les provinces du Kasaï et du Haut-Lomami	€ 300,000.00	€ 300,000.00	CLOSED
ECHO/COD/BUD/2018/91026	IOM-CH	2018/00856	CONGO DEMOCRATIC REPUBLIC OF	EBOLA OUTBREAK RESPONSE IN THE DEMOCRATIC REPUBLIC OF THE CONGO (DRC)	€ 500,000.00	€ 500,000.00	CLOSED
ECHO/COD/BUD/2017/91008	COOPI-IT	2017/00202	CONGO DEMOCRATIC REPUBLIC OF	Assistance Sanitaire et de Protection aux populations vulnérables affectées par les conflits dans les Provinces du Nord Kivu et du Kasai Central.	€ 1,688,000.00	€ 1,650,000.00	CLOSED
ECHO/DRF/BUD/2018/91006	WHO	2018/00846	CONGO DEMOCRATIC REPUBLIC OF	Rapid Response to the Ebola Virus Disease (EVD) Epidemic in the Democratic Republic of the Congo	€ 6,921,262.00	€ 5,500,000.00	CLOSED
ECHO/COD/BUD/2017/91024	MEDAIR-CH	2017/00172	CONGO DEMOCRATIC REPUBLIC OF	Emergency Health Response to Vulnerable Populations in Lubero, Walikale and Masisi Territories, Nord Kivu Province	€ 2,216,256.72	€ 1,500,000.00	CLOSED
ECHO/COD/BUD/2018/91021	MEDAIR-CH	2018/00301	CONGO DEMOCRATIC REPUBLIC OF	Emergency Health response in favour of vulnerable populations affected by conflict and outbreaks in Nord Kivu province and neighbouring areas in Eastern Democratic Republic of the Congo.	€ 4,819,889.00	€ 4,088,052.00	CLOSED
ECHO/COD/BUD/2017/91016	UNICEF-US	2017/00149	CONGO DEMOCRATIC REPUBLIC OF	Réponse Rapide aux Mouvements de Population (RRMP)	€ 38,540,615.51	€ 4,000,000.00	CLOSED

ECHO/-AM/BUD/2018/91045	UNHCR-CH	2018/00880	PERU, ARUBA, BRAZIL, COLOMBIA, ECUADOR, TRINIDAD AND TOBAGO, VENEZUELA, NETHERLANDS ANTILLES, PANAMA	Emergency interventions to ensure provision of protection and life-saving humanitarian assistance to vulnerable populations affected by the crisis in Venezuela.	€ 21,625,101.00	€ 14,095,000.00	CLOSED
ECHO/-AF/BUD/2021/91019	NRC-NO	2021/00771	SOUTH SUDAN REPUBLIC	Integrated Emergency Preparedness and Response to address critical humanitarian needs in South Sudan	€ 5,555,555.56	€ 5,000,000.00	ONGOING
ECHO/-AF/BUD/2021/91002	WHO	2021/00214	SOUTH SUDAN REPUBLIC	Strengthening Public Health Surveillance and Response systems in South Sudan	€ 1,263,648.00	€ 1,000,000.00	ONGOING
ECHO/-AF/BUD/2020/91003	MEDAIR-DE	2020/00524	SOUTH SUDAN REPUBLIC	Emergency Response in South Sudan	€ 4,322,885.00	€ 1,500,000.00	CLOSED
ECHO/-AF/BUD/2020/91017	ALIMA-FR	2020/00309	SOUTH SUDAN REPUBLIC	Integrated multi-sectoral (Nutrition, Health and Protection) intervention for the most vulnerable population of Raja County, Western Bahr el Ghazal State, South Sudan	€ 1,465,000.00	€ 1,250,000.00	CLOSED
ECHO/-AF/BUD/2019/91020	ALIMA-FR	2019/00711	SOUTH SUDAN REPUBLIC	Capacity Strengthening for Rapid Response and Early Action for Viral Haemorrhagic Diseases in South Sudan	€ 1,529,678.00	€ 1,500,000.00	CLOSED

ECHO/-AF/BUD/2019/91008	ZOA-NL	2019/00660	SOUTH SUDAN REPUBLIC	Emergency Response in South Sudan	€ 3,750,000.00	€ 1,500,000.00	CLOSED
ECHO/-AF/BUD/2018/91044	WHO	2018/00914	SOUTH SUDAN REPUBLIC	Strengthening early detection, verification, investigation, identification and response to outbreaks to reduce excess morbidity and mortality due to infectious hazard events.	€ 2,624,778.20	€ 2,250,000.00	CLOSED
ECHO/-AF/EDF/2017/01020	UNICEF-US	2017/00828	SOUTH SUDAN REPUBLIC	UNICEF response to key emergency issues related to health and child protection in south Sudan	€ 9,747,067.78	€ 5,100,000.00	CLOSED
ECHO/-AF/EDF/2017/01026	WHO	2017/00624	SOUTH SUDAN REPUBLIC	Strengthening epidemic preparedness and response to reduce excess morbidity and mortality among the emergency affected populations of South Sudan	€ 1,397,145.00	€ 1,000,000.00	CLOSED
ECHO/SYR/BUD/2021/91062	WHO	2021/00403	SYRIAN ARAB REPUBLIC	Continuing the health humanitarian response in Syria through the provision of comprehensive package of health care services to the most vulnerable groups	€ 2,883,940.37	€ 2,500,000.00	ONGOING
ECHO/SYR/BUD/2021/91040	ACF-ES	2021/00139	SYRIAN ARAB REPUBLIC	Life-saving support and increased COVID emergency response for the most vulnerable people in northern Syria	€ 1,980,000.00	€ 1,800,000.00	ONGOING
ECHO/SYR/BUD/2020/91034	WHO	2020/00956	SYRIAN ARAB REPUBLIC	Strengthening COVID-19 preparedness and response in northwest Syria	€ 1,251,963.00	€ 1,000,000.00	ONGOING

ECHO/SYR/BUD/2019/91052	WHO	2019/00169	SYRIAN ARAB REPUBLIC	Strengthening essential health services in Syria, including for Covid-19 preparedness and response	€ 11,615,897.85	€ 9,000,000.00	ONGOING
ECHO/SYR/BUD/2017/91049	WHO	2018/00436	SYRIAN ARAB REPUBLIC	Strengthening Emergency and Essential Health Assistance Delivery in Syria	€ 12,651,484.00	€ 3,000,000.00	CLOSED
ECHO/SYR/BUD/2017/91034	IRC-UK	2017/00876	SYRIAN ARAB REPUBLIC	Multi-sectoral humanitarian response for conflict-affected populations in Syria	€ 7,814,417.00	€ 7,445,974.00	ONGOING
ECHO/SYR/BUD/2017/91047	WHO	2017/00867	SYRIAN ARAB REPUBLIC	Strengthening Emergency and Essential Health Assistance Delivery in Syria	€ 12,651,484.00	€ 3,000,000.00	CLOSED
ECHO/SYR/BUD/2018/91009	SI-FR	2018/00601	SYRIAN ARAB REPUBLIC	Provision of integrated, principled and flexible life-saving and sustaining humanitarian assistance for vulnerable populations in Syria.	€ 2,170,000.00	€ 2,000,000.00	CLOSED
ECHO/-AM/BUD/2021/91068	PAHO	2021/00670	VENEZUELA	Improving access to safe and quality essential health services to Venezuelans in situation of vulnerability	€ 2,740,000.00	€ 2,500,000.00	ONGOING
ECHO/-AM/BUD/2021/91067	MDM-ES	2021/00616	VENEZUELA	Contribute to the provision of integrated health, MHPSS and WASH services of the most vulnerable populations, including prevention of the spread of COVID-19, in Sucre State of Venezuela.	€ 2,200,000.00	€ 2,200,000.00	ONGOING

ECHO/DRF/BUD/2019/91034	PAHO	2020/00653	VENEZUELA	Response to the Yellow Fever Outbreak in Venezuela	€ 670,890.00	€ 600,000.00	ONGOING
ECHO/-AM/BUD/2020/91035	MDM-ES	2020/00570	VENEZUELA	Contribute to improve health and protection of the most vulnerable populations, including prevention of the spread of COVID-19, in various States of Venezuela.	€ 2,300,000.00	€ 2,300,000.00	ONGOING
ECHO/-AM/BUD/2019/91029	MDM-ES	2019/00495	VENEZUELA	Contribute to reduce the impact of the crisis of Venezuela health system, through the capacity building of the local health organizations serving the most vulnerable populations, plus the strengthening of the response capacity to health emergencies	€ 1,048,000.00	€ 1,048,000.00	CLOSED
ECHO/-AM/BUD/2021/91012	PUI-FR	2021/00512	VENEZUELA, COLOMBIA	Addressing the most urgent needs of populations affected by the Venezuelan crisis through a multi-sectoral integrated assistance, including COVID-19 programming	€ 2,800,000.00	€ 2,700,000.00	ONGOING
ECHO/-AM/BUD/2020/91029	AYUDA EN ACCION-ES	2020/00597	VENEZUELA, COLOMBIA, ECUADOR, PERU	Addressing relief and protection needs of vulnerable populations affected by the Venezuelan crisis and impacted/at risk of COVID-19 pandemic in a gender-responsive and disability inclusive way in urban and peri-urban areas in VENEZUELA and in transit and border areas of COLOMBIA, ECUADOR and PERU	€ 2,842,373.89	€ 2,500,000.00	ONGOING

ECHO/-AM/BUD/2018/91043	PAHO	2018/00879	VENEZUELA, COLOMBIA, ECUADOR, PERU	Strengthening the health sector's capacities to deal with active outbreaks and increased health needs in Venezuela and neighboring countries recipient of Venezuelan migrants	€ 5,424,550.00	€ 5,000,000.00	CLOSED
ECHO/DRF/BUD/2018/91012	CISP-IT	2018/00943	VENEZUELA, VENEZUELA, VENEZUELA	Emergency Humanitarian Aid for those families affected by Heavy Rains Floods in Apure, Táchira and Amazonas states.	€ 300,000.00	€ 300,000.00	CLOSED

Table 8: Sampling frame 2 (Actions selected for detailed review within selected countries) (n=23)

Agreement No.	Partner short name	Reference number	Country	Action title	Total Amount	EC Amount	Status
ECHO/-AS/BUD/2021/91025	FICR-CH	2021/01056	Access to essential health care and WASH in hard-to-reach areas of Afghanistan	AFGHANISTAN	€ 2,383,290	€ 1,500,000	ONGOING
ECHO/-AS/BUD/2021/91023	WHO	2021/01053	Providing trauma care, emergency primary healthcare and emergency nutrition services for populations in underserved and conflict affected areas of Afghanistan	AFGHANISTAN	€ 16,810,726	€ 14,000,000	ONGOING
ECHO/COD/BUD/2021/91011	UNICEF-US	2021/00695	Reduce the incidence and transmission of cholera through an integrated and evidence-based community approach in North Kivu, South Kivu and Tanganyika in the DRC	CONGO DEMOCRATIC REPUBLIC OF	€ 8,222,998	€ 3,500,000	ONGOING
ECHO/COD/BUD/2021/91025	WHO	2021/00683	Amelioration de l? offre des services et soins de santé de base aux populations affectées par la crise humanitaire et les épidémies dans les 4 provinces du Nord Kivu, Sud Kivu, Ituri et Tanganyika.	CONGO DEMOCRATIC REPUBLIC OF	€ 1,948,508	€ 1,550,000	ONGOING
ECHO/-AM/BUD/2021/91067	MDM-ES	2021/00616	Contribute to the provision of integrated health, MHPSS and WASH services of the most vulnerable populations, including prevention of the spread of COVID-19, in Sucre State of Venezuela.	VENEZUELA	€ 2,200,000	€ 2,200,000	ONGOING
ECHO/-AF/BUD/2021/91002	WHO	2021/00214	Strengthening Public Health Surveillance and Response systems in South Sudan	SOUTH SUDAN REPUBLIC	€ 1,263,648	€ 1,000,000	ONGOING
ECHO/SYR/BUD/2021/91040	ACF-ES	2021/00139	Life-saving support and increased COVID emergency response for the most vulnerable people in northern Syria	SYRIAN ARAB REPUBLIC	€ 1,980,000	€ 1,800,000	ONGOING

ECHO/SYR/BUD/2020/91034	WHO	2020/00956	Strengthening COVID-19 preparedness and response in northwest Syria	SYRIAN ARAB REPUBLIC	€ 1,251,963	€ 1,000,000	ONGOING
ECHO/COD/BUD/2020/91021	FICR-CH	2020/00903	Réponse à la pandémie de la COVID-19 en RDC, province de Kinshasa	CONGO DEMOCRATIC REPUBLIC OF	€ 1,571,393	€ 1,200,000	ONGOING
ECHO/DRF/BUD/2019/91034	PAHO	2020/00653	Response to the Yellow Fever Outbreak in Venezuela	VENEZUELA	€ 670,890	€ 600,000	ONGOING
ECHO/-AM/BUD/2020/91035	MDM-ES	2020/00570	Contribute to improve health and protection of the most vulnerable populations, including prevention of the spread of COVID-19, in various States of Venezuela.	VENEZUELA	€ 2,300,000	€ 2,300,000	ONGOING
ECHO/-AS/BUD/2020/91003	INTERSOS-IT	2020/00481	Provision of essential and quality services through an integrated protection, health and nutrition response for vulnerable conflict-affected population in Southern Afghanistan.	AFGHANISTAN	€ 1,242,381	€ 1,200,000	ONGOING
ECHO/-AS/BUD/2020/91005	IRC-DE	2020/00466	Integrated Emergency Protection and Health response in Kabul, Helmand, Badghis, Herat, Laghman, Khost, Nangarhar and Paktya provinces of Afghanistan	AFGHANISTAN	€ 2,578,127	€ 2,400,000	CLOSED
ECHO/COD/BUD/2019/91021	ZOA-NL	2019/00723	Emergency Response to the Ebola Outbreak in Eastern DRC	CONGO DEMOCRATIC REPUBLIC OF	€ 785,000	€ 785,000	CLOSED
ECHO/-AF/BUD/2019/91020	ALIMA-FR	2019/00711	Capacity Strengthening for Rapid Response and Early Action for Viral Haemorrhagic Diseases in South Sudan	SOUTH SUDAN REPUBLIC	€ 1,529,678	€ 1,500,000	CLOSED
ECHO/DRF/BUD/2019/91010	ALIMA-FR	2019/00680	Réponse à la flambée de rougeole dans la Zone de Santé (ZS) de Kalonda Ouest, Province du Kasaï	CONGO DEMOCRATIC REPUBLIC OF	€ 395,000	€ 395,000	CLOSED

ECHO/-AM/BUD/2019/91029	MDM-ES	2019/00495	Contribute to reduce the impact of the crisis of Venezuela health system, through the capacity building of the local health organizations serving the most vulnerable populations, plus the strengthening of the response capacity to health emergencies	VENEZUELA	€ 1,048,000	€ 1,048,000	CLOSED
ECHO/-AS/BUD/2019/91008	PUI-FR	2019/00446	Multi-sector lifesaving assistance to conflict and COVID-19 affected populations in Eastern Afghanistan	AFGHANISTAN	€ 4,200,000	€ 4,200,000	CLOSED
ECHO/SYR/BUD/2019/91052	WHO	2019/00169	Strengthening essential health services in Syria, including for Covid-19 preparedness and response	SYRIAN ARAB REPUBLIC	€ 11,615,898	€ 9,000,000	ONGOING
ECHO/-AM/BUD/2018/91043	PAHO	2018/00879	Strengthening the health sector's capacities to deal with active outbreaks and increased health needs in Venezuela and neighboring countries recipient of Venezuelan migrants	VENEZUELA, COLOMBIA, ECUADOR, PERU	€ 5,424,550	€ 5,000,000	CLOSED
ECHO/DRF/BUD/2018/91006	WHO	2018/00846	Rapid Response to the Ebola Virus Disease (EVD) Epidemic in the Democratic Republic of the Congo	CONGO DEMOCRATIC REPUBLIC OF, CONGO DEMOCRATIC REPUBLIC OF, CONGO DEMOCRATIC REPUBLIC OF	€ 6,921,262	€ 5,500,000	CLOSED
ECHO/-AS/BUD/2016/91049	WHO	2017/00606	Providing emergency primary health services and trauma care for people affected by conflicts, natural calamities and limited accessibility to health services	AFGHANISTAN	€ 5,893,088	€ 2,440,000	CLOSED

ECHO/-AS/BUD/2016/91047	PUI-FR	2017/00355	Preparedness and response to conflict-induced and natural disaster related medical emergencies in Afghanistan	AFGHANISTAN	€ 980,000	€ 980,000	CLOSED

Annexe 5 – WHE Work Area Aims and Activities

Table 9 WHE Work area aims and activities

Work Area	Aims	Example activities
Surveillance	• Disease surveillance data to: • serve as an early warning system for impending outbreaks that could become public health emergencies; • enable monitoring and evaluation of the impact of an intervention, helps track progress towards specified goals; and • monitor and clarify the epidemiology of health problems, guiding priority-setting and planning and evaluation of public health policy and strategies.	- Surveillance System of Attacks on Healthcare - Surveillance for specific diseases such as malaria and influenza - Monitoring & Evaluation (M&E) of IHR implementation - Global surveillance and monitoring of substandard and falsified medical products - EWARS box provision
Operations	• Promote best practice and standards for emergency operation centres and build Member States' capacity to rapidly respond and detect public health emergencies as mandated by the IHR • Monitors global public health events around the clock and facilitates international collaboration during public health emergencies	- Public Health Emergency Operations Centre Network and Strategic Health Operations Centre - Grading of public health events and emergencies - Supporting IHR implementation - National Action Plans for Health Security -WHO Humanitarian Response Plans - Simulation exercises - Emergency Response Reviews - Provision of disease commodity packages - Risk assessments

		- Risk communication - Provision of emergency health kits
Research	Quickly gather and share the best available knowledge and evidence on diseases, and on potential available countermeasures, in order to prevent and respond to catastrophic events like pandemics, natural disasters and the emergence, or re-emergence, of highly pathogenic diseases	- The Research & Development Blueprint - COVID-19 research database - International Clinical Trials Registry Platform - Health emergencies and disaster risk management (Health EDRM) Research
Training	Create a coherent, coordinated and high-quality approach and standards for learning to build WHO's health emergency workforce and surge capacity supported by partners.	- the OpenWHO online learning platform - the Health Security Learning Platform
Partnerships	Support countries to prepare for, detect and respond to health emergencies of all kinds, ranging from disease outbreaks to conflicts to natural disasters, through partnerships and networks	- Cluster coordination (see above) - Global Health Cluster - GOARN (see below) - Standby partnerships - Emergency Medical Teams and Mobile Clinics - Standby Partners Programme - Emerging Diseases Clinical Assessment and Response Network
Funding	WHO's emergency work is funded through a variety of streams including: the WHO Programme Budget, Humanitarian Response Plans, the United Nations Central Emergency Response Fund and a specific COVID-19 appeal. WHO has also established a "Contingency Fund for Emergencies" to enable a non-earmarked initial rapid response to an outbreak/emergency (ahead of mobilisation by donors)	

Annexe 5 – Focus Group Discussion (minutes)

Venezuela

FGD details

Table 10 FGD tables

Date	June 1st			
IP = Caritas	Country	Province/ state	District/ county	Town/suburb/village
Location	Venezuela	Sucre	Carupano	Caritas Headquarters
Characteristic of Group (e.g., women, elderly, displaced persons etc)	Women			
Approximate age range (e.g., 16-19; 55-75 etc)	25-34 years old			
# of participants	5 participants			
# of females	5 females			
# of males	0 males			

# with a disability	
Additional comments	1 pregnant woman

Evaluation Question (e.g., Q2)	**Judgement Criteria (e.g., 2.2)**	**Findings** [Aim to describe the group's response to the question in less than 100 words. Indicate the majority view, but also any significant minority viewpoints. Try also to record any good 'quotes' by individuals that seem to capture people's feelings]
Which is the donor of the project?	Knowledge of donor	They do not know who the donor is.
What do you know about infections?	Knowledge of infections	Infections are virus that grow in the human body, and there can be many different types.
Which diseases are most talked about in the community?	Knowledge of infections	COVID-19, HIV, Yellow Fever, Hepatitis.

How do you feel the involvement of other organisations in passing on information about diseases has been?	Knowledge of infections and organisation participation	There have been few healthdays performed by the MoH in the community.
What action should be taken if someone is affected by an infectious disease?	Knowledge of infections and case management	Discuss with your doctor to see what to do next. The most common action to do at home is administrate acetaminophen. You can take the person for blood tests, and not leave them sick for a long time.
What kind of new behaviours have they learned through staff from other organisations?	Behavior change and RCCE	Washing hands, use of facemasks, social distancing. They mention that there hasn't been any vaccine hesitancy. Caritas has resolved any doubts that they might have had.
How do you feel the involvement of people in communities to pass on	RCCE	They would like to know the donor, since the work that Caritas has performed is big and has impacted their lives.

disease knowledge could be improved?		
What is the level of trust that exists with external actors who come to the communities to give them new information about infections?	Impact of organisation	There is a high level of trust in the organisation. "I have a baby that was born with cleft palate. The doctors at the hospital did not notice this situation. But thanks to the help from Caritas, they have changed my baby's life. They were able to provide support to perform surgery on the baby, since he was already having malnutrition issues. Without their help, I wouldn't be able to tell this story".
Does this project go hand in hand with the realities in the country in terms of challenges?	Evaluation of vulnerabilities	The project has integrated and formed part of the community. They go to the schools and consider the problems at hand.
What has been the impact of the project?	Impact of Project	All the donations have been able to help prevent further cases.

What has been the perception of the communities since the arrival of the project?	Impact of the project	Thanks to Caritas, the community has been the change in children that were previously with malnutrition indexes and now can be found with a healthy weight.

Date	June 2nd			
IP =	Country	Province/ state	District/ county	Town/suburb/village
Location	Venezuela	Sucre	Carupano	San Martin
Characteristic of Group (e.g., women, elderly, displaced persons etc)	Women with children			
Approximate age range (e.g., 16-19; 55-75 etc)	7-39 years old			
# of participants	11 participants			
# of females	10 females			
# of males	1 male			

# with a disability	Three participants with arterial hypertension and diabetes mellitus.
Additional comments	one 7-year-old boy

Evaluation Question (e.g., Q2)	**Judgement Criteria (e.g., 2.2)**	**Findings** [Aim to describe the group's response to the question in less than 100 words. Indicate the majority view, but also any significant minority viewpoints. Try also to record any good 'quotes' by individuals that seem to capture people's feelings]
Which is the donor of the project?	Knowledge of donor	They do not know the donor.
What do you know about infections?	Knowledge of infections	They know about urine infections, respiratory infections, diarrhoea, strep throat, and skin infections.
Which diseases are most talked about in the community?	Knowledge of infections	COVID, throat infections, flu.

How do you feel the involvement of other organisations in passing on information about diseases has been?	Knowledge of infections and organisation participation	They have not had any informational talks. Some mention, that occasionally there might be a talk about COVID, but not about other infections. They often visit the different houses in the communities but have not gone to the schools.
What action should be taken if someone is affected by an infectious disease?	Knowledge of infections and case management	The use of face mask, isolation, social distancing, handwashing, and go to the doctor.
What kind of new behaviours have they learned through staff from other organisations?	Behavior change and RCCE	They do not feel there has been any change in behavior, just an increase in handwashing.
How do you feel the involvement of people in communities to pass on	RCCE	There are doctors in the community that they did not have access to before.

disease knowledge could be improved?		
What is the level of trust that exists with external actors who come to the communities to give them new information about infections?	Impact of organisation	There are good doctors, good service, and they care about the community.
Does this project go hand in hand with the realities in the country in terms of challenges?	Evaluation of vulnerabilitie s	
What has been the impact of the project?	Impact of Project	The community sees a positive change from the doctors, as well as the nutrition. Caritas has been helping everyone as much as they can, even providing help to attend a private doctor appointment.

What has been the perception of the communities since the arrival of the project?	Impact of the project	Pleasant, very greatful

Date	June 3rd			
IP =	Country	Province/ state	District/ county	Town/suburb/village
Location	Venezuela	Sucre	Carupano	Guarimar
Characteristic of Group (e.g., women, elderly, displaced persons etc)	Women and men			
Approximate age range (e.g., 16-19; 55-75 etc)	19-49 years old			
# of participants	13 participants			
# of females	10 females			
# of males	3 males			

# with a disability	
Additional comments	One pregnant woman

Evaluation Question (e.g., Q2)	**Judgement Criteria (e.g., 2.2)**	**Findings** [Aim to describe the group's response to the question in less than 100 words. Indicate the majority view, but also any significant minority viewpoints. Try also to record any good 'quotes' by individuals that seem to capture people's feelings]
Which is the donor of the project?	Knowledge of donor	They do not know the donor.
What do you know about infections?	Knowledge of infections	They are diseases that children often get, but adults can also get infected; like COVID-19, STDs.
Which diseases are most talked about in the community?	Knowledge of infections	Flu, UTI, diarrhoea, vomit, fever.

How do you feel the involvement of other organisations in passing on information about diseases has been?	Knowledge of infections and organisation participation	No involment
What action should be taken if someone is affected by an infectious disease?	Knowledge of infections and case management	They need to protect the community. However they do not know much of any measures necessary other than the need of going to the doctor.
What kind of new behaviours have they learned through staff from other organisations?	Behavior change and RCCE	With COVID-19 they learned about the need of isolation, the use of antibacterial, social distancing, handwashing, and the use of face masks.
How do you feel the involvement of people in communities to pass on	RCCE	The organisation has been able to include more members of the community, however they do not count with the enough human resources to cover all the needs of the community.

disease knowledge could be improved?		
What is the level of trust that exists with external actors who come to the communities to give them new information about infections?	Impact of organisation	People trust completely in the organisation since it is the only one that has reached this community.
Does this project go hand in hand with the realities in the country in terms of challenges?	Evaluation of vulnerabilities	They have evaluated the priorities and vulnerabilities of the community and addressed them accordingly.
What has been the impact of the project?	Impact of Project	There has been a change in the community, with all the treatment that the organisation has been able to provide, the members have improved.

What has been the perception of the communities since the arrival of the project?	Impact of the project	The members of the community are very receptive and happy with the collaboration from Caritas.

Date	June 3rd			
IP =	Country	Province/ state	District/ county	Town/suburb/villag e
Location	Venezuela	Sucre	Carupano	OIM Headquarters
Characteristic of Group (e.g., women, elderly, displaced persons etc)	Women			
Approximate age range (e.g., 16-19; 55-75 etc)	31-65 years old			
# of participants	13 participants			
# of females	11 females			
# of males	2 males			

# with a disability	2 participants with arterial hypertension, 1 with thyroid problems, 1 with a previous stroke.
Additional comments	1 pregnant woman

Evaluation Question (e.g., Q2)	**Judgement Criteria (e.g., 2.2)**	**Findings** [Aim to describe the group's response to the question in less than 100 words. Indicate the majority view, but also any significant minority viewpoints. Try also to record any good 'quotes' by individuals that seem to capture people's feelings]
Which is the donor of the project?	Knowledge of donor	They do not know the name of the donor; two participants recall that it was mentioned during the distribution of kits at the school.
What do you know about infections?	Knowledge of infections	The specifically know about COVID, which was discussed on that talk. Which is a disease that is transmitted from one person to another. It is a virus. It has spread globally, without any discrimination, causing many deaths. There is a need to be well protected, therefore the school principal asked for the distribution of kits at school for the children.
Which diseases are most talked about in the community?	Knowledge of infections	AHT, DM, Stroke, flu, diarrhoea, malnutrition.

How do you feel the involvement of other organisations in passing on information about diseases has been?	Knowledge of infections and organisation participation	They feel it was satisfactory.
What action should be taken if someone is affected by an infectious disease?	Knowledge of infections and case management	Isolation, staying at home, go to the doctor, and take the assigned treatment.
What kind of new behaviours have they learned through staff from other organisations?	Behavior change and RCCE	Use of antibacterial, other families have been applying different measures, the use of face masks.
How do you feel the involvement of people in communities to pass on	RCCE	Conduct more talks and workshops at a community level and schools. They believe that the distribution of aid in school is appropriate, and that the previous talks have been didactic.

disease knowledge could be improved?		
What is the level of trust that exists with external actors who come to the communities to give them new information about infections?	Impact of organisation	There has been a high level of trust in IOM in the past.
Does this project go hand in hand with the realities in the country in terms of challenges?	Evaluation of vulnerabilities	At that moment, it was what the community needed to be able to start school safely.
What has been the impact of the project?	Impact of Project	It was positive for all the children to receive the help at school.

What has been the perception of the communities since the arrival of the project?	Impact of the project	The community was excited to be considered.

Date	June 8th			
IP =	Country	Province/ state	District/ county	Town/suburb/villag e
Location	Venezuela	Distrito Capital	Caracas	Simon Rodriguez
Characteristic of Group (e.g., women, elderly, displaced persons etc)	Women and men			
Approximate age range (e.g., 16-19; 55-75 etc)	20-40 years old			
# of participants	8 participants			
# of females	7 females			
# of males	1 male			

# with a disability	
Additional comments	

Evaluation Question (e.g., Q2)	**Judgement Criteria (e.g., 2.2)**	**Findings** [Aim to describe the group's response to the question in less than 100 words. Indicate the majority view, but also any significant minority viewpoints. Try also to record any good 'quotes' by individuals that seem to capture people's feelings]
Which is the donor of the project?	Knowledge of donor	They do not know the name of the donor.
What do you know about infections?	Knowledge of infections	They are caused by virus, bacteria, and can be transmitted by water and different types of contamination.
Which diseases are most talked about in the community?	Knowledge of infections	COVID-19
How do you feel the involvement	Knowledge of infections and	It has been really good, they have performed many workshops, even one on First Aid.

of other organisations in passing on information about diseases has been?	organisation participation	
What action should be taken if someone is affected by an infectious disease?	Knowledge of infections and case management	When discussing Dengue and diarrhoea they isolate the patients and call the doctor. However, they remember the recipe for homemade oral rehydration solution in case of diarrhoea.
What kind of new behaviours have they learned through staff from other organisations?	Behavior change and RCCE	Disinfection of items when entering the house, correct use of face masks, correct handwashing technique, use of antibacterial, social distancing.
How do you feel the involvement of people in communities to pass on disease knowledge	RCCE	They would like more workshops, since they are very interested in learning.

could be improved?		
What is the level of trust that exists with external actors who come to the communities to give them new information about infections?	Impact of organisation	100%
Does this project go hand in hand with the realities in the country in terms of challenges?	Evaluation of vulnerabilitie s	They do align with the communities' priorities.
What has been the impact of the project?	Impact of Project	The community has changed, and now people support each other more.
What has been the perception of the communities	Impact of the project	People are ready to collaborate more.

since the arrival of the project?		

Date	June 8th			
IP =	Country	Province/ state	District/ county	Town/suburb/village
Location	Venezuela	Distrito Capital	Caracas	Simon Rodriguez
Characteristic of Group (e.g., women, elderly, displaced persons etc)	Women and men			
Approximate age range (e.g., 16-19; 55-75 etc)	60-98 years old			
# of participants	10 participants			
# of females	9 females			
# of males	1 male			
# with a disability	7 participants with arterial hypertension			
Additional comments				

Evaluation Question (e.g., Q2)	**Judgement Criteria (e.g., 2.2)**	**Findings** [Aim to describe the group's response to the question in less than 100 words. Indicate the majority view, but also any significant minority viewpoints. Try also to record any good 'quotes' by individuals that seem to capture people's feelings]
Which is the donor of the project?	Knowledge of donor	They do not know the name of the donor.
What do you know about infections?	Knowledge of infections	Infections can be acquired through any system, any type of contamination, for example, through water, open wounds, etc.
Which diseases are most talked about in the community?	Knowledge of infections	COVID-19, TB.
How do you feel the involvement of other organisations in passing on information	Knowledge of infections and organisation participation	They feel that they are the spoiled community by the RC. The organsation has trained members of the community to form a Health Brigade.

about diseases has been?		
What action should be taken if someone is affected by an infectious disease?	Knowledge of infections and case management	They do not know the measures for case managements, only traditional medicines passed by generations. They remember the recipe for homemade Oral Rehydration Solution explained by the RC in case of diarrhoea.
What kind of new behaviours have they learned through staff from other organisations?	Behavior change and RCCE	The correct handwashing technique, correct use of face masks, antibacterial, social distancing.
How do you feel the involvement of people in communities to pass on disease knowledge could be improved?	RCCE	They would like to have more workshops and informative talks.

What is the level of trust that exists with external actors who come to the communities to give them new information about infections?	Impact of organisation	They trust the RC more than any other organisation.
Does this project go hand in hand with the realities in the country in terms of challenges?	Evaluation of vulnerabilitie s	They feel that they go along with the priorities of the community, however, they must be more constant with their visits.
What has been the impact of the project?	Impact of Project	They have helped a lot, there is an increase of solidarity in the community.
What has been the perception of the communities since the	Impact of the project	They are very grateful with the work of the RC.

arrival of the project?		

Democratic Republic of Congo

Masina

FGD details

Date	Saturday , June 4th 2022			
	Country	Province/ state	District/ county	Town/suburb/villag e
Location	RDC	KINSHASA	MASINA 1/RDC	
Characteristic of Group (e.g., women, elderly, displaced persons etc)	Women and men			
Approximate age range (e.g., 16-19; 55-75 etc)	30-60 years old			
# of participants	8 Participants			
# of females	4 females			
# of males	4 males			

# with a disability	1 people with comorbilities
Additional comments	Les participants tirés parmi les membres de communauté engagés dans les activités de lutte contre la covid-19 avec l'appui de DG ECHO à travers Save the children.

Findings of FGD

Evaluation Question (e.g., Q2)	Judgement Criteria	Findings
Questions introductives	**1. Quelles sont les maladies dont on parle le plus dans la communauté ?**	- Choléra - Rougeole - Poliomyélite - Paludisme - Covid 19 - Fièvre typhoïde - Gastro entérite - Malnutrition - Varicelle - Toux - Engine - Diabète
	2. Quel a été l'impact de ces maladies dans communauté ?	- Souvent avec le paludisme, quand la prise ne charge n'est pas correcte, il y a l'anémie qui peut être fatale - La pauvreté qui cause l'automédication - Stress, dépassement - La tension - Divorce - Instabilité - Prostitution des jeunes filles - Délinquance juvénile - Manque de scolarisation -
	3. Quelle était la principale méthode de communication ?	- Dans la plupart de temps, nous faisons les visites à domicile - Les causeries éducatives - La sensibilisation de masse - Avec les canaux émetteurs dans les carrefours -
EQ2a. Dans quelle mesure les actions de la riposte au Covid-19 ont assuré la participation des bénéficiaires du début jusqu'à la fin des projets ?	4. **Comment est-ce que l'organisation, à travers son projet de réponse au Covid-19 a-t-il impliqué la communauté dans la planification des actions ?**	- Le partenaire était venu dans la ZS, avait demandé d'échanger avec le Médecin Chef de Zone de Santé, l'infirmier superviseur, l'animat€communautaire et le technicien d'assainissement, il a demandé les problèmes prioritaires que nous avions par rapport à la pandémie de la covid 19 et après ils ont dit qu'ils avaient besoin de rencontrer les communautaires, c'est là qu'on nous avait appelé ; raison pour laquelle nous sommes appelés « recos Save » Ils nous avaient demandé « vous les recos, comme vous êtes le pont entre la communauté et le CS, parlez-nous d'abord des rumeurs en rapport avec la covid 19 ?

		- Ils nous ont posé les questions sur les rumeurs qui couraient dans la communauté sur la pandémie de la covid 19 - Ils nous avaient demandé d'associer les chefs des rues, chefs de quartiers, les leaders communautaires - Ils nous avaient demandé « pour nous la communauté, une pandémie qui existe, que faudra-t-il faire pour protéger la communauté ? C'était une causerie éducative que Save avait faite qui avait réunis les chefs de rues, les chefs de quartiers, les leaders communautaires et les infirmiers de toutes les structures sanitaires qui sont dans les Aires de Santé - Et aussi, ils avaient dit que nous avions besoin de la formation
	5. Comment pensez-vous que cette participation/implication devrait être améliorée ?	- Dans les formations, Il faudra qu'il y ait de bons supports de formation - Les boites à images, les dépliants - Que Save appuis surtout les centres mères des aires de santé pour que la vaccination soit proche de la population afin qu'elle en bénéfice facilement - Que les sites de vaccinations soient dans tous les Centres de Santé et en permanence
	6. Dans quelle mesure la communauté a-t-elle participé à la mise en œuvre du projet ?	- Il y a les lave-mains dans chaque ménage, la communauté a su que c'est important de laver les mains à chaque moment, porter obligatoirement le cash nez, se promener avec son gel désinfectant - La communauté a commencé à réclamer d'elle-même la vaccination - Les personnes avec comorbidités se sont fait vacciner en masse vu que nous

		l€avions sensibilisé comment se protéger vu que l€immunité est devenue faible - La communauté a compris que le port de masque était important pour l€santé
	7. Comment pensez-vous que cette participation a contribué à l'atteinte des résultats du projet ?	- Diminution des cas de covid 19 dans la communauté ainsi que la diminution de la plupart des maladies des mais sales
	8. **Quel est le niveau de confiance des communautés bénéficiaires envers l'organisation qui a mis en œuvre les actions de la réponse au COVID ?**	- Save The Children a utilisé l'approche communautaire, il est venu dans les 12 aires de santé de Masina et a installé dans tous les Centres de Santé les sites de comorbidités pour que chaque cas suspect puisse être testé et avoir le traitement gratuitement, cela a beaucoup attiré la confiance de la communauté qui a compris que les Centres de Santé de Masina sont les centres de l'ONG et ils ont commencé à les fréquenter. - Save a aussi mis ses panneaux publicitaires, des laves- mains/citernes dans chaque carrefour ; la motivation des recos qui étaient aux points de lavage de mains. Save a aussi impliqué les APA (autorités politico administratives) - Avec l'approche communautaire que Save a utilisée, nous avons brisé les rumeurs car avant on disait si l'on reçoit le vaccin on deviendra le cochon, chien, le coq, on vend les cadavres de Covid - Par la sensibilisation que nous faisions, car nous avons approché la communauté par les visites à domicile, notre permanence et sensibilisation aux points de lavages des mains - Le fait que nous-mêmes, nous nous sommes fait vaccinés a augmenté le niveau de confiance de la communauté car nous avons prêché par l'exemple

EQ2b. Dans quelle mesure les actions de la riposte au cholera ont tenu compte des besoin et priorités des bénéficiaires ?	**9. Quelles ont été les priorités des communautés en période de Covid-19 ?**	- L'épargne était devenue une priorité pour beaucoup de foyers, les familles qui ne faisaient pas des provisions avaient commencé à le faire car elles ne savaient pas ce qui pouvait arriver lors du confinement - Les gens ne participaient plus dans les manifestations publiques - Les corps/ Cadavres n'arrivaient plus à domicile - La plupart d'hommes mariés ne sortaient plus pour aller dans les terrasses, la priorité était la vie de famille que d'aller dehors parc qu'ils ne connaissaient pas le lendemain - Le sexe était devenu une priorité car il y n'avait plus d'autres distractions et il y avait eu beaucoup des naissances après.
	10**. Ce projet cadrait-il avec les réalités des communautés en termes de besoins et priorités ?**	- Oui parce que le projet avait d'abord contacté la communauté avant - Pas tellement parce que la communauté s'attendait aussi qu'on l€donne l'argent pour les soutenir comme dans les autres pays étrangers
	11. Comment le projet a-t-il été adapté aux besoins prioritaires des communautés pendant sa mise en œuvre afin de continuer à bénéficier aux groupes bénéficiaires ?	- Au début le projet mettait les citernes d'eau sans savon mais après avoir remarqué la pauvreté de la communauté, ils ont mis les savons et les gels désinfectants partout où il y avait des lave-mains
	12. Quelle a été la perception des communautés tout au long du projet ?	- Au début du projet, lors que nous sensibilisions, les membres de la communauté hésitaient, ils acceptaient le message mais n'arrivaient pas à le manifester. Peu à peu ils ont commencé à changer d'attitude parce que les acteurs de mis en œuvre du projet ont prêché eux-mêmes par l'exemple
QE6 : Quels résultats ont été obtenus par la réponse aux	13. Depuis la mise en œuvre des activités de réponses au Covid-19 par SCI, qu'est-ce qui a changé dans votre communauté ?	- L'assainissement du milieu s'est amélioré - La pratique de lavage des mains est devenue obligatoire sans que personne ne fasse le rappel même pour les petits enfants

épidémies de la DG ECHO ?		- Le fait que le projet avait disponibilisé les laves plus savons, une fois qu'une personne se lavait les mains, les autres se voyaient être attiraient et se lavaient à l€tour même s'ils n'avaient pas envie de se laver les mains
	14. Qui sont les personnes qui ont le plus bénéficié dans la communauté ?	- Les personnes avec comorbidités, les PVVIH, les tuberculeux - En général les personnes âgées - Les leaders d'opinions qui étaient formés par exemples les *kuluna* (bandits urbains)
	15. Quel a été le niveau de transmission et de compréhension des connaissances transmises par le personnel du projet ?	- Très bien, ils avaient la compétence, l€niveau était supéri€car ils nous ont transmis la matière pour laquelle nous étions des ignorants - Comme l'autre Dr là que nous avions envié, il a dispensé la matière sans support du début à la fin et l'auditoire était très active
	16. Quel genre de nouveaux comportements avez-vous appris grâce au personnel de l'organisation ?	- La distanciation sociale - La gestion des déchets - L'hygiène de lavage des mains, hygiène corporelle - Avant, je buvais dans le même verre avec mes camarades mais depuis que le projet est arrivé, je bois seul dans mon verre - Le port obligatoire des masques - Avant, on faisait les accolades, on se saluait en se serrant la main, mais depuis que le projet est venu, ce comportement n'existe plus - Depuis que nous avons été formés par Save, même si je dois prendre le déjeuner à la maison ou boire de l'eau, j'ai un gobelet à moi seul, mon mari a le sien - Avant, je ne savais qu'à la maison, je pouvais avoir le lave-mains et que les gens l'utilisaient pour laver les mains mais pour le moment s'il n'y a pas le lave mains donc, il n'y a pas moyen
	17. Comment est-ce que ce changement a impacté votre communauté ?	- A partit de ce changement, la communauté a compris que si une personne est malade, elle doit aller à l'hôpital, la fréquentation et le taux d'utilisation de service ont augmenté

		- Avant les gens craignaient d'aller à l'hôpital s'ils ont la toux par crainte d'être dépisté comme ayant la covid alors qu'ils étouffaient la toux de la tuberculose
	18. A part save the Children, qu'elle est l'implication des autres organisations dans la transmission d'informations et connaissances sur les maladies dans la communauté ?	- Il y a eu aussi SANRU et la Croix-Rouge qui ont aussi beaucoup contribué pendant cette période là
[expand this form, as needed]		

Ndjili

FGD details

Date	Wednesday, June 8th 2022			
	Country	Province/ state	District/ county	Town/suburb/villag e
Location	RDC	KINSHASA	NDJILI/RDC	QUARTIER 3/NDJILI
Characteristic of Group (e.g., women, elderly, displaced persons etc)	Women and men			
Approximate age range (e.g., 16-19; 55-75 etc)	30-60 years old			
# of participants	9 participants			
# of females	4 females			
# of males	5 males			
# with a disability	2 peoples with comorbilities			
Additional comments	Les participants tirés parmi les membres de communauté engagés dans les activités de lutte contre la covid-19 avec l'appui de DG ECHO à travers Save the children.			

Findings of FGD

Evaluation Question (e.g., Q2)	Judgement Criteria	Findings
Questions introductives	**3. Quelles sont les maladies dont on parle le plus dans la communauté ?**	▪ Covid 19 ▪ Fièvre, grippe, diarrhée ▪ Paludisme ▪ Fièvre typhoïde ▪ Rougeole ▪ Tuberculose, VIH, Diabète ▪ Hypertension
	4. Quel a été l'impact de ces maladies dans communauté ?	▪ L'hypertension amène souvent à l'AVC (les paralysies) certaines personnes qui ont fait l'AVC nous les vaccinons à la maison car elles ne savent se déplacer ▪ La pauvreté ▪ Souvent avec le paludisme, on peut acheter même 5 cures de médicaments mais la personne ne guéris pas, ça perturbe l'économie financière du foyer ▪ Toutes ces maladies citées ci haut apportent la pauvreté car on arrive à dépenser l'épargne qui était fait pour autre chose sur la maladie et certaines personnes vont même jusqu'aller s'endetter ▪ Certaines femmes/filles arrivent à se prostituer pour avoir l'argent des soins médicaux d'un membre de la famille ▪ Une personne qui travaillait et devient paralysée à cause de l'hypertension, ses enfants qui étudiaient ne vont plus étudier ▪ Les enfants ne mangent plus bien, ce qui amène la malnutrition ▪ La mendicité ▪ Le divorce
	3. Quelle était la principale méthode de communication ?	▪ Les visites à domiciles, chaque reco a un nombre bien déterminé des ménages dans lesquels il doit sensibiliser, ▪ La sensibilisation de masse

		▪ Les trois radios communautaires des marchés des quartiers 2, 6 et 7
EQ2a. Dans quelle mesure les actions de la riposte au Covid-19 ont assuré la participation des	4. **Comment est-ce que l'organisation, à travers son projet de réponse au Covid-19 a-t-il impliqué la communauté dans la planification des actions ?**	- Avant les membres du projet venaient nous poser certaines questions telles que vous êtes venus le faire : Quelle maladie est en cours actuellement ? Pour ceux qui suivent les traitements, ces derniers sont-ils chers ? - Avant Save était venu pour appuyer les enfants, nous, membres de la communauté avions présenté nos doléances surtout en ce qui concerne Covid, Save avait entendu et après il a réagi - Ils étaient venus faire le diagnostic communautaire et nous l€avons dit que vu que vous êtes venus pour les enfants et maintenant que Covid est là, nous cherchons à savoir comment les gens peuvent vivre en famille, comment se protéger ? Donnez-nous les moyens, si vous pouvez nous former afin qu'on apprenne un plus de cette maladie en question. Et nous on pensait qu'ils étaient partis pour du bon mais nous les avons vus revenir avec le projet - Le partenaire était venu dans tous les Centres de Santé rencontrer les représentants de la communauté, il nous avait dit de ne pas seulement prendre les recos mais toutes les couches sociales pour échanger avec eux, nous avions donné les idées avec lesquelles ils étaient partis. On ne savait même pas qu'il préparait ce projet là
	5. Comment pensez-vous que cette participation/implication devrait être améliorée ?	- Que Save The Children améliore ce qu'il a donné toujours comme motivation aux recos car sur terrain nous rencontrons beaucoup des difficultés, au départ ce n'était pas facile pour que la communauté prenne les vaccins, les cas de résistance lors de la sensibilisation comme dans ce marché pirate là où on vend les mitrailles il y a beaucoup des risques avec les couches des voyous qui sont là-bas,

bénéficiaires du début jusqu'à la fin des projets?		heureusement comme je suis le chef de rue, raison pour laquelle je n'avais connu aucun incident - Impliquer de beaucoup des gens sur terrain car, seule ou à deux, nous ne pouvons pas sensibiliser dans 18 rues de l'aire de santé, donc il faudra impliquer toutes les couches de la population dans la sensibilisation, tous les chefs de rues, les présidents des CEV des catholiques….Il y a eu peu des gens formés rendant difficile l'atteinte de toute la population par le message - Avant la mise en œuvre, j'aurais suggèré qu'ils reviennent vers nous pour voir si nous n'aurons pas encore autre à ajouter sur ce qu'ils auront déjà retenu
	6. **Dans quelle mesure la communauté a-t-elle participé à la mise en œuvre du projet ?**	- La communauté à travers ses leaders a petit à petit commencé à s'approprier la lutte anti-covid quand beaucoup de gens commençaient à tomber malade - Il y eu aussi des volontaires qui ont commencé à sensibiliser les autres personnes - Les radios communautaires avaient laissé beaucoup d'espace pour la sensibilisation ant)covid
	7. Comment pensez-vous que cette participation a contribué à l'atteinte des résultats du projet ?	- Diminution des cas de Covid 19 - Quand le partenaire était venu, nous étions avec toutes les Autorités Politico-Administratives des aires de santé, nous l€avions demandé de payer et d'installer les points de lavage des mains dans les lieux publics pour que lorsque la population lave régulièrement les mains le taux de covid 19 puisse baisser

		- Nous l€avons demandé de doter les points de lavage des mains en savons pour le lavage correct des mains car la population est pauvre, ils en avaient tenu compte
	8. Quel est le niveau de confiance des communautés bénéficiaires envers l'organisation qui a mis en œuvre les actions de la réponse au COVID ?	- Au début la communauté doutait, disait de laisser ces histoires, les blancs nous mentent, la maladie n'existe pas vraiment ici au Congo mais au fur et à mesure nous l€expliquions et sensibilisons dans quelles mesures elle pouvait vivre les uns avec les autres, directement j'ai vu qu'il y a eu un changement de mentalité, la population a commencé à comprendre que la maladie existe et que nous devons nous protéger pour ne pas être contaminé, pour qu'elle finisse ici chez nous, nous devons nous protéger - L'appropriation par les acteurs de mise en œuvre du projet Save the Children - Ils l€avaient donné certains savons et cela avait beaucoup marqué la communauté ; ainsi elle demandait : « maman, les gens-là qui nous avaient donné les savons ne vont-ils plus revenir ? Donc le fait que l'organisation menait déjà d'autres actions i bénéfiques pour la communauté, quand elle a entendu que c'était Save The Children
	9. Quelles ont été les priorités des communautés en période de Covid-19 ?	- Le respect des gestes barrières - Covid a amené la pauvreté, sortir de la maison est devenu difficile. L€priorité était d'avoir un peu d'argent en mains - L'épargne était devenue une priorité pour beaucoup de foyers, les familles qui ne faisaient des provisions avaient commencé à le faire car elle ne savait pas ce qui pouvait arriver lors du confinement - Les gens ne participaient plus dans les manifestations publiques - Les corps/ Cadavres n'arrivaient plus à domicile

EQ2b. Dans quelle mesure les actions de la riposte au cholera ont tenu compte des besoin et priorités des bénéficiaires ?		- La plupart d'hommes mariés ne sortaient plus pour aller dans les terrasses, la priorité était la vie de famille que d'aller dehors parc qu'ils ne connaissaient pas le lendemain - Le sexe était devenu une priorité car il y n'avait plus d'autres distractions et il y avait eu beaucoup des naissances après.
	10. Ce projet cadrait-il avec les réalités des communautés en termes de besoins et priorités ?	- Le projet n'avait pas tellement cadré avec les priorités de la communauté - Oui, le projet avait adapté sa façon de faire en fonction des besoins prioritaires de la communauté
	11. Comment le projet a-t-il été adapté aux besoins prioritaires des communautés pendant sa mise en œuvre afin de continuer à bénéficier aux groupes bénéficiaires ?	- L a dotation des savons aux points de lavage des mains - La sensibilisation au niveau des carrefours (marchés ; arrêts des bus) pour atteindre plus des gens - Focus sur les personnes âgées
	12. Quelle a été la perception des communautés tout au long du projet ?	- Pour certaines personnes c'était un projet pour exterminer la race noire par la vaccination avec l€maladie imaginaire - Pour d'autres c'était un projet salutaire pour sauver des vies comme ils connaissaient déjà les actions de Save the children par le passé.
	13. Depuis la mise en œuvre des activités de réponses au Covid-19 par SCI, qu'est-ce qui a changé dans votre communauté ?	- Les bonnes pratiques : respect des gestes barrières à la covid 19, le Lavage régulier des mains, port obligatoire du masque - La demande accrue des vaccins par la communauté - Les laves mains sont aujourd'hui dans presque tous les foyers et restaurants
	14. Qui sont les personnes qui ont le plus bénéficié dans la communauté ?	- Les personnes avec les comorbidités - Les personnes âgées

QE6 : Quels résultats ont été obtenus par la réponse aux épidémies de la DG ECHO ?	**15. Quel a été le niveau de transmission et de compréhension des connaissances transmises par le personnel du projet ?**	- L€niveau était très haut, nous avons appris beaucoup des choses venant d'eux avec une participation active
	16. Quel genre de nouveaux comportements avez-vous appris grâce au personnel de l'organisation ?	- Nous sommes devenus les miroirs de la communauté par notre comportement par exemple par le port des cash nez, - Respect des gestes barrières : lavage régulier des mains, pas se serrer les mains en se saluant, tousser dans le coude
	17. Comment est-ce que ce changement a impacté votre communauté ?	- Diminution des cas de covid - La communauté a pris conscience - A partir du lavage des mains pour la lutte contre la covid, certaines maladies des mains sales ont également diminué telle que la diarrhée et la fièvre typhoïde car la communauté se lave fréquemment les mains - Par le port obligatoire des masques, les cas de sinusite et asthme ont diminué
[expand this form, as needed]		

Goma

FGD record form : Group 1

Date	Le 04 juin 2022			
	Country	Province/ state	District/ county	Town/suburb/villag e
Location	République Démocratique du Congo	Nord-Kivu		Goma, ZS de Nyiragongo, AS de Kiziba
Characteristic of Group (e.g., women, elderly, displaced persons etc)	Hommes, femmes et jeunes membres des cellules d'animation communautaires de l'AS de Kiziba			

Approximate age range (e.g., 16-19; 55-75 etc)	27 – 45 ans
# of participants	10 participants
# of females	6 femmes
# of males	4 hommes
# with a disability	RAS
Additional comments	Participation du président du comité de santé de l'AS Kiziba.

Findings of FGD

Evaluation Question (e.g., Q2)	**Judgement Criteria (e.g., 2.2)**	**Findings** [Aim to describe the group's response to the question in less than 100 words. Indicate the majority view, but also any significant minority viewpoints. Try also to record any good 'quotes' by individuals that seem to capture people's feelings]
Q1. Quelles sont les maladies dont on parle le plus dans la communauté ?	RAS	La communauté parle plus de la malaria, le choléra, la covid-19, la rougeole, la malnutrition et la typhoïde.
Q2. Quel a été l'impact de ces maladies dans la communauté ?	RAS	Décès suite au choléra lorsque les malades trainaient à la maison. Dans les structures privées, les soins étaient payants et les familles à faibles moyens financiers étaient affectées. Le manque d'intrants sanitaires dans les structures augmentait le risque de décès, ce qui augmentait le stress des familles touchées. Certaines familles décidaient de déménager lorsqu'il y avait des cas dans l€entourage, ce qui affectait psychologiquement les familles touchées par le choléra. Les rumeurs sur Covid-19 plongeaient les gens dans la p€d'aller à l'hôpital ; ils se cachaient, ce qui alourdissait la chaine de transmission.
Q3. Quelle était la principale méthode de communication	RAS	Des sensibilisations porte-à-porte, des sensibilisations de masse, des causeries éducatives, des jeux-concours, des caravanes et des sensibilisation médiatiques. Le message de sensibilisation portait sur l'hygiène des mains, l'hygiène alimentaire et l'assainissement (gestion des déchets), traitement et conservation de l'eau. Les jeux-concours intéressaient toutes catégories de personnes : enfants, jeunes et vieux participaient. Les CAC faisaient aussi le contrôle de la propreté des parcelles et faisaient des démonstrations sur la gestion des déchets.

EQ2a : Dans quelle mesure les actions de la riposte au choléra ont-elles assuré la participation des bénéficiaires du début jusqu'à la fin ?	2.1 Needs assessments made efforts to identify the most vulnerable individuals or households within the wider affected populations	
Q4. Comment est-ce que l'organisation, à travers son projet de réponse au choléra, a-t-il impliqué la communauté dans la planification des actions ?	2.2. Response plans demonstrated a 'do no harm' approach and were sensitive to cultural factors 2.3 Project implementation involved - and demonstrated accountability to - the affected populations	L'organisation avait utilisé une approche participative mettant les membres de la communauté au centre de la planification à travers les CAC. Bien qu'ayant impliqué seulement 50% de membres des CAC, ce qui a empêché de toucher toute la population de la zone par les activités, l'organisation n'imposait rien. **Quote :** Les CAC participaient à la préparation et donnaient le programme de mise en œuvre. Ils pouvaient influencer la planification. **Note :** Pas d'implication du comité de santé de l'AS Kiziba dans les actions du projet, ce que les participants qualifient d'une err€car ce comité est un act€clé de la santé.
Q5. Comment pensez-vous que cette participation pourrait être améliorée ?		Impliquer le comité de santé et tous les membres des CAC pour plus d'impact. Prévoir une durée raisonnable de mise en œuvre des activités CREC pour toucher tous les membres de la communauté. L'approche utilisée devrait tenir compte de la participation de tous les membres de toutes les CAC afin de toucher toue la population et d'augmenter ainsi l'impact du projet. Note : le projet n'a duré que 2 mois, une durée qui n'a pas permis d'atteindre toute la population de l'AS de Kiziba vu sa grandeur.
Q6. Dans quelle mesure la communauté a-t-elle participé à la mise en œuvre du projet ?		A Kiziba, les CAC et la population étaient au centre de la réalisation ; ECODEDU faisait seulement la supervision. **Quote** : la population appréciait beaucoup la méthodologie participative et chacun voulait pratiquer en public les enseignements reçus. Les enfants et les vieux participaient aussi, ce qui créait une belle ambiance. Les membres des CAC étaient toujours préparés à l'avance et toutes les activités étaient réalisées par eux et les exercices pratiques étaient faits par les participants aux activités.
Q7. Comment pensez-vous que cette participation a		C'est grâce à la participation des CAC que le projet a eu des bons résultats ; ils connaissent mieux leurs communautés car ils en sont membres. Ils connaissent les moments opportuns et les endroits

contribué à l'atteinte des résultats du projet ?		appropriés pour réaliser les activités mais aussi les personnes les plus concernées par tel ou tel autre message de sensibilisation. Ce sont les CAC qui connaissaient les parties de la zone les plus touchées par l'épidémie de choléra. Ils ont l'acceptance de la communauté et la facilité de faire passer des messages liés à la santé car l€rôle est bien connu dans la communauté.
Q8. Quel est le niveau de confiance des communautés bénéficiaires envers l'organisation qui a mis en œuvre les actions de réponse au choléra ?		A Kiziba, la communauté reconnait les efforts de l'organisation dans la réponse au choléra ainsi que les résultats obtenus grâce à ses actions. Elle reconnait qu'ECODEDU lui a appris l'auto prise en charge en termes de prévention. Ils ont beaucoup confiance envers l'organisation, bien que pour eux, le projet aurait dû être mis en œuvre pendant plus de 2 mois car ils avaient beaucoup d'intérêt dans le message apporté par l'organisation. Pour eux, le projet devrait revenir avec une durée plus longue.
EQ8. To what extent were DG ECHO's interventions in response to epidemics timely and flexible, thereby allowing partners to have adapted responses?	8.1. EU-funded actions in response to epidemics were timely, demonstrating an appropriate balance between speed and quality of design	
Q9. Quels ont été les priorités des communautés en période de choléra ?	8.2. EU-funded actions in response to epidemics were flexible enough to enable appropriate adaptation at field level	Dans toute la ZS de Nyiragongo, les besoins prioritaires étaient : - La sensibilisation (communication pour le changement de comportement) en matière d'eau, hygiène et assainissement ; - Le renforcement des capacités des CAC (RECO) pour assurer cette communication ; - Des soins gratuits pour limiter les cas de décès ; et - L'eau.
Q10. Le projet cadrait-il avec les réalités des communautés en termes de priorités ?		Pour les répondants, le fait pour le projet de répondre aux besoins prioritaires des communautés en période de choléra veut dire qu'il cadrait bien avec les réalités de la zone. Les bénéficiaires ont acquis des connaissances sur la prévention et le changement de comportement en termes d'hygiène, ce qui a permis de maitriser l'épidémie.
Q11. Comment le projet a-t-il été adapté aux besoins prioritaires des communautés pendant sa mise en œuvre afin de continuer à bénéficier aux		Pour assurer que la communauté continue à bénéficier du projet, l'organisation avait utilisé la stratégie de transmission des connaissances en assurant la formation des CAC et la dotation des matériels de sensibilisation. Cette stratégie produit des résultats positifs jusqu'à maintenant. Dans toutes les AS, les bénéficiaires continuent à appliquer les connaissances transmises. Les participants affirment qu'ECODEDU avait assuré l'appropriation du projet par les CAC en les mettant au centre de la mise en œuvre. Ils

groupes bénéficiaires ?		soulignent qu'aujourd'hui ils continuent les sensibilisations dans l€communauté, bien que pas avec la même force que pendant le projet.
Q12. Quelle a été la perception des communautés tout au long du projet ?		Les communautés étaient très intéressées par le projet ; ils reconnaissaient que le projet l€avait tiré de l'ignorance et réclamaient la poursuite des activités. La stratégie était très appréciée par la communauté. Les bénéficiaires reconnaissent que c'est grâce aux actions du projet que les cas de choléra ont sensiblement baissé.
QE6. Quels résultats ont été obtenus par la réponse aux épidémies de la DG ECHO ?	6.1. DG ECHO-funded actions and advocacy in response to epidemics mitigated the spread and impact of those epidemics 6.2. Unintended negative consequences of DG ECHO-funded actions were minimal and effectively mitigated when identified	
Q13. Depuis la mise en œuvre des activités de réponse au choléra par l'organisation, qu'est-ce qui a changé dans votre communauté ?		Les cas de contamination ont sensiblement baissé grâce aux sensibilisations. Aujourd'hui on finit même deux semaines sans nouveau cas de choléra car la population connait et pratique désormais le traitement de l'eau et le lavage des récipients mais aussi l€environnement est propre. Même les vendeurs de l'eau refusent de vendre à un client qui a un bidon sale. Les bénéficiaires se lavent régulièrement les mains et savent préparer le SRO pour éviter la déshydratation du malade avant d'arriver au CS. Des ménages qui n'avaient pas de toilettes s'assurent d'en avoir depuis les sensibilisations. Les enfants ne consomment plus de nourriture froide qui les exposait aux microbes.
Q14. Quelles sont les personnes qui ont le plus bénéficié dans la communauté ?		- Les enfants de 0 à 5 ans qui étaient plus vulnérables et ne pouvaient rien faire d'eux-mêmes mais ont subi des résultats directs à travers les enseignements reçus par les parents - Les mères des enfants qui ont reçu directement les messages de sensibilisation - Les femmes enceintes et les femmes allaitantes car elles ont reçu plusieurs enseignements lors des CPN et CPS
Q15. Quel a été le niveau de transmission et de compréhension des connaissances transmises par le personnel du projet ?		Dans l'AS Kiziba, Le niveau de compréhension des messages par les CAC était élevé, bien que les enseignements n'entraient pas en profond€des sujets. Au niveau communautaire, ils ont transmis totalement les connaissances acquises et le message était bien compris car les participants pratiquaient exactement les connaissances reçues.
Q16. Quel genre de nouveau comportement avez-vous appris		A Kiziba, les CAC ont acquis la culture de la sensibilisation. Aujourd'hui ils sensibilisent où qu'ils soient et dès qu'ils se retrouvent avec 5 personnes ou plus. Ils ont compris que le message de prévention du choléra peut être donné partout et à tout moment. Le sens de responsabilité transmis par l'organisation a fait que les CAC s'approprient le projet. Aujourd'hui ils promeuvent les pratiques

grâce au personnel de l'organisation ?		familiales essentielles dans leurs familles. La communauté a pris l'habitude de traiter de l'eau et d'assainir les parcelles.
Q17. Comment est-ce que ce changement a impacté votre communauté ?		Aujourd'hui les cas de choléra sont sensiblement réduits grâce aux nouveaux comportements adoptés depuis le projet. Même les autres maladies des mains telles que la diarrhée ne sont plus aussi fréquentes qu'avant et les familles ont repris le cours normal de leurs vies. Les cas de décès dû aux maladies des mains sales sont réduits.
[expand this form, as needed]		

FGD record form : Group 2

Date	Le 06 juin 2022			
	Country	Province/ state	District/ county	Town/suburb/village
Location	République démocratique du Congo	Nord-Kivu		Goma, ZS de Nyiragongo, AS Kiziba
Characteristic of Group (e.g., women, elderly, displaced persons etc)	Hommes, femmes et jeunes membres des cellules d'animation communautaires des AS Kibati et Rusayo			
Approximate age range (e.g., 16-19; 55-75 etc)	27 – 50 ans			
# of participants	10 participants			
# of females	4 femmes			
# of males	6 hommes			
# with a disability	RAS			
Additional comments	Participation des présidents des comités de santé des AS Kibati et Rusayo			

Findings of FGD

Evaluation Question (e.g., Q2)	**Judgement Criteria (e.g., 2.2)**	**Findings** [Aim to describe the group's response to the question in less than 100 words. Indicate the majority view, but also any significant minority

		viewpoints. Try also to record any good 'quotes' by individuals that seem to capture people's feelings]
Q1. Quelles sont les maladies dont on parle le plus dans la communauté ?	RAS	A Kibati et Rusayo, la communauté parle plus de la diarrhée, la malaria, le choléra, la covid-19, la rougeole, la malnutrition la typhoïde, la toux et la tuberculose.
Q2. Quel a été l'impact de ces maladies dans la communauté ?	RAS	Décès suite au choléra lorsque les malades trainaient à la maison. Le manque des moyens financiers augmentait le risque de décès. La stigmatisation des malades. Les rumeurs sur Covid-19 plongeaient les gens dans la p€d'aller à l'hôpital ; ils se cachaient, ce qui alourdissait la chaine de transmission.
Q3. Quelle était la principale méthode de communication	RAS	Des sensibilisations porte-à-porte, des sensibilisations de masse, des causeries éducatives, des débats communautaires, des jeux-concours focalisées sur la prévention et l'élimination de la maladie de choléra à travers des mesures d'hygiène. Le message de sensibilisation portait sur l'hygiène des mains, l'hygiène alimentaire et l'assainissement (gestion des déchets), traitement et conservation de l'eau. **Quote :** des sensibilisations avaient été organisées dans le camp de sinistrés du volcan car il y avait beaucoup de cas de choléra. Les jeux-concours intéressaient toutes catégories de personnes : enfants, jeunes et vieux participaient. Les CAC faisaient aussi le contrôle de la propreté des parcelles et faisaient des démonstrations sur la gestion des déchets.
EQ2a : Dans quelle mesure les actions de la riposte au choléra ont-elles assuré la participation des bénéficiaires du début jusqu'à la fin ?	2.1 Needs assessments made efforts to identify the most vulnerable individuals or households within the wider affected populations	
Q4. Comment est-ce que l'organisation, à travers son projet de réponse au choléra, a-t-il impliqué la communauté dans la planification des actions ?	2.2. Response plans demonstrated a 'do no harm' approach and were sensitive to cultural factors	A Kibati, l'organisation avait utilisé une approche concentrée sur la mise en œuvre, avec peu de participation de la communauté dans la planification des activités mais également peu de supervision de la part de l'organisation. Cette stratégie s'est avérée moins intéressante pour la communauté.
Q5. Comment pensez-vous que cette participation	2.3 Project implementation involved - and demonstrated	La communauté pense que la planification devrait commencer à travers le comité de santé, avec une bonne stratégie de supervision. Pour eux, il

pourrait être améliorée ?	accountability to - the affected populations	serait mieux dans l'avenir de travailler sur base d'un plan d'activité qui devrait être mis à la disposition des CAC dès le début du projet.
Q6. Dans quelle mesure la communauté a-t-elle participé à la mise en œuvre du projet ?		Bien que brutalisés pour la réalisation des activités, les CAC étaient quand-même les acteurs principaux de la mise en œuvre des activités sur terrain. Ils signalent que certains d'entre eux pouvaient pas participer à la réalisation car ils étaient dans leurs activités au moment de la réalisation.
Q7. Comment pensez-vous que cette participation a contribué à l'atteinte des résultats du projet ?		Dans le camp des sinistrés du volcan Nyiragongo, la participation des CAC avait beaucoup aidé à éradiquer le choléra. C'est grâce à la participation des CAC que le projet a eu des bons résultats ; ils connaissent mieux leurs communautés car ils en sont membres. Ils connaissent les moments opportuns et les endroits appropriés pour réaliser les activités mais aussi les personnes les plus concernées par tel ou tel autre message de sensibilisation. Ce sont les CAC qui connaissaient les parties de la zone les plus touchées par l'épidémie de choléra. Ils ont l'acceptance de la communauté et la facilité de faire passer des messages liés à la santé car l€rôle est bien connu dans la communauté.
Q8. Quel est le niveau de confiance des communautés bénéficiaires envers l'organisation qui a mis en œuvre les actions de réponse au choléra ?		La communauté fait confiance à l'organisation car elle reconnait son apport dans l'éradication de l'épidémie de choléra. Les CAC eux n'ont pas confiance car pour eux, l'organisation était négligente et manquait d'expérience de travail avec la communauté : des activités brusquées, faible supervision et très courte période du projet. Pour eux, les activités n'ont durée qu'1 mois.
EQ8. To what extent were DG ECHO's interventions in response to epidemics timely and flexible, thereby allowing partners to have adapted responses?	8.1. EU-funded actions in response to epidemics were timely, demonstrating an appropriate balance between speed and quality of design 8.2. EU-funded actions in response to epidemics were flexible enough to enable appropriate adaptation at field level	
Q9. Quels ont été les priorités des communautés en période de choléra ?		Dans toute la ZS de Nyiragongo, les besoins prioritaires étaient : - La sensibilisation (communication pour le changement de comportement) en matière d'eau, hygiène et assainissement ; - Le renforcement des capacités des CAC (RECO) pour assurer cette communication ; - Des soins gratuits pour limiter les cas de décès ; et - L'eau.
Q10. Le projet cadrait-il avec les réalités des		Pour les répondants, le fait pour le projet de répondre aux besoins prioritaires des communautés en période de choléra veut dire qu'il cadrait bien avec les réalités de la zone. « Dans le camp des sinistrés du

communautés en termes de priorités ?		volcan à Kibati par exemple, il y avait beaucoup de cas de choléra et grâce à la sensibilisation nous avons pu couper la chaine de transmission », déclare le président du comité de santé de l'AS Kibati.
Q11. Comment le projet a-t-il été adapté aux besoins prioritaires des communautés pendant sa mise en œuvre afin de continuer à bénéficier aux groupes bénéficiaires ?		Pour assurer que la communauté continue à bénéficier du projet, l'organisation avait utilisé la stratégie de transmission des connaissances en assurant la formation des CAC et la dotation des matériels de sensibilisation. Cette stratégie produit des résultats positifs jusqu'à maintenant. Dans toutes les AS, les bénéficiaires continuent à appliquer les connaissances transmises. Les sensibilisations de masse ont permis à la population de continuer à mettre en pratique les connaissances.
Q12. Quelle a été la perception des communautés tout au long du projet ?		La communauté reconnaissait que le projet l€avait tiré de l'ignorance et réclamaient la poursuite des activités. La stratégie était très appréciée par la communauté. Les membres des CAC de Kibati quant à eux avaient l'impression de ne pas être pris au sérieux par l'organisation car celle-ci ne tenait pas compte de leurs responsabilités familiales et l€emploi du temps. Pour eux il n'y avait pas de partage d'information et ils étaient obligés de se soumettre au programme du superviseur.
QE6. Quels résultats ont été obtenus par la réponse aux épidémies de la DG ECHO ?	6.1. DG ECHO-funded actions and advocacy in response to epidemics mitigated the spread and impact of those epidemics 6.2. Unintended negative consequences of DG ECHO-funded actions were minimal and effectively mitigated when identified	
Q13. Depuis la mise en œuvre des activités de réponse au choléra par l'organisation, qu'est-ce qui a changé dans votre communauté ?		Les cas de contamination ont sensiblement baissé grâce aux sensibilisations. Aujourd'hui on finit même deux semaines sans nouveau cas de choléra car la population connait et pratique désormais le traitement de l'eau et le lavage des récipients mais aussi l€environnement est propre. Même les vendeurs de l'eau refusent de vendre à un client qui a un bidon sale. Les bénéficiaires se lavent régulièrement les mains et savent préparer le SRO pour éviter la déshydratation du malade avant d'arriver au CS. Des ménages qui n'avaient pas de toilettes s'assurent d'en avoir depuis les sensibilisations. L'environnement est plus propre qu'avant car la population ne laisse plus trainer les ordures.
Q14. Quelles sont les personnes qui ont le plus bénéficié dans la communauté ?		- Les enfants de 0 à 5 ans qui étaient plus vulnérables et ne pouvaient rien faire d'eux-mêmes mais ont subi des résultats directs à travers les enseignements reçus par les parents - Les femmes enceintes et les femmes allaitantes car elles ont reçu plusieurs enseignements lors des CPN et CPS A Kibati particulièrement, les sinistrés vivants dans le camp, les élèves et écoliers ont aussi plus bénéficié du projet car plusieurs activités avaient été organisées en l€faveur.

Q15. Quel a été le niveau de transmission et de compréhension des connaissances transmises par le personnel du projet ?		A Kibati et Rusayo, le niveau de transmission dans la communauté était moyen car le temps de mise en œuvre ne permettait pas de tout transmettre. Pour les membres des CAC, il était difficile de transmettre en 1 heure une matière reçue en 2 jours. Ils ne donnaient que la synthèse des messages qui était bien compris et pratiqué.
Q16. Quel genre de nouveau comportement avez-vous appris grâce au personnel de l'organisation ?		A Kibati et Rusayo, la communauté a pris l'habitude d'assainir les parcelles, le traitement de l'eau et la bonne conservation de la nourriture. Ils ont pris l'habitude de fabriquer du SRO et limitent les cas de décès dans la communauté.
Q17. Comment est-ce que ce changement a impacté votre communauté ?		Aujourd'hui les cas de choléra sont sensiblement réduits grâce aux nouveaux comportements adoptés depuis le projet. Même les autres maladies des mains telles que la diarrhée ne sont plus aussi fréquentes qu'avant et les familles ont repris le cours normal de leurs vies. Les cas de décès dû aux maladies des mains sales sont réduits.
[expand this form, as needed]		

Annexe 6 – Online Survey

E-Survey Design

Purpose

The overall purpose of this e-survey is to collect and add another layer of data to the evidence base of the evaluation. This method will enable the evaluation team to gather data from a larger number of stakeholders than through the field visits alone, and can extend the geographic reach beyond the sample of five countries. It will also be able to reach a more diverse samples of stakeholders within a given target key informant category (e.g., EC/WHO/IP staff).

Target population and sampling strategy

The target respondent population groups for the survey are:

- DG ECHO staff, other EU/EC staff
- Implementing partner staff (both HQ and field level staff)
- Staff of other ECHO 'collaborators' e.g., UN, gov, donors, Heath Cluster members
- WHO officials

The evaluation team kindly request support from DG ECHO/ WHO/ Implementing partners on identifying relevant individuals and email contact lists for distribution of the survey. Snowball sampling (onward sharing of the survey to relevant contacts by existing survey respondents) will be encouraged. The evaluation team estimate an expected response rate of 40%, and an estimate target number of invited respondents of 150. The actual target number will be dependent on the total number of possible respondents/ contacts identified with the assistance of ECHO/ WHO/ IPs.

The ET shall maximise the response rate by allowing a sufficient time frame and follow-up, ideally supported by DG ECHO's Field Offices when appropriate.

Confidentiality

The data collected through the survey will be anonymous, and will not require an individual to give their name. This will be stated to the respondent in the invitation email and opening preamble. However, there will be an option included at the end of the survey for respondents to volunteer their name and contact details if they would be willing to be contacted by the evaluation team for follow-up questions/interview. Respondents will be informed that providing these details is optional, and any feedback they provide will remain confidential and will not be attributed directly to an individual/organisation.

Design of survey questions

Where appropriate, the survey questions utilises closed questions (e.g., likert scales) to allow for aggregation and quantitative analysis of responses. To a lesser frequency in the survey, open (free text) questions are included, where topic areas require more in-depth descriptive detail or original suggestions from respondents. An assessment of the evaluation questions and judgement criteria was carried out by the evaluation team to identify where survey data could be appropriate and useful to generate insight and/ or to triangulate with other sources. This was further compared to the evaluation questions for which the evaluation team found a low strength of evidence during the desk report. The table below details the EQs which were identified for targeting through the survey (EQ 4, 5, 8, 9 for part A, and EQ 10, 11, and 12 for part B) and specifies which sub-population group are relevant respondents for the EQ.

Table 11 EQs selected for survey targeting

Survey Qs as per IR	Low strength of evidence in DR	Suggested common Qs (good for quantitative analysis)	Suggested sub-populations				
			DG ECHO officials	Other EU/EC officials	DG ECHO Implementing Partners (excluding WHO)	Other DG ECHO 'collaborators' e.g., UN, gov, donors, Heath Cluster	WHO officials
		X-cutting Qs Part A	X	X	X	X	X
3			X	X	X	X	
4	4		X	X			
5	5		X	X	X	X	
8	8		X	X	X	X	
9			X	X	X	X	

10	10		X	X			X
11	11		X	X			X
12	12		X	X			X

Length

Respondents will be asked between 20-30 questions. The actual number of questions asked to a respondent will depend on the filtering pathways followed. The survey has been designed to take approximately 15 minutes to complete.

Translation

We propose to provide the e-survey in options of English, French, Spanish, Arabic and Dari. We would be grateful for DG ECHO's feedback on this.

Analysis of results

The survey questionnaire has been designed with the analysis stage in mind, to allow for the effective and useful analysis of results. The evaluation team will conduct quantitative analysis of closed questions, and qualitative coding of free text against the evidence matrix. As discussed, if deemed useful by the evaluation team, follow-up questions/ interviews may be pursued with individuals who volunteer to be contacted for this.

Timeframe

Table 12 Survey timeframe

Step	Proposed dates
Finalisation of survey questionnaire	Friday 27th May
Translation into different languages required	By Friday 3rd June
Proof-reading of translations/ Final testing of online survey	Monday 6th June
Launching survey	Tuesday 7th June
Follow up reminder 1	Friday 10th June
Follow up reminder 2	Wednesday 14th June
Close survey	Friday 17th June
Analysis/ reporting	Monday 20th June onwards

Draft Survey Design (Part A Epidemics – excluding Part B WHO)

Opening Preamble

Dear respondent,

Thank you for agreeing to take part in this e-survey. Your answers will be used to inform the independent, external evaluation of **DG ECHO's humanitarian response to epidemics and DG ECHO's partnership with the World Health Organization (WHO) between 2017 and 2021**. The evaluation has been commissioned by DG ECHO's evaluation unit and is being implemented by the external consultancy Landell Mills.

The evaluation will assess achievements in terms of relevance, coherence, added-value, efficiency, effectiveness and resilience/connectedness. It will produce recommendations to inform future planning and implementation of DG ECHO's response to epidemics, and DG ECHO's partnership with the WHO.

Your responses are completely anonymous and will help the evaluation team to gather perceptions on the results and impact of DG ECHO's humanitarian response to epidemics, and partnership with WHO. For more information on DG ECHO's data protection policy, please review the following Privacy Statement [LINK TO PRIVACY STATEMENT]

[For respondents not working for the EU/EC, DG ECHO is sometimes better known as 'ECHO']

The survey results will be aggregated and analysed, so your contribution will feed into the recommendations for the future. We encourage you to be honest and open in your confidential responses.

The survey contains X questions, and it should take approximately 15 minutes to complete. If you have any questions on this survey, please email the evaluation team contact point Ellie McGovern, elliem@landell-mills.com.

Your opinion and experience are greatly valued, and we thank you again for your contribution.

Question : Do you agree with the terms raised in DG ECHO's Privacy Statement? By clicking 'Yes' you consent that you are willing to answer the questions in this survey.

Section 1: Respondent profile questions

1. What organization do you work for?
   - DG ECHO
   - Other EC/EU institution
   - WHO
   - Implementing Partner which received DG ECHO funding for an epidemic response 2017-2021
   - Other DG ECHO collaborator (UN agency, Government, donor, health cluster member)
   - Other (please specify) ______

2. Are you an employee of your organisation or a consultant/contractor?
   - Employee
   - Consultant/ contractor

3. What is your specific role title?
   - Open ________

4. What is your gender
   - Male
   - Female
   - Prefer not to answer
   - Other (___)

5. Where do you work?
   - Headquarters level
   - Regional level (filter to q5a)
   - Country level (filter to q5B)

5a. Please specify which region you work in

- Region choices, or open

5b. Please specify which country/ies you cover in your work

- Afghanistan

- Venezuela
- South Sudan
- Syria
- Democratic Republic of Congo
- Other country/ies level (please specify)____

Section 2: Common questions (Part A)

When answering the following questions please think about

- Your experience from 2017 until present
- being honest and open in your confidential responses

6. How would you rate DG ECHO's response to epidemics in terms of the following criteria?

	Excellent	Good	Fair	Poor	Very poor	Do not know
Appropriateness						
Accountability to affected populations						
Coherence with other actors						
Results						
Timeliness						
Flexibility						
Added value (meaning the unique strengths/contribution of DG ECHO over other donors)						
Sustainability						
Overall assessment						

7. What, in your opinion, was the best aspect of DG ECHO's response to epidemics?

8. What could DG ECHO do better in their response to epidemics?

9. Compared with other donors, how does DG ECHO add value in responses to epidemics? Please pick three [indicate your selection with an 'X']:

Quick response	
Scale of response	
Flexibility as a donor	
Less paperwork	

Convening other actors	
Taking risks/ supporting innovation	
Field presence	
Technical expertise	
Influence with Government	
Other (fill in the blank)	

Section 3: Evaluation Questions (Part A)

10. (EQ3) How would you rate DG ECHO's involvement in the following aspects of coordination and advocacy?

	Excellent	Good	Fair	Poor	Very poor	Do not know
Response coordination						
Donor coordination						
Advocacy (on behalf of affected populations)						

11. What would help DG ECHO to improve donor and/or response coordination?

12. What advantages and/or constraints does DG ECHO face in conducting advocacy?

For EU staff only:

13. (EQ4) In terms of DG ECHO's role in global health security within the EU/EC, how do you assess DG ECHO's performance in the aspects below:

	Excellent	Good	Fair	Poor	Very poor	Do not know
Leadership and coordination						
Analysis and information sharing						
Linking with other						

EC services and Member States						
Specialist deployment s						
Logistics						
Clarity of role/ mandate						
Clarity of direction/ plans						

14. (EQ4) Thinking about the future, what are the opportunities and constraints relating to DG ECHO playing a greater role in global health security within the EC?
    Open text _____

For all respondent groups:

15. (EQ4) DG ECHO could strengthen its role in relation to potential epidemics by [choose a maximum of 3 responses]:
    - Having a bigger budget
    - Supporting other EU/EC Services
    - Having a clear policy position/strategy
    - Working more on prevention in humanitarian contexts
    - Having stronger logistical capacity
    - Responding more quickly
    - Have more technical capacities in the field
    - Reinforcing technical capacity at HQ in dealing with health policy
    - Having a stronger voice in EC Global Health meetings
    - Coordinating more with the UN and other actors
    - Deploying Emergency Medical Teams
    - Conducting research on outbreaks
    - Having a stronger partnership with WHO
    - Other (______)

16. (EQ5) Which dimensions of DG ECHO's capacity in relation to epidemics do you value the most [choose a maximum of 2 responses]:

- Flexibility as a donor
- The scale of its funding
- Technical knowledge and understanding
- Strong voice in advocacy
- Linking humanitarian action and developmentQuick response
- Logistical capacity and support
- Other (________)

17. (EQ8) How would you rate DG ECHO's ability to balance speed of response with quality of response?

- Excellent
- Good
- Fair
- Poor
- Very poor
- Do not know

18. (EQ8) Please explain why you believe DG ECHO is able to/ unable to balance the speed of response with quality of response?

19. (EQ9) How would you rate DG ECHO's performance in linking short-term epidemic response to longer-term prevention and preparedness?
    - Excellent
    - Good
    - Fair
    - Poor
    - Very poor
    - Do not know

20. (EQ9) In your opinion, how could DG ECHO perform better in linking short-term epidemic response to longer-term prevention and preparedness?

Section 4: Evaluation Questions (Part B)

Filtering questions:

21. Have you been involved in implementing DG ECHO funded WHO projects and/or been involved in other DG ECHO-WHO partnership collaborations since 2017?
    - Yes – continues
    - No - ends

The following questions cover aspects of the DG ECHO and WHO partnership. When answering the following questions please think about your perspective and observations of the DG ECHO and WHO partnership from 2017 until the present.

For respondents who answered 'Yes' to Q21

22. (Q10) On a scale of 1 to 5, where 5 is "completely" and 1 is "not at all", please rate the DG-ECHO and WHO partnership in terms of:

	5 (completely)	4	3	2	1 (not at all)	Do not know
The extent to which you feel DG ECHO and WHO are aligned on the partnership's…						
Mandate						
Goals and objectives						
Strategic priorities						
Operational program areas/tools						

	5 (completely)	4	3	2	1 (not at all)	Do not know
Health advocacy efforts						
The extent to which you understand the WHO-ECHO partnership's						
Vision						
Goals and objectives						
Strategic priorities						
Operational structures and processes						

23. (Q10) In your opinion, in relation to all aspects of health emergencies (i.e., preparedness, immediate response and post-acute phase), which of WHO's strengths bring the most value to the DG ECHO-WHO partnership? Please pick five options from below and/or specify additional options in 'Other' [indicate your selection with an "X"].

Providing logistics support during response	
Developing norms and guidelines	
Surveillance of new and ongoing public health events	
Close relationship with Ministry of Health	
Functioning effectively as the health cluster coordinator	
Coordinating partners across multiple sectors during response phase	
Technical expertise	
Providing rapid funds to Ministry of Health during emergencies	
Developing preparedness plans	
Coordinating partners across multiple sectors during development of preparedness plans	
Field response	
Capacity building of the humanitarian system	
Work with implementing partners	
Other (fill in the blank)	

24. (Q10) Do you feel that the DG ECHO-WHO partnership extends beyond a donor-recipient relationship?
    a. If yes, in what way?
    b. If no, what is missing?
25. (Q10) Do you feel the DG ECHO-WHO partnership is a strategic partnership?
    a. If yes, what characteristics make it strategic?
    b. If no, what is missing?
26. (EQ11) At your working level, have you participated in any formal dialogue between DG ECHO and WHO? If 'yes', go to Q27, if 'no', go to Q28
27. (EQ11) On a scale of 1 to 5, where 5 is "completely" and 1 is "not at all", please rate the DG-ECHO and WHO partnership in terms of the extent to which the dialogue between DG-ECHO and WHO

	5 (completely)	4	3	2	1 (not at all)	Do not know	Not relevant
was strategic							
was structured							
equally addressed the interests and needs of both DG-ECHO and WHO							
identified mutual priorities							
provided the forum to discuss challenges and issues							
was transparent by sharing outcomes of the dialogue to relevant stakeholders							
led to concrete actions							

28. (EQ11 & EQ12) On a scale of 1 to 5, where 5 is "completely" and 1 is "not at all", please rate the DG-ECHO and WHO partnership in terms of

	5 (completely)	4	3	2	1 (not at all)	Do not know
having in place joint processes for						
decision making						
planning						
implementation						
Decreasing administrative and management costs/burdens						
Demonstrating mutual accountability (each partner's commitment to deliver to each other)						
Demonstrating collective accountability (the partnership's commitment as a whole to deliver)						

	5 (completely)	4	3	2	1 (not at all)	Do not know
Providing timely and flexible support to health emergencies						
Providing timely and flexible response to COVID-19						
Strengthening the exchange of information between DG ECHO and WHO						
strengthening the exchange of information between						
the two partners						
the two partners and other humanitarian actors						

29. (EQ12) Compared to other bilateral health partnerships you are involved in , to what extent has the DG-ECHO/WHO partnership contributed to the following:

	Contributed the most	Contributed more	Contributed same	Contributed less	Did not contribute	Do not know/I'm not involved in other such partnerships
Strengthening collaborations with other partners working in humanitarian health						
Enhancing advocacy efforts on health in humanitarian settings						
Addressing the needs of the most vulnerable in health emergency settings						
Strengthening resilient health systems to respond to health emergencies						
Strengthening the links between the responses of humanitarian and development actors (bridging the humanitarian and health development nexus)						

30. What are the top three ways the DG-ECHO and WHO partnership could be strengthened to achieve greater impact in health emergencies:

Thank you for completing the survey.

If you would be willing to be contacted for possible follow-up questions, please add your name and contact email below. Please note that providing these details is optional, and any feedback you provide will remain confidential and will not be attributed to you as an individual/organisation.

Name:

Email address:

Organisation:

Role:

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Annexe 8 – Terms of Reference (TOR)

EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR EUROPEAN CIVIL PROTECTION AND HUMANITARIAN AID OPERATIONS (DG ECHO)

ANNEX

Terms of Reference

for the combined evaluation of DG ECHO’s humanitarian response to epidemics, and of DG ECHO's partnership with the World Health Organization, 2017-2021

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Table of contents

1. EU HUMANITARIAN INTERVENTION ... 3
1.1. Framework ... 3
2. SUBJECTS OF THE EVALUATION ... 6
2.1. Epidemics ... 6
2.1.1. Background ... 6
2.1.2. Global response to epidemics ... 8
2.1.3. The EU response to epidemics ... 9
2.1.4. DG ECHO's response to epidemics ... 10
2.1.4.1. Humanitarian Aid ... 11
2.1.4.2. Civil Protection ... 13
2.1.4.3. Three examples of DG ECHO's response to epidemics ... 15
2.2. DG ECHO – WHO Partnership ... 18
2.2.1. The World Health Organization (WHO) ... 18
2.2.2. WHO strategic priorities ... 19
2.2.3. DG ECHO's Partnership with WHO ... 20
2.2.4. WHO interventions funded by DG ECHO globally and COVID-19 response ... 20
3. PURPOSE AND SCOPE OF THE EVALUATION ... 21
3.1. Purpose and general scope ... 21
3.2. Evaluation questions ... 22
3.3. Other tasks under the assignment ... 25
4. MANAGEMENT AND SUPERVISION OF THE EVALUATION ... 26
5. SPECIFIC REQUIREMENTS ... 26
5.1. Methodology ... 26
5.2. Evaluation team ... 27
6. CONTENT OF THE OFFER ... 27
7. AMOUNT OF THE CONTRACT ... 28
8. TIMETABLE ... 28
9. PROVISIONS OF THE FRAMEWORK TENDER SPECIFICATIONS ... 29

1. EU HUMANITARIAN INTERVENTION

1.1. Framework

1. The **legal base** for Humanitarian Aid is provided by Article 214 of the Treaty on the Functioning of the European Union, and the Humanitarian Aid Regulation (HAR). The objectives of European Union (EU) humanitarian assistance are outlined there and could – for evaluation purposes – be summarized as follows: *From a donor perspective and in coordination with other main humanitarian actors, to provide the right amount and type of aid, at the right time, and in an appropriate way, to the populations most affected by natural and/or human induced disasters, in order to save lives, alleviate suffering and maintain human dignity*.

2. The **European Consensus on Humanitarian Aid** (the Consensus) –jointly adopted by the Council, the EU Member States, the European Parliament and the Commission – provides a reference for EU humanitarian aid, and outlines the common objectives, fundamental humanitarian principles and good practices that the European Union as a whole pursues in this domain. The aim is to ensure an effective, high quality, needs-driven and principled EU response to humanitarian crises. It concerns the whole spectrum of humanitarian action: from preparedness and disaster risk reduction (DRR), to immediate emergency response and life-saving aid for vulnerable people in protracted crises, through to situations of transition to recovery and longer-term development. The Consensus has thus played an important role in creating a vision of best practice for principled humanitarian aid by providing an internationally unique, forward-looking and common framework for EU actors. It has set out high-standard commitments and has shaped policy development and humanitarian aid approaches both at the European and Member State level. Furthermore, with reference to its overall aim, the Consensus has triggered the development of a number of humanitarian **sectoral policies**.

3. The humanitarian aid budget is implemented through annual funding decisions adopted by the Commission, which are directly based on Article 15 of the HAR. In general, there are two types of financial decisions: decisions adopted in the context of non-emergency situations (currently entitled **World Wide Decisions** -WWD), and decisions which are adopted in emergency situations. The WWD defines inter alia the total budget and the budget available for specific objectives, as well as the mechanisms of flexibility. It is taken for humanitarian operations in each country/region at the time of establishing the budget. The funding decision also specifies potential partners, and possible areas of intervention. The operational information about crises and countries for which humanitarian aid should be granted is provided through 'Humanitarian Implementation Plans' (HIPs). They are a reference for humanitarian actions covered by the WWD and contain an overview of humanitarian needs in a specific country at a specific moment of time.

4. DG ECHO[1] has more than 200 partner organisations for providing humanitarian assistance throughout the world. **Humanitarian partners** include non-governmental organisations (NGOs), international organisations and United Nations agencies such as the World Health Organization (WHO). Having a diverse range of partners is important for DG ECHO because it allows for comprehensive coverage of the ever-expanding needs across the world – and in increasingly complex situations. DG ECHO

[1] DG ECHO is the European Commission's Directorate-General responsible for designing and implementing the European Union's policy in the fields of Civil Protection and Humanitarian Aid

has developed increasingly close working relationships with its partners at the level of both policy issues and management of humanitarian operations.

5. DG ECHO has a worldwide network of **field offices** that ensure adequate monitoring of projects funded, provide up-to-date analyses of existing and forecasted needs in a given country or region, contribute to the development of intervention strategies and policy development, provide technical support to EU-funded humanitarian operations, and facilitate donor coordination at field level.

6. DG ECHO has developed a two-phase framework for assessing and **analysing needs** in specific countries and crises. The first phase of the framework provides the evidence base for prioritisation of needs, funding allocation, and development of the HIPs.

   The first phase is a global evaluation with two dimensions:

   - Index for Risk Management (INFORM) is a tool based on national indicators and data which allows for a comparative analysis of countries to identify their level of risk to humanitarian crisis and disaster. It includes three dimensions of risk: natural and man-made hazards exposure, population vulnerability and national coping capacity. The INFORM data are also used for calculating a Crisis Index that identifies countries suffering from a natural disaster and/or conflict and/or hosting a large number of uprooted people.

   - The Forgotten Crisis Assessment (FCA) identifies serious humanitarian crisis situations where the affected populations do not receive enough international aid or even none at all. These crises are characterised by low media coverage, a lack of donor interest and a weak political commitment or ability to solve the crisis, resulting in an insufficient presence of humanitarian actors.

   The second phase of the framework focuses on context and response analysis:

   - Integrated Analysis Framework (IAF) is an in-depth assessment carried out by DG ECHO's humanitarian experts at field level. It consists of a qualitative assessment of humanitarian needs per single crisis, also taking into account the population affected and foreseeable trends.

7. In 2016, the Commission endorsed the **Grand Bargain**, an agreement between more than 30 of the biggest donors and aid providers. It aims to close the humanitarian financing gap and get more means into the hands of people in need. To that end, it sets out 51 commitments distilled into 10 thematic work streams, including e.g. gearing up cash programming, improving joint and impartial needs assessments, and greater funding for national and local responders. For humanitarian donors, the commitments refer to: 1) more multi-year humanitarian funding; 2) less earmarks to humanitarian aid organisations; 3) more harmonized and simplified reporting requirements.

8. **Health** is a core sector of humanitarian aid interventions, and the health status of targeted people is a main indicator for measuring the overall results of humanitarian intervention. DG ECHO's specific objective in the humanitarian Health sector is "to limit excess preventable mortality, permanent disability and disease associated with humanitarian crises[2]." The Health General Guidelines (2014) are the main health policy document for DG ECHO together with its technical annexes that guide humanitarian health funding and activities. The Communication on the EU Role in Global Health (2010), and its related Council Conclusions are a key reference

[2] DG ECHO Health General Guidelines (2014)

document and highlight key EU values and issues of relevance for guiding further policy work. The EU should:

a. Address the multi-sector nature of health and its close links to protection, gender, nutrition, water, sanitation, environmental quality and education in all relevant policy dialogues;

b. Increase policy coherence across all sectors influencing health;

c. Generate knowledge and translate it into evidence-based decisions and;

d. Ensure global governance and strengthen WHO leadership over the health sector.

9. The EU operates its own **humanitarian air service** (EU Humanitarian Aid Flight), while also supporting other humanitarian air operations. During the COVID-19 pandemic, the EU also supplemented its humanitarian air services with ad-hoc Humanitarian Air Bridge operations. In sub-Saharan Africa, the EU Humanitarian Aid Flight operates with hubs in Kenya, the Democratic Republic of Congo (DRC) and Mali. This service, with around EUR 14.8 million in funding, is also used free of charge by humanitarian organisations that the EU works with. In 2020, this service transported around 8,000 passengers and 200 tonnes of cargo to crisis-affected areas. The EU has added a helicopter in its EU Humanitarian Aid Flight fleet to facilitate humanitarian access to unsafe and hard-to-reach locations in the DRC.

   The EU's **Humanitarian Air Bridge** operations were set up in May 2020 in response to the transport challenges created by the COVID-19 pandemic, with the purpose to transport much-needed health and humanitarian material and staff to fragile countries. The budget incurred for these operations has reached around EUR 8 million to date. In addition, the EU provided financial support, amounting to EUR 4.5 million, to the United Nations Global Response. During the Ebola outbreak of 2014/2015 3 flights (HABs) were operated from Europe to West Africa (around 300 tons) and in 2020 some 67 flights in the frame of COVID-19, transporting 1300 tons of relief items (including medical equipment to fight COVID-19).

   In other contexts, ad-hoc flights are used to temporarily relocate humanitarian aid workers to a safer region within the same country if the security situation suddenly worsens at the place where they are operating. Furthermore, rapid medical evacuations can be organised for humanitarian workers to get them from their place of operation to main hospitals where they can be treated.

10. Support to humanitarian interventions is also provided by Decision N° 1313/2013/EU on a **Union Civil Protection Mechanism** (UCPM)[3] and its recent amendments[4]. In particular, the Decision provides the Commission and the Member States with the legal basis to identify and promote synergies between civil protection assistance and humanitarian aid funding in the planning of response operations for humanitarian cries outside the Union. This will also include the identification of lessons learnt from intervention outside the Union. Moreover, the UCPM is promoting consistency in the response to disasters outside the Union and is doing so through integrated coordination with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

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[3] https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:02013D1313-20210101&from=EN

[4] Regulation 2018/1476, Decision 2012/420 and Regulation 2021/836

and, in case of man-made disasters or complex emergencies, the Commission will ensure consistency with the European Consensus on Humanitarian Aid.

2. SUBJECTS OF THE EVALUATION

This is a combined evaluation, consisting of the following two specific parts:

- Part A will assess DG ECHO's humanitarian response to **epidemics**[5];
- Part B will assess DG ECHO's **partnership** with the **World Health Organization** globally.

The time scope for both components will be **2017-2021**. Further details about the scope of this evaluation are provided under Section 3.

2.1. EPIDEMICS

2.1.1. BACKGROUND

With the global trends of climate change and a growing and ageing population, together with the increasing frequency and scale of epidemics, natural disasters and conflicts, humanitarian health needs continue to increase. Figures show that at least half of the world's population cannot obtain essential health services, according to a recent report from the World Bank and WHO[6]. Furthermore, health is closely inter-linked with other humanitarian sectors, particularly WASH, nutrition and protection.

An important area under humanitarian health intervention is the response to epidemics. The number of outbreaks and the number of communicable diseases that cause them have increased over the past years[7], and they occur more easily and with higher impact in humanitarian crisis settings. The past decade has witnessed a steady increase, with an average annual growth of 6,9 per cent[8]. This growing trend is accompanied by a phenomenon called *emerging infectious diseases (EIDs)*, which is used to describe diseases that are new or reappearing. They include new diseases resulting from changes in existing organisms (e.g. COVID-19), previously unknown diseases, known diseases spreading to new geographic areas or populations, old diseases re-emerging, for example as a result of antimicrobial resistance or breakdowns in public health measures[9]. Furthermore, as the 2014-2016 outbreak of Ebola virus disease (EVD) in West Africa demonstrated, communicable disease epidemics can cause significant mortality and have devastating social and economic costs for the countries and the people affected.

Epidemics pose great risks to the health, lives and livelihoods of people in developing countries. Communicable diseases have demonstrated their great epidemic potential and their capacity to significantly exceed national resources and boundaries, causing major, even regional or global emergencies. Research has identified a range of environmental, social and economic factors that contribute to the emergence and spread of epidemics. These factors are mutually re-enforcing and interact in dynamic ways. Many are anthropogenic – that is, originating from human activity. These include deforestation, intensified agriculture, urbanisation and irrigation. Climate change is an important

[5] A distinction has to be made between normal outbreaks that can be recurrent in humanitarian settings, and high-impact outbreaks such as Ebola and pandemics. The evaluation should assess both categories.
[6] Universal Health Coverage Forum 2017 (https://www.who.int/universal_health_coverage/tokyo-decleration-uhc.pdf?ua=1)
[7] Smith, K.F. et al. Global rise in human infectious disease outbreaks. Journal of the Royal Society Interface, 11(101). 2014
[8] Elsevier, *Global Research Trends in Infectious Disease*, March 2020.
[9] Centers for Disease control and Prevention (CDC) (2017). *Emerging Infectious Diseases journal. Journal background and goals.* (30 March 2017).

anthropogenic factor that impacts on communicable disease and outbreaks. World Health Organisation (WHO) modelling predicts that by 2030 there will be 10% more diarrhoeal disease than there would have been without climate change, and it will primarily affect the health of young children. If global temperatures increase by 2-3° C, as expected, the number of people at risk of malaria will increase by several hundred million and the seasonal duration of malaria will increase in many currently endemic areas. It is clear that people living in developing regions and humanitarian contexts have been disproportionately affected by climate change compared with developed regions[10].

The urban population of the world has grown rapidly over the years, leading to more than half of the world's population living in cities[11]. Urbanisation itself does not inevitably lead to poorer health outcomes; however, very rapid and unplanned urbanisation leads to the growth of slums, characterised by extremely high population densities, overcrowded and poor quality housing, unsafe water, lack of sanitation, high rates of poverty and undernutrition. The characteristics of slums create a favourable setting for some vectors, animal and environmental reservoirs hence increasing the risk for water borne and airborne diseases. This means that cities can be incubators for new epidemics.

The existence of concurrent and complex emergencies resulting from natural disasters, climate change and/or conflict, increase the vulnerability to infectious diseases and reduces the ability of countries to respond to public health risks, especially if pre-existing health systems are poorly resourced and managed. Poorly functioning health systems often correlate with continued underfunding of health, as the current COVID-19 crisis has confirmed. Lower income countries face severe health financing constraints with an extremely low level of budget allocation and low spending on health per capita. They also struggle to secure the necessary (and qualitative) human resources needed, as investment in education is low and "brain drain" is substantial.

Consequently, many countries in the world continue to rely on external assistance from governments in high-income countries and other donors for funding for essential health services, including communicable disease control. Low health expenditures are reflected in low and late remuneration of health workers and short supplies of essential medicines, equipment and consumables; therefore, health system institutions (including those in charge of emergency preparedness) remain weak, unable to ensure a minimal level of services to its citizens, requiring humanitarian assistance. Whereas all health systems globally have been affected by the COVID-19 crisis at different levels, a number of low income countries have seen their health structures almost collapse. Furthermore, the vaccination coverage in low income countries is generally low and the risk of transmission of infections is thus enhanced. Poverty, lack of basic sanitation facilities, low hygienic standards and malnutrition in post-emergency or structurally weak countries increase the vulnerability to communicable diseases. In addition, disasters such as earthquakes, floods, and hurricanes increase the already existing vulnerability to epidemics.

The framework within which outbreaks are governed is enshrined in the International Health Regulations (IHR), an international legal instrument binding on all countries in the world 'to prevent, protect against, control and provide a public health response to the international spread of disease' (WHO, 2016). It has been signed by 196 countries and provides a basis for considering an event as a crisis of international concern. However, compliance with the IHR is not always fully respected by signatory countries in case of health threats such as epidemics. An example is Sierra Leone during the 2014-2016 West

[10] Schuman, E. (2010). *Global climate change and infectious diseases.* New England Journal of Medicine, 362 (12): 1061-1063.
[11] United Nations, Department of Economic and Social Affairs (UNDESA) (2014) *World urbanization prospects: The 2014 revision.*

Africa Ebola epidemic. The WHO was notified shortly after the first cases of Ebola were detected, but they did not immediately declare the Public Health Emergency of International Concern (PHEIC), a declaration that facilitates external support in the event of health crisis.

2.1.2. GLOBAL RESPONSE TO EPIDEMICS

Global cooperation and solidarity are essential in responding to epidemics. National governments are responsible for responding to outbreaks of communicable disease, as well as providing other essential health services. It is important to engage with the full range of stakeholders as early as possible, and to communicate proactively and at the outset. Governments have obligations to the broader international community as well as their own populations. Effective outbreak response requires planning and preparation beforehand. The most recent example of an epidemics response is the global fight against COVID-19, for which the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) brought together the appeals from the WHO and other UN agencies[12] and produced the COVID-19 Global Humanitarian Response Plan (April-December 2020) with a financial requirement of 2 billion USD.

Among the different UN Agencies and INGOs involved in the COVID-19 response, the World Health Organization (WHO), in line with its mandate, has played a central role in coordinating the international response to the COVID-19 crisis. It has issued technical guidance and policy recommendations to governments on different pillars of the response, updated situational reports from different regions, gathered research and scientists to look for findings on COVID-19 and provided advice to the public on how to protect themselves.

After the 2014-2016 West Africa Ebola outbreak, the WHO initiated a reform process with the aim of ensuring greater coherence in global health, addressing agreed global health priorities and ensuring its capacity to prepare for and respond to outbreaks. This led to the establishment of the WHO Health Emergencies Programme (WHE), which works with countries and partners to prepare for, prevent, respond to and recover from all hazards that create health emergencies, including disasters, disease outbreaks and conflicts.

The WHO is the leading agency of the Global Health Cluster (GHC), which collaborates with the 30 existing health clusters/sectors around the world, guided by its Strategic Framework, to strengthen multi-sectoral action and improve health outcomes in emergency settings such as the COVID-19 crisis. DG ECHO is actively involved in this cluster. The GHC has a Strategic Advisory Group (SAG) which is composed of UN Agencies, INGOs and donors to discuss strategic priorities in health emergencies and provide the members of the clusters with tools and guidance on how best to coordinate the response in a given crisis. DG ECHO joined the SAG of the GHC in 2019.

Many other organizations and partnerships are also involved in the response to epidemics:

- UN agencies, such as the World Food Programme, UNICEF, UNHCR, etc;
- Development and Humanitarian aid organisations and donors, such as the World Bank, USAID, SIDA, etc;
- Development and Humanitarian aid INGOs;

[12] It aggregates relevant COVID-19 appeals and inputs from WFP, WHO, IOM, UNDP, UNFPA, UN-Habitat, UNHCR, UNICEF and NGOs, and complements other plans developed by the International Red Cross and Red Crescent Movement.

- the Global Health Security Agenda, a partnership of public and private organizations working to fight global health threats caused by infectious diseases.

2.1.3. THE EU RESPONSE TO EPIDEMICS

Several services of the European Commission have a mandate to contribute to the common endeavour of responding to epidemics when the need arises. This chapter describes how different EU Commission services and research institutions concur to the same goal of preventing and tackling disease outbreaks through different competences and mandates.

Out of the EU's services involved, the DG for European Civil Protection and Humanitarian Aid Operations (DG ECHO) is the main responsible for providing **humanitarian response to epidemics** (the subject of this evaluation). Its mandate and actions are described further below.

The DG for Health and Food Safety (DG SANTE) is the leading service for developing **public health policies** in the EU, including the preparedness and response to health threats, the preparation and follow up of the legislation on cross border health threats, the declaration of an EU public health emergency situation, the implementation of the pharmaceutical and medical devices legislation, cross border health care and the relations with the ECDC and the WHO.

The DG for Research and Innovation (DG RTD) has a strong programme in **health research** and provides funding via different instruments, including relevant issues on public health and humanitarian health operations, such as research on neglected tropical diseases, social sciences for health and epidemics response and e-health. DG RTD supports the European Developing Countries Clinical Trials Partnership (EDCTP)[13], and the Coalition for Epidemic Preparedness Innovations (CEPI)[14]. DG RTD is also working with other research funders through the Global Research Collaboration for Infectious Disease Preparedness (GLopid-R) network which aims to facilitate a rapid and effective response to infectious disease outbreaks through the coordination of research agendas and addressing priority research needs.

The DG for International Partnerships (DG INTPA) is part of the EU's external relations and contributes to sustainable development, the eradication of poverty, peace and the protection of human rights, through international partnerships that uphold and promote European values and interests. DG INTPA has been investing in **strengthening health systems in low income and developing countries** to ensure access to quality healthcare as a contribution to tackle poverty and inequality.

The DG for Neighbourhood and Enlargement Negotiations (DG NEAR) engaged in the response to the COVID-19 pandemic by focusing primarily on the health, economic and social sectors to cover **immediate financial needs in the Western Balkans and immediate neighbours**. DG NEAR also makes considerable long-term investments in the partner's epidemiological and general health-system and socio-economic resilience.

[13] A public-public partnership between 16 African, 14 European countries and the EU, launched in 2003, aiming to advance the clinical development of new or improved medicinal products for poverty-related and emerging infectious diseases, while also strengthening African clinical research capacity.

[14] A partnership between public, private, philanthropic, and civil organisations, launched in 2017, to develop vaccines for potential epidemics.

The European Centre for Disease Prevention and Control (ECDC) is an agency of the European Union responsible for **identifying, assessing and communicating current and emerging threats to human health posed by infectious diseases**. The agency monitors threats to public health and coordinates their rapid assessment, providing technical support to the EU level response and it also supports national and international field assistance[15]. Outside the EU, ECDC, often in collaboration with DG ECHO, supports WHO through preparedness and response activities during international health crises (e.g. deployments during the Ebola virus disease outbreaks in Western Africa in 2015-2016 and in DRC 2018-2020, or during the cholera outbreak in Beira, Mozambique in 2019). In collaboration with DG NEAR and DG INTPA, through the "Initiative on Health Security" and the "ECDC 4 Africa CDC" partnership, respectively, ECDC supports the enhancement of public health preparedness and response capacities in the European Union enlargement and European Neighbouring Policy countries, as well as the strengthening of Africa CDC capacities in preparedness, surveillance and response to health threats posed by communicable diseases. The ECDC also coordinates and cooperates with non-EU centres for disease control (CDC), including the Africa CDC and has deployed experts to support capacity building in emergency responses to epidemics outbreak (example, 10th Ebola outbreak in the Democratic Republic of Congo).

Recent developments within the EU have been made to strengthen the health capacities to prepare for and respond to epidemics. New structures have been established and new initiatives are in the making. For instance, the European Health Emergency preparedness and Response Authority (HERA) is a new entity aiming at strengthening the EU's ability to prevent, detect, and rapidly respond to cross-border health emergencies, by ensuring the development, manufacturing, procurement, and equitable distribution of key medical countermeasures. It was launched in September 2021 and it will become operational in 2022.

2.1.4. DG ECHO'S RESPONSE TO EPIDEMICS

DG ECHO's response to epidemics is composed of a range of different tools linked with policy and operational aspects, among others. This section explains which tools DG ECHO refers to or can activate in order to respond to epidemics from the humanitarian aid and civil protection perspectives.

In addition to the tools described below, the development of the European Humanitarian Response Capacity (EHRC) was proposed in the 2021 Communication on the EU's humanitarian action of 10 March 2021. This will enable the EU to intervene directly to fill gaps in the rapid delivery of humanitarian assistance. The main components of the EHRC are:

i. Emergency stockpiles
ii. Logistics support
iii. Medical emergencies

The aim is to launch the first component with a pilot experience during the first European Humanitarian Forum in January 2022. This initiative will have an impact on how DG ECHO prepares for and responds to health crises, including epidemics.

[15] The deployments in support to Greece and Italy during the early phase of the COVID-19 pandemic in March 2020.

2.1.4.1. HUMANITARIAN AID

The response to epidemics is embedded in the health interventions funded by DG ECHO, following the priorities identified in the Humanitarian Implementation Plans (HIPs), which are the main documents outlining the current humanitarian priorities in a given setting and how DG ECHO's partners are expected to respond. In the health sector, DG ECHO promotes a health system approach as the preferred option to integrate the response to a range of health needs of the most vulnerable populations.

As a sub-sector under health, epidemics forms part of the broader humanitarian health interventions. A breakdown of funding trends from 2014 to 2019 is given in the table below:

2014	2015	2016	2017	2018	2019	2020*
35.6 million	20.5 million	19.1 million	9.4 million	15.2 million	9.1 million	14.4 million

*(not updated)

DG ECHO policy guidelines on epidemics

The humanitarian health response to epidemics includes also the preparedness component, which is an essential part of humanitarian responses in the health sector. The 2014 DG ECHO Consolidated Health General Guidelines include preparedness as an important dimension in every aspect of the health sector[16], including epidemics.

Disaster risk reduction activities include reinforcing national disease surveillance mechanisms, training staff on emergency health situations, monitoring and reporting on a crisis, creating and testing Rapid Response Team capacity to respond to future disease outbreaks, and local capacity building and sustainability components within programmes wherever possible.

DG ECHO has produced a number of reference policy documents addressing communicable diseases such as the HIV Guidelines (2008) (to provide guidance on responding to HIV/AIDS in humanitarian action) and internal guidance notes: Line To Take (LTT) on Zika (2016), Technical Issue Paper (TIP) on Malaria and its Annex (2011), TIP on Dengue and Dengue Haemorrhagic Fever (2009), TIP on WASH Preparedness and Response to Cholera (2008) and LTT on DG ECHO guidance on supporting Polio vaccination campaigns (2008). Of course, the overarching DG ECHO Health Guidelines (2014) provide the guidance on how to design an intervention in humanitarian settings related to health. DG ECHO refers also to health guidelines produced by the WHO and other reference health bodies.

[16] "[…] DRR, disaster preparedness and resilience are relevant in every aspect of a health sector humanitarian response. DG ECHO requires that all humanitarian action it supports be based on a sound assessment of risk and the intervention should seek to reduce immediate and future risks" (DG ECHO 2014, p.16)"

Technical support through the field network of experts and headquarters (HQ) coordination

DG ECHO's presence in the field is guaranteed by a network of health experts (the Anopheles group) working in regional offices. The health experts provide technical advice on health-related topics, inform the decision-making processes linked to epidemics response, ensure quality of health interventions for outbreak response and participate in coordination meetings at field and regional levels with relevant stakeholders. They collect up-to-date epidemiological and public health information on outbreak response, and ensure the quality of DG ECHO's funded actions in humanitarian settings.

Given the multisector approach to epidemics, which has seen a growing application in latest outbreaks responses (e.g. cholera, Ebola, COVID-19), it is important to take into consideration that the broader field network of experts, beyond the Anopheles group, are often concerned by the response.

In addition, HQ coordination plays a crucial role in managing and advocating during disease outbreaks with stakeholders at central level, while ensuring systematic connection with the field for recurrent up-to-date information.

Emergency Toolbox

The Emergency Toolbox is a fund of four instruments designed to provide emergency humanitarian assistance to sudden-onset crises that could not be foreseen in DG ECHO's Humanitarian Implementation Plans (HIPs). The fund can be mobilised to respond with first-line funding in the immediate aftermath of a crisis, only outside the EU. The four tools are: Acute Large Emergency Response Tool (ALERT), Epidemics Tool, Small-Scale Tool (SST) and support to IFRC's Disaster Relief Emergency Fund (DREF). The Emergency Toolbox HIP as such started in 2015 and originally had only 3 components, ALERT was introduced in the 2018 Emergency Toolbox HIP.

The Epidemics Tool existed before the establishment of the Emergency Toolbox and has been frequently used in the region of West Africa. The instrument includes response and preparedness components, and aims at reducing morbidity and mortality rates related to outbreaks. The tool has been used to support response operations against epidemic diseases such as Cholera, Lassa Fever, Yellow Fever, Measles, Ebola, Plague and Acute Watery Diarrhoea. In 2020 and 2021 it has mainly been mobilised for the global response to COVID-19.

Support to deployment of ECDC experts

DG ECHO can deploy experts in public health and epidemiology. The European Centre for Disease Control (ECDC) has provided this expertise on an ad hoc basis, in some operations both under the UCPM (Mozambique, Idai cyclone, 2019) and under the instrument for Humanitarian Aid (DR Congo, Ebola, 2019).

The collaboration between the ECDC and DG ECHO can be implemented through different modalities. For instance, in 2019 an ECDC epidemiologist was deployed through DG ECHO to Beira (Mozambique) to be part of the Cholera Task Force set up by the MoH and WHO. In 2015-2016, ECDC staff was deployed under GOARN in Mozambique to be part of a task force run by the Government, however the experts were also part of DG ECHO deployment mechanism. It is interesting to see how different setups of deployment are used and how they worked.

In 2019, two dedicated Service-level Agreements between DG ECHO and the ECDC defined the administrative arrangements allowing these deployments, in terms of respective duties, reporting, payments, insurance and disputes.

Advocacy and coordination efforts with other donors

DG ECHO plays an active role in advocating for urgent and coordinated actions to manage epidemics. Both at headquarters and field level, DG ECHO participates in coordination meetings with donors and other stakeholders (e.g. UNICEF, WHO, health cluster) and contributes to the maintenance of a strategic and effective direction of epidemics control and the implementation of solid response plans. In humanitarian contexts, governments require significant external assistance and do not show adequate stewardship to achieve public health policy directives. DG ECHO and other donors serve, in part, to advocate for and bolster this stewardship.

Coordination with other relevant EU services

Even though a systematic and identified coordination mechanism at EU level on epidemics is not in place, DG ECHO cooperates with other EU services in humanitarian settings for epidemics control. The Inter Service Group on Global Health is a forum of discussion within DG services (RTD, SANTE, INTPA, NEAR, ECHO, ENV, CLIMA) to discuss health priorities with a broader EU view. This ISG was established informally until November 2020, when the coordination structure was revised under the leadership of the Secretary General of the Commission.

Other examples relate to the collaboration with DG INTPA as a key service to implement the nexus in order to maximise complementarities and ensure that acute and longer-terms needs are addressed. The ECDC is another important stakeholder in the deployment of short-term experts (epidemiologists) to gather epi-data in the field, analyse them and provide a more in depth overview of how the response to outbreaks is in line with the trend of the infections and the different pillars of the response.

2.1.4.2. CIVIL PROTECTION

EU Civil Protection Mechanism

Through the EU Civil Protection Mechanism (UCPM), DG ECHO strengthens the cooperation between EU Member States and 6 non-EU Participating States on civil protection to improve prevention, preparedness and response to disasters of different nature, including epidemics.

The UCPM, with its Emergency Response Coordination Centre (ERCC), has been instrumental in EU's response to COVID-19 pandemic both inside and outside the EU. As the pandemic has had impact on several sectors, the ERCC since the beginning offered the platform for cross-sectorial meetings bringing together relevant authorities (civil protection, health, internal market, interior and foreign affairs).

Over 2020 and 2021, the ERCC has received numerous requests for personal protective (PPE) or medical equipment, diagnostic tests, medical teams, medicines as well as vaccines and coordinated and co-financed their delivery around the World. Inside the EU, the creation of the rescEU medical stockpile – the first common European stockpile of

emergency medical equipment, including face masks and ventilators, currently hosted by 9 EU Member States – has been a useful tool to address temporary shortages of equipment in the Member States and in the partner countries through the distribution of PPE and ventilators; this included neighbourhood countries like Serbia, North Macedonia or Montenegro. The UCPM also supported international partners including WHO with 17 MEDEVAC requests and the deployment of emergency medical teams to Armenia and Azerbaijan, as well as UNOCHA and WFP.

Furthermore, the UCPM was also activated for repatriation of EU citizens stranded abroad and in 2020 helped over 90 000 EU citizens return home on 408 UCPM facilitated flights.

As of 2021 the UCPM has played an important role in an EU vaccines sharing mechanism. The latter's original intention was to close the gap with COVAX, which at that time had delays in delivering the vaccines. These delays persisted due to the deteriorating situation of COVID-19 in India, which stopped exports of vaccines (including to COVAX). At the same time the vaccine supply and vaccination rates have increased in the EU Member States substantively, which made Member States channel the surplus of doses through the EU vaccine sharing mechanism, including using the UCPM. Until 7 September 2021, the EU delivered almost 18 million doses globally, of which 8.5 million doses were delivered under the UCPM.

European Medical Corps

Since 2016, the European Medical Corps (EMC) gathers all certified health related capacities (response teams) which Member states commit to the European Civil Protection Pool (ECPP), in the framework of the Union Civil Protection Mechanism (UCPM). Since 2019, rescEU health related capacities complement the ECPP component of the EMC. All EMC response capacities can be used in times of epidemics, provided that a State expresses a request for assistance to the UCPM.

At the height of the Ebola crisis in West Africa, the acute shortage of trained medical teams ready for deployment for health emergency response became an apparent gap in the international response. As a direct follow-up, the European Union set up the European Medical Corps (EMC) through which teams and equipment from the EU Member States can be rapidly deployed to provide medical assistance and public health expertise in response to emergencies inside and outside the EU. The deployment is coordinated by the EU's Emergency Response Coordination Centre, the operational hub of the EU Civil Protection Mechanism. The European Medical Corps gathers all medical response capacities committed by Member and Participating States to the European Civil Protection Pool and is part of the existing European Emergency Response Capacity, established under the EU Civil Protection Mechanism. The EMC has seen a growing number of capacities committed by Member and Participating States and is expected to be strengthened by health related rescEU capacities through the development of Chemical, Biological, Radiological and Nuclear (CBRN) stockpiles, rescEU Emergency Medical Teams (EMTs) and MEDEVAC capacities for both highly infectious diseases and trauma victims.

Emergency Medical Teams (EMTs)

Emergency response capacities from the EMC include for example mobile safety laboratories, medical evacuation means, as well as Emergency medical teams (EMTs). EMTs follow established international standards and are classified by WHO. They can be

of different type (1-2-3, specialized) according to their capabilities. EMTs can be deployed in context of epidemics, to provide for triage, treatment or clinical care.

2.1.4.3. THREE EXAMPLES OF DG ECHO'S RESPONSE TO EPIDEMICS

The Ebola outbreak in the DRC

Recently some West and Central Africa countries, such as Guinea and the Democratic Republic of Congo (DRC), have experienced serious outbreaks of Ebola. The European Union has provided over EUR 100 million for humanitarian and development action in the context of Ebola outbreaks since August 2018. This support helped with infection and prevention measures, work with local communities to promote understanding, acceptance and support of the response, social protection and nutritional support to survivors and their families, addressing the basic humanitarian needs of communities in Ebola-affected areas, support for the national health sector to provide access to free and quality health care for those living in Ebola affected areas and establishment of early warning and prevention measures in neighbouring countries at risk of importation of the virus. In addition, the EU provided essential in-kind assistance on the ground through:

- EU humanitarian health experts and European Centre for Disease Prevention and Control (ECDC) epidemiologists to support the international response;
- Logistics support to aid workers on the ground through the EU's humanitarian flight service (170 flights operated since May 2018);
- Support to training on medical evacuation of humanitarian workers through the EU Civil Protection Mechanism (UCPM).

In line with WHO guidelines, over 2018 and 2019, more than EUR 6 million in EU humanitarian and development funds were allocated to help at-risk neighbouring countries (Uganda, South Sudan, Rwanda and Burundi) – strengthen their prevention and preparedness measures. Following new cases in the eastern DRC in February 2021, the EU remained in close contact with national authorities, the World Health Organization and humanitarian partners to assess the situation and address eventual needs on the ground.

The Ebola outbreak in Guinea

On 14 February 2021, health authorities in Guinea declared a new outbreak of Ebola Virus Disease (EVD) in the N'Zérékoré prefecture in the Guinée Forestière Region. This is the first known resurgence of Ebola in West Africa since the 2013-2016 epidemic, which claimed over 11,300 lives across the region. The response by DG ECHO mobilised several instruments:

1. UCPM: On 18 February, Guinea requested assistance through the Union Civil Protection Mechanism (UCPM) for personal protective equipment for the immediate response to the Ebola outbreak as well as laboratory equipment.
    - On 18 February, **France** offered 510 personal protective kits (including protective overalls, masks, glasses, gloves, and boots). The assistance arrived to Conakry on 23 February.
    - On 4 March, **Germany** offered 93,230 pieces of various Personal Protective Equipment (PPE) to Guinea. On 15 March, **France** offered PPE to Guinea. The assistance from both countries was pooled in a cargo from Germany. The delivery of all assistance was completed by 11 May.

- On 25 and 29 March, **France** made additional offer of PPE, lab equipment and medicines. The assistance arrived on 6 May.
- On 8 April, **Belgium** offered 600,000 surgical and 116,000 KN95 masks. The assistance arrived on 17 April.

2. DG ECHO Emergency toolbox: DREF and Epidemics tool for a total of EUR 1.2 million
   - On 19 February, the European Commission announced EUR 200,000 in emergency humanitarian funding in support of the Ebola response in Guinea through a contribution to the International Federation of the Red Cross and Red Crescent Societies (IFRC) Disaster Relief Emergency Fund (DREF), later transformed into an emergency appeal emergency appeal MDREBOLA21)
   - On 26 February, the European Commission mobilised an additional EUR 1 million in emergency humanitarian funding for a three months intervention by ALIMA (ECHO/DRF/BUD/2021/91003), extended for another 3 months No Costs Extension.

The Ebola Virus Disease was officially declared over in Guinea on 19 June 2021.

The COVID-19 pandemic

In response to the COVID-19 crisis, the European Commission launched the Coronavirus Global Response in April 2020, with the aim to strengthen health systems everywhere and support economic recovery in the world's most fragile regions and communities. It has raised billions for universal access to tests, treatments and vaccines against coronavirus and for the global recovery.

The European Union and its Member States, acting together as 'Team Europe', have provided support globally, with a focus on:

- responding to the immediate health crisis and the resulting humanitarian needs;
- strengthening health, water and sanitation systems, as well as partner countries' capacities and preparedness to deal with the pandemic;
- mitigating the immediate social and economic consequences, including support to the private sector with a focus on Small and Medium-sized Enterprises, and government reforms to reduce poverty[17].

Since the COVID-19 crisis broke out in 2020, DG ECHO promptly responded by considering the crisis into programmes and policies. Already in February 2020, DG ECHO made a first allocation of EUR 30 million to the WHO Strategic Response Plan to increase the emergency response and preparedness to the pandemic in the most vulnerable countries in Africa, the Southern Neighbourhood and Asia. In March 2020, DG ECHO produced and disseminated operational guidelines for partners and staff to adapt the ongoing actions to the COVID-19 circumstances through reassessment and analysis, while ensuring continuity of healthcare services to the extent possible. The HIPs were modified in accordance with the new needs raised by the COVID-19 pandemic, by including additional provisions. Many of them included more funds to respond to its effects in vulnerable populations. The purpose was to identify activities that could contribute to the response towards COVID-19. For example, in May 2020 EUR 50 million were made available from

[17] A "fast-track assessment of the EU initial response to the COVID-19 crisis in partner countries and regions", led by DG INTPA, was carried out in 2021

the Emergency Aid Reserve to finance COVID-19 measures focusing on a limited number of major humanitarian crises, especially in countries where health systems are weak.

More concretely, the following amounts were added to support COVID-19 related preparedness and support measures – figures to be confirmed in the course of the evaluation:

Figure 1.- Funds specifically assigned for COVID-19 in May 2020 modification of HIPs

HIP	Amount (in million euros)
Central Africa	8,5
ECHO Flight	6,25
Emergency Toolbox	41,25 (between February and May)
Great Lakes	4,5 assigned to DRC and 0,5 to Burundi
Latin America and Caribbean	3
Palestine	2,5
South and South-East Asia	2,5 assigned to Cox's Bazar and 1 to Myanmar;
Syria	4 assigned to Syria and 1 to Lebanon;
Upper Nile	6
West Africa	2 assigned to Niger and 0,672 to Mali (from External Assigned Revenues);
Yemen	4

Successive modifications to the HIPs added supplementary funding.

Ad hoc decisions were also taken in June 2020 to provide humanitarian assistance to people affected by COVID-19 in the following countries and regions:

Figure 2.- Funds specifically assigned for COVID-19 in June 2020

Ad hoc decision	Amount (in million euros)
Haiti	10
Malawi	3,7
Mali	3,2
Southern Africa	30
Zimbabwe	13 (also aimed at covering other needs than COVID-19 related)

Humanitarian Air Bridge operations were set up in May 2020 in response to the transport challenges created by the pandemic, with the purpose to transport health and humanitarian material and staff to fragile countries. The budget incurred for these operations has reached around EUR 8 million and facilitated the temporary delivery of relief items for the COVID-19 response and the movement of medical and humanitarian staff. Some 67 flights have

been organized since May 2020 with more than 1 150 tons of vital medical and humanitarian equipment delivered and 1 700 medical and humanitarian staff and other passengers transported.

The EU Civil Protection Mechanism has channelled Member States' support to countries in need, by pooling resources and ensuring transport of aid material. Almost 60 million items of personal protective, medical and other COVID-19 related needs have been delivered with UCPM support. DG ECHO is currently supporting and coordinating Member and Participating States efforts to share COVID-19 vaccines with requesting countries (as explained in section 2.1.4.2).

Overall, DG ECHO's humanitarian response to COVID-19 since the outbreak, based on the information encoded in HOPE[18] as of 8 September 2021, amounts to EUR 563 million, of which EUR 110 million in 2021.

- 23% of the total response is allocated to Sub Saharan Africa, 18% to Asia and the Pacific, 30% to the Southern and Eastern Neighbourhood, 10% to Latin America, 10% to Western Balkans and Turkey and 9% to global initiatives (WHO global response, EU HAB, EAR worldwide allocation).
- UN agencies have received 42.4% of the total allocation, international NGOs 42.5% and International Organisations 15.1% so far.

2.2. DG ECHO – WHO PARTNERSHIP

2.2.1. THE WORLD HEALTH ORGANIZATION (WHO)

Created in 1948, the World Health Organization (WHO) is a United Nations (UN) specialised agency. Its primary role is to direct and coordinate health policies within the UN system, while supporting countries to attain health objectives through the development of national health initiatives and strategies. It is meant to provide leadership on global health matters. It engages in partnerships; promotes and develops the health research agenda; sets norms and standards; articulates evidence-based policy options; provides technical support to countries; and monitors and assesses health trends. Its mission is to "promote health, keep the world safe, serve the vulnerable".

WHO is expected to ensure proper coordination among the humanitarian actors involved in the response to a health-related crisis. It coordinates the international response to humanitarian health emergencies and leads the UN Inter-Agency Standing Committee (IASC) Health Cluster and the Global Health Cluster.

Since its establishment in mid-2016, the WHO Health Emergencies Programme (WHE) has radically reformed the way the Organization works in emergencies. This new way of working has highlighted gaps in competencies of existing personnel and the urgent need to prepare an adequate surge capacity for emergency work. The creation of a workforce of excellence, to which this strategy contributes directly, is critical to achieving the ambitious target of the Organization's General Programme of Work for 2019–2023 (GPW13), and in particular to ensure 1 billion people are better protected from health emergencies. It should as well actively promote and support the implementations of the IHR.

[18] DG ECHO's database of humanitarian projects

The EU has observer status at the WHO and Governing Bodies. In 2000, an exchange of letters and a MoU between the World Health Organization and the European Commission consolidated the framework and arrangements for cooperation. The increased EU influence at WHO is the result of strengthened coordination between the EU and its Member States on WHO proceedings during and outside of the sessions of the WHO Governing Bodies (World Health Assembly and the Executive Board).

This is reflected in the growing numbers of EU-sponsored and co-sponsored Decisions and Resolutions as well as joint statements on behalf of the EU and its Member States in governing body meetings. The 2019 72nd World Health Assembly saw a historical first joint statement with the Africa group, while in 2020, the EU tabled and negotiated with success the Resolution on COVID-19 response, adopted by consensus at the 73rd World Health Assembly. In 2021 at the 74th World Health Assembly the EU led the process for the successful adoption of the Resolution on Strengthening WHO preparedness for and response to health emergencies.

2.2.2. WHO STRATEGIC PRIORITIES

Based on the Sustainable Development Goals, the 13th General Programme of Work (GPW 13) sets out WHO's strategic direction for the period 2019-2023[19]. There are three key interconnected strategic priorities:

- ensuring healthy lives and well-being for all at all ages;
- achieving universal health coverage;
- addressing health emergencies and promoting healthier populations.

These priorities are linked to three targets:

- One billion more people to benefit from universal health coverage;
- One billion more people better protected from health emergencies; and
- One billion more people enjoying better health and well-being.

They are supported by three strategic shifts:

- stepping up leadership;
- driving public health impact in every country; and
- focusing global public goods on impact.

For health emergencies, their main goals are:

- being prepared for emergencies by identifying, mitigating and managing risks;
- preventing emergencies and supporting development of tools necessary during outbreaks;
- detecting and responding to acute health emergencies; and
- supporting delivery of essential health services in fragile settings.

In the period under evaluation, the WHO Emergency Programme (WHE) has experienced a period of transition-transformation. The new WHE organigram has two main pillars: one on preparedness and one on response. The preparedness pillar is about long-term capacity building and the response one is about operational capacity at national level.

[19] https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023

The WHE crystalized its programmes around three outcomes (Prepare – Prevent – Detect and Respond) depending on:

- Quality of WHO's leadership at country level
- Programme managers
- Engagement with partners
- Elevating the level of Health Cluster coordinators

2.2.3. DG ECHO'S PARTNERSHIP WITH WHO

WHO is an important implementing partner to DG ECHO in health emergencies (e.g. epidemics outbreaks), including preparedness and contribution to early recovery by ensuring that local health systems are functioning properly.

DG ECHO's partnership with WHO was strengthened at the end of 2019, when WHO became a strategic humanitarian partner. WHO health guidelines are a reference to strengthen EU capacities to respond to medical emergencies. In January 2020 a first High-level Dialogue[20] was organized between both organizations. The overall objective of the High-level Dialogue was to exchange on the most important overall (humanitarian aid and civil protection) priorities as well as to underline the importance DG ECHO attaches to strengthening its partnership with WHO and its willingness to give it a more strategic spin (e.g. on issues of common concern, shared analysis, common ways forward, strong advocacy on principled humanitarian assistance especially in complex health situations). This is complementary to the annual Senior Officials Meeting EU-WHO led by DG SANTE.

In 2020, WHO was DG ECHO's seventh most important partner, with a total allocation of EUR 70.5 million. According to WHO biennium budget for the period 2020-2021, the European Commission is their fifth largest donor, after the Bill & Melinda Gates Foundation, Germany, the UK and the US.

The cooperation with the WHO is key also when it comes to setting international norms and standards. In particular, collaboration has developed in relation to the verification and classification of European Emergency Medical Teams (EMT) committed to the European Civil Protection Pool. The strong partnership is also ensured through a grant agreement of EUR 462.267 for the classification of European EMT. WHO is also expanding its role in this field, with standardisation efforts both for specialised care teams and mobile safety laboratories, in collaboration with the Global Outbreak and Alert Network (GOARN).

2.2.4. WHO INTERVENTIONS FUNDED BY DG ECHO GLOBALLY AND COVID-19 RESPONSE

An initial analysis of DG ECHO's humanitarian project database recorded more than 50 actions carried out by WHO, with financial contributions from DG ECHO of over EUR 150 million during the evaluation period (figures to be confirmed in the course of the evaluation).

[20] Which is an expression of this partnership's interest in becoming stronger from a humanitarian and civil protection perspective.

Figure 3.- ECHO's contracts with WHO 2017-2021

Contract year	Number of contracts	Total value of contracts
2017	7	19 500 000 EUR
2018	12	24 750 000 EUR
2019	11	31 860 000 EUR
2020	16	70 500 000 EUR
2021	16	24 800 000 EUR (contracting still ongoing)

DG ECHO's annual contributions to WHO have increased by 262% between 2017 and 2020, from EUR 19.5 million to EUR 70.5 million. While a significant increase in funding in 2020 was due to additional allocations related to COVID-19, an upward trend was present also before the pandemic (EUR 31.86 million in 2019).

DG ECHO's contributions to WHO across the evaluation period were biggest in Syria (EUR 24 million), Iraq (EUR 23 million) and Afghanistan (EUR 17 million). DG ECHO's funding to WHO for the evaluation period covered almost exclusively the Health sector (EUR 153 million). Other (health-related) sectors WHO operated in were coordination (EUR 4.3 million), support to operations (EUR 3.2 million), disaster preparedness and risk reduction (EUR 2.5 million) and protection (EUR 0.4 million) – figures to be confirmed in the course of the evaluation.

In February 2020, DG ECHO was among the very first to respond to WHO's COVID-19 Preparedness and Response Plan. EUR 30 million of direct funding was allocated through a loosely geographic earmarked COVID-19 response covering 10 countries in Africa and Asia already facing humanitarian crises, in line with the EU's priority to have a global, coordinated response to support countries most at risk, based on assessment and needs.

3. PURPOSE AND SCOPE OF THE EVALUATION

3.1. PURPOSE AND GENERAL SCOPE

Based on Art. 30(4) of the Financial Regulation and Regulation (EC) 1257/96, the general purpose of this Request for Services is to have a combined, independent evaluation, covering the period of **2017-2021,** of

- Part A: DG ECHO's humanitarian response[21] to **epidemics**;

- Part B: DG ECHO's **partnership** with the **World Health Organization** globally.

The specific **purpose** of the combined evaluation is to:

- Provide an external, independent, thematic assessment of DG ECHO's worldwide actions in response to epidemics in third countries;

[21] By "humanitarian response" we mean all activities that DG ECHO does in response to epidemics as specified in Section 2.1.4

- Contextualise the DG ECHO response to epidemics in the broader EU response, and provide an analysis of how to strategically strengthen its position in future responses;
- Provide a retrospective assessment of DG ECHO's partnership with WHO globally, with a focus on identifying lessons learned and good practices.

The subject of the recently detected events of **Sexual Exploitation, Abuse and Harassment** (SEAH) in the context of the Ebola response in the Democratic Republic of the Congo is **strictly outside the scope** of this evaluation, and any written mentioning of these events must be avoided, for the purpose of protecting the related victims.

A maximum of **5 prospective, strategic recommendations** to support ECHO's future actions in addressing epidemics and a maximum of **3 prospective, strategic recommendations** to support its partnership with WHO. These strategic recommendations should possibly be complemented by further, related, operational recommendations. In line with ECHO's expressed ambition to be a "reference donor"

The main users of the evaluation report include inter alia DG ECHO staff at HQ, regional and country level, national and regional stakeholders, WHO, other humanitarian and development donors and agencies.

3.2. EVALUATION QUESTIONS

The conclusions of the evaluation will be presented in the report in the form of evidence-based, reasoned answers to the evaluation questions presented below.

The list of questions below should be further developed and tailored by the Evaluator to the specific features of this evaluation, and finally agreed with the Steering Group in the inception phase.

Part A: Specific questions focusing on DG ECHO's humanitarian response to epidemics

Relevance

1. How well have the needs of vulnerable populations been assessed, and to what extent have targeted populations been involved in designing the response?
2. How well have HIPs captured the problems and needs to be addressed? To what extent have funded actions addressed the most important needs/priorities (from a humanitarian vs a disease control perspective)?
3. How adequate to the scale and severity of epidemics are the set of instruments and tools[22] used by DG ECHO to respond rapidly and effectively to different types of epidemics in different contexts? How well is DG ECHO equipped to deal with epidemics outbreaks, considering its role in the global epidemics response?

Coherence

4. How coherent have DG ECHO's set of instruments and tools in its response to epidemics been with those of other relevant actors/global policies or political commitments:

[22] By "instruments and tools" we mean all activities that DG ECHO does in response to epidemics as specified in Section 2.1.4

a. within the broader Team Europe approach adopted by the EU , and the other relevant DGs involved in the response from their different mandates (DG RTD, DG SANTE, DG INTPA) and ECDC;
b. with EU member states' actions in third countries;
c. with national plans of third countries;
d. in relation to the recent establishment of European Health Emergency Response Authority (HERA) and the ongoing preparation of the European Humanitarian Response Capacity (EHRC)[23]; and
e. globally, in relation to the WHO Preparedness and Response Plan to COVID-19 the Task Team on COVID-19 set up by the Global Health Cluster, the Global Health Security Agenda, etc;

and how good has the cooperation between DG ECHO and other actors been?

5. How coherent have DG ECHO's health interventions to respond to epidemics been with those in other relevant sectors – such as WASH and nutrition – in its response to epidemics?

6. To what extent was DG ECHO successful in coordinating its response to epidemics (and by that avoiding overlaps and promoting synergies):

    a. with the response of other donors, including EU Member States;
    b. in terms of the use of different DG ECHO instruments;
    c. with other EU services;
    d. with other stakeholders and local authorities in the field, by joining efforts to respond to outbreaks?

EU Added Value

7. What was the EU Added Value of DG ECHO's interventions in response to epidemics outbreaks? What is the comparative advantage of DG ECHO's approach when responding to epidemics in relation to the broader EU and the global response?

Effectiveness

8. How effective have DG ECHO's tools and instruments been to address epidemics outbreaks

    a. in terms of contribution to the global response to epidemics?
    b. in supporting the national coordination mechanisms of third countries when funding actions?
    c. in reducing excessive morbidity and mortality due to epidemics?
    d. in alleviating indirect effects of epidemics, e.g. socio-economic impacts, while pursuing a multi-sectoral approach to outbreaks?

[23] This question does not relate to the implementation of HERA and the EHRC – which has not yet materialized – but rather to the conceptual aspects of these two entities

e. in advocating for the respect for IHR and ensuring transparent and accountable use of the resources allocated through the response mechanisms?

What concrete results (intended and unintended) have been achieved by these interventions?

Efficiency

9. To what extent has DG ECHO achieved cost-effectiveness in its response? What factors affected the cost-effectiveness[24] of the response? In particular, to what extent have the resources allocated by DG ECHO to early warning, prevention, preparedness and response to outbreaks in humanitarian settings, in terms of deployment of experts, active participation at outbreak response, strategic coordination structures, funding and capacity building (both at HQ and at field level) been appropriate and proportionate (in quality and quantity) to what the actions were meant to achieve?

10. To what extent were EU-funded actions timely and sufficiently flexible to allow partners to have an adapted response?

Sustainability/Connectedness

11. To what extent has DG ECHO managed to achieve sustainable results, in terms of contributing to strengthening the public health capacities to respond to epidemics? What could be further done (enabling factors, tools, mechanisms, change of strategy, etc.) to promote sustainability, including strengthening of links to interventions of development actors?

12. To what extent has the humanitarian-development nexus been effective in responding to both acute and longer-term epidemics-related needs?

Part B: Specific questions focusing on DG ECHO's partnership with WHO

13. How well aligned were DG ECHO and WHO in terms of:

    a. needs assessments and vulnerability analyses?

    b. priorities, strategies and objectives?

    c. advocacy (priorities, efforts and intended outcomes), communication campaigns and visibility efforts?

14. To what extent did a structured, strategic, timely and functional dialogue take place between the two partners, at which levels and by what means and what was the impact of this dialogue? At operational level, how was this partnership understood and put into practice?

15. To what extent did the DG ECHO-WHO partnership succeed in:

    a. maximising efficiencies and decreasing management and related costs, including administrative burden?

[24] The methodology applied for responding to this question must be based on the Cost-effectiveness guidance for DG ECHO evaluations, which is to be adapted to and applied proportionally to the current exercise.

b. improving accountability and cost-effectiveness in their response?

c. strengthening the links between the responses of humanitarian and development actors? And global funding platforms (i.e. GAVI, GFATM)

16. To what extent did the DG ECHO-WHO partnership contribute to:

    a. an improved exchange of information/cooperation between both partners and with other humanitarian actors?

    b. enhancing the impact of activities, notably in the health sector?

    c. enhancing advocacy efforts on health in humanitarian settings?

17. To what extent did the DG ECHO-WHO partnership ensure timeliness and flexibility of the response to the COVID-19 pandemic?

3.3. OTHER TASKS UNDER THE ASSIGNMENT

The Contractor should:

1. Define and analyse **DG ECHO's portfolio** of actions during the evaluation period,
    a. for all actions responding to **epidemics** and
    b. for actions implemented **by WHO** globally;
2. Provide a general **mapping** of **other actors** and their **actions** , in the EU and globally, in response to epidemics; analyse what gaps there are, and DG ECHO's position in the global response;
3. Identify the **main lessons learnt** from
    - DG ECHO's humanitarian response to epidemics;
    - the DG ECHO-WHO partnership;
4. On the basis of the general research carried out, identify the main factors **limiting the success of the actions** over the period covered by the evaluation;
5. Provide a statement about the **validity of the evaluation results**, i.e. to what extent it has been possible to provide reliable statements on all essential aspects of the intervention examined. Issues to be referred to may include scoping of the evaluation exercise, availability of data, unexpected problems encountered in the evaluation process, proportionality between budget and objectives of the assignment, etc.;
6. Provide an **infographics package** with the evaluation highlights, for general dissemination;
7. Make a proposal for the **dissemination** of the evaluation results;
8. Provide a French **translation** (in addition to the English version) of the executive summary of the Final Report;
9. Provide an **abstract** of the evaluation of no more than 200 words.

4. MANAGEMENT AND SUPERVISION OF THE EVALUATION

The evaluation function of DG ECHO in ECHO.E.2 is responsible for the management and the monitoring of the evaluation, together with the DG ECHO Units responsible for the evaluation subjects, i.e. ECHO.A.1, ECHO.C.1 and ECHO.D.1. Other DG ECHO Units and field offices will also be involved on an ad hoc basis during the course of the evaluation to facilitate the consultation process and information gathering.

The DG ECHO evaluation manager is the contact person for the evaluation team and shall assist the team during their mission in tasks such as providing documents and facilitating contacts. The evaluation manager assigned to the evaluation should always be kept informed and consulted by the evaluation team and copied on all correspondence with other DG ECHO staff.

A Steering Committee, made up of Commission staff involved in the activity evaluated, will provide general assistance to and feedback on the evaluation exercise, and discuss the conclusions and recommendations of the evaluation.

5. SPECIFIC REQUIREMENTS

5.1. METHODOLOGY

In their offer, the bidders will describe in detail the methodological approach they propose in order to address the evaluation questions listed above, as well as the tasks requested for both parts of the evaluation. This will include a proposal for indicative **judgment criteria**[25] that they may consider useful for addressing each evaluation question. The judgement criteria, as well as the information sources to be used in addressing these criteria, will be discussed and validated by the Commission during the Inception phase at a workshop facilitated by the Evaluator. This workshop will also give the evaluation team the opportunity to refine the evaluation questions, which will have to be included in the inception report, discuss the intervention logic, and analyse external factors at play.

To the extent possible the methodology should promote the participation in the evaluation exercise of all actors concerned, including target populations and local communities when relevant and feasible.

The conclusions of the evaluation must be presented in a transparent way, with clear references to the sources on which they are based.

The evaluation team must undertake a number of **field visits**, to be proposed in the tenderer's offer and agreed in the inception phase. The set of field visits will have to take into account COVID-19 and security related travel and meeting limitations. The tenderers are also invited to foresee travel to meet WHO staff and beneficiaries. In the current context, the evaluation team will have to show a high degree of flexibility regarding the dates and modalities of the field visits, and back-up plans should be provided in the tenderer's offer, addressing the risk of not being able to carry out field visits at all due to health and security problems.

[25] A judgement criterion specifies an aspect of the evaluated intervention that will allow its merits or success to be assessed. E.g., if the question is "To what extent has DG ECHO assistance, both overall and by sector been appropriate and impacted positively the targeted population?", a general judgement criterion might be "Assistance goes to the people most in need of assistance". In developing judgment criteria, the tenderers may make use of existing methodological, technical or political guidance provided by actors in the field of Humanitarian Assistance such as HAP, the Sphere Project, GHD, etc.

DG ECHO has a network of regional and country field offices which will provide a certain level of support to the evaluation team, mainly in the form of information and advice on practical issues like accommodation, transport and the like. It will not be able to provide direct support like organising their transport. The evaluation team will be responsible of catering for their own protection and security.

It would be relevant if the evaluators would also assess the perceptions at the regional health coordination structures/hubs.

The evaluation should take account of relevant existing **evaluations and studies** from the European Commission and its partners, such as (non exhaustive):

- DG INTPA Fast-track Assessment of the EU's Initial Response to COVID-19 Crisis in Partner Countries and Regions[26]
- DG NEAR evaluation on EU cooperation with the United Nations[27]
- Strategic Mid-Term Evaluation of the Facility for Refugees in Turkey (2016-2019/20)[28]
- EUTF/MADAD's thematic evaluation of the health sector (May 2020)[29]
- Evaluation of the European Commission's interventions in the Humanitarian Health sector, 2014-2016[30]
- Evaluation on the international leadership and coordination (March 2021)[31]
- IASC evaluation (July 2019)[32]
- IASC Operational Peer Review: DR Congo: Ebola Virus disease response (February 2020)
- 2 evaluations from the Congo Research group
    - https://congoresearchgroup.org/ebola-in-drc-perverse-effects-parallel-health-system-report/
    - https://congoresearchgroup.org/report-rebels-doctors-and-merchants-of-violence-how-the-fight-against-ebola-became-part-of-the-conflict-in-eastern-drc/

5.2. EVALUATION TEAM

The evaluation team must include strong expertise in humanitarian health, public health and epidemiology in particular, corresponding to documented multi-year experience of humanitarian aid, and knowledge of development aid in the sector. Furthermore, expertise of evaluation of health interventions at an aggregate level is required.

The team should also have experience assessing institutional partnerships and a solid knowledge of the WHO.

6. CONTENT OF THE OFFER

A. The administrative part of the bidder's offer must include:

1. The specific tender submission form (annex C to the model specific contract);
2. A signed Experts' declaration of availability, absence of conflict of interest and not being in a situation of exclusion (annex D to the model specific contract).

[26] Currently at a draft final stage
[27] Ongoing
[28] The EU Facility for Refugees in Turkey (europa.eu)
[29] https://ec.europa.eu/trustfund-syria-region/system/files/2020-05/h_eval_report_final_28.05.2020_submitted.pdf
[30] health_evaluation_main_report_europa.pdf
[31] https://odi.org/en/publications/the-democratic-republic-of-congos-10th-ebola-response-lessons-on-international-leadership-and-coordination/
[32] https://interagencystandingcommittee.org/iasc-transformative-agenda/news-public/key-messages-iasc-system-wide-scale-activation-ebola-response

B. The technical part of the bidder's offer should be presented in a maximum of **30 pages** (including annexes, but excluding CVs), and must include:

1. A description of the understanding of the Terms of Reference, their scope and the tasks covered by the contract. This should include the bidder's understanding of the evaluation questions, and a first outline for an evaluation framework that provides judgement criteria and the information sources to be used for answering the questions. The final definition of judgement criteria and information sources will be agreed with the Commission during the inception phase;
2. The methodology the bidder intends to apply for this evaluation for each of the phases involved, including a draft proposal for the number of case studies to be carried out during the field visit, the regions to be visited, and the reasons for such a choice. The methodology will be refined and validated by the Commission during the desk phase;
3. A description of the distribution of tasks in the team, including an indicative quantification of the work for each expert in terms of person/days;
4. A detailed proposed timetable for its implementation with the total number of days needed for each of the phases (Desk, Field and Synthesis).

C. The CVs of the experts proposed.

D. The financial part of the offer (annex E to the model specific contract) must include the proposed total budget in Euros, taking due account of the maximum amount for this evaluation. The price must be expressed as a lump sum for the whole of the services provided. The expert fees as provided in the Financial Offer for the Framework Contract must be respected.

7. AMOUNT OF THE CONTRACT

The maximum budget allocated to this study is EUR 300 000.

8. TIMETABLE

The indicative duration of the evaluation is **10 months**. The duration of the contract shall be no more than **11 months**).

The evaluation starts after the contract has been signed by both parties, and no expenses may be incurred before that. The main part of the existing relevant documents will be provided after the signature of the contract.

In their offer, the bidders shall provide a schedule based on the indicative table below (T = contract signature date):

Timing	**Event**
January 2022 T+1 week	Kick-off
T+4 weeks	Inception workshop

T+6 weeks	Draft Inception Report
T+7 weeks	Inception meeting
T+12 weeks	Draft Desk Report
T+13 weeks	Desk Report meeting
T+15 weeks	Final Desk Report approved
T+16– 22 weeks	Field visits
T+23	Draft Field Report
T+24	Field Report Meeting
T+31 weeks	Draft Final Report
T+34 weeks	Draft Final Report meeting
T+38 weeks	Final Report published

9. PROVISIONS OF THE FRAMEWORK TENDER SPECIFICATIONS

1) **Team composition**: The Team proposed by the Tenderer for assignments to be contracted under the Framework Contract must comply with Criterion T4 (see Section 3.2.3 of the Tender Specifications for the Framework Contract).

2) **Procedures and instructions**: The procedures and instructions to the Tenderer for Specific Contracts under the Framework Contract are provided under Section 5 of the Tender Specifications for the Framework Contract.

   However, those provisions relating to meetings and reports could be modified in a Request for Services or discussed and agreed during the Inception Phase under a Specific Contract.

3) **EU Bookshop Format**: For easy reference, the official template for evaluation reports is attached to these ToR. Reports produced by external contractors do not need the official font of the Commission (EC Square Sans Pro) or professional graphic design.

ANNEX – Evaluation report template – 2020 update

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The European Civil Protection and Humanitarian Aid Operations - ECHO

ECHO Mission

The primary role of the Directorate-General for Civil Protection and Humanitarian Aid Operations (DG ECHO) of the European Commission is to manage and coordinate the European Union's emergency response to conflicts, natural and man-made disasters. It does so both through the delivery of humanitarian aid and through the coordination and facilitation of in-kind assistance, specialist capacities, expertise and intervention teams using the Union Civil Protection Mechanism (UCPM)

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