



European
Commission

Study supporting the preliminary evaluation of the support provided by ESF and FEAD under the Coronavirus Response Investment Initiatives (CRII and CRII+)

VT/2020/48

Final Report

Written by Ian Atkinson, Monica Andriescu, Kyrillos Spyridopoulos, Andrea Broughton (Ecorys),
Jakob Weiss (3s)
March 2023

EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs & Inclusion
Directorate G — Funds: Programming and implementation
Unit G5 — Better Regulation

Contact: DG EMPL, Unit G5 – Better Regulation

E-mail: EMPL-G5-UNIT@ec.europa.eu

*European Commission
B-1049 Brussels*

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Manuscript completed in March 2023

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Luxembourg: Publications Office of the European Union, 2023

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PDF ISBN 978-92-68-01837-8 doi:10.2767/44044 KE-04-23-406-3A-N

Please quote this report as: Ecorys, 3s (2023) Study supporting the preliminary evaluation of the support provided by ESF and FEAD under the Coronavirus Response Investment Initiatives (CRII and CRII+), Directorate-General for Employment, Social Affairs and Inclusion.

Executive summary

The COVID-19 pandemic had a series of social, economic, and health impacts on the European Union's Member States. Not long after its onset, it became clear that Member States would experience significant liquidity shortages due to the exponential increase in public investments required in their healthcare systems and other sectors of their economies. As a response to this exceptional situation, the European Commission launched, in March and April 2020, soon after the onset of the pandemic, two sequential initiatives: the Coronavirus Response Investment Initiative (CRII) and the Coronavirus Response Investment Initiative Plus (CRII+).

The two initiatives granted Member States unprecedented flexibilities to plan and implement COVID-19 anti-crisis operations and address the acute needs of the population, by using the unspent resources during the 2014-2020 programming period from the European Structural and Investment Funds (ESIF) and the Fund for European Aid to the Most Deprived (FEAD).

Flexibilities in using the European Social Fund (ESF) under CRII and CRII+ included making coronavirus crisis related expenditure eligible under cohesion policy rules, retroactive eligibility, 100% co-financing, reallocation between Funds and between categories of regions, a waiver of thematic concentration requirements, not issuing recovery orders for 2020, the postponement of the deadline for submission of the Annual Implementation Report scheduled for 2019, and providing working capital to SMEs through financial instruments. Flexibilities in using FEAD under CRII and CRII+ included reallocation of funding within the FEAD Operational Programme, the use of electronic vouchers / cards, 100% co-financing, retroactive eligibility, the purchase of personal protective materials and equipment for partner organisations, and lighter control and audit trail requirements.

This preliminary evaluation sought to examine the crisis response provided through the ESF and FEAD under CRII and CRII+. It further sought to explore the lessons learnt from using these Funds in a crisis-context. The evaluation focused on how CRII/CRII+ enabled Member States to respond to the crisis from a process perspective. Given the timing of the study, it did not consider the impact of CRII/CRII+ facilitated actions for beneficiaries and the end recipients of support, or more broadly for the European economies and societies. This will be the subject of the ex-post evaluations of the ESF and FEAD, both due in 2024.

To triangulate and evidence the findings across a set of evaluation criteria detailed below, the study followed a mixed-methods approach using both primary and secondary research. A detailed account of the methods as well as their limitations and the robustness of findings is available in the report. One key limitation is that not all anti-crisis operations planned under CRII and CRII+ were identified. The evaluation tracked amendments to operational programmes that were submitted under CRII/ CRII+ during the timeline of this study. In the context of the exceptional flexibilities enabled under CRII and CRII+, a formal amendment was however not always needed. Operations without such an amendment could not always be identified through other sources during the study.

Key findings

The study analysed the evidence gathered against the **five evaluation criteria**: effectiveness, efficiency, relevance, coherence and contribution to the crisis response.

The analysis of effectiveness suggests that the two initiatives have been broadly effective in enabling Member States to use the flexibilities that were made available, with the vast majority of Member States and the UK using them to address the COVID-19 effects across employment, social inclusion, education and training, and health. The options to transfer resources between and within Funds, as well as to use 100% co-financing, were identified

as the most widely used flexibilities in terms of numbers of countries taking advantage of them. From March 2020 to September 2022, 23 Member States (plus the UK) used the response initiatives to facilitate amendments to the ESF to respond to the COVID-19 crisis (a total of 219 amendments were identified). 15 Member States also used CRII/CRII+ flexibilities in FEAD programmes to support existing or implement new COVID-19 operations.

When flexibilities were less used in the ESF context this appeared to be due to a perceived lack of need in light of national contexts / programming (e.g., national funds were being used in the first instance to counter the pandemic's effects). In some cases, existing allocations/operations were seen as suitable and existing flexibilities as being sufficient for the anti-crisis response. In a number of cases existing flexibilities were used alongside, or in place of, the flexibilities offered by CRII and CRII+. The main reasons for more limited use of CRII+ flexibilities in the FEAD context involved the perception that FEAD Operational Programmes were already relatively flexible with a broad scope of the support that could be offered.

The extensive use of the transfer option has shown that CRII and CRII+ were effective in redirecting and reallocating resources where they were most needed. The level of financial volumes transferred as a result of CRII and CRII+ flexibilities was significant. Overall, around EUR 1.2 billion were moved from the ERDF (EUR 871 million) and the Cohesion Fund (EUR 341 million) to the ESF, while about EUR 493 million were moved from the ESF to the ERDF, resulting in a net increase of ESF funds of EUR 0.7 billion. The diversity of reallocations using CRII/CRII+ flexibilities within Member States, and different patterns of reallocation flows across and within Funds, suggests, in particular, that the reallocation of funds was able to be used to suit national contexts and meet national needs. Reallocation was more commonly used in respect of the ESF relative to FEAD, even when accounting for the different size of the Funds.

ESF and FEAD absorption rates continued to increase in 2020 and 2021 in line with their previous trend, despite the crisis context and the issues created for delivery of operations by, for example, coronavirus restrictions. This indicates that support and flexibilities provided through the CRII and CRII+ are likely to have assisted Member States to successfully maintain their level of contracting and expenditure.

The majority of Member States' COVID-19 anti-crisis operations identified in this evaluation were adjusted rather than new, building on existing operations that were expanded to meet the rise in demand for support, or to meet new demands. New operations were also implemented, but less frequently. Most ESF operations started in 2020 and only a few in 2021. Two thirds of the identified ESF operations targeted regions, with the remainder being implemented at national level. Employment and social inclusion operations represented the majority of anti-crisis operations. These also cover operations with health/ healthcare related objectives.

The identified ESF anti-crisis operations tended to focus on the general public eligible for ESF support, or entities serving the general public, rather than on specific ESF target groups (e.g., older workers, those with disabilities etc.). There was a particular focus on those on furlough as opposed to the traditionally defined 'unemployed' or 'economically inactive'. There were also operations supporting specific ESF target groups, including the most vulnerable (e.g., the homeless, the elderly, persons with caring responsibilities, disabilities, etc.). FEAD operations continued to be aimed at the provision of food aid and basic material assistance, as well as social inclusion measures, to the most deprived.

Anti-crisis operations were largely managed through the governance structures that were already in place before the pandemic. These were often supported via ad-hoc working groups with a specific crisis response role. The evidence suggests that the horizontal principles (e.g., the partnership principle) have been considered to some degree in

operations responding to the pandemic, although the need to respond quickly was viewed as taking precedence over a more thorough consideration or integration of the principles into the crisis response.

Tracking the COVID-19 pandemic response posed a particular challenge. The original monitoring systems were not designed to track the exceptional flexibilities introduced by CRII/CRII+. The European Commission proposed new, non-mandatory, financial and output indicators to be used by the national and regional programmes, published in a “non-paper”.¹ These programme-specific indicators were intended to enable the monitoring of the anti-crisis operations introduced through CRII, CRII+ and REACT-EU. Most Member States and the UK used these new indicators to monitor their anti-crisis operations, though there are likely to be gaps in the available data. Monitoring thus likely underestimates the ESF support to the crisis, which by September 2022 indicated EUR 5.1 billion support, targeting 4.1 million ESF participants and 118 thousand entities. Notwithstanding this issue, the new indicators are a significant step forward when compared with attempts to monitor (and evaluate) interventions aimed at addressing previous crises (e.g., the 2008-2009 economic crisis). In particular, this is because they provide a dedicated way to monitor the response to COVID-19, thereby providing a specific measure of the scale of ESF investments alongside numbers of individuals and entities benefitting across the EU as part of the crisis response.

The analysis of efficiency shows that, overall, CRII and CRII+ facilitated an efficient process for using remaining funds to respond to the COVID-19 pandemic and the changed priorities that resulted. CRII and CRII+ simplified and accelerated the reprogramming process and were thus key in helping Member States to rapidly respond to needs on the ground. In particular, the ability to reallocate funds in an efficient manner enabled Member States to address the pandemic’s effects and maintain liquidity for broader expenditure. Time efficiencies in programming were coupled with time efficiencies in implementation: the evidence shows that almost 7 out of 10 programme amendments were accepted within one month, much more quickly than the 3 months stipulated normally by the Common Provisions Regulation.

In general, there was very limited evidence of consideration/assessment of costs and benefits arising at the Member State level from CRII/CRII+ and their use in the ESF and FEAD contexts. There was, however, some anecdotal evidence that Managing Authority costs, in terms of familiarisation with flexibilities, implementation of new indicators etc., were overall outweighed by benefits in terms of time/resource cost savings compared to pre-pandemic programming. Despite this, there was acknowledgement that deploying the flexibilities in itself created additional administrative requirements, as the new rules had to be communicated and internalised. This was a challenge in the early pandemic phase in particular, due to the requirement for Managing Authorities and partner staff to respond to the pandemic and develop/adapt operations rapidly. However, the CRII/ CRII+ flexibilities were generally seen as reducing resource requirements and administrative burden, hence supporting an efficient pandemic response.

The analysis of coherence suggests that the majority of CRII/CRII+ operations were based on and/or broadened the scope of existing ESF and FEAD actions, suggesting coherence of operations supported by the Funds before and during the pandemic. However, there were some distinct changes relative to programming in the pre-pandemic context. These included the broadening of target groups to the general population rather than targeting specific groups; the prioritisation of actions focusing on health and healthcare; and an increased focus on passive support measures (mostly short-time work schemes). The main changes in the use of FEAD during the pandemic were made to the process of reaching the end recipients (e.g., the introduction of e-vouchers or the use of other similar

¹ Non-paper: List of programme-specific indicators related to the cohesion policy direct response to the COVID-19 pandemic (Revised February 2021)
https://ec.europa.eu/regional_policy/sources/docgener/informat/indicators_covid19_response_en.pdf

digital means to facilitate the distribution and pick-up of food and other material assistance products) and to the operational processes of the implementing organisations.

The analysis undertaken also demonstrated synergies between ESF and ERDF, with 13 Member-States re-allocating funds between the two, to program relevant actions (CZ, DE, ES, FR, HU, IE, IT, LT, LV, MT, PL, PT, SK). The same synergies have been seen between ESF and SURE, with the majority of Member States using both funding sources to finance short-time work schemes (STWS). Sixteen of the Member States that used SURE also planned to use ESF to support STWS under the CRII/ CRII+ flexibilities (BG, CY, CZ, DE, ES, GR, HU, IT, LT, LU, LV, MT, PL, PT, SI, SK).²

The evidence also suggests that several Member States are continuing, or are planning to continue, CRII / CRII+ operations under REACT-EU and ESF+, thus enabling a coherent transition from crisis response to crisis recovery and supporting alignment and sustainability over the long-term. The evidence also points to complementarities between ESF and FEAD actions and those financed via national and regional budgets during COVID-19. Inter-institutional coordination and consultations with social partners were cited as an enabling factor in leveraging synergies and avoiding duplication. Where an overlap between different Funds was identified, notably in terms of ESF and SURE both financing STWS, this reflected the high level of demand for support for jobs, employees, the self-employed and businesses in the pandemic, rather than representing unnecessary duplication.

A factor that somewhat hindered coherence included the high number and variety of EU instruments and mechanisms that were launched in a short time-span during the pandemic. This situation required additional time at the level of the national/ regional administrations, for instance to determine the most appropriate instrument or mechanism to use. Notwithstanding this issue, there was wide agreement across stakeholders that these mechanisms supported crisis response in the Member States in a coherent manner and in different ways, at critical times, in the evolution of the pandemic.

The analysis of relevance suggests that CRII/CRII+ flexibilities were relevant overall in enabling Managing Authorities to quickly program operations and address the needs stemming from COVID-19's social, economic, and health impacts. Anti-crisis operations were relevant for the general public and entities affected by the pandemic (e.g., businesses) as well as those supporting the crisis response (healthcare establishments). They have also shown relevance to vulnerable groups such as the homeless, people with caring responsibilities, persons with disabilities, and the elderly, or persons at risk of poverty and social exclusion whose needs increased during the pandemic. The notable increase in participation in FEAD operations in 2020 compared to 2019 is illustrative of the relevance of FEAD under CRII+.

CRII/CRII+ flexibilities were seen as relevant for a series of target groups whose needs were particularly acute during COVID-19, including healthcare institutions or social service providers (e.g., mental health-, financial-, housing-, family-, work-related, legal- counselling service providers etc.) as well as people in specific sectors (e.g., cultural sector) or those at risk of losing their job. Apart from these target groups, the study sought to assess the relevance of CRII/CRII+ flexibilities in the context of the arrival in EU Member States of people fleeing the war in Ukraine. Evidence suggests that the CRII and CRII+ flexibilities were less relevant in this context, largely due to funds already having been committed for other operations; it was also too early to make a definitive judgement on the relevance of the response to this new crisis.

ESF and FEAD objectives address structural inequalities but have also proved their added value in supporting crisis response during the COVID-19 pandemic. **The analysis of contribution to the crisis response** suggests that CRII/CRII+ provided flexibility to

² Based on the CRII/ CRII+ ESF operations identified in the SFC2014 database in the timeline of this preliminary evaluation based on Operational Programme amendments submitted before October 2022.

Member States to quickly react to the COVID-19 crisis and implement operations more quickly than might have been possible in their absence, supporting several areas of intervention. In addition, the response initiatives contributed to reducing administrative burden in accessing ESF and FEAD, which in turn supported implementing bodies in accessing funding to address fast evolving needs on the ground. CRII/ CRII+ enabled the use of ESF and FEAD to fund new activities in the crisis context, extending the scope of the funds to address new target groups and support new types of actions, as well as adjust the scope of existing operations to provide more inclusive support. Finally, the flexibilities also facilitated the integration of ESF and FEAD funded operations into national strategies and allowed Member States to test new solutions.

Lessons learnt

The assessment of CRII/CRII+ also pointed to some important lessons learnt:

- Compared to the economic crisis of 2008-2009, **the EU responded much quicker and more extensively to the socio-economic challenges triggered by COVID-19**. The support was timely and critical in enabling a quick crisis response across the Member States and the UK. Apart from addressing structural inequalities, ESF and FEAD were also critical crisis-response instruments, while still pursuing the same core objectives. This highlights the potentially crucial role that such funds can play in a crisis response context.
- The study findings also highlight a need to **facilitate flexibilities while maintaining a focus on monitoring and reporting**, thereby ensuring the traceability of operations and their outcomes. Difficulties in monitoring and evaluating crisis response in these contexts can limit the lessons learnt and how funds such as the ESF and FEAD can be used in the future. Having **ad-hoc working groups or interinstitutional mechanisms proved to be effective** in terms of informing decision-making and avoiding duplication of actions in critical times, with the evidence showing how these can function effectively alongside pre-existing formal governance and implementation mechanisms. To the same end, enhancing the involvement of social partners was also seen as an area for further development in terms of helping to ensure the design of operations correspond to the greatest degree possible to the needs on the ground.
- **Extending flexibilities to national and regional procedures and institutional/organisational capacity are equally important to effective crisis response**, as they facilitate access to funding for beneficiaries in emergency situations when a quick response on the ground is critical. The study shows that the process was more effective and efficient in situations where Managing Authorities made additional efforts to coordinate and help the beneficiaries to fulfil their obligations, including by taking on administrative burdens that would otherwise have fallen on beneficiaries.
- **Anti-crisis operations have revealed investment areas where ESF and FEAD operations could focus further during the post-pandemic recovery phase**, thereby continuing the investments that were piloted during COVID-19 (e.g., digitalisation across policy areas, adaptation support for workers and employers, targeted support for the most vulnerable groups, investments in strengthening the resilience of healthcare systems, etc.).
- The **range of EU funding instruments** available to the Member States during the pandemic required additional coordination efforts from national and regional authorities. At the same time the instruments **supported the building of crisis response capacity** at EU, national and regional levels, and the **development of new ways of working** that can contribute in future to a better targeting and alignment of resources to pursue the EU's Cohesion Policy priorities during 2021-2027.

Synthèse – Étude à l'appui de l'évaluation préliminaire du soutien apporté par le FSE et le FEAD dans le cadre des Initiatives d'investissement en réaction au coronavirus (CRII et CRII+)

La pandémie de COVID-19 a engendré des conséquences sociales, économiques et sanitaires sur les États membres de l'Union européenne. Peu après le début de la pandémie, il est devenu évident que les États membres subiraient un manque de liquidités important en raison de l'accroissement exponentiel des investissements publics nécessaires à leurs systèmes de santé et à d'autres secteurs de leurs économies. En réponse à cette situation exceptionnelle, la Commission européenne a lancé, en mars et avril 2020, juste après le début de la pandémie, deux initiatives séquentielles: l'Initiative d'investissement en réaction au coronavirus (CRII) et l'Initiative d'investissement+ en réaction au coronavirus (CRII+).

Ces deux initiatives ont octroyé des flexibilités sans précédent aux États membres pour planifier et mettre en œuvre des opérations de lutte contre la crise et répondre aux besoins urgents de la population, en utilisant les ressources non dépensées au cours de la période de programmation 2014-2020 des Fonds structurels et d'investissement européens (Fonds ESF) et du Fonds européen d'aide aux plus démunis (FEAD).

Les flexibilités d'utilisation du Fonds social européen (FSE) dans le cadre des initiatives CRII et CRII+ comprenaient l'éligibilité des dépenses liées à la crise du coronavirus dans le cadre des règles de la politique de cohésion, l'éligibilité rétroactive, un taux de cofinancement de 100 %, la réaffectation entre les Fonds et entre les catégories de régions, une dispense de conformité aux exigences de concentration thématique, la non-émission d'ordres de recouvrement pour 2020, le report de la date limite de soumission du rapport annuel de mise en œuvre prévu pour 2019, et la fourniture de fonds de roulement aux PME par le biais d'instruments financiers. Les flexibilités d'utilisation du FEAD dans le cadre des initiatives CRII et CRII+ incluaient la réaffectation de fonds au sein du Programme opérationnel du FEAD, l'utilisation de bons/cartes électroniques, un taux de cofinancement de 100 %, l'éligibilité rétroactive, l'achat d'équipement de protection individuel pour les organisations partenaires et des exigences allégées en matière de contrôle et de pistes d'audit.

Cette évaluation préliminaire visait à examiner la réponse à la crise fournie par le FSE et le FEAD dans le cadre des initiatives CRII et CRII+. Elle cherchait également à explorer les enseignements acquis à la suite de l'utilisation de ces Fonds dans un contexte de crise. L'évaluation s'est concentrée sur la question de savoir si les processus mis en place par les initiatives CRII et CRII+ avaient permis aux États membres de faire face à la crise. Compte tenu du calendrier de l'étude, cette évaluation n'a pas examiné l'impact des actions facilitées par les initiatives CRII/CRII+ sur les bénéficiaires et les destinataires finaux de l'aide, ni, plus largement, sur les économies et les sociétés européennes. Ce point sera l'objet des évaluations ex post du FSE et du FEAD, toutes deux prévues en 2024.

Afin de trianguler et d'étayer les résultats en fonction d'une série de critères d'évaluation détaillés ci-dessous, l'étude a adopté une approche mixte recourant à la fois à la recherche primaire et secondaire. Un compte rendu détaillé des méthodes, de leurs limites et de la fiabilité des résultats est disponible dans le rapport. L'une des principales limites est que toutes les opérations de lutte contre la crise prévues dans le cadre des initiatives CRII et CRII+ n'ont pas été identifiées. L'évaluation a suivi les modifications apportées aux programmes opérationnels soumis au titre des initiatives CRII/CRII+ pendant la durée de l'étude. Cependant, dans le contexte des flexibilités exceptionnelles permises par les initiatives CRII et CRII+, une modification formelle n'était pas toujours nécessaire. Les

opérations n'ayant pas fait l'objet d'une telle modification n'ont pas toujours pu être identifiées par d'autres sources au cours de l'étude.

Principales constatations

L'étude a analysé les éléments recueillis en fonction des **cinq critères d'évaluation**: efficacité, efficience, pertinence, cohérence et contribution de la réponse à la crise.

L'**analyse de l'efficacité** suggère que les deux initiatives ont été généralement efficaces pour permettre aux États membres d'utiliser les flexibilités mises à leur disposition, la grande majorité des États membres et le Royaume-Uni les ayant utilisées pour pallier les effets de la COVID-19 dans les domaines de l'emploi, de l'inclusion sociale, de l'éducation et de la formation, et de la santé. Les possibilités de transfert de ressources entre les Fonds et en leur sein, ainsi que le recours au taux de cofinancement de 100 %, ont été identifiés comme les flexibilités les plus utilisées en termes de nombre de pays qui s'en sont servis. De mars 2020 à septembre 2022, 23 États membres (plus le Royaume-Uni) ont utilisé les initiatives de réaction pour faciliter les modifications du FSE afin de répondre à la crise liée à la COVID-19 (un total de 219 modifications a été recensé). Quinze États membres ont également utilisé les flexibilités des initiatives CRII/CRII+ dans les programmes au titre du FEAD pour soutenir les opérations existantes ou pour mettre en œuvre de nouvelles opérations de lutte contre la COVID-19.

Ces flexibilités ont été moins employées, dans le cadre du FSE, lorsqu'elles n'étaient pas nécessaires au vu du contexte/programme national (par exemple, les fonds nationaux ont été utilisés en premier lieu pour contrer les effets de la pandémie). Dans certains cas, les allocations/opérations existantes ont été considérées comme adaptées et les flexibilités existantes comme suffisantes pour faire face à la crise. De nombreuses fois, les flexibilités existantes ont été utilisées conjointement aux flexibilités offertes par les initiatives CRII et CRII+, ou en remplacement de celles-ci. Les principales raisons d'un recours plus limité aux flexibilités de l'initiative CRII+ dans le cadre du FEAD sont liées au sentiment que les Programmes opérationnels du FEAD sont déjà relativement flexibles et qu'ils offrent un large éventail de possibilités de soutien.

L'utilisation intensive de l'option de transfert a montré que les initiatives CRII et CRII+ étaient efficaces pour rediriger et réaffecter les ressources là où elles étaient le plus nécessaires. Le niveau des volumes financiers transférés à la suite des flexibilités des initiatives CRII et de CRII+ a été considérable. En tout, environ 1,2 milliard d'euros ont été transférés du FEDER (871 millions d'euros) et du Fonds de cohésion (341 millions d'euros) au FSE, tandis que près de 493 millions d'euros ont été transférés du FSE au FEDER, ce qui s'est traduit par une augmentation nette des fonds du FSE de 0,7 milliard d'euros. La diversité des réaffectations par le biais des flexibilités des initiatives CRII/CRII+ au sein des États membres, ainsi que les différents schémas de flux de réaffectation entre et au sein des Fonds, indiquent clairement que la réaffectation des fonds a pu être utilisée de manière à s'adapter aux contextes nationaux et répondre aux besoins nationaux. La réaffectation a été plus souvent utilisée pour le FSE que pour le FEAD, même en tenant compte de la différence de taille des Fonds.

Les taux d'absorption du FSE et du FEAD ont continué à augmenter en 2020 et 2021, conformément à leur tendance antérieure, malgré le contexte de crise et les problèmes liés à la mise en œuvre des opérations en raison des restrictions liées au coronavirus, par exemple. Cela démontre que le soutien et les flexibilités apportés par les initiatives CRII et CRII+ ont probablement aidé les États membres à maintenir leur niveau de passation de marchés et de dépenses.

La majorité des opérations de lutte contre la COVID-19 des États membres identifiées dans cette évaluation ont été ajustées plutôt que créées, et s'appuient sur des opérations existantes qui ont été étendues pour répondre à l'augmentation de la demande d'aide, ou

pour répondre à de nouvelles demandes. De nouvelles opérations ont également été mises en œuvre, mais moins fréquemment. La plupart des opérations du FSE ont commencé en 2020 et seules quelques-unes en 2021. Deux tiers des opérations du FSE identifiées ont ciblé des régions, le reste étant mis en œuvre au niveau national. Les opérations en faveur de l'emploi et de l'inclusion sociale ont représenté la majorité des opérations de lutte contre la crise. Cela couvre également les opérations ayant des objectifs en matière de santé/soins de santé.

Les opérations de lutte contre la crise du FSE identifiées ont eu tendance à se concentrer sur le grand public, éligible à l'aide du FSE, ou sur des entités au service des citoyens, plutôt que sur des groupes cibles spécifiques du FSE (par exemple, les travailleurs âgés, les personnes handicapées, etc.). L'accent a été mis sur les personnes en situation de «chômage technique», par opposition à la définition traditionnelle de «chômeur» ou d'«inactif». Des opérations ont également été menées en faveur de groupes cibles spécifiques du FSE, notamment les personnes les plus vulnérables (par exemple, les sans-abri, les personnes âgées, les personnes ayant des responsabilités familiales, les personnes handicapées, etc.) Les opérations du FEAD ont continué à se concentrer sur la mise à disposition d'une aide alimentaire et d'une assistance matérielle de base, ainsi que de mesures d'inclusion sociale en faveur des plus démunis.

Les opérations de lutte contre la crise ont été en grande partie gérées par les structures de gouvernance qui étaient déjà en place avant la pandémie. Celles-ci étaient souvent soutenues par des groupes de travail ad hoc jouant un rôle spécifique en matière de réponse à la crise. Il apparaît que les principes horizontaux (par exemple, le principe de partenariat) ont été pris en compte dans une certaine mesure dans les opérations de lutte contre la pandémie, même si la nécessité de réagir rapidement a été jugée prioritaire par rapport à une prise en compte ou à une intégration plus approfondie de ces principes dans la réponse à la crise.

Le suivi électronique de la réaction à la pandémie de COVID-19 a posé un défi particulier. Les systèmes de surveillance initiaux n'étaient pas conçus pour suivre les flexibilités exceptionnelles introduites par les initiatives CRII/CRII+. Dans un «document officiel», la Commission européenne a proposé aux programmes nationaux et régionaux d'utiliser de nouveaux indicateurs financiers et de résultats non obligatoires.³ Ces indicateurs spécifiques aux programmes étaient destinés à permettre le suivi des opérations de lutte contre la crise introduites par le biais de l'initiative CRII, de l'initiative CRII+ et de REACT-EU. La plupart des États membres et le Royaume-Uni ont utilisé ces nouveaux indicateurs pour surveiller leurs opérations de lutte contre la crise, même si les données disponibles sont probablement lacunaires. La surveillance sous-estime donc probablement l'aide du FSE lors de la crise, qui, en septembre 2022, indiquait un soutien de 5,1 milliards d'euros, ciblant 4,1 millions de participants au FSE et 118 000 entités. Malgré ce problème, les nouveaux indicateurs constituent une avancée significative par rapport aux tentatives de surveillance (et d'évaluation) des interventions visant à résoudre les crises précédentes (par exemple, la crise économique de 2008-2009). En effet, ils constituent un moyen spécifique de surveiller la réaction à la crise de COVID-19 et permettent ainsi de mesurer l'ampleur des investissements du FSE et le nombre de personnes et d'entités qui en ont bénéficié dans l'UE dans le cadre de la réponse à la crise.

L'analyse de l'efficacité montre que, dans l'ensemble, les initiatives CRII et CRII+ ont permis de mettre en place un processus efficace d'utilisation des fonds restants pour faire face à la pandémie de COVID-19 et aux changements de priorités qui en ont résulté. Les initiatives CRII et CRII+ ont simplifié et accéléré le processus de reprogrammation et ont donc joué un rôle clé en aidant les États membres à répondre rapidement aux besoins sur le terrain. La possibilité de réaffecter des fonds de manière efficace a permis, en particulier,

³ Document officiel: Liste des indicateurs spécifiques aux programmes liés à la politique de cohésion en réponse directe à la pandémie de COVID-19 (révisée en février 2021)
https://ec.europa.eu/regional_policy/sources/docgener/informat/indicators_covid19_response_en.pdf

aux États membres de pallier les effets de la pandémie et de conserver des liquidités pour des dépenses plus importantes. Les gains de temps en matière de programmation ont été associés à des gains de temps en matière de mise en œuvre: il apparaît que près de 7 modifications de programmes sur 10 ont été acceptées dans un délai d'un mois, soit beaucoup plus rapidement que les 3 mois normalement prévus par le règlement portant dispositions communes.

D'une manière générale, il y avait très peu d'éléments attestant de la prise en compte ou de l'évaluation des coûts et des avantages découlant, au niveau des États membres, des initiatives CRII/CRII+ et de leur utilisation dans les contextes du FSE et du FEAD. Toutefois, certains éléments anecdotiques indiquent que les coûts des autorités de gestion, en termes de familiarisation avec les flexibilités, de mise en œuvre de nouveaux indicateurs, etc., ont été globalement compensés par les avantages en termes de gains de temps et de ressources par rapport à la programmation d'avant la pandémie. Malgré cela, il a été reconnu que le déploiement des flexibilités créait en soi des exigences administratives supplémentaires, car les nouvelles règles devaient être communiquées et internalisées. Ce point a représenté un défi au début de la pandémie en particulier, car les autorités de gestion et le personnel des partenaires devaient faire face à la pandémie et développer/adapter rapidement les opérations. Toutefois, les flexibilités des initiatives CRII/CRII+ ont généralement été considérées comme réduisant les besoins en ressources et la charge administrative, favorisant ainsi une réponse efficace à la pandémie.

L'analyse de la cohérence suggère que la majorité des opérations des initiatives CRII/CRII+ étaient basées sur et/ou élargissaient la portée des actions existantes du FSE et du FEAD, ce qui indique la cohérence des opérations soutenues par les Fonds avant et pendant la pandémie. Toutefois, il y a eu quelques changements distincts par rapport à la programmation dans le contexte précédant la pandémie. Il s'agit notamment de l'élargissement des groupes cibles à la population générale plutôt qu'à des groupes spécifiques, de la hiérarchisation des actions axées sur la santé et les soins de santé, et de l'accent mis sur les mesures passives de soutien (principalement les mesures de chômage partiel). Les principaux changements dans l'utilisation du FEAD au cours de la pandémie ont été apportés au processus permettant d'atteindre les bénéficiaires finaux (par exemple, l'introduction de bons électroniques ou l'utilisation d'autres moyens numériques similaires pour faciliter la distribution et le retrait de denrées alimentaires et d'autres produits d'assistance matérielle) ainsi qu'aux processus opérationnels des organisations chargées de la mise en œuvre.

L'analyse a également démontré des synergies entre le FSE et le FEDER, avec 13 États membres réaffectant des fonds entre les deux, afin de programmer des actions pertinentes (CZ, DE, ES, FR, HU, IE, IT, LT, LV, MT, PL, PT, SK). Les mêmes synergies ont été observées entre le FSE et SURE,⁴ la majorité des États membres utilisant les deux sources de financement pour financer les mesures de chômage partiel (STWS). Seize des États membres, qui ont utilisé le programme SURE, ont également prévu d'utiliser le FSE pour soutenir les STWS au titre des flexibilités des initiatives CRII/ CRII+ (BG, CY, CZ, DE, ES, GR, HU, IT, LT, LU, LV, MT, PL, PT, SI, SK).⁵

Il apparaît également que plusieurs États membres poursuivent, ou prévoient de poursuivre, des opérations CRII/CRII+ dans le cadre de REACT-EU et du FSE+, ce qui permet une transition cohérente entre la réaction à la crise et la relance après la crise et favorise l'alignement et la viabilité à long terme. Les données indiquent également des complémentarités entre les actions du FSE et du FEAD et celles financées par les budgets nationaux et régionaux au cours de la pandémie de COVID-19. La coordination interinstitutionnelle et les consultations avec les partenaires sociaux ont été citées comme

⁴ Instrument européen de soutien temporaire à l'atténuation des risques de chômage en situation d'urgence ([SURE](#)) engendrée par la propagation de la COVID-19.

⁵ Sur la base des opérations FSE des CRII/ CRII+ identifiées dans la base de données SFC2014 du calendrier de cette évaluation préliminaire, sur la base des modifications du programme opérationnel soumises avant octobre 2022.

un facteur permettant de tirer parti des synergies et d'éviter les doubles emplois. Les chevauchements entre différents fonds identifiés, notamment en ce qui concerne le FSE et SURE qui financent tous deux les STWS, reflètent le niveau élevé de la demande d'aide à l'emploi, aux salariés, aux indépendants et aux entreprises dans le cadre de la pandémie, plutôt que de représenter un doublon inutile.

Le nombre élevé et la diversité des instruments et mécanismes de l'UE, lancés en peu de temps pendant la pandémie, ont quelque peu nui à la cohérence. Cette situation a nécessité un délai supplémentaire au niveau des administrations nationales/régionales, par exemple pour déterminer l'instrument ou le mécanisme le plus approprié à utiliser. Malgré ce problème, les parties prenantes s'accordent à dire que ces mécanismes ont aidé les États membres à réagir face à la crise de manière cohérente et de différentes façons, à des moments critiques de l'évolution de la pandémie.

L'analyse de la pertinence suggère que les flexibilités des initiatives CRII/CRII+ ont été globalement pertinentes permettant aux autorités de gestion de programmer rapidement les opérations et de répondre aux besoins découlant des impacts sociaux, économiques et sanitaires de la COVID-19. Les opérations de lutte contre la crise concernaient le grand public et les entités touchées par la pandémie (par exemple, les entreprises) ainsi que celles qui soutenaient la réaction à la crise (les établissements de soins de santé). Elles se sont également révélées pertinentes pour les groupes vulnérables tels que les sans-abri, les personnes ayant des responsabilités familiales, les personnes handicapées et les personnes âgées, ou les personnes menacées de pauvreté et d'exclusion sociale dont les besoins se sont accrus au cours de la pandémie. L'augmentation notable de la participation aux opérations du FEAD en 2020 par rapport à 2019 illustre la pertinence du FEAD dans le cadre de l'initiative CRII+.

Les flexibilités des initiatives CRII/CRII+ ont été jugées pertinentes pour plusieurs groupes cibles dont les besoins étaient particulièrement aigus au cours de la période de la COVID-19, notamment les établissements de soins de santé ou les prestataires de services sociaux (par exemple, les prestataires de services de santé mentale, financiers, de logement, familiaux, liés à l'emploi, de conseil juridique, etc.) ainsi que les personnes travaillant dans des secteurs spécifiques (par exemple, le secteur culturel) ou celles qui risquaient de perdre leur emploi. En dehors de ces groupes cibles, l'étude a cherché à évaluer la pertinence des flexibilités des initiatives CRII/CRII+ dans le contexte de l'arrivée dans les États membres de l'UE de personnes fuyant la guerre en Ukraine. Il semble que les flexibilités des initiatives CRII et CRII+ aient été moins pertinentes dans ce contexte, en grande partie parce que les fonds avaient déjà été engagés pour d'autres opérations; il était également trop tôt pour porter un jugement définitif sur la pertinence de la réaction à cette nouvelle crise.

Les objectifs du FSE et du FEAD s'attaquent aux inégalités structurelles, mais ils ont également prouvé leur valeur ajoutée en soutenant la réaction à la crise pendant la pandémie de COVID-19. **L'analyse de la contribution de la réaction à la crise** montre que les initiatives CRII/CRII+, grâce à leur flexibilité, ont permis aux États membres de réagir rapidement à la crise de la COVID-19 et de mettre en œuvre des opérations plus rapidement qu'il n'aurait été possible de le faire en leur absence, en soutenant plusieurs domaines d'intervention. En outre, les initiatives de réaction ont contribué à réduire la charge administrative liée à l'accès au FSE et au FEAD, ce qui a permis aux organismes de mise en œuvre d'accéder aux financements nécessaires pour répondre à l'évolution rapide des besoins sur le terrain. Les initiatives CRII et CRII+ ont permis d'employer le FSE et le FEAD pour financer de nouvelles activités dans le contexte de la crise, en étendant le champ d'application des fonds pour s'adresser à de nouveaux groupes cibles et soutenir de nouveaux types d'actions, ainsi que pour ajuster le champ d'application des opérations existantes afin de fournir un soutien plus inclusif. Enfin, les flexibilités ont également facilité l'intégration des opérations financées par le FSE et le FEAD aux stratégies nationales et ont permis aux États membres de tester de nouvelles solutions.

Enseignements importants

L'évaluation des CRII/CRII+ a également permis de tirer des enseignements importants:

- Par rapport à la crise économique de 2008-2009, **l'UE a répondu beaucoup plus rapidement et de manière plus étendue aux défis socio-économiques engendrés par la COVID-19**. Le soutien est arrivé à point nommé pour offrir une réponse rapide à la crise dans les États membres et au Royaume-Uni. En plus de s'attaquer aux inégalités structurelles, le FSE et le FEAD ont également été des instruments critiques de réaction à la crise, tout en poursuivant les mêmes objectifs centraux. Cela met en évidence le rôle potentiellement crucial que ces fonds peuvent jouer dans un contexte de réaction à une crise.
- Les résultats de l'étude soulignent également la nécessité de **faciliter les flexibilités tout en continuant à se concentrer sur le suivi et l'établissement de rapports**, afin de garantir la traçabilité des opérations et de leurs résultats. Les difficultés rencontrées pour suivre et évaluer la réaction à la crise dans ces contextes peuvent limiter les enseignements tirés et la façon dont des fonds, tels que le FSE et le FEAD, pourront être utilisés à l'avenir. L'existence de **groupes de travail ad hoc ou de mécanismes interinstitutionnels s'est avérée efficace** pour éclairer la prise de décision et éviter la duplication des actions dans les moments critiques, prouvant ainsi qu'ils peuvent fonctionner parallèlement aux mécanismes formels de gouvernance et de mise en œuvre préexistants de manière efficace. Dans le même esprit, l'amélioration de l'implication des partenaires sociaux a également été considérée comme un domaine à développer afin de s'assurer que la conception des opérations correspond le mieux possible aux besoins sur le terrain.
- **L'extension des flexibilités aux procédures nationales et régionales et aux capacités institutionnelles/organisationnelles est également importante pour offrir une réaction pertinente face à la crise**, car elle facilite l'accès au financement pour les bénéficiaires en situation d'urgence quand une réponse rapide sur le terrain est essentielle. L'étude montre que le processus a été plus efficace et pertinent dans les situations où les autorités de gestion ont fourni des efforts supplémentaires pour coordonner et aider les bénéficiaires à remplir leurs obligations, notamment en se chargeant de tâches administratives qui auraient autrement incombé aux bénéficiaires.
- **Les opérations de lutte contre la crise ont révélé des domaines d'investissement sur lesquels les opérations du FSE et du FEAD pourraient se concentrer davantage pendant la phase de relance post-pandémie**, poursuivant ainsi les investissements qui avaient été pilotés pendant la crise de COVID-19 (par ex., la numérisation appliquée dans tous les domaines politiques, le soutien à l'adaptation pour les travailleurs et les employeurs, un soutien ciblé aux groupes les plus vulnérables, des investissements dans le renforcement de la résilience des systèmes de santé, etc.).
- **L'étendue des instruments de financement de l'UE** mis à la disposition des États membres pendant la pandémie a nécessité des efforts de coordination supplémentaires de la part des autorités nationales et régionales. Dans le même temps, les instruments ont **participé au renforcement des capacités de réaction en cas de crise** aux niveaux européen, national et régional, et à **l'élaboration de nouvelles façons de travailler** qui pourront à l'avenir favoriser un ciblage et un alignement plus pertinents des ressources, dans le but de suivre les priorités de la Politique de cohésion de l'UE au cours de la période 2021-2027.

Zusammenfassung – Studie zur vorläufigen Bewertung der vom ESF und vom FEAD im Rahmen der Investitionsinitiativen zur Bewältigung der Coronavirus-Krise (CRII und CRII+) geleisteten Unterstützung

Die COVID-19-Pandemie hatte eine Vielzahl von sozialen, wirtschaftlichen und gesundheitlichen Auswirkungen auf die Mitgliedstaaten der Europäischen Union. Schon bald nach Beginn der Pandemie wurde klar, dass die Mitgliedstaaten aufgrund des exponentiellen Anstiegs der öffentlichen Investitionen, die in ihren Gesundheitssystemen und anderen Wirtschaftssektoren erforderlich waren, erhebliche Liquiditätseingüsse haben würden. Als Reaktion auf diese Ausnahmesituation brachte die Europäische Kommission kurz nach Ausbruch der Pandemie, im März und im April 2020, zwei aufeinanderfolgende Initiativen auf den Weg: die Investitionsinitiative zur Bewältigung der Coronavirus-Krise (CRII) und die Investitionsinitiative Plus zur Bewältigung der Coronavirus-Krise (CRII+).

Den Mitgliedstaaten wurde im Rahmen dieser beiden Initiativen beispiellose Flexibilität für die Planung und Durchführung der Vorhaben zur Bewältigung der COVID-19-Krise und für die Sicherstellung des akuten Bedarfs der Bevölkerung gewährt, indem die noch verfügbaren Mittel aus den Europäischen Struktur- und Investitionsfonds (ESIF) und dem Europäischen Hilfsfonds für die am stärksten benachteiligten Personen (FEAD) des Programmplanungszeitraums 2014-2020 bereitgestellt wurden.

Zu den Flexibilitätsregelungen für die Verwendung des Europäischen Sozialfonds (ESF) im Rahmen von CRII und CRII+ gehörten die Ausweitung der Förderfähigkeit auf Ausgaben im Zusammenhang mit der Coronavirus-Krise nach den Regeln der Kohäsionspolitik, eine rückwirkende Förderfähigkeit, eine Kofinanzierung in Höhe von 100 %, Umschichtungen zwischen Fonds und zwischen Kategorien von Regionen, die Befreiung von den Anforderungen an die thematische Konzentration, der Verzicht auf die Ausstellung von Einziehungsanordnungen für 2020, die Verlängerung der Frist für die Vorlage des jährlichen Durchführungsberichts für 2019 und die Bereitstellung von Betriebskapital für KMU durch Finanzinstrumente. Zu den Flexibilitätsregelungen bei der Verwendung des FEAD im Rahmen von CRII und CRII+ gehörten die Neuzuweisung von Mitteln innerhalb des operationellen Programms des FEAD, die Verwendung elektronischer Gutscheine und Karten, eine Kofinanzierung in Höhe von 100 %, die rückwirkende Förderfähigkeit, der Kauf persönlicher Schutzmaterialien und -ausrüstungen für Partnerorganisationen sowie vereinfachte Kontroll- und Prüfpfadvorschriften.

Die vorläufige Bewertung hatte zum Ziel, die Krisenreaktion, die die Inanspruchnahme des ESF und des FEAD im Rahmen von CRII und CRII+ umfasste, zu überprüfen. Ein weiteres Ziel war es, zu untersuchen, welche Lehren aus dem Einsatz dieser Fonds in einem Krisenkontext gezogen werden können. Im Mittelpunkt der Bewertung stand die Frage, wie – von der Prozessperspektive aus – CRII und CRII+ die Mitgliedstaaten in die Lage versetzt haben, auf die Krise zu reagieren. Aufgrund des Zeitpunkts der Studie wurden die Auswirkungen der durch CRII und CRII+ geförderten Maßnahmen auf die Begünstigten und die Endempfänger der Unterstützungsmaßnahmen sowie auf die europäischen Volkswirtschaften und Gesellschaften im Allgemeinen nicht berücksichtigt. Das wird Gegenstand der Ex-post-Bewertungen des ESF und des FEAD sein, die beide im Jahr 2024 anstehen.

Um die Ergebnisse mit einer Reihe von Bewertungskriterien, die im Folgenden beschrieben werden, zu überprüfen und zu belegen, wurde in der Studie ein gemischter Ansatz verfolgt, bei dem sowohl Primär- als auch Sekundärforschung eingesetzt wurde. Eine ausführliche Darstellung der Methoden, ihrer Grenzen und der Belastbarkeit der Ergebnisse ist im Bericht enthalten. Eine wesentliche Einschränkung besteht darin, dass nicht alle im

Rahmen von CRII und CRII+ geplanten Krisenbewältigungsvorhaben identifiziert wurden. Im Rahmen der Bewertung wurden Änderungen an operationellen Programmen, die im Rahmen von CRII/CRII+ während des Zeitraums dieser Studie eingereicht wurden, nachverfolgt. Im Zusammenhang mit den außergewöhnlichen Flexibilitätsregelungen, die unter CRII und CRII+ eingeführt wurden, war eine formelle Änderung jedoch nicht immer erforderlich. Vorhaben ohne eine solche Änderung konnten im Rahmen der Studie nicht immer über andere Quellen ermittelt werden.

Wesentliche Ergebnisse

Im Rahmen der Studie wurden die zusammengetragenen Daten anhand der **fünf Bewertungskriterien** Wirksamkeit, Effizienz, Relevanz, Kohärenz und Beitrag zur Krisenbewältigung analysiert.

Die Analyse der Wirksamkeit deutet darauf hin, dass die beiden Initiativen die Mitgliedstaaten im Großen und Ganzen wirksam in die Lage versetzt haben, die zur Verfügung gestellten Spielräume zu nutzen. Die überwiegende Mehrheit der Mitgliedstaaten und das Vereinigte Königreich nutzten diese Spielräume, um die Auswirkungen von COVID-19 in den Bereichen Beschäftigung, soziale Eingliederung, allgemeine und berufliche Bildung sowie Gesundheit anzugehen. Gemessen an der Zahl der Länder, die sie in Anspruch genommen haben, waren die Optionen zur Umschichtung von Mitteln zwischen und innerhalb von Fonds sowie die Kofinanzierung in Höhe von 100 % die am häufigsten genutzten Flexibilitätsregelungen. Von März 2020 bis September 2022 nutzten 23 Mitgliedstaaten (und das Vereinigte Königreich) die Initiativen, um leichter Änderungen an den ESF-Zuweisungen vorzunehmen und so auf die COVID-19-Krise zu reagieren (insgesamt wurden 219 Änderungen ermittelt). Darüber hinaus nutzten 15 Mitgliedstaaten die im Rahmen von CRII/CRII+ gewährten Flexibilitätsregelungen in Bezug auf FEAD-Programme zur Unterstützung bestehender oder zur Durchführung neuer COVID-19-Vorhaben.

Wurden Flexibilitätsregelungen für den ESF weniger in Anspruch genommen, ist dies offenbar darauf zurückzuführen, dass angesichts des nationalen Kontexts / der nationalen Programmplanung kein Bedarf gesehen wurde (z. B. wurden in erster Linie nationale Mittel eingesetzt, um den Auswirkungen der Pandemie entgegenzuwirken). In einigen Fällen wurden die bestehenden Zuweisungen/Vorhaben als geeignet und die bestehenden Spielräume als für die Krisenbewältigung ausreichend angesehen. Oft wurden bestehende Spielräume neben oder anstelle der von CRII und CRII+ angebotenen Flexibilitätsregelungen genutzt. Zu den wichtigsten Gründen für eine geringere Nutzung der Flexibilitätsregelungen von CRII+ in Bezug auf den FEAD gehört die Auffassung, dass die operationellen FEAD-Programme bereits relativ flexibel sind und ein breites Spektrum an Unterstützungsmöglichkeiten bieten.

Die umfassende Nutzung der Möglichkeit zur Mittelübertragung hat gezeigt, dass CRII und CRII+ bei der Umschichtung und Neuzuweisung von Ressourcen dorthin, wo sie am dringendsten benötigt wurden, wirksam waren. Die Höhe der Finanzvolumina, die aufgrund der CRII- und CRII+-Flexibilitätsregelungen übertragen wurden, war erheblich. Insgesamt wurden rund 1,2 Mrd. EUR auf den ESF übertragen: 871 Mio. EUR aus dem EFRE und 341 Mio. EUR aus dem Kohäsionsfonds, während rund 493 Mio. EUR aus dem ESF auf den EFRE übertragen wurden, was zu einem Nettoanstieg der ESF-Mittel um 0,7 Mrd. EUR führte. Die Vielfalt der Übertragungen im Rahmen der Flexibilitätsregelungen von CRII/CRII+ innerhalb der Mitgliedstaaten und der Übertragungsströme zwischen und innerhalb der Fonds lassen insbesondere darauf schließen, dass die Umschichtung von Mitteln genutzt werden konnte, um den nationalen Gegebenheiten und Bedürfnissen gerecht zu werden. Sogar bei Berücksichtigung der unterschiedlichen Größe der Fonds wurden Übertragungen für den ESF häufiger in Anspruch genommen als für den FEAD.

Trotz des Krisenkontextes und der Probleme, die sich für die Durchführung der Vorhaben ergeben haben, z. B. aufgrund der coronabedingten Einschränkungen, sind die Absorptionsraten des ESF und des FEAD in den Jahren 2020 und 2021 weiter angestiegen. Das deutet darauf hin, dass die im Rahmen von CRII und CRII+ gewährte Unterstützung und die durch diese Initiativen eingeführten Flexibilitätsregelungen den Mitgliedstaaten wahrscheinlich dabei geholfen haben, ihr Vertragsabschluss- und Ausgabenniveau beizubehalten.

Bei den meisten der in dieser Bewertung ermittelten COVID-19-Krisenbewältigungsvorhaben der Mitgliedstaaten handelte es sich eher um Anpassungen als um neue Vorhaben. Die Mitgliedstaaten bauten auf bestehende Vorhaben auf und erweiterten diese, um der gestiegenen Nachfrage nach Unterstützung oder neuen Nachfragen gerecht zu werden. Neue Vorhaben wurden ebenso durchgeführt, wenn auch nicht so häufig. Die meisten ESF-Vorhaben begannen im Jahr 2020 und nur wenige im Jahr 2021. Zwei Drittel der ermittelten ESF-Vorhaben zielten auf Regionen ab, während die verbleibenden Vorhaben auf nationaler Ebene umgesetzt wurden. Die meisten Vorhaben zur Krisenbewältigung richteten sich an die Bereiche Beschäftigung und soziale Eingliederung. Dazu gehören auch Vorhaben mit Zielen in den Bereichen Gesundheit und Gesundheitsversorgung.

Die ermittelten ESF-Krisenbewältigungsvorhaben richteten sich eher an die allgemeine Öffentlichkeit, die für eine Förderung durch den ESF in Frage kam, oder an Einrichtungen, die der allgemeinen Öffentlichkeit dienen, als an spezifische ESF-Zielgruppen (z. B. ältere Arbeitnehmer, Arbeitnehmer mit Behinderungen usw.). Besonderes Augenmerk lag auf Personen, die in Zwangsurlaub geschickt wurden, im Gegensatz zu den traditionell als „arbeitslos“ definierten Personen oder „Nichterwerbspersonen“. Einige Vorhaben hatten die Unterstützung spezifischer ESF-Zielgruppen, einschließlich der am meisten gefährdeten Personen (z. B. Obdachlose, ältere Menschen, Personen mit Fürsorgepflichten, Menschen mit Behinderungen usw.) zum Ziel. Vorhaben des FEAD zielten weiterhin auf die Bereitstellung von Nahrungsmittelhilfe und grundlegender materieller Unterstützung sowie auf Maßnahmen zur sozialen Eingliederung für die am stärksten benachteiligten Personen ab.

Die Krisenbewältigungsvorhaben wurden weitgehend über bereits vor der Pandemie bestehende Verwaltungsstrukturen abgewickelt. Diese wurden häufig von Ad-hoc-Arbeitsgruppen unterstützt, die speziell für die Krisenreaktion zuständig waren. Es gibt Hinweise darauf, dass die horizontalen Grundsätze (z. B. das Partnerschaftsprinzip) bei Vorhaben zur Bewältigung der Pandemie in gewissem Maße berücksichtigt wurden, obwohl die Notwendigkeit, schnell zu reagieren, als vorrangig gegenüber einer gründlicheren Berücksichtigung oder Integration der Grundsätze in die Krisenreaktion angesehen wurde.

Die Nachverfolgung der Reaktion auf die COVID-19-Pandemie stellte eine besondere Herausforderung dar. Die ursprünglichen Überwachungssysteme waren nicht darauf ausgelegt, die von CRII/CRII+ eingeführten außergewöhnlichen Flexibilitätsregelungen nachzuverfolgen. Die Europäische Kommission hat in einem „Non-Paper“ neue, nicht obligatorische Finanz- und Outputindikatoren vorgeschlagen, die von den nationalen und regionalen Programmen verwendet werden sollten.⁶ Diese programmspezifischen Indikatoren sollten die Überwachung der durch CRII und CRII+ sowie REACT-EU eingeführten Krisenbewältigungsvorhaben ermöglichen. Die meisten Mitgliedstaaten und das Vereinigte Königreich nutzten die neuen Indikatoren zur Überwachung ihrer Krisenbewältigungsvorhaben, auch wenn die verfügbaren Daten wahrscheinlich lückenhaft waren. Daher wird die Unterstützung aus dem ESF zur Bewältigung der Krise, die bis September 2022 5,1 Mrd. EUR betrug und auf 4,1 Mio. ESF-Teilnehmer und 118 000 Einrichtungen ausgerichtet war, im Rahmen der Überwachung wahrscheinlich unterschätzt.

⁶ Non-Paper: Liste der programmspezifischen Indikatoren im Zusammenhang mit der Kohäsionspolitik als direkte Reaktion auf die COVID-19-Pandemie (überarbeitet im Februar 2021)
https://ec.europa.eu/regional_policy/sources/docgener/informat/indicators_covid19_response_en.pdf

Ungeachtet dieses Problems sind die neuen Indikatoren ein bedeutender Fortschritt im Vergleich zu den Versuchen, Maßnahmen zur Bewältigung früherer Krisen (z. B. der Wirtschaftskrise 2008-2009) zu überwachen (und zu bewerten). Das liegt insbesondere daran, dass sie eine dedizierte Möglichkeit zur Überwachung der Reaktion auf COVID-19 bieten, was eine genaue Aufstellung des Umfangs der ESF-Investitionen sowie der Anzahl der Einzelpersonen und Einrichtungen, die in der gesamten EU von der Krisenreaktion profitierten, ermöglicht.

Die Analyse der Effizienz zeigt, dass CRII und CRII+ insgesamt einen effizienten Prozess der Verwendung noch verfügbarer Mittel zur Bewältigung der COVID-19-Pandemie und der daraus resultierenden veränderten Prioritäten ermöglicht haben. CRII und CRII+ vereinfachten und beschleunigten den Programmanpassungsprozess und trugen so entscheidend dazu bei, dass die Mitgliedstaaten rasch auf die Bedürfnisse vor Ort reagieren konnten. Insbesondere die Option, Mittel auf effiziente Weise umzuverteilen, ermöglichte es den Mitgliedstaaten, die Auswirkungen der Pandemie zu bewältigen und Liquidität für größere Ausgaben zu erhalten. Sowohl die Programmplanung als auch die Durchführung zeichneten sich durch zeitliche Effizienz aus: Daten weisen darauf hin, dass fast sieben von zehn Programmänderungen innerhalb eines Monats angenommen wurden, also viel schneller als die in der Verordnung mit gemeinsamen Bestimmungen normalerweise vorgesehenen drei Monate.

Im Allgemeinen gab es nur sehr wenige Hinweise für die Berücksichtigung/Feststellung der Kosten bzw. des Nutzens von CRII und CRII+ und ihrer Nutzung im Rahmen des ESF und des FEAD auf der Ebene der Mitgliedstaaten. Es gab jedoch vereinzelte Hinweise darauf, dass die Kosten für die Verwaltungsbehörden in Bezug auf die Einarbeitung in die Flexibilitätsregelungen, die Umsetzung neuer Indikatoren usw. insgesamt durch Vorteile in Form von Kosteneinsparungen von Zeit- und Ressourcen im Vergleich zur Programmplanung vor der Pandemie kompensiert wurden. Dennoch wird anerkannt, dass die Anwendung der Flexibilitätsregelungen an sich zusätzlichen Verwaltungsaufwand mit sich bringt, da die neuen Vorschriften kommuniziert und verinnerlicht werden müssen. Insbesondere in der Anfangsphase der Pandemie stellte das eine Herausforderung dar, da die Verwaltungsbehörden und die Mitarbeiter der Partner auf die Pandemie reagieren und Vorhaben rasch entwickeln bzw. anpassen mussten. Im Allgemeinen wurden die Flexibilitätsregelungen im Rahmen von CRII/CRII+ jedoch als Mittel zur Verringerung des Ressourcenbedarfs und des Verwaltungsaufwands und damit als Unterstützung einer effizienten Pandemiebewältigung angesehen.

Die Analyse der Kohärenz lässt darauf schließen, dass die meisten Vorhaben im Rahmen von CRII/CRII+ auf bestehenden ESF- und FEAD-Maßnahmen basierten und/oder deren Umfang erweiterten, was auf eine Kohärenz der aus den Fonds unterstützten Vorhaben vor und während der Pandemie hindeutet. Im Vergleich zur Programmplanung vor der Pandemie gab es jedoch einige deutliche Veränderungen. Dazu gehört die Ausweitung der Zielgruppen auf die Allgemeinbevölkerung anstelle von gezielten Maßnahmen für bestimmte Gruppen, die Priorisierung von Maßnahmen mit Schwerpunkt auf Gesundheit und Gesundheitsversorgung sowie eine stärkere Konzentration auf passive Unterstützungsmaßnahmen (hauptsächlich Kurzarbeitsregelungen). Die wichtigsten Änderungen beim Einsatz des FEAD während der Pandemie betrafen die Art, wie Endempfänger erreicht wurden (z. B. wurden elektronische Gutscheine eingeführt und andere ähnliche digitale Mittel zur Erleichterung der Verteilung und Abholung von Lebensmitteln und anderen materiellen Hilfsgütern eingesetzt) sowie die operativen Prozesse der durchführenden Organisationen.

Die durchgeführte Analyse hat auch Synergien zwischen dem ESF und dem EFRE aufgezeigt, so haben 13 Mitgliedstaaten Mittel zwischen den beiden Fonds umgeschichtet, um Programme mit relevanten Maßnahmen zu gestalten (CZ, DE, ES, FR, HU, IE, IT, LT, LV, MT, PL, PT, SK). Die gleichen Synergien wurden zwischen dem ESF und SURE festgestellt, wobei die meisten Mitgliedstaaten beide Finanzierungsquellen zur

Finanzierung von Kurzarbeitsprogrammen genutzt haben. Sechzehn der Mitgliedstaaten, die SURE in Anspruch genommen haben, hatten außerdem vor, zur Unterstützung von Kurzarbeitsprogrammen im Rahmen der von CRII/CRII+ eingeführten Flexibilitätsregelungen den ESF in Anspruch zu nehmen (BG, CY, CZ, DE, ES, GR, HU, IT, LT, LU, LV, MT, PL, PT, SI, SK).⁷

Es gibt außerdem Hinweise darauf, dass mehrere Mitgliedstaaten Vorhaben in Verbindung mit CRII/CRII+ im Rahmen von REACT-EU und dem ESF+ fortsetzen oder dies planen, womit ein kohärenter Übergang von der Krisenbewältigung zur Erholung von der Krise ermöglicht wird und Anpassung sowie Nachhaltigkeit langfristig unterstützt werden. Es gibt auch Hinweise auf Komplementaritäten zwischen ESF- und FEAD-Maßnahmen sowie Maßnahmen, die während der COVID-19-Pandemie aus nationalen und regionalen Haushalten finanziert wurden. Die interinstitutionelle Koordinierung und Konsultationen mit den Sozialpartnern trugen zur Nutzung von Synergien und zur Vermeidung von Doppelarbeit bei. In den Fällen, in denen Überschneidungen zwischen verschiedenen Fonds festgestellt wurden, insbesondere bei der Finanzierung von Kurzarbeitsprogrammen sowohl durch den ESF als auch durch SURE, spiegelte das den hohen Bedarf an Unterstützung für Arbeitsplätze, Arbeitnehmer, Selbstständige und Unternehmen im Zusammenhang mit der Pandemie wider und stellte keine unnötige Doppelarbeit dar.

Ein Faktor, der die Kohärenz etwas beeinträchtigte, war die große Anzahl und Vielfalt der EU-Instrumente und -Mechanismen, die während der Pandemie in kurzer Zeit eingeführt wurden. Aufgrund dieser Situation benötigten nationale/regionale Verwaltungen mehr Zeit, um beispielsweise das am besten geeignete Instrument oder den am besten geeigneten Mechanismus zu bestimmen. Ungeachtet dessen waren sich die Akteure weitgehend einig, dass diese Mechanismen die Krisenreaktion in den Mitgliedstaaten auf kohärente Weise und zu kritischen Zeitpunkten in der Entwicklung der Pandemie auch auf unterschiedliche Weise unterstützten.

Die Analyse der Relevanz deutet darauf hin, dass die Flexibilitätsregelungen von CRII/CRII+ insgesamt relevant waren und die Verwaltungsbehörden in die Lage versetzten, die Programmvorhaben zügig durchzuführen und die Bedürfnisse zu erfüllen, die aufgrund der sozialen, wirtschaftlichen und gesundheitlichen Auswirkungen von COVID-19 entstanden sind. Krisenbewältigungsvorhaben waren sowohl für die breite Öffentlichkeit und die von der Pandemie betroffenen Einrichtungen (z. B. Unternehmen) als auch für die die Krisenreaktion unterstützenden Akteure (Gesundheitseinrichtungen) relevant. Sie sind auch für besonders schutzbedürftige Gruppen wie Obdachlose, Personen mit Fürsorgepflichten, Menschen mit Behinderungen und ältere Menschen oder Personen von Bedeutung, die von Armut und sozialer Ausgrenzung bedroht sind, deren Bedürfnisse während der Pandemie gestiegen sind. Der beträchtliche Anstieg der Beteiligung an FEAD-Vorhaben im Jahr 2020 im Vergleich zu 2019 verdeutlicht die Relevanz von FEAD im Rahmen von CRII+.

Die Flexibilitätsregelungen im Rahmen von CRII/CRII+ wurden für eine Reihe von Zielgruppen, deren Bedürfnisse während der COVID-19-Pandemie besonders akut waren, als relevant angesehen, darunter Einrichtungen des Gesundheitswesens oder Anbieter sozialer Dienstleistungen (z. B. Anbieter von Dienstleistungen in den Bereichen psychische Gesundheit, Finanzen, Wohnen, Familie, Arbeit, Rechtsberatung usw.) sowie Menschen in bestimmten Sektoren (z. B. im Kultursektor) oder solche, die vom Verlust ihres Arbeitsplatzes bedroht waren. Über diese Zielgruppen hinaus wurde in der Studie auch die Relevanz der im Rahmen von CRII/CRII+ eingeführten Flexibilitätsregelungen im Zusammenhang mit der Ankunft von Menschen untersucht, die vor dem Krieg in der Ukraine in die EU-Mitgliedstaaten fliehen. Daten legen nahe, dass die im Rahmen von CRII/CRII+ eingeführten Flexibilitätsregelungen in diesem Zusammenhang weniger

⁷ Auf der Grundlage von ESF-Vorhaben im Rahmen von CRII/CRII+, die in der SFC2014-Datenbank auf der Grundlage von vor Oktober 2022 eingereichten operationellen Programmänderungen in dem Zeitraum ermittelt wurden, auf den sich diese vorläufige Bewertung bezieht.

relevant waren, was vor allem daran liegt, dass die Mittel bereits für andere Vorhaben gebunden waren. Es war auch zu früh, um ein endgültiges Urteil über die Relevanz der Reaktion auf diese neue Krise zu fällen.

Sowohl der ESF als auch der FEAD zielen auf die Beseitigung struktureller Ungleichheiten ab, haben aber auch ihren Mehrwert bei der Unterstützung der Krisenbewältigung während der COVID-19-Pandemie bewiesen. **Die Analyse des Beitrags zur Krisenbewältigung** legt nahe, dass CRII und CRII+ den Mitgliedstaaten die nötige Flexibilität verschafft haben, um unmittelbar auf die COVID-19-Krise zu reagieren und Vorhaben schneller durchzuführen, als dies ohne die Initiativen möglich gewesen wäre, und dass mehrere Interventionsbereiche unterstützt wurden. Darüber hinaus trugen die Initiativen zur Verringerung des Verwaltungsaufwands beim Zugang zum ESF und zum FEAD bei, was wiederum den durchführenden Stellen den Zugang zu Finanzmitteln erleichterte, um den sich schnell entwickelnden Bedarf vor Ort zu decken. CRII und CRII+ ermöglichten den Einsatz von ESF und FEAD zur Finanzierung neuer Aktivitäten im Kontext der Krise, wobei der Anwendungsbereich der Fonds erweitert wurde, um neue Zielgruppen anzusprechen und neue Arten von Vorhaben zu unterstützen. Darüber hinaus wurde der Anwendungsbereich bestehender Vorhaben angepasst, um eine umfassendere Unterstützung zu bieten. Schließlich erleichterte die Flexibilität auch die Integration von Vorhaben, die vom ESF und vom FEAD finanziert wurden, in nationale Strategien und ermöglichte es den Mitgliedstaaten, neue Lösungen zu testen.

Gewonnene Erkenntnisse

Bei der Bewertung von CRII und CRII+ wurden wichtige Erkenntnisse gewonnen:

- Im Vergleich zur Wirtschaftskrise von 2008-2009 **hat die EU auf die durch COVID-19 ausgelösten sozioökonomischen Herausforderungen viel schneller und umfassender reagiert**. Die Unterstützung kam zur rechten Zeit und war entscheidend für eine schnelle Krisenreaktion in den Mitgliedstaaten und im Vereinigten Königreich. Abgesehen von der Bekämpfung struktureller Ungleichheiten waren der ESF und der FEAD auch wichtige Instrumente zur Krisenbewältigung, wobei sie weiterhin dieselben Kernziele verfolgten. Dies verdeutlicht wie groß die Rolle ist, die derartige Fonds im Rahmen der Krisenreaktion spielen können.
- Die Ergebnisse der Studie zeigen auch, dass es notwendig ist, **die Flexibilität zu erleichtern und gleichzeitig den Schwerpunkt auf die Überwachung und Berichterstattung zu legen**, um die Rückverfolgbarkeit der Vorhaben und ihrer Ergebnisse zu gewährleisten. In diesem Kontext können Schwierigkeiten bei der Überwachung und Bewertung der Krisenreaktion dazu führen, dass weniger Erkenntnisse gewonnen werden, auch darüber, wie Fonds wie der ESF und der FEAD in Zukunft eingesetzt werden können. **Ad-hoc-Arbeitsgruppen oder interinstitutionelle Mechanismen haben sich als wirksam erwiesen**, um Entscheidungsträger zu informieren und Doppelarbeit in kritischen Zeiten zu vermeiden. Es hat sich gezeigt, dass diese Mechanismen neben den bereits bestehenden formellen Governance- und Umsetzungsmechanismen wirksam funktionieren können. In diesem Zusammenhang wurde auch die stärkere Einbeziehung der Sozialpartner als ausbaufähiger Bereich genannt, da sie dazu beitragen können, dass die Entwicklung von Vorhaben so weit wie möglich auf die Bedürfnisse vor Ort ausgerichtet ist.
- **Auch die Ausweitung der Flexibilität auf nationale und regionale Verfahren und institutionelle/organisatorische Kapazitäten ist für eine wirksame Krisenreaktion wichtig**, da sie den Zugang zu Finanzmitteln für Begünstigte in Notsituationen, wenn eine schnelle Reaktion vor Ort entscheidend ist, erleichtert. Aus der Studie geht hervor, dass der Prozess effektiver und effizienter war, wenn

Verwaltungsbehörden zusätzliche Anstrengungen unternahmen, um die Begünstigten bei der Erfüllung ihrer Verpflichtungen anzuleiten und zu unterstützen, indem sie unter anderem Verwaltungslasten übernahmen, die anderenfalls den Begünstigten zufallen würden.

- **Krisenbewältigungsvorhaben haben Bereiche für Investitionen aufgezeigt, an die Vorhaben von ESF und FEAD in der Erholungsphase nach der Pandemie anknüpfen können**, damit die Investitionen fortgesetzt werden, die während COVID-19 getestet wurden (z. B. die Digitalisierung aller Politikbereiche, Anpassungshilfen für Arbeitnehmer und Arbeitgeber, gezielte Unterstützung für die am stärksten gefährdeten Gruppen, Investitionen zur Stärkung der Widerstandsfähigkeit der Gesundheitssysteme usw.).
- Das **Spektrum der EU-Finanzierungsinstrumente**, die den Mitgliedstaaten während der Pandemie zur Verfügung standen, erforderte zusätzliche Koordinierungsanstrengungen der nationalen und regionalen Behörden. Gleichzeitig **unterstützten** die Instrumente **den Aufbau von Krisenreaktionskapazitäten** auf EU-, nationaler und regionaler Ebene sowie die **Entwicklung neuer Arbeitsweisen**, die in Zukunft zu einer besseren Ausrichtung und Angleichung der Ressourcen zur Verfolgung der kohäsionspolitischen Prioritäten der EU im Zeitraum 2021-2027 beitragen können.

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Acknowledgments

This study was commissioned by the Directorate-General for Employment, Social Affairs and Inclusion of the European Commission (DG EMPL) and undertaken by Ecorys and 3s.

The research was led by Ian Atkinson and Monica Andriescu from Ecorys, and Jakob Weiss from 3s.

The authors would like to thank the following key contributors to the study: Maire Williams, Paula Calabuig, Clara Percival, Marta Moretto, Milda Butkute, Dorottya Meszner, Ionela Bulceag, Julia Fellingner, Eva Steinheimer, and Andrew Hetherington.

In addition, the authors would like to thank the national experts that led the case studies and conducted stakeholder interviews: Agnieszka Górniak, Niklas Olausson, Pietro Regazzoni, Oksana Zabko, Patrick Werquin, Anita Ramsak, Oto Potluka, and Elitsa Dankova.

The authors also gratefully acknowledge the valuable support of the Inter-service Steering Group of the European Commission throughout the study and, in particular, the main contacts for the study: Anna Galazka, Jeannette Monier and Maria-José Cueto Faus at DG EMPL, Unit G5.

Finally, the authors are indebted to the representatives of the ESF and FEAD Managing Authorities, as well as the relevant national ministries, civil society organisations, social partners, research-, and other types of organisations who gave their valuable time to contribute to the surveys, interviews and focus groups organised throughout the study.

Abbreviations

Acronyms	Table header cell
CARE	Cohesion's Action for Refugees in Europe
CF	Cohesion Fund
CPR	Common Provisions Regulation
CRII	Coronavirus Response Investment Initiative
CRII+	Coronavirus Response Investment Initiative Plus
EU	European Union
EUSF	EU Solidarity Fund
ESF	European Social Fund
ESF+	European Social Fund Plus
ESIF	European structural and investment funds
EAFRD	European agricultural fund for rural development
ERDF	European Regional Development Fund
FEAD	Fund for European Aid to the Most Deprived
ESF / FEAD MAs	ESF / FEAD Managing Authorities
REACT-EU	Recovery Assistance for Cohesion and the Territories of Europe
STWS	Short-Time Work Schemes
SURE	European instrument for temporary Support to mitigate Unemployment Risks in an Emergency
TO8, TO9, TO10, TO11	Thematic Objectives 8, 9, 10, 11
AT	Austria
BE	Belgium

STUDY SUPPORTING THE PRELIMINARY EVALUATION OF THE SUPPORT PROVIDED BY ESF AND FEAD UNDER THE CORONAVIRUS RESPONSE INVESTMENT INITIATIVES (CRII AND CRII+)

BG	Bulgaria
CY	Cyprus
CZ	Czechia
DE	Germany
DK	Denmark
EE	Estonia
ES	Spain
FI	Finland
FR	France
GR	Greece
HR	Croatia
IE	Ireland
IT	Italy
LT	Lithuania
LU	Luxembourg
LV	Latvia
MT	Malta
NL	Netherlands
PL	Poland
PT	Portugal
RO	Romania
SE	Sweden

STUDY SUPPORTING THE PRELIMINARY EVALUATION OF THE SUPPORT PROVIDED BY ESF AND FEAD UNDER THE CORONAVIRUS RESPONSE INVESTMENT INITIATIVES (CRII AND CRII+)

SI	Slovenia
SK	Slovakia
UK	United Kingdom

1. Introduction

This study contributes to the preliminary evaluation of the support provided by the European Social Fund (ESF) and the Fund for European Aid to the Most Deprived (FEAD) under the Coronavirus Response Investment Initiatives (CRII and CRII+). The study provides an early assessment of the use of CRII and CRII+ flexibilities in ESF and FEAD anti-crisis operations aimed at mitigating the socio-economic effects of the COVID-19 pandemic in the European Union (EU) Member States and the United Kingdom (UK).

1.1. Purpose and objectives of the study

Since the onset of the pandemic, EU Member States have experienced severe labour market and social impacts, with the poorest and most vulnerable individuals being the hardest hit (e.g. low-paid workers in atypical employment relationships, the elderly, children and youth, women, people with a migrant background, persons with disabilities). The crisis stemming from Russia's invasion of Ukraine in February 2022, and the arrival into Member States of people fleeing the war added additional pressures at EU and Member State levels (e.g. the need to identify adequate resources and flexible use of funding to enable solutions to urgent and longer term needs). At the same time, the negative effects of the COVID-19 pandemic are still persistent.

The EU responded to the COVID-19 crisis through several initiatives that provided financial support to the Member States. The first of these were the **Coronavirus Response Investment Initiative (CRII)**⁸ and the **Coronavirus Response Investment Initiative Plus (CRII+)**,⁹ which were launched by the European Commission in March and April 2020. They provided Member States and the UK additional flexibilities in using the ESF and FEAD to enable them to address the acute needs of their population during the pandemic, help use unspent resources from these funds and direct them to where they were most needed. CRII and CRII+ enabled the reallocations of remaining funds in the 2014-2020 programming period within funds but also across funds – thus being the first EU level intervention that enabled this type of action.

This study collected and analysed initial available evidence on the use of this targeted support by the Member States and the UK. It focuses on assessing the **effectiveness and efficiency of the EU's response to the crisis, how this support has been used by the Member States, its coherence with other EU and national initiatives, its relevance to needs on the ground, and its contribution to the crisis response**. The study also identifies lessons learnt on how and the extent to which flexibility measures introduced in the use of the ESF and FEAD have supported anti-crisis reactions across the Member States and the UK, and what could be improved in future anti-crisis operations. Where possible, the study identifies lessons that may apply to the situation, and necessary crisis response, stemming from the arrival in EU Member States of people fleeing the war in Ukraine.

⁸ Regulation (EU) 2020/460 of the European Parliament and of the Council of 30 March 2020 amending Regulations (EU) No 1301/2013, (EU) No 1303/2013 and (EU) No 508/2014 as regards specific measures to mobilise investments in the healthcare systems of Member States and in other sectors of their economies in response to the COVID-19 outbreak (Coronavirus Response Investment Initiative). Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32020R0460&from=EN>

⁹ Regulation (EU) 2020/558 of the European Parliament and of the Council of 23 April 2020 amending Regulations (EU) No 1301/2013 and (EU) No 1303/2013 as regards specific measures to provide exceptional flexibility for the use of the European Structural and Investments Funds in response to the COVID-19 outbreak. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32020R0558&from=EN>

The study complements the three ESF evaluations covering employment and labour mobility (TO 8), social inclusion (TO 9), and education and training (TO 10)¹⁰ and the evaluation of YEI.¹¹ It also provides preliminary evidence for the ex-post evaluations of the ESF and FEAD, which will be completed by the end of December 2024.

The study's **scope** covers crisis responses at the **EU level** and in the **EU27 and the UK** in the areas of **healthcare, employment, social inclusion and education and training**. Given the early stage of implementation of the CRII and CRII+ operations, the **specific objectives** are:

- To focus on the **process of reacting to the crisis**, rather than the operations' impacts, tracing the extent to which implementation has proceeded as anticipated (linking inputs and activities to outputs, and exploring early results).
- To provide an **early assessment** of the **use of provisions** of CRII and CRII+ in ESF and FEAD-funded programmes, and the role that the ESF and FEAD played in reaction to the public health crisis caused by COVID-19.
- To assess **how the range of flexibilities/ simplification measures** facilitated through CRII and CRII+ have enabled ESF and FEAD funding to be re-oriented and targeted in response to the COVID-19 crisis.
- To provide **preliminary lessons learned** on the use of the ESF and FEAD in a crisis context. The study focuses on the process of reacting to the COVID-19 crisis and it does not cover the impacts of the operations but has identified some early effects of selected anti-crisis operations that were analysed through case studies.

The analysis encompasses **changes in ESF¹² and FEAD¹³ implementation** in the 27 Member States and the UK following the adoption of the CRII and CRII+ measures. The required assessment of the five Better Regulation evaluation criteria is adapted to align with the study's focus on **process evaluation and early implementation**, as opposed to outcome or impact evaluation:

- This study's assessment of **effectiveness** focuses on the speed of the EU's response to the crisis, and the flexibility/simplification measures introduced by CRII and CRII+ to enable an immediate crisis response at national level.
- **Efficiency** also concentrates on the speed of the EU's response to the crisis, in particular on the extent to which CRII and CRII+ enhanced the efficiency of the reprogramming process in terms of both simplifying and accelerating it.
- **Relevance** is assessed both from the perspective of the needs of Managing Authorities/Member States and participants/end recipients of support.
- **Coherence** is assessed in terms of the alignment of the operations programmed following the adoption of the CRII and CRII+ with the other operations implemented by both FEAD and the ESF. The study also assesses the coherence of the CRII and

¹⁰ Commission Staff Working Document Evaluation of the 2014-2018 ESF support to employment and labour mobility, social inclusion and education and training, SWD(2021) 11 final, January 2021. Available at <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=SWD:2021:0010:FIN:EN:PDF>.

¹¹ Commission Staff Working Document Evaluation of the ESF and YEI Support to Youth Employment, SWD(2020) 217 final. Available at <https://ec.europa.eu/social/BlobServlet?docId=23027&langId=en>.

¹² The regulations relevant for ESF implementation under the COVID-19 crisis are REGULATION (EU) 2020/460 of 30 March 2020 amending Regulations (EU) No 1301/2013, (EU) No 1303/2013 and (EU) No 508/2014 and REGULATION (EU) 2020/558 of 23 April 2020 amending Regulations (EU) No 1301/2013 and (EU) No 1303/2013.

¹³ The regulations relevant for FEAD implementation under the COVID-19 crisis is REGULATION (EU) 2020/559 of 23 April 2020 amending Regulation (EU) No 223/2014. For the purposes of this preliminary evaluation, the study refers to Regulation 2020/559 as part of the CRII and CRII+ package.

CRII+ ESF and FEAD operations with other relevant EU instruments, such as the European Regional Development Fund (ERDF), the REACT-EU (Recovery Assistance for Cohesion and the Territories of Europe) package, and the temporary Support to mitigate Unemployment Risks in an Emergency (SURE) instrument.

- Rather than addressing the EU added value criterion, the study assesses **the role played by ESF and FEAD operations** within national anti-crisis strategies. The study also explores – to the extent information is available – whether Member States would have used ESF and FEAD for anti-crisis response, and what would have happened with unspent allocations, in the absence of the flexibilities introduced by CRII and CRII+.

The broader set of measures under REACT-EU, along with the ESF+, are only in scope from the perspective of assessing coherence between the **immediate response provided by CRII and CRII+**, in terms of programming and design, and the **mid-to longer term approach of using ESF and FEAD under the auspices of REACT-EU and the ESF+**. The scope of the evaluation does not therefore extend to REACT-EU or the ESF+ in terms of, for example, effects on participants and beneficiaries.

The study was conducted during December 2021-December 2022. The **timespan covered** by the analysis is the period from the adoption of the CRII and CRII+ initiatives and includes data available by September 2022.

1.2. Brief overview of the methodology

The study was conducted in several phases and involved a mix of quantitative and qualitative methods. These are presented briefly below and described in further detail in **Annex 2**.

Designing the intervention logics and evaluation matrix: Two intervention logics were developed, which underpin the approach to the study. The first focuses on the flexibilities enabled by CRII and CRII+ as they relate to the use of ESF and FEAD in the COVID-19 crisis context, and the second sets out the specific ESF and FEAD operations enabled by these CRII and CRII+ flexibilities. The intervention logics summarise the needs and rationale of the CRII and CRII+ interventions given the serious consequences of the COVID-19 outbreak, resulting in liquidity shortages and significant negative effects on EU economies and societies, and link objectives to inputs, outputs, results and intended longer term impacts. More details are presented in **Section 2.2**.

An **evaluation matrix** was designed to address the evaluation questions and guide all subsequent evaluation activities. The evaluation matrix provides main and sub-questions, judgment criteria/ indicators and data sources. It underpins the analytical approach and builds on the description of the evaluation criteria as applied to the scope and purpose of this evaluation, which focuses on process evaluation and early implementation of CRII and CRII+ (as discussed above).

The comparative analysis of the context and crisis reaction across Member States and the UK enabled the mapping of the socio-economic and crisis context and use of CRII and CRII+ in each Member State and the UK. This included an initial assessment of the ESF and FEAD financial contribution to crisis reaction at Member State level, including a preliminary analysis of the financial volumes that were reallocated between and within funds and changes in the levels of these volumes. It also identified types of operations, their objectives and target groups, and assessed the available monitoring arrangements relating to the COVID-19 response, including analysing the current use of the relevant indicators. The analysis, based on a range of data sources, generated findings of the state of play of the financial and operational implementation of ESF and FEAD anti-crisis operations. The

main sources of evidence are the System for Fund Management in the European Union (SFC2014) and Cohesion databases, EU Regulations and existing literature.

The mapping process contributed to the development of a **typology of operations** enabled by CRII and CRII+ in practice, on the basis of the typology of potential measures that could be used through the ESF to respond to the coronavirus crisis.¹⁴ Given that the list of indicative measures is relatively long and broad, to ensure that the number of different ‘types’ was not too large, some combining of these measures under slightly higher level categories was required, while still being more granular than the overarching ‘thematic focus’ level (i.e., employment, social inclusion, education and training, healthcare). The typology was developed to enable identification and analysis of patterns in the use of ESF and FEAD operations that form part of the coronavirus response. The typology facilitated higher-level analysis concerning the overall thematic focus of ESF and FEAD operations.

The table below shows the 15 more granular ‘types’ developed under the four main thematic focus headings of employment, social inclusion, education and training, and healthcare. Categories of ‘other employment actions’, ‘other social inclusion actions’ etc. also form part of the typology to capture those operations that do not readily fit with the categories developed. Once developed, the above typology has been used within the study to undertake the analysis of operations presented in **Section 3** of this report and in **Annex 1**.

Table 1 – Operations typology

Thematic focus	Sub-categories / ‘types/ of actions/operations
Employment	Actions to protect jobs
	Actions to support workers
	Actions to support employers and the self-employed
	Actions to support NEET young people through the YEI
	Other employment actions
Social inclusion	Actions to promote the social inclusion of vulnerable groups through providing direct targeted support
	Actions to promote social inclusion through ensuring access to services
	Other social inclusion actions
Education and training	Actions to ensure the continuity of education and training
	Equipment/ other capital investment to ensure the continuity of education and training
	Actions to increase the medical and social care workforce through fast-tracking curricula or qualifications
	Other education training actions
Healthcare	Actions to support healthcare workers and patients
	Actions to support healthcare systems
	Other healthcare actions

¹⁴ European Commission, DG EMPL (2020). Typology of indicative measures under the ESF and YEI that can be mobilised to address the COVID-19 crisis.

Stakeholder consultations informed the study in all its aspects, contributing to answering all evaluation questions, and included in-depth interviews at Member State and EU level, surveys targeting (national and regional) ESF and FEAD Managing Authorities, and focus groups. The consultation programme engaged representatives of the Commission, institutions involved in the management of the ESF and FEAD operational programmes, institutions responsible for design and implementation of national strategies and measures aimed at counteracting the effect of the pandemic, organisations involved in the delivery of operations as beneficiaries or project leaders/ partners, and research bodies conducting research on the COVID-19 crisis response and measures undertaken at EU/ national level.

To assess the effectiveness and relevance of the support provided by ESF and FEAD under CRII and CRII+, an analysis of common indicators and allocations was conducted for both Funds in order to provide a preliminary assessment of how the target groups were affected. For the ESF, analysis was undertaken at the Investment Priority (IP) level. The analysis informs the report (in particular Sections 4.1 on Effectiveness and 4.5 on Relevance) and is presented in further detail in Annex 1 – Appendix 3. The analysis is based on monitoring data reported in the Annual Implementation Reports (retrieved in September-October 2022) through common output indicators, which, for the ESF, are collected at IP and Member State level.

To gain deeper insight into the actions taken under ESF and FEAD in response to the COVID-19 pandemic (and facilitated by CRII and CRII+ flexibilities) on the national and regional levels nine **case studies of good practices using ESF and FEAD for mitigating crisis effects** were conducted across several Member States and anti-crisis operations linked to certain themes. They inform the report and are presented in **Annex 6**.

This final evaluation report includes a **summary of the key findings across the evaluation criteria, conclusions and lessons learnt** and brings together all the evidence gathered to address the evaluation questions.

There are a number of **limitations** to the research, related to the quality of available data and the methodology that was developed given the constraints of the available resources for the study and the timeline of its implementation. These limitations were taken into account and addressed to the extent possible in the design and implementation of the study, as outlined in **Annex 2** to the report. One key limitation stems from the possibility that not all anti-crisis operations planned under CRII and CRII+ were identified. This preliminary evaluation tracked amendments to operational programmes (OPs) that have been submitted under CRII/ CRII+ during the timeline of this study. In the context of the exceptional flexibilities enabled under CRII and CRII+, however, a formal amendment was not always needed. Therefore, the operations that did not require a formal amendment could not always be identified.

1.3. Report structure

The report is structured in four sections that summarise the key findings and conclusions, triangulating information and data gathered throughout the study and annexes that include complementary information, as follows:

Section 2 presents the objectives and expected outcome of CRII and CRII+, as well as an overview of the intervention logics developed for the evaluation, along with the wider policy context and points of comparison for the evaluation (these points of comparison being ESF and FEAD before the COVID-19 pandemic and the reaction of ESF to the 2008-2009 economic crisis).

Section 3 provides an overview of the state of play of the implementation of CRII and CRII+ during the evaluation period.

Section 4 outlines key findings across the five evaluation criteria (effectiveness, efficiency, coherence, relevance and contribution of CRII and CRII+ to the COVID-19 crisis response).

Section 5 outlines the main findings and provides considerations about lessons learnt.

Annexes include:

- Annex 1: Supporting information
- Annex 2: Methods and analytical models used
- Annex 3: Evaluation matrix
- Annex 4: Overview of benefits and costs
- Annex 5: Consultation synopsis report
- Annex 6: Case studies of good practices

2. The expected outcome of CRII and CRII+

The Coronavirus Response Investment Initiatives were introduced in March and April 2020, shortly after the onset of the COVID-19 pandemic, to address the liquidity shortages caused by the effects of the crisis in the healthcare sector and other sectors of the economy across the Member States. CRII and CRII+ amended the ESIF Common Provisions Regulation (No 1303/2013). FEAD's legal basis – Regulation (EU) 223/2014 – was amended in April 2020 through Regulation (EU) 2020/559 and also enabled a range of flexibilities in the use of FEAD during the COVID-19 pandemic.

The following sub-sections present the rationale for CRII and CRII+ and their objectives; the intervention logics underpinning the interventions and this preliminary evaluation; the broader policy context at EU level; and the relevant points of comparison against which CRII and CRII+ are assessed in this report. Annex 1 – Appendix 4 provides supplementary information in the form of an overview of the COVID-19 context across the EU in the areas relevant to this study (health, employment, social inclusion, education and training).

2.1. CRII and CRII+ objectives in the COVID-19 context

CRII and CRII+ enabled support for operations implementing crisis response through additional flexibilities in the reprogramming of **ESF** operational programmes (OPs) (alongside other funds such as the ERDF). These **flexibilities** are listed in the Box below.

Box 1. CRII and CRII+ flexibilities in reprogramming ESF

CRII - Regulation (EU) 2020/460	CRII Plus - Regulation EU 2020/558
<ul style="list-style-type: none"> • Making Coronavirus crisis related expenditure eligible under cohesion policy rules 	<ul style="list-style-type: none"> • Article 25a (1): 100% co-financing rate for 2020-21 accounting period
<ul style="list-style-type: none"> • Article 30a (5): CPR notification, non-substantial transfers 	<ul style="list-style-type: none"> • Article 25a (2): reallocation between Funds
<ul style="list-style-type: none"> • Article 37 (4): providing working capital to SMEs through financial instruments 	<ul style="list-style-type: none"> • Article 25a (3): reallocation between categories of regions
<ul style="list-style-type: none"> • Article 65 (10): retroactive eligibility 	<ul style="list-style-type: none"> • Article 25a (5): waiver of thematic concentration requirements
<ul style="list-style-type: none"> • Article 139 (7): Not issuing recovery orders for 2020 	<ul style="list-style-type: none"> • Article 25a (6) No amendments to partnership agreements
	<ul style="list-style-type: none"> • Article 25a (7): retroactive eligibility
	<ul style="list-style-type: none"> • Article 25a (8): providing information on amounts where

	payment applications were not possible at an aggregate level [for eligible costs <EUR 1 million]
	<ul style="list-style-type: none"> • Article 25a (9): postponement of deadline for submission of AIR for 2019
	<ul style="list-style-type: none"> • Article 25a (10): waiver of submitting evidence (e.g., updated business plans) where financial instruments provide working capital to SMEs
	<ul style="list-style-type: none"> • Article 25a (12): use of non-statistical sampling for auditing

Alongside this, the Commission interpreted the objectives of the ESF in a more flexible way, which supported the mobilisation of non-utilised support from the ESIF.

Flexibilities in the use of **FEAD** included those in the Box below.

Box 2. Flexibilities in reprogramming FEAD

- FEAD re-allocation within the OP
- Article 9 (4): Notification, non-substantial transfers
- Article 13(1): postponement of deadline for submission of AIR for 2019
- Article 20 (1a) : 100% co-financing rate for the 2020-21 accounting year
- Article 22 (4): Retroactive eligibility
- Article 23 (5): use of electronic vouchers / cards
- Article 26 (2): use of FEAD to purchase personal protective materials and equipment for partner organisations
- Article 26a: non-reduction of eligible costs due to delays in the
- Article 26b (2): reimbursement of beneficiaries based on the outputs planned for the period of suspension [when reimbursement is based on simplified cost options]
- Article 26c: claim expenses for OP II or technical assistance operations not fully implemented
- Article 30: Use of lighter control and audit trail requirements

delivery of food and/or basic material aid

- Article 26b (1): claim of expenses where the implementation of services was suspended

Two intervention logics underpin CRII and CRII+ and the preliminary evaluation:

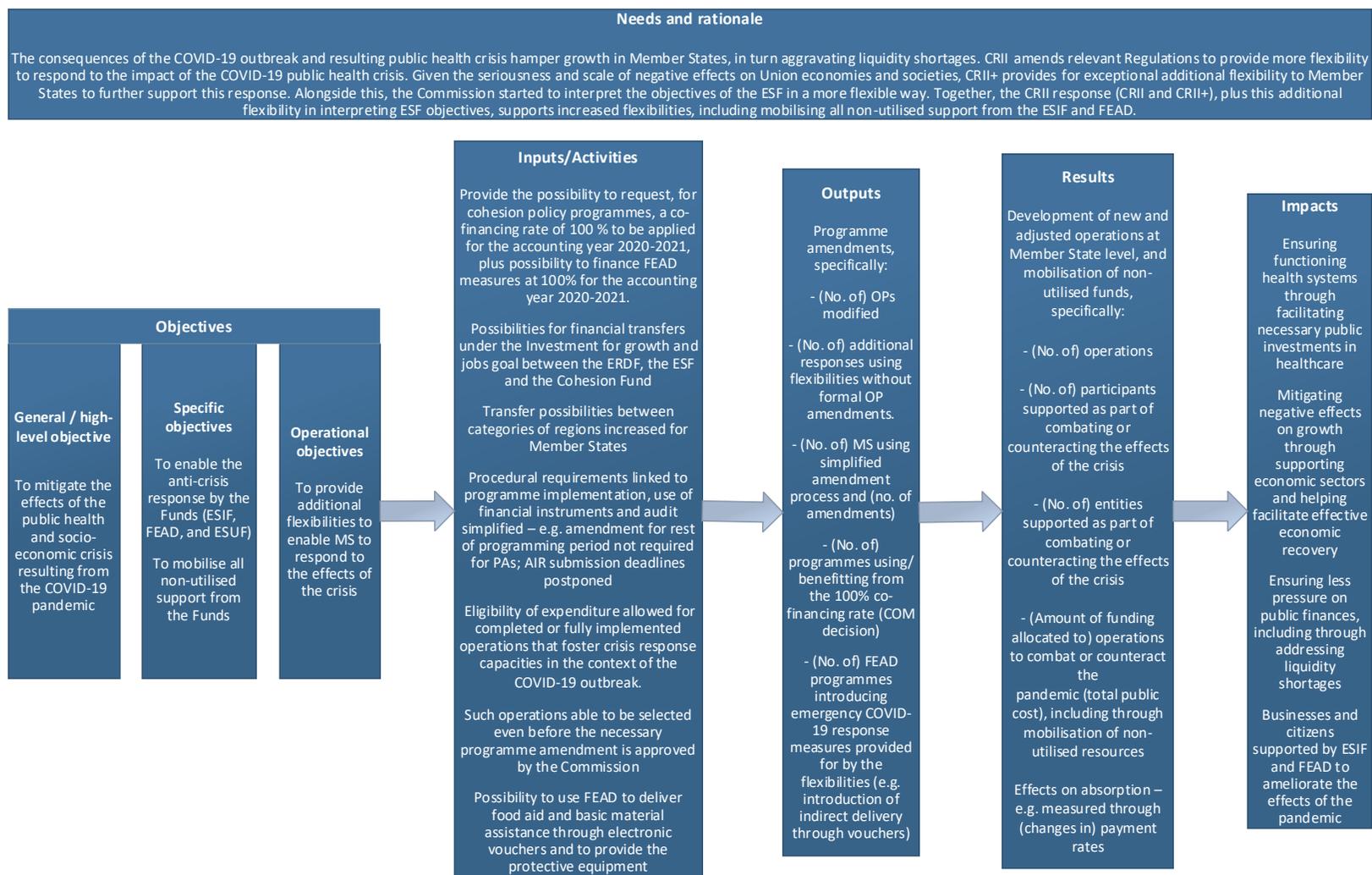
1. A first intervention logic that focuses on the flexibilities enabled by CRII and CRII+ as they relate to the use of ESF and FEAD in the COVID-19 crisis context.
2. A second intervention logic setting out the specific ESF and FEAD operations enabled by these CRII and CRII+ flexibilities.

The intervention logics guide the focus of this preliminary evaluation, particularly in exploring the extent to which the early implementation of the coronavirus response initiatives has proceeded as anticipated, and the reasons for this.

2.2. CRII and CRII+ intervention logic

The Figure overleaf presents the combined intervention logic for the coronavirus response initiatives, summarising the rationale for the intervention, the general, specific and operational objectives, the inputs/activities, the outputs and results, alongside the impacts the intervention aims to generate.

Figure 1: Intervention logic for the Coronavirus Response Investment Initiative (CRII and CRII+)



The rationale for intervention relates to the serious consequences of the COVID-19 outbreak and the crisis stemming from this, in particular the potential for the public health crisis to lead to liquidity shortages and significant negative effects on EU economies and societies. The shortages had the potential to generate broader negative social and economic consequences, e.g. creating challenges in maintaining employment levels, economic growth, and effective social assistance. This created the need for rapid intervention.

The objectives of CRII and CRII+ are thus to mitigate the effects of the public health and socio-economic crisis resulting from the COVID-19 pandemic. Within this, the response has the specific objectives of mobilising all non-utilised support from the Funds through additional flexibilities enabling quick reprogramming.

Inputs/activities relate to the range of additional financial and programming flexibilities introduced, intended to accelerate and help to further target the provision of financial support to address the effects of COVID-19.

Outputs in the context of the intervention logic for the response initiatives relate to the effect of the flexibilities in the sense of facilitating programme amendments, specifically in terms of: (number of) OPs modified; (number of) additional responses using flexibilities without formal OP amendments; (number of) Member States using simplified amendment processes and number of amendments; (number of) programmes using/benefitting from the 100% co-financing rate introduced; and (number of) FEAD programmes introducing emergency COVID-19 response measures provided for by the flexibilities (e.g. introduction of indirect delivery through vouchers).

The results of the response initiatives relate to the development of new and adjusted operations at Member State level, and mobilisation of non-utilised funds. These results, in terms of new and adjusted ESF and FEAD operations, form the inputs/activities delivered through the Funds, as articulated in detail in the second intervention logic presented below. Results include the (number of) operations, participants and/or entities supported, the (value of) funding allocated to operations, and effects on financial absorption.

The ultimate impacts the response initiatives aim to generate include the intended role of the response in ensuring functioning health systems through facilitating necessary public investments in healthcare; mitigating negative effects on growth; facilitating effective economic recovery; ensuring less pressure on public finances; and providing the necessary support to businesses and people. In particular, the response initiatives are designed to enable the ESF and FEAD to more effectively meet the needs of their target groups, especially those in vulnerable situations who are likely to be most affected by the consequences of the pandemic (e.g. those facing poverty, with significant barriers to labour market access, people with disabilities and health conditions, young people, older workers).

2.2.1. Intervention logic for ESF/ FEAD support under CRII/CRII+

The second intervention logic focuses on the role and intended effects of the concrete operations delivered through the ESF and FEAD, enabled by the CRII and CRII+ flexibilities. Figure 2 outlines the (new and adjusted) ESF and FEAD operations that seek to address the effects of the pandemic, tracing the intended outputs, results and impacts that flow from these. These are articulated in terms of the thematic focus of the ESF and FEAD operations in the context of the pandemic response: healthcare, employment, social inclusion, and education and training.

Figure 2: Intervention logic for support provided by the ESF and FEAD under the Coronavirus Response Investment Initiative (CRII and CRII+)



The general/high-level objective is to maximise the use of the ESF and FEAD (through the flexibilities provided) to mitigate the effects of the public health and socio-economic crisis resulting from COVID-19. In respect of health, the specific objective is to support the provision of health services; for social inclusion, to provide access to social services for the disadvantaged; for employment, as well as promoting access to sustainable and quality employment, there is a specific focus on, and objective to, respond to the crisis by supporting the adaptation of workers, enterprises and entrepreneurs; and for education and training, the specific objective is to invest in education, training and vocational training for skills and lifelong learning in line with the new challenges presented by the pandemic. These objectives and intended impacts remained largely the same as before the crisis. However, the COVID-19 pandemic negatively affected the continuity of service provision in the new circumstances it triggered; the coronavirus response initiatives sought to maintain this continuity as far as possible in a radically changed context.

The inputs/activities concern the specific new and adjusted operations envisaged for the ESF and FEAD to support the coronavirus response and relate to health, social inclusion, employment, or education and training. Some **ESF inputs/activities** span across thematic areas (as reflected in the flexibility given to programme some of the operations articulated as inputs/activities under different Thematic Objectives).¹⁵ The most important changes in the use of ESF and FEAD relative to the pre-pandemic status quo are visible at the level of activities within operations.

- For **health**, inputs/activities cover a range of ESF operations including: the purchase of necessary equipment/supplies; hiring of additional health personnel and supporting salaries for existing staff; health staff training; provision of mobile/temporary health care facilities; support for distance/online and home health care; and provision of medical assistance or home care services for vulnerable groups.
- **Employment**-related inputs/activities in terms of possible ESF operations include: the use of short-time work arrangements (STWAs); recruitment of additional staff for professional cleaning services; support to employers and workers to set-up telework arrangements; support to employers and workers to put occupational safety and health and safety (OSH) measures in place; support to the self-employed and small businesses through financing IT solutions.
- **Social inclusion** operations through the ESF are expected to include: support to persons/families experiencing homelessness/housing exclusion and exposed to COVID-19; support to vulnerable people/families with socio-educational, health, care and social services temporary/emergency income support for those outside the labour market; support for volunteering and volunteers; and support for emergency social aid including worker salaries.¹⁶
- **Education and training** ESF activities/inputs include support for distance-learning – e.g. digital skills training for teachers and students; purchase or rent of equipment such as laptops or broadband; fast-track graduation of medical/social care personnel – e.g. support for fast-track examination or reviewing curricula/qualification requirements; and use of simplified cost options (SCO) in the context of pre-school provision.

¹⁵ For example, the guidance on possible ways of programming operations in DG EMPL's Typology of indicative measures under the ESF and YEI that can be mobilised to address the COVID-19 crisis.

¹⁶ DG EMPL's 'Typology of indicative measures under the ESF and YEI that can be mobilised to address the COVID-19 crisis' indicates that under 'Social inclusion measures to support vulnerable groups and access to healthcare services', possible actions/ measures and costs can include – alongside others – salaries, travel costs of medical or social workers delivering home services for people with disabilities or confined at home due to COVID-19 symptoms.

Similarly, **inputs/activities** delivered through **FEAD** encompass new and adjusted operations to address the additional challenges for the most deprived resulting from the pandemic. These are anticipated to include the expansion and redirection of food and basic material assistance to the most deprived in the context of the pandemic response, including via indirect delivery through electronic vouchers, along with the potential provision of COVID-19 protective equipment and provision of (enhanced and targeted) non-financial, non-material assistance.

The wide range of operations presented as inputs/activities are expected to lead to a set of quantifiable outputs. These have been developed with reference to the programme specific output indicators designed to capture and measure the cohesion policy direct response to the COVID-19 pandemic,¹⁷ including that through the ESF.¹⁸

Results can be articulated to align, where suitable indicators are available, with the programme specific result indicators used to measure the coronavirus response through the Funds. These concern the number of participants maintaining their job 6 months after the end of support through new and adjusted operations; and the number of participants gaining a qualification upon leaving supported in actions combatting the effects of the COVID-19 pandemic. In addition, intended results also capture the aim of the response initiatives to ensure that people and health systems are supported; that those facing social and economic deprivation, including the most deprived, continue to be supported to alleviate poverty, address social exclusion, and recover from the effects of the pandemic; and that people are supported to continue in education and training and to achieve qualifications, as well as education systems continuing to function.

The final element of the intervention logic for ESF and FEAD support under the CRII and CRII+ relates to **expected impacts**. These cover more resilient and well-functioning health systems; sustained employment and better-adapted workers, enterprises and entrepreneurs; increased social inclusion and reduced poverty levels; well-functioning education and training provision able to resist the effects of the pandemic; and, more broadly and in the medium to longer-term, Member State citizens, economies and societies being better able to recover from the health, social and economic crises caused by the COVID-19 pandemic.

2.3. The wider policy context

In May 2020, the Commission built upon its immediate crisis response, which included CRII and CRII+, proposing **NextGenerationEU** as a comprehensive recovery plan to allocate 750 billion EUR to help Member States reconstruct their economies and work towards building a greener, digital and more resilient Europe. The plan provides funding for investments and reforms, incentivises private investments to kick-start the economy, and aims to support a new health programme and reinforcement of investment in research. It comprises: the **Recovery and Resilience Facility**, including 672.5 billion EUR in loans and grants to support Member State reforms and investments; **REACT-EU**, making 47.5 billion EUR available through the ERDF, the ESF and FEAD to **extend the measures delivered**

¹⁷ As initially outlined in: European Commission (2021). Non-paper: List of programme specific indicators related to the cohesion policy direct response to the COVID-19 pandemic. Available at: <https://cohesiondata.ec.europa.eu/2014-2020-Indicators/COVID19-CRII-COVID-specific-monitoring-indicators/-pz85-ptis>

¹⁸ The relevant specific outputs include: (number of) participants supported in combatting or counteracting the COVID-19 pandemic; (number of) participants who benefitted from support in short-time work arrangements; (number of) entities supported in combatting or counteracting the COVID-19 pandemic; (number of) participants benefitting from support in short-time working arrangements; (number of) health care personnel benefitting from ESF support; (value of) ESF actions to combat or counteract the effects of the COVID-19 pandemic; testing capacity supported to diagnose and test for COVID-19; (value of) PPE and other medical equipment purchased; (value of) medicines purchased; (value of) IT equipment and software/licenses financed; (value of) COVID-19 related IT for SMEs; (value of) COVID-19 related IT for health; (value of) COVID-19 related IT for education; (value of) vaccinations costs supported; and (number of) people vaccinated with EU support.

through **CRII and CRII+**; and additional money to other EU programmes or funds such as Horizon2020, InvestEU, rural development or the Just Transition Fund.

Agreement on the plan was reached between the European Parliament and the Council on 10 November 2020, along with the **multi-annual financial framework**, marking the largest stimulus package ever financed through the EU budget, at a total of 1.8 trillion EUR. Regulation (EU) 2020/2221, laying down the implementing arrangements for **REACT-EU**, was published in the Official Journal on 28 December 2020.¹⁹ In addition, the EU has looked further forward, with **post-2020 Cohesion Policy** reinforcing research and innovation, the digital transition, the European Green Deal agenda, and implementation of the European Pillar of Social Rights. The approach maintains additional flexibility for Member States to transfer resources between Funds, aims to future-proof Cohesion funding for emergencies, and focuses on key policy areas including health, youth employment and child poverty, along with key sectors affected by COVID-19 such as culture and tourism.²⁰

The **temporary Support to mitigate Unemployment Risks in an Emergency (SURE)** is another key instrument in the EU's strategy to support employment and mitigate the negative impact of the coronavirus pandemic. In 2020 it provided more than 91.8 billion EUR in loans to help support approximately 31 million people and 2.5 million firms in 19 Member States that asked for and benefited from the scheme.²¹ SURE was designed to 'support short-time work schemes and similar measures, to help Member States protect jobs and thus employees and self-employed against the risk of unemployment and loss of income'. When adopting the SURE regulation in May 2020, the Council decided to extend its scope to support health-related measures.

In March 2022, the third major asymmetric shock (following the financial and economic crisis of 2007-2009 and the COVID-19 pandemic of 2020) was experienced in Europe following the military invasion of Ukraine by the Russian Federation. The Ukraine crisis is predicted to have significant effects, not least in the enormous displacement of people and subsequent refugee movements into Member States. The effects of the crisis are likely to be asymmetric throughout the EU-27, with some countries (such as Poland, Romania, Hungary, Slovakia) receiving (at least initially) a far greater number of people than other Member States that do not share a land border with Ukraine. Other Member States may be equally affected, however, even if they receive a relatively lower number of refugees from Ukraine – for example smaller Member States where the pressure of the new arrivals on the country's financial, human and administrative resources and infrastructure is significant.

The Commission has recognised the priority to meet the immediate needs of individuals and families fleeing to EU countries, such as the need to find accommodation, meet material needs such as food, sanitation, medicine, clothing and mental health support, followed by suitable housing and support in education, training, employment, social services and healthcare.²² Support was needed to build additional infrastructure equipment or staffing capacity, and to develop solutions for long-term integration of people with migrant backgrounds through investments in housing, education, employment, health, social inclusion and care or other social services. In order to address these needs, which were arising at a time when the COVID-19 crisis and its impact were still felt across the Member States, the **Cohesion's Action for Refugees in Europe (CARE)** was adopted in April

¹⁹ Regulation (EU) 2020/2221 of the European Parliament and of the Council of 23 December 2020 amending Regulation (EU) No 1303/2013. Available at: https://eur-lex.europa.eu/legalcontent/EN/TXT/?uri=uriserv%3AOJ.L_.2020.437.01.0030.01.ENG&toc=OJ%3AL%3A2020%3A437%3ATO

²⁰ Ec.europa.eu. (n.d.) Cohesion policy against coronavirus. Available at: https://ec.europa.eu/regional_policy/funding/coronavirus-response_en

²¹ The Member States are: BE, BG, CY, CZ, EE, GR, ES, HR, HU, IE, IT, LT, LV, MT, PL, PT, RO, SI, and SK. The European instrument for temporary Support to mitigate Unemployment Risks in an Emergency (SURE), details available at: https://economy-finance.ec.europa.eu/eu-financial-assistance/sure_en.

²² European Commission (2022). Strategic Dialogue on the Ukrainian Refugee Crisis Support Measures. Available at: <https://ec.europa.eu/european-social-fund-plus/en/news/strategic-dialogue-ukrainian-crisis>

2022. This enables Member States and regions to provide emergency support. CARE introduces flexibility into the 2014-20 Cohesion policy rules to allow a swift reallocation of funding to emergency support, and also enables access to the 2022 REACT-EU funding envelope of EUR 10 billion. CARE also extends by one accounting year the 100% financing flexibility from the EU budget for cohesion programmes. The extension of the 100% financing flexibility, the unlocking of unspent 2014-2020 cohesion funding, and the 2022 REACT-EU tranche were estimated to release almost 17 billion EUR.²³

Signalling lessons learnt about the contribution of flexibilities in the use of EU funds, new regulations for the 2021-2027 programming period include an **emergency clause** about their use in crisis contexts in the future. For instance, *Regulation (EU) 2021/1057 of the European Parliament and of the Council of 24 June 2021 establishing the European Social Fund Plus (ESF+) and repealing Regulation (EU) No 1296/2013* enables the Commission to adopt temporary measures to facilitate the use of the ESF+ in response to “exceptional or unusual circumstances that may arise during the programming period [...] while preserving the objectives of the ESF+” and with a maximum time limit of 18 months.²⁴

2.4. Points of comparison: ESF and FEAD before the COVID-19 crisis and ESF after the 2007-2008 financial crisis

The evaluation includes a comparative analysis across the key evaluation criteria (when evidence is available and the comparison is relevant and informative) in relation to two key comparison points:

- ESF and FEAD before the COVID-19 pandemic, programmed strategically with a long term view, in line with the Common Provisions Regulation (Regulation (EU) No 1303/2013), the FEAD Regulation Regulation (EU) No 223/2014 and the European Semester; and
- ESF after the financial crisis of 2007-2008.

This comparative analysis enables comparison points for the assessment of the support provided by ESF and FEAD to anti-crisis reaction under CRII and CRII+ throughout the evaluation report. The comparison can only be indicative, however, due to the influence of other contextual factors over time.

2.4.1. ESF and FEAD before the crisis, programmed strategically with a long-term view

ESF before the COVID-19 crisis

European Structural and Investment Funds (ESIF) were regulated by a set of common rules in the period 2014-2020. The **Common Provisions Regulation** (Regulation (EU) No 1303/2013)²⁵ sets out the common **common principles and rules** for the implementation

²³ European Commission (2022). Ukraine: final adoption of CARE. Available at: <https://ec.europa.eu/european-social-fund-plus/en/news/ukraine-final-adoption-care>

²⁴ Regulation (EU) 2021/1057 of the European Parliament and of the Council of 24 June 2021 establishing the European Social Fund Plus (ESF+) and repealing Regulation (EU) No 1296/2013. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32021R1057&from=EN>

²⁵ Regulation (EU) No 1303/2013 of the European Parliament and of the Council of 17 December 2013 laying down common provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Fund and laying down general provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund and the European Maritime and Fisheries Fund and repealing Council Regulation (EC) No 1083/2006. Available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2013.347.01.0320.01.ENG

of the ESF, the European Regional Development Fund (ERDF), the Cohesion Fund (CF), the European Agricultural Fund for Rural Development (EAFRD) and the European Maritime and Fisheries Fund (EMFF). Article 9 sets out **objectives** for investments, including the ESF relevant objectives of promoting sustainable and quality employment and supporting labour mobility (TO8); promoting social inclusion, combating poverty and any discrimination (TO 9); investing in education, training and vocational training for skills and lifelong learning (TO 10); and enhancing institutional capacity of public authorities and stakeholders and efficient public administration (TO11). Article 18 specifies that Member States should focus support on interventions that bring the greatest added value towards smart, sustainable and inclusive growth, and respond to key regional challenges. In line with the regulation, the preparation and implementation of the funds should be based on partnership agreements with regional and local authorities (Article 5), should ensure equality between men and women and non-discrimination (Article 7), and should be pursued in line with sustainable development principles (Article 8).

Further regulations define fund specific provisions. For instance, Regulation (EU) No 1304/2013 defines the **scope of ESF actions** (including the Youth Employment Initiative), in line with the key thematic objectives outlined above. In the 2014-2020 programming period, the ESF is implemented through **187 OPs**, adopted in the 27 Member States and the UK. The operations are to be carried out until the end of 2023.

Until the outbreak of the COVID-19 pandemic, there was a continuous increase in the number of ESF participations from 2014 onwards, reaching a peak of 11.5 million in 2018. In 2019, there were 10.6 million participations. COVID-19 curbed this trend, as only 8.7 million participations were reported in 2020 (a decrease of 18% or 1.9 million compared to 2019). The ESF absorption rate, however, continuously increased over the 2014-2020 programming period. In 2019, the absorption rate was 39%, in 2020 it increased by 15 p.p., while in 2021 it increased by 16 p.p.

The focus of the interventions under the **ESF's key thematic objectives** – in line with the key EU regulations – is discussed briefly below, based on operational documents and data available in the period up to the end of 2018. The overview provides a short summary of the aims and situation across IPs, participations and types of operations. Where relevant and evidence is available, comparisons between the ESF implementation period before and after the onset of the COVID-19 pandemic are discussed in this report.

ESF investments in **employment and mobility (TO8)** are a key objective, and focus primarily on access to employment (IP8.i) and adaptability to change (IP8.v), alongside investments in other areas: entrepreneurship (IP8.iii), gender equality (IP8.iv), active ageing (IP8.vi), and labour market institutions (IP8.vii).²⁶ The total financial allocation under TO8 at the start of the 2014-2020 programming period was **EUR 32.1 billion** (EU and national co-financing), equivalent to approximately **26% of the ESF budget** for this period. The investment levels in the different IPs under TO8 vary by country to a certain extent.

- A variety of **types of operations** have been implemented by the Member States and the UK under TO8 before the onset of the COVID-19 pandemic, including: support for entrepreneurs, guidance and support, adaptability, financial incentives, work-based learning, education and training, women in employment, integrated pathways, institutional capacity and a variety of combined measures.²⁷
- By 2019, at the EU level, a **project selection rate** of 70% and an **implementation rate** of 28% was reported,²⁸ but there was substantial variation across the Member States (implementation appeared on track in Cyprus, France, the Czech Republic,

²⁶ European Commission (2020). Study for the evaluation of ESF Support to Employment and Labour Mobility. pp. 25-26. Available at: <https://ec.europa.eu/social/BlobServlet?docId=22899&langId=en>

²⁷ Ibid, pp. 25-26.

²⁸ Ibid, p. 27.

Lithuania, Luxembourg, Latvia, and the Netherlands, but less so in Bulgaria, Croatia, Portugal, and Romania).

- No significant differences between different **types of regions** were reported based on data available before 2019 and the onset of the pandemic at TO level, but substantial differences were noticeable at IP level (for instance, for active ageing – IP 8.vi – much higher implementation rates were noticeable in more developed regions relative to transition and less developed regions.²⁹
- Employment operations targeted several types of **groups** more than others: the unemployed – who constituted the majority of all participations (67%), but notable differences existed at IP level; individuals aged 25-54; women; and individuals with ISCED 3-4 education levels.³⁰ Three types of vulnerabilities were addressed across different IPs more often: migrants and minorities, persons with disabilities and other types of disadvantages.

A total of **EUR 31.3 billion euro** (EU and national co-financing) was allocated for **TO9 operations** at the start of the 2014-2020 programming period. This represented approximately 25% of the total ESF allocation. By the end of 2018, all Member States met or exceeded 85% of the milestones that needed to be reached by December 2018 (with the exception of Croatia which was slightly below the target at the time).

- ESF investments in promoting **social inclusion, combatting poverty and discrimination** before the COVID-19 pandemic focused on several **types of operations**: reducing barriers to employment and upgrading skills, in particular for people in vulnerable situations; enhancing basic skills; improving the conditions for equal access to and inclusiveness of education; improving access to quality services (in health, education, childcare, long-term care); supporting social entrepreneurship; and promoting actions to raise awareness related to gender equality, anti-discrimination and enhancing the capacity of organisations to deliver social and employment services.³¹
- TO9 operations targeted a wide range of **groups and entities**, including: the unemployed, in particular long-term unemployed low-skilled people; self-employed people; recipients of minimum income; Roma and other ethnic minorities; people with a migrant or foreign background; people with disabilities, a chronic problem or requiring long-term care; single parents; SMEs, micro companies; short (less than 12 months) and long-term unemployed (for 12 months or longer); public administrations/public services (including workers in public services); homeless people and those affected by substance abuse.³² Some operations in over a third of the OPs that programmed actions under TO9 did not focus on a clear target group, but targeted a broad group (e.g. people in vulnerable situations or marginalised communities).

ESF investments in **education and training (TO10)** (EU and national co-financing) at the beginning of the 2014-2020 programming period was **EUR 39.2 billion** (32% of total planned funding for ESF). Interventions under TO10 focused on **four priorities**, covering all stages of education: reducing and preventing early school leaving and promoting equal access to education (IP10.i); improving the quality and access to tertiary and equivalent education and training (IP10.ii); enhancing equal access to lifelong learning for all age

²⁹ European Commission (2020). Study for the evaluation of ESF Support to Employment and Labour Mobility. pp. 28-29. Available at: <https://ec.europa.eu/social/BlobServlet?docId=22899&langId=en>

³⁰ Ibid, p. 30.

³¹ European Commission (2020). Study supporting the 2020 evaluation of promoting social inclusion, combatting poverty and any discrimination by the European Social Fund. pp. 40-42. Available at: <https://data.europa.eu/doi/10.2767/8640>

³² Ibid, p. 39.

groups (IP10.iii); and improving the labour market relevance of education and training systems, facilitating the transition from education to work, and strengthening vocational education and training systems (IP10.iv).³³

- The **allocation of funds** varies across IPs in relation to different types of operations, with most interventions focusing on supporting general secondary and post-secondary education and training (under IP10.i), tertiary education operations (under TO10.ii), non-formal job-related education and training (under IP10.iii), and vocational secondary and post-secondary education and training (under IP10.iv).³⁴ Operations under TO10 cover formal education and training (from pre-primary and primary to secondary, post-secondary, vocational and tertiary) as well as non-formal education and training (both job-related and non-job related).
- **Total expenditure** declared by the end of 2018 was 27% of the total planned allocation to TO10 during 2014-2020, but in some countries (e.g. Slovakia, Romania, Belgium, Czech Republic, Denmark, and Latvia) expenditure rates under TO10 were lower than the total ESF expenditure rate while in some other countries (e.g. Austria, Germany, Estonia, Spain, Finland, Greece, Ireland, Italy, Malta, Portugal and Slovenia) TO10 expenditure rates were above the overall ESF expenditure rate.³⁵
- The planned operations aimed to reach a wide variety of **groups**, including teachers and learners of all age groups, early school leavers, disadvantaged groups (Roma, older workers, low-skilled adults). At the EU level, approximately 9.5 million **participations in education and training** operations were reported by the end of 2018.³⁶ In line with the CPR (Article 7), around 50% of total participants were women by the end of 2018 (with the share being higher under IP10.ii, and lower under IP10.iv. labour market relevance of education and training). Approximately 66% of total participants were aged below 25, more 63% of total participants were inactive and 50% of the total were from less developed regions, and 59% of total participants had a low education level (ISCED 1-2).³⁷ Migrants made up 14%, persons with disabilities were 7% and other disadvantaged were 17% of the total of ESF participations under TO10 by the end of 2018,³⁸ but differences in these shares across countries are substantial.

Linked to the European Semester process and the Commission's country-specific recommendations, **enhancing the institutional capacity of public authorities and stakeholders and efficient public administration (TO11)** has been a key priority of ESF starting with the 2007-2013 period. During the 2014–2020 programming period, the ESF supported technical capacity building and administrative reforms in public services at the national, regional and local levels. The ERDF and the Cohesion Fund complemented these investments, focusing on actions to strengthen institutional capacity and efficiency related to the implementation of the ERDF and of the Cohesion Fund.³⁹

³³ European Commission (2020). Donlevy, V., Sennett, J., Georgallis, M., et al., Study for the Evaluation of ESF support to Education and Training. pp. 54-56. Available at: <https://data.europa.eu/doi/10.2767/301732>

³⁴ Ibid, pp. 56-57.

³⁵ Ibid, p.62.

³⁶ Ibid, p.72.

³⁷ Ibid, pp. 72-78.

³⁸ Ibid, p. 79.

³⁹ Regulation (EU) No 1303/2013 of the European Parliament and of the Council of 17 December 2013 laying down common provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Fund and laying down general provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund and the European Maritime and Fisheries Fund and repealing Council Regulation (EC) No 1083/2006, pp. 41-42, and 134-135. Available at <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013R1303&from=EN>.

- During 2014–2020, under ESIF, 17 Member States (BG, CY, CZ, EE, FR, GR, HU, HR, IT, LV, LT, MT, MT, PL, PT, RO, SI, SK) programmed support under TO11, amounting to a total of approximately 4.2 billion EUR (with 3.6 billion EUR allocated through the ESF).⁴⁰
- 45 OPs were allocated funding to support public administration reforms and increased efficiency, under two IPs (investment in the institutional capacity and efficiency of public administration; and capacity building for stakeholders delivering education, lifelong learning, training and employment, and social policies).⁴¹ Actions could target areas such as transparency and accountability, civil service systems, service delivery and e-services, organisation and management of government, policy-making coordination and implementation, and the functioning of the judicial system.
- Between 2014 and Q1 2017, more than 1350 ESF projects and 106 ERDF projects were identified in 15 of the beneficiary Member States (BG, CZ, EE, GR, HR, HU, IT, LV, LT, MT, PL, PT, RO, SK, SI) with a total planned budget of nearly 2 billion EUR.⁴² During this period, digitalisation was prioritised (39% of funds), but other areas were also targeted (e.g. service delivery and training with 16% and 13% respectively of the funds).⁴³

The selection of ESF priorities under all thematic objectives was decided at the beginning of the programming period 2014-2020 (as well as later on through OP amendments) with a view to national and regional needs, as well as in response to the **European Semester** priorities and country recommendations, which seek to coordinate socio-economic policies to boost growth, reduce poverty and create jobs across the EU. Midterm evaluations of the ESF thematic objectives indicate that based on data available by the end of 2018, OPs were largely aligned with the country specific recommendations made under the European Semester process. Due to the COVID-19 crisis, the European Semester process was temporarily adjusted in 2021 in response to the impact of the pandemic and the support measures launched at the EU level (e.g. the Recovery and Resilience Facility and Next Generation EU). As part of this process, the Member States submitted Recovery and Resilience National Plans to inform their investment agendas in the coming years, with the Commission's 2021 country specific recommendations focusing primarily on fiscal policies.

CRII and CRII+ amended the provisions of the ESF regulation to enable additional flexibilities in the use of the fund during the pandemic (as discussed in **Section 2.1**). Further comparative analysis is provided in **Sections 3-4**, including about the types of ESF operations implemented as a response to the COVID-19 crisis under CRII/ CRII+, the types of groups targeted through these operations, the financial reallocations that occurred to support these operations, the changes in ESF participations relative to pre-pandemic trends. Overall, initial evidence indicates that by the end of 2021, **ESF implementation has continued its positive trend despite the massive disruptions** posed by the COVID-19 pandemic and the ensuing lockdown measures across Europe.⁴⁴ The contribution of flexibilities enabled by the Coronavirus Response Investment Initiatives and the other initiatives supporting crisis recovery have significantly contributed to this outcome, ensuring a sustained rate of implementation.

⁴⁰ European Commission (2020). Thijs and Nakrosis V., Progress assessment of ESF support to public administration (PAPA), pp. 40-41. Available at <https://op.europa.eu/en/publication-detail/-/publication/c7c56421-9fc4-11ea-9d2d-01aa75ed71a1/language-en>.

⁴¹ Ibid, p. 42.

⁴² Ibid, p. 45.

⁴³ European Commission (2018). Role and effect of external support to public administration. Available at: <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8141&furtherPubs=yes>.

⁴⁴ European Commission (n.d.). European Social Fund + - Performance. Available at: https://ec.europa.eu/info/strategy/eu-budget/performance-and-reporting/programme-performance-overview/european-social-fund-performance_en#:~:text=The%20ESF%20is%20the%20EU's,and%20supporting%20upskilling%20and%20reskilling

FEAD before the COVID-19 crisis

The budget available for FEAD operations at the start of the 2014-2020 period was EUR 4.49 billion (including national co-financing and excluding technical assistance). The overwhelming majority of this funding was allocated to OP I (97.56%) and the remaining value (2.44%) to OP II. 23 Member States (AT, BE, BG, CY, CZ, EE, ES, FI, FR, GR, HU, HR, IE, IT, LV, LT, LU, MT, PL, PT, RO, SI, SK) and the UK adopted OP I and only 4 Member States adopted OP II (DE, DK, NL, SE). The absorption rate continuously increased, reaching 48% in 2019. It continued to increase during the pandemic, reaching 83.9% in September 2022, indicating the importance of the FEAD during the COVID-19 pandemic. After a slower pace of implementation in the initial years, there was a constant level of support from 2017 to 2019 oscillating between 12.6 and 12.2 million end recipients per year for food support and between 0.5 – 0.8 million for basic material assistance. For social inclusion measures the number of supported persons fell from nearly 50,000 in 2017 to nearly 30,000 in 2019. As a result of the COVID-19 pandemic, the number of people receiving basic material assistance (in 13 Member States) more than doubled from 2019 to 2020, reaching a peak of almost 2 million end recipients in 2020. The number of people receiving food support (in 22 Member States) increased by 24%, reaching almost 15 million in 2020. Despite the restrictions at country level (lockdowns, etc.), the number of persons receiving social inclusion measures (30,000 end recipients in 4 Member States) did not decrease from 2019 to 2020. In addition, in France and Romania 0.2 million people in 2020 and 0.4 people in 2021 received vouchers, cards or other instruments of indirect delivery.

FEAD operations focus on **food support** to the most deprived and **material assistance** (including to children at risk of poverty, the homeless, people older than 65 with low pensions, migrants and minorities, persons with disabilities). FEAD also enables the provision of accompanying measures such as psychological, social and other support and orientation (through OP I) and social inclusion activities (through OP II).⁴⁵ There are a variety of procedures to assess needs and identify end recipients across the countries where FEAD is used, which often involve public authorities, non-governmental organisations and local networks and a wide range of outreach activities.

The **use of FEAD in mitigating the effects of the COVID-19 crisis** was simplified through flexibilities enabled by Regulation (EU) 2020/559 of 23 April 2020, amending Regulation (EU) No 223/2014 in the framework of the CRII+ package. As shown in this evaluation report, fewer requested amendments were identified in the case of FEAD compared to the use of CRII/CRII+ flexibilities under the ESF, even when accounting for the different scale of the two programmes. Where used, the CRII/CRII+ flexibilities enabled Member States to implement **adjusted and new operations**, focusing on several types of measures: purchasing and distributing food, the use of e-vouchers, and technical support to enable home delivery of food during periods when lockdown and social distancing measures were enforced (including the purchase of protective equipment, including masks, gloves, disinfectant liquid). Occasionally, FEAD supported activities to support vulnerable individuals to continue social activities remotely in the pandemic (e.g., maintaining social networks for the elderly through teaching the use of video calling).

2.4.2. ESF after the financial crisis of 2007-2008

While many of the challenges posed by the COVID-19 crisis were unique to the pandemic, it was not the first time the EU has faced a crisis that threatened to undermine its economy. The financial and economic crisis of 2007-2009 resulted in the deepest recession since World War II, governments and businesses reduced expenditure and investments, and millions of people lost their livelihoods.

⁴⁵ European Commission (2018). FEAD Mid-Term Evaluation Final Report. pp. 18-20; p. 112. Available at: <https://op.europa.eu/en/publication-detail/-/publication/51421b36-54f8-11e9-a8ed-01aa75ed71a1>

The swiftness and scale of ESF support through the actions taken under CRII and CRII+ at the EU level are compared with the 2008-2009 ESF anti-crisis reaction where relevant and data is available in this report, notwithstanding the different socio-economic context, the different nature of the two crises, their varying effects on economic sectors and specific groups in the population, and the different timing from the viewpoint of the ESF programming period (the beginning in the case of the financial and economic crisis vs. the end in the case of the pandemic).

The 2007-2008 financial crisis and the coinciding European sovereign debt crisis put huge pressure on the EU's Member States. Investment plummeted by around 20%, with the worst hit Member States reporting losses of more than 40%.⁴⁶ A double-dip recession ensued and about 6.7 million jobs were lost between 2008 and 2013.⁴⁷ At the time, the European Commission launched the **2008 European Economic Recovery Plan**,⁴⁸ which alongside national recovery plans boosted expenditure in key labour market policy areas. For instance, expenditure for active labour market policies (which could be co-financed by the ESF) increased substantially across many Member States from 2008 to 2009.⁴⁹ Member States developed tailored **national recovery plans** that aimed to accelerate the absorption of EU funds (including ESF) to support economic recovery and social inclusion, and maintain employment, create new jobs and foster job mobility and re/up-skilling.⁵⁰ Austerity policies (focusing on reducing budget deficits) were also a common response to the crisis in some Member States.

As part of the Recovery Plan, the EU enabled a number of **mechanisms that allowed the acceleration of ESF spending, providing additional liquidity and simplification of procedures**. Member States in turn adjusted the operational programmes by reallocating funds between priority axes, target groups and types of measures, and by simplifying procedures for the management and implementation of the ESF.⁵¹

The ESF supported Member States in addressing the impact of the economic crisis of 2008-2009. Expenditure for active labour market policies (which could be co-financed by the ESF) increased substantially across many Member States from 2008 to 2009.⁵² The ESF supported economic recovery and social inclusion, helping maintain employment and reskill job-seekers.⁵³ At the time, the EU also enabled a number of mechanisms that allowed the acceleration of ESF spending, providing additional liquidity and simplification of procedures, which Member States used to adjust operational programmes and simplify procedures.⁵⁴

In April and May 2009 amendments to ESF regulations enabled several measures meant to support crisis response at the Member State level. These included, among others, providing additional liquidity by extending the eligibility period and enabling ESF unspent funds from the 2000-2006 programming period (amounting to 7 billion EUR) to be disbursed before June 2009; enabling larger advance payments (pre-financing) for ESF projects for the 2007-2013 funding period so that more measures could be implemented in 2009; enabling 100% co-financing as long as the measure is balanced by national funds towards the end of the programming period; providing measures to reduce the administrative burden on project beneficiaries, e.g. using a flat rate for reimbursing project costs.⁵⁵ Some Member

⁴⁶ Revoltella, D. (2014). The European Investment Crisis. *Intereconomics* 49, 182-183. Available at: <https://doi.org/10.1007/s10272-014-0499-6>

⁴⁷ European Parliament (2019). A decade on from the crisis - Main responses and remaining challenges. Available at: [https://www.europarl.europa.eu/RegData/etudes/BRIE/2019/642253/EPRS_BRI\(2019\)642253_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2019/642253/EPRS_BRI(2019)642253_EN.pdf)

⁴⁸ Communication from the Commission to the European Council – A European Economic Recovery Plan (2008). Available at: <https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A52008DC0800>

⁴⁹ Metis and wiw (2012). Evaluation of the reaction of the ESF to the economic and financial crisis. p.81. Available at: <https://ec.europa.eu/social/BlobServlet?docId=7671&langId=en>

⁵⁰ Ibid.

⁵¹ Ibid, p. 87.

⁵² Ibid, p.81.

⁵³ Ibid.

⁵⁴ Ibid, p. 87.

⁵⁵ Ibid, p. 92.

States modified their operational programmes to enable these measures to be implemented (e.g. by reallocating funds between and/ or within priority axes, adjusting target groups, or expanding the types or scope of activities), while others were already flexible enough to enable changes without formal amendments.⁵⁶

The evaluation of the reaction of ESF to the 2008-2009 crisis found that 84 out of 117 OPs (72%) were changed in response to the crisis, and the majority did not need the formal approval of the European Commission (with only 27 cases requiring a formal modification of the OP).⁵⁷ A larger proportion of OPs were adapted among Convergence OPs than Competitiveness OPs or with programmes that included both objectives.⁵⁸ Most OPs were changed in 2009, but in a small number of countries (e.g., DE and the UK) some OPs were modified in 2008 or 2010.

This report reflects, where appropriate and information is available, on how and how quickly CRII and CRII+ enabled the ESF's response to the COVID-19 pandemic relative to the changes enabled as a reaction to the 2008-2009 economic crisis. It shows that alongside new flexibilities that were introduced in the use of ESF relative to the economic crisis, the coronavirus response initiatives added value in the speed of the process as well as the cross-fund and cross-policy approach enabled by CRII and CRII+, relevant across the whole cohesion policy, extending the financial envelope available for anti-crisis operations and their scope. **During the COVID-19 pandemic, the scale, speed and scope of the EU's response improved significantly compared to the 2008-2009 economic crisis**, and provided a package of support starting from the early days following the onset of the pandemic. This supported Member States and the UK to react immediately to rapidly developing needs on the ground. Sections 3 and 4 of this report provide evidence in this regard, by summarising the changes to the ESF and FEAD OPs, the main types of operations planned during the pandemic, as well as assessing the effectiveness, efficiency, coherence, contribution and relevance of the use of the ESF and FEAD under the CRII and CRII+.

⁵⁶ Ibid, p. 93.

⁵⁷ Ibid, p.92.

⁵⁸ Ibid, p. 93.

3. The state of play: Developments over the evaluation period

Key findings

- ESF aimed to support 4.2 million ESF participants and 120 thousand entities to address the effects of COVID-19 through EUR 5.1 billion. The bulk of this funding was directed to less developed regions.
- Member States made extensive use of the European Commission's flexibilities to program a wide array of employment-, social inclusion-, education and training-, and healthcare-operations. Based on information available in the timeline of this study, the report identified 354 such operations in ESF OPs. Most of these were adjusted to the circumstances of the pandemic, while others were newly developed.
- The re-allocation of ESF resources during COVID-19 towards operations with broadly defined target groups, i.e. the general public or entities supporting the general public, did not come at the expense of vulnerable groups, as homeless individuals, the elderly, and those with disabilities who continued to benefit from a range of CRII and CRII+ operations.
- ESF and FEAD governance structures remained largely the same but benefitted from inter-institutional arrangements and on some occasions, from social partner involvement.

Member States and the UK, using the Coronavirus Response Investment Initiative flexibilities, programmed numerous anti-crisis operations through the ESF and FEAD to address the effects of COVID-19.⁵⁹ ESF anti-crisis operations had a target financial value of EUR 5.1 billion and aim to support approx. 4.2 million ESF participants and 120 thousand entities.^{60,61} Equivalent figures for FEAD were not available.⁶²

Member States' COVID-19 anti-crisis operations through the ESF broadly covered four thematic fields: employment; social inclusion; education and training; and healthcare.⁶³ This section examines Member States' anti-crisis operations within these fields. In general, programmed operations followed the European Commission's suggestions of indicative anti-crisis operations that were made available in March 2020.⁶⁴ In line with the focus of the fund, FEAD operations tended to focus on social inclusion in respect of addressing poverty and its effects.

⁵⁹ The terms "COVID-19 anti-crisis operations", "anti-crisis operations", and "operations" are used interchangeably

⁶⁰ Cohesiondata.ec.europa.eu (n.d.). Coronavirus Dashboard: EU Cohesion policy response to crisis. Retrieved 03/10/2022 from: <https://Cohesiondata.Ec.Europa.Eu/Stories/S/Coronavirus-Dashboard-Cohesion-Policy-Response/4e2z-Pw8r/>.

⁶¹ The named target values might underrepresent the actual values of ESF operations enabled by CRII/CRII+, as it was possible for Managing Authorities to make changes to their Operational Programmes without a formal amendment.

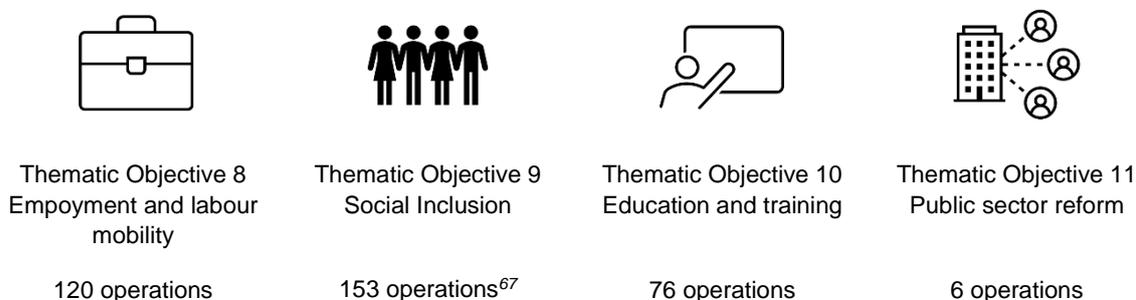
⁶² FEAD did not use COVID-19 specific indicators. Therefore, it was not possible to quantitatively track the target values for FEAD COVID-19 anti-crisis operations across Member-States.

⁶³ Employment, social inclusion and education and training thematic fields mirror ESF Thematic Objectives (TO) (i.e. TO 8 - TO 10); there is no ESF TO dedicated to healthcare so these operations are programmed within TO 8 - TO 10, principally under TO 9 as discussed in this chapter.

⁶⁴ European Commission (2020). Typology of indicative measures under the ESF and YEI that can be mobilised to address the COVID-19 crisis.

The Figure below presents the anti-crisis operations identified within each ESF Thematic Objective (TO);⁶⁵ Annex 1 (Appendix 1) presents more granular information about CRII and CRII+ operations at ESF Investment Priority level and for countries. As indicated, TO 8 and TO 9 include the majority of anti-crisis operations, with TO 10 following, and TO 11 having few anti-crisis operations.

Figure 3: Identified ESF COVID-19 anti-crisis operations⁶⁶



It was possible to identify three broad groups of Member States: those having over 80 operations,⁶⁸ those having between 15 and 40 operations,⁶⁹ and those having less than 15 operations.⁷⁰ In general, Member States with more Operational Programmes, i.e., where there is a regionalisation of the ESF, tended to have more operations. Countries that were badly hit by the pandemic (e.g. high infection and mortality rates and economic downturn) also had a high number of ESF CRII/ CRII+ operations, for example France, Greece, Italy, Poland, and Spain. Differences in the need for liquidity in the pandemic and the existence of alternative sources of funding was also an important factor, alongside the level of unspent resources at the end of the 2014-2020 programming period.⁷¹ Based on data from the Cohesion Database, the number of operations did not appear to necessarily link to their financial weight.⁷²

⁶⁵ Operations identified through a review of the ESF SFC Database held by the Commission and AIRs.

⁶⁶ Source: SFC2014, AIR 2022. The number of operations is subject to limitations. For more information, refer to Annex 2: Methods and analytical models used.

⁶⁷ Under this TO, 15 operations were employment-related, 74 operations were healthcare-related, and 64 operations were related to social inclusion.

⁶⁸ IT, PL

⁶⁹ DK, FR, GR, ES, PT

⁷⁰ BE, BG, CY, CZ, DE, EE, HU, LT, LU, LV, MT, RO, SE, SI, SK, UK

⁷¹ Examples include Baden-Württemberg - ESF (2014DE05SFOP003), Sustainable growth and jobs - FI - ERDF/ESF (2014FI16M2OP001), Wallonie-Bruxelles - ESF/YEI (2014BE05M9OP001), Brussels-Capital Region : Investment for growth and jobs - ESF/YEI (2014BE05M9OP002).

⁷² Linking target financial values (CV30) to identified operations in the SFC2014 was not possible as reporting on indicators takes place at the level of investment priorities.

Figure 4: Number of ESF operations across Member States⁷³

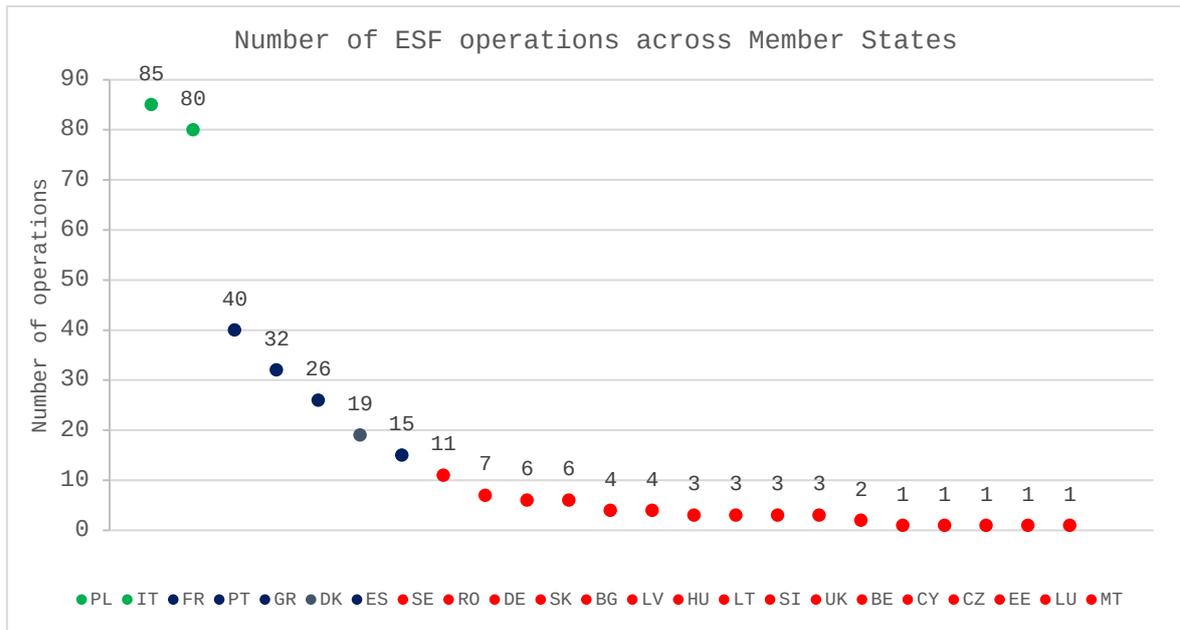
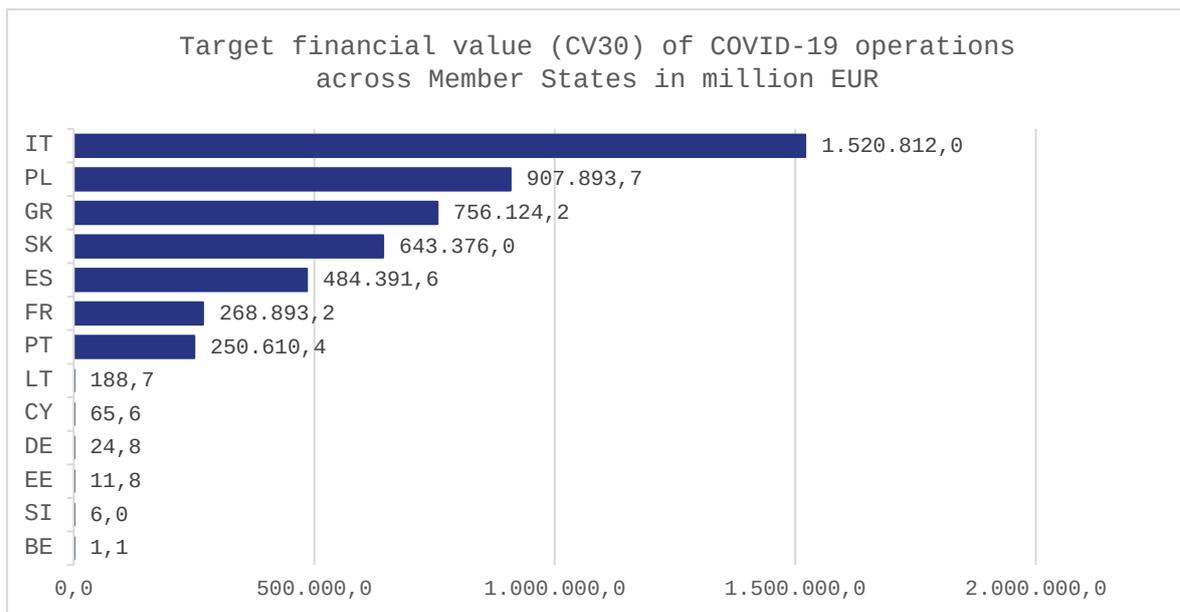


Figure 5: Target financial value (CV30) of COVID-19 operations across Member States⁷⁴



15 Member States⁷⁵ were also using CRII/CRII+ flexibilities in FEAD programmes to support existing, or implement new, COVID-19 operations, although not all of these operations could be identified in the SFC database. FEAD operations included the provision of food aid and basic material assistance through vouchers, home delivery of food aid to the most deprived, supply of personal-protective equipment (PPE), delivery of counselling sessions, and other related activities. Further details on the characteristics of ESF and FEAD COVID-19 anti-crisis operations are available in Annex 1.

⁷³ Source: SFC2014, AIR 2022. The number of operations is subject to limitations. For more information, refer to Annex 2: Methods and analytical models used.

⁷⁴ Cohesiondata.ec.europa.eu (n.d.). Coronavirus Dashboard: EU Cohesion policy response to crisis. Retrieved 02/12/2022 from: <https://Cohesiondata.Ec.Europa.Eu/Stories/S/Coronavirus-Dashboard-Cohesion-Policy-Response/4e2z-Pw8r/>. The list only includes Member States that made a formal amendment to their OPs and used COVID-19 specific indicators.

⁷⁵ AT, BE, BG, CZ, ES, FR, HR, HU, IT, LU, LT, NL, PL, PT, SK

The following subsections present an overview of ESF COVID-19 anti-crisis operations in the areas of employment, social inclusion, education and training, and healthcare. Operations in each area were categorised according to the typology developed for this study, as outlined in Chapter 1. The examples of operations in this section were used to illustrate the types of activities in each area. Further examples of operations for both ESF and FEAD are also available in case studies in Annex 1. It is also worth noting that these operations were not exhaustive in terms of the EU or national support to the COVID-19 crisis. In some cases, Member States were implementing similar measures through national or other EU resources (ERDF, SURE, REACT-EU).

3.1. Employment-related operations

In total, 128 employment-related operations were identified, with the majority (108) programmed under TO 8. Of the 128 operations, a large number could be categorised, according to the study typology, as **protecting jobs** (44), as well as on **supporting employers and the self-employed** (40) and **workers** (34). In turn, a small number of operations focused on supporting **NEET young people** (7) or were categorised as 'other employment actions' (3).

'Actions protecting jobs' included, primarily, operations supporting short-time work schemes (STWS). In particular, 16 Member States were using ESF to either adjust existing STWS or implement new ones.⁷⁶ In general, about three quarters of these schemes (74% or 28 out of 38) tended to be passive, but there were examples of more active STWS⁷⁷ where, for instance, wage support was combined with forms of training or job-search support. STWS also varied across Member States in terms of their characteristics, for example in terms of length, eligibility, and 'generosity' in terms of proportions of costs/wages covered. Member States were able to program such schemes under several IPs. Other actions protecting jobs included providing economic incentives for companies to retain⁷⁸ and hire⁷⁹ staff, as well as to maintain their activities through, e.g., teleworking arrangements.⁸⁰

Actions supporting employers and the self-employed were primarily helping companies to adapt to change through various means. For example, Denmark had a wide portfolio of projects supporting companies to adapt to the post-pandemic world and accelerate their green and digital transition. These projects commonly targeted specific types of enterprises (e.g., small-, micro-), sectors (e.g., manufacturing, food), and employees (e.g., managers, workers). Similar projects were present in other countries such as France⁸¹ and Germany.⁸² Another set of common actions included financial and material incentives for companies, including those in the social economy,⁸³ to maintain or hire new staff,⁸⁴ and set-up teleworking arrangements.⁸⁵

⁷⁶ BG, CY, CZ, DE, ES, GR, HU, IT, LT, LU, LV, MT, PL, PT, SI, SK.

⁷⁷ ES, IT, PL

⁷⁸ Sardegna - ESF (2014IT05SFOP021, PA1, TO8, 8i, 8v)

⁷⁹ Friuli-Venezia Giulia - ESF (2014IT05SFOP004, PA1, TO8, 8i); Social Inclusion and Employment - PT - ESF/YEI (2014PT05M9OP001, PA1, TO8, 8i)

⁸⁰ Friuli-Venezia Giulia - ESF (2014IT05SFOP004, PA1, TO8, 8v)

⁸¹ Martinique - ESF (2014FR05SFOP004, PA2, TO8, 8v)

⁸² Bayern - ESF (2014DE05SFOP004, PA1, TO8, 8v)

⁸³ Lubelskie Voivodeship - ERDF/ESF (2014PL16M2OP003, PA11, TO9, 9v)

⁸⁴ Lisboa - ERDF/ESF (2014PT16M2OP005, PA5, TO8, 8v)

⁸⁵ Guadeloupe et St Martin - ESF/ERDF (2014FR05M2OP001, PA2, TO8, 8v)

Table 2 – Example of an employment-related anti-crisis operation

<p style="text-align: center;">Fødevarebranchens Kompetence Løft - Boosting competences in the food sector</p> <p style="text-align: center;">Country: Denmark Thematic area: employment 2014DK05SFOP00 PA8, TO8, IP8v</p>
<p>This ESF project supported companies in the food sector to develop existing competences and develop new ones. Its goal was to help companies achieve resilience to the business challenges emerging from COVID-19 and continue to grow. To achieve this goal, the project helped companies in the named sectors to develop green, digital and general business-understanding skills, as well as to rethink their business models, supply-chains, exports, etc.</p>

Actions supporting workers were primarily helping to mitigate the negative effects of COVID-19 on ESF participants and to support transitions back into the labour market.

Actions included passive measures such as emergency cash benefits, as well as active measures such as professional development,⁸⁶ job-search and job-placement support.⁸⁷ Some operations also provided financial or other types of support to ESF participants with caring responsibilities who had to reduce their working hours.⁸⁸ For example, Umbria (IT) attempted to help parents restart economic activity through opening summer schools for children in education.⁸⁹ While actions supporting workers often targeted the general public eligible for ESF support, some operations adopted more specific targeting, for example specifically supporting women or the long-term unemployed. Finally, actions to modernise labour market institutions and increase their responsiveness were also identified.⁹⁰

Actions supporting NEET young people, typically through the YEI, sought to address COVID-19's negative effects on youth employment. Such actions supported those up to 29 years old with training and a range of support to gain employment (e.g., through placement at quality-jobs or internships).⁹¹

3.2. Social inclusion operations

A total of 13 Member States⁹² were implementing social inclusion actions, the majority doing so at sub-national level. Most actions identified were programmed under TO 9, while a few combining social inclusion with education were programmed under TO 10.

The social inclusion operations identified fell into several categories as per the study typology developed. The first involved **actions to promote social inclusion through ensuring access to services** (40). Operations of this type aimed to facilitate access to services and, in some cases, to ensure they support vulnerable people effectively by helping to develop, enhance, or improve social support services and access to them. Such operations commonly supported social services to maintain and/or expand their standard services (mental health-, financial-, housing-, family-, work-related-, care-, legal counselling- services etc.) and hence ensure 'access' for those needing support. For example, in Poland, several operations supported existing facilities or were creating new facilities to address the needs of people with disabilities or those unable to care for

⁸⁶ Examples include Employment, Human Capital and Social Cohesion - CZ - ESF/YEI (2014CZ05M9OP001, PA1, TO8, 8iv); Systems for Active Employment Policies - IT - ESF (2014IT05SFOP002, PA1, TO8, 8iv)

⁸⁷ Examples include Cohesion Policy Funding - EE - ERDF/ESF/CF (2014EE16M3OP001, PA3, TO8, 8i); Umbria - ESF (2014IT05SFOP010, PA1, TO8, 8i); Mazowieckie Voivodeship - ERDF/ESF (2014PL16M2OP007, PA8, TO8, 8i)

⁸⁸ Examples include Castilla-La Mancha - ESF (2014ES05SFOP015, PA1C, TO8, IP8v)

⁸⁹ Examples include Umbria - ESF (2014IT05SFOP010, PA1, TO8, IP8iv)

⁹⁰ Examples include Cataluña - ESF (2014ES05SFOP007, PA1A, TO8, 8vii)

⁹¹ Examples include Knowledge Education Growth - PL - ESF/YEI (2014PL05M9OP001, PA1, TO8, 8ii)

⁹² BG, DE, DK, ES, FR, GR, IT, PL, PT, RO, SI, SK, UK

themselves.⁹³ Support for social services more generally included, for example, financial and human-resources support, as well as helping to ensure they can adjust their standard ways of working e.g., through providing services through tele-counselling or vouchers to maintain and promote access to support. However, access to services on some occasions was also possible through supporting ESF participants such as those with caring responsibilities through vouchers to access services e.g., baby-sitting.⁹⁴

Other actions supported specific target groups through **promoting the social inclusion of vulnerable groups by providing direct targeted support** (23). Such operations supported, for example, **people experiencing homelessness or those with disabilities** to mitigate the additional challenges they faced resulting from the pandemic. For example, several operations across Member States provided support targeted at homeless people given the unique challenges the pandemic caused for this group, including support with basic necessities such as emergency shelters, or assistance to access accommodation.⁹⁵ To the same end, some operations in Member States were supporting persons with caring responsibilities via several means such as providing to them financial support to access services.⁹⁶ For example, the Extremadura region supported persons with caring responsibilities to hire an unemployed person within the region to provide in-home care services for children under 15 years old or relatives with a disability equal or greater than 33%.⁹⁷

Finally, in respect of the ESF, a small number of identified operations focused on providing stability to, or supporting, the social economy sector from a social inclusion perspective. These operations were categorised against the study typology as **'other social inclusion actions'**.⁹⁸

An example of a specific social inclusion operation facilitated through the ESF, aiming to promote social inclusion through ensuring access to services is provided in the Table below.

Table 3 – Example of a social inclusion operation

Implementation of service vouchers for services to people with limited autonomy Emergency_COVID_19 Implementazione di buoni servizio per servizi a persone con limitazione nell'autonomia Emergenza COVID-19 Country: Italy, Sardinia 2014IT05SFOP021, PA9, TO9, IP9iv
This operation in Sardinia sought to support people with limited autonomy and their families who have been put under additional pressure during the COVID-19 period due to the confinement measures. To this end, the operation provided economic contributions in the forms of vouchers to these families in order to facilitate their access to a network of social-, healthcare-, and home-assistance-services. Vouchers were subsidising part or the total of the costs of these services. The results that the operation aimed to achieve were to ensure that persons with caring responsibilities could continue to access much-needed services and help them reconcile work-life balance.

Similar to ESF operations aiming to maintain access to services, the use of the FEAD to respond to the pandemic largely involved operations aimed at supporting social services to adapt or expand delivery modes and hence maintain access to support amongst vulnerable groups. Such operations tended to focus on **continuing the provision of food and basic**

⁹³ Examples include Lubuskie Voivodeship - ERDF/ESF (2014PL16M2OP004, PA7, TO9, 9iv); Opolskie Voivodeship - ERDF/ESF (2014PL16M2OP008, PA8, TO9, 9iv); Pomorskie Voivodeship - ERDF/ESF (2014PL16M2OP011, PA6, TO9, 9iv); Knowledge Education Growth - PL - ESF/YEI (2014PL05M9OP001, PA2, TO9, 9iv)

⁹⁴ Examples include Liguria - ESF (2014IT05SFOP006, PA2, TO8, 9iv)

⁹⁵ Metropolitan Cities - IT - ERDF/ESF (2014IT16M2OP004, PA3, TO9, 9iv)

⁹⁶ Guyane - ERDF/ESF (2014FR16M2OP011, PA7, TO9, 9iv)

⁹⁷ Extremadura - ESF (2014ES05SFOP016, PA2D, TO9, 9iv)

⁹⁸ Guadeloupe et St Martin - ESF/ERDF (2014FR05M2OP001, PA3, TO9, 9v); Podlaskie Voivodeship - ERDF/ESF (2014PL16M2OP010, PA7, TO9, 9v)

material assistance through electronic vouchers,⁹⁹ e-platforms,¹⁰⁰ and other arrangements. These include enabling home deliveries through purchasing food-packages¹⁰¹ or PPE for partner organisations,¹⁰² as well as providing PPE to volunteers in distribution centres.¹⁰³ These operations typically aimed to maintain FEAD support during the pandemic and address increased demand. Examples of operations with different characteristics were also present. For example, in the Netherlands, a FEAD operation was providing social networking activities for the elderly, while in Spain a FEAD operation was working towards modernising (computerising) its recording and storage of data on individual participants. Finally, in Bulgaria, a FEAD operation combined the delivery of individual food packages with health screening actions and actions aiming to improve health literacy. These included, amongst others, screening animated films at food distribution points and providing information on hygiene, disease-prevention, and the use of PPE.

3.3. Healthcare operations

A total of 13 Member States¹⁰⁴ was implementing healthcare-related actions. Managing Authorities in these Member States programmed the overwhelming majority of these operations¹⁰⁵ under TO 9, IP9iv – access to services, reflecting their concentration on ensuring the maintenance and capacity of healthcare systems.

As per the study typology, healthcare operations could be broadly categorised as involving either ‘**actions to support healthcare workers and patients**’ or ‘**actions to support healthcare systems**’, accepting that there is some overlap between these and a few operations that combine both aspects. Of the 84 healthcare operations identified, 27 focused wholly or mainly on supporting workers and patients, while 53 concentrated on the level of healthcare systems. Four actions did not tidily fit in the above categories and they were categorised as ‘**other healthcare actions**’.

Amongst the actions to support healthcare systems, Member States commonly used the ESF to increase the prevention, testing, and responsiveness capabilities of their healthcare providers, and/or to expand healthcare capacity. Examples of such operations included hiring professionals (nurses, hospitals, technicians, or re-engaging retired staff)¹⁰⁶ and improving the infrastructure of hospitals (e.g., oxygen infrastructure). Other principal examples included fast-tracking the procurement, and financing of, PPE and medical equipment to enable the healthcare systems to respond to COVID-19.¹⁰⁷ In addition, to help contain the virus, some Member States e.g., Greece, have set up mobile units to perform tests at closed-facilities particularly vulnerable to the spread of COVID-19.

Actions mainly targeted at healthcare workers or patients included, in a few Member States, operations intended to improve the health-literacy of populations at risk of poverty or social exclusion – e.g. through providing information or awareness campaigns.¹⁰⁸ In terms of healthcare workers, some operations aimed to provide support through provision of bonuses¹⁰⁹ and upskilling / qualification opportunities.¹¹⁰ Within some Member States,

⁹⁹ France (2014FR05FMOP001)

¹⁰⁰ Luxembourg (2014LU05FMOP001)

¹⁰¹ Lithuania (2014LT05FMOP001)

¹⁰² Bulgaria (2014BG05FMOP001)

¹⁰³ Lithuania (2014LT05FMOP001)

¹⁰⁴ BE, BG, DE, ES, FR, GR, IT, LT, LV, PL, PT, RO, UK

¹⁰⁵ 70 out of 84 operations

¹⁰⁶ Cantabria - ESF (2014ES05SFOP019, PA2A, TO9, 9iv); Sardegna - ESF (2014IT05SFOP021, PA2, TO9, 9iv); Alentejo - ERDF/ESF (2014PT16M2OP003, PA6, TO9, 9iv); All Greek Regional OPs

¹⁰⁷ Brandenburg - ESF (2014DE05SFOP006, PAB, TO9, 9i); Alsace - ESF/YEI (2014FR05M9OP002, PA2, TO9, 9iv)

Martinique - ESF (2014FR05SFOP004, PA3, TO9, 9iv); Alentejo - ERDF/ESF (2014PT16M2OP003, PA6, TO9, 9iv)

¹⁰⁸ EU Structural Funds Investments - LT - ERDF/ESF/CF/YEI (2014LT16MAOP001, PA8, TO9, 9iv); Growth and

Employment - LV - ERDF/ESF/CF/YEI (2014LV16MAOP001, PA9, TO9, 9i)

¹⁰⁹ Emilia-Romagna - ESF (2014IT05SFOP003, PA2, TO9, 9iv); Abruzzo - ESF (2014IT05SFOP009, PA2, TO9, 9iv)

¹¹⁰ Flanders - ESF (2014BE05SFOP002, PA3, TO9, 9iv); Niedersachsen - ERDF/ESF (2014DE16M2OP001, PA6, TO8, IP8v); Growth and Employment - LV - ERDF/ESF/CF/YEI (2014LV16MAOP001, PA9, TO9, 9iv)

operations also targeted additional healthcare support to specific target groups particularly vulnerable to COVID e.g., the elderly or people with disabilities, especially at the sub-national level.¹¹¹

Finally, various other healthcare actions aimed at the detection and prevention of a wide range of physical and mental health diseases, the increase of participation to preventative examinations,¹¹² the supply of flu and pneumococcal vaccines to protect the general public,¹¹³ and others.

3.4. Education and training operations

A total of 14 Member States¹¹⁴ were implementing a range of education and training operations, principally programmed as would be expected under TO 10. Of the 75 education and training operations identified, 25 aimed to **ensure the continuity of education and training**, mainly through supporting the development and/or implementation of distance-learning services. Commonly, such operations supported teachers to develop digital education content¹¹⁵ alongside the relevant skills to deliver it.¹¹⁶ Alongside operations to maintain continuity through developing skills and provision, several operations (20) provided more direct financial support in the form of **purchasing equipment or other capital investment to ensure such continuity**. These typically involved purchasing laptops and tablets for students, as well as providing funding to develop, for example, the digital infrastructure in education and training institutions at all educational levels.¹¹⁷ On occasions, financial support for equipment was specifically targeted at disadvantaged students.¹¹⁸

As well as the above specific types of operations, within the education and training field, the research identified numerous other wide-ranging actions aimed at supporting students and their families to navigate the COVID-19 crisis (categorised in the study typology as 'other education and training actions', of which 29 were identified). Such operations included, for example, provision of psychosocial services¹¹⁹ to support pupils/students affected by the pandemic or scholarships.¹²⁰ Equally, a number of such actions aimed to support the post COVID-19 recovery of economies through reskilling and upskilling, including education and training focused both on sector-specific and transversal skills. Likewise, specific operations were developed to provide a training response to the changing labour market context relating to COVID-19 and to support digital and green transition. Such 'other education and training actions' often involved the adjustment or adaptation of operations already underway, or providing additional support to them through the ESF.

The Table below presents an example of an education operation aiming to ensure the continuity of education and training.

¹¹¹ Norte - ERDF/ESF (2014PT16M2OP001, PA7, TO9, 9iv); Centro - PT - ERDF/ESF (2014PT16M2OP002, PA5, TO8, 9iv)

¹¹² For example, Lubuskie Voivodeship - ERDF/ESF (2014PL16M2OP004, TO8, 8iv)

¹¹³ For example, Public Sector Reform - Greece (2014GR05M2OP001, TO9, 9iv)

¹¹⁴ BG, DE, DK, ES, FR, GR, HU, IT, LV, PL, PT, RO, SE, SK

¹¹⁵ Basilicata - ESF (2014IT05SFOP016, PA3, TO10, IP10iv); Molise - ERDF/ESF (2014IT16M2OP001, PA8, TO10, IP10i)

¹¹⁶ Human Capital - PT - ESF (2014PT05SFOP001, PA4, TO10, IP10i and PA2, TO10, IP10ii)

¹¹⁷ Molise - ERDF/ESF (2014IT16M2OP001, PA8, TO10, 10i); Małopolskie Voivodeship - ERDF/ESF (2014PL16M2OP006, PA10, TO10, 10iv)

¹¹⁸ Molise - ERDF/ESF (2014IT16M2OP001, PA8, TO10, 10i)

¹¹⁹ Human Resources Development Education and Lifelong Learning - GR - ESF/YEI (2014GR05M9OP001, TO10, 10i)

¹²⁰ Umbria - ESF (2014IT05SFOP010, PA3, TO10, 10i)

Table 4 – Example of an education and training operation

Rafforzamento di istituti scolastici del territorio per la didattica a distanza
Strengthening the technological infrastructure of schools

Country: Italy, Friuli-Venezia Giulia
Thematic area: education and training | 2014IT05SFOP004, PA3, TO10, IP10i

This ESF project aimed to improve the quality and amount of equipment in schools in the Friuli-Venezia Giulia region. To this end, it supported buying hardware, software and services for internet connection in schools lacking such infrastructure as well as buying laptops or tablets for schools and students with economic challenges.

Finally, a small number of anti-crisis operations were identified under TO11 during the COVID-19 pandemic (6 operations in total, planned in FR, IT, and PL). The majority were not new, but were adjusted to respond to the new emergency circumstances. Operations focused on supporting employers and workers in public services, in particular in setting up telework arrangements, and the provision of health assistance. They also focused on increasing the capacity of administrations and public services to develop innovative and experimental administrative practices that contribute to their modernization and efficiency; improving service delivery and enhancing smart working during the pandemic; and increasing the participation of social partners in shaping skills strategies and human capital development, in order to better adapt them to the needs of the labor market and the economy.

3.5. Characteristics of operations, target groups, governance and implementation structures

3.5.1. Characteristics of operations

The majority of Member States' COVID-19 anti-crisis operations were based on existing operations that had been topped-up with funds to meet demand-increases, or adjusted/expanded in scope to meet new demands. New operations were rarer.¹²¹ Most ESF operations started in 2020 (237) and less commonly in 2021 (23).¹²² Two thirds of the identified ESF operations were implemented at a regional level (280), with the remainder being implemented at national level (67).¹²³ These were typically operations falling within the four thematic fields that were covering the full population of a Member State.

On some occasions, ESF operations were targeting multiple types of regions (50). However, the majority of them (304) was focusing on specific types of regions. Out of the 304 operations that were focusing on specific types of regions, more than half (161) were supporting less developed regions. Operations in more developed regions (99), albeit fewer, were larger in terms of financial volume. This was to be expected as such regions include urban cities with high population concentrations. Finally, a small proportion of operations focusing on a specific type of region were targeting regions in transition (12% or 44 out of 304). All in all, out of the EUR 5.1 billion support to COVID-19 anti-crisis operations, 57% was directed to less developed regions, while 27% and 16% was directed to more developed regions, and regions in transition, respectively.

¹²¹ 109 out of the 354 identified operations were classified as new.

¹²² For some operations, the starting date could not be identified in the SFC2014 database.

¹²³ For seven operations the level of implementation was not reported as it was subject to a certain degree of circumspection.

Table 5 – Target financial value of operations per type of region

Type of region	Target financial value of operations in EUR (CV30)
Less developed	2,928,063,470
More developed	1,358,124,383
Transition	843,886,519
Total	5,130,074,372

Source: Coronavirus Dashboard: <https://cohesiondata.ec.europa.eu/stories/s/CORONAVIRUS-DASHBOARD-COHESION-POLICY-RESPONSE/4e2z-pw8r/> (extracted on 05 December 2022)

In general, while some operations were the same across all types of regions, e.g., education and health operations in Greece, often operations were slightly different in terms of the scope and the results that they were aiming to achieve according to the type of region concerned. For example, while ESF operations in less developed regions tended to focus in particular on improving the employability of disadvantaged groups and stimulating job creation through the social economy sector, operations in more developed regions were focused on maintaining employment levels and training employees to support business development.

3.5.2. Target groups

The ESF anti-crisis operations identified tended to target the **general public eligible for ESF support, or entities serving the general public** rather than specific ESF target groups (e.g., older workers, those with disabilities etc.). Likewise, there was a particular focus on those on furlough as opposed to the traditionally defined ‘unemployed’ or ‘economically inactive’. Almost a third of crisis-response operations identified thus focused on the employed and the self-employed, through STWS, who were forced to reduce their working hours or stop working during COVID-19. Operations supporting specific ESF target groups were, however, present in some cases (e.g., through actions specifically aimed at supporting the homeless, the elderly, persons with caring responsibilities, disabilities, etc.).

3.5.3. Governance and implementation structures

The governance structures overseeing the reprogramming of OPs commonly did not change during COVID-19, with Managing Authorities remaining the main actors in reprogramming ESF. Some stakeholders cited that this was due to the need for a rapid response, with reconsideration of governance arrangements thus not being a priority. While formal governance arrangements tended not to change, in some cases inter-institutional working groups or meetings to coordinate anti-crisis operations were instituted as adjuncts to these formal arrangements e.g. in Greece, Portugal, Slovenia and others.¹²⁴ In addition, some Member States e.g. Portugal, appear to have benefited from the involvement of social

¹²⁴ See also: OECD (2022). First lessons from government evaluations of COVID-19 responses: A synthesis. pp. 11-12. Available at: https://www.oecd.org/coronavirus/policy-responses/first-lessons-from-government-evaluations-of-covid-19-responses-a-synthesis-483507d6/?mc_cid=06a0f4f0f7&mc_eid=6c6e569fcd

partners in informing the COVID-19 response through the ESF and FEAD, although there is also evidence showing limited or no involvement.¹²⁵

At the level of implementation structures for operations, the picture is more complex, with some variation according to the 'field' concerned (i.e. employment, social inclusion, education and training, and healthcare).

In the field of healthcare, implementation structures commonly involved healthcare providers at national and, more often, at regional and local levels. Such healthcare providers were more often public, but also private. For example, Malta relied on contracts with private hospitals to increase available services.¹²⁶ Other common implementation structures involved public social services, non-governmental-organisations (NGOs) active in the field of preventive and rehabilitation activities,¹²⁷ and civil-society-organisations (CSOs) such as the Red Cross.¹²⁸ Last, implementation structures also included institutions training medical staff e.g., VET providers and universities.¹²⁹ Informal, voluntary groups also appear to have been a part in implementation structures in the case of healthcare operations. For example, in Romania, community nurses relied on Roma mediators and midwives to address the needs of vulnerable groups.¹³⁰

In the field of employment, the main implementation structures were competent ministries dealing with employment issues, as well as public employment services (PES) and private or voluntary sector employability support providers. These organisations administered funding and support to enterprises, both unemployed and employed workers, and to the self-employed.

In the field of education and training the main implementation structures involved education and training Ministries, working alongside and with institutions offering educational services, including universities, schools and kindergartens. In some cases, implementation structures for operations in education and training engaged other actors. For example, in France, the public postal company, La Poste, helped distribute computers to students from socially disadvantaged backgrounds.¹³¹

In the field of social inclusion, the main implementation structures involved local governments and their respective structures, including social solidarity structures.¹³² However, a broad range of other actors also supported the implementation of operations on the ground. For example, in Lithuania, school buses were borrowed from local schools that were closed due to lockdown, and partnerships have been established with a local taxi company, a car sharing company and the Lithuanian post office to ensure the delivery of FEAD funded food packages to those in need.¹³³ In Italy, as part of the 'Housing First' project, the local police collaborated with social workers and other staff in order to monitor the situation in shelters and on the street, and offer support to homeless people during COVID-19.

¹²⁵ See also: Eurofound (2021), Involvement of social partners in policymaking during the COVID-19 outbreak. p. 1. Available at: <https://www.eurofound.europa.eu/publications/report/2021/involvement-of-social-partners-in-policymaking-during-the-covid-19-outbreak>

¹²⁶ Baptista, I., Marlier, E., Spasova, S., Peña-Casas, R., Fronteddu, B., Ghailani, D., Sabato, S., and Regazzoni, P. (2021). Social protection and inclusion policy responses to the COVID-19 crisis: An analysis of policies in 35 countries. ESPN. p.72. Available at: <https://doi.org/10.2767/10153>

¹²⁷ For example, see: Podkarpackie Voivodeship - ERDF/ESF (2014PL16M2OP009, PA7, IP8i).

¹²⁸ For example, see: Réunion - ESF (2014FR05SFOP005, PA5, IP9iv). Source: SFC2014.

¹²⁹ For example, see: Growth and Employment - LV - ERDF/ESF/CF/YEI (2014LV16MAOP001, PA9, IPiv). Source: SFC2014.

¹³⁰ Baptista, I., Marlier, E., Spasova, S., Peña-Casas, R., Fronteddu, B., Ghailani, D., Sabato, S., and Regazzoni, P. (2021). Social protection and inclusion policy responses to the COVID-19 crisis: An analysis of policies in 35 countries. ESPN. p. 72. Available at: <https://doi.org/10.2767/10153>

¹³¹ CEDEFOP (2020). France: Covid-19 crisis - ensuring continuity of learning in vocational training. Available at: <https://www.cedefop.europa.eu/en/news/france-covid-19-crisis-ensuring-continuity-learning-vocational-training>

¹³² In the context of the study, social solidarity structures are defined as structures providing social services at the local level. Examples include community centres, social pharmacies, social groceries, etc.

¹³³ Source: interview with Lithuanian Managing Authority in 2022.

4. Evaluation findings

4.1. Effectiveness of CRII and CRII+

Key findings

- CRII and CRII+ proved to be generally effective in enabling Member States to use the flexibilities offered to respond to COVID-19 and quickly deploy available resources. However, in some instances the need to focus on emergency national responses affected the time taken to implement the flexibilities through the ESF and FEAD, as did pre-existing challenges with healthcare systems, social services etc.
- There was widespread take-up of the flexibilities to facilitate the development and adjustment of ESF operations in particular (23 MS plus the UK used the flexibilities). The opportunity to reallocate expenditure between Funds was the most widely used flexibility in terms of numbers of Member States making use of this, followed by reallocation within OPs and 100% co-financing
- In situations where flexibilities were less used in the ESF context, this appeared to be due to a perceived lack of need in light of national contexts / programming (e.g. national funds were being used in the first instance to counter the pandemic's effects), existing allocations/operations being seen as suitable, and/or existing flexibilities being seen as sufficient. In a number of cases existing flexibilities were used alongside, or in place of, the flexibilities offered by CRII and CRII+.
- The use of flexibilities was slightly less common in respect of FEAD (re)-programming (15 Member States in total used the flexibilities). The possibility of 100% co-financing was the most commonly used flexibility, followed by flexibility to purchase PPE and then flexibility to transfer funds within OPs.
- The main reasons for more limited use in the FEAD context, where this was the case, involved the perception that FEAD OPs were already relatively flexible enough given the broad scope of the support.
- The diversity of reallocations using CRII/CRII+ flexibilities within Member States, and different patterns of reallocation flows across and within Funds, suggests that reallocation of funds was used to suit national contexts and meet national needs. Reallocation was more commonly used in respect of the ESF relative to FEAD, even when accounting for the different size of the Funds.
- In terms of shifts in allocations between Funds, around EUR 1.2 billion were shifted from the ERDF (EUR 871 million) and the CF (EUR 341 million) to the ESF, while about EUR 493 million were moved from the ESF to the ERDF, resulting in an overall net increase of ESF funds of approximately EUR 0.7 billion.
- In terms of changes in funding allocations at the TO level, the most significant change in funding by TO has been an increase of funding for TO 9 (social inclusion) of just over EUR 2 billion. Allocations to TO 8 (employment) rose by around EUR 215 million. Conversely, allocations to TO10 (education and

training) fell by just over EUR 1.3 billion and there was a smaller fall in TO 11 (public administration) allocations of just over EUR 84 million.

- The pattern and trajectory of absorption rates following the introduction of CRII and CRII+ was largely unchanged for both the ESF and FEAD, despite the challenging pandemic context, suggesting that the flexibilities played a role in maintaining the support provided by the ESF and FEAD. Thematic concentrations required by the ESF Regulation were also largely maintained.
- Socio-economic context influenced the use of the flexibilities and the focus of the development and adaptation of ESF and FEAD operations, with measures being developed to target particular employment, education, social inclusion and healthcare needs at the national level. In addition, pre- pandemic socio-economic differences, and the different trajectory of the pandemic within Member States, did in some cases appear to influence the effectiveness of the coronavirus response initiatives but the picture was highly complex and varied between national and regional contexts.
- Governance arrangements were largely unchanged, though in a number of national contexts new informal working groups focused on the pandemic response, enhancing the effectiveness of the use of the CRII flexibilities more broadly.
- National governance, administrative and implementation arrangements have generally been positive in supporting the effectiveness of the response, but there were some examples of negative effects in terms of bureaucratic requirements or constraints imposed in national contexts.
- There was limited evidence of horizontal principles being taken into account in the coronavirus response context; stakeholders generally felt this was due to the need to rapidly respond and that this took precedence over more considered application of the principles.
- There was widespread evidence of the use of ESF COVID-19 specific indicators to help monitor the pandemic response, rising steadily amongst ESF OPs and Member States to the extent that, by the end of 2021, 25 Member States plus the UK had made use of the indicators, equivalent to 80% of all identified OPs. These indicators were seen as useful for monitoring, but also relevant and proportionate. In some cases their use was combined with additional national COVID-19 indicators.
- FEAD monitoring arrangements appear to have remained largely unchanged following the introduction of the response initiatives, with existing indicators being seen as sufficient to capture outputs and results.
- Overall, there are very few specific evaluation of CRII/CRII+ at national level appears to date and future plans are somewhat unclear and/or yet to be determined; this was often cited as being related to the need to focus on delivering support in the first instance.

The effectiveness of the use of the ESF and FEAD under the coronavirus response initiatives is examined in terms of the degree to which the initiatives quickly enabled Member States to take up the flexibility and simplification measures provided, how far these measures enabled Member States to build on existing flexibilities, and how the flexibilities and simplifications offered affected the programming and distribution of funds, along with absorption rates. Key barriers and enabling factors are also explored, as is the use of

monitoring and evaluation in relation to the response initiatives by Member States. The influence of governance issues and the socio-economic context on the achievement of CRII and CRII+ objectives is also examined.

It should be noted that an assessment of the results and impacts of actions undertaken using the flexibilities and simplifications is not part of the evaluation scope in respect of the effectiveness criterion, and is therefore not covered in this section. While actions taken by the ESF and FEAD under the response initiatives are likely to have influenced the quality and substance of country level responses to the COVID-19 crisis, and therefore led to impacts on Member States and their populations, such analysis is beyond the scope of this preliminary evaluation, as the implementation of CRII and CRII+ is not sufficiently advanced. This focus on results and impacts will be completed within later planned ex-post evaluation activity following completion of this study.

4.1.1. Take up of CRII and CRII+ flexibilities

The study findings show that the response initiatives have been **generally effective in enabling Member States to take advantage of the flexibilities offered by the CRII and CRII+ to respond to the COVID-19 crisis**. Take-up of the flexibilities is more evident in respect of their use within ESF programming relative to the use of CRII and CRII+ through the FEAD, even when accounting for the different relative sizes of the Funds. Reasons for this are explored further below, but primarily relate to perceptions that FEAD was already relatively flexible in its potential scope and use, as well as aligning closely to the types of emergency aid needed due to the effects of the pandemic. Interestingly, as Section 3 showed, many of the ESF operations (re-)programmed in response to CRII and CRII+ had a social inclusion focus, again reflecting the nature of the challenges arising from COVID-19 and the importance of supporting disadvantaged groups who were, as discussed in Section 2 and Annex 1 – Appendix 4, disproportionately affected by the pandemic.

Widespread use of the CRII and CRII+ flexibilities is particularly evident in respect of the ESF across Member States, indicating effectiveness in facilitating uptake of the flexibilities as anticipated in the intervention logic for the response initiatives. Data from the Commission's SFC2014 common information system shows that, from March 2020 (the start of the CRII) to September 2022, 23 Member States (plus the UK) used the response initiatives to facilitate amendments to the ESF to respond to the COVID-19 crisis (a total of 219 amendments under Thematic Objectives 8-11)¹³⁴. In total 155 OPs within these countries were subject to amendments (82% of all ESF OPs). While amendments to OPs were relatively common in the pre-pandemic period, SFC2014 data show that amendment volumes increased following the introduction of CRII/CRII+, with the ability to reallocate resources between Funds being a significantly used new flexibility and a key driver of this increase. In addition, it should be noted that this proportion of amendments resulting from the CRII (82%) is greater compared to the response given in the aftermath of the 2007-2008 financial crisis, wherein 72% of programmes were amended as discussed in Section 2.4.2, again highlighting the flexibility available.

Specifically, the **flexibility provided through the CRII to reallocate financial volumes between Funds was the most used of the coronavirus response flexibilities across countries in respect of the ESF** (14 countries,¹³⁵ 45 amendments), followed by reallocation within OPs (11 countries,¹³⁶ 80 amendments). Nine countries¹³⁷ took up the option of 100% co-financing through 51 separate amendments. Reallocation of financial

¹³⁴ Those Member States (plus UK) taking up flexibilities were: BE, BG, CY, CZ, DE, DK, EE, ES, FR, GR, HR, HU, IE, IT, LT, LU, LV, MT, PL, PT, RO, SE, SK, UK.

¹³⁵ CY, CZ, DE, ES, FR, HU, IE, IT, LT, LV, MT, PL, PT, SK

¹³⁶ BE, BG, EE, FR, HR, IT, LU, PL, PT, SE, UK

¹³⁷ DE, ES, FR, HR, HU, IT, PL, PT, RO

volumes between categories of region was less used (5 countries,¹³⁸ 7 amendments), as was CPR notification (4 countries,¹³⁹ 19 amendments) and reallocation between OPs within the same Fund/category of region¹⁴⁰ (3 countries,¹⁴¹ 12 amendments). No countries used the remaining flexibilities in the context of requesting formal amendments.¹⁴² It should be noted that amendments were not required to claim retroactive eligibility; 11 countries used this flexibility within the ESF. The table below summarises the pattern in the use of the CRII flexibilities.

Table 6 – ESF CRII and CRII+ flexibilities used¹⁴³

Type of amendment	Legal basis	Number of MS	Number of amendments to ESF OPs
ESF total		24	219
Reallocation of allocated financial volumes between funds	Article 25a(2)	14	45
Reallocation within the OP		11	80
CPR – 100% co-financing	Article 25a(1)	9	51
Reallocation of allocated financial volumes between categories of regions	Article 25a(3)	5	7
CPR notification	Article 30(5)	4	19
Reallocation between OPs within the same Fund/Category of regions		3	12
Retroactive eligibility ¹⁴⁴	Article 25a (7)	11	N/A*

Source: Shared Fund Management Common System 2014-2020 and Ecorys survey data. *Amendments were not required for the use of the flexibility retroactive eligibility.

In cases where Member States made more limited, or no use, of the flexibilities offered in respect of the ESF, several explanatory reasons were offered through the study interviews and MA survey. These included:

- co-financing amounts already being committed as part of national budgets, meaning that the flexibility and/or need to use the 100% co-financing rate was not present;

¹³⁸ BE, DK, GR, RO, UK

¹³⁹ DK, IT, PL, SE

¹⁴⁰ 'Category of region' refers to the categorisation of regions with the Common Provisions Regulation (CPR, Article 90) covering the five European Structural and Investment Funds. Within the CPR an area is allocated this categorisation based on gross domestic product (GDP) compared to the average GDP of the 27 countries that were members of the European Union between 2007 and 2009. Regions are categorised as either: **more developed regions**, with GDP above 90% of the average, **transition regions**, with GDP between 75% and 90% of the average, or **less developed regions**, where GDP per capita is less than 75% of the average.

¹⁴¹ BG, ES, SK

¹⁴² These being: Making Coronavirus crisis related expenditure eligible under cohesion policy rules; Article 25a (9): postponement of deadline for submission of AIR for 2019; Article 25a (5): waiver of thematic concentration requirements; Article 25a (8): providing information on amounts where payment applications were not possible at an aggregate level [for eligible costs <EUR 1 million]; Article 25a (10): waiver of submitting evidence (e.g., updated business plans) where financial instruments provide working capital to SMEs; Article 25a (12): use of non-statistical sampling for auditing; Article 37 (4) : providing working capital to SMEs through financial instruments; Article 139 (7): Not issuing recovery orders for 2020.

¹⁴³ In the case of five of the total of 219 amendments identified, the 'type of amendment' could not conclusively be determined. This is the case for amendments to regional OPs covering, respectively, Ceuta, Mayotte, Mellilla, Lorraine et Vosges, and Reunion (one amendment in each case). Hence the total amendments presented in the table of 219 is correct, but the numbers of each type of amendment sum to only 214 of these 219 amendments.

¹⁴⁴ Based on survey results, 21 respondents (41%) out of the 51 respondents who reported to have used CRII and/or CRII+ flexibilities, reported to use that option. This included respondents from: BG, ES, FR, GR, HU, IT, LT, LV, PL, SK, UK

- extensive national-level interventions to address COVID-19 and its effects meaning that the need to use the ESF was reduced;
- linked to the above, the level of ESF funding already committed being sufficient when balanced against perceived need, reducing the necessity of transferring between Funds; and,
- a perception that, while flexibilities and simplification were a key part of CRII/CRII+, having to change
- programming would still represent a burden when balanced against how the ESF could already be used without this.

In respect of the FEAD, 15 Member States¹⁴⁵ used CRII/CRII+ FEAD flexibilities¹⁴⁶ to support existing or implement new COVID-19 operations, as anticipated in the CRII/CRII+ intervention logic presented in Section 2.2. The flexibility used by the greatest number of Member States over the March 2020 to September 2022 period has been the possibility of 100% co-financing, used by 11 of the 15 Member States.¹⁴⁷ In cases where this flexibility was not used, evidence from the survey of FEAD MAs and interviews suggests that it was not seen as being necessary in the context of available funds. Reallocation of funds within FEAD OPs was used by fewer Member States (5),¹⁴⁸ as was the flexibility to use FEAD funding to purchase PPE (6 Member States).¹⁴⁹ Flexibilities around simplification of audits and amendments, or postponing AIR submission, were not widely used, principally due to not being seen as particularly necessary. In the case of PPE, in at least some Member State contexts covered by the study, it was noted that either ESF or national resources were used for this purpose. The table below shows the full use of flexibilities across Member States in respect of the FEAD.

Table 7 – FEAD CRII and CRII+ flexibilities used over March 2020-March 2022

CRII / CRII + flexibilities	AT	BE	BG	CZ	ES	FR	HR	HU	IT	LT	LU	PL	PT	RO	SK
Article 26 (2): use of FEAD to purchase p.p. material and equipment for partner organisations			✓	✓			✓			✓		✓	✓		
Article 20 (1a) : 100% co-financing rate for the 2020-21 accounting year	✓	✓		✓		✓	✓	✓	✓		✓		✓	✓	✓
Article 13(1): postponement of deadline for submission of AIR for 2019		✓										✓	✓		

¹⁴⁵ AT, BE, BG, CZ, ES, FR, HR, HU, IT, LU, LT, PL, PT, RO, SK

¹⁴⁶ In the context of FEAD, CRII and CRII+ flexibilities refer to: Regulation (EU) 2020/559 of the European Parliament and of the Council of 23 April 2020 amending Regulation (EU) No 223/2014 as regards the introduction of specific measures for addressing the outbreak of COVID-19

¹⁴⁷ AT, BE, CZ, FR, HR, HU, IT, LU, PT, RO, SK

¹⁴⁸ AT, CZ, HU, RO, SK

¹⁴⁹ BG, CZ, HR, LT, PL, PT

FEAD re-allocation within the OP	✓			✓				✓						✓	✓
Simplified procedure for OP amendments	✓			✓	✓										
Article 30: Use of lighter control and audit trail requirements		✓			✓										
Article 23 (5): use of electronic vouchers / cards														✓	
Article 9 (4) : Notification, non-substantial transfers			✓			✓					✓	✓	✓		

Source: Shared Fund Management Common System 2014-2020¹⁵⁰ and Ecorys survey data¹⁵¹

More broadly, evidence from interviews and the FEAD focus group suggests that the fact that **FEAD OPs were already relatively flexible as regards use of funding, and their overall broad scope (in terms of programming operations and supporting a range of target groups) meant that reallocation of funds, or other changes, were not required in several cases.** Likewise, in some Member States, existing FEAD budgets were assessed as sufficient to meet needs. As such this factor, allied to the pre-existing broad scope and flexibility noted, was advanced as an explanation for the non-use of flexibilities. In the study context, and with reference to the intervention logic in Section 2.2, this lack of use of CRII/CRII+ flexibilities for FEAD should not necessarily be interpreted as a lack of effectiveness regarding the response initiatives. Rather, it demonstrates **the influence of national and other contextual factors (including the nature and existing flexibility of Funds) on the take up or otherwise of crisis response interventions.**

In addition, Member State representatives commonly saw pre-existing flexibilities that could be applied without formal amendments being requested, in the case of both the ESF and FEAD, as a further reason for the non-, or lesser use, of the available flexibilities. Indeed, **the use of existing flexibilities to respond to the crisis** was discussed by stakeholders interviewed for the study as well as in the study focus groups, both in the ESF and FEAD context. It was noted that, as with the pre-pandemic period, the potential to use amendments to transfer resources according to shifting socio-economic conditions, allied to requirements such as existing operations needing to be adjusted to reach particular target groups, were features of programming available to respond to changed circumstances, in this case the COVID-19 pandemic. Indeed, for example, all ESF OPs with a focus on TO8 underwent at least one formal amendment over the 2014-2020 programming period.¹⁵² As noted above, **in some Member State contexts, therefore, existing flexibilities were seen, at least in part, as a key element of pandemic response alongside the new CRII/CRII+ flexibilities.**

¹⁵⁰ FR, HU, IT, LT, NL, RO

¹⁵¹ AT, BE, BG, CZ, ES, HR, LT, PL, PT, SK

¹⁵² EU Commission, Study for the evaluation of ESF Support to Employment and Labour Mobility, Final Report, June 2020.

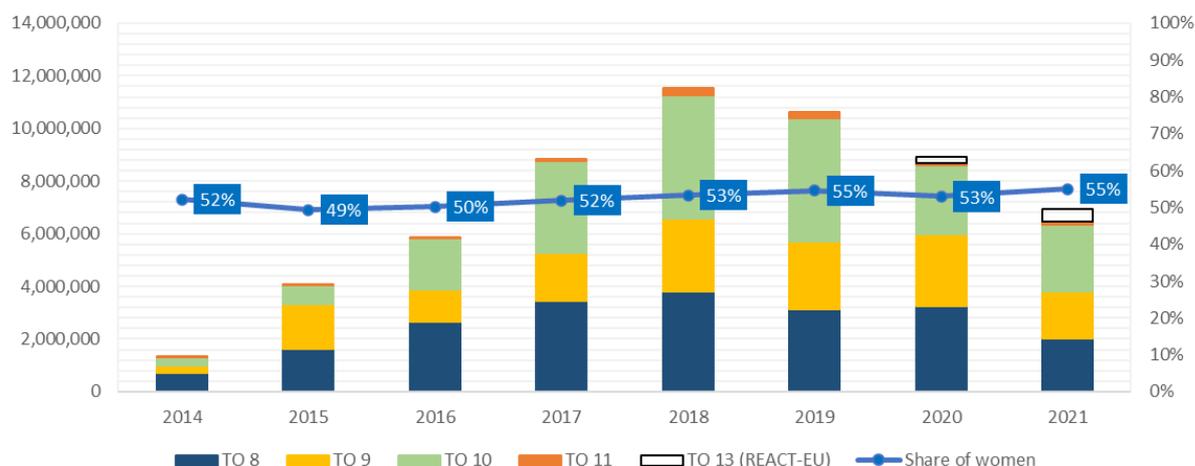
Reflecting the above discussion of data on the use of flexibilities, evidence from the primary research undertaken for the study confirmed that **Member States valued the ability to reallocate funding within the ESF in particular to target specific needs arising from the pandemic.** Equally, **the ability to respond to needs through rapidly targeting resources to new or revised operations was a key theme across consultations, case studies and focus groups.** For example, around three-quarters of respondents (37 out of 51) to the survey of ESF MAs felt that the flexibilities enabled their institutions to respond more quickly to emerging needs and to reallocate funding to facilitate this. Likewise, the rapid response enabled by the CRII, including administrative simplification and responsiveness of the Commission to requested amendments, was seen as a key source of the widely perceived effectiveness of the response initiatives.

Most interviewees commented positively on the above aspects of CRII/CRII+, while the rapid and effective response, supported by simplification, responsiveness and flexibility, was also apparent in the context of the case studies and in discussion at the ESF focus group held towards the end of the research. For instance, interviewees from some Member States targeted in depth interviews highlighted that **the simplified procedures for OP amendments helped ease logistical and human resource constraints, enabled quick access to existing financial resources, the rapid re-direction of unspent resources to where they were most needed, and the introduction of new or adjusted operations.** Again, this very much reflects the anticipated effects of the use of CRII flexibilities as detailed in the discussion of the response initiatives' intervention logic in Section 2.2, specifically in terms of enabling the redirection of (unspent) funds and facilitating the development or adaptation of targeted operations to address the pandemic.

Effectiveness in terms of levels of take-up can also be assessed in financial and quantitative terms. On the basis of the relevant indicator (CV30), **the cumulative target value of ESF actions as a response to COVID-19 is approximately EUR 5 billion. In addition, ESF is aiming to support approximately 4.2 million persons (CV31) and approximately 118 thousand entities (CV33).** This reflects the achievement of key intended outputs within the response initiatives' intervention logic (Section 2.2), along with demonstrating the significant scale of the pandemic response. It should also be noted that these values may be underestimated as national and regional programmes may decide not to use these indicators to identify and track COVID-19 related responses.

Financial effects under the CRII and CRII+ are examined below in Section 4.1.2. In terms of participations, SFC2014 data show that **until the outbreak of the COVID-19 pandemic, there was a continuous increase in the number of participations from 2014 onwards, reaching a peak of 11.5 million in 2018, while in 2019 10.6 million were reached. The outbreak of the COVID-19 pandemic in spring 2020 stopped this trend, with 8.7 million reported participations in 2020, which is a decrease of 18% or 1.9 million compared to 2019.** The chart below illustrates this overall trend, in addition to showing the pattern of participations by TO and by gender.

Figure 6 – Number of ESF participations by TO and overall share of women (2014-2021)



Source: Authors calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

It is important, however, to not interpret the above pattern of participations as indicating a lack of effectiveness in terms of the reach of operations following the introduction of the CRII and CRII+. Rather, it illustrates the challenges that the pandemic is likely to have caused for programming. In addition, as noted the data indicate that participations were already reducing in 2019, with this suggesting that the subsequent trend in 2020 and 2021 might be not too dissimilar to that which would have been expected anyway, despite the challenges posed by the pandemic.

As confirmed in the primary research for the study, likely reasons for at least some of the decline in participations in 2020 include the cancelation of operations in some cases, their temporary suspension in others, and/or or increased difficulty in engaging participants due to, for example, measures in place to prevent the spread of COVID-19. The pandemic context was cited in particular by stakeholders in the interviews and case study research as making it difficult to recruit participants, as in many cases the usual channels (for example, events, employment centres and services or other institutions) were, at least temporarily, unavailable, suspended or were forced to restrict or change their modes of operation. Likewise, it was commonly noted that a change of the format of operations resulted in lower numbers of participations due to, for example, lack of access to digital tools or people disengaging once support was no longer delivered in person.

Reflecting the picture revealed by the above chart on ESF participations, when examining patterns by TO, in the first year of the pandemic (2020) the number of participations increased under TO 8 (+3%) and TO 9 (+9%) relative to 2019, while they decreased substantially under TO 10 (-45%) and TO 11 (-61%) compared to the previous year. To a certain extent, the changes in the number of participations can be linked to the financial reallocations detailed in the next sub-section, as the reallocations towards the ESF were mainly allocated to TO8, and the reallocations within the ESF resulted in a net increase of almost EUR 400 million to TO9, while funding for TO10 and TO11 decreased since the outbreak of the COVID-19 pandemic.¹⁵³

The above pattern also mirrors the particular focus on employment and social inclusion operations evident following the introduction of the response initiatives, as detailed in Section 3 above. Again, this provides evidence of the CRII and CRII+ as being effective in ensuring that operations could be adapted and developed to address particular effects of the pandemic, in this case impacts on employment (commonly addressed

¹⁵³ Based on analysis of SFC2014 data drawn from ESF Annual Implementation Reports, extracted September 2022

through STWS), and in respect of addressing the disproportionate effects of the pandemic on already disadvantaged groups facing social exclusion (through a range of social inclusion operations as described in Section 3). It should be acknowledged, however, that the converse may be true, in terms of this reallocation having potentially negative longer-term effects for education and training. Such potential effects reflect similar, more general, concerns within Member States, as regards education in particular and the potentially negative impacts of the pandemic on this. This may in turn suggest the need for the ESF to focus, in particular, on education and training in the post-pandemic recovery phase.

It should be understood that not all of the financial and other volumes captured by the coronavirus indicators, discussed above and in the following sub-section (and as anticipated as 'outputs' in the intervention logics in Section 2.2), can be directly ascribed to CRII and CRII+ flexibilities. However, as also noted, the widespread use of the flexibilities, in particular financial reallocations, indicates that the volumes resulting from the flexibilities will be notable. It is also important to state that at the time of writing this report on the preliminary evaluation of CRII and CRII+, information on operational budgets is not finalised, with, for example, Member States known to still be submitting requests for retroactive funding. As such, it is not possible as yet to compare target values to achieved values, or to calculate the share of total spending represented by these COVID-19 indicators.

Taken as a whole, the above findings on effectiveness confirm that **key parts of the intervention logic for the initiatives, as detailed in Section 2.2, have been reflected during implementation as they pertain to effectiveness.** In particular, the evidence collated shows that the CRII/CRII+ operational objective, providing additional flexibilities to enable crisis response, did successfully lead, through the flexibilities offered, to Member States making use of the CRII provisions. This in turn facilitated a rapid and targeted response to mitigate the pandemic's effects, with funding being able to be shifted to address the most significant effects of the pandemic on particular groups. This impression of effectiveness against the CRII and CRII+ intervention logic is reflected both in the extent specific flexibilities were used to adapt programming for both the ESF and FEAD, as well as the scale of the response, including volumes and shifts in expenditure occasioned as part of the pandemic response that has been enabled.

The theme of effective and rapid response as a consequence of CRII and CRII+ was also mirrored in a **recognition by those consulted that CRII and CRII+ themselves were developed and instituted very rapidly, thereby in turn ensuring that flexibilities could be accessed by Member States rapidly and very near the start of the pandemic.** The Commission worked out the content of the proposals of the CRII and CRII+ regulation in a period of just two and eleven days respectively. As a point of comparison, modifications adopted by the Commission in 2016 to provide additional assistance to Member States affected by natural disasters took a couple of weeks to be adopted at the level of the Commission. In addition, **the time between the adoption of Commission's proposals and the official adoption of the Regulation was just 17 days for CRII and 21 days for CRII+, which is shorter than any other 2007-2013 and 2014-2020 CPR modification.**

While a minor theme overall in light of the evidence base constructed for the assessment of effectiveness, **there were some cases where stakeholders felt that elements of the response initiatives were not as effective as they might have been, or that other contextual factors negatively affected their use.** In terms of contextual influences, for some interviewees, for example, the pressure to respond to the onset of the pandemic, focusing in the first case on national measures and funding, meant that time and resource was not available – at least initially – to focus on use of the CRII flexibilities.

Some focus group participants also noted that, while the response initiatives offered simplifications and measures to reduce burdens, such burdens and resource needs remained to some extent. The point that ESF and FEAD management teams were under significant pressure in the initial pandemic period was also noted. Linked to this, some

interviewees cited that understanding the flexibilities themselves, and how to use them, introduced new burdens from a resourcing and time perspective, at least initially. In a small number of cases, ongoing concerns around perceived heightened audit risk in respect of reprogrammed funds were also cited.

The above findings should be understood, however, in the context of the broadly positive perception of effectiveness in relation to the CRII/CRII+ flexibilities that emerged through the primary research. For example, three-quarters of ESF MA survey respondents (18 out of 27) felt there were no negative effects caused by the process of reprogramming using the flexibilities. Likewise, interviewees and focus group participants commonly raised positive views on the nature and role of the flexibilities provided, including in some cases pleas for these to remain and be built upon in future programming contexts.

Overall, therefore, the flexibilities introduced through the CRII and CRII+ can be assessed as being effective in terms of their adoption and use by Member States to support the pandemic response.

4.1.2. Financial allocations, financial shifts, and the evolution of absorption rates

As noted in the preceding sub-section, an important element in assessing effectiveness concerns levels of financial (re-)allocations and shifts facilitated through the CRII/CRII+ in respect of ESF and FEAD programming, as anticipated in the intervention logic underpinning the response initiatives. As indicated, this has been the most used coronavirus response flexibility in terms of the ESF in particular, while assessing financial reallocations and shifts provides an indication of effectiveness in terms of the significant flexibilities the response initiatives aimed to introduce to move resources between Funds, categories of region and in relation to thematic concentrations. The analysis of the latter includes the extent to which the minimum thematic allocations set out in Art. 4 of the ESF Regulation (2013/1304) have been maintained during the coronavirus response period.

A further aspect of effectiveness in this context concerns the extent to which ESF and FEAD absorption rates have been affected by the coronavirus response initiatives. This provides an indication of the extent to which the proportion of funds committed have been paid out (or absorbed) and whether (and the degree to which) CRII and CRII+ were effective in ensuring that such rates were maintained. As part of assessing effectiveness from this perspective, a comparison is also made with the programming period 2007-2013 (in respect of ESF absorption rates).

4.1.2.1. Financial reallocations between the ERDF, the Cohesion Fund and the ESF

Under the coronavirus response initiatives resources could be transferred between the ERDF, the ESF and the Cohesion Fund (CF) and across different categories of region. Reflecting the finding in Section 4.1.1 that use of this flexibility has been extensive, indicating effectiveness in terms of its use, **the level of financial volumes transferred as a result of CRII and CRII+ flexibilities indicates that the response initiatives were effective in enabling resources to be re-guided and re-allocated to where they were most needed.** Overall, around EUR 1.2 billion were shifted from the ERDF (EUR 871 million) and the CF (EUR 341 million) to the ESF, while about EUR 493 million were moved from the ESF to the ERDF, resulting in a net increase of ESF funds of approximately EUR 0.7 billion, as illustrated below.

Figure 7 – Reallocation between the ESF, the ERDF and the CF under the coronavirus response initiatives up to September 2022



Source: Authors calculation based on: <https://cohesiondata.ec.europa.eu/2014-2020-Finances/CRII-COVID-Change-in-fund-allocations-since-31-5-2/22x-fgxd> (extracted on 28 September 2022)

Likewise, looking at reallocations by Member State illustrates notable diversity in the proportions and flows of allocations between Funds, indicating that Member States were able to reallocate and shift funds to best meet national contexts and needs.¹⁵⁴ As examples, in Malta and Lithuania, funding was shifted from the ERDF and the CF to the ESF to facilitate increased investment in STWS,^{155 156} a key need to address the economic effects of the COVID-19 crisis. Indeed, the vast majority of the reallocated ERDF and CF resources to the ESF are programmed to support employment policy operations (EUR 922 million), followed by education and training (TO 10) with EUR 127 million, and social inclusion (TO 9) with EUR 101 million. This pattern is likely to reflect, in part, the large costs involved in provision of STWS where ESF is used. Conversely, in Ireland, EUR 60 million were transferred from the ESF to the ERDF to support the cost of supplying essential PPE for the Irish healthcare system for use in the fight against COVID 19.¹⁵⁷

Importantly, in respect of the ESF, it appears that **the programming picture at the outset of the pandemic influenced the extent to which the flexibilities enabled by the response initiatives were used** at the Member State level. At the end of 2019, at EU-28 level the project selection rate of ESF funds was at 85%, while the share of expenditure declared was at 39%, with large variations across countries and within countries (in cases where a multi-regional ESF architecture is in place). This influenced the range within which Member States were able to respond to the COVID-19 pandemic through reallocating financial resources within and/or between funds. The project selection rate ranged from less than 80% in e.g. HR, IT, LT up to more than 100% in CY, ES, MT. In this regard it is also important to compare the absorption rates by Thematic Objective, which also affects the degree Member States have, to or are able to reallocate funds to implement operations responding to the pandemic.¹⁵⁸ Further analysis concerning the effect of selection rates and absorption rates by Thematic Objective is provided below.

4.1.2.2. Financial shifts within the ESF and Category of Region since May 2020

Further evidence of the extent to which flexibilities effectively enabled Member States to adjust programming and meet needs concerns shifts facilitated within the ESF. In this case, 23 countries¹⁵⁹ have reallocated ESF funding between TOs in response to the COVID-19 pandemic, within or between ESF OPs, since May 2020.¹⁶⁰ At the level of the EU-27 and the UK, the most significant change in funding by TO has been an increase of funding for TO9 of just over EUR 2 billion. Conversely, allocations to TO10 fell by just over

¹⁵⁴ See Annex 1 for full details of shifts between Funds by Member State

¹⁵⁵ ESF OP Malta Version 3.0

¹⁵⁶ Commission Decision (C(2020)4069) - 2014LT16MAOP001

¹⁵⁷ ESF Annual Implementation Report 2021 of Ireland.

¹⁵⁸ European Commission, Directorate-General for Employment, Social Affairs and Inclusion, ESF data support centre: final ESF synthesis report of annual implementation reports 2019 submitted in 2020, Publications Office, 2021, <https://data.europa.eu/doi/10.2767/003190>

¹⁵⁹ BE, BG, CY, CZ, DE, DK, ES, FI, FR, GR, HU, IE, IT, LT, LU, LV, MT, PL, PT, RO, SE, SI, SK, UK

¹⁶⁰ See Annex 1 for full details of shifts between TO and by CoR

EUR 1.3. The table below summarises overall changes at the EU (and UK) level by TO in terms of the net increase or decrease of allocations between May 2020 and April 2022.

Table 8 – Net change in ESF funding by TO in response to the COVID-19 pandemic, May 2020 to April 2022

	Net increase/ decrease in allocations					
	May 2020 to April 2022					
	TO 8	TO 9	TO 10	TO 11	TA	Total
EU-27 and the UK	214,899,331	2,087,259,641	-1,325,032,331	-252,323,471	-83,627,809	641,175,361

Source: Authors' calculation based on SFC2014 (extracted on 26 September 2022)

Again, significant variation is evident at the Member State level, further indicating that the flexibilities provided have enabled reallocations and re-programming according to needs. For example, in Romania which faces notable existing social inclusion challenges in the context of less developed health systems relative to some other Member States, funding allocated to social inclusion operations increased by 53%.

Looking at the overall shifts by categories of region, meanwhile, shows that in all regions most of the funding was likewise reallocated towards TO9.¹⁶¹ In less developed regions, however, there was also a strong focus on increasing the funding for employment related measures under TO8, compared to more developed regions. This is likely to indicate a particular greater need in these contexts to address the negative economic effects of the pandemic, again illustrating how funding could be channelled according to socio-economic context and need. Overall EUR 304 million were transferred between categories of region, while EUR 143 million were transferred within the same category of region. Examples of using the flexibilities to target funding according to the needs of different categories of region include, in Belgium, under the Wallonie-Brussels OP, the reallocation of EUR 1.3 million from more developed to transition regions to support school attendance operations in view of the impacts on young people due to the transition to distance learning, and the greater effects this had on those in less wealthy areas.

At the level of ESF Investment Priorities (IPs), there are likewise indications of the effective influence of the response initiatives in being able to shift and target funding. Analysis of SFC2014 data from May 2020 to September 2022 shows that reallocations were, proportionally, mostly directed towards IP 9.iv (equal access to services), which increased its allocated financial volume by 79% or about EUR 3 billion and IP 8.v (adaptability of workers and employers) (+26% or approximately EUR 1.3 billion).¹⁶² Such shifts cannot be definitively ascribed to the pandemic response and CRII/CRII+. However, as demonstrated in the context of several of the case studies undertaken for the study, a key challenge stemming from the pandemic related to ensuring that vulnerable groups maintained access to services, so the shifts evident in IP9.iv are likely to be highly influenced by the pandemic response. Likewise, as noted in Section 3, a number of identified operations under CRII and CRII+ concerned the need to, for example, adapt to distance or teleworking.

4.1.2.3. Financial shifts within FEAD

As noted in Section 4.1.1, **requests of Member States for financial reallocations under the coronavirus response initiatives were less frequent in respect of the FEAD compared to the ESF.** Reallocations within the OP were requested only by a small number of Member States (AT, CZ, HU, RO, SK). In addition, relative to the ESF, as might be

¹⁶¹ See Annex 1 for a detailed breakdown of shifts between CoR under the ESF

¹⁶² See Annex 1 for a detailed breakdown of shifts by ESF IP

expected the amounts involved are comparatively small. Nonetheless, the **evidence gathered does show how, where required due to specific national contexts or needs, the coronavirus response initiatives were effective in enabling reallocations within FEAD OPs.** For example, in Hungary, around EUR 8.3 million were reallocated from food aid in order to provide basic consumer goods for poor families with children, while in Romania EUR 6 million (EU-amount) were transferred between types of material deprivation, e.g., to facilitate introducing e-vouchers due to COVID-19.¹⁶³

By way of context, it is also worth noting that, while financial reallocations occurred in only a few countries, the option of allocating funding provided through REACT-EU was taken up by 14 Member States.¹⁶⁴ For example, in Austria the additional funding of EUR 6 million through this mechanism extended the implementation of the FEAD project supporting families and their children by one year.¹⁶⁵ This indicates that, in some contexts, alternative source of funding was used to provide the necessary support and meet needs, in turn providing a further explanation of the relatively limited shifts in funds facilitated under the CRII and CRII+ through the FEAD.

4.1.2.4. Effects on thematic concentrations

The flexibilities introduced through the coronavirus response initiatives also relate to the thematic concentrations defined in Art. 4 of the ESF regulation (2013/1304). According to Art. 25a(5), financial allocations “shall not be subject to the requirements on thematic concentration set out in this Regulation or the Fund-specific Regulations.”¹⁶⁶ By way of considering effectiveness, this sub-section assesses how Member States made use of this flexibility, and whether thematic concentrations are still in line with the original minimum shares set out in Art. 4 of the ESF regulation.¹⁶⁷

As noted in Section 4.2.1, **the waiver of the need to meet thematic concentrations was not formally reported as having been used by any Member States. However, in a small number of instances, the waiver is in effect as a result of the thematic concentration requirements set out in the ESF Regulation not being met,** as summarised below.¹⁶⁸

In respect of social inclusion, Art.4 specifies at least 20% of ESF resources should be allocated to TO 9. Only in the case of three Member States, (DK, FI and SK) the latest approved version of the OP(s) allocated less than 20% to social inclusion,¹⁶⁹ which, as stated in the Final ESF Synthesis Report,¹⁷⁰ can happen in particular cases where there are specific priority axes with social innovation or transnational cooperation operations.

Art. 4(3) of the ESF Regulation also specifies that:

(a) For more developed regions, Member States shall concentrate at least 80 % of the ESF allocation to each operational programme on up to five of the investment priorities set out in Article 3(1).

¹⁶³ SFC2014

¹⁶⁴ AT, BE, BG, CZ, EE, ES, FR, HR, IT, LU, LV, RO, SI, SK

¹⁶⁵ FEAD Operational Programme of Austria, Version 2.0

¹⁶⁶ Regulation (EU) 2020/558 of the European Parliament and of the Council of 23 April 2020 amending Regulations (EU) No 1301/2013 and (EU) No 1303/2013 as regards specific measures to provide exceptional flexibility for the use of the European Structural and Investments Funds in response to the COVID-19 outbreak

¹⁶⁷ Article 4 of the ESF Regulation (2013/1304).

¹⁶⁸ Further details of thematic concentrations and patterns post-CRII implementation, covering all Member States, is available in Annex 1.

¹⁶⁹ Based on analysis from: <https://cohesiondata.ec.europa.eu/>

¹⁷⁰ European Commission, Directorate-General for Employment, Social Affairs and Inclusion, Lindeboom, G., ESF synthesis report of annual implementation reports submitted in 2018 and 2019 and thematic reports: thematic report on the ESF and YEI support to climate change actions, Publications Office, 2020, <https://data.europa.eu/doi/10.2767/64381>

(b) For transition regions, Member States shall concentrate at least 70 % of the ESF allocation to each operational programme on up to five of the investment priorities set out in Article 3(1).

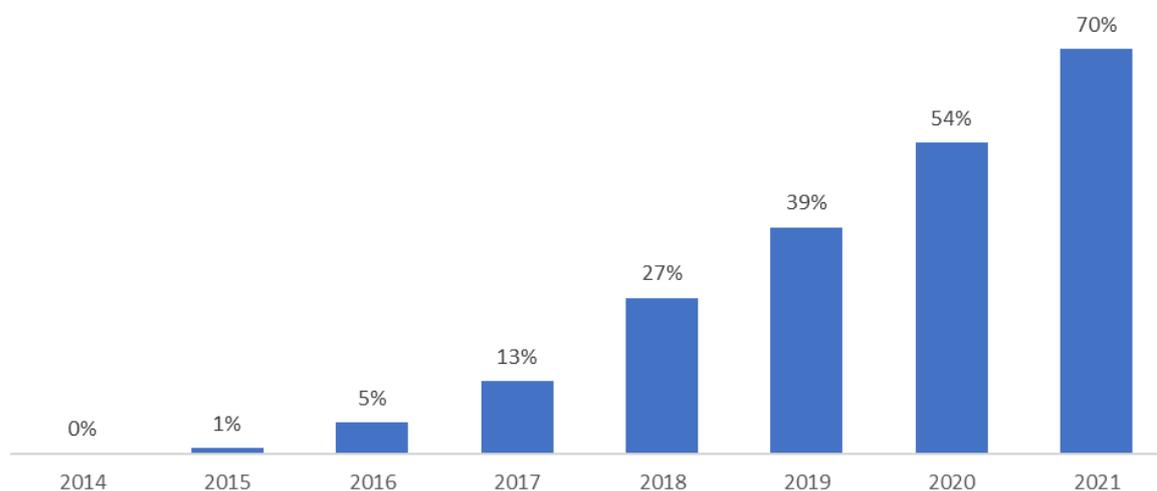
I For less developed regions, Member States shall concentrate at least 60 % of the ESF allocation to each operational programme on up to five of the investment priorities set out in Article 3(1).

Analysis of Cohesion Data¹⁷¹ shows that the minimum thematic concentrations on up to five investment priorities by OP and category of region were not met in the case of only 10 OPs in two countries (IT and PL).¹⁷² In five of the OPs, the defined minimum thematic concentration was already not met before the pandemic, in 2019, while in the others (IT-Sardegna, Piemonte, Systems for Active Employment Policies, Veneto and Friuli-Venezia Giulia) the shifts across Investment Priorities resulted in the threshold not being met.

4.1.2.5. Effects on absorption rates - ESF

Analysis of SFC data shows that the absorption rate for ESF continuously increased over the programming period.¹⁷³ **In the reporting year 2020, the absorption of funds (based on the proportion of total ESF funding absorbed for the programming period) increased by 15 percentage points, while in 2021 it increased by 16 percentage points. This indicates that the outbreak of the COVID-19 pandemic did not impact the financial performance of the ESF.** The chart below shows the development of the overall ESF absorption rate over time, illustrating the consistent trend and the increase in overall absorption of 15 and 16 percentage points respectively in 2020 and 2021 compared to the preceding years.

Figure 8 – Development of the absorption rate of the ESF, 2014-2021



Source: Authors calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

Likewise, despite the crisis context and the issues created for delivery of ESF operations by, for example, coronavirus restrictions, this indicates that **support and flexibilities provided to the coronavirus response through the CRII and CRII+ is likely to have**

¹⁷¹ Based on analysis from: <https://cohesiondata.ec.europa.eu/>

¹⁷² For a full list of OPs that did not meet the minimum thematic concentration by April 2022, see Annex 1, Appendix 2, Table A12

¹⁷³ A full breakdown of absorption rates by Member State and CoR is provided in Annex 1, Appendix 2.

assisted Member States to successfully maintain their programming and expenditure.

More specifically, analysis of Cohesion Data shows that ESF project selection rates have continued to increase over the last three years, reaching 112% at EU-level. While project selection rates are an important operation to assess the progress of ongoing ESF operational programmes, the declared expenditure rate gives a more accurate picture of the implemented activities on the ground, with this being particularly important during the pandemic. Overall, the share of expenditure declared increased up to 70% by the end of 2021, with no marked differences across categories of region. **In the majority of countries, the share of declared expenditure shows a sharper increase from 2020 to 2021, indicating a well-on-track crisis response by the Member States and the UK.**

Looking at the data in more detail, there are some examples of countries in which reallocated funds were absorbed rapidly in response to the COVID-19 pandemic. For instance, in the case of Cyprus it shows that the additional funding was absorbed very quickly, resulting in an increase of 54 percentage points from 2020 to 2021 to 100% by the end of 2021 due to the absorption of the additional funding. In Lithuania, EUR 169 million were consolidated to save employees' jobs. All allocated funds were invested in 2020.¹⁷⁴

Comparing the data outlined above with the development of the ESF absorption rate in the programming period 2007-2013 can provide an insight into the evolution of the use of funds in general, but also specifically whether the pandemic impacted the absorption of ESF funds. The figure below illustrates the absorption rates of the ESF for the programming periods 2014-2020 and 2007-2013. Furthermore, a theoretical dashed line is shown, illustrating the absorption rates for the 2014-2020 period theoretically shifted to begin one year later, with the result that financial absorption trends of the two programming periods almost coincide.¹⁷⁵

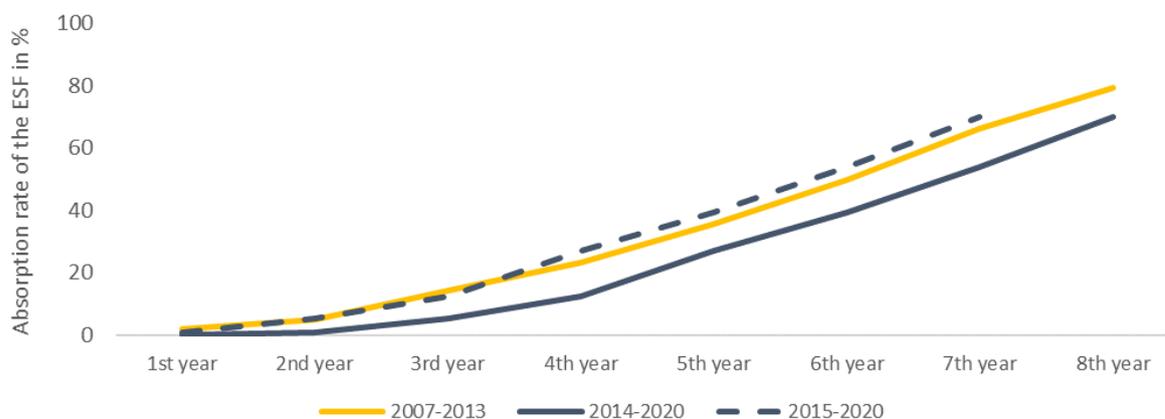
Overall, it shows that the absorption rate of the programming period 2014-2020 was delayed and slowed throughout the entire seven-year period. However, **no significant differences can be observed in expenditure between the two programming periods, or even between 2019, 2020 and 2021. The similar development of the absorption rates in the penultimate and last year for both programming periods illustrates that overall the financial performance of the ESF was not impacted by the COVID-19 pandemic.**¹⁷⁶

¹⁷⁴ ESF Annual Implementation Report 2021 of Lithuania

¹⁷⁵ Spatial Foresight: Kai BÖHME, Sabine ZILLMER. Research for REGI Committee - The Impacts of the COVID-19 Pandemic on EU Cohesion and EU Cohesion Policy - Part I: Overview and First Analysis. European Parliament, 2022.

¹⁷⁶ Spatial Foresight: Kai BÖHME, Sabine ZILLMER. Research for REGI Committee - The Impacts of the COVID-19 Pandemic on EU Cohesion and EU Cohesion Policy - Part I: Overview and First Analysis. European Parliament, 2022. [https://www.europarl.europa.eu/RegData/etudes/STUD/2022/699617/IPOL_STU\(2022\)699617_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2022/699617/IPOL_STU(2022)699617_EN.pdf)

Figure 9 – Comparison of the ESF absorption rates 2007-2013 and 2014-2020



Source: <https://cohesiondata.ec.europa.eu/2007-2013-Finances/SF-2007-2013-Funds-Absorption-Rate/kk86-ceun> and <https://cohesiondata.ec.europa.eu/2014-2020-Finances/ESIF-2014-2020-Finance-Implementation-Details/99js-gm52>, own calculation

4.1.2.6. Effects on absorption rates - FEAD

In respect of the FEAD, the absorption rate continuously increased, reaching 83.9% in September 2022, with an increase of 14 percentage points from 2020 to 2021,¹⁷⁷ indicating the importance of the FEAD during the COVID-19 pandemic and the efforts by MS to support the most vulnerable groups. **As with the ESF, the continuous and relatively consistent increase from 2019 to 2022 indicates that financial execution was not affected by the COVID-19 pandemic.**¹⁷⁸ Similarly, it can be inferred that **the flexibilities and support offered under the CRII and CRII+ to the pandemic response through the FEAD are likely, at least in part, to have assisted Member States in ensuring the continuity of their FEAD programming and expenditure.** Indeed, 2020 saw an increase in payments to FEAD beneficiaries relative to previous years (EUR 552 million against EUR 477 million in 2019 and EUR 503 million in 2018).

4.1.3. The influence of governance and implementation models, and socio-economic context, on effectiveness

Evidence presents a mixed picture in terms of the effects of governance and implementation arrangements (including the facilitation of partner engagement) and contextual factors, including national legislative/administrative and socio-economic contexts, on the effectiveness of the response initiatives. Primary and secondary research undertaken for the study provides a range of examples of how these factors supported the effectiveness of the response facilitated by the CRII and CRII+, as well as a number of examples of more negative effects. The latter were viewed by some stakeholders as resulting from, for example, a lack of effective partnership working within governance and implementation arrangements (including limited social partner engagement), as well as constraints imposed by national administrative and legislative conditions in some instances.

Formal governance and implementation structures relevant for the design and administration of operations largely remained the same as in the pre-crisis period. In respect of both ESF and FEAD, stakeholders consulted for the study, along with focus group attendees, did not report any new formal governance structures emerging as a result of the

¹⁷⁷ Based on analysis from: <https://cohesiondata.ec.europa.eu/>

¹⁷⁸ Full detail of the pattern of absorption in respect of the FEAD can be found at Annex 1.

COVID-19 crisis, or from the need to programme new, or adapt existing, operations using CRII and CRII+ flexibilities. However, in some cases, it was noted that the more formal structures convened by MAs did need to adjust their mode of operation at some points during the pandemic, due to lockdown or other restrictions, leading to a move to online formats. Interviewees mentioning this did not cite any particular effects, positive or negative, from an effectiveness or efficiency perspective.

In several Member States, **however, the development of ad-hoc working groups with a specific crisis response role did emerge, with these functioning beneath and separate from formal governance arrangements.** In some cases, these groups brought together colleagues from the MA and relevant Ministries, while groups that specifically focused on the health aspect of the COVID-19 response were also apparent. Some Member States (BE, DK, FR) developed dedicated arrangements within their overall implementation structure,¹⁷⁹ for example, while Greece established inter-agency meetings focused on the health dimension of the response, including - as appropriate - the Ministry of Health, the ESF Actions Coordination and Monitoring Authority (EYSEKT), an ad-hoc committee of public health experts, and the country's seven health regions.¹⁸⁰

As well as these more informal and ad-hoc groups, **close and ongoing working between Ministries and other relevant organisations around the COVID-19 response, and the use of the ESF and FEAD within it, was also noted as a feature** in several cases. For example, an employment and training organisation representative in Portugal reported higher levels of engagement with Ministerial committees during the crisis. ESF focus group participants likewise cited an increase in partnership working; for example, the regional MA in Flanders reported meeting with a wider range of Ministries and of holding more frequent meetings with Ministers to discuss what actions should be taken. In both interviews and the focus groups held for the study, **ad-hoc groups and informal collaboration were generally seen as supporting the effectiveness of the response enabled through the ESF in particular**, as well as playing a role as a part of overall national pandemic responses.

The **study evidence overall is broadly positive concerning the role national governance, administrative and implementation arrangements played in supporting the effectiveness of the response enabled by the CRII and CRII+.** The majority of ESF MA survey respondents, for example, indicated that national and/or regional administrative and organisational procedures (43 out of 51 respondents), and the internal coordination process in the country (41 out of 51 respondents), played a positive role in enabling an effective use of CRII flexibilities at least to some extent. Likewise, as cited above, in a number of contexts national arrangements, actors, and partnership working played a positive role in supporting implementation effectiveness on national and regional levels.

Conversely, however, in a small number of instances national administrative contexts were seen as negatively influencing effectiveness. For example, a Lithuanian interviewee viewed their national administrative system as having a negative effect, noting that all changes to funding must follow certain procedures to ensure an audit trail and alignment with national laws. This meant that although flexibilities were provided quickly under CRII and CRII+, national laws and structures slowed down and reduced the extent to which they were able to have a positive effect. Case studies conducted in Greece and Poland also highlighted burdens stemming from national audit requirements; the fact that they remained stringent was seen as operating at odds with the reduced burdens of

¹⁷⁹ OECD (2022). First lessons from government evaluations of COVID-19 responses: A synthesis, p. 11-12, https://www.oecd.org/coronavirus/policy-responses/first-lessons-from-government-evaluations-of-covid-19-responses-a-synthesis-483507d6/?mc_cid=06a0f4f0f7&mc_eid=6c6e569fcd

¹⁸⁰ In Greece, according to the Law 3527/2007, there are seven health regions (districts). Their role is to supervise hospitals and public health within their areas and submit proposals / recommendations to the Ministry of Health regarding developing a more complete and efficient provision of health services. More information (in Greek) available at: 2dype.gov.gr (n.d.). The role of Health Regions. Available at: <https://www.2dype.gov.gr/tautothta/apostoli-rolos>. Date of access: 28 July 2022.

CRII/CRII+ and hence negatively influencing effectiveness. It should be noted, however, that complaints regarding the burden of audits and required processes are not new, being reported by Member States as a cause for concern earlier in the programming period.¹⁸¹

A small number of EU and Member State interviewees also noted that social partners became more involved in consultation processes within the response, mainly concerning employment operations. However, **there was a mixed picture overall in terms of the extent social partners were engaged in the ESF and FEAD response.** In cases where this did occur it was seen as beneficial for effectiveness in a similar way to the role played by ad-hoc working groups and cross Ministry and partner dialogue. Effective engagement and partnership working of this type was particularly highlighted in the Swedish and Portuguese contexts. For example, in Portugal, the MA worked together with social partners to identify and roll-out ESF operations in key-areas of intervention including STWS, worker-support through online trainings, continuation of education and VET (through e-learning), as well as in providing support to healthcare businesses to scale-up production of PPE.

However, several stakeholders also acknowledged variations in how far social partners have historically been engaged across Member States, with this seen as influencing levels of engagement in the response context. This reflects evidence from a Eurofound publication which found that, in OECD countries, there was limited or no consultation with social partners in developing policy measures to respond to the pandemic.¹⁸² **In some instances such lack of engagement was perceived as negatively impacting effectiveness.** For example, EU representatives from the social care sector noted that their members had not been involved in consultations, despite reaching out to Governments, leading to CRII initiatives being regarded as less effective for the sector by stakeholders on the national level.

The mixed picture regarding social partner engagement, and its influence on effectiveness in the coronavirus response context, also echoes that apparent during the economic crisis of 2008-2009. In that case, it was noted that some Member States, including Germany, designed their response to the economic crisis based on a strong social dialogue, while others, such as Hungary, acted independently from other actors.¹⁸³

In summary, **while governance arrangements do not appear to have led to a lack of effectiveness in terms of facilitating stakeholder inputs in general, in part due to informal mechanisms and ongoing dialogue functioning alongside formal arrangements, there may be improvements that can be made from an effectiveness perspective.** More consistent engagement of social partners and NGOs was seen by several interviewees as having the potential to better ensure response initiatives fully reflected the needs on the ground, as well as informing how they might best be delivered. However, it should be noted that this was only highlighted as a concern in a minority of Member State contexts covered by the primary research. In addition, respondents to the ESF MA survey felt that partnership principles played a role in enabling an effective use of CRII flexibilities to a great extent (13 out of 51), to a medium extent (13 out of 51) or to some extent (15 out of 51).

As outlined in Section 2, socio-economic differences between countries influenced the degree to which COVID-19 impacted upon country level and/or regional healthcare, labour markets, social inclusion, and education situations. **The study evidence indicates that these socio-economic differences, and the different trajectory of the pandemic within Member States, did in some cases influence the effectiveness of the coronavirus response initiatives. However, the overall picture is highly complex and varied;** in

¹⁸¹ EU Commission, Study supporting the 2020 evaluation of promoting social inclusion, combatting poverty and any discrimination by the European Social Fund (Thematic Objective 09) Final Report. Oct 2020.

¹⁸² Eurofound (2021), Involvement of social partners in policymaking during the COVID-19 outbreak, Publications Office of the European Union, Luxembourg, p. 1, <https://www.eurofound.europa.eu/publications/report/2021/involvement-of-social-partners-in-policymaking-during-the-covid-19-outbreak>

¹⁸³ Metis GmbH and wiiw, Evaluation of the reaction of the ESF to the economic and financial crisis, 2012.

different scenarios and at different times the socio-economic backdrop to implementation created both barriers and enabling factors to effectiveness. For example, some Member States were already in an acute emergency situation at the time CRII and CRII+ was introduced, with the pandemic having hit earlier in, for instance, Italy.

Both interviewees and focus group participants noted that, in these circumstances, the focus was initially more on an emergency national response; **despite the positive effect of CRII and CRII+ it thus took time for the resources to be available to develop new and adjusted operations.** Although, as cited above, the response initiatives did enable rapid action, the extent to which this was possible was influenced by pandemic conditions, as well as preparedness, capacity, and responsiveness within the ESF and FEAD infrastructure along with healthcare, social services, and education systems.

For example, despite the particularly challenging context in the country concerned, an Italian interviewee noted that the work one region had done prior to the COVID-19 crisis around examining expenditure on health personnel, and simplifying health related indicators, helped that region manage and program spending levels during the crisis. Similarly, over half of ESF MA survey respondents noted that the level of pre-crisis preparedness (including clear quarantine procedures and clear distribution of responsibilities) played a positive role in enabling the effective use of CRII flexibilities to at least some extent (31 out of 51). Similarly, the regionalisation of ESF was seen as positive in these terms by many respondents (29 out of 51).

Conversely, several interviewees, including those engaged for the case studies, reflected that, in their Member State context, **existing weaknesses in healthcare and education systems in particular meant that ensuring the potentially positive effect of the CRII and CRII+ became more challenging.** This was cited as being the situation in the Greek context, for example, where debt restructuring in the wake of the 2008-2009 economic crisis was seen as exacerbating historical weaknesses in healthcare that continue to provide challenges, and that became an even more acute issue in the pandemic context. Similar points concerning additional challenges posed by healthcare systems facing pre-existing issues prior to the pandemic were also raised in the Estonian, Polish and Romanian contexts.

In terms of education, a lack of infrastructure on which to build remote teaching arrangements in some contexts, or variations in digital infrastructure between regions, meant that, although CRII and CRII+ were seen as highly beneficial in supporting the purchase of equipment, it took some time for this to feed through into a positive effect. This was cited as being the case in Italy and Portugal, for example, which in itself led to the decision to focus a number of operations on addressing uneven digital access. Likewise, in respect of the FEAD, existing challenges concerning the capacity of social services and support structures for disadvantaged groups were seen in some cases as meaning that the additional support suddenly required took longer to implement than it would otherwise have done. During study interviews, this emerged as a theme in the Polish and Romanian contexts for example. **These findings reinforce the importance of cohesion funding in supporting continued development of national systems and infrastructure in a number of Member State contexts.**

4.1.4. The role of horizontal principles in influencing programming

The study evidence shows that the horizontal principles of the CPR have been considered to at least some degree, though the overall picture is mixed in terms of the extent of this and whether the principles had much influence on effectiveness. National interviewees from Greece and Slovenia noted that, as beneficiaries of EU funds, they are obligated to take these principles into account. From their perspective, therefore, responses within the countries concerned had been guided by each of the principles.

Likewise, interviewees from Czechia, France, and Poland were confident that the relevant CPR Articles continued to be taken into account, as they were in all programming pre-crisis. However, there was a lack of concrete examples provided, in particular, as to the effect of the equality and sustainable development principles on effectiveness, though some examples of the significance of partnership were provided. In respect of partnership, however, these examples covered both negative and positive instances of the extent to which the principle was considered and the effects of this, as outlined in the preceding sub-section.

More broadly, the inputs of ESF focus group participants, interviewees, and responses to the survey of ESF MAs did provide some evidence, though again limited specific examples, of the principles being considered in the context of programming under the CRII and CRII+. As described in the preceding section, **there were a number of positive examples given of how partnership working between different actors at the national level supported the effectiveness of developing and implementing the pandemic response** as enabled through the CRII and CRII+. **Conversely, examples were also provided of how a perceived lack of engagement of social partners in particular had negatively impacted on the potential effectiveness** of the coronavirus response initiatives.

More generally, one EU level interviewee did feel that gender equality has been very high on the agenda, in particular, due to concerns that many of the workers in the most exposed sectors were female, including health & social care workers, and in-store retail workers. In their view, operations had been developed that aligned with this principle, therefore, though it was noted that this may not be due to the principle in itself, but rather the context and immediate needs stemming from the pandemic's effects. **The immediate needs of the pandemic were also noted in some contexts as meaning that activity not necessarily in line with the principles was required.** For example, a stakeholder from Slovenia noted that, while article 8 on sustainability was considered, health and safety measures took priority during the pandemic. The interviewee thus explained that funding had been directed to purchasing disposable PPE, a measure which would not have contributed positively to sustainable development goals.

In addition, over half of the ESF MA survey respondents stated that each Article was taken into account. More specifically, for Article 5 (partnership)¹⁸⁴ 16 out of 51 ESF survey respondents stated it was considered to a great extent, 15 out of 51 to a medium extent, and 11 out of 51 to some extent. Numbers were similar for Article 7 (equality between men and women and non-discrimination)¹⁸⁵, at 17 out of 51 to a great extent, 11 out of 51 to a medium extent, and 6 out of 51 to some extent, and article 8 (sustainable development)¹⁸⁶ at 10 out of 51 to a great extent, 13 out of 51 to a medium extent, and 6 out of 51 to some extent). In itself, this tends to confirm the mixed picture of the degree to which the principles were taken into account, given that a notable minority of respondents in each case felt that the principles were only taken into account to a very limited extent, not at all, or were unsure. As outlined, the proportion of respondents reporting that the principles were greatly taken into account was also relatively small in each case at under a third. Responses to the FEAD MA survey provided a very similar mixed picture.

Where interviewees, survey respondents and focus group participants gave explanations for the varied or limited consideration and effect of the horizontal principles, these tended to relate to the need to respond quickly in an emergency

¹⁸⁴ Article 5 specifies that: each Member State shall in accordance with its institutional and legal framework organise a partnership with the competent regional and local authorities.

¹⁸⁵ Article 7 specifies that: the Member States and the Commission shall ensure that equality between men and women and the integration of gender perspective are taken into account and promoted throughout the preparation and implementation of programmes, including in relation to monitoring, reporting and evaluation. The Member States and the Commission shall take appropriate steps to prevent any discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation during the preparation and implementation of programmes.

¹⁸⁶ Article 8 specifies that: the objectives of the ESF/ FEAD are pursued in line with the principle of sustainable development and with the Union's promotion of the aim of preserving, protecting and improving the quality of the environment.

situation. Fully considering the principles and integrating them into programming was seen as not always being possible, or a priority, in this context.

4.1.5. Monitoring and evaluation arrangements

Tracking the COVID-19 pandemic response posed a particular challenge for cohesion policy, given its organisation through a shared management structure and the multiplicity of its programmes. **As the original monitoring systems were not designed to track the exceptional flexibility introduced by the CRII/CRII+ Regulations, the Commission proposed new and non-mandatory financial and output indicators to be used by the national and regional programmes.** This section provides an overview of how the EU Member States and the UK are using indicators to monitor the COVID-19 response through the ESF and FEAD. It also looks at the extent of MAs current plans for evaluating COVID responses.

In May 2020, the Commission proposed a set of new **voluntary financial and output indicators for use by the national and regional programmes under ESF and ERDF.** Published in a “non-paper”,¹⁸⁷ these programme-specific indicators were intended to enable the monitoring of the anti-crisis operations introduced through CRII, CRII+ and REACT-EU. The non-paper was updated in February 2021 with additional indicators on vaccination. Making use of the new indicators, the Commission has thus relied on two main strands of information to monitor programmes as they were adapted in response to the pandemic:

- **Tracking the changes in financial allocations in response to the COVID-19 crisis:** the original monitoring systems were able to provide some insights into the financial reprogramming for health¹⁸⁸ and enterprise (through ERDF)¹⁸⁹ support.
- **Tracking the response to the pandemic by using the new COVID-19 related indicators** to gather more detailed and accurate information. The use of these indicators is the focus of this section.

Along with the indicator names and codes, Member States and regions were asked to include target values (based on best estimates) in their OP modifications for monitoring and evaluation purposes. These **targets were intended to provide an initial measure of how ESF investments would benefit individuals and entities** across the EU. All CV indicators (non-paper and national) and their targets are presented in the Coronavirus Dashboard.¹⁹⁰

By way of context, the importance of robust monitoring and evaluation to track Fund implementation progress and understand results has long been recognised, as have the challenges associated with implementing such arrangements across the Member States and ensuring their effectiveness. For example, the ex-post evaluation of the previous programming period (2007-2013), while finding that in many cases good quality monitoring data was available, also identified issues with data availability, quality, comparability, and fitness for purpose.¹⁹¹

¹⁸⁷ Non-paper: List of programme-specific indicators related to the cohesion policy direct response to the COVID-19 pandemic (Revised February 2021)

https://ec.europa.eu/regional_policy/sources/docgener/informat/indicators_covid19_response_en.pdf

¹⁸⁸ After the adoption of the CRII/CRII+ Regulations, programme modifications accelerated as new measures were made eligible for financing, such as the purchase of personal protective equipment (PPE), medicines, testing, hiring of additional health personnel, medical assistance or home care services for vulnerable groups.

¹⁸⁹ Support to business was a major investment area for cohesion policy. A wide range of actions were supported, predominantly for SMEs. The support ranged across themes such as research and innovation, entrepreneurship, energy efficiency, access to finance, and digitalisation.

¹⁹⁰ <https://cohesiondata.ec.europa.eu/d/4e2z-pw8r/>

¹⁹¹ ESF 2007-2013 Ex-post evaluation: Supporting the integration of disadvantaged groups into the labour market and society, Final Report - Volume I - Key conclusions and lessons, February 2016

It is also worth noting that **the indicators developed by the Commission in its 2020 non-paper represented a significant step forward when compared with attempts to monitor (and subsequently, to evaluate) interventions aimed at dealing with previous crises.** For example, an evaluation of the reaction of the ESF to the economic and financial crisis of 2007-2009 concluded that there were very few evidence-based results available on the effectiveness of crisis-related interventions in the labour market.¹⁹² While the Commission and the Member States exchanged a wide range of information on the financial and economic crisis, and the measures that were taken in response to it, the failure to systematically gather data on what use was actually made of the ESF, and the resulting lack of consistent and comparable information, seems to have hampered subsequent attempts to evaluate the support provided.

Following their initial publication in May 2020, and their being made available in the SFC2014 database, the **use of the non-paper indicators rose steadily across the ESF OPs and the Member States.** While only 30 programmes (out of 188) and 11 Member States had adopted the non-paper's indicators by September 2020, by early 2021 this had risen to 91 programmes and 17 Member States. By September 2022, 25 Member States and the UK were making use of the indicators (all, including the UK, apart from Austria and the Netherlands) across 150 OPs i.e., 80% of all ESF-funded programmes. **This provides strong evidence, particularly in the context of the voluntary nature of the indicators, that the decision to introduce them has had a positive impact on the ability to measure the COVID-19 response.** In so doing, the use of the indicators enhances the ability to monitor and assess the implementation and effectiveness of the CRII and CRII+, as indicated by their use in preceding sections and elsewhere in this report.

Some Member States also chose to develop their own indicators to add value to their monitoring efforts by capturing data on anti-crisis operations beyond that monitored by the non-paper indicators. These national indicators were sometimes highly specialised or served as a subset of the non-paper indicators. For example, France introduced an indicator (CV35) to monitor the number of cloth masks manufactured. Greece added an indicator (CVR3) to monitor the number of beneficiaries retaining their job two months after the end of support, which is effectively a sub-indicator of CVR1 from the non-paper (measuring 'the number of participants maintaining their job six months after COVID-19). While the value of these indicators might be limited in terms of reporting at EU-level, they are likely to be useful in future national level evaluations of the coronavirus response.

As well as the level of use indicating the utility of the new coronavirus indicators, evidence from the surveys, interviews and case studies conducted further highlights this point. For example, the majority of respondents to the ESF MAs survey felt the indicators were relevant for monitoring anti-crisis operations (24 out of 51 to a great extent, 10 to a medium extent and 7 to some extent). Only one respondent felt they were not relevant. Likewise, the survey showed that MA stakeholders felt that the indicators facilitated proportionate monitoring, with 19 out of 51 respondents feeling that the indicators achieved this to a great extent, a further 12 to a medium extent and 8 to some extent. Likewise, the case studies conducted in Greece, Portugal and Latvia, in particular, highlighted that both MAs and implementing organisations found the indicators to be helpful and effective in monitoring the progress and scale of the support provided. However, it was also acknowledged that there was some burden associated with their use, with Polish case study interviewees at the operation implementation level noting this in the context of support already being challenging to deliver during the pandemic.

In addition, it is worth noting that **the overall positive reaction among Member States using the COVID specific indicators does suggest an improvement compared to the 2007-2013 programming period,** when it was noted that some indicators were not always

¹⁹² Metis and wiiw (2012). Final Report on the 'Evaluation of the reaction of the ESF to the economic and financial crisis', available at <https://ec.europa.eu/social/BlobServlet?docId=7671&langId=en>

well-defined or understood by Member States, leading to issues with double counting and misunderstandings over whether annual or cumulative values should be reported.¹⁹³ This change may, in part, reflect the fact that the Commission did not specify definitions for the COVID-19 indicators, instead allowing Member States to set their own national level definitions. This was done to encourage Member States to include the COVID-19 indicators in programmes as quickly as possible and the setting of definitions was known historically to be a time-consuming process.¹⁹⁴

While the overall picture is positive, there is some evidence to suggest that a few OPs introduced anti-crisis operations without also making amendments to adopt indicators that would enable these measures to be easily identified and monitored.

For example, the secondary research undertaken for this study suggests that at least eight OPs¹⁹⁵ (across six Member States and the UK) adjusted their existing measures or, in at least one case, introduced new ones, without making amendments to adopt COVID-19 related indicators.

In addition, a recent study on enhancing the use of programme-specific indicators (PSI)¹⁹⁶ identified some shortcomings with the use of the COVID-19 indicators. In particular, it found that national definitions for the non-paper indicators tend to be restricted to the name of the indicator. While this is not a problem for indicators covering very specific actions, it was found to be inadequate for indicators covering a wider spectrum of COVID-19 related actions given the variety of different activities they cover. The report thus recommended facilitating the correct use of COVID-19 indicators, and subsequent analysis of data, by encouraging MAs to provide a comprehensive definition for each of the COVID-19 indicators used in each programme.

Specifically in relation to FEAD, monitoring arrangements appear to have stayed essentially the same,¹⁹⁷ reflecting the fact that the nature of support provided through the Fund was similar to that in the pre-pandemic context with relatively limited operational changes. FEAD-funded programmes continued to monitor common indicators, although this is not included in the Cohesion Dashboard, which only covers ESIF funds. Evidence from the focus group with FEAD MAs supports the finding that few changes were made to monitoring and evaluation arrangements in response to the COVID-19 crisis. Three MA focus group participants (HR, LU, RO) confirmed that they did not change their indicators or add new ones, even as the scope of the programme's support expanded in the face of the crisis. Several representatives explained that, as the definition of those who could receive support was already broad, those in need of help due to the COVID-19 crisis could be supported and their participation and results monitored without changing the programme's indicators.

In terms of measures taken to evaluate the response to the COVID-19 crisis (i.e., beyond merely monitoring it), study evidence suggests that current arrangements in Member States appear to be limited. In some cases, stakeholders noted that the crisis context, and the need for quick actions to address rapidly shifting needs on the ground, has impacted on the scope of evaluation arrangements planned to date. This was also emphasised by stakeholders at the EU level. In this context, despite the positive role played by the COVID-19 specific indicators as highlighted, it may be that outcomes and impacts are difficult in future to disentangle and attribute. It was noted that this is likely to be a future

¹⁹³ EU Commission, ESF 2007-2013 Ex-post evaluation: Supporting the integration of disadvantaged groups into the labour market and society Final Report: Volume I - Key conclusions and lessons, 2016.

¹⁹⁴ European Court of Auditors, Adapting cohesion policy rules to respond to COVID-19. Special report 02.2023.

¹⁹⁵ These OPs are: 2014CZ05M9OP001; 2014GR16M2OP007; 2014UK05M9OP001; 2014PT05M9OP001; 2014IT05SFOP010; 2014FR05SFOP004; 2014IT05SFOP016; and 2014SE05M9OP001

¹⁹⁶ FGB, Applica/Alphametrics and Ockham IPS (2022). Study on the pathways to enhance the use of programme-specific indicators in the ESF and ESF+, available at

<https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8466&furtherPubs=yes>

¹⁹⁷ Other than seeking to capture the newly introduced possibility to use e-vouchers

challenge in light of the diversity of funding that was used across Member States to mitigate the effects of the pandemic, as well as to address the Ukrainian crisis.¹⁹⁸

Where evaluation arrangements have already been put in place, these are typically not focused solely on measures introduced by CRII/CRII+, reflecting the fact that Member States put in place various anti-crisis operations in which they relied on both EU and national emergency funds. For example, in France a new mission to control the quality of the management of the health crisis was created, which was tasked with producing interim and annual evaluations of the practical anti-crisis tools and crisis communication provided to implementing actors. **The extent to which any future evaluations of the ESF and FEAD at the national level are planned to focus specifically on CRII and CRII+ flexibilities, as well as the pandemic response overall, was unclear.** Most national level stakeholders engaged in the study either stated that no specific evaluation plans were yet in place, it was yet to be decided whether evaluations would be commissioned, and/or the extent of likely focus on CRII and CRII+ of future evaluations was unclear or undecided.

Finally, despite this finding, it is worth noting that **broader reviews of the COVID response are underway in several countries.** In Denmark, for example, a parliamentary committee on COVID-19 was set up, which initiated an independent investigation over the government's anti-crisis processes and structure during the handling of the pandemic. A similar public enquiry with a legal basis is planned in the United Kingdom. Other parallel research and evaluation activity is also planned or underway. For example, the *OECD's First lessons from government evaluations of COVID-19 responses* study provides an important account of the general crisis management approach of the analysed countries, which covers submissions by eight Member States plus the UK.¹⁹⁹

4.2. Efficiency of CRII and CRII+

Key findings

- Evidence shows that CRII and CRII+ facilitated an efficient process for using remaining funds to respond to the COVID-19 pandemic and the changed priorities that resulted.
- Key flexibilities helping to support this were: enabling crisis response expenditure under cohesion policy rules, provision of retroactive eligibility for expenditure, and simplified procedures for OP amendments.
- There was strong evidence that CRII and CRII+ enhanced efficiency through simplifying and accelerating processes around OP amendment and resource reallocation. In particular, the ability to reallocate funds in an efficient manner enabled Member States to address the pandemic's effects and maintain liquidity for broader expenditure.
- However, stakeholders also acknowledged that deploying the flexibilities in itself also created burden as the formal OP modifications still had to be processed and the staff had to familiarise themselves with the rules on how to use the flexibilities. This was a challenge in the early pandemic phase as all actors involved in funds implementation had to respond to the pandemic and develop/adapt operations rapidly.

¹⁹⁸ Stakeholder consultation, July 2022

¹⁹⁹ These being AT, BE, DK, FR, UK, IT, LT, NL, SE. Report available at: <https://www.oecd.org/coronavirus/policy-responses/first-lessons-from-government-evaluations-of-covid-19-responses-a-synthesis-483507d6/#component-d1e6394>

- There was very limited evidence of formal or even informal consideration/assessment of costs & benefits arising at the Member State level from CRII/CRII+ and their use in the ESF and FEAD contexts. There was, however, some anecdotal evidence that MA costs, in terms of familiarisation with flexibilities, implementation of new indicators etc., were outweighed by benefits in terms of time/resource costs compared to pre-pandemic programming.

Efficiency is examined in terms of the **extent to which the coronavirus response initiatives enabled an efficient process to use the remaining Funds in light of changing needs**, an integral aspect to the intervention logic in terms of ensuring that flexibilities facilitate a targeted response to the pandemic. Specifically, as presented in the intervention logic at Section 2.2, this was a key aspect of the CRII and CRII+, in respect of enabling transfers of funds, and unused resources, to address the immediate challenges caused by the pandemic. Reflecting this focus on immediacy, and the requirement for a rapid response, this section also examines the degree to which the reprogramming process was simplified and accelerated by the CRII and CRII+ in respect of the ESF and FEAD. The extent to which costs and benefits were identified for different stakeholders in the course of reprogramming is also considered, as well as any evidence that was available concerning the effects of the flexibilities on monetary and non-monetary costs and benefits.

4.2.1. Efficiency in using the remaining funds to reflect changing priorities due to COVID-19

The evidence collected confirms that the coronavirus response initiatives facilitated an efficient response to the challenges of COVID-19 through the use or reallocation of unspent funds, a key aspect of the intervention logic behind the initiatives as noted. The evidence also suggests that some simplifications and flexibilities appear to have been more instrumental in achieving efficiency than others. In particular, again referencing the intervention logic in terms of key 'inputs/activities', **the flexibilities to make coronavirus crisis expenditure eligible under cohesion policy rules, the opportunity to apply for retroactive eligibility for expenditure, and the simplification procedure for OP amendments were widely acknowledged as supporting efficiency** by interviewees, survey respondents and those engaged in the focus groups. Likewise, the case studies undertaken for the study confirmed that these flexibilities were widely used and that they supported an efficient response.

More specifically, **around two-thirds of the 51 respondents to the ESF MA survey noted that the aforementioned flexibilities under CRII and CRII+ enabled their institution to respond more efficiently** (process wise) to the COVID-19 pandemic to a great or medium extent. This provides evidence that the inputs/activities within the intervention logic successfully provided the basis for achievement of the expected results in terms of the development of new and adjusted operations to address the pandemic. Similarly, this link was confirmed in terms of positive views on other key inputs/activities and their role. This included making coronavirus crisis related expenditure eligible under cohesion policy rules (38 out of 51 respondents noting the positive effect of this to a great or medium extent), the equivalent for Article 25a (7) on retroactive eligibility being 35 out of 51 respondents, and for Article 25a (6) on simplified procedures for OP amendments 31 out of 51 respondents.

EU and national level interviewees likewise noted that the core flexibilities offered around the reprogramming process were key to efficiently responding to the pandemic, given that they enabled Member States to reallocate unspent funds to target the specific and immediate needs caused by COVID-19. This was seen as an essential part of the response, given that otherwise countries would have had money locked into other

operations that were no longer a priority, as well as being restricted in their ability to use key EU Funds as part of national responses to the pandemic (hence supporting the intended intervention logic impact of freeing up liquidity for the crisis response).

National interviewees were similarly positive about the level of efficiency with which funds could be reallocated. For example, interviewees from Bulgaria, Lithuania and Slovenia described how CRII and CRII+ enabled the rapid re-direction of unspent resources to meet immediate needs at national and regional levels, while a representative of the Greek MA highlighted the ease with which their immediate national responses to COVID were later funded by ESF through the use of retroactive eligibility. **This was seen as enabling ongoing support to address the pandemic's effects, as well as supporting maintenance of liquidity for broader expenditure as per the intervention logic for the initiatives (see Section 2.2).**

As noted, the case studies also highlighted in detail that **the response initiatives enabled ESF and/or FEAD to quickly fund actions to support target groups on the ground through the use of retroactive eligibility and the reallocation of funds.** In particular, the case studies in Greece and Poland highlighted how the need to respond immediately was enabled by the knowledge that retroactive eligibility could be applied. In the Polish context, this was seen as vital given the extensive and immediate needs of the target group supported by the operation examined, namely homeless people who faced a sudden lack of access and support as a result of coronavirus control measures, including lockdown and related aspects. Similarly, ESF focus group participants from Belgium (Flanders) and Hungary accredited their fast response to the pandemic to the fact that use of funding did require prior approval by the Commission before operations were launched or amended. This was noted as eliminating the usual time-consuming approval process and as central to efficiently enabling the immediately required response.

While the above picture of the initiatives enabling a rapid and efficient response through the flexibilities offered is positive, it should also be acknowledged that, in the case studies, focus groups and interviews **a theme did emerge concerning additional pressures caused by the extra administrative requirements resulting from the flexibilities.** This was cited as being challenging in the context of the additional pressures for MA staff and partners caused by the pandemic itself, particularly in its early phase that coincided with the introduction of CRII and CRII+. At the same time as recognising the relative efficiency with which the flexibilities could be operationalised, and the efforts to support a rapid response from the Commission, stakeholders did emphasise in several contexts how challenges also emerged stemming from the requirements to request amendments, national administrative requirements linked to them, and so on. These themes are further explored below.

While the flexibilities enabled by the CRII and CRII+ can certainly be judged as having efficiently enabled the re-focusing of spend to respond to the challenges of the pandemic, accepting some challenges this brought, as noted some flexibilities were seen as less crucial to this though likewise still helpful in some contexts. Survey evidence suggests that this was typically due to the lack of need to use additional flexibilities, such as waivers and simplification measures on reporting and audit requirements. In most cases, for example, in respect of the ESF only needing to provide payment applications at aggregate level for operations less than EUR 1 million, use of non-statistical sampling methods for auditing, and the waiver of submitting evidence where financial instruments provide working capital to SMEs, survey respondents, as well as study interviewees at the national level, reported that these were either not applicable or they were unsure whether they were being used/had supported efficiency. It is likely that this relates to such flexibilities, and the efficiencies they supported, only being applicable in a limited number of contexts, rather than their not being supportive of efficiency per se (i.e. if Member States had particularly needed to support their response through the measures noted above).

Perhaps due to the widespread recognition of how the coronavirus response measures supported an efficient reaction to the pandemic, in respect of the flexibilities offered, few suggestions on how to improve efficiency were advanced by stakeholders. Two EU level interviewees representing employers noted that feedback from their members highlighted that the guidance accompanying the CRII and CRII+ flexibilities could have been clearer, especially in terms of how funding could be reallocated and the application procedure to re-program funds. This perceived lack of clarity was reported as leading to time and resources being spent in fielding questions from members, lessening efficiency to some extent.

Similarly, **the Luxembourg case study highlighted some confusion over which response measures were eligible to be financed by FEAD.** This led to national funding being used to ensure the safety of FEAD recipients, distribution centre volunteers, and staff, through providing face masks to distribute to FEAD recipients and hand sanitizer stations. Having various funds that could be used to support covid measures (e.g. ESF and FEAD under CRII, SURE, REACT-EU) was likewise noted as a cause of confusion among some Member State interviewees and representatives of EU level organisations. Interviewees from Greece also noted that adding some additional flexibility to public procurement rules may have further increased efficiency, or could do so in future. **Generally, however, issues such as these were not seen as significantly affecting the widespread view of CRII and CRII+ efficiency in the context of the pandemic response.**

4.2.2. Simplification and acceleration facilitated by the response initiatives

Efficiency was also specifically examined in terms of how, and the extent to which, CRII and CRII+ simplified and accelerated the reprogramming process, including the degree to which Member States integrated efficiency considerations into this process. As elements of the above discussion indicate, **stakeholder feedback on the extent to which the reprogramming process was simplified and accelerated as a result of the CRII and CRII+ was typically positive.** For example, over eight in ten of respondents to the ESF MA survey (42 out of 51) noted that their institution was able to respond more quickly to needs on the ground as a result of the flexibilities provided to a great or medium extent. Nearly seven in ten (35 out of 51) noted that they were able to streamline operations to address the COVID-19 crisis to a great or medium extent, while over half (28 out of 51) noted they were able to simplify the reprogramming process relative to previous/standard ESF implementation to a great or medium extent, and to support different stakeholders more efficiently to a great or medium extent (30 out of 51).

Feedback from open-response questions within the ESF MA survey indicated that the implementation time of new public policy instruments was substantially reduced in Portugal. Similarly, a respondent from Poland noted time savings related to the simplification of procedures and shorter processing times as a result of using informal approvals. However, **survey respondents and interviewees were typically unable to quantify the scale of resource savings;** in the vast majority of cases where interviewees and respondents commented on this, as discussed further below, this was related to the fact that no formal assessment of costs and benefits, and little consideration of this in general, had been undertaken. Stakeholders were therefore often unsure of the balance between the efficiencies generated through the flexibilities and the costs related to, for example, new or additional guidance needing to be processed.

Accepting the above limitation, there was a general perception that CRII and CRII+ flexibilities had definitely reduced resource requirements and administrative burden where stakeholders felt able to comment on this. For example, stakeholders in Hungary and Lithuania noted that the simplified approval procedure reduced their administrative burden, and hence contributed to amendments to operations being processed and actioned more simply and quickly. In turn this was seen as important in helping to confirm and free

up pandemic response spending in a rapid, efficient, way. In addition, a UK stakeholder noted that modifications were considered and agreed promptly and positively by the Commission, with the process being relatively straightforward due to the simplifications and flexibilities enabled. In this context, this was reported to have supported efficiency through enabling early discussions with healthcare organisations about the support needed, informed by what could be available to the sector, which in turn supported key aspects of the pandemic response through health focused measures. Most EU level interviewees also agreed that the reprogramming processes enabled Member States to access funding more quickly as a result of simplified procedures, although interviewees did not feel able to comment on the details of simplification.

In terms of the speed at which amendments were accepted, evidence from the desk research shows that nearly three quarters (72%) of amendments were accepted within one month, with a further 19% accepted between one to two months, and 9% accepted after two months. When compared to the pre-pandemic context, this supports the positive assessment of the efficiency and rapidity enabled through the CRII and CRII+. Before the pandemic, the Commission had often not approved amendments within the three-month deadline prescribed by the CPR, and was just starting to average three-months by the start of 2020.²⁰⁰ Again, this increase in the speed at which amendments under CRII were accepted suggests an efficient process in terms of the role of the Commission in supporting a rapid response.

Evidence drawn from the primary research also indicates that changes were typically accepted and subsequently instituted quickly. For example, just over half of respondents to the ESF MA survey (28 out of 51) reported that changes in ESF funding resulting from CRII and CRII+ flexibilities were instituted within two months; ten reported that this had been done so within four weeks. Meanwhile, approximately two fifths (21 out of 51) reported it took over two months to institute changes (the remaining 2 respondents were unsure of the time taken). By way of comparison, a national interviewee from Slovenia estimated that without the accelerated reprogramming process, it may have taken an additional couple of months to get amendments approved. Likewise, in the context of the case study undertaken in Greece, it was estimated that in the absence of the flexibilities, reinforcing the capacity of health institutions with additional staff would have taken up to 6 months longer. Similarly, the Swedish case study indicated that as, a result of the CRII and CRII+ simplifications and flexibilities, ESF funds were available seven to eight weeks earlier than experienced under regular conditions.

Such evidence provides a strong illustration of how **the rapidity of the programming response facilitated through the CRII was often translated into practical implementation on the ground, to mitigate the effects of the pandemic, much more quickly than would have been the case without the response initiatives.** Likewise, when comparing the response to how rapidly ESF could be deployed to address the effects of the 2008-2009 economic crisis, evidence indicates a reduction in the time taken to respond and the efficiency with which Member States were able to do so. For example, focus group participants noted that **the COVID-19 flexibilities and simplifications were in place far more quickly than tools introduced to respond to the economic crisis,** and that they were able to access funding to support the response far more easily during the COVID-19 pandemic. Interestingly, evidence from the Latvian case study indicated that this was in part influenced by national actions, with the Latvian Government choosing to focus on reducing public debt in the aftermath of the financial crisis of 2007, hence delaying the availability of ESF funds for various sectors.

²⁰⁰ European Court of Auditors, Adapting cohesion policy rules to respond to COVID-19. Special report 02.2023.

4.2.3. Extent of identification of monetary and nonmonetary costs and benefits in respect of CRII/CRII+

As indicated in preceeding sections, **there was very limited evidence of additional monetary costs and benefits arising as a result of flexibilities under CRII and CRII+ being considered at the Member State level, when compared to previous or typical ESF and FEAD implementation.** Stakeholders reported that their institutions had not carried out any formal assessment of the associated costs and benefits to date and were not aware of any formal, national level assessments in this area. Likewise, there was no indication of concrete plans to do so in the future. Where they commented on reasons for this, stakeholders typically noted that this was due to the focus to date being on responding to, and recovering from, the pandemic, rather than evaluating of the process of responding to the crisis.

However, despite this lack of formal assessment, **there are some provisional and anecdotal indications of the effects of the flexibilities on monetary and non-monetary costs, though these should be treated with caution due to the lack of formal assessment noted.** For example, approximately four in ten respondents to the ESF MA survey noted that they were able to reduce monetary costs to at least some extent as a result of the flexibilities (3 to a great extent, 6 to a medium extent, 6 to some extent, and 5 to very little extent). Similarly, in respect of non-monetary costs, 1 respondent cited that these had reduced to a great extent, 5 to a medium extent, 6 to some extent, and 8 to very little extent. In each case, just under half of respondents (23 and 25 respectively) were unsure if they had been able to reduce their monetary or non-monetary costs, again indicating a lack of formal or even informal consideration of, or evidence on, this.

Likewise, the ESF focus group held for the study offered some indicative evidence on the resource effects of the response initiatives. For example, participants from Hungary and Portugal acknowledged additional costs in the form of staff doing a significant amount of overtime to implement and monitor new projects and procedures. However, while such costs were associated with projects enabled through the CRII and CRII+ simplifications and flexibilities, it was also noted that they arose more as a result of the operations put in place to respond to COVID-19 themselves, rather than costs that could be directly linked to CRII and CRII+. Similarly, participants did not feel able to quantify such costs for the reasons already outlined.

Interestingly, in the case of FEAD, some of the evidence available was more clear cut in terms of a perceived positive impact in reducing monetary, though not necessarily non-monetary, costs. However, the available evidence was still very limited and subject to the caveats noted above; in addition, the small numbers involved in the FEAD MA survey from which this evidence is drawn means that it should be treated with caution. Out of the 10 respondents to the FEAD MA survey, 6 noted that they were able to reduce monetary costs to a great (3 out of 10) or to some extent (3 out of 10), while 3 noted that they were not able to reduce monetary costs (the remaining 1 respondent was unsure). In terms of non-monetary costs, 4 out of 10 respondents reported that they had been able to reduce costs to a medium extent (1 out of 10), to some extent (2 out of 10), or to a very little extent (1 out of 10), while 4 reported these had not reduced at all. The remaining 2 respondents were unsure). FEAD focus group participants, meanwhile, noted that the administrative burden increased during the pandemic, though it was noted that this arose as a result of responding to COVID-19, rather than any additional burden from CRII/CRII+.

For respondents to both the ESF and FEAD surveys who noted that monetary or non-monetary savings had been made, reasons given centred around simplification of the OP requirements leading to time savings, and the 100% co-financing flexibility reducing costs for national budgets across both ESF and FEAD. However, only one respondent, from Lithuania, felt able to provide an estimate of the monetary saving resulting from flexibilities related to FEAD, equating to EUR 350.000 over 2020-2021. It should be noted that a

breakdown on the savings was not provided, nor the basis for this assessment. Again this can only be treated as indicative and anecdotal therefore.

4.3. Coherence of CRII and CRII+

Key findings

- Alongside some new operations introduced in the pandemic due to crisis circumstances, the majority of ESF and FEAD ongoing operations were adjusted to the circumstances imposed by the coronavirus pandemic. The key changes in the use of ESF under CRII and CRII+ included: the broadening of target groups to the general population rather than the targeting of specific groups; the prioritisation of actions focusing on health and healthcare; and an increased focus on passive support measures (mostly STWSs). The main changes in the use of FEAD during the pandemic were made to the process of reaching the end recipients (e.g., the introduction of e-vouchers or the use of other similar digital means to facilitate the distribution and pick-up of food and other material assistance products) and to the implementing organisations' operational processes.
- Evidence indicates that the ESF and FEAD operations enabled by the coronavirus response initiatives in the employment, healthcare, social inclusion and education/ training areas are largely coherent with: mainstream ESF and FEAD operations implemented during the 2014-2020 period; measures implemented under other EU funding instruments during the pandemic (e.g. ERDF, SURE); measures funded by national and/or regional budgets; and with longer term plans to use ESF and FEAD under ESF+ and REACT-EU.
 - Through CRII and CRII+, synergies between ESF and ERDF programmes were ensured through financial reallocation mechanisms. 16 of the Member States that used SURE also planned to use ESF to support STWS under the CRII/ CRII+ flexibilities, given the high needs to support jobs, employees, the self-employed and businesses in the pandemic.
 - Coherence with REACT-EU and ESF+ is evidenced by the complementary increase in the funding of TO9 social inclusion and TO8 employment, and by the plans to continue actions that were implemented through CRII or CRII+ to ensure sustainability and post-pandemic recovery.
 - Coherence between CRII and CRII+ operations and measures funded by national and/or regional funds is evidenced through the implementation of complementary measures such as STWS and other similar measures that expanded employment support to non-standard employees during the pandemic; social assistance measures that increased protection for people with limited or no links to the labour market (i.e. children, students, social assistance beneficiaries); and the provision of income support for the self-employed. These measures, alongside those supported by CRII and CRII+, were part of strategies to stimulate the economy and support employers and workers during the COVID-19 pandemic.

ESF and FEAD operations implemented under CRII and CRII+ are in line with actions supported by the two funds before the pandemic. They are also aligned with actions under other EU instruments (e.g. SURE, ERDF) and the longer term plans to use ESF and FEAD under ESF+ and REACT-EU. ESF and FEAD CRII/ CRII+ operations have also complemented the broader crisis response at the national and regional levels across the Member States (for instance by extending coverage to additional groups of individuals and entities). The high number and variety of EU instruments and mechanisms that were launched in a short time-span during the pandemic was a factor that somewhat hindered coherence; this situation required additional time at the level of the national/ regional administrations, for instance to determine the most appropriate instrument or mechanism to use. Notwithstanding this issue, there was wide agreement across consulted stakeholders that these mechanisms supported crisis response in the Member States in a coherent manner and in different ways, at critical times, in the evolution of the pandemic.

4.3.1. Coherence of the operations supported following CRII and CRII+ adoption with other operations implemented by ESF and FEAD in the 2014-2020 programming period

Overall, there is a good level of coherence between anti-crisis operations supported following CRII and CRII+ adoption and pre-existing ESF and FEAD operations. ESF anti-crisis operations also show a high degree of **coherence between thematic objectives**, creating synergies in meeting overall objectives of supporting the wide-range of needs emerging from or amplified by the COVID-19 crisis across employment, social inclusion, healthcare and education/ training areas.

The evidence indicates that the objectives and target groups of **ESF** and **FEAD** operations, respectively, before and during the pandemic are largely aligned, with some notable differences which are discussed in this section.

Key changes in the use of ESF under CRII and CRII+ relative to pre-pandemic times

The **key changes in the use of ESF** include: the broadening of target groups to the general population rather than targeting specific groups; the prioritisation of actions focusing on health and healthcare; and an increased focus on passive support measures (mostly STWSs). An overview of the different types of anti-crisis operations is included in Section 3 of this report. **The coherence of ESF operations before and during the coronavirus crisis was maintained at the level of their objectives.** The temporary changes to the areas of ESF operations' focus during the pandemic were necessary to ensure the same objectives were pursued.

Traditionally, **ESF** supports a number of actions in the areas of employment, social inclusion and education and training, many of which remained relevant in responding to COVID-19, albeit with a **slightly adjusted or sharpened focus**. The anti-crisis operations identified through this study have commonly been implemented as part of **existing ESF measures** (while being **adjusted** for the purposes of crisis reaction) under TO8, TO9 and TO10. They are in line with the objectives of the Fund and the national and regional OPs, as well as the needs emerging on the ground (see Section 4.5 on relevance for more details).

- In the **employment** area, the anti-crisis operations that were planned focused in particular on protecting jobs (including STWS) in the context of the threat posed by the pandemic and its effects on economic activity, and on supporting employers and the self-employed as well as workers to adapt to the changes imposed by the pandemic (with a much lower number focusing on NEET young people). Before the pandemic, ESF operations focused on providing support for entrepreneurs, facilitating access to employment (e.g., through guidance and support measures

linked to employment and mobility, adaptability to the labour market, financial incentives, and education/training for strengthening employability). These operations often combined multiple categories of activities, representing the largest share of the eligible costs overall.²⁰¹

- **Social inclusion CRII/ CRII+** operations aimed at ensuring access to services and providing direct targeted support to vulnerable groups (e.g., people experiencing homelessness or those with disabilities), specifically in the pandemic context and with a focus on ensuring continued access and support in the new, more challenging, circumstances. Before the pandemic under TO9, ESF actions most commonly focused on fostering employment for vulnerable groups, enabling access to services, and supporting social entrepreneurship, and to a lesser degree on enhancing basic skills and supporting basic school education.²⁰²
- **Health operations** during the COVID-19 pandemic focused on actions that supported the continued functioning of healthcare systems and medical staff and auxiliary personnel in health establishments, and staff providing front-line services in other institutions. Most actions aimed to enable the purchase of protective equipment to prevent infection with COVID-19; reinforce the capacity of workers to respond to the health crisis and provide adequate and quality care for patients, containing the spread of the virus; cover the costs related to hiring additional personnel during the pandemic; support the enforcement of social distancing rules; strengthen occupational health and safety measures; and also improve information about, access to and the provision of health services to people affected by poverty and other vulnerable groups. Before the pandemic, ESF health investment during the 2014 – 2020 programming period was aimed at supporting access to affordable, sustainable and high-quality healthcare, in particular for vulnerable groups; improving health and safety at work; promoting healthy lifestyles and tackling health risk factors; and supporting the transition from institutional care to community-based care services.²⁰³
- **Education and training measures** planned during the coronavirus pandemic focused on ensuring the continuity of education and training, for instance through supporting the development and/or implementation of distance-learning services, direct financial support in the form of purchasing equipment or other capital investment, as well as supporting students and their families to navigate the COVID-19 crisis. In some cases, support was specifically targeted at disadvantaged students. Before the pandemic under TO10, ESF operations were directed mostly to supporting vocational and general upper-secondary and post-secondary education/ training, job-related education/ training and tertiary education (and to a lesser extent to non-job related education/ training, primary education and pre-primary education).²⁰⁴

ESF target groups under CRII and CRII+

As indicated in **Section 3, ESF anti-crisis operations have commonly targeted broad groups in the population**, due to the wide-reaching effects of the pandemic, rather than focusing on particular groups. Due to the COVID-19 crisis, measures to support employers

²⁰¹ European Commission (2020). Study for the evaluation of ESF support to employment and labour Mobility (TO8), p.51. Available at: <https://ec.europa.eu/social/BlobServlet?docId=22899&langId=en>.

²⁰² European Commission (2020). Study supporting the 2020 evaluation of promoting social inclusion, combatting poverty and any discrimination by the European Social Fund (TO9), p.51. Available at: <https://ec.europa.eu/social/BlobServlet?docId=22979&langId=en>

²⁰³ <https://cohesiondata.ec.europa.eu/stories/s/qyuv-h9j2>

²⁰⁴ European Commission (2020). Study for the evaluation of ESF support to education and training (TO10), Annex 1.1 - Mapping of ESF interventions under TO10. Available at: <https://op.europa.eu/en/publication-detail/-/publication/d0c1a558-077d-11eb-a511-01aa75ed71a1/language-en>

in maintaining jobs at risk, including part-time or full-time subsidies and similar measures, gave more emphasis to companies as a target group in some countries, as well as to employed individuals (through the support given through STWS). Prior to the pandemic, the most common target group in TO9 operations, for instance, were the long-term unemployed and people with disabilities, but also people with a migrant background, Roma and other ethnic minorities, and a broad group of people in vulnerable situations.²⁰⁵ This constitutes a notable change in the focus of anti-crisis operations, as the focus on unemployed individuals decreased at EU level relative to support for those in employment. This is a reflection of the emerging needs on the ground, which pulled unspent resources towards other groups whose socio-economic situation had worsened due to the crisis. Further analysis of these changes is included in **Section 4.5** on relevance (showing changes in ESF participations before and during the pandemic).

Key areas of ESF focus under CRII and CRII+

New types of operations were also enabled under ESF by CRII and CRII+ (summarised below). Even in these cases, however, the operations and their objectives tend to align closely with the broad pre-existing focus and purpose of the ESF; however, they tend to have a heightened focus on the particular needs that emerged or were amplified as a result of the pandemic. ESF support under CRII and CRII+ was focused on healthcare operations and passive support measures (i.e., STWSs) to a larger extent than before the pandemic, due to the large and urgent needs on the ground. These new operations had broadly the same objectives as the operations implemented before, including supporting jobs and labour mobility, the adaptation of workers, enterprises and entrepreneurs; increasing access to services; protecting health and the resilience of healthcare systems; and the social inclusion of vulnerable groups.

- **Support for health and the healthcare system was a key priority area during the pandemic** (while otherwise generally not a central priority under the ESF). Given the prominence of this dimension in the pandemic, CRII and CRII+ enabled the financing of **medical equipment, testing facilities, additional wage support to healthcare staff, and care support to vulnerable groups**.²⁰⁶ Actions to support healthcare staff in care facilities were identified in several countries (in particular in PL, but also in IT, LV, PT, FR, and the UK). While these actions were necessary given the emergency situation caused by the pandemic, and the need to support healthcare systems given their vital role in managing the pandemic in all Member States, there are open questions about the degree to which some of the new health operations which are not normally supported through the ESF (e.g., those providing temporary support to staff in care institutions) could impact on the longer term objectives of the fund, which promotes deinstitutionalisation.
- In some countries, in the **employment** area, **STWS** were also introduced as new ESF operations (e.g., in BG, CY, some regions in IT, LU, MT, PT, SK), while in other countries they were implemented through the structures of pre-existing measures (e.g., ES, HU, some regions in IT, PL). Operations that provided support to employers to adapt to change were also introduced during the pandemic for the first time in some countries (e.g., in DK, FR, PT). They provide training to managers to manage the operational changes needed in workplaces due to COVID-19 and/or assist managers in implementing adjusted health and safety measures or the implementation of telework arrangements. STWSs supported by ESF tended to include passive (and in a few cases active) measures and aimed to foster the competitiveness and long-term sustainability of SMEs in particular, through

²⁰⁵ European Commission (2020). Study supporting the 2020 evaluation of promoting social inclusion, combatting poverty and any discrimination by the European Social Fund (TO9), p.48. Available at <https://ec.europa.eu/social/BlobServlet?docId=22979&langId=en>

²⁰⁶ Cohesion Data (n.d.). Cohesion policy improving health services and access in the regions. Available at: <https://cohesiondata.ec.europa.eu/stories/s/In-profile-cohesion-policy-improving-health-service/qyuv-h9j2/>.

promoting the adaptability of enterprises, managers and workers. In Poland, for example, under the regional OP of the Małopolskie Voivodeship (Priority Axis 8 – labour market), two complementary measures were introduced: an adjusted operation aimed at co-financing employees' salaries and social security contributions (targeting employees of micro enterprises, SMEs and NGOs)²⁰⁷; and a new operation to support competences and / or qualifications of staff in the SME sector as part of a new development service.

- New **social inclusion** operations included: public communication about the pandemic (e.g., in FR); the provision of vouchers for childcare services or access to services for people with disabilities or other vulnerable individuals (e.g., in FR, IT, RO); support for social workers and community nurses involved in supporting elderly people in solitary confinement (e.g., in RO); and support for digitally marginalised people to have access to online services and information (e.g. in the UK).
- New operations were also planned under CRII/ CRII+ in the **education/ training** area. These operations prioritised the provision of training/reskilling opportunities for workers in sectors affected by the pandemic (e.g., in SE); support for education and training institutions to provide distance education and training at all levels (e.g., in IT); training on digital skills for teachers and students and the diversification of pedagogical methodologies and technological instruments (e.g., in PT, IT); support services, during distance learning, for parents of children in vulnerable families and with special educational needs (e.g., in IT); purchase or rental of necessary equipment, expenses for broadband internet connection, and the purchase of multimedia educational packages for students with particular disabilities or learning difficulties (e.g., in IT).

Key changes in the use of FEAD under CRII and CRII+ relative to pre-pandemic times

Anti-crisis operations implemented under CRII and CRII+ through **FEAD** were largely **coherent with other FEAD operations programmed before the crisis in terms of their objectives, types of operations and target groups**. Information from stakeholder consultations confirmed that consultations between the national authorities and the European Commission took place to ensure the complementarities and synergies with the existing FEAD operations (as well as with other operations funded through REACT-EU).

FEAD supports the provision of food and/or basic material assistance and aims to combat social exclusion.²⁰⁸ FEAD operations under the coronavirus response initiatives supported the **collection, transport, storage and distribution of food and material assistance** in 15 Member States (AT, BE, BG, CZ, ES, FR, HR, HU, IT, LU, LT, NL, PL, PT, SK). Partner organisations in the Member States also provided **social inclusion activities** to FEAD recipients through the accompanying measures funded by FEAD. In the context of COVID-19, such measures have even further increased their relevance, with the reprogramming under CRII and CRII+ reflecting this.

FEAD operations were adjusted to respond to the circumstances imposed by the coronavirus pandemic and the ensuing lockdowns and social distancing rules. The **main changes** were made to the **process of reaching the end recipients** (e.g., the introduction of e-vouchers or the use of other similar digital means to facilitate the distribution and pick-

²⁰⁷ According to information received during stakeholder consultations conducted for this study, the operation targeted originally people aged 30 and more, unemployed, registered with the poviator labor office, belonging to at least one of the following groups: a) people over 50, b) long-term unemployed, c) people with disabilities, d) people with low qualifications, e) women, f) unemployed men aged 30-49 (not belonging to the above-mentioned groups whose situation on the labour market is the most difficult), assuming that this target group cannot constitute more than 20% the total number of unemployed covered by support under the project.

²⁰⁸ EUR-Lex (n.d.). Regulation (EU) No 223/2014 of the European Parliament and of the Council of 11 March 2014 on the Fund for European Aid to the Most Deprived. Available at : <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32014R0223>

up of food and other material assistance products) and to **the operational processes** of the implementing organisations.

FEAD target groups and key areas of FEAD focus under CRII and CRII+

Member States focused on **adjusting their existing FEAD operations** of food and material assistance distribution or accompanying measures, which at times involved **new target groups**, such as the FEAD partner organisations (supported through technical assistance projects). In **Portugal**, for instance, food assistance has been adapted through the use of electronic cards distributed by partner organisations to those in need. In **Croatia**, consulted stakeholders indicated that the OP was already flexible enough to enable the programming of anti-crisis operations, but the flexibilities enabled by the coronavirus response initiatives further supported quick actions. Hygiene products were distributed through FEAD under CRII/ CRII+ as well as under REACT-EU, indicating the complementarity of actions. In **Lithuania**, the Managing Authority supported partner organisations with packaging and protective equipment to ensure deliveries. Additional funding was allocated to buy bags and protective equipment (e.g., masks, gloves, disinfectant, face shields) for FEAD partner organisations. Packaging food and hygiene items in bags eased their distribution and minimised physical contact between volunteers and FEAD recipients. Due to protective equipment, volunteers were better equipped and were able to follow the quarantine rules imposed by the emergency situation in Lithuania. This example illustrates how pre-existing measures have been adjusted to the crisis context, expanding their scope or adjusting their delivery channels, while maintaining their original purpose (the provision of food and/or basic material assistance).

As discussed in **Section 3, FEAD anti-crisis operations also expanded the scope of the support previously provided** (e.g. through accompanying measures). In **Luxembourg**, the FEAD operation “aide alimentaire et/ou assistance matérielle de base” (food and basic material assistance provision) began in 2014 and ends in 2023. It ensures the purchasing and distribution of FEAD products to vulnerable people through social groceries (épiceries sociales). During the pandemic, the operation was adjusted, and included the distribution of face masks, and technical assistance was used to create an e-platform for people to pre-order their products and select a time slot in which to pick them up (thus limiting social contact in the groceries). This example illustrates the ways in which FEAD operations continued to be aligned with the pre-pandemic objectives while responding to new needs. In the **Netherlands**, the social inclusion measures were extended to minimise the isolation of the elderly. The project ‘The ‘Living & Learning – Elderly in the Neighbourhood’ has been adjusted to support elderly in acquiring a ‘Corona ticket’ for social interaction.

The complementarity of ESF and FEAD anti-crisis operations

There are also indications that **ESF and FEAD operations under the coronavirus response initiatives were also complementary with each other**, although some stakeholders consulted encouraged further synergies between social inclusions actions under ESF and FEAD in the future. In **Poland**, for example, the government implemented necessary support during the pandemic to those in need by changing the FEAD rules for buying, providing and distributing food to the needy. Thanks to this the support could continue to be offered to homeless people, who were also the group targeted through ESF operations under CRII/ CRII+ (e.g. the operation selected as a case study for this evaluation and implemented in Warsaw, Wrocław, Gdańsk, Gliwice, and Jelenia Góra – ‘Street work academy’). Some consulted stakeholders indicated that **further synergies** between ESF and FEAD could have been ensured more systematically across countries through social inclusion measures for the materially deprived, for example including FEAD target groups in ESF social inclusion measures.

4.3.2. The alignment of CRII and CRII+ ESF and FEAD operations with actions under other EU instruments

ESF and FEAD operations under CRII and CRII+ have overall a good degree of coherence with measures taken under related EU funding instruments and initiatives.

To ensure a swift COVID-19 response, financial resources were quickly mobilised to support Member States. EU Cohesion policy funds were a key crisis response tool. Alongside CRII and CRII+ being adopted in spring 2020, other funding mechanisms were launched in the following months.

- In May 2020, the Commission proposed the **NextGenerationEU** as a comprehensive recovery plan to allocate 750 EUR billion to help Member States reconstruct their economies and work towards building a greener, digital and more resilient Europe.
- In May 2021, the **EU Solidarity Fund (EUSF)** was mobilised to provide more than 500 million EUR financial support to support populations affected by COVID-19 including ‘Special assistance to the public, especially to vulnerable groups (the elderly, people with health problems, pregnant women, single working parents, etc.)’.²⁰⁹ During 2020-2021, more than 385.5 million has been used in 17 Member States to combat COVID-19.²¹⁰ The fund has been used to purchase medical and protective equipment, to support prevention measures and safeguard public health.²¹¹
- Some EU funding mechanisms and programmes have been amended or created anew to combat consequences of the pandemic and further complemented the actions conducted through ESF and FEAD. Those relevant to the employment, healthcare, education and training and social inclusion areas in the scope of this study include, among others, the **European Regional Development Fund (ERDF)** and the **temporary Support to mitigate Unemployment Risks in an Emergency (SURE)**.

ERDF is complementary to ESF support in several areas, including investments in social, health, research, innovation, business and educational infrastructure.²¹² ERDF enabled CRII and CRII+ flexibilities to ensure synergies with ESF programmes through financial reallocation mechanisms.²¹³ Unused funds were moved from the ESF to the ERDF (in many cases of regional OPs) to further support COVID-19 measures in less developed and transitional regions.²¹⁴ Equally, unspent funds from ERDF were reallocated to the ESF and were programmed to support employment policy operations, followed by education and

²⁰⁹ European Commission (n.d.). COVID-19 - EU Solidarity Fund. Available at https://ec.europa.eu/regional_policy/en/funding/solidarity-fund/covid-19

²¹⁰ 17 Member States and 3 candidate countries requested the EUSF support: Austria, Belgium, Croatia, Czechia, Estonia, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Portugal, Romania and Spain; Albania, Montenegro and Serbia. See: https://ec.europa.eu/regional_policy/en/newsroom/news/2022/01/19-01-2022-eu-cohesion-policy-almost-eur385-5-million-from-the-eu-solidarity-fund-to-19-countries-to-tackle-the-coronavirus-health-emergency

²¹¹ European Commission (2022). EU Cohesion policy: Almost €385.5 million from the EU Solidarity Fund to 19 countries to tackle the coronavirus health emergency. Available at: https://ec.europa.eu/regional_policy/en/newsroom/news/2022/01/19-01-2022-eu-cohesion-policy-almost-eur385-5-million-from-the-eu-solidarity-fund-to-19-countries-to-tackle-the-coronavirus-health-emergency

²¹² EUR-Lex (n.d.). REGULATION (EU) No 1301/2013 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 17 December 2013 on the European Regional Development Fund and on specific provisions concerning the Investment for growth and jobs goal and repealing Regulation (EC) No 1080/2006. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013R1301&from=en>

²¹³ European Parliament (2020). REACT-EU: additional support of €47.5 billion agreed to address impact of COVID-19. Available at: <https://www.europarl.europa.eu/news/en/press-room/20201113IPR91597/react-eu-additional-support-of-EU47-5-bn-agreed-to-address-impact-of-covid-19>

²¹⁴ Cohesion data dashboard (n.d.). Available at: <https://cohesiondata.ec.europa.eu/>.

training, and social inclusion operations.²¹⁵ For instance, in **Germany** (Brandenburg), EUR 19 million were shifted from ERDF to ESF (TO 9) to support the procurement of personal protective equipment and the employability of disadvantaged groups. In 2021-2027, further actions as part of the **REACT-EU** funding will support investments in product and services for health services or in social infrastructure and investments to support SMEs.

SURE has distributed more than 91.8 billion EUR to help support approximately 31 million people and 2.5 million firms in 2020 in 19 Member States.²¹⁶ All countries that asked for a SURE loan were fully or partially granted the loan. The SURE Regulation was adopted by the Council on 19 May 2020. The support continued in 2021 in 13 Member States and was then phased out in 2022.²¹⁷ It was designed to 'support short-time work schemes and similar measures, to help Member States protect jobs and thus employees and self-employed against the risk of unemployment and loss of income'.²¹⁸ A few Member States used national funds to supplement SURE financing on eligible measures, indicating the relevance of the measures.²¹⁹

Half of the financial support under SURE was allocated to STWS in the Member States; one third was allocated to similar measures targeting the self-employed; and the remainder to wage subsidy measures and health-related measures (to support the safe resumption of work activities).²²⁰ Countries such as Belgium, Spain, Italy and Ireland used existing funding schemes to increase additional funding through SURE.²²¹ **16 of the Member States that used SURE also planned to use ESF to support STWS under the CRII/ CRII+ flexibilities** (BG, CY, CZ, DE, ES, GR, HU, IT, LT, LU, LV, MT, PL, PT, SI, SK).²²² ESF provided support to STWS mostly for passive measures (wage subsidies to avoid job loss and support self-employed people), but in a few cases also included active measures (e.g., operations in Germany – Bavaria included professional training in areas such as digitisation to support the professional adaptation of the workforce to the requirements of the labor market).

Most countries combined different funding streams. The sectors most supported by SURE loans were accommodation and food services, wholesale and retail trade, and manufacturing. There are indications that the STWS implemented with ESF support under CRII/ CRII+ are targeted at a wide range of sectors, without a particular focus. There is insufficient information available in the SFC2014 database for further analysis about whether the SURE and ESF support have overlapped or targeted different sectors.

The use of ESF funding in combination with SURE funding in respect of STWS suggests that the funds were complementary and enabled Member States to supplement pre-existing STWS with additional funding or set up new STWS to address the needs created by the pandemic. Given the much larger financial envelope of SURE, its use indicates that ESF

²¹⁵ Cohesion data (n.d.). CRII COVID - Change in fund allocations since 31/5/2020. Available at :

<https://cohesiondata.ec.europa.eu/2014-2020-Finances/CRII-COVID-Change-in-fund-allocations-since-31-5-2/f22x-fgxd>
²¹⁶ Belgium, Bulgaria, Cyprus, Estonia, Greece, Spain, Croatia, Hungary, Ireland, Italy, Lithuania, Latvia, Malta, Poland, Portugal, Romania, Slovenia, Slovakia, Czechia, see proposed loan amount at https://economy-finance.ec.europa.eu/eu-financial-assistance/sure_en#:~:text=The%20temporary%20Support%20to%20mitigate,coronavirus%20outbreak%20on%20their%20territory

²¹⁷ European Commission (2022). Fourth report on the implementation of SURE. Available at: https://economy-finance.ec.europa.eu/document/51f920eb-d163-43ae-b5da-d793290bb54d_en

²¹⁸ See: https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/financial-assistance-eu/funding-mechanisms-and-facilities/sure_en#:~:text=The%20temporary%20Support%20to%20mitigate,coronavirus%20outbreak%20on%20their%20territory

²¹⁹ Ibid.

²²⁰ European Commission (2022). Fourth report on the implementation of SURE, p. 2. Available at: https://economy-finance.ec.europa.eu/document/51f920eb-d163-43ae-b5da-d793290bb54d_en

²²¹ European Commission (2022). Fourth report on the implementation of SURE, p. 2. Available at: https://economy-finance.ec.europa.eu/document/51f920eb-d163-43ae-b5da-d793290bb54d_en

²²² Ibid.

²²³ Based on the CRII/ CRII+ ESF operations identified in the SFC2014 database in the timeline of this preliminary evaluation (based on OP amendments submitted before October 2022).

support was not sufficient relative to the needs on the ground in the countries whose economies and employment situation were most affected by the pandemic.

Overlaps in terms of areas supported through CRII/ CRII+ and SURE funding do not appear to have impacted the effectiveness of these measures. For example, both CRII and CRII+ measures aimed to keep people employed or in training similar to SURE support, however, CRII measures were deemed by interviewed stakeholders to be more operational and allowed the reallocation of funding to different sectors in need. SURE enabled additional funding where ESF funds were insufficient.

No contradictions in the use of ESF and FEAD under CRII/ CRII+ and the use of other funds to mitigate the impact of the pandemic were revealed in the research. This was confirmed by stakeholders consulted through various channels (interviews, surveys, focus groups). The existing procedures and a continuous dialogue between the Commission and the Managing Authorities enabled the Member States to support the alignment of operations funded by various instruments and mechanisms, which helped to avoid double funding and enable synergies. For example, in the area of healthcare, the upskilling and training of healthcare personnel was funded through ESF while support to healthcare infrastructure, transportation of the vaccines and the vaccination process was funded through the ERDF. The collaboration between different ministries and other agencies at national level were also increased during the pandemic, to support the alignment of cross-government actions (e.g. in BE and PT, inter-ministerial committees and frequent meetings were organised to coordinate actions and their implementation). The Commission also encouraged the Member States to effectively use their monitoring systems at national level to ensure complementarity of funding instruments.

The research also indicated **areas where coherence could be improved** in the future. Some challenges were noted by consulted stakeholders in relation to the administrative burden arising from managing the different types of EU initiatives, funding mechanisms and regulations issued in a short time span (CRII and CRII+, REACT-EU, SURE, CARE) and their overlap with the beginning of the new programming period. Notwithstanding, there is wide agreement that these mechanisms supported crisis response in the Member States (in different ways) at critical times in the evolution of the pandemic. Consultations conducted for this study also indicate that the variety of existing instruments also posed challenges at the level of project beneficiaries (organisations implementing ESF/ FEAD support) and organisations that represents key target groups and would require further detailed guidance about the opportunities they offer and their different priorities.

4.3.3. Coherence of the operations supported following CRII and CRII+ adoption with other operations implemented at national/ regional level

Systematic evidence across the EU about the scope and objectives of anti-crisis measures funded by national and/or regional budgets is still limited. There are, however, **indications that ESF and FEAD contributions under CRII and CRII+ aligned with other national and regional level interventions and supported responses to the COVID-19 pandemic** in the key socio-economic areas where negative impacts were concentrated.

For instance, to mitigate negative effects on employment, governments introduced STWS and other similar measures expanding support to non-standard employees, such as temporary agency workers.²²³ To increase protection for people with limited or no links to

²²³ Baptista, I., Marlier, E., Spasova, S., Peña-Casas, R., Fronteddu, B., Ghailani, D., Sabato, S., and Regazzoni, P. (2021). Social protection and inclusion policy responses to the COVID-19 crisis: An analysis of policies in 35 countries. ESPN. p. 14. Available at: <https://doi.org/10.2767/10153>

the labour market (i.e. children, students, social assistance beneficiaries), Member States provided social assistance support.²²⁴ Member States also began to provide income support for the self-employed, based on strict eligibility criteria however.²²⁵ ESF support under CRII/ CRII+ for STWS complemented other funds used for similar measures by, for instance, extending the groups or the number of individuals targeted by these schemes, or to specific sectors (e.g. ES, IT, SK). ESF operations, along with REACT-EU and ERDF, were part of a larger scheme to stimulate the economy and close monitoring was required to provide oversight over what different funds were being used for (e.g., in HU).

ESF under CRII/ CRII+ also played a role in national anti-crisis strategies even when the funding volume was relatively limited. Evidence from stakeholder consultations indicates that in **Luxembourg**, for instance, since most ESF funding was already committed before the pandemic, ESF investments were limited, but even so, the coronavirus response initiatives were used to support the economy (through a STWS) and were complementary with other funding streams (e.g. the use of REACT-EU to support STWS and for large-scale COVID-19 testing and vaccinations). In **Portugal**, ESF under CRII/ CRII+ complemented national funding in particular in the education/ training area, and supported training focusing on digital skills – targeting companies as well as young people in universities (aiming to increase their employability) – as well as the acquisition of equipment that supported the acceleration of the implementation of the Plan for the digital Transition to education and improve the functioning of the education and training system.

The **case studies** (see **Annex 6**) include a number of further concrete examples of coherence of CRII/ CRII+ ESF operations with national and regional measures implemented during the pandemic. For example:

- In **Spain**, the new operation aimed at preserving employment of young workers through the temporary employment regulation scheme during the pandemic was coherent with national and regional measures. Before the pandemic, Spain did not have a tradition of using STWS as a measure to deal with crisis situations. The reprogramming of the Youth Employment OP, thanks to the CRII and CRII+ flexibilities, enabled the financing of the STWS specifically for youth in all economic sectors (given the persistently high unemployment levels of this group following the financial and economic crisis). This measure was in line with other initiatives, as the key legislative acts that supported the response to COVID-19 in Spain included income maintenance measures for workers and the self-employed and liquidity guarantee instruments for SMEs.
- In **Greece**, the operation selected as a case study aimed at reinforcing the capacity of health institutions with additional staff during the COVID-19 crisis is coherent with Greece's objectives of recruiting additional staff, to support the healthcare system. National funding was used to reinforce staff recruitment in regions where ESF funding available through CRII/ CRII+ was insufficient due to a pre-existing high level of absorption.
- In **Poland**, the operation 'Street work Academy' (selected as a case study), aimed at providing assistance to homeless people and street workers in public spaces, was coherent to other activities implemented by national and regional authorities in Poland. Resources from both ESF and national/local budgets were focused on providing the broadest possible support to homeless people and those at risk of homelessness during the pandemic. Authorities in the cities where this operation was implemented (Warsaw, Wrocław, Gdańsk, Gliwice, and Jelenia Góra)

²²⁴ *Ibid.*, p. 14.

²²⁵ Eurofound (2021). COVID-19: Implications for employment and working life, p.77. Available at: <https://www.eurofound.europa.eu/publications/report/2021/covid-19-implications-for-employment-and-workinglife>

contributed from their own budgets for the purchase and rental of infrastructure (e.g. all day shelters).

- In **Latvia**, both ESF operations selected as case studies ('Improving the qualifications of medical and paramedical staff' and 'Support for medical practitioners who provide treatment for patients to prevent public health crises') are aligned to national measures implemented in healthcare sector during the COVID-19 pandemic. National funding reinforced the budget available through ESF (as later also did REACT-EU funding) to support the recruitment of healthcare professionals and provide top-ups to their salaries. Other measures funded by the national budget also focused on healthcare objectives, e.g. through the adjustment of infrastructure to the care needs of COVID-19 patients, the provision of medical equipment, and personal protection equipment. Stakeholders interviewed emphasised particular attention was paid to ensuring that each operation/ action had its own objective and that there were no overlaps, as part of the planning process involving ESF and other funds.
- In **Italy**, the 'New Skills Fund' is aligned with other the national and regional measures during the COVID-19 pandemic, particularly the actions taken to protect workers' jobs as a result of a reduction of activity, including job-protection measures for some categories of non-standard workers and the self-employed.

Further analysis about the role of ESF and FEAD in national anti-crisis response is provided in **Section 4.5** (Contribution).

4.3.4. Coherence between the immediate anti-crisis operations supported following CRII and CRII+ adoption and middle- and long-term plans to use ESF and FEAD (under REACT-EU and ESF+)

There is a **good level of coherence between immediate anti-crisis operations and the medium to long term crisis response through REACT-EU and the ESF+.**

REACT-EU, with nearly 50 billion EUR²²⁶ available through the ERDF (23.6 billion), the ESF (15.3 billion) and FEAD (512 million)²²⁷ aims to further extend the measures delivered through CRII and CRII+. REACT-EU serves as a bridge between the long-term Cohesion policy and the COVID-19-related crisis measures introduced at the start of the pandemic. It aims to ensure that Cohesion funds can contribute to a green, digital and resilient recovery.²²⁸

There is complementarity between the use of CRII/ CRII+ and REACT-EU. The analysis of the financial shifts (see Section 4.1.2 and Annex 1 – Appendix 2) shows the increase in the funding of TO9 social inclusion across most Member States (by EUR 2.1 billion), and to some extent of TO8 employment (EUR 0.2 billion), while TO10 and TO11 funding decreased. The figure below compares the share of the total volume of reallocations of ESF funding from May 2020 to April 2022, with the allocation of the additional REACT-EU funding provided to the Member States for TO8 and TO9. It shows the focus on TO9 in the immediate and short-term reaction in response to the COVID-19 pandemic, while the Member States allocated the vast majority of additional REACT-EU funding to TO8,

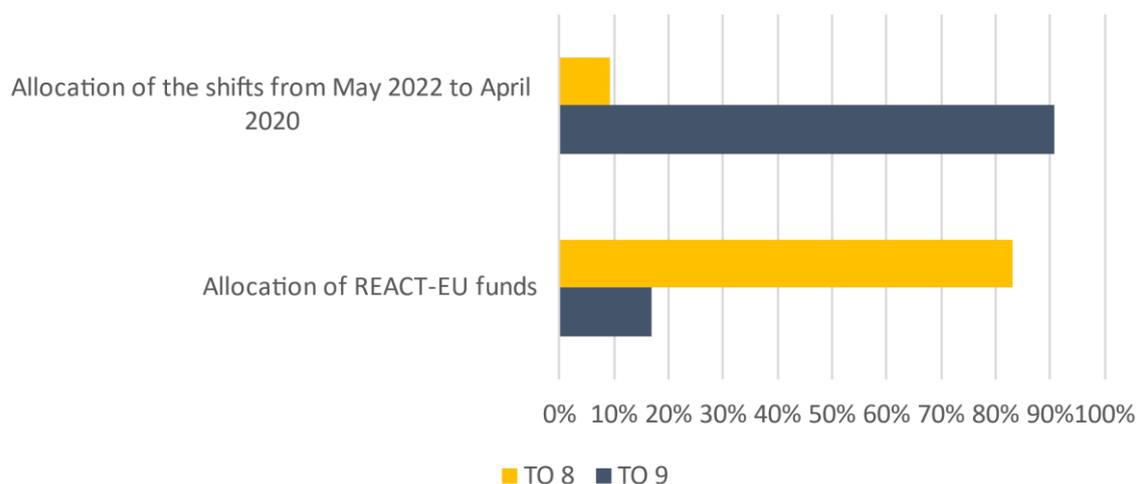
²²⁶ European Commission (n.d.). Available at: https://ec.europa.eu/regional_policy/en/newsroom/coronavirus-response/react-eu/

²²⁷ Cohesion data (n.d.). REACT-EU Fostering crisis repair and resilience. Available at : <https://cohesiondata.ec.europa.eu/stories/s/REACT-EU-Fostering-crisis-repair-and-resilience/26d9-dqzy/>

²²⁸ European Commission (n.d.). REACT-EU. Available at : <https://ec.europa.eu/european-social-fund-plus/en/react-eu>

providing funding for employment related operations bringing people closer to the labour market and (back) into employment.

Figure 10: Comparing the allocation of shifts and the allocation of REACT-EU funding allocated to selected TOs²²⁹



To combat the consequences of the pandemic, **ESF+** with over 99 billion EUR will further support young people, help children in need, focus on reskilling/upskilling efforts and social innovation.²³⁰ The new priority areas indicated in the post 2020 cohesion policy documentation focus on²³¹ job retention, support to SMEs, health, youth employment and child poverty, along with key sectors affected by COVID-19 such as healthcare, culture and tourism. Additional funding during 2021-2027 (e.g. an estimated 26.2 billion EUR from the **Multannual Financial Framework** and **NextGenerationEU** resources) further complement CRII and CRII+ actions with a similar thematic focus on the target groups and thematic priorities.

The overview of anti-crisis operations enabled by CRII and CRII+ (**Section 3**) shows that there are many ESF and FEAD operations implemented under CRII and CRII+ that aim to address immediate as well as medium-term consequences of COVID-19 crisis. There are indications that some of the measures that were initiated during the pandemic will continue in some countries and that plans are being finalised as part of the ESF+ programming process for the 2021-2027 period, as well as through longer term **REACT-EU** measures.

For instance, some of the CRII and CRII+ measures aimed to support employers and self-employed (e.g., DK, FR, GR, PL, PT), support young people (ES, PL) and distance learning and digital skills in education and training (FR, IT, PL, PT). Those measures did not just provide an immediate support to the target groups (by for example providing digital equipment to the disadvantaged) but also created synergies with the future structural interventions under REACT-EU/ESF+ funds linked to further support for digital skills, e-learning and other measures. In Greece, for instance, according to consulted stakeholders, the programming of ESF+ includes plans to continue measures that started to be implemented during the pandemic, such as e-learning or creating open online courses in higher education. In Luxembourg, REACT-EU funding was used in addition to the

²²⁹ Source: Authors' calculation based on SFC2014 and : <https://cohesiondata.ec.europa.eu/2014-2020-Categorisation/REACT-EU-EU-allocation-by-intervention-fields-with/eeg2-hpr4> (extracted on 28 September 2022)

²³⁰ [European Social Fund \(n.d.\). A new, stronger european social fund plus. Available at : https://ec.europa.eu/esf/main.jsp?catId=62&langId=en](https://ec.europa.eu/esf/main.jsp?catId=62&langId=en)

²³¹ [European Commission \(n.d.\). Available at : https://ec.europa.eu/regional_policy/sources/docgener/factsheet/2020_mff_reacteu_en.pdf](https://ec.europa.eu/regional_policy/sources/docgener/factsheet/2020_mff_reacteu_en.pdf)

CRII/CRII+ measures starting from 2021. The funding contributed to the existing FEAD operation in the country and absorbed some of the extra costs of the adjustments (e.g., running the e-platform to support grocery shopping, support additional staff). In Italy, REACT-EU funds (4.7 billion EUR) further complemented CRII/ CRII+ operations supporting job creation and retainment, by enabling tax reductions for employers on social contributions and the social contribution for employers hiring people under the age of 36.

The support provided under **REACT-EU** further reinforces the complementarity between ERDF and ESF, with the former focusing on supporting investment in health services and SMEs (among other priorities) while ESF resources are aimed at protecting jobs, job creation (in particular for people in vulnerable situations and youth) and skills development and enhanced access to social services.²³²

4.4. The contribution of CRII and CRII+ to the crisis response

Key findings

- CRII and CRII+ contributed to Member States' capacity to provide a more rapid response to mitigate the negative effects of the COVID-19 pandemic and to use ESF and FEAD for anti-crisis measures across the social inclusion, employment, education and training, and healthcare areas (for traditional as well as new target groups). Some Member States used the CRII/ CRII+ flexibilities more than others (see Section 3) and hence the response initiatives contributed to a different extent across the different countries.
- CRII and CRII+ also facilitated frequent exchanges between government representatives and the European Commission, cross-governmental cooperation at national level, and social partner consultations in the Member States in the planning stages of support measures in order to avoid duplication. The need for urgent decision-making and actions brought on by the pandemic also led at times to new ways of cooperating (e.g. the establishment of cross-departmental working groups), involving a wide variety of government authorities and stakeholders across the affected areas of employment, social inclusion, education and health. CRII and CRII+ also enabled greater cross-fund cooperation under the EU cohesion policy, supporting aligned interventions at the EU, national and regional levels during the pandemic.

CRII and CRII+ contributed to crisis response in several main areas, in line with the intervention logic:

- Providing flexibility to the Member States to react swiftly to the COVID-19 crisis and implement operations through ESF and FEAD more quickly than may have been possible in their absence, especially in the beginning of the pandemic, and generally across the employment, social inclusion, education and training, and healthcare policy domains in line with the compounded challenges triggered by the pandemic (rather than only supporting single areas of intervention).
- Reducing administrative burden in accessing the ESF and FEAD, which in turn facilitated implementing bodies to access ESF and FEAD more quickly and address fast evolving needs on the ground.

²³² European Commission (n.d.). Available at: https://ec.europa.eu/regional_policy/en/newsroom/coronavirus-response/react-eu/

- Enabling the use of ESF and FEAD to fund adjusted operations as well as new activities in crisis times that extended the target groups and types of actions, along with adjusting the scope of existing operations to provide inclusive support for vulnerable individuals (e.g., the elderly, people with disabilities, families with children, the homeless), supporting employment, education/training activities, and supporting the functioning of the healthcare system. Many CRII and CRII+ operations focused support on areas where needs grew exponentially as a result of the crisis (e.g. supporting employers and workers, the healthcare system, and access to services), which explains the strong increase in the share of end recipients under TO8 and TO9. The share of participations under TO 10 and TO11 decreased during the pandemic, however, showing reduced investments in these areas. COVID-19 FEAD operations also continued to target the most deprived through food and other material aid and contributed to a higher number of people supported through FEAD actions in 2020 relative to pre-pandemic years.

ESF and FEAD objectives address structural inequalities but have also proved to offer added value in supporting crisis response during the COVID-19 pandemic. The two objectives are not mutually exclusive, but deeply interrelated. The anti-crisis operations enabled by CRII and CRII+ addressed the immediate needs on the ground during the pandemic, but these equally reflect longer-term needs, including investment in jobs and labour mobility, the inclusion of and access to services for the most vulnerable groups, the boosting of digital skills, and the adaptation of workers, students and companies to new ways of working and learning.

CRII and CRII+ contributed to **avoiding higher unemployment levels, alongside other EU and national instruments.** Employment measures at Member State level generally needed funding in addition to that available through ESF, and additional resources needed to be pulled from other funding streams. As analysed in Sections 3, 4.3.1 and 4.3.2, however, ESF operations overall played an important role in **preserving jobs** and supporting workers at risk of losing their jobs in the Member States (often through STWS that were often co-funded through a variety of sources including the ESF, national budgets, loans from SURE, or REACT-EU). CRII and/or CRII+ enabled operations to help young people find jobs (e.g. during summer holidays), supported companies in a situation of suspension of activity, allowing the maintenance of many jobs and resulting in positive social impacts, and provided IT equipment to ensure that people could work from home. Regarding **education and training**, CRII and CRII+ helped enable a range of government actions, including alleviating the impact of disrupted education during school closures and boosting digital skills. With respect to **healthcare**, ESF operations provided, among other types of support, assistance in the provision of personal and direct protective equipment for medical and care facilities.

Newly introduced ESF operations under CRII/CRII+ for example involved: healthcare-focused measures to mitigate the negative consequences of the COVID-19 pandemic on healthcare systems and staff ; employment operations to protect jobs as well as provide support to the self-employed and small businesses and support to workers on furlough because the employers were forced to close their services; support to people and families in vulnerable situations (exacerbated by COVID-19) with socio-educational and community services; support to elderly people and people with disabilities, in particular those living independently including measures aiming to ensure that they remain healthy and active; support for distance learning education services. These operations aimed to increase the participation of diverse groups affected by the pandemic and responded to the existing needs through widening the scope of the actions funded by ESF during the pandemic. **FEAD operations** under CRII/ CRII+ were mostly adjusted to the pandemic context and

involved the adaptation of aid delivery or accompanying measures to COVID-19 risks, confinements, and protection measures.

The take-up of CRII/ CRII+ flexibilities and the extent of the role of ESF and FEAD under CRII/ CRII+ in different countries is linked to a range of factors, including the level of unspent resources available through ESF and FEAD at the end of the 2014-2020 programming period, the severity of the crisis and the range of the needs on the ground, and the availability of other funds. ESF interventions under CRII/ CRII+ were also, in some instances, more limited in scope relative to complementary measures funded from other (national or EU) sources. Other situations of limited contribution of ESF through CRII/ CRII+ to crisis response were based on the perception that reallocations in programming would still represent a burden (despite the flexibilities) when balanced against how the ESF could already be used without this.

4.4.1. The contribution of ESF and FEAD under CRII and CRII+ to crisis reaction

The funds made available through ESF and FEAD under the coronavirus response initiatives played a role within a wider anti-crisis response context, where actions were also supported by other EU initiatives and the corresponding financial instruments, as well as national and regional budgets. CRII and CRII+ contributions to alleviating the negative effects of the COVID-19 pandemic have complemented these other EU level and national actions as part of a concerted effort but would have likely been insufficient as stand-alone tools (see also Section 4.3 on Coherence).

CRII and CRII+ contributed to crisis reactions, process-wise, by providing flexibility to the Member States to react swiftly to the COVID-19 crisis and implement operations through ESF and FEAD more quickly than may have been possible in their absence, especially in the beginning of the pandemic and across the employment, social inclusion, education and training, and healthcare policy domains. CRII and CRII+ reduced administrative burden in accessing the ESF and FEAD, which in turn facilitated implementing bodies to access ESF and FEAD more quickly as anticipated in the intervention logic behind the initiatives (see Section 2.2).

The contributions of ESF and FEAD to crisis reaction were made possible and in a timely manner due to the **step-by-step approach taken at EU level, which enabled the quick adoption of different initiatives sequentially** (CRII, CRII+, REACT-EU), which enabled the Member States to reprogramme and use existing resources more quickly than would have likely been possible otherwise, for example if a more comprehensive response package would have been adopted at a later time after the onset of the pandemic.

Cross-fund cooperation under the EU cohesion policy was critical to supporting swift and aligned interventions at the EU, national and regional levels during the pandemic, e.g. through the reallocation of ERDF funds for ESF operations. As discussed in Section 4.1 (Effectiveness) and Annex 1 – Appendix 2 (Financial reallocations between the ERDF, the Cohesion Fund and the ESF), **Member States reallocated funds in different ways as a reaction to the COVID-19 pandemic.** Some countries reallocated funds from the ERDF to the ESF and from the ESF to the ERDF (DE, FR, IT, PT), while in some the shift was unilateral: in CZ, HU, LT, LV, SK, ERDF funds were allocated to the ESF, but not vice-versa; while in IE and PL funds were reallocated only from ESF to ERDF. These patterns reflect the needs on the ground and the extent of unspent funds, and show a diverse picture of how CRII and CRII+ flexibilities contributed to crisis response in the Member States.

Operations have broadly responded to emerging needs on the ground, thus contributing to the overall crisis response. Forthcoming evaluations of the operational programmes including the COVID-19 operations are expected to include additional relevant

information about the extent to which the operations responded to the existing needs, but the evidence available to date indicates that CRII/ CRII+ ESF and FEAD operations **implemented activities targeting key groups whose needs were amplified by the pandemic, as well as entities whose functioning was disrupted by the pandemic or the lockdown measures**. This is supported by stakeholder consultations. Some stakeholders (e.g. in FR, PL and FI) emphasised that operations under CRII and CRII+ contributed in synergy with other actions to strengthen the crisis response, with ESF funds playing a comparatively smaller, albeit important role compared to major national emergency programs.

Overall, the flexibilities introduced with CRII and CRII+ allowed Member States to **mitigate the health and socio-economic impact of the pandemic and use resources more quickly than may have been possible in their absence**. The additional scope available for ESF and FEAD operations in the context of the COVID-19 crisis was also viewed positively by interviewed stakeholders. ESF survey findings indicate, however, that nearly 40% (20 out of 51) of the Managing Authorities that responded to the question would have used the ESF for anti-crisis reaction without the CRII and CRII+ flexibilities. However, 27% (14 out of 51) of the ESF survey respondents indicated that allocations would have been difficult to spend in the absence of the flexibilities introduced by CRII / CRII+. Equally, half (5 out of 10) of FEAD survey respondents would have used FEAD for anti-crisis reaction without the CRII and/or CRII+ flexibilities. No FEAD survey respondents indicated that allocations would have been difficult to spend in the absence of the flexibilities introduced by CRII / CRII+. Even in these cases, however, there is wide agreement that CRII/ CRII+ flexibilities simplified and accelerated the process.

The research revealed some possible **limitations in the use of the ESF and FEAD** during the pandemic, indicating that while operations focused significantly on providing employment, healthcare and social inclusion support, the funds were not available to the same extent across all sectors where needs increased as a result of the pandemic (e.g. the social care sector). This was highlighted as a limitation in one stakeholder interview.

The analysis of ESF changes in participation before and during the pandemic (presented in Annex 1 – Appendix 3) shows that six IPs (8.i; 8.ii; 8.v; 9.ii; 9.iv and 9.vi) had more participations in 2020 than in 2019, notably including 9.iv access to services despite the stakeholder comment noted above around social care (which this IP in large part focuses on). In addition, these increases in participation correlate overall with an increase in financial volumes allocated to these IPs. Examples of operations focusing on the social care aspect, e.g. by engaging community workers in reaching target groups were also discussed in the case studies operations implemented in Poland and Romania, in Annex 6, suggesting that the sector was indeed a focus.

One of the factors that limited the contribution of CRII and CRII+ to crisis response involved the limited flexibilities in the national procedures related to the implementation of the COVID-19 actions and the reduced capacity of implementing organisations. As shown in the case studies in Annex 6 (e.g. *Reinforcing the Capacity of Health Institutions with additional staff during the COVID-19 crisis* in Greece and the *Support for distance learning services* in Italy – Lazio), national level procedures remained the same during the pandemic, and the administrative burden of implementing and monitoring these actions remained heavy. The limited capacity of implementing organisations (e.g., hospitals, schools or SMEs) in managing both the reporting and the monitoring required was a challenge to the effectiveness of operations on the ground. In Greece, the Ministry of Health took measures to support hospitals with technical assistance to respond to the ESF's administrative requirements and thus increase the effectiveness of the process and the contribution of CRII and CRII+ flexibilities across the value chain.

Overall, however, **contributions made by CRII and CRII+ outweigh the challenges encountered in the use of the flexibilities**, making a key contribution in the early stages of the pandemic, when the need for liquidity and support was at peak in the Member States.

The measures put into place through the ESF to respond to the pandemic have been broader and faster than those put into place to respond to the 2008-2009 economic crisis, possibly because the effects of the COVID-19 crisis were more wide-reaching across sectors and groups. Notwithstanding this, there are similarities between the ESF reaction to the pandemic and the economic crisis, in terms of the role of the ESF within national policies in different country contexts, the availability of additional funding sources (via national budgets and/or other EU mechanisms), as well as the extent to which the economy was affected by the crises. A notable difference is that during the economic crisis, the ESF was a key instrument to fund active labour market policies, in particular in countries that were most affected and where these instruments had not been used to a significant extent before.²³³ During the pandemic, the countries that made use of the CRII/ CRII+ flexibilities tended to use ESF to fund not only employment operations (which included active and passive job retention measures) but also actions across all other thematic objectives (albeit to different degrees).

As evidenced in Section 4.1 (Effectiveness) and 4.2 (Efficiency) CRII and CRII+ facilitated a quick response to the crisis by way of the exceptional flexibilities made available. **This process decreased the complexity of administrative processes involved in reprogramming ESF in particular** (as FEAD's OPs are more flexible by comparison). Results orientation, strategic planning, a shared management and bottom-up approach, as well as the resulting procedural requirements are among the ESF's key features, which contribute to a lengthy and complex programming and implementation. In the exceptional COVID-19 circumstances, these procedures were relaxed to ensure liquidity and speed, but they were not eliminated completely and were sometimes compounded by national level regulations (which were often not subject to similar types of flexibilities, as discussed above). These features also shape and to a certain extent limit the ESF's role in crisis reaction. They are nonetheless critical to supporting post-pandemic recovery and ensuing that a focus on the long-term socio-economic challenges in the ESF's key areas of activity (employment, social inclusion, education and training) can be maintained.

4.4.2. The role of ESF and FEAD operations in the national/regional anti-crisis reactions

CRII and CRII+ flexibilities increased opportunities for Member States to integrate ESF and FEAD into national strategies for COVID-19 response. As shown in Section 4.3 (Coherence), governments used various EU and national funding options during the pandemic. Decisions related to which funds should be used to implement different measures were taken in view of the needs on the ground and the sources of financing available at the time. Flexibilities such as the retroactive eligibility enabled Member States to make quick decisions focused on the needs on the ground and to use the ESF to recover the financial investment later on (as shown in Annex 6 – the case study of the operation on *Reinforcing the Capacity of Health Institutions with additional staff during the COVID-19 crisis* in Greece). In the absence of the CRII and CRII+ flexibilities, due to the complex process involved in reprogramming the Funds under standard procedures, the integration of ESF and FEAD in national strategies is likely to have been more limited.

CRII and CRII+ contributed to providing greater flexibility for countries to reallocate financial resources and thus supported an anti-crisis response. Overall, findings indicate that the coronavirus response initiatives allowed Member States to fund more

²³³ European Commission, Evaluation of the reaction of the ESF to the economic and financial crisis, at <https://ec.europa.eu/social/BlobServlet?docId=7671&langId=en>, p. 136.

diverse actions needed in the context of the pandemic, sometimes expanding the scope of traditional ESF and FEAD actions. The flexibilities enabled countries to target areas such as preserving jobs and boosting digital skills for learners, provide assistance in the provision of personal and direct protective equipment for medical and care facilities, support young people in setting up their own business, boost digital skills and provide IT equipment to ensure that people could work/study from home, and enable fast adaptation of food and material aid delivery to people's homes (in the case of FEAD).

This was **achieved in a broader constellation of anti-crisis measures funded by EU funds and response packages and national budgets**. Evidence from desk research shows that emergency funds at Member State level were created in several countries (e.g., AT, BE, DE, FI, FR, IE, IT), providing financial subsidies and income replacement. Results from desk research, including some recent studies evaluating the crisis response and their impact to mitigate the COVID-19 pandemic, show that Member States' rapid social policy responses were key in the effective management of the crisis, especially in its initial months.²³⁴ Governments adopted an array of policy measures to alleviate the impact of the COVID-19 pandemic. These ranged from targeted (often in-kind) measures on particularly strongly hit groups, such as self-employed or low-income individuals, elderly people and pupils with no equipment to access online learning, to measures which were based on the extension or flexibility of the eligibility criteria for support (e.g. unemployment benefit, universal health coverage, increased material aid). Mitigation measures came in different forms and extent across Member States, relying on a variety of funding options.

In the context of the national anti-crisis reactions at Member State level, **the flexibilities enabled by CRII and CRII+ for the use of the ESF and FEAD** during the pandemic were important **tools in mitigating the negative effects of the pandemic – alongside other initiatives**. A variety of measures were developed at Member State level, across all four areas in the scope of this study.

Employment measures included liquidity support measures to businesses, SMEs and individuals, improved access and eligibility to unemployment benefits and job retention schemes (such as short-time work and wage subsidies).²³⁵ The majority of Member States suspended payments of loans, simplified administrative burdens and allowed access to interest-free consumer and entrepreneurial loans. Governments set up emergency unemployment funds and employment protection programmes using national resources or EU funding streams. Most Member States relied on short-time work schemes and wage subsidies.

Additional spending in response to the COVID-19 crisis in the **education and training** sector focused on several dimensions: general, non-earmarked funding (or specific target not mentioned); ICT-related funding (e.g. laptops, tablets, internet access); investment in better infrastructure (e.g. buildings); protective equipment, cleaning and prevention; hiring additional teachers, bonuses for teachers, training for teachers; summer 'bridging' programmes; and counselling and assistance for students.²³⁶ At the beginning of the crisis, government strategies were dominated by facilitating the swift change from physical **education** to online academic learning due to national lockdowns and the closure of schools. Measures focused on ensuring access to online learning via the provision of equipment to students and necessary training for teachers. Further, 21 Member States

²³⁴ As evidenced in European Commission (2021), Joint Employment Report 2021; European Social Policy Network (2021), Social protection and inclusion policy responses to the COVID-19 crisis.; Béland et al. (2021), Social policy in the face of a global pandemic: Policy responses to the COVID-19 crisis, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8251102/>.

²³⁵ As evidenced in Eurofound (2020), COVID-19: Implications for employment and working life, COVID-19 series, Publications Office of the European Union, Luxembourg; Social Protection Committee, 2020 SPC annual review of the Social Protection Performance Monitor (SPPM) and developments in social protection policies and ESPN (2021), Social protection and inclusion policy responses to the COVID-19 crisis.

²³⁶ De Witte, K., Smet, M. (2021). 'Financing education in the context of COVID-19', EENEE Ad hoc report no. 03/2021. Available at: https://eenee.eu/wp-content/uploads/2021/06/EENEE_AHQ03_Financing-education-in-the-context-of-COVID-19-2.pdf

provided parental support arrangements related to employment (e.g.: leave, reduction of working time) with varying eligibility and duration.²³⁷ As a second wave of responses, government actions focused on alleviating the impact of disrupted education during school closures.²³⁸ Anti-crisis measures in the area of **training** were often based on synergies between vocational training providers and employers. These measures include the provision of financial assistance to pupils²³⁹ and material made available by the French government, VET institutions and companies.²⁴⁰

Social inclusion and protection measures were rolled out in the form of increased material support to targeted socio-economically disadvantaged groups, direct support with household expenses and measures for the elderly. Several Member States provided meal vouchers or free meals for school children and the elderly population (e.g. BE, ES, HU, IT), collected and distributed materials to disadvantaged groups and extended coverage to specific groups. Other measures include direct support with household expenses, subsidies for energy and water (e.g. BE, LT), debt alleviation support (e.g. CZ, HR, HU) or retail price ceilings on essential goods, like hygiene equipment (e.g. SK).²⁴¹

In the **healthcare** sector, measures focused on the temporary extension of healthcare systems to treating COVID-19, and providing medical equipment and vaccination. In Member States where universal coverage is not provided by statutory healthcare systems (e.g. EE, PL, RO), COVID-19 was introduced to the covered areas. In several Member States (e.g. FR, GR, PT, PL, RO) this extension also included some vulnerable groups, such as refugees and migrants or those not covered by insurance. Other measures in the health sector were related to the support of online consultations.²⁴²

Operations under CRII/ CRII+ were programmed in the early stages of the pandemic, at a time when there was limited information about the needs on the ground and how they would evolve. **The broad scope of the operations in most countries shows that the Member States used ESF to support crisis response across all or most areas facing challenges, rather than concentrating on single areas**, which is consistent with the CRII/ CRII+ intervention logic and the the widespread negative impact of the pandemic on employment, healthcare, social inclusion and education in all countries.

Some countries with fewer operations have focused on one thematic area of intervention: ESF operations under CRII/CRII+ in Belgium targeted healthcare (2); operations in Czechia, Cyprus and Estonia focused on employment (1 operation in each country). **This is, however, not always the case**, as Bulgaria's 4 identified operations under CRII/ CRII+ have addressed all four thematic areas, Lithuania's operations concentrated on employment (1) and healthcare (2); Latvia's operations targeted education (1) and healthcare (3); and Slovenia planned operations for employment (2) and social inclusion (1). **Equally, countries with a high(er) number of operations addressed at least three (DK, SK) or all four areas** (e.g., DE, ES, FR, GR, IT, PL, PT, RO). Among the countries that made the most use of flexibilities, some have focused more on employment operations (PT, DK, IT), while others planned a similar number of operations across all areas (PL) and others still on healthcare (FR).

²³⁷ European Social Protection Network (2021), Social protection and inclusion policy responses to the COVID-19 crisis, p. 20.

²³⁸ European Expert Network on Economics of Education (2021), Policy measures to monitor and mitigate the negative impacts of COVID-19 and COVID-19 related policy measures on education, p. 32-38.

²³⁹ European Social Protection Network (2021), Social protection and inclusion policy responses to the COVID-19 crisis, p. 102-103.

²⁴⁰ CEDEFOP (2020), France: Covid-19 crisis - ensuring continuity of learning in vocational training,

<https://www.cedefop.europa.eu/en/news/france-covid-19-crisis-ensuring-continuity-learning-vocational-training>.

²⁴¹ European Social Protection Network (2021), Social protection and inclusion policy responses to the COVID-19 crisis, p. 93, 104.

²⁴² European Social Protection Network (2021), Social protection and inclusion policy responses to the COVID-19 crisis, p. 16, 71-72.

As discussed in Section 3, the number of operations does not necessarily mirror their financial weight. The little information available to this study about the financial weight of each operation is a limitation to the extent to which conclusions can be drawn about the areas where CRII and CRII+ contributed the most in each country. Overall, however, based on the available information, **CRII and CRII+ generally added value to country-level crisis response in several fields, rather than focusing on single areas.**

CRII/ CRII+ flexibilities also enabled the Member States to plan operations that combined several elements, thus responding to the interconnected nature of the challenges. For example, alongside the ESF operations identified by this study that concentrated specifically on healthcare systems and workers (programmed under CRII/ CRII+ in 13 countries),²⁴³ there are social inclusion operations that included a health component, focusing on enabling access to services for the most vulnerable. These actions aimed to:

- improve the provision of health services to people affected by poverty and other socially vulnerable groups (GR – Crete, PL – Kujawsko-Pomorskie);
- ensure access to health services for all, in particular vulnerable people and families, and to limit the spread of the infection and reduce impact on economic and social exclusion (e.g. IT, national);
- provide support for childcare services, for the elderly, people with disabilities and the most vulnerable to ensure they remain healthy and active (IT, Lazio);
- facilitate access to assistance services by individuals with limited autonomy, in conditions aggravated by the Covid-19 emergency; consolidate home care and assistance services in people's own homes (IT, Sardegna);
- support social workers and community nurses who are involved in supporting elderly people in solitary confinement at home or with travel restrictions, people with disabilities and families caring for people with disabilities during COVID-19 (RO);
- provide support for the systematic provision of services and assistance through a program of community workers in the field of health education in municipalities with Roma settlements, including the provision of necessary medical or sanitary equipment (SK).

The **case studies (Annex 6)** also show evidence that ESF and FEAD operations supported the national/regional anti-crisis reactions in Member States. These included ways of sourcing of healthcare professionals and adjusting the training of healthcare staff to rapidly changed needs for knowledge (LV), facilitating the implementation of the *buttek.lu* e-platform, which was an innovative solution to social distancing requirements, and the provision of free face masks (LU), support in a range of ways for public healthcare providers (GR), supporting refugees in terms of financing transport, food, hygiene and clothes (RO), supporting young people in order to stem rapidly-rising levels of youth unemployment (ES), supporting the homeless and those at risk of poverty (PL) and supporting skills development (SE).

CRII and CRII+ also contributed to the overall crisis response by facilitating cross-government cooperation. Stakeholder consultations, in particular those conducted for the case studies in Annex 6, indicated that decision-making processes during the pandemic,

²⁴³ In BE, BG, DE, ES, FR, GR, IT, LT, LV, PL, PT, RO, and the UK. The actions included adapting aid delivery or accompanying measures due to COVID 19 risks, confinements, protection measures or other emergency circumstances and support for healthcare systems, workers and patients, focusing on the provision of support to hospital staff to treat COVID-19 patients and to ensure provision of other health assistance to other patients / staff of other authorities dealing while containing the spread of the virus.

including those related to the use of ESF and FEAD funding under CRII/ CRII+, involved exceptional cooperation between different government departments, which was necessary to support quick multilevel response and adequate targeting of resources.

Overall, the flexibilities offered under CRII and CRII+ were highlighted by a majority of consulted stakeholders as an **important contribution to managing the crisis at national level and in limiting its negative consequences**.

4.5. The relevance of CRII and CRII+

Key findings

- The flexibilities introduced through CRII and CRII+ were relevant in helping Member States to respond quickly to the pandemic. The focus was on addressing the negative effects of the pandemic on employment, health, social inclusion, and education and training by means such as underpinning STWS and helping to fund the medical response.
- Evidence was found of redirection of resources to support employment, through STWSs and other measures targeting employers and those at risk of losing their jobs due to the effects of the pandemic; to support the continued functioning of healthcare systems and those working in the health sector; and facilitate access to services.
- CRII and CRII+ operations continue to be relevant in terms of facing long-term challenges, such as digitalisation. CRII and CRII+ operations supported, for example, the introduction of digital education technologies in higher education and schools, to prevent dropout (under TO10); digitalisation processes in SMEs and public services and the upskilling of employees and managers to support telework (under TO8); maintaining access to education services for vulnerable people through the acquisition of laptops/ tablets and training in the proper use of teleworking equipment, as well as improving equipment and services in medical establishments (under TO9). The digitalisation challenges that emerged during the pandemic, or were exacerbated by it, require further investments in the post-pandemic period to support the adaptation of education and training systems, public services, and working conditions to the digital age.
- The CRII and CRII+ flexibilities were less relevant in the context of the arrival in EU Member States of people fleeing the war in Ukraine, largely due to funds already having been committed for other operations or the different types of needs on the ground, relative to those that emerged during the pandemic. At the time of this evaluation, it was too early to make a definitive judgement on the relevance of the response to this new crisis. In addition, other EU instruments were available to support the needs of people fleeing the war in Ukraine, including REACT-EU and CARE.

This section details the specific relevance of the flexibilities introduced by CRII and CRII+ in enabling Member States to respond quickly to the COVID-19 crisis. It examines the most relevant types of flexibilities and also looks at the relevance by type of target group. Insights about the relevance of the flexibilities in the context of the arrival in EU Member States of people fleeing the war in Ukraine are also presented.

As a point of comparison, it should be noted that the ESF thematic evaluations carried out in the 2014 - 2020 programming period found that:

- In terms of employment (TO8), the relevance of these operations was shown by their general alignment to the needs of target groups and contribution to the labour market integration of the unemployed. The continued relevance of ESF was shown by its ability to adjust to changing socioeconomic conditions across the European Union and the fact that it targeted the most relevant groups from the design phase. The focus for these operations has been to reduce immediate barriers to employment and help individuals close the gap towards the labour market, but the evaluation noted that more emphasis might be necessary to tackle strongly embedded gender gaps or address the specific needs of older workers.²⁴⁴
- In terms of social inclusion (TO9), ESF support for social inclusion was aligned with the needs of target groups in most OPs at the planning stage. Relevance often increased from planning to implementation, which in most cases reflects a further definition of target groups whilst operations were being shaped further through implementation.²⁴⁵
- In terms of education/ training (TO10), there was a relatively high degree of relevance of ESF TO10 programming to the needs of education and training systems and relevant target groups, including a range of disadvantaged groups. Programming remained relevant throughout the programming period. Improvements to relevance could however be made through enhanced consultation with actors closer to the needs of target groups, such as NGOs, social partners, and training providers.²⁴⁶

4.5.1. Relevance of the changes introduced by CRII and CRII+ to Member States' needs to react quickly to the crisis

Overall, evidence indicates that the **flexibilities introduced by CRII and CRII+ were relevant** in helping Member States to **respond quickly to the crisis** in a range of ways. Evidence from the surveys, the interviews and case studies and analysis of the monitoring data highlight the relevance of the flexibilities in supporting Member States to use non-utilised ESF and FEAD support to quickly respond and address the negative impact of the pandemic on the (new and adjusted) ESF and FEAD operations that seek to address the effects of the pandemic on health, employment, social inclusion, and education and training. Areas of focus included STWS in countries such as Czechia, and helping to fund the medical response, particularly in countries such as Poland.

As foreseen in the intervention logic in Section 2.2, CRII and CRII+ enabled ESF and FEAD support to contribute to the functioning of healthcare systems, the preservation of jobs and business activity, and to support citizens (including some of the most deprived, and essential healthcare workers) through a variety of actions that facilitated access to services, food and basic material assistance, social services, and digital skills among others.

The CRII and CRII+ flexibilities have enabled the reprogramming of resources towards measures targeted at responding rapidly to the COVID-19 crisis, from a

²⁴⁴ European Commission (2020). Study for the evaluation of ESF support to employment and labour mobility (TO8). Available at <https://ec.europa.eu/social/BlobServlet?docId=22899&langId=en>

²⁴⁵ European Commission (2020). Study supporting the 2020 evaluation of promoting social inclusion, combatting poverty and any discrimination by the European Social Fund (TO9). Available at: <https://ec.europa.eu/social/BlobServlet?docId=22979&langId=en>

²⁴⁶ European Commission (2020). Study for the evaluation of ESF support to education and training (TO10), Annex 1.1 - Mapping of ESF interventions under TO10. Available at: <https://op.europa.eu/en/publication-detail/-/publication/d0c1a558-077d-11eb-a511-01aa75ed71a1/language-en>

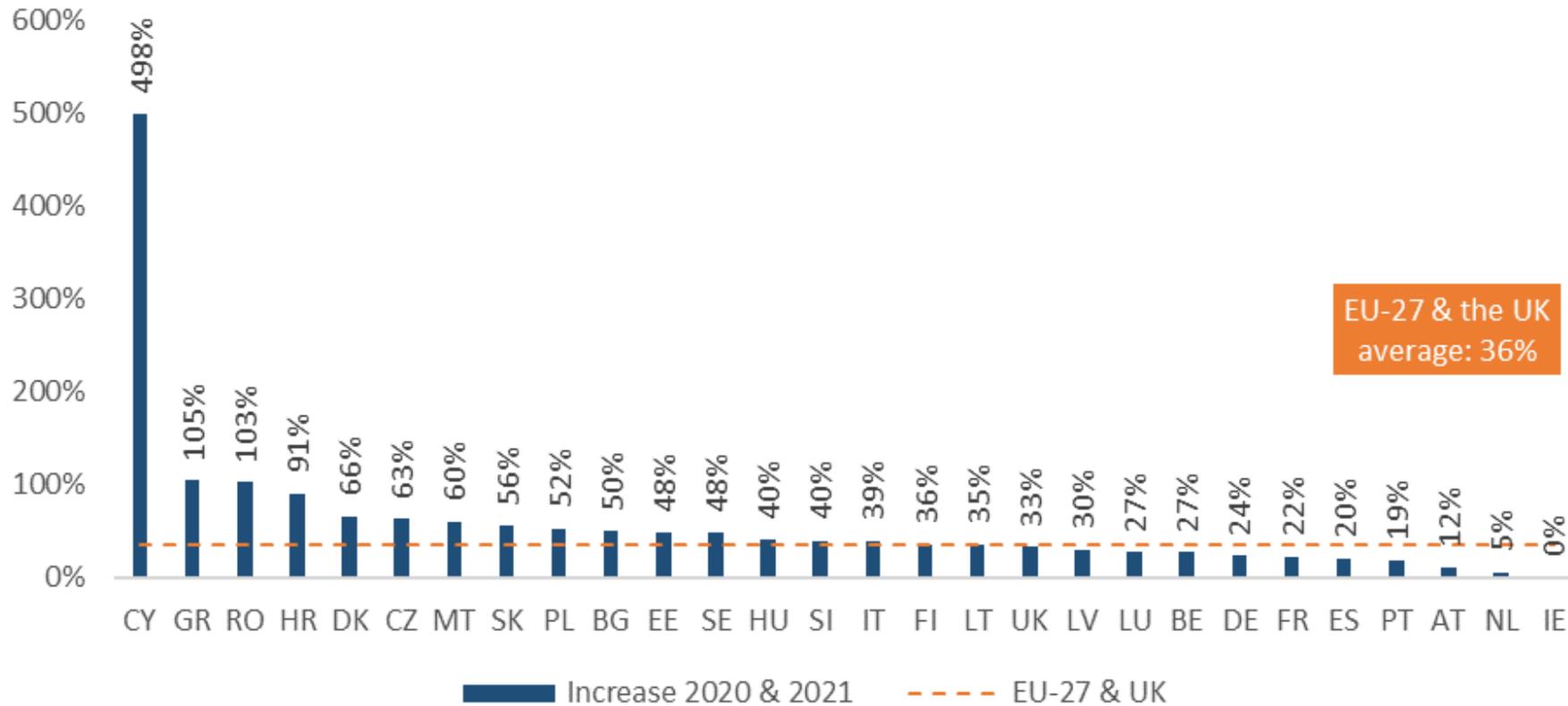
health, social and economic perspective, as noted by the majority of Managing Authorities responding to the ESF survey. They also noted that the flexibilities enabled additional funding to be made available for Active Labour Market Policy activities. A majority of respondents also indicated that the CRII and CRII+ flexibilities were relevant to the needs of their institution to react quickly to the COVID-19-induced crisis, either to a great extent or a medium extent. When asked how relevant the CRII and CRII+ flexibilities were to the needs of their institution to react quickly to the COVID-19-induced crisis, respondents from FEAD Managing Authorities also indicated that they were relevant to a great or medium extent or to some extent.

One of the limitations of the relevance of the CRII and CRII+ package appears to be at regional level, where consulted stakeholders indicated that **decision-making processes might not have fully accounted for regional needs in the same ways**. Conversely, some interviewees highlighted the difference between regional and national responses, with the former able to act more quickly, whereas national, centralised programmes tend to need more time to analyse need. The findings are inconclusive, however, as only a minority of regional ESF Managing Authorities participated in the study, so this observation cannot be generalised. When asked **whether resources were redirected to the regions in their country where they were most needed** as a result of the use of CRII and/or CRII+ flexibilities, only 29% (15 out of 51) of the respondents to the ESF survey said that they were (14% said that they were not, 22% did not know, and the question was marked as being not applicable to 35% of respondents).

The COVID-19 pandemic and the use of the flexibilities enabled through the coronavirus response initiatives in the Member States **impacted the number and characteristics of ESF and YEI participations**. This was clearly shown by the analysis of monitoring data reported in the Annual Implementation Reports through common output indicators, which are collected at IP level. The analysis also shows that there is some evidence for changes directly linked to ESF operations responding to the consequences of the COVID-19 pandemic. Overall, the cumulative number of ESF and YEI participations increased by 36% at the level of the EU-27 and the UK since the outbreak of the pandemic until the end of 2021.

As illustrated in the Figure below, while in about one third of the countries increases are below the average, in Cyprus, Greece and Romania the number of participations more than doubled since the outbreak of the COVID-19 pandemic. In **Cyprus** for example, the significant increase is based on the implementation of the short-time working arrangement in 2021 under the newly introduced IP 9.iv, funded by EUR 36 million being reallocated from the CF to the ESF. Further information is available in **Annex 1 – Appendix 3**.

Figure 11: Cumulative increase in ESF participations (end 2021 v. end 2019)



Source: Authors' calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

4.5.2. Relevance of operations to emerging needs on the ground and extent of redirecting resources to where they are most needed

The pandemic had major consequences throughout the EU, with specific negative impacts felt in certain areas, such as healthcare, employment in a range of sectors, and groups in society deemed to be most vulnerable, such as those at risk of poverty and those at risk of losing their jobs.

This section shows that there has been **redirection of resources** through the ESF under the coronavirus response initiatives to some of the key groups who faced challenges in the pandemic, such as healthcare workers, those at risk of losing their jobs, inactive people and students engaged in remote learning, those working in cultural sectors, students at risk of poverty or social exclusion..

ESF CRII/ CRII+ operations supported those **working in the health sector** and their professional activities and wellbeing (for example in PL, LV, GR). There has also been reprogramming of resources to support employment, as evidenced by the use of funds to support STWS and other measures to support **those at risk of losing their jobs due to the effects of the pandemic**. Funds have also been targeted at the **most vulnerable in society**, who had very immediate needs. This was shown by the evidence in some of the case studies of CRII/ CRII+ operations, which targeted homeless people (PL) and the elderly and persons with disabilities (RO). Evidence from the consultations conducted for this study also points to **a focus on** those whose needs were amplified during the pandemic, including some of the most vulnerable and 'new' target groups not previously a particular focus of the ESF in particular. This further evidences the relevance of reprogramming, facilitated by CRII/CRII+, of resources towards types of measures and (new) target groups particularly affected by the pandemic. New target groups (including where OPs had not previously focused on the group concerned) included the following:

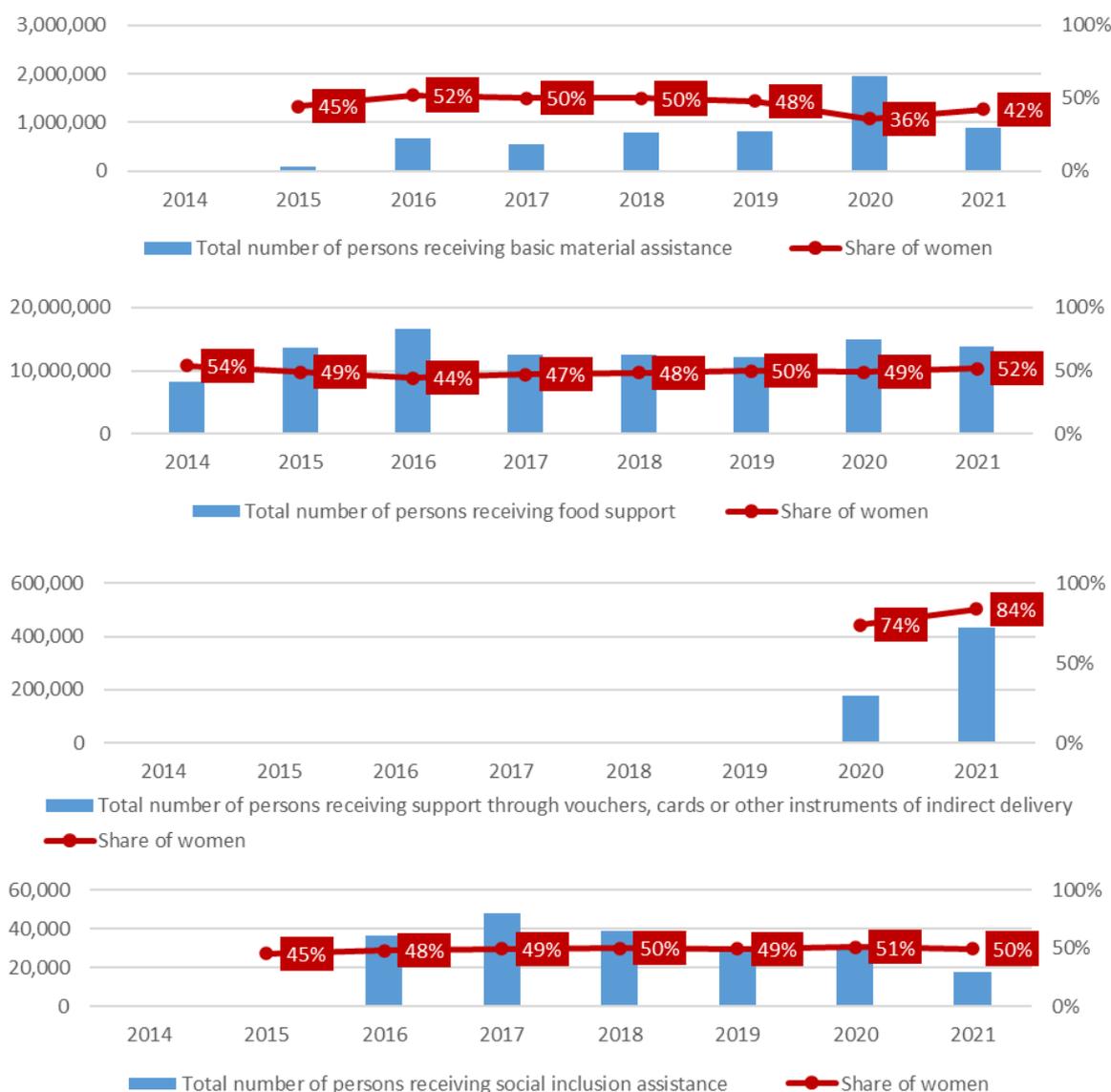
- Medical personnel who had a key role in counteracting the negative consequences of the pandemic, and healthcare workers whose health was endangered by the pandemic (LV, PL)
- Health and social care organisations and health and social care staff (PL)
- Those in institutions that care for people who require support in their daily functioning and the staff of these institutions (PL, UK)
- Service providers, their employees, associates and volunteers providing services and assistance to target groups that require support in the context of the COVID-19 epidemic, which applies to both institutional services and services in the local community (PL, UK)
- Employed people risk of losing their job as a result of the COVID-19 crisis (HU)
- Workers on STWS (LU) and part-time workers (SI)
- Unemployed people under 30 who wanted to start a business and the self-employed (PL) (this target group included the long-term unemployed, people with disabilities, people with low qualifications, and women)
- Those working in cultural sectors (PT)

- Students at risk of poverty or social exclusion (AROPE) by providing them with IT equipment to enable them to participate in remote learning (GR)

The types of new operations financed under the ESF at national/ regional level that were perceived as most relevant for the needs on the ground by the stakeholders consulted for this study included **actions to protect jobs, actions to support workers, actions to support healthcare systems, and actions to support employers and the self-employed**. These types of operations were considered most relevant due to several reasons, particularly around the need for the acquisition of appropriate skills, protecting jobs during the crisis, the need to support healthcare systems.

Operations financed under FEAD continued to be relevant to the needs on the ground and centred on delivery of food aid, provision of information about other social inclusion activities when delivering food packages, and provision of basic and other types of material assistance. **In fact, the relevance of FEAD support increased during the pandemic, as evidenced by a strong increase in the number of end recipients in 2020**, as shown in the Figure below. The number of people receiving basic material assistance more than doubled from 2019 to 2020, reaching a peak of almost 2 million participations in 2020. Strong increases in the provision of basic material assistance were observed in Romania, Italy, Hungary, Croatia, and to some extent in Greece. The number of people receiving food support increased by 24% reaching almost 15 million in 2020. The number of persons receiving social inclusion measures remained constant in 2019 to 2020. In addition, in 2020 and 2021 in France and Romania 0.6 million people received vouchers, cards or other instruments of indirect delivery. The share of women remained relatively constant at around 50% at the level of the EU-27 in relation to food support and social inclusion measures, while the share of women dropped from nearly 50% to 36% in from 2019 to 2020 relation to the provision of basic material assistance. The share of women who received vouchers, however, reached 74% in 2020 and 84% in 2021. Further details are available in **Annex 1** – Appendix 3.

Figure 12: Number of end recipients of FEAD and share of women (2014-2021)



Source: Authors' calculation based on SFC 2014.

Although funding was enabled quickly, this was often not enough in the case of some Member States, and **it was exhausted extremely rapidly** (this varied depending on the level of unspent resources available). From the interviews with EU-level stakeholders, such as EU-level social partner organisations or EU-level organisations active in areas such as social inclusion or skills development, there was a view that an **increased co-design approach in respect of the crisis response initiatives** (involving a range of knowledgeable organisations) would have improved their relevance. It was also noted that that the process might be simplified if EU-level organisations could apply directly to the EU for funding and then distribute it among their members at national or regional levels. This was viewed as having the potential to speed up the financing process under similar crisis situations.

A broad mixture of new and adjusted operations have been planned in the Member States, which reflects the need to continue pre-existing operations (while adjusting them to the circumstances imposed by the pandemic), as well as to create new groups given the extraordinary situation. This confirms the relevance to the pre-existing and new needs during the crisis, as well as that ESF and FEAD operations implemented before and during and the pandemic are largely aligned (see **Section 4.3 – Coherence**).

Case study evidence also indicates that the objectives of and measures taken by projects were relevant to the needs of target groups on the ground and to emerging needs. In Greece, for example, measures enabled the Ministry of Health to respond quickly to the needs emerging as a result of the pandemic by almost doubling recruitment at hospitals across Greece.

4.5.3. Evolution of ESF and FEAD target group needs and the role of flexibilities in helping the ESF/FEAD adapt to new needs

The pandemic resulted in an evolution of the needs of target groups and the emergence of new needs, as evidenced above. The evidence collected for this study shows that the CRII and CRII+ operations **continue to be relevant in terms of facing new challenges, such as digitalisation and the shift to the green economy**. For example, participants in the focus groups noted that due to the need to respond to COVID-19 in general but also due to the adjusted ESF/FEAD operations, they were able to pilot new ways of responding to these challenges, which will inform future activities in areas such as active labour market measures and training (e.g., in BE Flanders and PT).

Although the COVID-19 crisis and the measures that aimed at preventing the spread of the virus affected the general population, vulnerable and disadvantaged groups were particularly impacted. The pandemic hit certain ESF and FEAD target groups particularly hard: this is especially the case for young people and those transitioning from education to the labour market, based on data available at EU level (as discussed in Annex 1 – Appendix 4). Further, older people and young people in rural and remote areas with weak digital infrastructure were affected significantly due to support services moving online. The pandemic also had a greater impact on people in lower socioeconomic groups and ethnic minorities, women and those in precarious and informal work.

Overall, the suspension of several economic activities, nationwide lockdowns and the closure of educational institutions increased social exclusion, poverty, and discrimination of marginalised groups, such as the Roma population, people with migrant background, persons with disabilities or homeless people. These groups experienced a disproportionately higher negative impact of the pandemic, considering infection rates as well as access to social, health and education services. The analysis of **changes in ESF participations** before and during the pandemic (summarised below) does not indicate, however, that these groups increased their share in ESF operations during the pandemic (see **Annex 1**). Nevertheless, it should also be noted that despite a lack of specific targeting, the share of vulnerable groups in ESF operations also did not fall. In addition, the general population targeted through CRII and CRII+ operations may have also included participants with a vulnerable profile.

Some groups, such as homeless people, became harder to reach during the crisis, due to homeless centres being closed. Partner organisations therefore had to work with other associations to create new partnerships during the crisis to reach those in need and some of these partnerships are still ongoing. Some organisations also found it hard to reach those in very rural areas, largely because partnership organisations tend to be located in larger cities. There were also challenges relating to people who did not want to or were not able to go to distribution centres or who were not aware that they qualify for support. In some countries, FEAD voucher schemes were implemented, to allow these people to buy products with vouchers rather than wait near a distribution point to collect goods (e.g. FR, PT, LU). The flexibility offered by CRII/ CRII+ around the use of vouchers was reported to be important in encouraging people to take up the support available to them. At an aggregate level, however, as shown above, the number of recipients of FEAD support increased during the pandemic, which is an indication that overall, the support provided by the Fund was very relevant to needs on the ground. Notwithstanding this, gaps in support

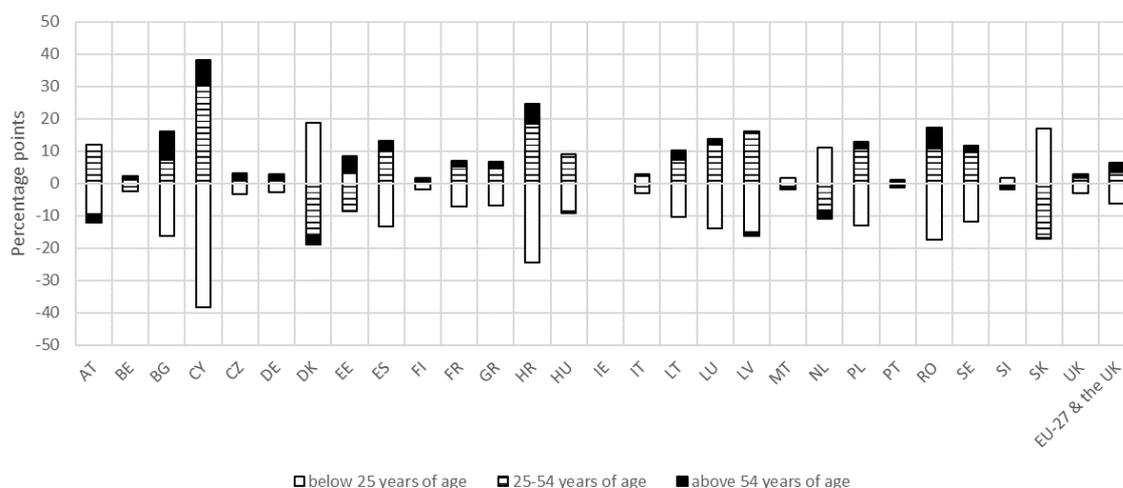
for individuals in vulnerable groups may have occurred, which were not covered by ESF, FEAD or other funds.

Further research about this issue is needed at EU level to provide a detailed assessment of the extent of the gaps and which groups were either not targeted or reached sufficiently. However, existing evidence shows that Member States adopted emergency measures to address the impacts of the COVID-19 crisis in the social inclusion area (alongside others), to improve social protection for vulnerable people, for example those at risk of poverty. In Italy, Latvia, Bulgaria, or Romania, such measures included increasing existing benefits or providing additional in kind benefits for older people and persons with disabilities, relaxing eligibility rules for people in precarious situations (not entitled to unemployment benefits, or with very low incomes), enhancing access to services, addressing energy poverty, and increasing the guaranteed minimum income level.²⁴⁷

One of the **principal target groups** of the anti-crisis operations targeted under **ESF** is the **general population** or **entities serving the general population** e.g., healthcare services. The **overall lack of specificity of the target groups** in the anti-crisis operations indicates that a majority of operations were aimed at benefiting anyone affected by the COVID-19 crisis rather than focusing specifically or exclusively on certain demographics. A small proportion (nearly 40) out of the identified operations under CRII and CRII+ specifically target inactive and unemployed people often described as “vulnerable” groups and/or at risk of social exclusion.

There were indeed changes in the portfolio of ESF and YEI operations in 2020 and 2021 in response to the COVID-19 pandemic, and the impact of this in terms of participants, as can be seen from the monitoring data reported in the Annual Implementation Reports. **Measures focusing on employed people (e.g. STWS) meant that operations across all age groups were reorganised due to more urgent needs being addressed, and this also affected the composition of participants by age group.** As can be seen in the Figure below, in 20 countries (AT, BE, BG, CY, CZ, DE, ES, FI, FR, GR, HR, HU, IT, LT, LU, LV, PL, RO, SE, UK), the share of participations among those younger than 25 years of age decreased while in most of these Member States the decrease of this share of young people resulted in an increase of the share of those aged 25 to 54 rather than an increase of the share of those above 54 years of age. For more details, see Annex 1 – Appendix 3.

Figure 13: Changes in share of ESF participations by age group by country (2020-2021 v. 2014-2019)



Source: Authors' calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

²⁴⁷ European Commission (2021). Joint Employment Report 2021, pp. 109-115. Available at: <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8351&furtherPubs=yes>

This analysis of monitoring data also shows that during the COVID-19 pandemic there was a **significant shift in the labour market status** of those participating in ESF and YEI initiatives, with an increase of those with employed status of 12 percentage points in 2020-2021 compared to pre-crisis levels (2014-2019) in the EU-27 and the UK. Looking at country-level data, the most significant change is reported in Cyprus, where before the crisis 91% of the supported people were unemployed, while during the crisis 97% are employed. The absolute number of supported inactive participants increased significantly in BG, EE, NL and SK and to some extent CZ and SK from 2019 to 2020. Only a small number of the mapped operations (34) targeted inactive and unemployed people, including long-term unemployed people.

As evidenced in this analysis of monitoring data, the share of **women** participating in ESF and YEI initiatives remained relatively constant at above 50% at the level of the EU-27 and the UK, oscillating between 53% and 55% between 2018 and 2021. During the first year of the pandemic in 2020, in relation to 2019, the number of participations by women increased under TO 8 (+3%) and TO 9 (+9%), while they decreased substantially under TO 10 (-45%) and TO 11 (-61%). To a certain extent, these changes in the number of participations can be linked to financial reallocations as discussed in the above section on effectiveness.

In terms of **disability**, the share of ESF and YEI participants with disabilities decreased very slightly, by 0.7 percentage points, from 2014-2019 to 2020-2021 in the EU-27 and the UK. One exception was Italy, where an increase of 22 percentage points under IP 9.iv is directly linked to the regional OP of Campania, where more than 38,000 people with disabilities were supported in 2020, as a response to the COVID-19 pandemic. Overall, the share of **migrants** supported decreased from 14.9% (2014-2019) to 13.1 (2020-2021) in the EU-27 and the UK. There are only a few COVID-19 operations targeting people with a migration background (e.g. in DE-Saarland), while migrants are in some cases subsumed under measures targeting vulnerable groups/people at risk of social exclusion in general.

As regards the use of **FEAD** food and material aid, apart from traditional end recipients, new groups emerged during the COVID crisis. Non-traditional groups of FEAD-funded aid included people with better skills or higher levels of education (e.g. workers who have been furloughed, students who lost summer jobs or scholarships, single parents, freelancers, workers without an employment contract, etc.) and with new needs to be addressed (e.g. psychological support, need for information).²⁴⁸ As presented in further detail in Annex 1 – Appendix 3, characteristics of the participations of the operations providing food support did not change much before and during the crisis. There were some notable changes, however, including the **share of women**, as shown in the Figure above.

These findings are largely confirmed by ESF stakeholder consultations, which indicated that they were able to better respond to needs on the ground due to CRII and CRII+ flexibilities, specifically to the needs of **SMEs affected by the COVID-19 crisis, people who were made redundant / suspended due to COVID-19 crisis, people at-risk-of-poverty-or-social-exclusion (ARPE), children, people with disabilities or chronic diseases and the unemployed**. FEAD stakeholders consulted cited a number of vulnerable groups that they believed had been supported by the flexibilities, such as people at-risk-of-poverty-or-social-exclusion, people with a migrant background, persons with disabilities or chronic diseases, homeless people, children, elderly people, and women.

Many interviewed stakeholders cited the relevance of the **ESF** CRII and CRII+ operations in terms of **supporting those who were at risk of job loss** through measures such as support for furloughing and temporary lay-offs, alongside the loans facilitated through the European instrument for temporary Support to mitigate Unemployment Risks in an Emergency (SURE). Stakeholder consultations further showed that one of the main changes in the ESF activities was a need to **provide trainers with the skills to deliver**

²⁴⁸ FEAD Community Thematic Seminar on “New beneficiaries of FEAD-funded measures and new practices implemented during the Covid-19 crisis”, p. 12.

courses online, which was implemented by CRII and is still ongoing, and therefore highly relevant (in PT). Other changes in ESF activities included extending an unemployment programme in Poland to support people under 30 who lost their job after March 2020, which is seen as a key target group. Further, in Germany, there was a view that there was a certain amount of frustration that ESF assistance has a strict definition of target groups in Germany, which limits flexibility: **Member States preferred to define target groups broadly, which permits more flexibility in the crisis response, since more individuals can be included without further administrative changes, depending on developments on the ground.**²⁴⁹

In relation to FEAD CRII/ CRII+ operations, in Bulgaria, it was noted that the activities implemented under the OP for Food and/or Basic Assistance in response to the COVID-19 crisis proved to be timely and provided the necessary assistance, particularly in the case of **elderly people**, who are at higher risk of infection and disease. In France, resources have been targeted at the neediest at local level, thanks to local not-for-profit organisations. In Lithuania, it was noted that although the overall number of FEAD recipients did not increase, the measures met the needs of the traditional FEAD target groups to a great extent.

Specific evidence of the **relevance of operations to the groups to which operations were addressed was also found for specific case study countries**. For example, the Polish case study found that a specific target group was homeless people and people at risk of homelessness, which suffered significantly during the pandemic and are not always among the priority support groups for governments. Further, in the Spanish case study, measures were deemed to be very relevant in terms of decreasing the rate of youth unemployment, which is a key priority for Spain. The review of relevant documents undertaken for this study and stakeholder interviews indicate the measures enabled by the CRII flexibilities enabled the reallocation of funds in support of the specific objectives of the Youth Employment OP in Spain. Accordingly, Spain was able to finance the temporary employment support measure ERTE (Expediente de Regulación Temporal de Empleo) through the OP that helped to maintain youth in employment, including those benefiting from the Youth Guarantee. In Romania, immediate help was provided to the elderly and vulnerable groups through a call centre and the provision of educational activities targeting vulnerable students who could not access online classes during lockdown. In some countries it was reported that it was often more difficult to actually reach individuals rather than employers, as employees often need approval of their employers to participate in skills development activities offered (e.g., in SE).

FEAD target groups diversified in some countries but not because of the pandemic. In Croatia, for instance, a new target group emerged due to the earthquake crisis. In Lithuania, those fleeing the war in Ukraine are a new target group for FEAD and the criteria for support were altered to support them: monthly income is usually used to determine eligibility for support but people coming into the country from Ukraine are able to receive support without an income assessment.

4.5.4. Specific response to the consequences of the war in Ukraine

One of the main developments in 2022 has been the social and humanitarian consequences of the war in Ukraine. This created a need for EU Member States to extend help and support to those arriving in the EU from the conflict areas in Ukraine. The research shows that **CRII and CRII+ flexibilities may have been less relevant in the context of the arrival in EU Member States of people fleeing the war in Ukraine**, largely due to the fact that funds had already been committed for other operations or that it was too early to make a definitive judgement on the relevance of the response to this new crisis.

²⁴⁹ National interviewee, Germany – interview conducted in May 2022.

This was the result from the evidence collected from a range of sources for this study. For example, from the **survey of ESF Managing Authorities**, when respondents were asked to what extent the CRII and CRII+ flexibilities were relevant to the needs of their institution in the context of the arrival in their country of people fleeing the war in Ukraine (following Russia's invasion in February 2022), only around a fifth of respondents (11 out of 59) said that they were relevant to a great or medium extent. Reasons given by respondents for why the flexibilities might not have been so relevant include the fact that it was at the time too early to make judgements about the relevance of these flexibilities to the needs of people arriving from Ukraine. Other reasons given included the fact that most or all of the funding had already been committed and so it was not possible to dedicate funds to helping refugees from Ukraine through the same process enabled by CRII and CRII+, that there was a need to implement activities other than those indicated in the operational programme, that this issue had not yet been examined thoroughly, and that programmes did not use the ESF funds for this purpose.

From the survey of FEAD Managing Authorities, around a quarter of respondents to this question (4 out of 17), stated that the flexibilities introduced by CRII and CRII+ were relevant to a great or medium extent. The reasons given for relevance include (in HR) the fact that the OP had already been set very broadly in terms of eligible final beneficiaries, activities and expenses which enabled FEAD Managing Authorities in Croatia to help Ukraine refugees. In Spain, a FEAD MA said that specific OP control requirements in relation to end recipients had been relaxed as a result of CRII + flexibility. In terms of lack of relevance, a view from a respondent (in PL) was that national measures introduced as a response to the migration crisis from the Ukraine were not linked to CRII/ CRII+ as they focused on adjusting national legislation on social assistance. Nevertheless, other interviewees in Poland noted that a lot was able to be put into place to support Ukrainian refugees in Poland under the flexibility mechanisms, based on the Polish experience with the COVID-19 crisis.

However, it would seem that the evidence gathered suggests that the **extent of the relevance appears to be country-specific** and linked to the types of measures that different governments have been implementing to mitigate the effects of the COVID-19 crisis and the new crisis related to arrivals from Ukraine, as well as the extent to which further funds were still available from the 2014-2020 programming period. There was some evidence from the national-level **interviews** that the flexibilities in CRII and CRII+ were relevant in this context. For example, in Lithuania it was noted that Ukrainians are included as a target group for FEAD support and receive food and hygiene products. The interview evidence also indicates that the relevance of the flexibilities was also high in Italy, where large numbers of Ukrainian refugees are reported to have settled within existing Ukrainian communities. However, interviewees in Italy also noted that the 100% co-financing option was discussed in the context of support for Ukrainian refugees, although the regions did not use this flexibility, having already used it to underpin support in the context of COVID-19. The view was the regions would not have capacity to modify their financial plans at this stage.

Overall, flexibilities such as the ones enabled by the coronavirus response initiatives **continue to be relevant** in responding to crisis situations and enabling swift actions to meet EU and national objectives and needs on the ground. Consultations have shown that there are important lessons learnt from the process that enabled a quick response to the COVID-19 pandemic which have been applied in the context triggered by the war in Ukraine, regardless of the fact that ESF and FEAD might not have been used to the same extent in the two crisis situations.

5. Conclusions and lessons learnt

5.1. Conclusions

The COVID-19 pandemic has disrupted economies, health and education systems, and the livelihood of millions across Europe. Its impacts are still being assessed and are likely to linger for the foreseeable future, albeit to different degrees depending on the magnitude of the shock in different national contexts. The public health emergency mobilised EU and national resources, requiring accelerated decision-making in an often uncertain context. In condensed timeframes, the EU and the Member States adopted a host of measures to support economies, healthcare systems and the most affected individuals, ranging from financial instruments that enabled liquidity and aid packages, to health and social policy interventions.

The economic impact of the pandemic has varied across countries, sectors and types of companies, affecting SMEs disproportionately. The latter were among the key recipients of temporary financial assistance mobilised at EU and national level, which focused on ensuring working capital and supporting employees on furlough (e.g., through short-time work schemes). The health and education sectors were also significantly affected by the pandemic and the ensuing repeated lockdowns. Governments implemented measures that boosted medical infrastructure and the recruitment of additional staff, developed large scale testing and vaccine facilities, accelerated the digitalisation of education and training systems, and provided aid for the most vulnerable individuals (including through the supply of food and basic material assistance).

The **ESF and FEAD**, alongside other EU funding instruments and mechanisms, **adapted rapidly to tackle the socio-economic challenges that the pandemic caused, thus contributing to the crisis response across Europe** at national, regional and local levels, **while pursuing their original objectives**. This quick adaptation was facilitated by **the EU's quick response to COVID-19** and the adoption of regulations that amended the CPR and FEAD regulations in place during the 2014-2020 programming period, including the **Coronavirus Response Investment Initiatives (CRII and CRII+)**. These were the first such EU level initiatives, adopted in the early days of the pandemic (March-April 2020).

This preliminary evaluation has focused on an early assessment of the use of provisions of CRII and CRII+ in ESF and FEAD-funded programmes, and the role that the ESF and FEAD played in reaction to the public health crisis caused by COVID-19. The assessment shows that, **compared to the economic crisis of 2008-2009, the EU responded much quicker and more extensively to the socio-economic challenges triggered by COVID-19**.

The **intervention logic chains** (inputs, activities, outputs) setting out how the response initiative package is intended to support crisis response, and the logic for ESF and FEAD support under CRII/CRII+, **have worked as anticipated**. The programming flexibilities, as envisaged in the **intervention logic for CRII and CRII+**, have enabled quick support to the Member States and the UK in mitigating the socio-economic and health-related consequences of the COVID-19 crisis, mobilising non-utilised support from the ESF and FEAD as well as transfers from other funds (ERDF and the Cohesion Fund). The **intervention logic for ESF and FEAD support under the CRII and CRII+** captures concrete operations delivered through the ESF and FEAD under CRII/CRII+. Here the evidence likewise indicates that CRII and CRII+ have facilitated an effective and efficient use of the ESF and FEAD to address the negative impact of the pandemic on health, labour

markets, education, and social inclusion. The results and impacts of actions undertaken using the CRII and CRII+ flexibilities were not evaluated in this study, as this evaluation is an early one. The focus on results and impacts will be completed within the broader ESF ex-post evaluation activities. However, outcomes at the level of beneficiary organisations and end recipients were explored to the extent possible through the case studies of good practices included in this report (**Annex 6**), and broadly point towards the types of effects anticipated in the intervention logics developed for this study.

5.1.1. Effectiveness

CRII and CRII+ have effectively offered Member States flexibility in reprogramming ESF and FEAD to respond to the COVID-19 crisis. A range of flexibilities were used to a larger extent within ESF programming relative to FEAD, even when accounting for the different relative sizes of the Funds. The flexibility provided through the CRII to reallocate financial volumes between Funds was the most used within ESF, followed by reallocation within OPs and 100% co-financing. Within FEAD, the flexibility used by the greatest number of Member States was the possibility of 100% co-financing.

23 countries reallocated ESF funding between TOs in response to COVID-19, within or between ESF OPs, since May 2020. At the level of the EU-27 and the UK, **the most significant change has been an increase of funding for TO9** of almost EUR 2 billion. Allocations to TO8 also increased, however less significantly (by nearly EUR 215 million). However, allocations to TO10 fell by just over EUR 1.3 billion and for TO11 by EUR 252 million. This mirrors the **focus on employment, health and social inclusion operations** following the introduction of the response initiatives. CRII and CRII+ enabled operations to be adapted, and at times newly developed, to address particular immediate effects of the pandemic (e.g. impacts on health systems, employment and on already vulnerable groups facing social exclusion). The reallocation may have potentially negative longer-term effects for education and training, however, given that this area was not generally prioritised through the ESF during COVID-19 to the same extent as employment, health and social inclusion.

Relative to the ESF, **FEAD reallocations were less frequent and only requested by a small number of Member States** (AT, CZ, HU, RO, SK). Evidence shows that CRII+ was effective in supporting reallocation needs in specific national contexts to facilitate the continued provision of food and/or basic material assistance to the most deprived in the pandemic.

The pattern and trajectory of **absorption rates following the introduction of CRII and CRII+ was largely unchanged for both the ESF and FEAD**, despite the challenging pandemic context, suggesting that the flexibilities played a role in maintaining the support provided by the ESF and FEAD. Thematic concentrations required by the ESF Regulation were also largely maintained.

5.1.2. Efficiency

The coronavirus response initiatives facilitated an efficient crisis response. Facilitating the use or reallocation of unspent funds helped to re-focus spending on the challenges of the pandemic. The extremely quick adoption of the initiatives after the outbreak of the pandemic, compared to the EU support package in the aftermath of the 2007 – 2008 financial crisis, was crucial for its effectiveness, relevance and the role it played for Member States.

CRII and CRII+ simplified and accelerated processes around OP amendment and resource reallocation, which helped Member States to act quickly. Flexibilities were generally seen as reducing resource requirements and administrative burden for the Managing Authorities. However, their use also created burden as formal OP modifications were still necessary (though simplified) and the staff needed to familiarise themselves with the new rules. The simplification procedures were not always extended to the level of beneficiary organisations, which represented a bottleneck given the need for urgent actions especially at the onset of the pandemic.

In the state of emergency monitoring and cost-benefit considerations were not at the centre of attention amongst those programming and implementing the CRII and CRII+ operations. However, the new (non-paper) indicators are a significant step forward when compared with attempts to monitor (and evaluate) interventions aimed at addressing previous crises (e.g. the 2008-2009 economic crisis). By September 2022, 25 Member States and the UK were using the new indicators, across 150 OPs (or 80% of all ESF-funded programmes). This shows that although the indicators were non-mandatory, they were extensively used and support the efforts to measure the COVID-19 response.

5.1.3. Coherence

ESF and FEAD operations under CRII/ CRII+ were largely aligned with prior ESF and FEAD measures and their overall objectives. ESF operations in the pandemic prioritised some existing areas of intervention through operations adjusted to the COVID-19 circumstances but also new ones (that had not been implemented before). Due to the needs created by the pandemic and the need for operational flexibility in a crisis context, ESF CRII and CRII+ operations tended to focus more on the general public eligible for ESF support, or entities serving the general public, rather than on specific target groups of the ESF (e.g. older workers, people with disabilities etc). However, ESF operations under CRII and CRII+ continued to support vulnerable groups as well, for example ensuring access to social and health support services was maintained for groups such as the homeless or those with disabilities. As discussed above, **FEAD operations** in the pandemic continued to target the most deprived through food and other material aid and the number of people supported rose significantly in 2020 relative to pre-pandemic years.

ESF and FEAD CRII/ CRII+ operations were coherent with measures funded through national budgets and other EU instruments (including the ERDF, SURE, REACT-EU, and ESF+). The research often identified complementarities between the measures implemented through various EU and national financial mechanisms. While some measures received funding from a variety of funding sources (most notably the support provided to companies and workers through short-time work schemes), there are no indications that this resulted in contradictions or duplications, but rather that different resources needed to be pulled together to address substantial needs and avoid mass bankruptcies and unemployment.²⁵⁰

ESF and FEAD CRII/ CRII+ operations proved to be well integrated in national pandemic response strategies, providing responses to the COVID-19 pandemic in complementary key areas such as the social inclusion of key vulnerable groups (e.g.

²⁵⁰ At the end of April 2020, for instance, in the EU27 there were more than 42 million applications for support for workers on short-time work or similar schemes, which corresponds to about one quarter of the overall EU workforce. Further details in Müller T., Schulten T. (2020). Ensuring fair short-time work - a European overview. In ETUI, The European Trade Union Institute. Available at: <https://www.etui.org/publications/policy-briefs/european-economic-employment-and-social-policy/ensuring-fair-short-time-work-a-european-overview>

homeless, elderly, persons with disabilities), in the education/ training area (through training focusing on digital skills), and in supporting healthcare systems and staff.

Apart from continuing or extending the CRII/CRII+ operations, the complementarity with REACT-EU is particularly visible at the level of allocations. While funds under CRII/CRII+ were reallocated mostly to Thematic Objective 9 (Social inclusion and health), reflecting the most urgent needs stemming from the public health crisis, REACT-EU prioritised employment measures, thus focusing on middle-term crisis repair.

5.1.4. Relevance

The EU's response to the pandemic through the CRII and CRII+ package was **relevant to the needs of the Member States and supported governments to address the needs of individuals and entities that emerged from or were heightened by the crisis**. Due to the simplifications, acceleration of the reprogramming process and financial reallocations enabled, as well as retroactive eligibility of expenses, **the Funds could contribute timely and in a meaningful way to the crisis response across the Member States and the UK. This was important in particular in countries where the impact of the pandemic was the highest**, and in those where identifying necessary liquidity for deploying crisis mitigation measures was challenging. The relevance of ESF scope of action is further confirmed by the net increase in ESF allocation by EUR 0.7 bn following the transfers from the ERDF and the CF.

ESF operations under CRII and CRII+ supported and were relevant to the needs of individuals and entities (e.g., companies and organisations or institutions providing social and healthcare services) **affected by the pandemic**. Due to the change in focus of ESF under CRII/CRII+, there have been changes in the composition of participants, by age group but also by employment status. Despite the broad definitions of the target groups in the operations implemented under CRII/CRII+, the focus on the most disadvantaged groups was not lost. Vulnerable target groups continued to be supported through the CRII and CRII+ operations during the pandemic (e.g., people with disabilities, homeless persons, students at risk of poverty or social exclusion, the elderly) even though new priorities and target groups had to be addressed (workers at risk of losing their jobs, companies at risk of bankruptcy, workers in healthcare establishments). By comparison, during the 2008 – 2009 economic crisis, ESF interventions focused on the most affected groups at the time, e.g. young people, long-term unemployed, employees in the sectors most hit (manufacturing, construction, textiles), as well as people with disabilities, migrants, and people with very low incomes.

The **continued relevance of CRII/ CRII+ operations** is evidenced by indications that Member States have continued some CRII/ CRII+ operations through REACT-EU and also plan to continue some of the operations under ESF+, for example in the area of digital skills and e-learning, and job creation and retainment.

FEAD operations during the pandemic continued to target the most deprived through food and other material aid, with a key difference being the heightened support to partner organisations which had to overhaul standard procedures (e.g. due to needing to deliver food to individuals' homes, develop more targeted outreach activities, and enable access to grocery stores in a way that reflected the social distancing rules). The COVID-19 pandemic and the use of CRII/CRII+ flexibilities impacted on the number of FEAD end recipients, the number of whom strongly increased in 2020 (linked to the provision of support to the most vulnerable groups), evidencing the **relevance of FEAD actions** during the

pandemic. Overall, the characteristics of the FEAD end recipients did not change significantly. However, at the level of the EU27, there was a decrease in the number children aged 15 years or below in operations providing food support, but this trend is mainly driven by changes in three countries (EE, HU, and SK) and reflects amendments in the legal framework in these countries involving additional support options for families with children, and an increase in the number of people aged 65+ (see further details in Annex 1 – Appendix 3). The share of women remained relatively constant at around 50% at the level of the EU-27 in relation to food support and social inclusion measures, but it dropped from 50% to 36% for the provision of basic material assistance. At level of EU27, there was also an increase of the number of homeless receiving support, based on an increase of 13p.p. in Germany.

5.1.5. Contribution

By enabling the rapid use of unspent funding available from the 2014 – 2020 programming period, CRII and CRII+ contributed to reducing the impact of the pandemic on health systems, companies, and individuals. The initiatives enabled a variety of types of employment, social inclusion, healthcare, and education/ training operations (new and adjusted relative to the pre-pandemic period) to be planned and implemented across the Member States and the UK. Most CRII and CRII+ operations extended previous actions but were adjusted to the pandemic context. CRII and CRII+ operations focused on health actions supporting the continued functioning of healthcare systems (these operations were often new) but also access to services for vulnerable individuals; short-time work-schemes (focusing on passive measures to support workers and employers and protect jobs); improving digital skills and digitalisation in education and training as well as in public services and in work settings. Under CRII+, FEAD operations continued to provide food and/or basic material assistance to the most deprived, notwithstanding some changes in the characteristics of the end recipients (as mentioned above).

The broad scope of the operations in most countries shows that the Member States used ESF to support crisis response across all or most areas facing challenges, rather than concentrating on single areas, which is consistent with the CRII/ CRII+ intervention logic and the the widespread negative impact of the pandemic on employment, healthcare, social inclusion and education in all countries.

CRII and CRII+ also contributed to developing new ways of cooperating between governmental and non-governmental stakeholders across policy areas (e.g. cross-departmental working groups) and to enabling greater cross-fund cooperation under the EU Cohesion Policy, supporting aligned interventions at the EU, national and regional levels during the pandemic.

The results of the survey with the Managing Authorities show that the Member States would have used ESF and FEAD for anti-crisis reaction even without CRII and CRII+ flexibilities. However, the initiatives made a difference by accelerating and simplifying the processes involved. Compared to the reaction to the 2008 – 2009 economic crisis, the CRII and CRII+ also added value through their cross-fund and cross-policy approach, which extended the financial envelope available for anti-crisis operations and their scope.

Overall, due to the relatively limited funds still available at the end of the 2014 – 2020 programming period, **the impact of CRII and CRII+ was not huge in scale, but the CRII/CRII+ operations added volume to national measures, brought attention to target groups that might have otherwise been omitted** (e.g., the homeless in Poland and youth in Spain, as the case studies in Annex 6 show) **and allowed the testing of new**

operations or approaches (as shown, for example, in the case studies of ESF operations in Greece and Sweden, and the FEAD operation in Luxembourg).

5.2. Lessons learnt

A number of lessons have emerged from this preliminary evaluation of the support provided by ESF and FEAD under the Coronavirus Response Investment Initiatives.

ESF and FEAD objectives address structural challenges but have also proved their added value in supporting crisis response.

- **ESF and FEAD adapted to the rapidly developing needs caused by the coronavirus crisis while continuing to pursue their long-term objectives** of supporting jobs, social inclusion, combating poverty and providing aid to the most deprived, investing in education and (vocational) training.
- The COVID-19 pandemic impacted every country and every human activity. In this context, the pursuit of the ESF and FEAD objectives required adaptations at the level of actions and the challenge was often the maintenance of the status quo (employment, access to education, healthcare or social services), which justified support to passive measures (notably through short-time work schemes). Similarly, the broad character of the crisis justified the broad definitions of target groups in operations under CRII/CRII+. However, beyond the COVID-19 crisis, the support to passive measures without a combination with complementary active measures as well as lack of sufficient targeting may have negative implications on the achievement of ESF's long-term objectives.
- The strength of the ESF and FEAD as crisis response instruments was their established implementation structures which enabled the channelling of funds to the actors on the ground quickly. This was especially true in Member States where the national budgets for ALMPs or social services are limited and ESF provides a significant contribution into employment and social policies. Therefore, for urgent reaction to the crisis **the possibility to adjust existing operations and flexibility at the level of investment priorities was key.**
- **Flexibility emerged as the most needed feature of an effective crisis instrument.** The stakeholders consulted for this preliminary evaluation acknowledged the value of the CRII and CRII+ flexibilities and largely support the argument that these should be made permanent, to enable a quicker adaptation of ESF and FEAD to needs emerging and developing on the ground in crisis but also non-crisis situations. New regulations for the 2021-2027 programming period already include an emergency clause about their use in crisis contexts, reflecting this consideration.

The more active involvement of partners during the pandemic in some contexts has supported the gathering of relevant information about the needs on the ground, as they emerged and developed, which informed the design of the ESF and FEAD operations.

- One of the greatest challenges during the pandemic has been to gather, in real time, reliable information about the needs emerging on the ground and design adequate interventions to respond to them (and their likely evolution in the near to medium term). Member States used a variety of channels to gather this information, including

the knowledge of social partners and organisations about local and regional developments, providing useful learning for future approaches.

Extending flexibilities to national and regional procedures and institutional/organisational capacity are equally important to effective crisis response

- Despite simplifications at the EU level, the research showed that **procedures have at times remained challenging on an administrative level**, especially when corresponding simplifications at national or regional levels were not implemented. **Implementing urgently new operations with new beneficiaries who had to familiarise themselves with the administrative requirements proved difficult.** This implies the need to continue to focus on simplification and flexibility in the delivery of support, extending this where possible at national levels to reflect developments in the use of EU instruments.
- Likewise, evidence indicates that, where possible, **combining EU flexibilities with national ones to address crises can support further efficiency and effectiveness.**

Flexibility is needed, but it is also necessary to ensure that appropriate monitoring and evaluation mechanisms to secure the traceability of operations and their outcomes, even in situations of crisis response.

- As the **original ESF and FEAD monitoring systems were not designed to track the exceptional flexibility measures introduced by the coronavirus response initiatives**, the Commission proposed new financial and output indicators (the COVID-19 indicators) to be used by the ESF national and regional programmes. Despite their voluntary nature, ESF OPs in most Member States relied primarily on these (non-paper) indicators rather than developing their own national (or regional) indicators. In relation to FEAD, monitoring arrangements appear to have stayed essentially the same, reflecting the fact that the nature of support provided through the fund continued as before with limited changes. The **introduction of a dedicated priority axis to amended OPs**, as was later the case for REACT-EU, would have facilitated the identification and tracking of the actions implemented by the Member States to mitigate the impact of COVID-19. At the same time it may have limited the scale and the speed of the reaction, as most of the operations under CRII and CRII+ were existing, adjusted, operations.
- The current arrangements put in place in the EU Member States to evaluate the response to the COVID-19 crisis appear to be limited. Where evaluation arrangements have been put in place, these are typically not focused on measures introduced by CRII/CRII+, which may reduce the evidence relating to the results and impacts of these operations, and hence limit the learnings about the use of ESF and FEAD in crisis situations. This again indicates the importance of evaluation, as well as the need for evaluations to be detailed and specific in their focus on the way in which the Funds were used in the crisis response context.
- There are inherent trade-offs between providing a wide range of flexibilities in the use of ESF and FEAD (which has supported effectiveness and efficiency in crisis response) and ensuring close monitoring of implementation (which may add some additional burden, particularly in crisis situations). Further considerations about how to **set up monitoring and evaluation systems that capture essential information about the implementation of similar flexibility packages, especially in crisis situations**, would contribute to more robust and comprehensive monitoring and evaluation of their outputs, results and impacts. In

addition, discussions and agreement (involving key actors at EU and national level) at an early stage about the monitoring and evaluation of operations introduced in crisis situations could facilitate a more in-depth understanding of their impact, any implications for objectives and targets as initially set, as well as enabling learnings about how to improve reaction to future crises.

Anti-crisis operations have highlighted investment areas where ESF and FEAD operations could focus more in the future, in tandem with interventions supported through other funds during post-COVID-19 recovery.

- Responding better to the needs of existing and emerging vulnerable groups has been emphasised in the pandemic. The crisis revealed areas where pervasive inequalities exist, which were not necessarily the focus of previous interventions. Future programming can take note of this in ensuring the further development of support for disadvantaged groups, including in promoting digitalisation and ensuring equality of digital access (as in crisis response operations that focused on facilitating distance and online learning, in part through ensuring access to equipment and training).
- The pandemic response also highlights how ESF operations can adopt a broader focus on supporting general health through a focus on supporting the effective functioning and development of health and social care systems. Under ESF+, health actions will continue to focus on strengthening such systems in the pandemic recovery phase, and some of the successful approaches highlighted by this study can be drawn upon as part of this (including those in the case studies).
- **ESF actions to support workers and employers** focused on active measures (ALMPs) since the 2008 – 2009 economic crisis, whereas during the pandemic there was a shift of investments towards passive measures to preserve jobs and avoid large scale bankruptcies – due to the crisis circumstances. However, in some instances passive measures were combined with active ones to promote adaptability and employability skills while also protecting jobs. It is clear that ESF+ will support post-pandemic recovery actions in the area of employment through a renewed focus on active measures including skilling and reskilling measures. However, should future crises arise that require job-retention support as in the pandemic, the potential to combine passive measures (e.g. STWS) that stem from these with active measures should be considered.

As a result of the CRII/ CRII+ ESF and FEAD operations implemented during the pandemic in the areas of digitalisation, and support for employers, workers, and healthcare systems, Member States have already piloted new ways of working and activities that are expected to contribute to the implementation of actions under ESF+. **The pandemic response confirms that alignment between the measures implemented through the different objectives and funding priorities of the EU cohesion policy can ensure complementarity and support effective results.**

- **CRII and CRII+ flexibilities encouraged synergies between the ESF and other funds**, notably the ERDF, through the opportunity to reallocate unspent funds. In the health area, for example, this enabled alignment between the operations funded by ERDF during the pandemic (e.g. support for vaccination capabilities) and those funded by the ESF (e.g. support for recruiting additional healthcare staff). Such synergies between ESF and ERDF funding can enhance support to structural change in the 2021-2027 programming period, expanding COVID-19 measures to support sustainable outcomes through investments in infrastructure as well as people (e.g., in the areas of healthcare, digital education or inclusive employment).

- The **multitude of instruments available to the Member States during the pandemic supported crisis response, but also added a significant burden on national authorities** to ensure their coordination and complementarity under time pressure. This process, however, also built capacity at EU, national and regional levels and supported the development of new ways of working that can contribute in the future to a better targeting and alignment of resources to pursue the EU's Cohesion Policy priorities during 2021-2027.

The lessons learnt during the COVID-19 crisis are to an extent relevant to the needs emerging in the context of the crisis resulting from the arrival of people fleeing the war in Ukraine.

- There are some early (though inconclusive) indications that the coronavirus response initiative flexibilities may have been less relevant in the context of the arrival in EU Member States of people fleeing the war in Ukraine. This appears to be due to the fact that funds had already been committed for other operations. The extent of the relevance appears to be country-specific and linked to the scope of the challenges faced by the Member States; the types of measures that different governments have been implementing to mitigate the effects of the COVID-19 crisis and those of the new crisis; as well as the extent to which further funds were still available under the ESF and FEAD from the 2014-2020 programming period. Lessons have nonetheless been learnt from the process that enabled a quick response to the COVID-19 pandemic which have been applied in the context triggered by the war in Ukraine at the EU level and in the case of some Member States, regardless of the fact that ESF and FEAD might not have been used to the same extent in the two crisis situations.
- In addition to the potential relevance of the ESF and FEAD to the context of the support provided to individuals fleeing Ukraine due to the war, there are also other mid- to long-term implications of the Russian aggression, such as the energy crisis and recession. ESF+ alongside other Funds (e.g., ERDF) can support tackling these consequences by providing assistance to employees and the self-employed, alongside vulnerable households or businesses affected by rising energy prices, as well as fund adapted infrastructures or measures to reduce energy waste (e.g., improved house insulation). FEAD can help provide emergency aid for the most deprived. Such actions could benefit from flexibilities such as those included in the CRII and CRII+ package and contribute to reducing liquidity problems in the Member States.

Annexes

Annex 1: Supporting information

Annex 2: Methods and analytical models used

Annex 3: Evaluation matrix

Annex 4: Overview of benefits and costs

Annex 5: Consultation synopsis report

Annex 6: Case studies of good practices

Annex 1: Supporting information

Appendix 1: Additional information on Member States ESF COVID-19 anti-crisis operations

Overview of mapped Covid-19 anti-crisis operations across IPs

Table A 1 – Detailed typology of operations across investment priorities²⁵¹

Type of operations	No.	8i	8ii	8iii	8iv	8v	8vi	8vii	9i	9ii	9iii	9iv	9v	9vi	10i	10ii	10iii	10iv	10v	10vi	11i	11ii	11iii	
Actions to promote social inclusion through ensuring access to services	40								3	5	1	27	3	1										
Actions to promote the social inclusion of vulnerable groups through providing direct targeted support	23								14		1	6	1				1							
Other social inclusion	3										1		2											
Actions to protect jobs	44	10				20	2		1			10	1											
Actions to support employers and the self-employed	41	3		7		26						1	1								3			

²⁵¹ The number of operations is based on the mapping of the SFC2014 database by the contractor and is subject to the limitations described in Annex 2. The total number of operations in the Table is 354. Finding a type of operation for one operation programmed in 2014IT05SFOP012 under IP11i was not possible due to limited information. Therefore, this operation is not included in this Table.

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Type of operations	No.	8i	8ii	8iii	8iv	8v	8vi	8vii	9i	9ii	9iii	9iv	9v	9vi	10i	10ii	10iii	10iv	10v	10vi	11i	11ii	11iii
Actions to support workers	34	18	3	2	1	7							1				1				1		
Actions to support young NEET people through the YEI	7		7																				
Other employment actions	3	1				1		1															
Actions to support healthcare systems	54								2			52											
Actions to support healthcare workers and patients	26						8		1			16										1	
Other healthcare	4						1					3											
Actions to ensure the continuity of education and training	25														15	4		4			1		
Equipment/ other capital investment to ensure the continuity of education and training	20														16	1	1	2					
Other education and training actions	29														9	1	15	4					

Overview of a sample of ESF and FEAD anti-crisis operations²⁵²

Overview of ESF anti-crisis operations - Employment

Table A 2 – Overview of ESF anti-crisis operations: employment

Key thematic areas (ESF)	Typology of operations (ESF)	Brief description of operations & intended results	Characteristics of support (Common Examples)	Examples of countries & regions where operations were implemented
Employment	Actions to protect jobs	Actions to secure jobs of those on furlough because the employers were forced to close their services	<ul style="list-style-type: none"> Providing support for those who are technically unemployed as a result of the pandemic, with e.g., wage subsidies and grants support employers in maintaining jobs at risk from the COVID 19 epidemic (part-time or full-time subsidies and similar measures) One off grants for workers in specific sectors considered at risk (transport sector, tourism, entertainment and cultural sector) to avoid them leaving the sector 	CY, DE (Niedersachsen), IT, IT (Abruzzo, Basilicata, Bolzano, Lombardia, Piemonte, Puglia, Sardegna, Trento), LT, LU, MT, PL (Łódzkie, Małopolskie, Zachodniomorskie), PT, PT (Azores, Centro)
		Supporting businesses activity, maintaining existing jobs, and creating new ones	<ul style="list-style-type: none"> One off grants for businesses hiring new employees during the pandemic, including schemes for hiring new employees in harder to reach areas, and hiring employees within specific age brackets Grants for converting short term contracts into permanent ones Financial aid for those who had to request a leave or reduce working hours because of caring responsibilities Vouchers for allowing children of families in need to attend childcare thus allowing parents to continue working 	SP (Cataluña, Extremadura, Castilla la Mancha), HU, IT, PL (Lubelskie), PT (Alentejo, Azores), SI
		Support employers and employees to adapt to change	<ul style="list-style-type: none"> Financial contribution to businesses (incl. self-employed) to create and implement tele-working schemes for their workers Support the adaptability of companies through the development of professional skills 	IT (Friuli Venezia Giulia, Marche, Sardegna.), PL (Wielkopolskie), PT (Madeira)

²⁵² The table includes a sample of ESF and FEAD anti-crisis operations mapped by October 2022

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Actions to support workers	to Support to workers who are on furlough because the employers were forced to close their services	<ul style="list-style-type: none"> • Providing support for those who are technically unemployed as a result of the pandemic, with e.g., wage subsidies and grants • Cash benefits for workers who faced job loss • Enable workers on furlough to attend professional development courses in the form of distance learning 	SI, IT, CZ
	Supporting the unemployed, including those that have lost their job because of the Covid19 pandemic	<ul style="list-style-type: none"> • Incentives and grants for the unemployed in emergency need • Improving qualifications of unemployed people, and those that have greatest issues in finding employment • Assistance in active job search, such as job placements, psychological and career counselling support tailored to the individual needs of a job seeker 	e.g., PL (Opolskie), RO, PT (Lisboa)
	Support the recovery supporting workers aiming to open new businesses	<ul style="list-style-type: none"> • Training courses equipping workers with key knowledge necessary to start a business • Grants for entrepreneurs starting a business • Providing entrepreneurs with innovation and business management development sessions, including networking and sessions with mentors 	PL (Małopolskie, Świętokrzyskie), DK
	Support workers in adapting to teleworking arrangements	<ul style="list-style-type: none"> • Support workers in need with the of purchasing laptops, tables and other hardware or software • Training to support the proper use of telework equipment 	FR (Martinique)
Actions to support employers and the self-employed	Support to self-employed and small businesses to retain staff/ maintain activity	<ul style="list-style-type: none"> • Grants for self-employed that had to suspend their activities • Compensating loss of income and increase costs faced by SMEs and self-employed in the cultural and creative sector • Grants for businesses hiring personnel in the tourism sector, incl. seasonal workers • Wage subsidy for companies hiring highly qualified workers in SMEs • Supporting companies in developing skills within their existing workforce 	BG, GR, IT (Lazio, Valle d'Aosta), PT (Alentejo, Lisboa), DK, FR (Guyane)
	Support for employers and companies for setting up telework arrangements	<ul style="list-style-type: none"> • Provision of software licenses to access secure systems services 	IT, FR (Guadeloupe)
Actions to support NEET young people through the YEI	Supporting young people in finding a job	<ul style="list-style-type: none"> • Actions to offer support for young people, including individual counselling and mentoring, training and internship opportunities • Financial contributions to young people who had to suspend their internships or traineeships because of the pandemic 	ES, PL, FR, IT

Overview of ESF anti-crisis operations - Social Inclusion

Table A 3 – Overview of ESF anti-crisis operations: social inclusion

Key thematic areas (ESF)	Typology of operations (ESF)	Brief description of operations & intended results	Characteristics of support (Common Examples)	Countries & regions where operations were implemented
Social inclusion	Actions to promote the social inclusion of vulnerable groups through providing direct targeted support	Strengthening health, social and economic support to vulnerable groups while remaining accessible	<ul style="list-style-type: none"> • Guaranteeing quarantine or post-hospital recovery to people who do not have adequate accommodation for this purpose (e.g.: purchase of PPE, necessities) • Supporting families in temporary economic difficulty (e.g., necessities, e-learning solutions, costs for broadband internet connection) • Vouchers for the purchase of food and necessities • Socio-educational and socio-recreational activities – funding measures that prevent the spread of Covid-19, e.g.: sanitation of schools, supporting health stuff, etc. • Specific instruments for the protection of victims and monitoring of aggressors in domestic violence • Economic support measures for workers whose activity has been suspended • Provision of IT equipment to disadvantaged/unemployed persons to encourage their participation in vocational training • Vocational qualification measures for the long-term unemployed and the unemployed 	DE (Bayern), IT (Basilicata, Liguria, Sicilia, Umbria), PL (Kujawsko-Pomorskie Voivodeship), PT
		Dissemination of official information	<ul style="list-style-type: none"> • Informing the population about COVID-19, its consequences on health and daily life and measures taken by the public authorities • Providing devices to access online information 	FR (Martinique), UK
		Increase employment of vulnerable groups and strengthen social inclusion in companies	<ul style="list-style-type: none"> • Recruitment of socially responsible companies • Training of company mentors • Industry-oriented qualification course • Job search support 	SE (Jutland)
		Social and professional activation of people with disadvantaged backgrounds	<ul style="list-style-type: none"> • Access to legal and civic counselling • Professional and social reintegration activities, e.g.: social contracts, local activity programs, qualification programmes 	PL, PT (Azores)

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		(e.g.: persons with disabilities, long-term unemployed)	<ul style="list-style-type: none"> • Vocational activation through e.g. internships, subsidised employment, supported employment, career counselling, job placement, job coach • Establishing links between potential employees and employers 	
		Specific measures to support personal, work and family reconciliation to reduce the economic impact of COVID-19	<ul style="list-style-type: none"> • Supporting natural persons, self-employed workers and employees contracting unemployed persons for home care 	ES (Extremadura)
		Extraordinary placement of workers	<ul style="list-style-type: none"> • Replacement of workers who are unable to perform their duties in the areas of health and social support by unemployed persons • Payment of a supplementary monthly grant, transport and meal expenses or food allowance for each day of activity 	PT (Algarve, Azores)
Actions promote social inclusion through ensuring access services	to	Measures supporting households with dependent children / persons with limited autonomy	<ul style="list-style-type: none"> • Vouchers for baby-sitting or other services for children • Vouchers for services for persons with limited autonomy • Extension of parental leave 	IT, IT (Sardegna)
	to	Measures aiming to shift to a model of community-based services (compared to an institutional model of services)	<ul style="list-style-type: none"> • Creating a network of social and cross-sectoral services in the community • Providing targeted services in assisted-housing 	BG, PL, PL (Opolskie, Pomorskie)
		Improving the accessibility of social services	<ul style="list-style-type: none"> • Increasing the capacity / supply / range of social services²⁵³ 	PL (Lubuskie)
		Development of social economy sector	<ul style="list-style-type: none"> • Supporting existing or new social enterprises e.g., through the provision of incubation or business services 	PL (Warmińsko-Mazurskie)
		Supporting children AROPE to follow online education	<ul style="list-style-type: none"> • Providing IT equipment (laptops, tablets) for children AROPE or otherwise vulnerable 	GR, FR
		Educational activities to improve the ability of staff working in social assistance aimed at counteracting the negative impact of Covid-19	<ul style="list-style-type: none"> • Specialization training for people managing shelters for the homeless • Implementation of education standards in three key areas: social mediation, activity organising, social services organising 	PL

²⁵³ This covers a wide range of services including, but not limited to early (health) prevention services; support for families experiencing care and upbringing problems, including when there is a risk of losing the possibility of taking care of children, and support for foster care; improving access to sheltered / assisted / training housing, and others; support for the elderly; support for people with disabilities, and others.

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		Increasing the availability of healthcare and social services to marginalized Roma communities	<ul style="list-style-type: none"> • Provision of employment services based on labour market needs • Support for programs aimed at ensuring minimum hygiene standards, e.g.: provision of necessary medical or sanitary equipment against Covid-19 	SK
	Other social inclusion actions	Creation of high-quality jobs in the social economy sector	<ul style="list-style-type: none"> • Support for the creation and functioning of social enterprises, e.g. mentoring in the field of running a business. • Support the development of existing social enterprises, e.g. advisory services, legal services, accounting, finance, services 	FR, PL

Overview of ESF anti-crisis operations - Health

Table A 4 – Overview of ESF anti-crisis operations: health

Key thematic areas (ESF)	Typology of operations (ESF)	Brief description of operations & intended results	Characteristics of support (Common Examples)	Examples of countries & regions where operations were implemented
Health	Actions to support healthcare workers and patients	Support staff to treat Covid19 patients in healthcare settings, as well as securing access to services to other patients	<ul style="list-style-type: none"> • Purchasing material for detecting and treating Covid19 infections and protecting users and staff in health settings (e.g., testing kits, PPE, instrumentation, medical equipment and devices) • Coverage of overtime costs and other related charges of operators engaged in dealing with the health emergency • Additional compensations for staff working in emergency healthcare settings • Support the hiring of auxiliary staff in healthcare settings, incl. volunteers; accelerating the recruitment of students in medical schools, and/or re-engaging staff that have recently retired • Psychological and mental health support for professionals and users 	e.g., BG, DE (Niedersachsen), FR (Réunion), GR (Ionian Islands), IT, PL, PL (Łódzkie, Małopolskie, Mazowieckie, Podkarpackie, Podlaskie, Pomorskie, Śląskie, Wielkopolskie, Zachodniomorskie), PT (Centro), UK (East Wales, West Wales and the Valleys)
		Training for staff active in healthcare settings	<ul style="list-style-type: none"> • Training for medical staff • Granting contribution to students obtaining HE qualification in medical-related subjects 	LV, DE (Saarland), BE (Flanders), IT

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	Actions to support healthcare systems	Support healthcare providers and systems, including local and regional ones	<ul style="list-style-type: none"> • Support the hiring of auxiliary staff in healthcare settings • Grants to local health providers • Purchasing material for detecting and treating Covid19 infections and protecting users and staff in health settings (e.g. testing kits, PPE, instrumentation, medical equipment and devices) • Purchase and distribution of PPE to general population 	e.g., DE (Brandenburg), SP (Andalucía, Cantabria), FR, GR, IT (Emilia Romagna, Sardegna, PL, PL (Dolnośląskie, Lubelskie), PT (Alentejo, Norte), RO
		Setting up mobile units to assist patients and/or test Covid19 cases	<ul style="list-style-type: none"> • Provision of health services in refugees and immigrant reception centres • Provision of health services, social distancing measures and information to the general population in touristic destinations • Reinforce the mitigation of the contagion in institutions of the social and solidarity sector, such as homes for people with disabilities and in need for continuing care • Grants to local health providers 	GR (Central Macedonia, Continental Greece), ES (Valenciana)

Overview of ESF anti-crisis operations - Education and Training

Table A 5 – Overview of ESF anti-crisis operations: education and training

Key thematic areas (ESF)	Typology of operations (ESF)	Brief description of operations & intended results	Characteristics of support (Common Examples)	Examples of countries & regions where operations were implemented
Education and training	Actions to ensure the continuity of education and training	Establishment of regional networks for schools to prevent early school leaving and ensure equal access	<ul style="list-style-type: none"> • Initiation of regional educational offers • Provision of needs-based socio-pedagogic support 	DE
		Competence development of students to respond the needs of labour market	<ul style="list-style-type: none"> • Organisation of trainings, workshops, etc. based on key universal competences • Counselling, psychological, and pedagogical care 	PL
		Support to students in tertiary education through financial means	<ul style="list-style-type: none"> • Exemption from annual university fees • Scholarships, grants • Targeted support to students with disadvantaged background 	IT

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			<ul style="list-style-type: none"> • Exemption of PhD deadlines 	
	Support to distance learning (in all education and training institutions)		<ul style="list-style-type: none"> • Providing IT equipment, technological platforms, software • Creation and production of educational material, e.g.: e-books, integrated educational platform • One-off contributions to support university students lacking the necessary tools and means of Internet connectivity • Support for innovative teaching and learning projects 	FR, IT, PL, PT
	Support to trainees/students in vocational education and training		<ul style="list-style-type: none"> • Social support • Covering expenses associated with distance learning • Purchase of personal protective materials and other measures to ensure social distance 	PT
	Support to teachers		<ul style="list-style-type: none"> • Training and counselling, e.g.: digital skills and competences, distance education • Digitalisation of equipment for pedagogical purposes 	IT, PL, PT
Equipment/ other capital investment to ensure the continuity of education and training	Support to distance learning education services for the digital transition of education (in all education and training institutions)		<ul style="list-style-type: none"> • Equipping schools with IT equipment, e.g.: portable computers, hardware, software (to be made available of students with disadvantaged background) • Introduction of digital education technologies • Training for teachers on how to provide distance education 	BG, FR, IT, PT, PL
	Grants to purchase books and teaching material for students in economic need		<ul style="list-style-type: none"> • Allowing educational institutions to purchase supports, books and teaching material 	IT
Other education and training actions	Increasing the professional qualifications of students on the labour market		<ul style="list-style-type: none"> • Investment aimed at improving the conditions of vocational education, e.g.: equipping studios and workshops with modern equipment • Activities enabling the acquisition of knowledge and experience in the real work environment, e.g.: internships, apprenticeships, dual education 	PL (Wielkopolskie Voivodeship)
	Competence development measures for employees and laid-off workers		<ul style="list-style-type: none"> • Validation and competence development measures provided for companies and their employees • Upskilling and reskilling of laid off employees in the fashion trade and textile as well as tourism sectors, e.g.: sustainability skills, second hand textile sorters • Language courses in professional language for people for migrant background working in the transport sector • Skills mapping and targeted skills training such as in the retail and manufacturing sectors, e.g.: free online courses 	DK, IT (Umbria), SE (Västernorrland, Jämtland, Gävleborg, Örebro, etc.)

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	Compensation for students' knowledge gap due to disrupted education	<ul style="list-style-type: none"> Provision of teaching aids, texts and methodological materials for the needs of quality inclusive education Support for educational activities in lagging regions and regions economically dependent on industries in decline, e.g., coal mining regions 	SK
	Modernisation of vocational and adult education to meet the needs of the labour market	<ul style="list-style-type: none"> Systemic review of curricula Training of vocational teachers and practical trainers 	HU
	Improving skills and professional competences of teachers for better quality of education services	<ul style="list-style-type: none"> Development of interpersonal and social skills Providing tools for psychological and pedagogical diagnostics 	PL (Podkarpackie Voivodeship)
	Encouraging participation in university education and create equal opportunities for access to education	<ul style="list-style-type: none"> Scholarships for students in need 	IT (Molise)

Overview of FEAD anti-crisis operations

Table A 6 – Overview of FEAD anti-crisis operations

Key thematic areas (FEAD)	Typology of operations	Brief description of operations & intended results	Characteristics of support (Common Examples)	Examples of countries & regions where operations were implemented
Social inclusion in respect of addressing poverty and its effects	Provision of food aid	Provision of food and basic material aid to the most deprived persons (including children) to meet increased demand	<ul style="list-style-type: none"> Purchase of food Distribution of food aid and material assistance (e.g.: hygiene packages) 	BE, SK
	Provision of food and basic material	Purchase and distribution of vouchers/electronic cards	<ul style="list-style-type: none"> Electronic cards/vouchers to be used for food/basic material assistance Monthly top-up of vouchers (up to a predetermined financial amount) 	FR, PT

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	assistance through vouchers			
	Home delivery of food aid to the most deprived	Delivery of hot lunch and individual food packages to minimum 50,000 vulnerable people.	<ul style="list-style-type: none"> • Provision of information on Covid-19 • Provision of clothing • Healthcare workers, organised in mobile groups monitoring the health status of some users 	BG
	Provision of information about other social inclusion activities upon delivery of food packages (e.g. counselling, social skills and knowledge development, etc.)	Adjusted delivery of individual food packages and accompanying services to individuals and families most affected by the COVID-19 pandemic.	<ul style="list-style-type: none"> • Disease prevention measures, e.g.: animated movie, leaflet on hygiene • Health checks to determine risk factors for Covid-19 infection • Consultations on personal and household hygiene 	BG
	Purchasing personal protective equipment and disinfectants	Supplying personal protective equipment and disinfectants to partner organisations to enable them distribute food packages	<ul style="list-style-type: none"> • Supply of personal protective equipment and disinfectants to partner organisations 	BG
	Technical support to enable delivery of support	Protecting volunteers to ensure continuity of FEAD support	<ul style="list-style-type: none"> • Purchasing medical protective equipment, e.g.: masks, gloves, disinfectant • Distribution of equipment to partner organisation and volunteers 	LT
		Ensuring continuity of food distribution without personal contact	<ul style="list-style-type: none"> • Buying bags for packaging of food and hygiene items • Pre-arranged food pick-up times 	LT

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measures to recipients	Management, programming, and monitoring support to enable implementation of operation	<ul style="list-style-type: none"> Using FEAD funds to cover for the technical assistance gap of the operation Support for intervention management, monitoring, audits and controls of operations Design and development of the computerized data recording and storage system 	ES
Social networking activities for the elderly	Increasing social inclusion of isolated elderly people through social activities in the four largest municipalities.	<ul style="list-style-type: none"> Awareness raising on accessible support ("corona ticket") Teaching the elderly of video calling 	NL

Overview of target groups of ESF anti-crisis operations across the four thematic fields and FEAD anti-crisis operations

Table A 7 – Target groups of ESF anti-crisis operations in the field of education and training

Key thematic areas (ESF)	Typology of operations	Key target group(s) & Main characteristics	Examples of countries & regions where operations were implemented ²⁵⁴
Education and training	Actions to ensure the continuity of education and training	Students in primary, secondary and/or tertiary education or training. Sometimes targeting especially those with multiple disadvantages, including economic disadvantages.	FR (Martinique), IT (Basilicata, Lazio, Molise, Umbria), PL (Kujawsko-Pomorskie, Lubuskie, Małopolskie, Świętokrzyskie), PT
		Teachers, including those providing vocational training	PT, PL (Lubuskie, Małopolskie, Podlaskie Świętokrzyskie), IT (Basilicata)
		Students' families and parents	PL (Małopolskie), IT (Molise)
	Equipment/ other capital investment to ensure the continuity of education and training	Students in primary, secondary and/or tertiary education or training. Sometimes targeting especially those with multiple disadvantages, including economic disadvantages.	BG, FR (Guadeloupe et St Martin), IT (Basilicata, Calabria, Liguria, Marche, Sicilia, Toscana, Trento), PL (Mazowieckie, Opolskie), PT, PT (Alentejo, Centro, Norte)
Teachers, including those providing vocational training		PT, PL (Mazowieckie, Opolskie), IT (Friuli Venezia Giulia, Marche, Sicilia, Trento)	

²⁵⁴ Where no reference is made to region(s), operations are part of a national-level operational plan.

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		Schools and institutions providing education and training	FR (Guadeloupe), IT (Friuli Venezia Giulia)
Other education and training actions		Students in primary, secondary and/or tertiary education or training. Sometimes targeting especially those with multiple disadvantages, including economic disadvantages and disabilities	FR (Provence-Alpes-Côte d'Azur), IT (Basilicata, Calabria, Lazio, Liguria, Marche, Molise, Piemonte, Sardegna, Toscana, Trento), PL (Dolnośląskie, Wielkopolskie Voivodeship), PT, SK, HU (Central Hungary)
		Adults in the job market who were employed at risk of being unemployed, dismissed or technically unemployed, including those active in economically vulnerable sectors due to the Covid-19 crisis	HU, PL (Opolskie), RO, SE
		Teachers, including those providing vocational training	IT (Sardegna), PL (Dolnośląskie, Podkarpackie, Pomorskie, Wielkopolskie), SK
		Employers, including those active in economically vulnerable sectors due to the Covid 19 crisis	HU, HU (Central Hungary), SE

Table A 8 – Target groups of ESF anti-crisis operations in the field of employment

Key thematic areas (ESF)	Typology of operations	Key target group(s) & Main characteristics	Examples of countries & regions where operations were implemented ²⁵⁵
Employment	Actions to protect jobs	Adults in the job market who were employed at risk of being unemployed, dismissed or technically unemployed, including those active in economically vulnerable sectors due to the Covid-19 crisis.	CY, ES, HU, IT (Abruzzo, Bolzano, Calabria, Friuli Venezia Giulia, Liguria, Lombardia, Marche, Piemonte, Puglia, Sardegna, Trento), LT, MT, PL (Łódzkie, Lubelskie, Małopolskie, Wielkopolskie), PT, PT (Centro, Madeira), SI
		Entities (e.g., companies, SMEs), entrepreneurs and self-employed	DE (Niedersachsen), ES (Cataluña), HU (Central Hungary), IT (Basilicata, Calabria, Campania, Centro Friuli Venezia Giulia, Sardegna), LU, PL (Łódzkie, Lubelskie, Małopolskie, Wielkopolskie, Zachodniomorskie), PT (Azores, Centro)

²⁵⁵ Where no reference is made to region(s), operations are part of a national-level operational plan.

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Actions to support workers	Adults in the job market who were employed at risk of being unemployed, dismissed or technically unemployed, including those active in economically vulnerable sectors due to the Covid-19 crisis.	CZ, EE, FR (Martinique), IT, IT (Molise, Sardegna, Umbria), PL (Kujawsko-Pomorskie, Lubuskie, Mazowieckie, Opolskie, Podkarpackie, Podlaskie, Pomorskie, Śląskie, Świętokrzyskie, Warmińsko-Mazurskie, Wielkopolskie), PT (Lisboa), RO, SI, SK
	Young people (being them NEET, employed, or looking for employment) and apprentices	PL (Małopolskie), FR (Martinique), DE (Bayern)
	Entities (e.g., companies, SMEs), entrepreneurs and self-employed	PL (Lubuskie, Łódzkie, Opolskie, Podkarpackie, Podlaskie, Śląskie, Świętokrzyskie, Wielkopolskie)
Actions to support employers and the self-employed	Entities (e.g., companies, SMEs), employers, entrepreneurs, self-employed	DK, DK (Bornholm, North Jutland, South Funen, Zealand), FR (Guadeloupe, Martinique), GR, PL (Lubelskie, Małopolskie), PT (Algarve)
	Adults in the job market who were employed at risk of being unemployed, dismissed or technically unemployed, including those active in economically vulnerable sectors due to the Covid-19 crisis.	BG, DE (Bayern), DK, FR (Guadeloupe et St Martin, Guadeloupe), IT (Friuli-Venezia Giulia, Lazio, Valle d'Aosta), PT (Algarve, Alentejo)
Actions to support NEET young people through the YEI	Young people not in employment aged between 15-29	PL, ES
	Employers and employees of SMEs	PL
Other employment actions	Entities (e.g., companies, SMEs), employers, entrepreneurs, self-employed	DK, DK (South Funen), PL (Łódzkie, Małopolskie, Podkarpackie, Podlaskie, Pomorskie, Świętokrzyskie, Wielkopolskie), PT (Algarve), SK
	Adults in the job market who were employed at risk of being unemployed, dismissed or technically unemployed, including those active in economically vulnerable sectors due to the Covid-19 crisis.	EE, IT (Molise, Sardegna, Umbria), PL (Mazowieckie, Pomorskie, Warmińsko-Mazurskie, Wielkopolskie), PT (Lisboa), SK
	Families and children	IT (Umbria)

Table A 9 – Target groups of ESF anti-crisis operations in the field of social inclusion

Key thematic area (ESF)	Typology of operations	Key target group(s) & Main characteristics	Examples of countries & regions where operations were implemented ²⁵⁶
Social inclusion	Actions to promote the social inclusion of vulnerable groups through providing direct targeted support	Vulnerable groups including those with disabilities, the elderly and young children, as well as those socially excluded, e.g., homeless, which in some cases has been exacerbated by the Covid-19 crisis.	DE (Bayern), FR (Guadeloupe, Guadeloupe et St Martin), IT (Basilicata, Liguria, Metropolitan Cities, Sicilia, Umbria), PL (Podlaskie, Świętokrzyskie, Warmińsko-Mazurskie, Wielkopolskie), PT, PT (Azores, Lisboa), UK
		Entities or people providing support to combat Covid-19, e.g., health services or schools providing distance learning	IT (Umbria), PL (Kujawsko-Pomorskie, Świętokrzyskie), PT (Algarve)
	Actions to promote social inclusion through ensuring access to services	General population	FR (Guyane), GR (Crete), IT (Calabria, Toscana), PL (Podlaskie), SI
		Adults in the job market who were employed at risk of being unemployed, dismissed or technically unemployed, including those active in economically vulnerable sectors due to the Covid-19 crisis.	GR, IT (Basilicata, Campania, Lazio, Liguria, Molise, Trento, Veneto), PL (Kujawsko-Pomorskie)
		Entities or people providing support to combat Covid-19, e.g., health services or schools providing distance learning	FR, (Martinique), IT (Molise, Toscana, Trento), PL (Podlaskie, Śląskie, Świętokrzyskie, Warmińsko-Mazurskie), RO
		Vulnerable groups including those with disabilities, the elderly and young children, as well as those socially excluded, e.g., homeless, which in some cases has been exacerbated by the Covid-19 crisis.	BG, GR (Thessaly), IT, IT (Basilicata, Campania, Liguria, Sardegna), PL, PL (Kujawsko-Pomorskie, Lubuskie, Opolskie, Podkarpackie, Pomorskie, Warmińsko-Mazurskie, Wielkopolskie, Zachodniomorskie), PT (Lisboa), RO
	Actions to promote social inclusion through enhancing support services	Public and non-public institutions operating for the benefit of all people	PL
		Members and residents of minority Roma communities (MRC)	SK
		Social entities and social economy enterprises	PL (Podlaskie, Śląskie)

²⁵⁶ Where no reference is made to region(s), operations are part of a national-level operational plan.

Other social inclusion actions	Vulnerable groups including those with disabilities, the elderly and young children, as well as those socially excluded, e.g., homeless, which in some cases has been exacerbated by the Covid-19 crisis	PL (Podlaskie, Śląskie)
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Table A 10 – Target groups of ESF anti-crisis operations in the field of health

Key thematic area (ESF)	Typology of operations	Key target group(s) & Main characteristics	Examples of countries & regions where operations were implemented ²⁵⁷
Health	Actions to support healthcare workers and patients	Health service entities and healthcare workers	BE (Flanders), BG, DE (Niedersachsen), FR (Réunion), IT, IT (Valle d'Aosta), LV, PL, PL (Małopolskie, Mazowieckie, Zachodniomorskie), PT (Centro), UK (East Wales, West Wales and the Valleys)
		General population, especially working age adults (with or without health issues)	GR (Ionian Islands), PL (Łódzkie, Małopolskie, Podkarpackie, Podlaskie, Pomorskie, Śląskie, Świętokrzyskie, Wielkopolskie, Zachodniopomorskie)
		Families and young children (with or without health issues)	IT (Valle d'Aosta), PL (Mazowieckie)
	Actions to support healthcare systems	Health service entities and healthcare workers	BE (German speaking community of Belgium), DE (Brandenburg), ES (Andalucia, Valenciana), FR (Guadeloupe et St Martin, Martinique), IT (Emilia-Romagna, Sardegna, Sicilia), LV, PL, PL (Dolnośląskie, Lubelskie), PT (Alentejo, Norte), RO
General population		BE (German speaking community of Belgium), FR (Aquitaine, Auvergne, Basse Normandie, Champagne-Ardenne, Guadeloupe, Haute Normandie, Languedoc-Roussillon, Limousin, Lorraine et Vosges, Mayotte, Nord-Pas-de-Calais, Pays de la Loire, Picardie, Poitou-Charentes, Provence-Alpes-Côte d'Azur, Rhône-Alpes), GR (Attica, Central Macedonia, Continental Greece, Eastern Macedonia-Thrace, North Aegean, Peloponnesus, South Aegean, Thessaly, Epirus, Western Greece, Western Macedonia)	

²⁵⁷ Where no reference is made to region(s), operations are part of a national-level operational plan.

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		Refugees/immigrants	DE (Brandenburg), GR (Attica, Central Macedonia, Continental Greece, Eastern Macedonia-Thrace, South Aegean)
	Other health actions	Health service entities and healthcare workers	IT (Abruzzo)
		Parents in situations of social and economic difficulty, of primary and lower secondary school children, secondary school children and university students.	IT (Abruzzo)

Table A 11 – Target groups of FEAD anti-crisis operations

Key thematic areas (FEAD)	Typology of operations	Key target group(s) & Main characteristics	Countries & regions where operations were implemented
Social inclusion in respect of addressing poverty and its effects	Provision of food aid	People/families in need including children	BE, SK
	Provision of food and basic material assistance through vouchers	People/families in need	PT, FR
	Home delivery of food aid to the most deprived	Vulnerable persons, e.g., people living in shelters or are dependent on social assistance	BE, BG, FI, SK
	Provision of information about other social inclusion activities upon delivery of food packages (e.g., counselling, social skills and knowledge development, etc.)	People who are socially excluded from society, such as homeless people or victims of violence	SI

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	Purchasing personal protective equipment and disinfectants	FEAD beneficiaries (partner organisations)	BG
	Technical support to enable delivery of support measures to recipients	FEAD partner organisations	LT
		Vulnerable persons, e.g., people living in shelters or dependent on social assistance	ES
	Social networking activities for the elderly	Pensioners with very low income	NL

Appendix 2: Effects of reprogramming under CRII and CRII+ on the level of allocations and absorption rates

This annex considers in further detail the effects of reprogramming facilitated by the coronavirus response initiatives on levels of financial allocations and absorption rates. The key findings included in this annex contributed to the Effectiveness section (**Section 4.1**) of the evaluation report.

The analysis begins with an assessment of reallocations between Funds (ESF, ERDF, CF). We then examine shifts within the ESF and allocations between categories of regions and in terms of thematic concentrations. Within this latter analysis, we compare changes in financial allocations with changes in the number of ESF participations at IP level. The analysis of the thematic concentration concludes with the extent to which the minimum thematic allocations set out in Art. 4 of the ESF Regulation (2013/1304) have been maintained during the coronavirus response period. We further examine the effects of the response initiatives on ESF absorption rates and compare the absorption with the programming period 2007-2013. Finally, analysis is provided concerning shifts in allocations and absorption rates in respect of the FEAD.

At the end of the sub-section, we draw some preliminary conclusions regarding effectiveness in respect of the coronavirus response initiatives from the preceding analysis, as well as summarising the key findings emerging at this interim stage.

Financial reallocations between the ERDF, the Cohesion Fund and the ESF

Under the coronavirus response initiatives, at the request of a Member State, the resources available for programming for the year 2020 could be transferred between the ERDF, the ESF and the Cohesion Fund (CF) and across the different categories of regions. Table A12 illustrates the mapping of the **shifts between funds and within the ESF from May 2020 until September 2022**.

24 Member States used the coronavirus response initiatives to facilitate amendments to the ESF to respond to the COVID-19 crisis (a total of 219 amendments being facilitated under Thematic Objectives 8-11 to date). Overall, around EUR 1.2 billion were shifted from the ERDF (EUR 871 million) and the CF (EUR 341 million) to the ESF, while about EUR 493 million were moved from the ESF to the ERDF, resulting in a net increase of ESF funds of EUR 0.7 billion.

Figure A 1: Reallocation between the ESF, the ERDF and the CF under the coronavirus response initiatives up to September 2022



Source: Authors calculation based on: <https://cohesiondata.ec.europa.eu/2014-2020-Finances/CRII-COVID-Change-in-fund-allocations-since-31-5-2/f22x-fgxd> (extracted on 28 September 2022)

The Table below illustrates reallocations of ESF resources between funds and by country, showing the very diverse picture of reallocations across Member States as a reaction to the COVID-19 pandemic.

As examples, in Malta and Lithuania, funding was shifted from the ERDF and the CF to the ESF to facilitate increased investment in short time work schemes needed to fight the COVID-19 crisis; conversely, in Ireland, EUR 60 million were transferred from the ESF to the ERDF to support the cost of supplying essential Personal Protective Equipment for the Irish healthcare system for use in the fight against COVID 19.^{258 259 260}

Table A 12 – COVID-19 related changes in ESF allocations by country, since 31/5/2022 until April 2022 (EUR values)

Country	ERDF to ESF	CF to ESF	ESF to ERDF	Net increase/decrease of ESF funding	Shifts within the ESF based on the flexibilities offered by the coronavirus response initiatives (CRII/CRII+) at country level
AT	-	-	-	-	-
BE	-	-	-	-	1,320,656
BG	-	-	-	-	58,145,102
CY	-	36,012,833	-	36,012,833	-
CZ	240,421,000	-	-	240,421,000	-
DE	19,136,018	-	3,300,000	15,836,018	10,600,000
DK	-	-	-	-	430,887
EE	-	-	-	-	-
ES	3,600,000	-	-3,730,815	-130,815	45,905,340*
FI	-	-	-	-	-
FR	7,272,000	-	69,311,035	-62,039,035	-
GR	-	-	-	-	124,719,202
HR	-	-	-	-	-
HU	62,094,285	-	-	62,094,285	-
IE	-	-	60,000,000	-60,000,000	-
IT	163,553,045	-	53,000,000	110,553,045	48,156,332
LT	95,759,283	9,100,000	-	104,859,283	-
LU	-	-	-	-	-
LV	4,895,346	37,550,000	-	42,445,346	9,530,168

²⁵⁸ ESF OP Malta Version 3.0

²⁵⁹ Commission Decision (C(2020)4069) - 2014LT16MAOP001

²⁶⁰ ESF Annual Implementation Report 2021 of Ireland.

MT	28,750,000**	-	-	28,750,000	-
NL	-	-	-	-	-
PL	-	-	49,050,422	-49,050,422	-
PT	47,318,684	80,691,940	254,705,772	-126,695,148	-
RO	-	-	-	-	4,318,822
SE	-	-	-	-	-
SI	-	-	-	-	-
SK	198,000,000	177,250,000	-	375,250,000	26,972,787
UK	-	-	-	-	117,263,230
EU-27 and the UK	870,799,661	340,604,773	493,098,044	718,306,390	447,362,526

Source: Authors' calculation based on: <https://cohesiondata.ec.europa.eu/2014-2020-Finances/CRII-COVID-Change-in-fund-allocations-since-31-5-2/f22x-fgxd> (extracted on 8 September 2022)

* Includes shift of EUR 8,167,349 of funding from YEI to three regional ESF OPs.

**Shifted from ERDF/CF OP.

In cases where no shifts in financial allocations have been made, this is indicated in the table with a horizontal bar (-).

Seven countries shifted funding from the ESF to the ERDF²⁶¹, with a total financial volume of EUR 493 million, to increase the financial volume of Covid-19 related aid programmes under the ERDF needing additional funding (e.g. in IT-Abruzzo), or to merge funds under a new Priority under the ERDF. The latter was reprogrammed in Ireland, where according to the Managing Authority, as the undeclared existing ERDF allocations are being reprogrammed for Health Support the transfer of the ESF funding to the ERDF ensures a more effective, efficient approach concentrating all available resources into a single Scheme, rather than the ESF and ERDF programmes duplicating efforts to support the healthcare system. In this case, the EUR 60 million from the ESF were allocated to a new Priority – Priority 7 Coronavirus Response – including a new Health Support Scheme. This scheme supported the cost of supplying essential personal protective equipment for the Irish healthcare system for use in the fight against COVID-19 in the Southern and Eastern region.²⁶² In DE, FR, IT and PL reallocations from the ESF to the ERDF occurred within multi-funds regional OPs.

In some countries, there are indications that the project selection rate at the end of 2019 affected the way flexibilities enabled through the coronavirus response initiatives were used in the respective countries. In CY, CZ, HU, MT, funding was reallocated from the ERDF or the CF towards the ESF. In other countries, large shifts within ESF OPs mainly occurred in those countries which by the end of 2019 had a project selection rate of around 80%, for instance in Greece, Italy and the UK.

Prior to the crisis, by the end of 2019, at EU-28 level the project selection rate of ESF funds was at 85%, while the share of expenditure declared was at 39%, with large variations across countries and within countries (in cases where a multi-regional ESF architecture is in place). This influenced the range within which Member States were able to respond to the COVID-19 pandemic through reallocating financial resources within and/or between funds. The project selection rate ranged from less than 80% in e.g. HR, IT, LT up to more

²⁶¹ DE, ES, FR, IE, IT, PL, PT.

²⁶² OP amendment request of the Irish Managing Authority (Ares(2020)7157537), submitted 25 November 2020.

than 100% in CY, ES, MT. In this regard it is also important to compare the absorption rates by Thematic Objective, which also affects the degree Member States have, to or are able to reallocate funds to implement operations responding to the pandemic.²⁶³ Further analysis concerning the effect of selection rates and absorption rates by Thematic Objective is provided later in this section.

Furthermore, many of the reallocations between the ESF and the ERDF under the coronavirus response initiatives occurred within regions of countries with a multi-regional ESF architecture, within which, for each region, there is a separate ERDF OP and an ESF OP. In other cases, reallocations were programmed within a multi-fund regional OP, e.g. from a Priority Axis (PA) with ERDF funding to an ESF funded PA, as in Haute-Normandie in France.

Overall, the reallocations between the ESF and the ERDF within the context of regional OPs account for about 37% or more than EUR 500 million of the almost EUR 1.4 billion of total shifts between the two funds, resulting in a net decrease of the ESF of EUR 213 million. Such reallocations have been reported for 28 regional OPs in six Member States, as illustrated in the following table. While in Portugal, France and Poland most of the shifts within regions are reported from ESF to ERDF OPs, in Italy and Germany shifts occurred from ERDF to ESF OPs. For instance, in **Portugal**, in four of the seven regional OPs, EUR 216 million were shifted from the ESF to the ERDF, while only in the Azores funding was reallocated from ERDF to the ESF. In the **Azores** the reallocation was used partly to support the maintenance of jobs through a wage subsidy of 90% of the minimum wage (EUR 6.5 million), and an operation to convert fixed-term employment contracts into permanent employment contracts (integration into the framework of the companies), or for the renewal of existing contracts that allowed the maintenance of the job (EUR 4.7 million).

Table A 13 – Shifts under the CRII and CRII+ package between the ERDF and ESF within respective regions

MS	Number of regional OPs with shifts between ESF and ERDF	Share of regional OPs with shifts between ESF and ERDF	Financial volume shifted within regions between the two funds (in EUR)	Financial volume shifted within regions from the ESF to the ERDF	Financial volume shifted within regions from the ERDF to the ESF	Net increase/decrease ESF
DE	2	13%	22,436,018	3,300,000	19,136,018	15,836,018
ES	2	11%	7,330,815	3,730,815	3,600,000	-130,815
FR	10	33%	74,801,035	69,311,035	5,490,000	-63,821,035
IT	4	17%	78,149,377	2,000,000	76,149,377	74,149,377
PL	5	31%	49,050,422	49,050,422		-49,050,422
PT	5	71%	242,613,698	216,195,014	26,418,684	-189,776,330

Source: Authors' calculation based on: <https://cohesiondata.ec.europa.eu/2014-2020-Finances/CRII-COVID-Change-in-fund-allocations-since-31-5-2/f22x-fgxd> (extracted on 8 September 2022)

²⁶³ European Commission, Directorate-General for Employment, Social Affairs and Inclusion, ESF data support centre: final ESF synthesis report of annual implementation reports 2019 submitted in 2020, Publications Office, 2021, <https://data.europa.eu/doi/10.2767/003190>

Thematic allocation of funding from other funds to the ESF

Additional ESF funds were allocated to different ESF Thematic Objectives (TOs) under the coronavirus response package. The following table illustrates how funding from ERDF and CF was allocated to the different TOs. The **vast majority** of the **reallocated ERDF and CF resources** to the ESF is programmed to support **employment policy operations** (EUR 922 million), followed by **education and training** (TO 10) with EUR 122 million, and **social inclusion** (TO 9) with EUR 101 million. Below we provide some examples of how this reallocated funding has been used in some Member States.

Table A 14 – Shifts from the ERDF and CF to the ESF under the coronavirus response initiatives by allocation to Thematic Objective by September 2022 (in million EUR)

Country	ERDF to ESF	CF to ESF	Of which to TO8		of which to TO9		of which to TO10		of which to TA
			absolute	in %	absolute	in %	absolute	in %	
CY	-	36.0	-	-	36.0	100%	-	-	-
CZ	240.4	-	231.8	96%	-	-	-	-	8.6
DE	19.1	-	-	-	18.4	96%	-	-	0.8
ES	3.6	-	2.7	74%	0.9	26%	-	-	-
FR	7.3	-	-	-	7.3	100%	-	-	-
HU	62.1	-	56.7	91%	-	-	5.4	9%	-
IT	163.6	-	102.3	63%	-	-	-	-	-
LT	95.8	9.1	104.9	100%	-	-	-	-	-
LV	4.9	37.6	-	-	22.6	60%	15.0	40%	-
MT	28.8	-	28.8	100%	-	-	-	-	-
PT	47.3	80.7	20.1	16%	6.5	5%	101.6	79%	-
SK	198.0	177.3	375.3	100%	-	-	-	-	-
SUM	870.8	340.6	922.5	76%	91.3	8%	121.6	10%	10.0

Source: Authors' calculation based on SFC2014 and <https://cohesiondata.ec.europa.eu/2014-2020-Finances/CRII-COVID-Change-in-fund-allocations-since-31-5-2/f22x-fgxd> (extracted on 8 September 2022). The table only includes countries in which funding was reallocated from the ERDF and/or the CF to the ESF under the coronavirus response initiatives. The horizontal bar (-) means no value.

In **Germany**, in the state of Brandenburg, EUR 19 million were shifted from the regional ERDF OP to the regional ESF OP TO 9 to fund interventions under the newly programmed IP9.i 'to procure personal protective equipment and materials to support the necessary operations to contain the COVID-19 pandemic and its effects', and to support the employability and labour market integration of disadvantaged groups. The state of Brandenburg has used the ESF for the central procurement of the necessary protective equipment and materials, which is then made available to the counties and urban districts

in order to increase their crisis-fighting resources. The rural districts and urban districts carry out the decentralized distribution to the local actors (e.g. schools, old people's homes, hospitals or facilities for people with disabilities) in accordance with the respective risk situation in their regional responsibility.²⁶⁴

In **Latvia**, EUR 37.6 million were shifted from the CF to the ESF. More specifically, EUR 22.6 million were shifted towards TO 9 to provide support to medical practitioners who provide treatment for patients to prevent public health crises (e.g., compensation for attracting medical personnel (nurses, nursing assistants, medical assistants, etc.) to work in medical institutions and support for the change of generations of general practitioners in Riga), and to improve the qualifications of medical staff in view of the COVID-19 and other crises, and EUR 15 million were transferred to TO 10 to improve the professional competence of the employed.

Financial shifts by TO from May 2020 to April 2022

Shifts between the ERDF and the CF and the ESF resulted in a net increase of about EUR 720 million for ESF. Looking at shifts at the level of Thematic Objective, 21 countries reallocated ESF funding between TOs in response to the COVID-19 pandemic within or between ESF OPs since May 2020 to mitigate the consequences of the COVID-19 pandemic (first column), while in three MS (CZ, HU and IE) changes at the level of TO are only based on shifts across funds.²⁶⁵

The table below provides an overview by country, illustrating the overall volume of shifts per country between TOs from 1 May 2020 to 30 April 2022 and the net increase or decrease by TO. It also shows the net effect of the shifts between funds. Different time periods were used for the calculation of the net effects, compared to the analysis above, meaning that in some countries the net increase or decrease differs from the tables above.

Table A 15 – Reallocations and the net effect in ESF funding at the level of TOs in response to the COVID-19 pandemic, May 2020 to April 2022

Country	Shifts between TOs within the ESF (at least), including TA	Net increase/ decrease of the ESF by country and TO, May 2020 to April 2022					
		TO 8	TO 9	TO 10	TO 11	TA	Total
AT	0	0	0	0	0	0	0
BE	14,970,657	4,244,479	10,726,178	14,970,657	0	0	0
BG	94,213,384	92,396,143	1,817,241	26,543,101	49,938,262	17,818,522	-86,501*
CY	13,293,041	4,636,000	49,305,874	5,716,000	2,941,041	0	36,012,833

²⁶⁴ ESF OP Brandenburg, Version 3.0, available at: https://esf.brandenburg.de/sixcms/media.php/9/ESF_OP%20BB%20vom%2009.pdf

²⁶⁵ This section is based on allocations per country per TO, and illustrates the changes between TOs only. An analysis of the changes in allocations per IP is included later in this chapter.

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CZ	0	231,835,687	0	0	0	8,585,313	240,421,000
DE	7,465,507	17,843,268	5,458,257	6,735,268	0	730,239	15,836,018
DK	1,093,000	1,093,000	0	1,093,000	0	0	0
EE	0	0	0	0	0	0	0
ES	89,932,238	55,845,400	63,078,682	34,217,653	0	27,115,186	-130,815
FI	1,537,905	1,537,905	0	0	0	1,537,905	0
FR	146,516,289	10,895,701	146,516,254	228,155,321	1,081,272	35	93,616,005**
GR	316,477,849	105,226,393	316,477,849	141,806,413	48,968,126	20,476,917	0
HR	0	0	0	0	0	0	0
HU	0	40,982,228	0	21,112,057	0	0	62,094,285
IE	0	60,000,000	0	0	0	0	60,000,000
IT	607,453,707	330,315,832	676,961,674	219,726,908	57,410,967	27,852,904	97,360,871**
LT	17,271,836	122,131,119	-840,000	13,431,836	3,000,000	0	104,859,283
LU	1,050,000	-750,000	1,050,000	250,000	0	-50,000	0
LV	6,951,647	6,688,147	25,205,698	19,895,346	-263,500	0	38,149,397**
MT	5,200,000	30,800,000	0	5,200,000	2,000,000	1,150,000	28,750,000
NL	0	0	0	0	0	0	0
PL	163,082,141	133,774,505	152,380,318	73,809,719	4,548,339	10,701,823	49,050,422
PT	30,952,220	30,952,220	74,866,187	36,730,096	52,662,108	20,000,000	153,306,171**

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RO	613,735,403	144,994,952	603,338,416	416,916,064	10,396,987	52,315,425	491,038*
SE	31,996,851	31,996,851	0	31,996,851	0	0	0
SI	8,977,869	8,977,869	5,117,385	3,860,484	0	0	0
SK	26,972,787	430,262,575*	8,000,000	0	26,972,787	0	411,289,788*
UK	228,739,866	3,692,633	223,689,366	245,030,339	16,934,056	5,050,500	36,917,162**
EU-27 and the UK	2.427,844,197***	214,899,331	2,087,259,641	1,325,032,331	252,323,471	83,627,809	641,175,361
Less developed	-	488,222,599	1,058,232,918	892,477,869	233,520,318	55,893,071	364,564,259
More developed	-	347,472,181	828,036,147	242,031,211	6,334,392	2,000,091	230,198,272
Transition	-	82,516,818	198,640,576	85,223,457	12,252,561	20,337,677	163,343,699

Source: Authors' calculation based on SFC2014 (extracted on 26 September 2022)

Allocations to TO are based on fields of intervention

*Includes ESF YEI funding/contribution

** Net effect can be slightly different to Table A13 as different time periods were used for calculation, compared to the tables above.

*** Please note that the volume of shifts depends on the level of aggregation. This cumulative value represents the total volume of shifts at TO-level. This column was calculated subtracting the shifts from/to the ESF from the net effect, to calculate the volume of ESF-internal shifts.

How to read the table: In Lithuania EUR 105 million were shifted from the ERDF and CF to the ESF (last column), in addition, at least EUR 17 million were shifted across TOs within the ESF (first column). In Slovakia, EUR 375.3 million were shifted from the ERDF and the CF to the ESF (TO8). In addition, a total of at least EUR 63 million were shifted within the ESF OP, EUR 27 million were shifted from TO10 to TO8 and TO9 while EUR 36 million were shifted from YEI to ESF.

At the level of the EU-27 and the UK, the most significant change in the share of funding by TO is the increase of funding for TO9, by 1.9% or almost EUR 2 billion. In **Cyprus**, EUR 13 million ESF funding was shifted from TO8 and TO10 to TO9, in addition to the 36 million of funding shifted from the CF to the ESF and TO9, resulting in an increase of 91% of ESF funding to the Social Inclusion TO. A similarly strong increase of funding related to social inclusion operations was reported in **Romania**, where the funding increased by 53%. In **Malta**, funding of TO8 increased by 148% due to the reallocation from the ERDF and CF to the ESF to increase funding for the short-time working scheme. In **Slovakia**, the net increase of EUR 430 million (or more than 30%) under TO8 is based on reallocations from other ERDF and CF OPs (EUR 375.3 million) and from the OP Effective Public Administration (EUR 27 million) to the OP Human Resources towards the ESF OP Human

Resources to cover the need of additional financial resources for employment operations during the Covid-19 crisis.²⁶⁶ In **Bulgaria** the shifts include the reallocation of EUR 58 million to the OP Human Resources Development to mitigate the consequences of the Covid-19 pandemic. In **Germany**, meanwhile, EUR 10.6 million were reallocated from the Federal ESF OP to the regional ESF OP of Saxony to increase the funding for already implemented operations.²⁶⁷

Looking at the overall shifts by category of region, it shows that in all regions most of the funding was reallocated towards TO9. In less developed regions there was also a strong focus on increasing the funding for employment related measures under TO8, compared to more developed regions.

The **Youth Employment Initiative mainly changed by the additional funding, and the annual breakdowns as specified in Commission Decision 2014/190, with some exceptions, as shown in the table below.** While in Spain, France, Greece and Italy the amounts increased between EUR 2 and 13 million to increase the support of young people, in SK the ESF amount allocated to the Priority Axis dedicated to the support of young people was reduced by EUR 36 million to increase the funding under IP 8.i, still keeping the 1:1 ratio between YEI resources and ESF resources in matching funds.

In Spain, the additional funding was channelled to a new Specific Objective to “Preserve employment during the COVID-19 crisis of unemployed young people and not integrated into education or training systems”, through measures that contribute to maintaining the employment of young people under the age of 30 years and have been affected by ERTES, understood as flexibility measures that can contribute to their maintenance in the future, through their financing payment of ERTE benefits as temporary employment flexibility mechanisms. In Italy, this rescheduling is connected to a remodeling of the financial plan and to the financing of an intervention to strengthen the health surveillance system to deal with the COVID -19 emergency, on the basis of the provisions of Legislative Decree 34/2020, Art. 83, paragraph 4 and subsequent amendments, containing urgent measures on health surveillance.

Table A 16 – Reallocations and the net effect of YEI funding in response to the COVID-19 pandemic, May 2020 to April 2022

MS	Change in financial allocation from May 2020 to April 2022 (in EUR)
BE	242,118
BG	173,002
CY	0
CZ	0
ES	13,832,140

²⁶⁶ COMMISSION IMPLEMENTING DECISION amending Implementing Decision C(2014) 9196 approving certain elements of the operational programme “Effective Public Administration” for support from the European Social Fund under the Investment for growth and jobs goal in Slovakia CCI 2014SK05SFOP001

²⁶⁷ COMMISSION IMPLEMENTING DECISION amending Implementing Decision C(2014) 8817 approving certain elements of the operational programme “ESF Saxony Operational Programme 2014-2020” for support from the European Social Fund under the Investment for growth and jobs goal for the region Saxony in Germany CCI 2014DE05SFOP012

FR	3,033,735
GR	2,134,017
HR	0
HU	0
IE	0
IT	8,372,948
LT	0
LV	0
PL	0
PT	140,836
RO	982,076
SE	0
SI	0
SK	-36,039,788
UK	0
TOTAL	-7,128,916

Source: Authors' calculation based on SFC2014 (extracted on 26 September 2022)

Shifts across categories of regions within the ESF

Looking specifically at the shifts based on Article 25a (3): Reallocation of allocated financial volumes between categories of regions, within and between ESF OPs, overall EUR 304 million were transferred between categories of regions, while EUR 143 million were transferred within the same category of region. Overall 39% (EUR 173 million) represents transfers from less developed to more developed or transition regions. Please note that this analysis is based on reallocations at level of countries (and has a different starting date (31/05/2020), which explains the differences to the table above.

Ten countries (BE, BG, DE, DK, ES, GR, IT, RO, SK and the UK) made use of the coronavirus response initiatives to reallocate resources between Categories of region available for programming for the year 2020 within (total of EUR 304 million) or between

(EUR 143 million) ESF OPs, as it was enabled by Article 25a(3) of the Regulation (EU) 1303/2013.

Reallocations, including a change in category of region, were reported in six countries (**BE, DK, GR, IT, RO and UK**). The vast majority of such reallocations in absolute terms has been reported in **Greece**, where EUR 125 million were shifted from less developed to more developed (EUR 92 million) and transition regions (EUR 33 million), and the **UK**, where EUR 116 million were reallocated in the OP of **England** from more developed to transition and less developed regions, and EUR 760,000 were shifted in the OP of **Scotland**. In England, the transfer of resources became necessary as a direct result of the COVID-19 pandemic, which affected more substantially the transition regions than the more developed ones. In **Belgium**, under the OP of Wallonie-Brussels, the reallocation of EUR 1.3 million from more developed to transition regions was programmed to support school attendance operations in view of the impacts on young people of the transition to distance learning during confinement. In **Denmark**, EUR 0.4 million were transferred to support a specific transition region to support ongoing and well-functioning projects to launch activities which, in the short term, can supplement the business-oriented state funding schemes and help Danish SMEs through COVID-19.

Table A 17 – Shifts within the ESF between categories of regions under the CRII and CRII+ package until April 2022 (EUR values)

Country		Category of Region	TO			Total
			Less developed	More developed	Transition	
BE	FROM	Less developed	-	-	-	-
		More developed	-	-	1 320 656	1 320 656
		Transition	-	-	-	-
		Total	-	-	1 320 656	1 320 656
BG	FROM	Less developed	58 145 102	-	-	58 145 102
		More developed	-	-	-	-
		Transition	-	-	-	-
		Total	58 145 102	-	-	58 145 102
DE	FROM	Less developed	-	-	-	-
		More developed	-	10,600,000	-	10,600,000
		Transition	-	-	-	-
		Total	-	10 600 000	-	10 600 000
DK	FROM	Less developed	-	-	-	-
		More developed	-	-	430 887	430 887
		Transition	-	-	-	-
		Total	-	-	430 887	430 887

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ES	FROM	Less developed	-	-	-	-
		More developed	-	28 055 340	-	28 055 340
		Transition	-	-	21 450 000	21 450 000
		Total	-	28 055 340	21 450 000	49 505 340
GR	FROM	Less developed	-	91 490 275	33 228 927	124 719 202
		More developed	-	-	-	-
		Transition	-	-	-	-
		Total	-	91 490 275	33 228 927	124 719 202
IT	FROM	Less developed	-	45 328 166	2 828 166	48 156 332
		More developed	-	-	-	-
		Transition	-	-	-	-
		Total	-	45 328 166	2 828 166	48 156 332
RO	FROM	Less developed	-	-	-	-
		More developed	2 740 271	1 578 551	-	4 318 822
		Transition	-	-	-	-
		Total	2 740 271	1 578 551	-	4 318 822
SK	FROM	Less developed	26 972 787	-	-	26 972 787
		More developed	-	-	-	-
		Transition	-	-	-	-
		Total	26 972 787	-	-	26 972 787
UK	FROM	Less developed	-	-	-	-
		More developed	273 061	-	116 418 225	116 498 479
		Transition	-	764 751	-	764 751
		Total	273 061	764 751	116 418 225	117 230 263
Total	FROM	Less developed	85 117 889	136 818 441	36 057 093	257 993 423
		More developed	3 013 332	40 233 891	117 976 961	161 224 184
		Transition	-	764 751	21 450 000	22 214 751

		Total	88 131 221	177 817 083	175 054	484	441 358	432
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Source: Authors' calculation based on: <https://cohesiondata.ec.europa.eu/2014-2020-Finances/CRII-COVID-Change-in-fund-allocations-since-31-5-2/f22x-fgxd> (extracted on 25 April 2022)

The table only includes countries reallocating financial resources within the ESF under the coronavirus response initiatives. The horizontal bar (-) means no value.

Change in allocations by IP and country and its effects on ESF participations

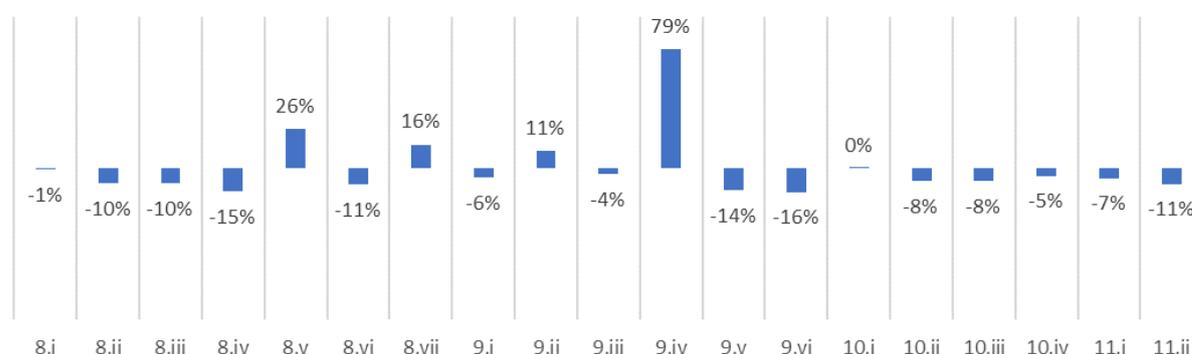
This section goes even more in detail, looking at the net increase or decrease at level of IPs, putting the financial reallocations in relation to changes in the number of ESF participations.

It first gives a brief overview on the changes of the financial volume at level of IPs. It then follows with contextualising these figures by triangulating this information with changes in ESF participations and enriching it with qualitative information of concrete operations implemented in response to COVID-19.

The following figure illustrates the reallocations by IP from 1 May 2020 to 30 April 2022 at the level of the EU-27 and the UK. Interpretations need to be done with caution, as this also includes reallocations for other reasons than responding to the COVID-19 pandemic. Overall, while evidence was found for a number of COVID-19 related changes (for instance under IP 9.iv), as illustrated by the examples below, the changes cannot always be related to the COVID-19 pandemic or the coronavirus response initiatives.

The figure shows that reallocations were mostly directed towards IP 9.iv (equal access to services), which increased its allocated financial volume by 79% or about EUR 3 billion and IP 8.v (adaptability of workers and employers) (+26% or EUR 1.3 billion) (, indicating the IPs with the highest absolute increase in financial terms in response to the COVID-19 pandemic.

Figure A 2: Changes of the financial volume at IP level, May 2020 – April 2022



Source: Authors' calculation based on SFC2014 (extracted on 26 September 2022)

The figure below contextualises the financial reallocations at IP level by comparing the changes in the financial values with the changes in ESF participations between 2019 and the first year of the pandemic (2020)²⁶⁸.

²⁶⁸ For this analysis the first year of the pandemic is taken, as it reduces the probability of unreliable figures due to additional changes to the programme not related to COVID-19 pandemic.

While overall changes vary significantly across the 19 IPs, it also clearly shows that the two variables correlate to some extent: Six of the IPs (8.i; 8.ii; 8.v; 9.ii; 9.iv and 9.vi) had more participations in 2020 than in 2019, which mainly correlates with the increase of the financial volume of these IPs (with the exception of the IPs 8.ii and 9.vi).

However, while evidence was found for a number of COVID-19 related changes (for instance under IP 9.iv), as illustrated by the examples below the figure, the changes in the number of participations or the financial volume cannot always be related to the COVID-19 pandemic or the coronavirus response initiatives, as it is illustrated for IP 9.ii and 9.vi more in detail below.

Figure A 3: Changes of the financial volume and ESF participations at IP level, 2019-2020



Source: Authors' calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

IP 8.i shows a diverse picture by MS. While overall the funding decreased by 1%, at country level it ranges from strong decreases (e.g. -35% in IE) up to strong increases (e.g. +52% in LT). In LT the increase is mainly based on the reallocations from the ERDF and the CF to the ESF, providing a compensation of part of the salary to employers, organised under the subsidised employment measure.

Under **IP 8.v**, the increase both in terms of participations (+55%) and financial allocation (+23%) is mainly due to changes in specific OPs: The financial volume significantly increased in CZ, ES, IT and PT and to some extent in BG, DK and GR. In Malta, this IP was newly added to the OP, with EUR 28.8 million funding reallocated from the CF.

Operations under this IP are mainly intended to mitigate the economic effects on employment caused by the COVID-19 pandemic, supporting measures to maintain employment, by providing wage subsidies (e.g. CZ, ES – Catalonia, HU, MT, PT – Azores), competence development (e.g. CZ, DE – Bayern, DK), non-refundable support for artistic entities (PT – Alentejo) and support of temporary mobility of researchers (ES – Extremadura). The following examples illustrate the degree of changes under various OPs:

- In Italy (Puglia) the financial volume of this IP increased by 200% reaching EUR 99.7 million to support the expenses related to the interventions relating to the activation of the Redundancy Fund in derogation (CIGD). In 2020, 31,427 employed were reached through this operation.
- In Italy (Campania) no financial reallocations were programmed as the project selection rate was at 37% by end of 2019, using the already allocated funding to introduce new operations support specific target groups (self-employed, freelancers,

seasonal workers) which are excluded from other support measures. By this, 27,000 people benefited from this social protection measure in 2020.

- In Hungary, under the OP Economic Development and Innovation Programme, 193,829 participations were reached in 2020, receiving a wage subsidy.
- In Greece (+532%), a strong increase of participations was reached under the OP Competitiveness Entrepreneurship and Innovation, as 35,887 participants were supported, compared to 5,682 in 2019. The financial volume of the IP increased modestly, by 13% from 2019 to 2021.

The financial volume of **IP 8.vii** was increased in a few OPs in six Member States (BE (1 OP), BG (1), ES (1) FR (1), IT (3) and SK (1)), not all being related to the COVID-19 pandemic.²⁶⁹ The largest shift towards this IP is reported for Slovakia, where more than EUR 400 million were transferred from IP8.i to IP8.vii to implement two operations focused on mitigating the consequences of the COVID-19 pandemic. The First Aid (EUR 390 million of EU funding) project was implemented to maintain jobs, supporting more than 440,000 employees. In addition, a specific operation to maintain jobs of teaching and non-teaching staff in kindergartens (EUR 20 million EU funding) was implemented. In ES-Catalunya the funding was increased by EUR 2.4 million to finance the local employment and development agent programme.

Under **IP 9.ii**, both the number of participations (+18%) and the financial allocation (+13%) increased from 2019 to 2020. However, the increase is not related to ESF operations in response to the COVID-19 pandemic, as the strongest increase was found in BG under measures not specifically implemented in relation to COVID-19. As shown in Section 3 in the main report, only a few MS (RO and SK) implemented operations related to COVID-19 under this IP.

Under **IP 9.vi** from 2019 to 2020 the number of participations increased by 17%, while there was a decrease of 17% of the financial resources of this IP. However, changes in the number of participations are not related to COVID-19. This is in line with the results from the mapping of operations, which only resulted in one measure implemented in the Podlaskie Voivodeship in Poland.

The strongest increase was reported under **IP 9.iv**. This IP was newly programmed and added to OPs in the course of reprogramming under the CRII+ in eight Member States (BE, CY, ES, FR, IT, LU, PT and the UK) in response to the COVID-19 pandemic, resulting in an increase of planned EU-amount of 59% from 2019 to 2020 and an increase of 93% of participations in 2020. A large number and variety of operations was implemented under this IP in response to the COVID-19 pandemic, including support of health care and social services of general interest, qualification of health care staff, funding of equipment, economic support of families in need, and short-time working arrangements. More in detail, this includes, for instance:

- In Cyprus the short-term working arrangement was implemented under this IP, providing for the payment of a special unemployment benefit to the employees of companies that are under suspension of work under the relevant decrees. By the end of 2021, 63,028 employed were supported through this operation.
- In Italy, IP 9.iv was introduced in six OPs, both at national and regional level. For instance, in IT-Abruzzo EUR 4.5 million were allocated to this newly introduced IP to support healthcare personnel (payment of an additional bonus), families in need providing equipment for distance learning and workers being affected by suspension

²⁶⁹ For instance, in IT-Liguria and IT-Bolzano the increase of the funding occurred at the beginning of 2020, before the outbreak of the COVID-19 pandemic.

of school activities (wage subsidy). By the end of 2021, 7 559 people were supported.

- In Spain, IP 9.iv was added to three OPs. For instance, in Cantabria, EUR 12 million were shifted to this IP to provide funding for expenses on health equipment, test material, personal protective equipment, reinforcement facilities, hiring additional personnel, etc.
- In Luxembourg, the short-term working scheme was implemented under this IP shifting EUR 1.25 million (EU amount) towards this IP. The vast majority of the financial volume to implement the operation is based on additional REACT-EU funding (EUR 73 million in 2021), which provided the necessary additional funding for the STWS.
- In Belgium, in the region of Flanders, qualification of health care staff was supported.

Maintenance of the levels of thematic concentrations required originally in Art. 4 of the ESF Regulation (2013/1304)

The flexibilities introduced through the coronavirus response initiatives also relate to the thematic concentrations defined in Art. 4 of the ESF regulation (2013/1304). According to Art. 25a(5), financial allocations “shall not be subject to the requirements on thematic concentration set out in this Regulation or the Fund-specific Regulations.”²⁷⁰ This subsection therefore provides an analysis concerning whether Member States made use of this amendment, and whether thematic concentrations are still in line with the original minimum shares set out in Art. 4 of the ESF regulation.

Box A 1. Thematic concentration on Social Inclusion

At least 20% of the total ESF resources in each Member State shall be allocated to the thematic objective "promoting social inclusion, combating poverty and any discrimination" set out in point (9) of the first paragraph of Article 9 of Regulation (EU) No 1303/2013.

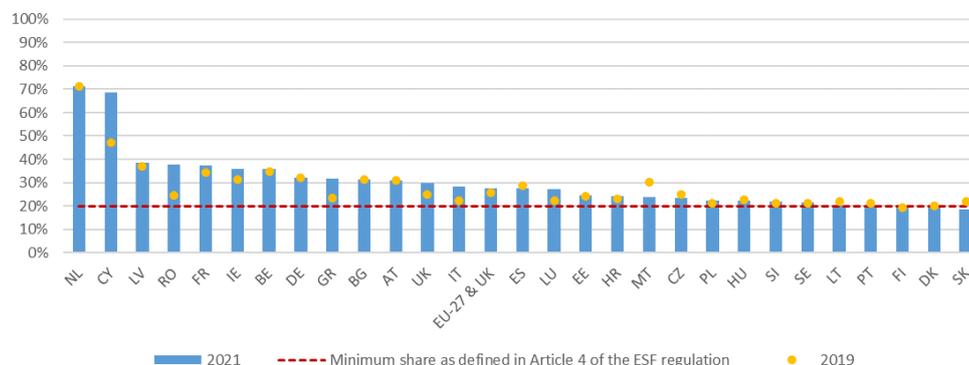
The figure below shows the share of planned EU amounts allocated to Social Inclusion (Thematic Objective 9) compared to the legally required minimum of 20%,²⁷¹ and how it changed from 2019 to 2021. In **Cyprus** for instance, in 2021, 69% of the budget is dedicated to Social Inclusion, while in 2019 it was 47% (and only 23% in 2016). Only in the case of three Member States, (DK, FI and SK) the latest approved version of the OP allocated less than 20% to social inclusion, which, as stated in the Final ESF Synthesis Report,²⁷² can happen in particular cases where there are specific priority axes with social innovation or transnational cooperation operations.

²⁷⁰ Regulation (EU) 2020/558 of the European Parliament and of the Council of 23 April 2020 amending Regulations (EU) No 1301/2013 and (EU) No 1303/2013 as regards specific measures to provide exceptional flexibility for the use of the European Structural and Investments Funds in response to the COVID-19 outbreak

²⁷¹ As required by Article 4 of the ESF Regulation (2013/1304).

²⁷² European Commission, Directorate-General for Employment, Social Affairs and Inclusion, Lindeboom, G., ESF synthesis report of annual implementation reports submitted in 2018 and 2019 and thematic reports: thematic report on the ESF and YEI support to climate change actions, Publications Office, 2020, <https://data.europa.eu/doi/10.2767/64381>

Figure A 4: Share of planned EU amount allocated to Social Inclusion (Thematic Objective 9), 2019 and 2021, by country



Source: Authors' calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 25 April 2022)

Allocations to TOs are based on fields of intervention.

Article 4 (3). Member States shall pursue thematic concentration according to the following modalities:

- (a) For more developed regions, Member States shall concentrate at least 80 % of the ESF allocation to each operational programme on up to five of the investment priorities set out in Article 3(1).
- (b) For transition regions, Member States shall concentrate at least 70 % of the ESF allocation to each operational programme on up to five of the investment priorities set out in Article 3(1).
- (c) For less developed regions, Member States shall concentrate at least 60 % of the ESF allocation to each operational programme on up to five of the investment priorities set out in Article 3(1).

Only in ten OPs in two countries (IT and PL) the minimum thematic concentrations on up to five investment priorities by OP and category of region were not met in 2021. In five of the OPs, the defined minimum thematic concentration was already not met before the pandemic in 2019, while in the others (IT-Sardegna, Piemonte, Systems for Active Employment Policies, Veneto and Friuli-Venezia Giulia) the shifts across Investment Priorities resulted in not meeting the threshold.

Table A 18 – List of OPs that did not meet the minimum thematic concentration by April 2022

OP	Category of region	Reallocation	Minimum concentration on up to five IPs in 2021 (share of financial allocation of the five largest IPs)
IT - Friuli-Venezia Giulia - ESF	More developed	Covid-19 related reallocation within the OP	77%
IT - Liguria - ESF	More developed	Covid-19 related reallocation within the OP	68%
IT - Marche - ESF	More developed	MS notification - non substantial transfers	79%
IT - Piemonte - ESF	More developed	Covid-19 related reallocation within the OP	77%
IT - Sardegna - ESF	Transition	Covid-19 related reallocation within the OP	69%
IT - Systems for Active Employment Policies - IT - ESF	More developed	Covid-19 related reallocation within the OP	75%
IT - Umbria - ESF	More developed	Covid-19 related reallocation within the OP	77%
IT - Veneto - ESF	More developed	Covid-19 related reallocation within the OP	75%
PL - Knowledge Education Growth - PL - ESF/YEI	More developed	Covid-19 related reallocation within the OP	78%
PL - Mazowieckie Voivodeship - ERDF/ESF	More developed	Covid-19 related reallocation within the OP	76%

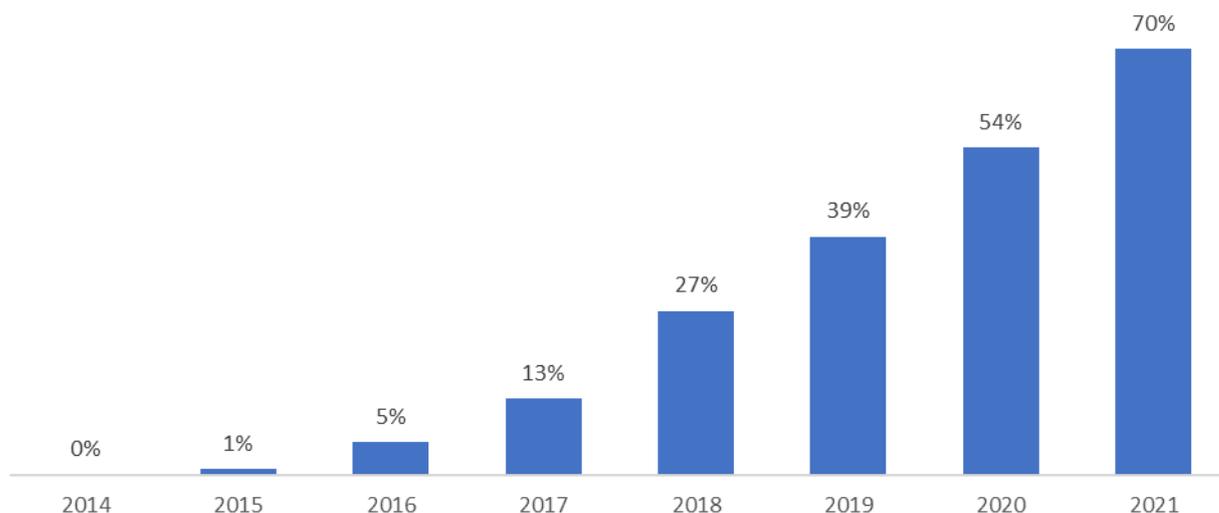
Source: Authors' calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 25 April 2022)

Allocations to TOs are based on fields of intervention

Development of absorption rates of the ESF

The absorption rate continuously increased over the programming period. In the reporting year 2020 the absorption of funds increased by 15 p.p. while in 2021 it increased by 16 p.p. illustrating that the outbreak of the COVID-19 pandemic did not impact the financial performance of the ESF.

Figure A 5: Development of the absorption rate of the ESF, 2014-2021



Source: Authors calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

The table below gives an insight into the evolution of the implementation of the ESF in the respective Member States and by category of region. The table below presents the project selection rate as share of the eligible costs for selected operations, while the implementation rate is based on the declared expenditure. It illustrates the key financial indicators, and its development throughout the crisis, from 2019 to 2021.

Table A 19 – ESF key financial indicators by country and category of region

Country	Allocated budget (€ million)	Eligible costs reported (€ million)	Project selection rate (% and p.p.)			Expenditure declared (€ million)	Expenditure declared (% and p.p.)		
			2021 (in %)	2020 - 2021 (p.p.)	2019-2020 (p.p.)		2021 (in %)	2020 - 2021 (p.p.)	2019-2020 (p.p.)
			AT	875.7	831.2		95%	1%	14%
BE	2 166.9	2 337.0	108%	5%	15%	1 346.3	62%	13%	11%
BG	1 736.2	1 732.0	100%	7%	13%	1 268.2	73%	16%	15%
CY	176.8	243.2	138%	39%	-18%	176.9	100%	54%	-8%
CZ	4 500.7	4 940.4	110%	14%	3%	3 199.0	71%	19%	11%
DE	12 549.9	13 762.4	110%	5%	10%	10 630.1	85%	13%	17%
DK	410.8	432.3	105%	5%	12%	288.7	70%	20%	15%
EE	682.2	691.6	101%	3%	8%	474.9	70%	11%	14%
ES	10 288.8	14 707.5	143%	26%	13%	6 128.2	60%	17%	10%
FI	1 036.5	1 142.5	110%	9%	17%	820.6	79%	14%	14%

STUDY SUPPORTING THE PRELIMINARY EVALUATION OF THE SUPPORT PROVIDED BY ESF AND FEAD UNDER THE CORONAVIRUS RESPONSE INVESTMENT INITIATIVES (CRII AND CRII+)

FR	9 625.1	12 092.8	126%	16%	20%	8 029.8	83%	16%	21%
GR	5 036.2	6 392.9	127%	18%	34%	3 785.8	75%	15%	19%
HR	1 664.4	2 041.7	123%	21%	33%	1 045.8	63%	25%	15%
HU	5 723.6	6 265.1	109%	7%	6%	4 352.7	76%	16%	18%
IE	832.7	832.7	100%	0%	0%	682.8	82%	29%	11%
IT	16 969.8	17 340.2	102%	16%	17%	10 926.1	64%	18%	14%
LT	1 412.2	1 558.6	110%	9%	20%	1 123.7	80%	18%	22%
LU	40.1	49.9	124%	5%	6%	34.2	85%	14%	13%
LV	762.0	766.6	101%	3%	9%	466.4	61%	15%	11%
MT	168.3	172.0	102%	26%	-28%	130.8	78%	33%	1%
NL	1 030.8	1 307.0	127%	4%	6%	907.6	88%	11%	22%
PL	15 148.3	14 733.5	97%	8%	15%	9 783.8	65%	16%	12%
PT	8 719.0	10 480.9	120%	21%	16%	6 223.3	71%	13%	12%
RO	5 438.6	5 773.7	106%	12%	17%	3 217.5	59%	12%	17%
SE	1 436.6	1 262.0	88%	-1%	13%	951.4	66%	15%	11%
SI	898.5	943.4	105%	-1%	9%	627.1	70%	18%	14%
SK	2 987.2	3 208.3	107%	-1%	4%	2 152.4	72%	18%	16%
UK	8 533.0	9 308.9	109%	13%	11%	5 090.2	60%	13%	15%
EU28	120 851.0	135 350.4	112%	13%	14%	84 437.9	70%	16%	15%
Category of region	Allocated budget (€ million)	Eligible costs reported (€ million)	Project selection rate			Expenditure declared (€ million)	Expenditure declared		
			(% and p.p.)				(% and p.p.)		
			2021 (in %)	2020 - 2021 (p.p.)	2019-2020 (p.p.)		2021 (in %)	2020 - 2021 (p.p.)	2019-2020 (p.p.)
Less developed	59 708.4	64 561.3	108%	12%	15%	40 055.6	67%	16%	15%
More developed	44 679.2	51 294.9	115%	12%	15%	32 847.3	74%	16%	15%
Transition	16 463.4	19 494.2	118%	18%	11%	11 535.0	70%	16%	14%

Source: Authors calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

2020-2021 and 2019-2020 show the difference in percentage points between the two years. Negative values are reported because of budget increases. All values refer to the total ESF

amount (EU + national amount) and include TA, but exclude YEI and REACT-EU funding. Project selection and implementation rates are calculated at MS level; the total costs / expenditure at MS level are divided by the total allocated budget at MS level.

The table above shows that the ESF project selection rates have continued to increase over the last three years, reaching 112% at EU-level. While project selection rates are an important indication to assess the progress of ongoing ESF operational programmes, the declared expenditure rate gives a more accurate picture of the implemented activities on the ground, with this being particularly important during the pandemic.

Overall, the share of expenditure declared increased up to 70% by the end of 2021, with no marked differences across the category of regions. In the majority of countries, the share of declared expenditure shows a sharper increase from 2020 to 2021, indicating a well-on-track crisis response by each of the Member States and the UK. There are some examples of countries, in which reallocated funds were absorbed very fast in response to the COVID-19 pandemic. For instance, in the case of Cyprus it shows that the additional funding was absorbed very fast, resulting in an increase of 54% percentage points from 2020 to 2021, reaching 100% by the end of 2021. In Lithuania, EUR 169 million were consolidated to save employees' jobs. All allocated funds were invested in 2020.²⁷³

Comparing these figures with the development of the ESF absorption rate in the programming period 2007-2013, it provides an insight into the evolution of the use of funds in general, but also illustrates whether the COVID-19 pandemic impacted the absorption of ESF-funds.

The figure below illustrates the absorption rates of the ESF for the programming periods 2014-2020 and 2007-2013. Furthermore, a theoretical dashed line is shown, illustrating the absorption rates for the 2014-2020 period theoretically shifted to begin one year later, with the result that financial absorption trends of the two programming periods almost coincide.²⁷⁴

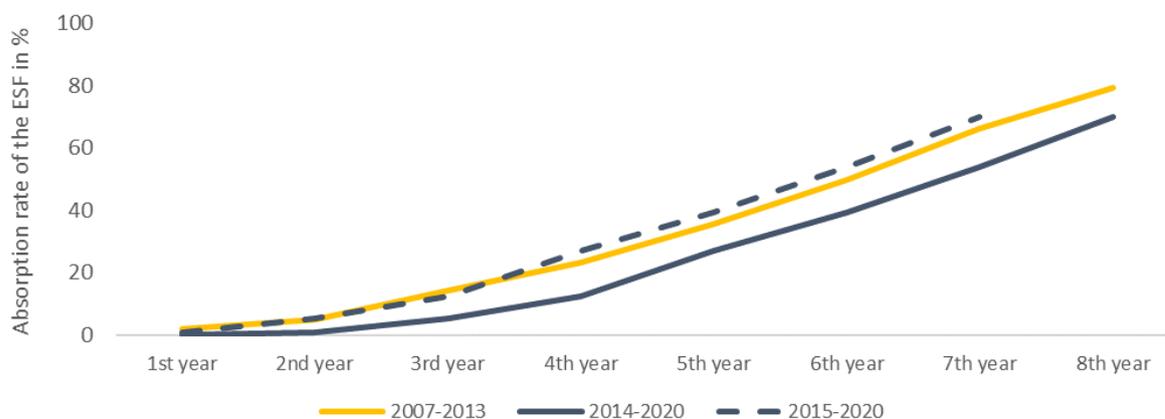
Overall, it shows that the absorption rate of the programming period 2014-2020 was delayed and slowed throughout the entire seven-year period. However, no significant differences can be observed in expenditure between the two programming periods, or even between 2019, 2020 and 2021. The similar development of the absorption rates in the penultimate and last year for both programming periods illustrates that overall the financial performance of the ESF was not impacted by the COVID-19 pandemic.²⁷⁵

²⁷³ ESF Annual Implementation Report 2021 of Lithuania

²⁷⁴ Spatial Foresight: Kai BÖHME, Sabine ZILLMER. Research for REGI Committee - The Impacts of the COVID-19 Pandemic on EU Cohesion and EU Cohesion Policy - Part I: Overview and First Analysis. European Parliament, 2022.

²⁷⁵ Spatial Foresight: Kai BÖHME, Sabine ZILLMER. Research for REGI Committee - The Impacts of the COVID-19 Pandemic on EU Cohesion and EU Cohesion Policy - Part I: Overview and First Analysis. European Parliament, 2022. [https://www.europarl.europa.eu/RegData/etudes/STUD/2022/699617/IPOL_STU\(2022\)699617_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2022/699617/IPOL_STU(2022)699617_EN.pdf)

Figure A 6: Comparison of the ESF absorption rates 2007-2013 and 2014-2020



Source: <https://cohesiondata.ec.europa.eu/2007-2013-Finances/SF-2007-2013-Funds-Absorption-Rate/kk86-ceun> and <https://cohesiondata.ec.europa.eu/2014-2020-Finances/ESIF-2014-2020-Finance-Implementation-Details/99js-gm52>, own calculation

Financial shifts within FEAD OPs

As illustrated in Chapter 4.3.1, requests of Member States for financial reallocations under the coronavirus response initiatives were less frequent compared to the ESF. Overall, reallocations within the OP were requested by Hungary and Romania only, while Spain and France notified the EC on non-substantial transfers (according to FEAD Article 9(4)).

In **Hungary**, around EUR 8.3 million were reallocated from food aid in order to provide basic consumer goods for families with poor children, while in **Romania** EUR 6 million (EU-amount) were transferred between types of material deprivation, e.g. for introducing e-vouchers due to COVID-19.²⁷⁶ Until March 30, 2021, 284,853 cards were distributed. Each card was loaded with the amount of 180 lei / beneficiary (approx. EUR 36), thus being implemented for 6 months out of the 10 projects.²⁷⁷

By way of context, it is also worth noting that, while financial reallocations occurred in only four countries, the option of allocating funding provided through REACT-EU was taken up by 13 Member States (AT, BE, BG, CZ, EE, ES, FR, HR, IT, LU, LV, RO, SI) and the UK; for example, in Austria the additional funding of EUR 6 million through this mechanism extended the implementation of the project supporting families and their children by one year.²⁷⁸

Development of absorption rates of FEAD

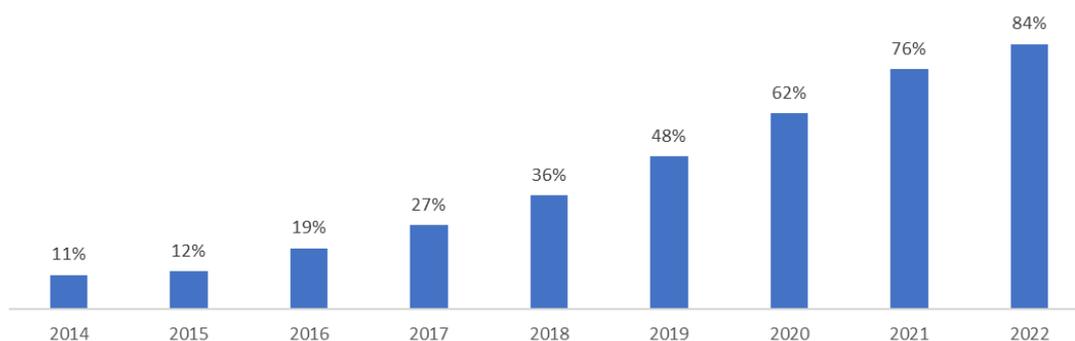
The absorption rate continuously increased, reaching 83.9% in September 2022, with an increase of 14 p.p. from 2020 to 2021, indicating the importance of the FEAD during the COVID-19 pandemic and the efforts by MS to support the most vulnerable groups. As for the ESF, the continuous increase from 2019 to 2022 indicates that the financial performance was not affected by the COVID-19 pandemic.

²⁷⁶ SFC2014

²⁷⁷ FEAD Annual Implementation Report 2021 of Romania

²⁷⁸ FEAD Operational Programme of Austria, Version 2.0

Figure A 7: Development of the absorption rate of FEAD, 2014-2022



Source: SFC extract; Cohesion data dashboard <https://cohesiondata.ec.europa.eu/> (data extracted on 29 September 2022)

At the end of 2020, the cumulative funds committed amounted to nearly EUR 3,949 million, or 104% of the total resources of the programmes (which include EU funds and national co-financing)²⁷⁹. Payments to beneficiaries also increased significantly in 2020 (EUR 552 million) against previous years (EUR 477 million in 2019, EUR 503 million in 2018). In 2020 and 2021, payments increased significantly in Romania, likely as a result to the reprogramming under the coronavirus response initiatives, and the option for 100% co-financing, as e.g. EUR 41 million of payments are reported in Romania in 2020, of which EUR 27 million relate to provision of food support, while EUR 12 million are related to provision of basic material assistance. In 2021 the payment increased up to EUR 125 million. The payment rate also significantly increased in Hungary, from 56% in 2020 to 95% in 2022.²⁸⁰

As FEAD was not included under the coronavirus response initiatives with regard to financial reallocations across funds, additional REACT-EU funding plays an important role in some countries to introduce (or, in many cases, continue the implementation of existing) operations in response to the COVID-19 pandemic. By September 2022, only countries implementing the FEAD under OP type I (providing food and material assistance) have allocated REACT-EU funding to FEAD. This is also shown by the advanced payment rate, as there are a few countries such as **Austria, Bulgaria, Estonia and Latvia** having **reached a payment rate of above 50% (in relation to REACT-EU funding), indicating the early allocation of funds to the FEAD, but also the well-established implementation/continuation of the existing operations**. Overall by September 2022, EUR 151 million of the allocated EUR 686 million of additional REACT-EU funding have been incurred by the Member States.

Table A 20 – Payment rate of FEAD OPs for the initial planned budget 2014-2022 by country up to September 2022

Country	Planned EU amount	Total net payments	EU payment rate in %	EU payment rate 2020-2022 in p.p.
AT	18,032,733	18,032,733	100%	17.7
BE	73,821,504	73,821,504	100%	15.8
BG	104,815,264	104,815,264	100%	1.2
CY	3,944,660	3,944,660	100%	40.3

²⁷⁹ Authors' calculation based on extracts from SFC2014.

²⁸⁰ Authors' calculation based on <https://cohesiondata.ec.europa.eu/2014-2020-Finances/ESIF-2014-2020-EU-payments-daily-update-/gavr-92qh> (extracted 19 July 2022)

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CZ	23,329,849	20,666,257	89%	23.2
DE	78,893,211	74,123,261	94%	37.2
DK	3,944,660	3,581,659	91%	23.7
EE	8,002,026	8,002,026	100%	17.0
ES	563,410,224	563,410,224	100%	14.2
FI	22,540,916	22,540,916	100%	16.9
FR	499,281,315	394,419,599	79%	25.7
GR	280,972,531	217,850,938	78%	25.6
HR	36,628,990	26,331,141	72%	16.7
HU	93,882,921	88,970,068	95%	38.8
IE	22,766,327	20,607,070	91%	31.7
IT	670,592,285	463,869,412	69%	23.7
LT	77,202,641	61,184,819	79%	15.7
LU	3,944,660	3,924,911	99%	25.9
LV	41,024,469	41,024,469	100%	22.2
MT	3,944,660	3,494,023	89%	12.2
NL	3,944,660	3,763,352	95%	22.1
PL	473,359,260	460,189,096	97%	14.6
PT	176,946,201	141,290,534	80%	24.3
RO	441,013,044	296,995,376	67%	29.0
SE	7,889,321	7,110,266	90%	28.1
SI	20,512,235	20,319,291	99%	14.6
SK	55,112,543	52,686,526	96%	22.1
UK	2,191,632	0	0%	0.0
TOTAL	3,811,944,742	3,196,969,394	83.9	21.8

Source: SFC extract; Cohesion data dashboard <https://cohesiondata.ec.europa.eu/> (data extracted on 29 September 2022)

Summary of findings about the provisions of CRII and CRII+ and their impact on allocation of resources

Evidence gathered and analysed shows that **CRII and CRII+ were effective in providing additional flexibility to the Member States in quickly deploying the available resources, particularly through the ESF, but also through FEAD.**

The key findings concerning the effects of reprogramming under CRII and CRII+ (resulting from the analysis in this section) are summarised below:

- Most Member States used the flexibilities offered by the coronavirus response initiatives to reallocate financial resources between funds and/ or within the ESF; this was at a significant scale, as is demonstrated by the total transferred volume of EUR 1.7 billion across funds, and at least EUR 2.4 billion within and between ESF OPs at level of Thematic Objective. This value increases up to 4.6 billion when going at the most detailed level of IPs, taking into account that this includes all kind of shifts, not only COVID-19 related ones.
- A large share (37% or EUR 500 million) of the shifts between the ERDF and ESF occurred within the same region (e.g. transfer from an ERDF OP to a ESF OP of the same region).
- The flexibilities under the coronavirus response initiatives resulted in a substantial financial volume that was reallocated between funds and within the ESF to respond to the consequences of the COVID-19 pandemic. Overall, ESF funding of TO 9 (EUR +2.1 billion) and TO 8 (EUR +0.2 billion) increased significantly, while funding for TO10 and TO11 decreased.
- While the countries shifted significant amounts towards TO9 to respond to the immediate effects of the COVID-19 pandemic, REACT-EU funding was mostly allocated to employment related measures to support people getting back into employment, when economies were already recovering from the immediate effects of the crisis.
- In some countries, especially the smaller ones such as Malta and Cyprus, the additional resources from other funds or the reallocations within the ESF led to large shifts in the thematic focus. For instance in Cyprus the reallocations and the additional funding for TO 9 resulted in an increase of 91%.
- Reallocations of ESF funding also effected the number of participations under the respective IP. Evidence shows that e.g. IP 9.iv which was newly programmed in several countries resulted in an increase of planned EU-amount of 59% from 2019 to 2020 and an increase of 93% of participations in 2020.
- The minimum thematic concentration to social inclusion was not affected by the shifts across funds, with all countries meeting the minimum share of 20%, with the exception of DK, FI and SK.
- At EU level (including the UK) the absorption rate of the ESF continuously increased over the programming period. In the reporting year 2020 the absorption of funds increased by 15 p.p. while in 2021 it increased by 16 p.p., illustrating that the outbreak of the COVID-19 pandemic did not affect the implementation of the ESF.
- The development of the absorption rates of ESF OPs shows that some countries (e.g. Cyprus) reacted very fast and reached a share of declared expenditure of 100%, indicating that reallocations was effective. In Lithuania, funds of EUR 169 million to protect jobs were absorbed in 2020 already in response to the COVID-19 pandemic. Many other countries show sharp increases, both in the project selection rate and the absorption rate.
- Compared to the programming period 2007-2013 the absorption of funds shows the same trend. However, while no significant differences can be observed in expenditure between the two programming periods, or even between 2019, 2020

and 2021. The similar development of the absorption rates in the penultimate and last year for both programming periods illustrates that overall the financial performance of the ESF was not impacted by the COVID-19 pandemic.

- The development of absorption rates of FEAD OPs shows good progress over the last two years, indicating the efforts of the Member States to continuing the support for the most vulnerable groups during the pandemic and the well-established implementation in the countries, as they managed to continue the support under difficult circumstances. Some countries, e.g. Romania, which by the end of 2019 had a payment rate of 27%, significantly increased the absorption of funds, with Romania reaching 67% up to September 2022 (EUR 41 million in 2020 and EUR 125 million in 2021).
- In the case of FEAD, only a few amendments have been reported, as many of the countries used REACT-EU funding for the continuation of existing operations in 2021.

Appendix 3:

I. Changes in ESF participations

Introduction

The COVID-19 pandemic and the use of the flexibilities enabled through the coronavirus response initiatives in the MS clearly impacted the number and characteristics of ESF and YEI participations.

This chapter provides an in-depth analysis of how the composition of the ESF and YEI participations changed during the COVID-19 pandemic. Changes might be the result of for instance newly implemented, canceled, or delayed operations, enlarged target groups, etc.

Such changes are illustrated and complemented by concrete examples, which show in detail how adaptations of OPs and operations implemented in response to the consequences of the COVID-19 pandemic impacted the composition of the ESF and YEI participations.

Methodology

The analysis of the impact of the COVID-19 pandemic on the characteristics of ESF and YEI participations is based on monitoring data reported in the Annual Implementation Reports through common output indicators, which are collected at IP level. The data, which are stored in the SFC2014 database were extracted on 8 September 2022.

The analysis was done at different levels of aggregation: From the total number of participations at the level of the EU-27 and the UK to detailed analysis by each of the socio-economic characteristics (e.g. age groups, labour market status) at country and OP level and at TO and IP level.

The analysis by socio-economic characteristics is mainly based on the comparison of two time periods, before (2014-2019) and during the COVID-19 pandemic (2020-2021), looking both at changes in absolute and relative terms. The reason for analysing changes in the shares of specific target groups between this aggregated time periods is to reduce the impact of for instance outliers in 2019, and gives a more accurate picture of the (increased or decreased) importance of a specific target group and properly illustrates the impact of the responses to the COVID-19 pandemic at the respective level of analysis.

In case IPs were newly added to the OP due to the pandemic, they are not shown in the analysis by IP, as this IP was not part of the OP from 2014 to 2019 and therefore a relative change cannot be calculated.

Overall

Overall, from 2014 until the end of 2021, 57.4 million participations were reached by ESF / YEI, with sufficient information on background characteristics (such as employment status) for 54.5 million²⁸¹.

Until the outbreak of the COVID-19 pandemic, there was a continuous increase in the number of participations from 2014 onwards, reaching a peak of 11.5 million in 2018, while in 2019 10.6 million were reached. The outbreak of the COVID-19 pandemic in spring 2020 stopped this trend, with 8.7 million reported participations in 2020, which is a decrease of 18% or 1.9 million compared to 2019. Reasons for this decline include for instance the cancelation of operations due to e.g. measures in place preventing the spread of COVID-19, limitations made it difficult to recruit participants as the usual channels (e.g. events, employment centres and services or other institutions) were generally no longer available, change of the format of operations resulting in lower number of participations due to the lack of access to digital tools, and use of financial resources for the purchase of health equipment, test materials, etc. for which only the value of the ESF actions is monitored (for instance, through the COVID-indicator CV 30), while no number of supported people can be provided.²⁸²

The **share of women** remained quite constant at above 50% at the level of the EU-27 and the UK, oscillating between 53 and 55% between 2018 and 2021. At TO level, the share of women also remained quite constant before and during the COVID-19 pandemic, with the exception of TO 8, where the share of women was between 53-54% (in 2018, 2019 and again in 2021) but dropped to 49.8% in 2020, the first year of the pandemic.

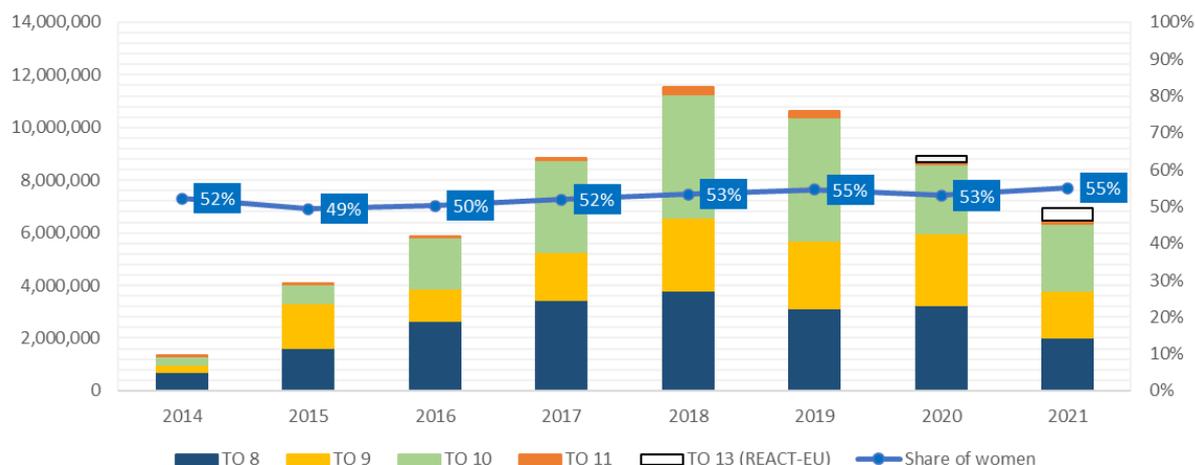
The figure below illustrates the number of participations by Thematic Objective²⁸³ and the overall **share of women** from 2014 to 2021. During the first year of the pandemic in 2020, the number of participations increased under TO 8 (+3%) and TO 9 (+9%), while they decreased substantially under TO 10 (-45%) and TO 11 (-61%). To a certain extent, the changes in the number of participations can be linked to the financial reallocations, as the reallocations towards the ESF were mainly allocated to TO8, and the reallocations within the ESF resulted in a net increase of almost EUR 400 million of TO9, while funding for TO10 and TO11 decreased since the outbreak of the COVID-19 pandemic.

²⁸¹ Note that figures for “Grand total” reported in the AIRs are insufficiently detailed for analysis. Therefore, the present report conducts all analyses on the basis of the total 54.5 million participations, with the exception of the values included in the figures illustrating the development of the total number and the share of participations by TO from 2014 to 2021, which is based on the grand total reported.

²⁸² Spatial Foresight: Kai BÖHME, Sabine ZILLMER. Research for REGI Committee - The Impacts of the COVID-19 Pandemic on EU Cohesion and EU Cohesion Policy - Part I: Overview and First Analysis. European Parliament, 2022. [https://www.europarl.europa.eu/RegData/etudes/STUD/2022/699617/IPOL_STU\(2022\)699617_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2022/699617/IPOL_STU(2022)699617_EN.pdf)

²⁸³ Including participants under TO 13 (exclusively funded through REACT-EU, which is not further analysed as it falls out of the scope of this study).

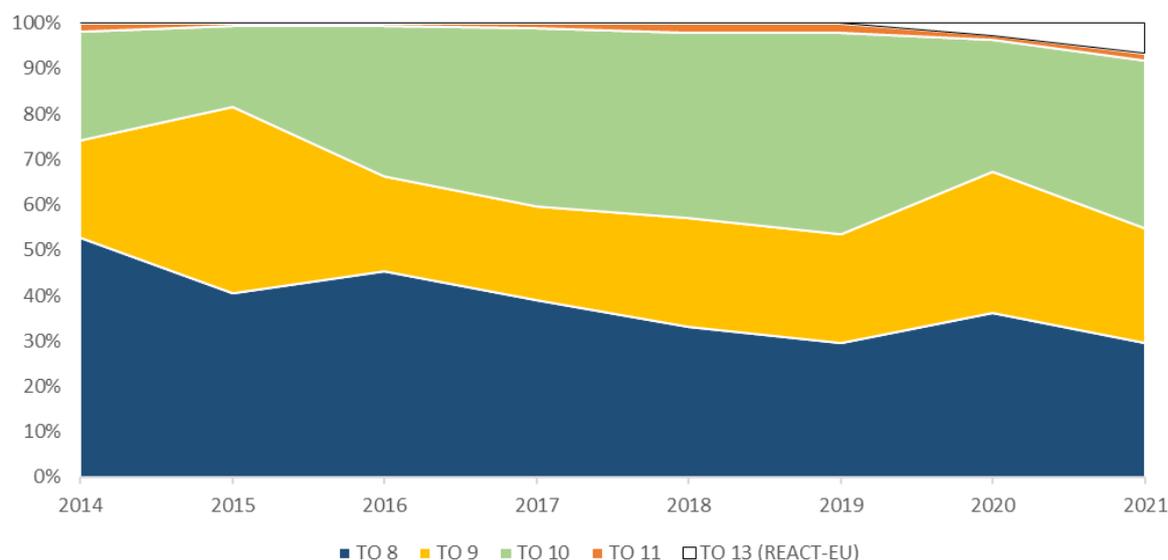
Figure A 8: Number of participations by TO and overall share of women (2014-2021)



Source: Authors' calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

The following figure illustrates the **shares of participations from 2014 to 2021 by Thematic Objective**. It shows that in 2020 there is a strong increase in the share of participations under TO8 and TO9, while the share under TO 10 decreased significantly. The share of participations under TO 9 increased up to 32% in 2020. In 2021, shares changed again compared to the first year of the pandemic, being again closer to the relative distribution at pre-crisis levels (of 2019).²⁸⁴

Figure A 9: Shares of participations by TO (2014 – 2021)



Source: Authors' calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

Looking more in detail at IP level comparing 2019 and the first year of the pandemic (2020), including the change in financial allocations, it shows that the changes vary significantly across the 19 IPs. Six IPs (8.i; 8.ii; 8.v; 9.ii; 9.iv and 9.vi) had more participations in 2020 than in 2019, which mainly correlates with the increase of the financial volume of these IPs (with the exception of the IPs 8.ii and 9.vi). While evidence was found for a number of COVID-19 related changes (for instance under IP 9.iv), as illustrated by the examples below

²⁸⁴ With the exception of the newly introduced TO 13, which includes measures funded through the REACT-EU package.

the figure, the changes in the number of participations or the financial volume cannot always be related to the COVID-19 pandemic or the coronavirus response initiatives, as it is illustrated for IP 9.ii and 9.vi more in detail below.

Figure A 10: Variation across IPs (2019 compared to 2020)



Source: Authors' calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

Under **IP 8.v**, the increase both in terms of participations (+55%) and financial allocation (+23%) is mainly due to changes in specific OPs:

- In Italy (Puglia) the financial volume of this IP increased by 200% reaching EUR 99.7 million to support the expenses for the interventions relating to the activation of the Redundancy Fund in derogation (CIGD). In 2020, 31,427 employed were reached through this operation.
- In Italy (Campania) no financial reallocations were programmed as the project selection rate was at 37% by end of 2019. The already allocated funding was used to introduce new operations to support specific target groups (self-employed, freelancers, seasonal workers) who are excluded from other support measures. By this, 27,000 people benefited from this social protection measure in 2020.
- In Hungary, under the OP Economic Development and Innovation Programme, 193,829 participations were reached in 2020, receiving a wage subsidy.
- In Greece a strong increase (+532%) of participations took place under the OP Competitiveness Entrepreneurship and Innovation, as 35,887 participants were supported, compared to 5,682 in 2019. The financial volume of the IP increased modestly, by 13% from 2019 to 2021.

Under **IP 9.ii**, both the number of participations (+18%) and the financial allocation (+13%) increased from 2019 to 2020. However, the **increase is not related to ESF operations in response to the COVID-19 pandemic**, as the strongest increase was found in BG under measures not specifically implemented in relation to COVID-19. Only a few MS (RO and SK) implemented operations related to COVID-19.

Under **IP 9.vi** from 2019 to 2020 the number of participations increased by 17%, while there was a decrease of 17% of the financial resources of this IP. **However, changes in the number of participations are not related to COVID-19**. This is in line with the results from the mapping of operations, which only resulted in one measure implemented in the Podlaskie Voivodeship in Poland.

IP 9.iv was newly programmed and added to OPs in the course of reprogramming under the CRII+ in six Member States (BE, ES, FR, IT, LU and PT) in response to the COVID-19 pandemic, resulting in an increase of planned EU-amount of 59% from 2019 to 2020 and an increase of 93% of participations in 2020. Changes in relation to the COVID-19 pandemic include, for instance:

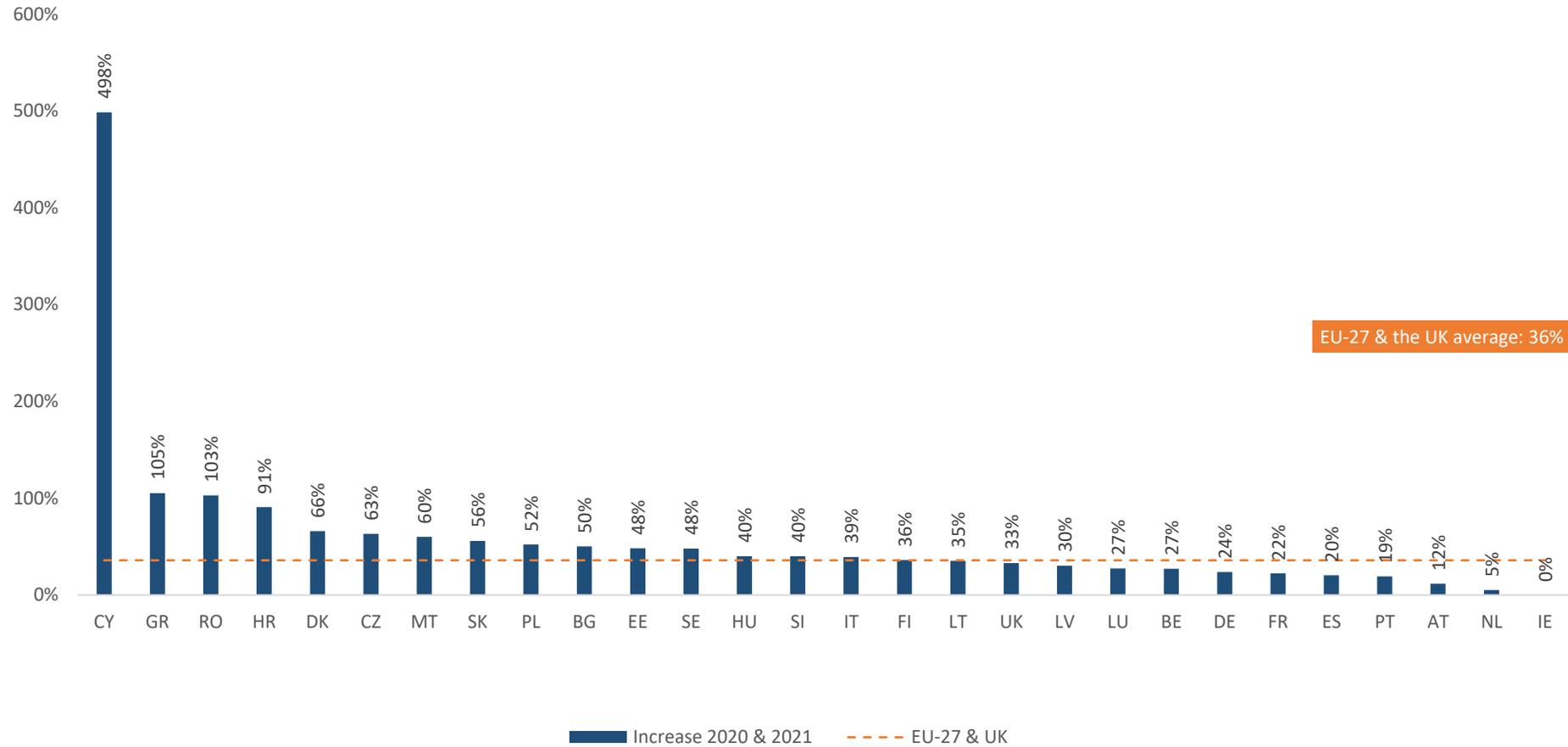
- In Italy, IP 9.iv was introduced in six OPs, both at national and regional level. For instance, in IT-Abruzzo EUR 4.5 million were allocated to this newly introduced IP to support healthcare personnel (payment of an additional bonus), families in need providing equipment for distance learning and workers being affected by suspension of school activities (wage subsidy). By the end of 2021, 7 559 people were supported.
- In Spain, IP 9.iv was added to three OPs. For instance, in Cantabria, EUR 12 million were shifted to this IP to provide funding for expenses on health equipment, test material, personal protective equipment, reinforcement facilities, hiring additional personnel, etc.
- In Luxembourg, the short-time working scheme was implemented under this IP shifting EUR 1.25 million (EU amount) towards this IP. The vast majority of the financial volume to implement the operation is based on additional REACT-EU funding (EUR 73 million in 2021), which provided the necessary additional funding for the STWS, providing the support for 43,031 employees in 2021 (reported under TO13 dedicated to REACT-EU interventions).

At country level

The cumulative number of ESF and YEI participations increased by 36% at the level of the EU-27 and the UK since the outbreak of the pandemic until the end of 2021²⁸⁵. As illustrated in the figure below, while in about one third of the countries increases are below the average, in Cyprus, Greece and Romania the number of participations more than doubled since the outbreak of the COVID-19 pandemic. In Cyprus, for instance, the significant increase is based on the implementation of the short-time working arrangement in 2021 under the newly introduced IP 9.iv, funded by EUR 36 million being reallocated from the CF to the ESF. This newly introduced scheme reached 65,963 participations until the end of 2021, exceeding the number of participations from 2014-2019 (13,238) by far, and although (or because) being a small country, showing the impact the measures implemented based on the coronavirus response initiatives can have in a country.

²⁸⁵ Not including participations under TO13 funded through the REACT-EU package, as it is out of the scope of this study.

Figure A 11: Evolution of ESF participations (2020 and 2021)



Source: Authors' calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

Analysis by target group

In relation to the outbreak of the COVID-19 pandemic, in addition to the changes at country or TO level, the study explores whether the changes in the implementation of the ESF due to the flexibilities offered by the coronavirus response packages resulted in changes in the target groups, and therefore in the socio-economic characteristics of the participants. In order to analyse the changes from pre-crisis levels (2014-2019) to 2020 and 2021 by target group, both the changes in absolute values and relative shares were reviewed, due to the (almost) overall decrease in number of participations in 2020/2021 compared to 2019. The qualitative interpretation is based on triangulating the values of the common output indicators of 2014-2019 and 2020 and 2021 with the changes in the financial allocations²⁸⁶ and the results of the mapping of operations at IP level²⁸⁷.

Overall, the analysis below shows that there is some evidence for changes directly linked to ESF operations responding to the consequences of the COVID-19 pandemic, while at the same time changes at this level of detail can also occur for other reasons.

There is a rather strong correlation between the characteristics of participations at country and IP level (as e.g. the change in the labour market status of the participants in CY correlates with the change in the age groups and the educational level (increasing share of employed, at the same time an increasing share of 25-54 years old and increasing educational level). To increase the readability of the report, examples are mentioned only once, and not under each socio-economic characteristic (e.g. the example of Cyprus is only provided under the labour market status and not described again under composition by age group/ educational level).

By labour market status

Overall, during the COVID-19 pandemic there is a significant shift in the labour market status of the participations, with an **increase of the share of employed** of 12p.p. in 2020-2021 compared to pre-crisis levels (2014-2019) at the level of the EU-27 and the UK.

Looking at country level data, as illustrated in the figure below, the most significant change is reported in Cyprus, where before the crisis 91% of the supported people were unemployed, while during the crisis 97% are employed. As already mentioned above this is due to the implementation of the short-time working scheme, supporting more than 60,000 employed. Overall the share of employed increased by 20% or more in CY, CZ, GR, LV and PL. In most countries the stronger support towards the employed at the same time reduced the share of supported unemployed.

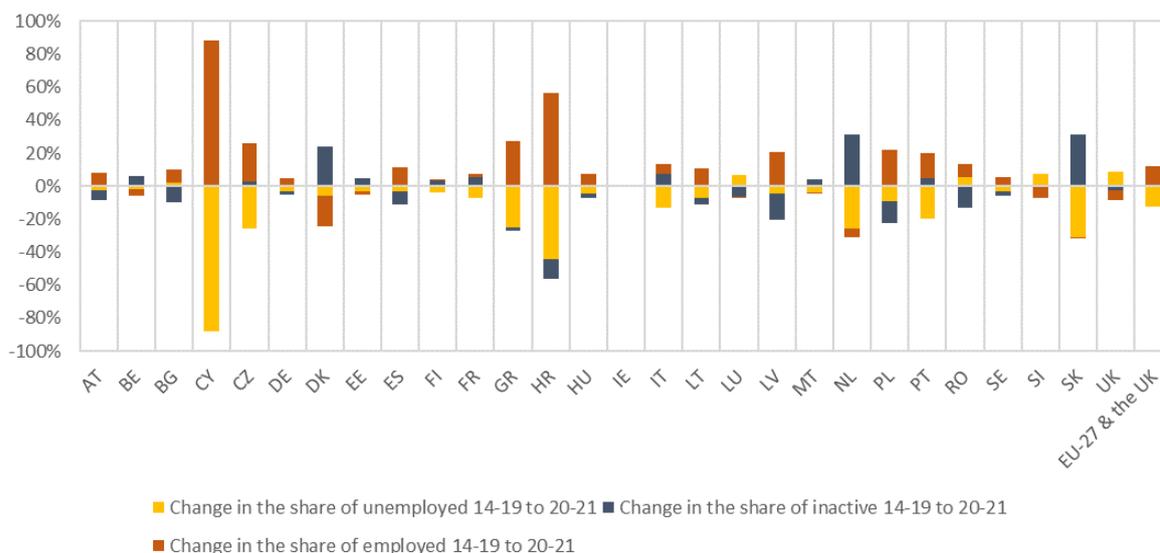
The absolute number of supported **inactive** participants increased significantly in BG, EE, NL and SK and to some extent CZ and SK from 2019 to 2020. In relative terms, compared to 2014-2019 there is an increase in DK (+24p.p.), NL (+31p.p.) and SK (+31p.p.) and to some extent in BE during the COVID-19 pandemic. In a number of countries (e.g. in BG) this includes support to distance learning education services implemented in response to the COVID-19 pandemic. In the Netherlands, the number of supported inactive doubled in 2020, while the number of supported employed and unemployed decreased significantly, as operations in response to the consequences of the COVID-19 pandemic are funded through the REACT-EU funding only. In Slovakia, the number of inactive increased significantly under IP 10.iv, due to activities aimed at supporting practical teaching, including activities aimed at supporting the introduction of elements of the dual education system.

²⁸⁶ Analysed in detail in Annex 1 of the present report.

²⁸⁷ Analysed in detail in Annex 1 of the present report.

Only a small number of the mapped operations (34) target inactive and **unemployed** people, including long-term unemployed people, often described as “vulnerable” groups and/or being at risk of social exclusion. Examples supporting the unemployed include operations targeting people at risk of losing their job because of the COVID-19 crisis, or who have already become unemployed due to this crisis (CY, EE, LT, SE).

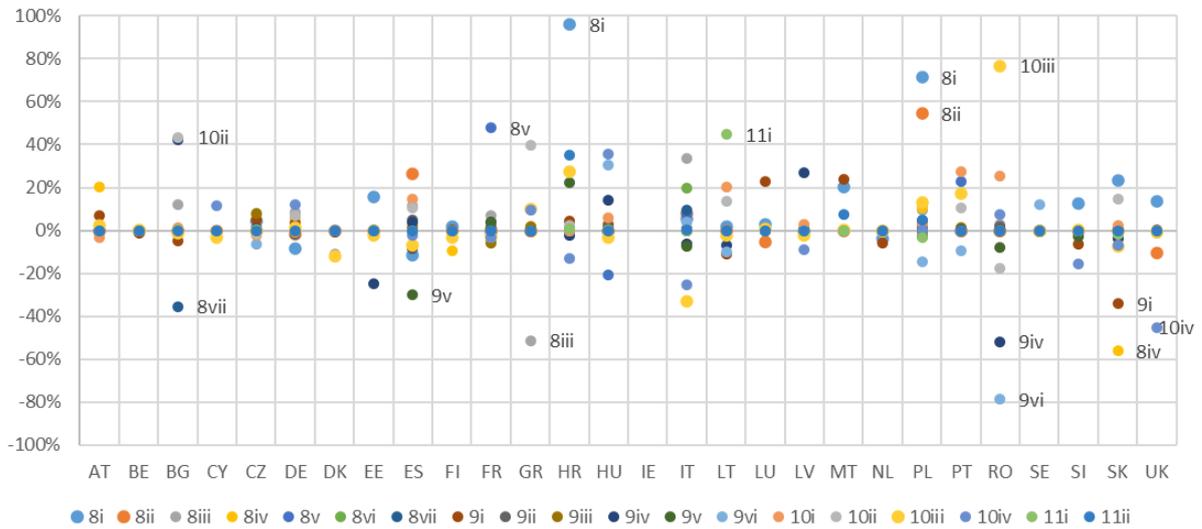
Figure A 12: Change in the share of participants by labour market status from 2014-2019 to 2020-2021



Source: Authors calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

Looking more in detail into the **share of employed** by country and IP there are several examples providing evidence of the changes being a response to the COVID-19 pandemic. As illustrated in the figure below, it shows that in the share of employed in many countries, it is a specific IP that can explain the increase in the share of employed, as e.g. the share of employed increased in one IP only, while it decreased in all other IPs. For instance in Poland, the increase results from interventions under IP 8.i and 8.ii providing support to workers who are on furlough because the employers were forced to close their services. In Bulgaria, which significantly increased the funding of IP 9.iv from 2019 to 2021 (+47% or EUR 97 million), the number of supported employed participants increased strongly through operations under TO9 and in particular under 9.iv, supporting the employed at risk of losing their job, supporting medical and non-medical staff and the purchase of protective medical equipment.

Figure A 13: Variation in the share of employed by IP (2020-2021 compared to 2014-2019)



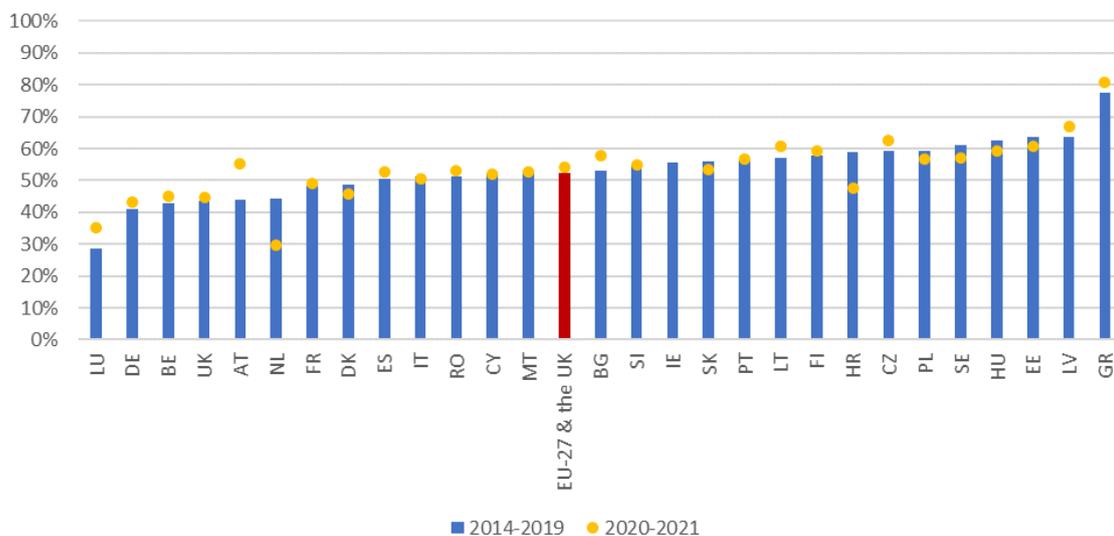
Source: Authors calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

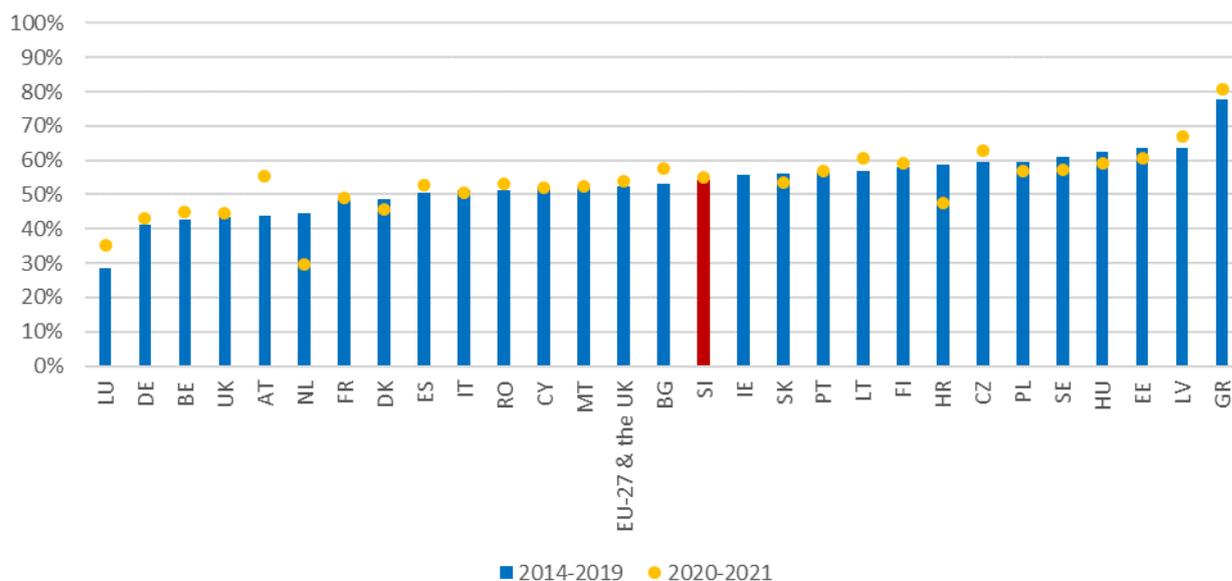
Share of women

Overall, since the outbreak of the COVID-19 pandemic the share of women slightly increased from 52.5% prior to the pandemic (2014-2019) to 54.0% in 2020-2021 at the level of EU-27 and the UK. However, differences exist when looking at country level and at the level of TOs and IPs.

By country, as illustrated in the two figures below, differences range between -15p.p. (in NL) and +11p.p. (AT). At the level of IPs, differences are even smaller, ranging between -5p.p. (IP 8.vi) and +4p.p. (IP 8.vii, IP 10.i).

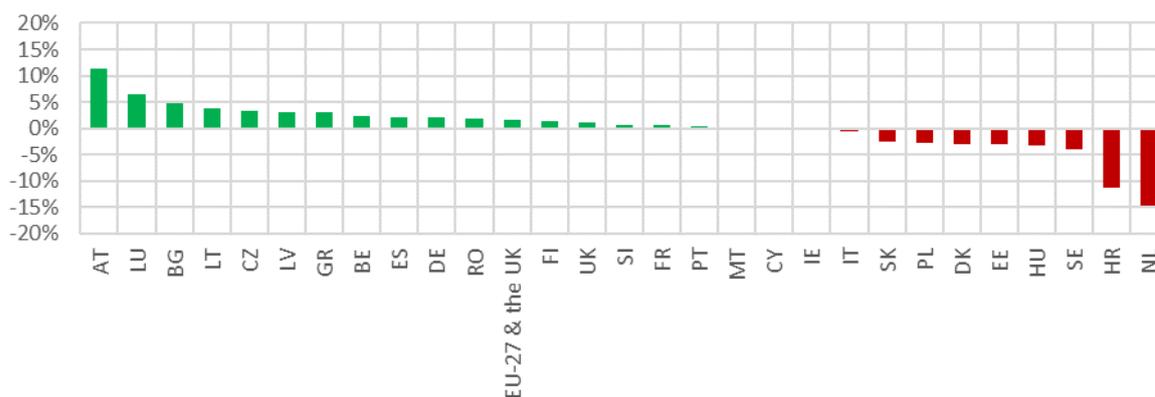
Figure A 14: Share of women in ESF participations (2014-2019 compared to 2020-2021)





Source: Authors' calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

Figure A 15: Share of women in ESF participations (2014-2019 compared to 2020-2021)

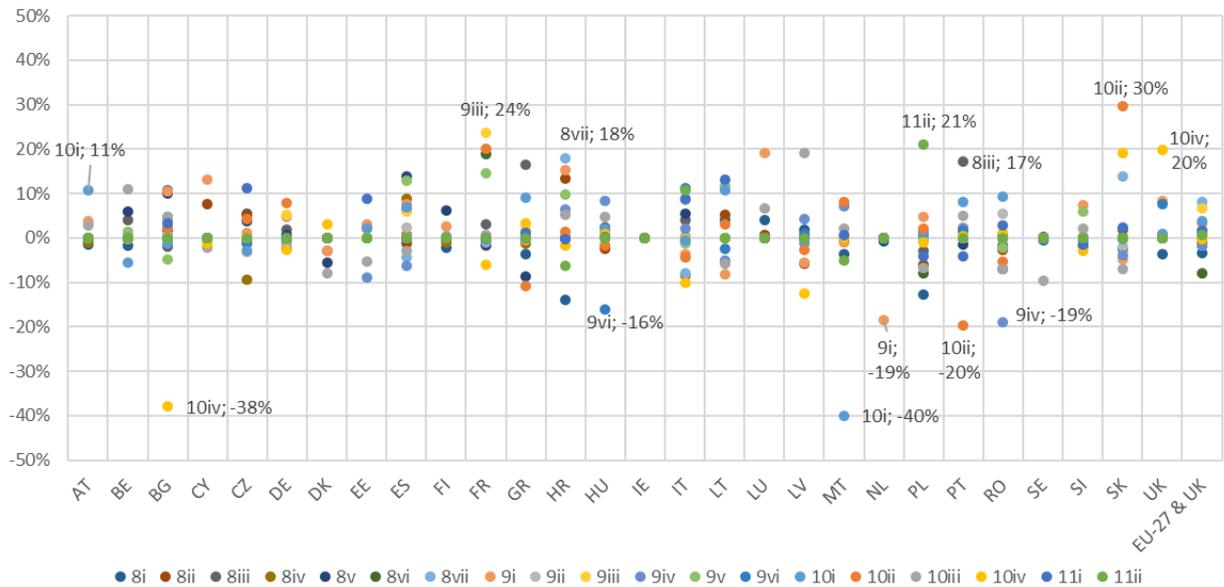


Source: Authors' calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

By TO, as indicated already above, there is a drop in the share of women under TO 8 in 2020 (from 54% in 2019 to 50%), while in 2018, 2019 and 2021 the share of women was at around 54%. Looking more in detail into the data, it shows that this decrease is reported mainly for women being employed, above 25 years of age and at least secondary education.

The figure below illustrates the changes in the share of women between 2014-2019 and 2020-2021 by country and IP. The vast majority of changes ranges between -10 and +10p.p.. A number of outliers is not significant as it is mainly due to very low absolute numbers (e.g. BG (-38p.p. IP 10.iv; PT (+17p.p. IP 8.iii)). In Malta the decrease of -40p.p. is due to the fact that the measures implemented during the COVID-19 pandemic under this IP targeted pupils where the share is rather balanced (46p.p. in 2020-2021), while operations implemented until the end of 2018 targeted employed with a share of women of 86%. In Slovakia the increase from 28 to 58% under IP10.ii is based on a measure related to future teaching and/or professional employees, which attracts more women than men in 2021.

Figure A 16: Changes in the share of women between 2014-2019 and 2020-2021 by country and IP

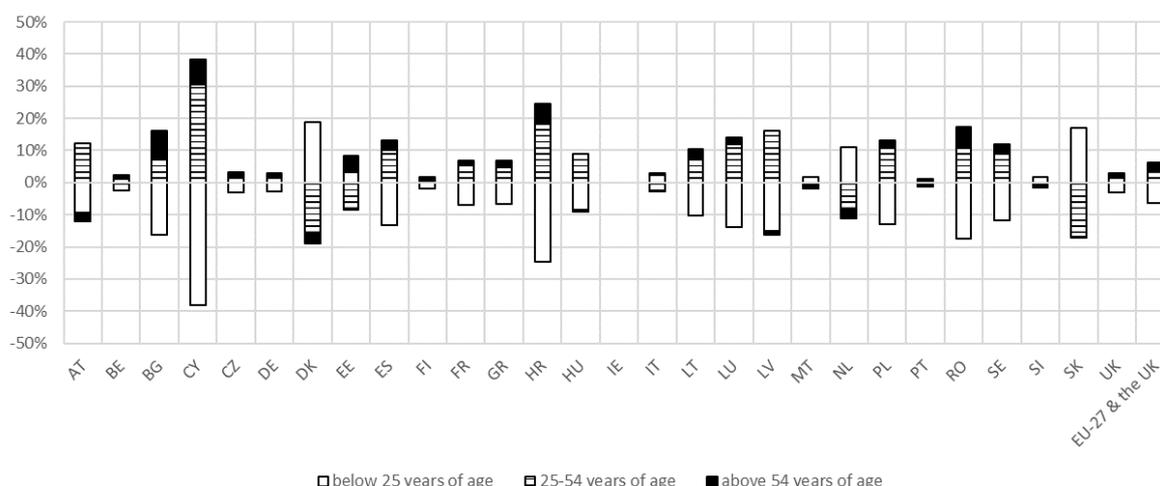
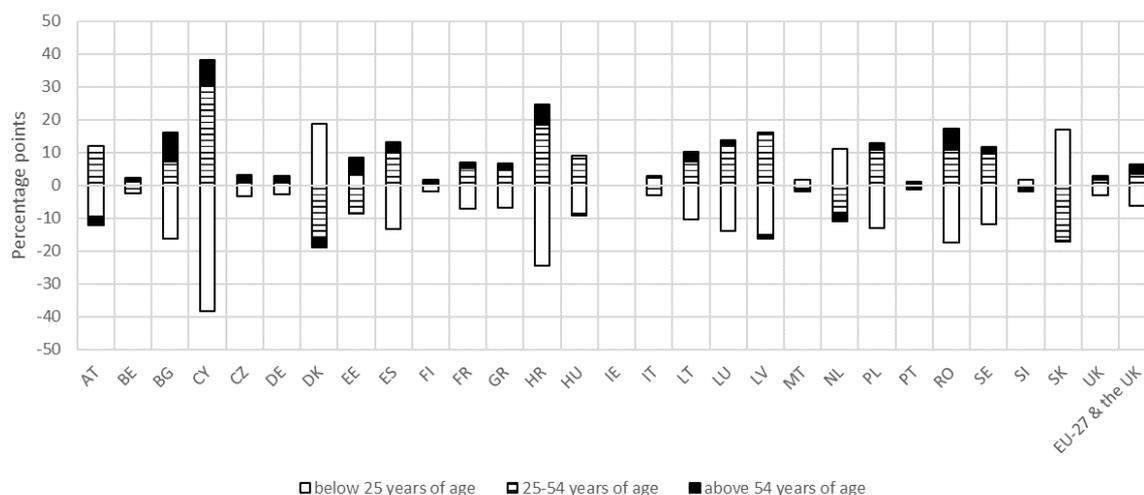


Source: Authors' calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

Composition by age group

The changed portfolio of ESF and YEI operations in 2020 and 2021 in response to the COVID-19 pandemic, due to newly introduced measures focusing on employed (e.g. STW schemes) and disrupted operations across all age groups, among other reasons, also affected the composition of beneficiaries by age group. As illustrated in the figure below, in 20 countries the share of participations younger than 25 years of age decreased. At the level of the EU-27 and the UK the decrease of share of young people (-6.3 p.p.) at the same time resulted in an increase of the share of 25 to 54 years old (+3.5 p.p.) followed by an increase of the share of those above 54 years of age (+2.8 p.p.). In Croatia the change in the composition by age group is mainly stemming from the increased support of employed (which are mainly above 25 years of age) in 2020, resulting in 124,348 employed supported through the preservation of jobs. No funding was shifted to provide this COVID-19 related support.

Figure A 17: Changes in share of ESF participations by age group by country (2020-2021 v. 2014-2019)



Source: Authors' calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

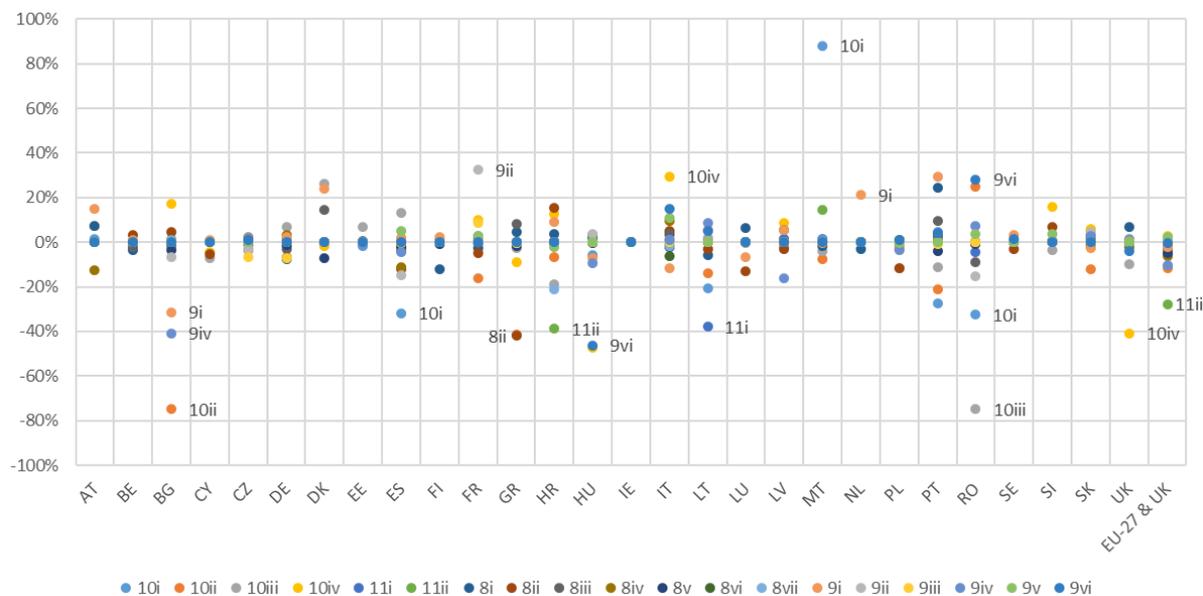
Supporting young people

Looking more into detail at IP level by country, it shows that in most of the countries the decrease or increase of the share of young people from 2014-19 to 2020-21 is concentrated under a specific IP. At European level, the strongest decrease is reported for IP 11.ii (-28 p.p.), while there is an increase of +3 p.p. under IP 10.iv and of 2 p.p. under IP 9.ii and 9.iv. However, not all significant changes from 2014-19 to 2020-21 are related to the COVID-19 pandemic, as the following examples illustrate.

Strong increases were reported under several IPs of all Thematic Objectives, for instance under IP 9.vi in Romania (increase of the share of young people of +28 p.p.), under IP 8.i in PT (+24%), and under IP 10.iv in IT (+30%). In PT, the substantial increase in relative terms is in fact a significant decrease in absolute values, as the number of participations under this IP dropped from 163,000 (2014-2019) to 6,481 in 2020-2021 (of which 3,748 are young people), as number of participations continuously decreased after peaking in 2015. In Italy, it is based on a strong increase under the national OP Education, from 19% (2014-2019) to 91% (2020-2021) and continuously high absolute and relative numbers under the regional OP of Veneto.

Significant decreases were reported for IP 10.ii in Bulgaria (-75p.p.), IP 10.iii in Romania (-75p.p.) and for IP 10.iv in Hungary (-47p.p.). The decrease of -41p.p. under IP 9.iv in Bulgaria is linked to the implementation of the operation in response to COVID-19 targeting the employed, which was already described in the section on the labour market status of the participants.

Figure A 18: Share of ESF participations by age group by country and IP (2020-2021 compared to 2014-2019)

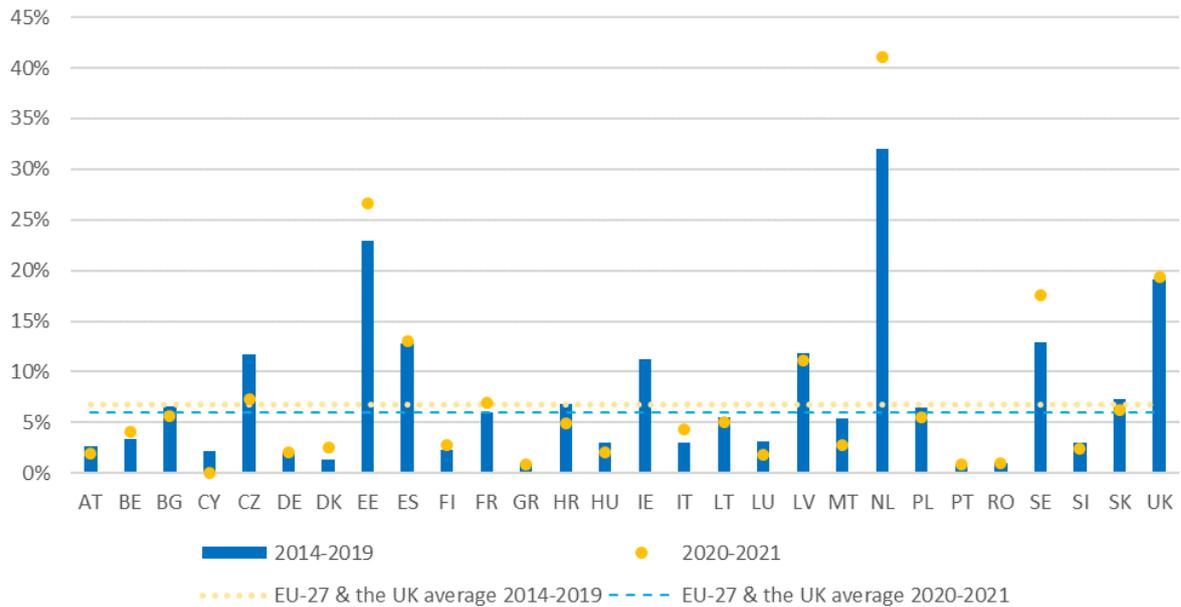


Source: Authors' calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

People with disabilities

The share of participants with disabilities decreased very slightly by 0.7p.p. from 2014-2019 to 2020-2021 at the level of EU-27 and the UK. By country, the differences range from -4.5 p.p. in Czechia to +4.7 p.p. in Sweden and +9.2 p.p. in the Netherlands.

Figure A 19: Share of ESF participants with disabilities (2014-2019 and 2020-2021)

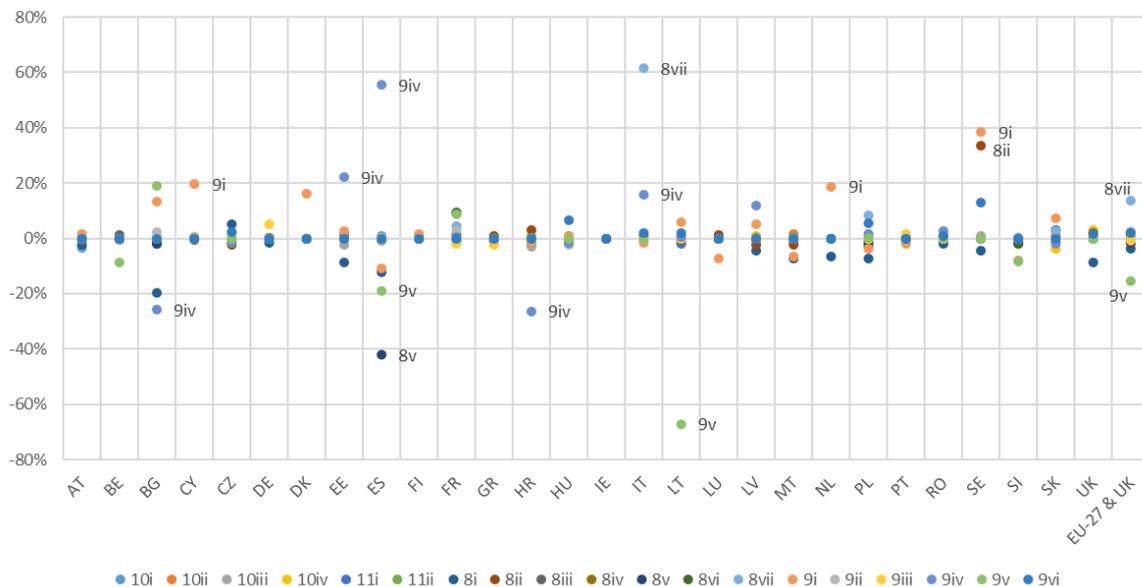


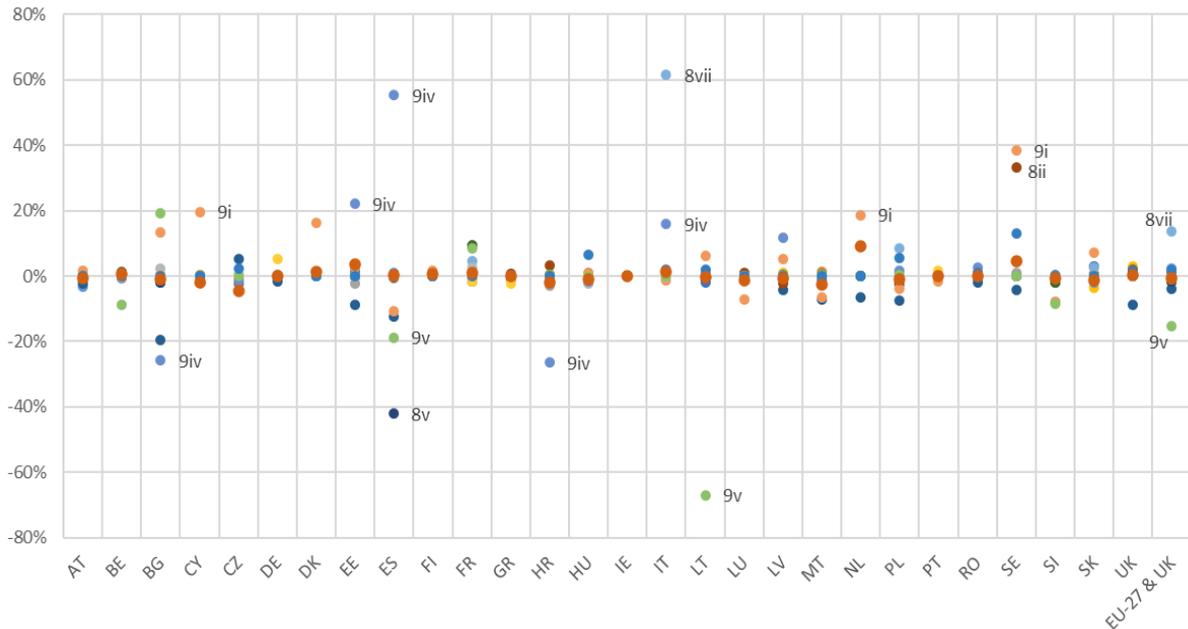
Source: Authors' calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

*For IE no participations were reported for 2020-21

Further exploring the data by IP show that in the large majority of IPs in the 28 countries the differences in the share of people with disabilities between 2014-19 and 2020 is below 5p.p., with some exceptions, e.g. in Sweden (+46p.p. in IP 9.i), in France (+91p.p. in IP 8.vi), in Lithuania (-67p.p. in IP 9.v).

Figure A 20: Share of ESF participants with disabilities by IP (2020-2021 compared to 2014-2019)





Source: Authors' calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

The majority of such differences cannot be directly linked to the COVID-19 pandemic, but there are some examples. For instance, in **Italy**, the increase of 22 p.p. under IP 9.iv is directly linked to the regional OP of Campania, where more than 38,000 people with disabilities were supported in 2020, as a response to the COVID-19 pandemic. The operation consisted in providing temporary support for people with disabilities of any kind and reimbursement of the redundancy fund in derogation (CIGD) in favor of workers of companies in the regional territory. No funding was shifted under the flexibilities offered by the coronavirus response initiatives in relation to this operation. The total financial volume of this measure is EUR 30.5 million.²⁸⁸

Educational level

The changes of the profile of participations by educational level strongly correlates with the composition by age and to large extent with the labour market status, as in the examples discussed already (for instance in Cyprus). At the level of EU-27 & the UK, the share of lower education participations (ISCED 1-2) decreased by 10p.p., while there is an increase of about 5p.p. each for participations with upper or post secondary education (ISCED 3 and 4) and participations with tertiary education. At IP level it shows that most of the changes in p.p. range about +/- 10p.p. The large changes in Romania can partly be explained by the strongly increased absolute numbers in 2020-21 (e.g. for IP 9.vi).

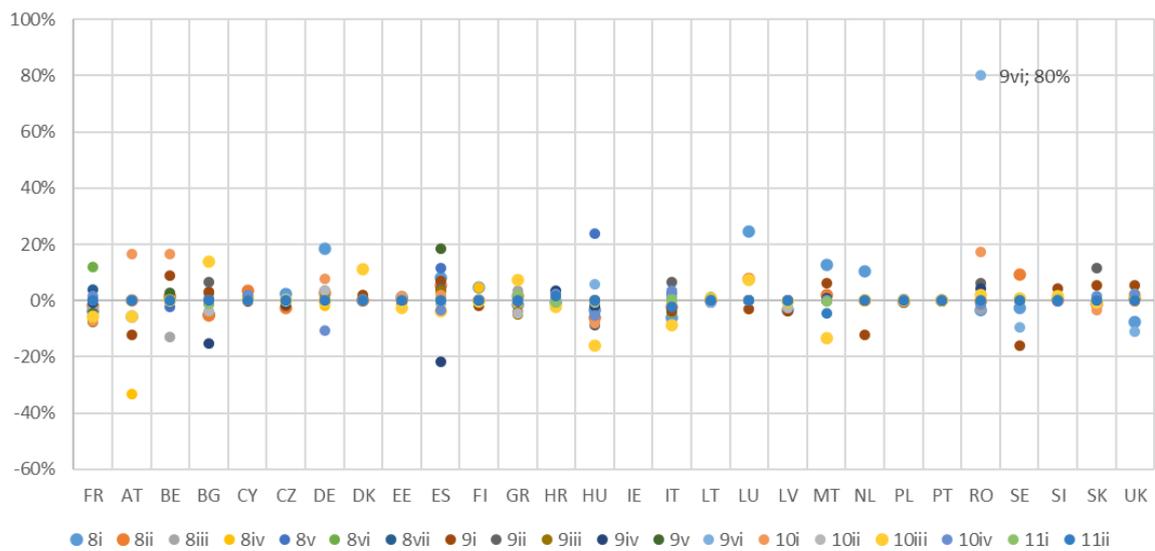
²⁸⁸ <https://opencoesione.gov.it/en/progetti/9ca20007ap000000001/>

Figure A 23: Participations of migrants in ESF operations (change 2014-2019 to 2020-21)



Source: Authors calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

Figure A 24: Share of ESF participants being migrants, participants with a foreign background, minorities (including marginalised communities such as the Roma) by IP (2014-2019 and 2020-21)



Source: Authors' calculation based on: <https://cohesiondata.ec.europa.eu/> (extracted on 8 September 2022)

Homeless people

The share of homeless or affected by housing exclusion (common output indicator CO18) did not change when comparing data over time, being at 1.0% in 2020-2021 compared to 1.1% from 2014 to 2019. Looking at data by country the share of this target group ranges between 0% (e.g. in SE almost no homeless or people affected by housing exclusion supported) to around 3% in Czechia and the UK up to 6% in France. Evidence for changes (but not related to the coronavirus response initiatives or the COVID-19 pandemic) was only be found in the OP Metropolitan Cities in IT, under IP 9.ii, where the targeted number of homeless or affected by housing exclusion increased from 3,639 in 2019 to 17,850 in 2021.

Minorities

There is very little evidence on the support of participants belonging to minorities in relation to the response to the consequences of the pandemic within the ESF and YEI. In Slovakia additional EUR 5 million are provided (without having reallocated funding) to support activities in adverse situations related to COVID-19 in municipalities with the presence of minority Roma communities (MRC).

II. Changes in FEAD end recipients

Introduction

The COVID-19 pandemic and the use of the flexibilities enabled through the coronavirus response initiatives in the Member States clearly impacted the number and characteristics of FEAD end recipients. This section provides an in-depth analysis of how the composition of the FEAD end recipients changed during the COVID-19 pandemic. Changes might be the result of for instance newly implemented, canceled, or delayed operations, enlarged target groups, etc. Such changes are illustrated and complemented by concrete examples, which show in detail how adaptations of OPs and operations implemented in response to the consequences of the COVID-19 pandemic impacted the composition of the FEAD end recipients.

Methodology

The analysis of the impact of the COVID-19 pandemic on the characteristics of FEAD end recipients is based on monitoring data reported in the Annual Implementation Reports through common output indicators, which are collected at Member State level. The data, which are stored in the SFC2014 database were extracted on 24 October 2022.

The analysis was done at different levels of aggregation: from the total number of end recipients at the level of the EU27, to detailed analysis by type of vulnerable group (children, the elderly, homeless, people with disabilities, etc.) at country level.

The analysis by target group is mainly based on the comparison of two time periods, before (2014-2019) and during the COVID-19 pandemic (2020-2021), looking both at changes in absolute and relative terms. The reason for analysing changes in the shares of specific target groups between these aggregated time periods is to reduce the impact of, for instance, outliers in 2019, and gives a more accurate picture of the (increased or decreased) importance of a specific target group and properly illustrates the impact of the responses to the COVID-19 pandemic at the respective level of analysis.

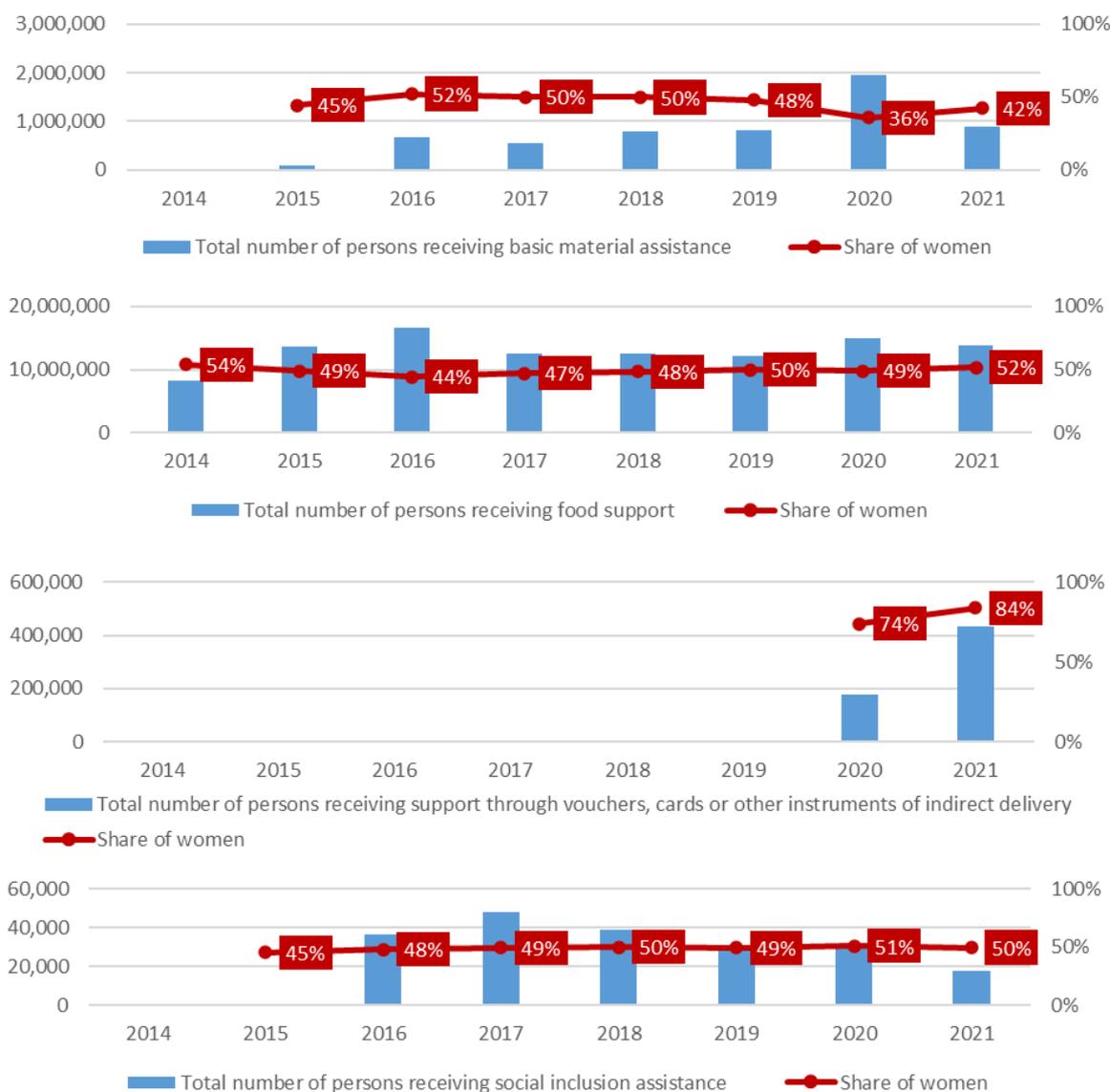
FEAD participation figures also include those being funded through additionally allocated REACT-EU funding, as participation data are not separately collected in the monitoring system.

Overall

Until the outbreak of the COVID-19 pandemic, there was a constant level of support from 2017 to 2019 in all types of operations, as illustrated in the figures below. The relevance of FEAD support is evidenced by a strong increase in the number of end recipients in 2020, providing support to the most vulnerable groups. The number of people receiving basic material assistance (in 13 Member States) more than doubled from 2019 to 2020, reaching a peak of almost 2 million end recipients in 2020. The number of people receiving food support (in 22 Member States) increased by 24% reaching almost 15 million in 2020. Despite the restrictions at country level (lockdowns, etc.), the number of persons receiving social inclusion measures (30.000 end recipients in 4 Member States) did not decrease from 2019 to 2020. In addition, in France and Romania in 2020 0.2 million people and in 2021 0.4 million people received vouchers, cards or other instruments of indirect delivery.

The **share of women** remained quite constant at around 50% at the level of the EU-27 in relation to food support and social inclusion measures, while the share of women dropped from 50% to 36% when looking at the provision of basic material assistance. The highest share of women is reported for the provision of vouchers, reaching 74% in 2020 and 84% in 2021.

Figure A 25: Number of end recipients under the respective type of support and share of women (2014-2021)



Source: Authors' calculation based on SFC 2014

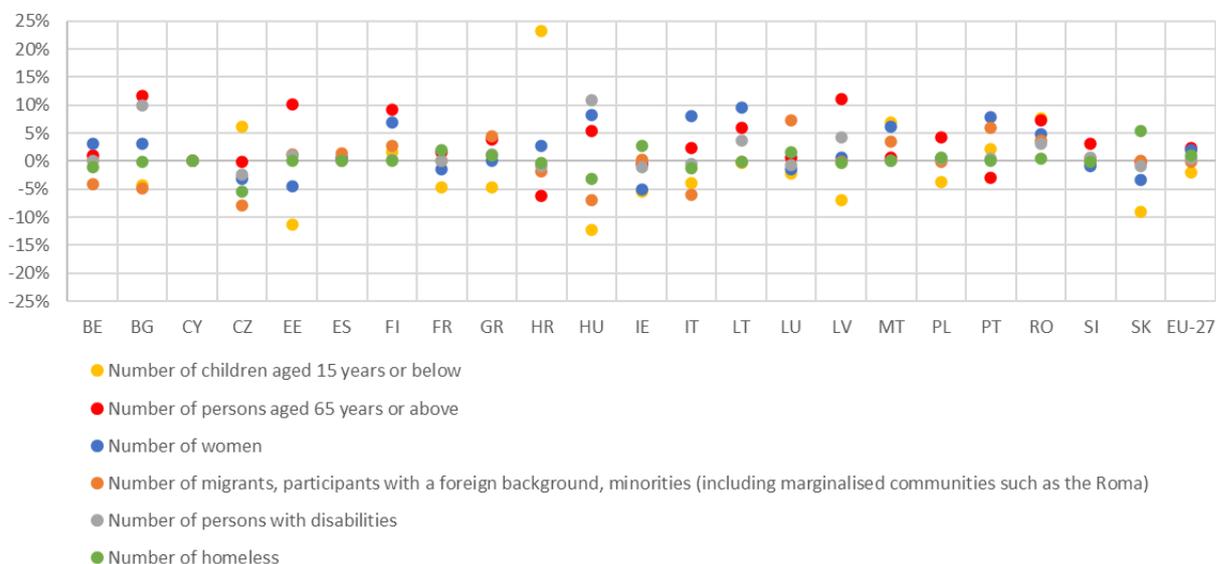
Food support

Overall, the characteristics of the end recipients of the operations providing food support did not change much before and during the crisis, as illustrated in the figure below, as most of the changes are within +/- 10 p.p.. However, there are some relevant changes, e.g., in the number of children aged 15 years or below, as there are several countries in which this target groups shows the highest decrease (e.g. in EE, HU and SK). In Estonia and Latvia this decrease at the same time resulted in an increase of the persons aged 65 years or above.

However, as the following reasoning shows, this is due to changes at governmental level and not related FEAD itself. In Estonia, for example, the increase of people aged 65+ and people with disabilities is expected to be affected by the extension of the target group to the local government subsidies' recipients. One of the subsidies is, for example, the medicine subsidy provided by the local government, which is more likely to be applied for by older

people.²⁸⁹ In Latvia in 2021, decrease in the proportion of children and young people can be explained by legislative changes and additional support options for families with children.²⁹⁰

Figure A 26: Composition of end recipients in food supply operations by country (comparing 2020-2021 and 2014-2019)



Source: Authors' calculation based on SFC 2014

Basic Material Assistance

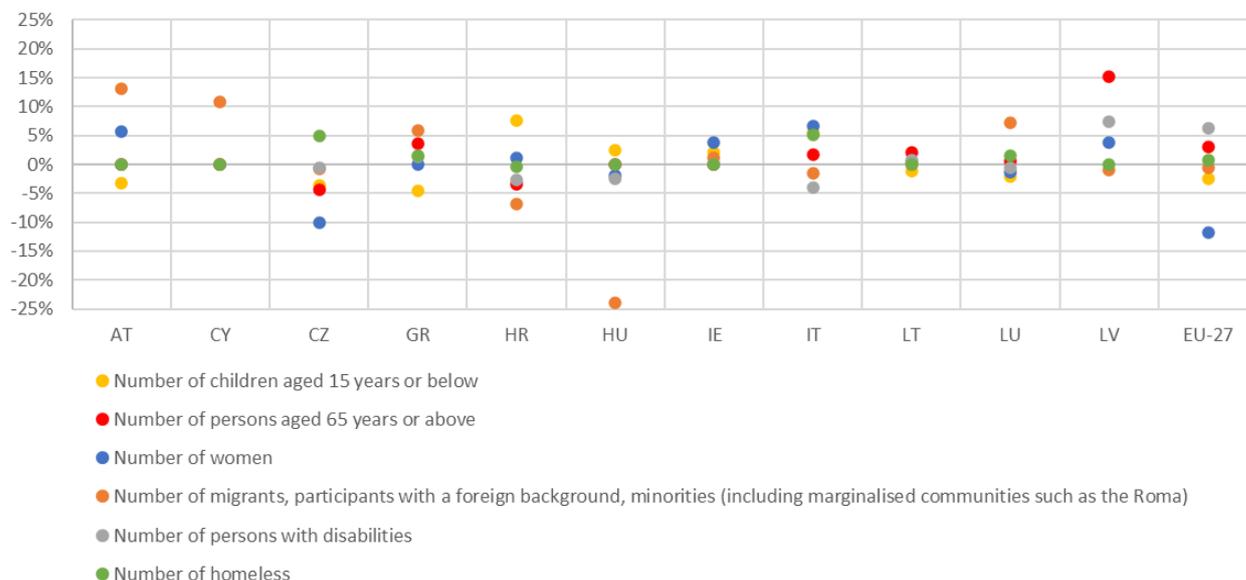
Basic Material Assistance was provided in 13 Member States in this programming period, with a strong increase in participation during the COVID-19 pandemic in 2020 and 2021. To a large extent this is due to the implementation of basic material assistance operations in Romania reporting 1.2 million end recipients in 2020. Particular strong increases are also reported in Italy, Hungary, Croatia, and to some extent in Greece.

Looking at the changes in the composition of target groups, at level of EU 27 the share of women decreased by 12p.p. while the other target groups changed only marginally, between -3p.p. and +6p.p. At country level it shows that in some countries (AT, CY and LU) the share of migrants increased. In Luxembourg this is the result of giving access to the social groceries during the pandemic to non-EU migrants, especially in Luxembourg City. On the other hand, the share of this target group decreased by 25p.p. in HU.

²⁸⁹ Annual Implementation Report 2021 of Estonia.

²⁹⁰ Annual Implementation Report Latvia 2021

Figure A 27: Composition of end recipients in basic material assistance operations by country (comparing 2020-2021 and 2014-2019)

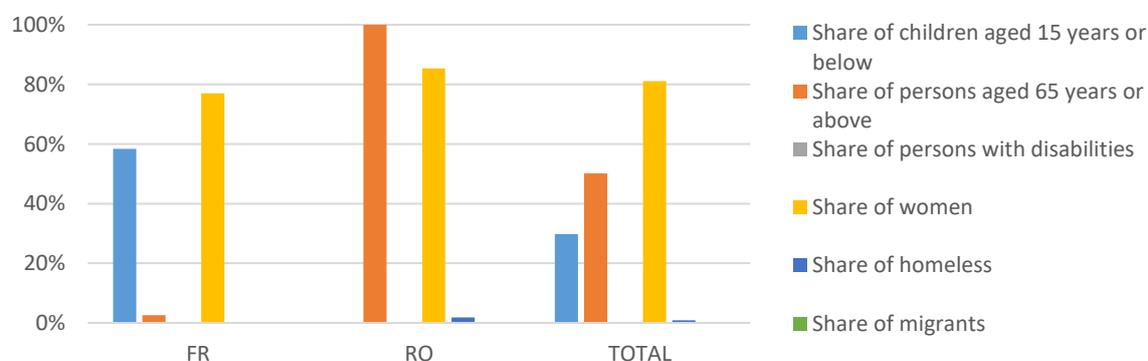


Source: Authors' calculation based on SFC 2014

Vouchers

The option to provide vouchers was enabled through CRII+ flexibilities, as it was not permitted before. Several countries (for instance FR, PT, RO) decided to implement e-vouchers to secure food security during the COVID-19 pandemic. In SFC2014, the number of people supported through vouchers are reported for two countries so far, France and Romania. The issued e-vouchers target different target group, as it is visible by the composition by age group. In Romania hot meal vouchers were funded through FEAD for the elderly, as also shown in the figure below as 100% of the end-beneficiaries are people over 65 years of age. A similarity in both countries is the high share of women, which is much higher than in other types of operations funded through FEAD (see Figures above).

Figure A 28: Composition of end recipients receiving vouchers by country (2020-2021)



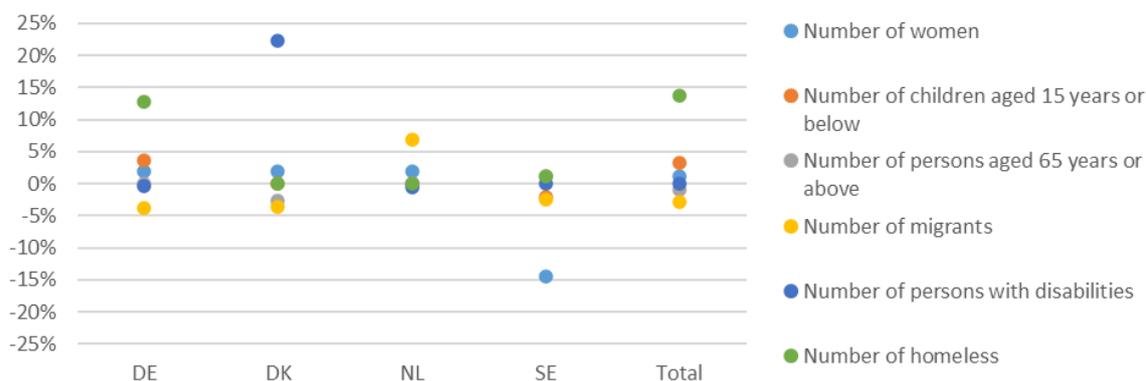
Source: Authors' calculation based on SFC 2014

Social inclusion

Social inclusion operations are implemented in four Member States during this programming period (DE, DK, NL and SE) through OP II. The figure below illustrates that the composition of the different vulnerable groups benefitting from FEAD co-funded operations did not change much comparing shares before and during the COVID-19 pandemic. At level of EU27 the most significant change is the increase of the number of homeless receiving support, based on an increase of 13p.p. in Germany, with almost 3,000 homeless being supported in 2021, of which 80% made use of at least one social service after being supported.

In the Netherlands, the adaptation of the activities supporting people over 65 years of age did not result in a change of the characteristics of the people supported. The adaptation of the operation consisted mainly in introducing new activities, e.g., helping the elderly to obtain a corona ticket. With a corona ticket, the elderly were again able to participate more actively in society. Another example of a new activity since COVID-19 was teaching the elderly video calling. In Denmark the increase in the share of persons with disabilities is not related to COVID-19 but to a new round of projects being implemented from 2019 to 2021.

Figure A 29: Composition of end recipients in social assistance operations by country (comparing 2020-2021 and 2014-2019)



Source: Authors' calculation based on SFC 2014

Appendix 4: Comparative analysis of the COVID-19 context

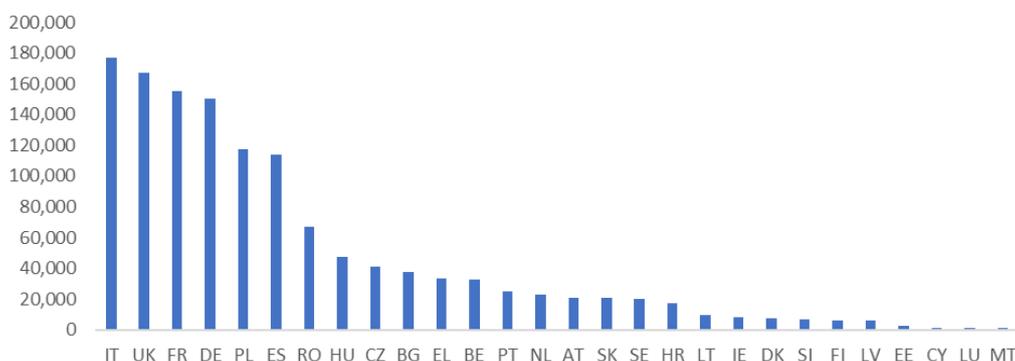
COVID-19 was declared a pandemic by the World Health Organisation (WHO) in March 2020. It has led to dramatic consequences at individual and system level. A brief overview of the severity of the COVID-19 crisis across the four dimensions relevant to this preliminary evaluation (employment, social inclusion, healthcare and education and training) is presented in this annex.

Health and Healthcare

At the **individual level**, the direct effects of the pandemic led to a large number of people being infected with COVID-19, excess mortality, decrease in life expectancy, people suffering from mental distress, and long-lasting symptoms, etc.²⁹¹ Across the EU-27 and the UK, more than 193 million infections²⁹² and more than 1.3 million deaths were reported before September 2022²⁹³. According to Eurostat, the pandemic led to excess mortality between January 2020 and July 2022 of at least 1.5 million deaths, meaning that compared with the average of the five previous years, the number of deaths since the start of the pandemic was 13% higher.²⁹⁴

There is a huge variation across countries, as shown in the figure on cumulative deaths below. Large western and southern European countries (IT, UK, FR, DE, ES) report the highest number of deaths. Central and Eastern European countries are also fairly clustered (with PL, RO, HU, CZ and SK all reporting comparable death figures). Overall, northern European countries and countries with a small population have reported the lowest number of deaths.

Figure A 30: Reported cumulative COVID-19 deaths EU-27 and UK



Source: Research team based on data from European Centre for Disease Prevention and Control²⁹⁵ and UK Coronavirus Dashboard²⁹⁶

There has also been a clear **social gradient to the risk of infection and death** from the virus, as people living in more socio-economically disadvantaged neighbourhoods and

²⁹¹ OECD (2021). Health at a Glance 2021: OECD Indicators. Available at: <https://doi.org/10.1787/ae3016b9-en>

²⁹² Figures related to direct effects of COVID-19 may include large underestimations as e.g., infections are asymptomatic and testing numbers (and systems) established vary largely.

²⁹³ According to data from the European Centre for Disease Prevention and Control and the UK Coronavirus Dashboard.

²⁹⁴ Eurostat (n.d.). Excess mortality – statistics. Available at: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Excess_mortality_-_statistics#Excess_mortality_in_the_EU_between_January_2020_and_July_2022

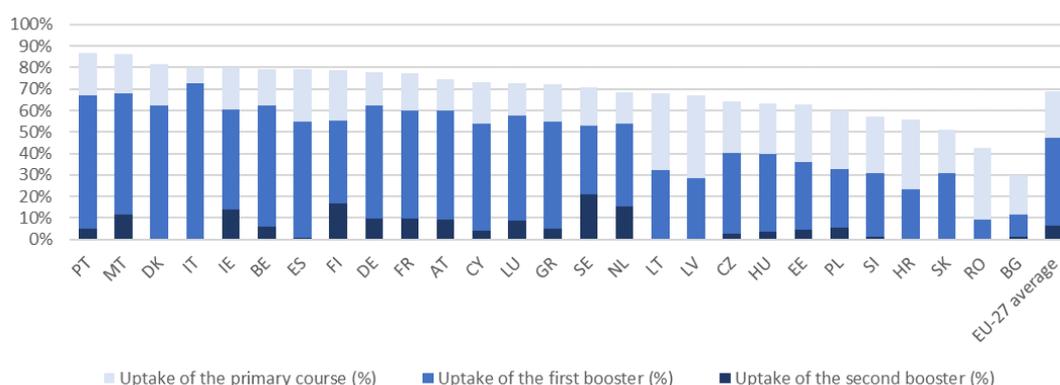
²⁹⁵ European Centre for Disease Prevention and Control (n.d.). Weekly COVID-19 country overview. Available at: <https://www.ecdc.europa.eu/en/cases-2019-ncov-eueea>

²⁹⁶ GOV.UK (n.d.). Coronavirus (COVID-19) in the UK. Available at: <https://coronavirus.data.gov.uk>

minority ethnic groups have higher rates of almost all of the known underlying clinical risk factors that increase the severity and mortality of COVID-19. In addition, working conditions tend to be worse in lower-skilled jobs with people in lower skilled jobs in many cases being more exposed to adverse working conditions. Bambra et al. show that inequalities in COVID-19 infection and mortality rates are therefore arising as a result of a syndemic²⁹⁷ of COVID-19, inequalities in chronic diseases and the social determinants of health. The pandemic has amplified pre-existing inequalities in, for example, access to health care and other areas (work, housing, etc.). COVID-19 has also interacted with and exacerbated existing social inequalities in chronic disease and the social determinants of health.²⁹⁸

The rapid development of vaccines was a game changer in 2021, reducing the risk of severe illness and death. However, vaccination rates vary across the EU-27 and the UK, as illustrated in the Figure below. According to data from the ECDC, by September 2022 the share of uptake of a primary course of the vaccine ranges from more than 80% in some countries (e.g., DK, IE, IT, MT and PT) to less than 50% in other countries (e.g., BG and RO), while the share of uptake of a first booster dose ranges from 9% (in RO) to 73% (in IT). The share of people receiving a second booster is highest in Sweden (21%), followed by Finland (17%) and the Netherlands (16%).

Figure A 31: Uptake of the primary course and a booster/additional dose by country, by mid-April 2022, in %



Source: European Centre for Disease Prevention and Control²⁹⁹

At **system level**, the rapid growth in cases of COVID-19 has **challenged the capacity of national healthcare systems**. In the initial focus on acute COVID-19 treatment, **management of noncommunicable diseases was severely scaled down**, and patients suffering from these were given low priority. This resulted in postponed or cancelled appointments due to re-allocation of healthcare personnel to tasks related to managing COVID-19. Healthcare providers, coping with inadequate supplies of personal protective equipment, minimised physical contact with patients to avoid contagion. Patients' motivation to seek care diminished, as medical centres were perceived as potential sources of infection. The result was a major global disruption in noncommunicable disease

²⁹⁷ A syndemic is a set of closely intertwined and mutual enhancing health problems that significantly affect the overall health status of a population within the context of a perpetuating configuration of noxious social conditions (Source: Bambra et al. 2020).

²⁹⁸ Bambra, C., Riordan, R., Ford, J., et al. (2020). The COVID-19 pandemic and health inequalities. *Journal of Epidemiology and Community Health* 74(11), 964-968. Available at: <https://pubmed.ncbi.nlm.nih.gov/32535550/>

²⁹⁹ European Centre for Disease Prevention and Control (n.d.). Data on COVID-19 vaccination in the EU/EEA. Available at: <https://www.ecdc.europa.eu/en/publications-data/data-covid-19-vaccination-eu-eea>

management at a time when long-term conditions were emerging as major risk factors for poor outcomes from COVID-19.³⁰⁰

Due to the high number of COVID-19 infections, healthcare for people with other needs was disrupted. According to the WHO, cancer screening, diagnosis and treatment have suffered in an unprecedented way.³⁰¹ In a study conducted in the UK, Parsons et al. found that females, older participants, those in a more disadvantaged social class and non-white ethnic minorities were more likely to report healthcare disruptions. Inequities in healthcare disruptions could contribute to the maintenance or widening of existing health inequalities,³⁰² which is in line with the findings about the social gradient to the risk of infection and death from the virus.

The COVID-19 pandemic has had an enormous effect on healthcare systems across Europe, with a large range of **policy responses** used by Member States. European countries were quick to mobilise significant additional funds for the health system in response to the pandemic but treating and preventing COVID-19 and addressing the impact of disruption to services will require continued investment in the years ahead.

The pandemic highlighted the existing variation between public health agencies and services across Europe, which resulted in divergent approaches to managing the crisis. In many ways, the structural preconditions based on historical and current political circumstances determined the roles that public health agencies played in the outbreak, meaning that while some countries relied on them to shape national responses, others only used them in tasks such as surveillance and contact tracing.³⁰³

Several dimensions emerged as crucial for the **resilience of health systems** during the COVID-19 crisis:³⁰⁴

- governing a crisis of the magnitude of COVID-19 required adequate and effective leadership, effective coordination within government as well as between government and other key stakeholders, effective communication systems and flows linked to clear lines of accountability, and monitoring systems that enable immediate identification of gridlocks;
- adequate and timely financing has been critical for effective interventions, as funds provide flexibility to key actors to address rapidly emerging and developing needs and pivot around different priorities;
- human and physical resources and the ability to increase them rapidly are essential for supporting systematic responses to surging demands (in the case of healthcare systems, these include medical staff, mental health support, appropriate hospital facilities and personal protective equipment);
- service delivery should involve flexible ways to provide care services and support for those who are most vulnerable and isolated, and a strong feedback loop between

³⁰⁰ Kardas, P., Van Boven, J.F.M., Pinnock, H., Menditto, E., Wettermark, B., Tsiligianni, I., and Ágh, T. (2021). Disparities in European healthcare system approaches to maintaining continuity of medication for non-communicable diseases during the COVID-19 outbreak. *The Lancet Regional Health-Europe* 4. Available at: <https://doi.org/10.1016/j.lanepe.2021.100099>.

³⁰¹ WHO (n.d.). COVID-19. Available at: <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-cancer-services-disrupted-by-up-to-50-in-all-countries-reporting-a-deadly-impact-of-covid-19>

³⁰² Parsons, S., Maddock, J., Di Gessa, G., Green, M.J., Thompson, E.J., Stevenson, A.J., Kwong, A.S.F., McElroy, E., Silverwood, R.J., and Katikireddi, S.V. (2021). Health care disruption inequalities during Covid-19: Evidence from eleven longitudinal studies. *European Journal of Public Health* 31. Available at: <https://doi.org/10.1093/eurpub/ckab164.118>

³⁰³ Reiss, M. and Cypionka, T. (2022). What roles were played by public health agencies in Europe during the COVID-19 pandemic? Cross-country analysis. *European Observatory on Health Systems and Policies*. Available at: <https://eurohealthobservatory.who.int/monitors/hshr/analyses/hshr/the-roles-played-by-public-health-agencies-in-europe-during-the-covid-19-pandemic>

³⁰⁴ Thomas, S., Sagan, A., Larkin, J., Cylus, J., Figueras, J., and Karanikolos, M. (2020). Strengthening health systems resilience: Key concepts and strategies. *European Observatory on Health Systems and Policies*. Available at: <https://pubmed.ncbi.nlm.nih.gov/32716618/>

clinicians and decision-makers, which identifies and uses promising practices to further improve service delivery.

Across Europe, governments have made significant investments in supporting healthcare systems and establishments during the pandemic, building up testing and vaccination capacity, and reinforcing the capacity of medical staff and the acquisition of medical devices and personal protective equipment. **Under CRII and CRII+, ESF** supported these types of investments across many countries. **FEAD** also contributed to this effort from a social inclusion perspective, through technical assistance provided to FEAD partner organisations, which enabled people in need to be reached and the staff delivering food aid or material assistance to be equipped with personal protective equipment. These healthcare operations enabled by the coronavirus response initiatives are discussed in **Section 3** of the report.

Employment

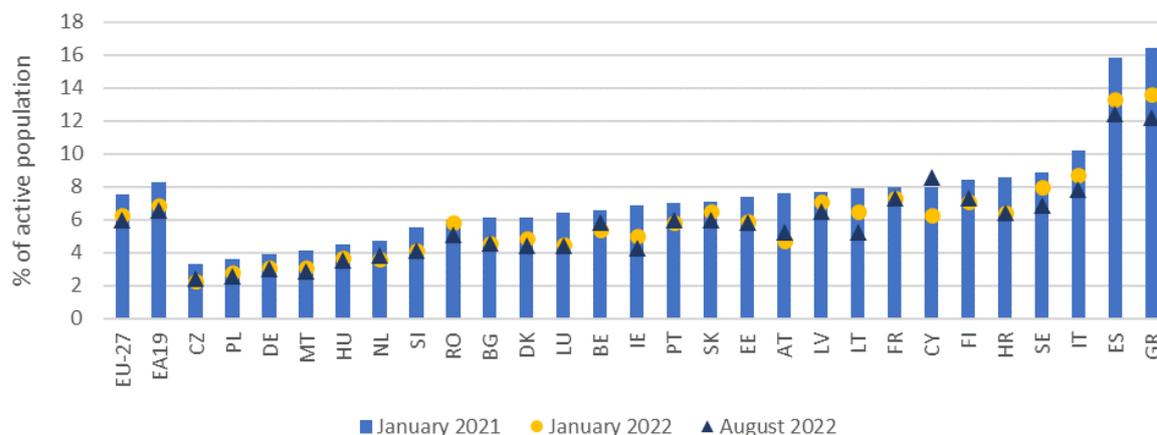
The labour market was severely hit by the COVID-19 pandemic, with large differences across Europe depending on associated containment measures, economic sectors, educational levels of employees, and the response through active labour market measures such as short-time working schemes. In 2020, **employment dropped** by 1.5% in the EU and 1.6% in the Euro area after a period of continuous growth that resulted in record numbers of employment in 2019.³⁰⁵ The COVID-19 pandemic marked the end of these labour market improvements that had been ongoing up until 2019, with specific groups more clearly impacted (young people, low-skilled workers, people in poor living conditions, older people and persons with disabilities).

These trends have begun to reverse over 2021 and 2022. The figure below shows a comparison with 2021, with clear **signs of a substantial recovery from January 2021 to January 2022 and further to August 2022**, with the unemployment rate dropping substantially in almost all Member States. At the peak of the crisis (January 2021), some countries experienced dramatic increases (e.g., AT, ES, EL) above the shocks experienced by other countries. Indeed, by the fourth quarter of 2021, total employment had shown a strong recovery trend, with employment increasing for the third quarter in a row, bringing employment levels to a new record since the beginning of the Eurostat series (in 1998), with a total of 210 million people in work.³⁰⁶ As the figure shows, there are some strong variations, with Greece and Spain having by far the highest unemployment rates both prior to and following the crisis.

³⁰⁵ European Commission (2021). Employment and Social Developments in Europe (ESDE) 2021: towards a strong social Europe in the aftermath of the COVID-19 crisis: reducing disparities and addressing distributional impacts: annual review. p.26. Available at: <https://data.europa.eu/doi/10.2767/57771>

³⁰⁶ European Commission (2022). Employment and Social developments in Europe (ESDE): Quarterly Review. Available at: <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8455&furtherPubs=yes>

Figure A 32: Unemployment rates by Member States, % of labour force from 15 to 74 years



Source: Eurostat, series on unemployment [une_rt_m]. Data seasonally adjusted

Throughout 2020, the high **take-up of job retention schemes** significantly affected labour market developments and slowed increases in unemployment. As governments introduced containment measures to limit the spread of the virus, they also devised policies to support the labour market, with a particular focus on job retention schemes in the form of **short-time work schemes**. The lockdowns imposed by governments to curb the spread of the virus affected **employees and the self-employed** to a significant extent, in particular in sectors that could not pivot to remote working. Even if short-time work schemes did not cover all those whose jobs were affected by the pandemic (the self-employed being a key group), in their absence, unemployment levels are expected to have seen a much steeper increase. A recent study indeed confirms a strong relationship between the change in **unemployment rate** and the approved applications for short-time work.³⁰⁷ In 2020, Germany, which successfully implemented short-time work during the financial and economic crisis of 2008-2009, showed a take-up that is significantly higher than during that period. In the second quarter of 2020, a peak of about six million short-time workers (about 20% of dependent employees) was reached.³⁰⁸ These schemes and other types of support and liquidity schemes for businesses also helped avoid bankruptcy to an extent, in particular with respect to **small and medium-sized businesses**.

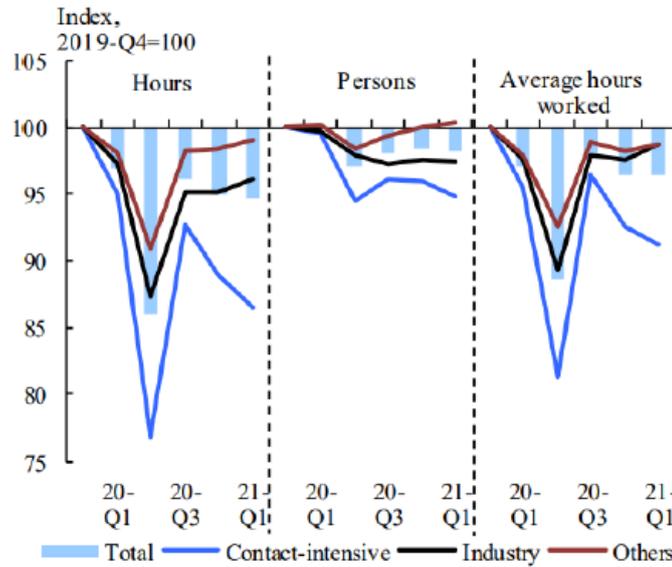
Another consequence of the pandemic was that the **drop in total hours worked** in 2020 was much sharper than overall employment and was more aligned to the drop in economic activity. At the same time the **share of workers employed, but not working**, more than doubled to 17%.³⁰⁹ As the figure below shows, the fall in hours is far greater than the fall in persons employed, with the total and average hours worked in 2021 remaining far below the pre-pandemic rates of 2019, while the employment rate of persons is closer to 2019 rates.

³⁰⁷ Ibid.

³⁰⁸ Eichhorst, W., Marx, P., and Rinne, U. (2020). Manoeuvring Through the Crisis: Labour Market and Social Policies During the COVID-19 Pandemic. *Inter Economics* 55(6), 375-380. Available at: <https://doi.org/10.1007/s10272-020-0937-6>

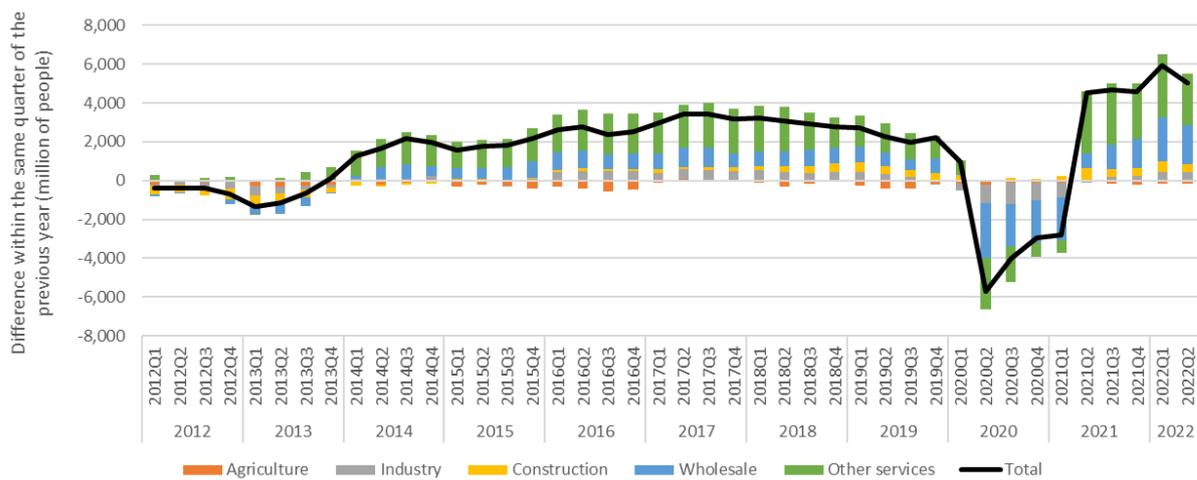
³⁰⁹ European Commission (2021). Employment and Social Developments in Europe (ESDE) 2021: towards a strong social Europe in the aftermath of the COVID-19 crisis: reducing disparities and addressing distributional impacts: annual review. p.26. Available at: <https://data.europa.eu/doi/10.2767/57771>

Figure A 33: Employment indicators EU³¹⁰



Overall, this paints a picture of an **uneven and partial recovery in employment rates**, with non-contact-intensive roles recovering to a far greater extent than contact-intensive roles.³¹¹ Eurofound (2021) found that the most affected sector in terms of labour inputs has been the accommodation sector, along with the hospitality, travel and sports, and leisure-related sectors.³¹² As with the employment data, sectoral data (although rather broad and not defined by sub-sectors) from late 2021 shows that **employment has recovered strongly in the services sector** in Q2, 3 and 4 of 2021 and Q1 of 2022, indicating that there has been a substantial recovery in the most affected roles.

Figure A 34: Employment growth by sector - EU



Source: Eurostat, National Accounts [namq_10_a10_e]. Data non-seasonally adjusted.

³¹⁰ Ibid.

³¹¹ These roles are those considered more face-to-face such as hospitality and catering, caring and healthcare, and transport.

³¹² European Commission (2020). Labour Market and Wage Developments in Europe. p.10. Available at: <https://ec.europa.eu/social/main.jsp?langId=en&catId=791&furtherNews=yes&newsId=9873>

Alongside this sectoral effect, the COVID-19 pandemic has had **stronger employment effects on different groups**. The employment of **young people** declined especially strongly in 2020. Compared to 2019, the employment rate dropped by 2.8 percentage points for the 20-24 age group and 1.7 percentage points for the 25-29 age group.³¹³ This is deemed to be linked to the nature of young people’s employment, as they are more likely to be on temporary contracts or in vulnerable occupations.³¹⁴ Young people transitioning from education to the labour market also faced difficulties in finding their first job, with the total number of recent job starters declining in 2020 (6.5 million on average per quarter, compared to an average of about 7.5 million people in the previous years, which is a 13.5 percentage points drop). As seen in the figure below, there were far lower reductions in employment for older age cohorts. Compared to levels seen during and after the global financial crisis that started in 2007, the increase in youth unemployment and NEET rates has remained substantially below that period. However, the risk that unemployment becomes entrenched increases with the length of the crisis.³¹⁵

Figure A 35: Changes in employment, hours worked and share not working by age and gender, Q2-2019-Q2-2020, EU27

Sex and age (years)	Change (Q2 2019–Q2 2020)		
	Employment (%)	Weekly hours worked	Employed but not working (percentage points)
Male 15–24	-7.1	-0.1	11.1
Female 15–24	-8.0	0.1	11.9
Male 25–54	-2.6	-1.3	9.0
Female 25–54	-2.7	-0.7	10.3
Male 55–64	0.9	-1.3	8.5
Female 55–64	0.8	-0.6	9.6
Male 65+	-1.7	-1.4	7.8
Female 65+	-4.7	-0.9	9.3
EU27	-2.4	-0.9	9.6

Source: Eurofound

Some Member States experienced much higher rises in the rate of **youth unemployment**, in particular Lithuania (+7.7 percentage points, Estonia (+6.8 percentage points), and Slovenia (+6.1 percentage points).³¹⁶ There has also been an increase in NEET rates for the 15-29 age group, which increased by 1.2 percentage points in 2020 to 13.7%.³¹⁷

By late 2021, it was clear that there had been a **strong recovery in employment rate through all age groups**. Most age groups had shown continued positive growth by Q3 2021 when compared to Q3 2020, and further to Q2 2022. The figure below shows that the strongest positive growth rate between these two time points was for the younger age groups who were most effected in 2020, with a growth rate of 3.5 percentage points for 20-24-year-olds and 2.7 percentage points for 25-29-year-olds. A trend that continued in 2022,

³¹³ European Commission (2021). Employment and Social Developments in Europe (ESDE) 2021: towards a strong social Europe in the aftermath of the COVID-19 crisis: reducing disparities and addressing distributional impacts: annual review. Available at: <https://data.europa.eu/doi/10.2767/57771>

³¹⁴ European Commission (2020). Labour Market and Wage Developments in Europe. Available at: <https://ec.europa.eu/social/main.jsp?langId=en&catId=791&furtherNews=yes&newsId=9873>

³¹⁵ Konle-Seidl, R. and Picarella, F. (2021). Youth in Europe: Effects of COVID-19 on their economic and social situation. European Parliament. Available at:

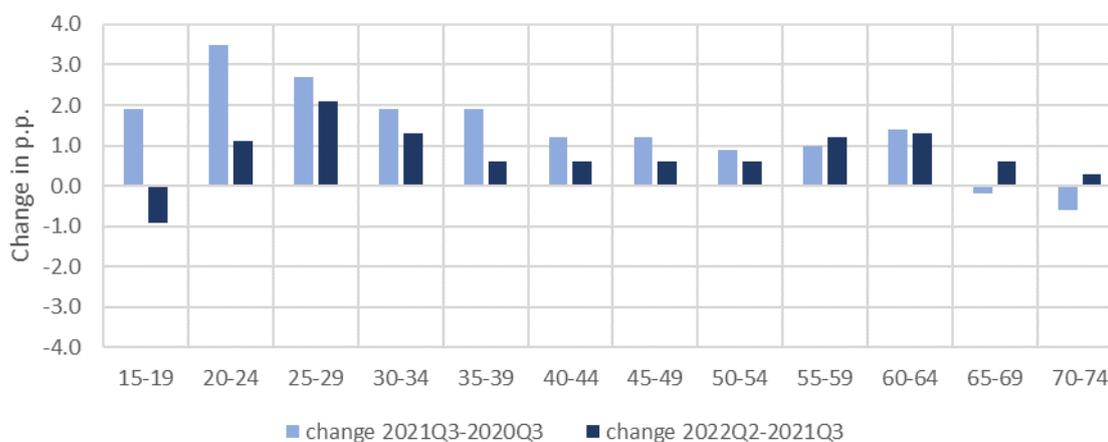
[https://www.europarl.europa.eu/RegData/etudes/STUD/2021/662942/IPOL_STU\(2021\)662942_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2021/662942/IPOL_STU(2021)662942_EN.pdf)

³¹⁶ European Commission (2021). Employment and Social Developments in Europe (ESDE) 2021: towards a strong social Europe in the aftermath of the COVID-19 crisis: reducing disparities and addressing distributional impacts: annual review. Available at: <https://data.europa.eu/doi/10.2767/57771>

³¹⁷ Ibid.

as from Q3 2021 to Q2 2022, the employment rate of people aged 15-64 increased at EU level (+2.4 pp.) and in all countries.

Figure A 36: Employment rate by age – EU-27, 2020Q3 – 2022Q2



Source: Eurostat, LFS [lfsq_ergaed]. Data not seasonally adjusted

In terms of **employment policy responses**, further negative effects were mitigated by governmental measures, in particular through job retention programmes. All countries (EU-27 and the UK) provided a job retention scheme, with 21 Member States (AT, BE, BG, CY, CZ, DE, EE, ES, FI, FR, HU, IE, IT, LU, LV, MT, NL, PL, PT, SE, SI) and the UK providing a short-time work scheme in 2020-2021, 6 relying on wage subsidies, and 6 implementing both measures.³¹⁸

Governments adapted pre-existing STWAs by providing flexibility in relation to eligibility, duration and payment conditions as well as introducing new schemes tailored to the impact of COVID-19 on national labour markets.³¹⁹ In some cases, the adaptation of the STWAs involved wage subsidies for reduced working hours as well as a subsidy for hours worked.³²⁰

While almost all Member States suffered a fall in the rate of employment, there were disparities between countries, with the steepest drops observed in Spain (-2.3%), Ireland (-1.7%), and Bulgaria (1.6%), contrasting with two countries that saw a small increase in employment (Poland and Malta).³²¹ Member States with pre-existing schemes (such as Austria and Germany) tended to expand their scope, with the main changes being to simplify administrative procedures, broaden coverage, reduce costs for employers, increase duration, increase the level of payments, relax requirements for firms to access STWAs and removing the restriction on taking on another job.³²² **Section 3** of the report provides information about the STWS that were implemented through ESF under CRII/ CRII+.

The majority of Member States have implemented **support measures for self-employed and non-standard workers** who are not covered by the above schemes. For the self-employed, 17 Member States (AT, BE, CY, CZ, DE, DK, ES, FI, FR, GR, IT, LV, NL, PL, PT, RO, SI) used some form of income support, some funded through the ESF under CRII/ CRII+, generally imposing a minimum level of decline in income compared to the level of income in the previous year. These schemes are generally linked to very strict eligibility

³¹⁸ Baptista, I., Marlier, E., Spasova, S., Peña-Casas, R., Fronteddu, B., Ghailani, D., Sabato, S., and Regazzoni, P. (2021). Social protection and inclusion policy responses to the COVID-19 crisis: An analysis of policies in 35 countries. ESPN. p.14. Available at: <https://doi.org/10.2767/10153>

³¹⁹ Ibid., p. 54. Available at: <https://doi.org/10.2767/10153>

³²⁰ Ibid.

³²¹ Ibid.

³²² Eurofound (2021). COVID-19: Implications for employment and working life. p.71. Available at: <https://www.eurofound.europa.eu/publications/report/2021/covid-19-implications-for-employment-and-workinglife>

criteria.³²³ Some countries³²⁴ have also provided support measures for non-standard workers (temporary agency workers, seasonal workers or apprentices), with a range of income replacement or STWA instruments being used.³²⁵ Notwithstanding massive government and EU level investments during the pandemic to support workers, companies and protect jobs, the measures did not reach all those in need. This has amplified pre-existing vulnerabilities and inequalities that will require systematic investment in the coming years and particular attention to workers or the self-employed working in atypical arrangements, whose livelihoods have also been threatened during the pandemic due to more limited or non-existent social safety nets.

5.2.1. Social inclusion

Before the COVID-19 pandemic, there had been a decrease in the number of people at risk of poverty or social exclusion in the EU, decreasing by 17.3 million in 2017 from the 2008 baseline. However, **the pandemic rendered the target of 20 million people out of risk of poverty or social exclusion unachievable by 2020.**³²⁶ Additionally, severe material deprivation had declined continuously from 2012 to 2019, with 2.8 million fewer people in severe material deprivation in 2019 than 2018.³²⁷

Prior to the COVID-19 pandemic, some population groups were highly exposed to risks, including those with disabilities and people with a minority racial or ethnic background, who particularly struggle to access services. The existing social inequalities and living conditions in Member States were in many cases exacerbated by the lockdown measures introduced as a response to the pandemic. However, compared to the previous year, the 2021 Eurostat SILC figures (income year 2020) show an overall stability in the risk of poverty or social exclusion in most Member States, even after factoring in the negative impact of COVID-19 on poverty and social exclusion (overall 0.1pp or 0.6 million more than in 2020). The figures confirm the crucial role of social protection and social inclusion systems to ensure socio-economic resilience to shocks. They also show that the swift national policy responses and exceptional recovery measures taken with the support of the EU largely mitigated the negative impact of the pandemic on poverty and inequality. The pandemic has also exacerbated the **difficulty in accessing services** that migrated online: **older people** and **young people** in rural and remote areas with **weak digital infrastructure** were particularly affected.³²⁸ The 2020 Fundamental Rights Agency Report found that measures taken as a response to the pandemic disproportionately impacted **marginalised and socially excluded groups (Roma and Travellers)**, who are particularly sensitive to changes in the labour market. Overall, those more **engaged in precarious or informal work** are both disproportionately affected and much less able to access support and social benefits that protect against income losses.³²⁹

There are numerous accounts of the pandemic having a **greater impact on people in lower socioeconomic groups and ethnic minorities**. As for the vaccination rate indicated above, several reasons were identified, for example crowded living conditions, work-related exposure, lack of adequate PPE, or instructions on how to use it properly. In Stockholm,

³²³ Ibid., p.77.

³²⁴ Austria, Finland, France, Germany, Italy, Portugal, Spain

³²⁵ Eurofound (2021). COVID-19: Implications for employment and working life. p.78. Available at: <https://www.eurofound.europa.eu/publications/report/2021/covid-19-implications-for-employment-and-working-life>

³²⁶ European Commission (2021). Employment and Social Developments in Europe (ESDE) 2021: towards a strong social Europe in the aftermath of the COVID-19 crisis: reducing disparities and addressing distributional impacts: annual review. p.45. Available at: <https://data.europa.eu/doi/10.2767/57771>

³²⁷ European Commission (2021). Employment and Social Developments in Europe (ESDE) 2021: towards a strong social Europe in the aftermath of the COVID-19 crisis: reducing disparities and addressing distributional impacts: annual review. p.46. Available at: <https://data.europa.eu/doi/10.2767/57771>

³²⁸ Ibid., p.49. Available at: <https://data.europa.eu/doi/10.2767/57771>

³²⁹ European Union Agency for Fundamental Rights (2020). Fundamental Rights Report 2020. Available at: <https://fra.europa.eu/en/publication/2020/fundamental-rights-report-2020>

Sweden, for instance, the infection rate has been 3–4 times higher in some socioeconomically disadvantaged residential areas compared to the regional average.³³⁰

The pandemic effects also reinforced existing **gender inequalities**, in particular because women are over-represented in non-standard forms of work and in the most vulnerable sectors (such as retail, accommodation, healthcare and care work), as well as facing serious challenges in balancing work and private life.³³¹ The COVID-19 crisis has not only **increased care duties**, but also made women's participation in the labour market even more fragile. A more shallow recovery from the crisis for women indicates that its **socioeconomic impact might last much longer for women than for men**.³³²

In the latest evidence available, it is clear that **there has not been a major shift in terms of changes in the number of recipients of social assistance benefits** over the course of the pandemic, with no clear sign of a significant rise in numbers since the start of the crisis.³³³ However, the COVID-19 crisis is a powerful reminder of the importance of social protection systems and their role in mitigating the economic and social effects of reduced economic activity.

In terms of **social policy responses**, Member States have been quick to provide social assistance support, mainly by adopting additional temporary measures, by adjusting existing social assistance programmes or by introducing permanent measures addressing all kind of social inclusion related fields, such as poverty, housing, health, vulnerable groups, access/provision of essential services depending on the needs triggered by the COVID-19 pandemic. Member States have commonly introduced **additional protection measures** in the form of adequate and accessible **income support** for those lacking sufficient resources for a 'dignified life'.³³⁴ Analysis showed that this mainly aims to increase protection for **people with limited or no links to the labour market** (i.e. children, students, social assistance beneficiaries).³³⁵

All Member States **adjusted** their broader **social assistance systems or social assistance programmes in response to the COVID-19 pandemic**, including relaxing eligibility criteria, extending coverage levels, increasing the generosity of programmes and simplifying burdens. The latter for instance includes the streamlining of the application procedure for the self-employed in Spain to the unemployment benefit scheme³³⁶.

All Member States introduced **new temporary benefits**, which were especially meant to support people not entitled to unemployment benefits and with very low incomes and target groups being disproportionately negatively affected by the pandemic. This includes, for instance, a lump sum provided to people in unpaid leave during the confinement in Bulgaria, and the 'emergency income' (Reddito di emergenza) scheme in Italy to support low-income families (potentially one million people) not covered by the minimum income scheme or by other measures implemented in the context of the crisis. **Temporary measures** have been

³³⁰ Burström, B., and Tao, W. (2020). Social determinants of health and inequalities in COVID-19. *European Journal of Public Health* 30(4), 617-618. Available at: <https://doi.org/10.1093/eurpub/ckaa095>

³³¹ European Parliament, FEMM Committee (2021). COVID-19 and its economic impact on women and women's poverty. Insights from 5 European Countries. Available at:

[https://www.europarl.europa.eu/RegData/etudes/STUD/2021/693183/IPOL_STU\(2021\)693183\(SUM01\)_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2021/693183/IPOL_STU(2021)693183(SUM01)_EN.pdf)

³³² European Institute for Gender Equality (EIGE) (2021). Gender equality and the socio-economic impact of the COVID-19 pandemic. Available at: <https://doi.org/10.2839/29540>

³³³ European Commission (2022). Monitoring report on the employment and social situation following the COVID-19 outbreak (Winter 2021-2022). Available at:

<https://ec.europa.eu/social/BlobServlet?docId=25237&langId=en#:~:text=The%20employment%20rate%20in%20the,the%20second%20quarter%20of%202020.>

³³⁴ Baptista, I., Marlier, E., Spasova, S., Peña-Casas, R., Fronteddu, B., Ghailani, D., Sabato, S., and Regazzoni, P. (2021). Social protection and inclusion policy responses to the COVID-19 crisis: An analysis of policies in 35 countries. *ESPN*. p.17. Available at: <https://doi.org/10.2767/10153>

³³⁵ Ibid.

³³⁶ Ibid., p. 52. Available at: <https://doi.org/10.2767/10153>

broadly less generous and supported by much less money than employment related schemes.³³⁷

Permanent measures were established for instance in Spain, where a new minimum income scheme that aims to alleviate social exclusion on a permanent basis was established. It is expected to extend the coverage of the existing regional schemes, as well as to reduce regional disparities.³³⁸

Member States have also taken measures to support **access to essential services** and address energy poverty, also in response to the COVID-19 crisis. Examples from Romania, Italy and Spain illustrate the different approaches taken by the Member States in this regard. While in Romania new cash benefits on the provision of potable water and sewage were introduced for the low-income population, in Italy bonuses for water and energy will be automatically applied to bills, in an attempt to increase take-up rates of benefits. In Spain the pool of customers eligible for the electricity social tariff was enlarged to some self-employed.³³⁹

Member States also introduced temporary measures **to support families** during the COVID-19 emergency. A fund of EUR 500 million was established in Italy to finance food solidarity interventions and support vulnerable families in their payments of rent and utility bills. In Czechia, parents of children who were sent home from school due to the pandemic could claim paid care leave between October 2020 and June 2021. In Latvia, a one-off allowance of EUR 500 was paid to every child.³⁴⁰

A number of countries (e.g. Romania) indicated that the greater flexibility created for the use of EU funding (and in particular the ESF) was useful for funding employment protection schemes that addressed the impact of COVID-19 on the labour market.³⁴¹

The COVID-19 pandemic also impacted **food security**. Over 90% of European Food Banks have experienced an increase in demand for emergency food assistance, resulting from an increase in the total number of people in need.³⁴² Analysis indicates that, despite the social restrictions and other challenges of the pandemic, food banks were able to redistribute a significantly higher amount of food, through organizational innovations, especially new strategies, new internal structures, and new types of external network relations with other firms and/or public organizations.³⁴³ For instance in Romania, food security was secured through FEAD funding, through the provision of hot meal vouchers for the elderly.³⁴⁴

FEAD contributed to the crisis response in other countries as well, including under the CRII/ CRII+ packages, for instance through the provision of food aid to those facing material deprivation (including children), but also technical support to enable delivery of food to recipients' homes in lockdown conditions. **ESF** under the coronavirus response investment initiatives also contributed to actions that promoted social inclusion through ensuring access to services and provided direct targeted support to vulnerable groups (e.g. people

³³⁷ Eurofound (2021). COVID-19: Implications for employment and working life. p.61. Available at: <https://www.eurofound.europa.eu/publications/report/2021/covid-19-implications-for-employment-and-workinglife>

³³⁸ European Commission (2021). Joint Employment Report 2021. Available at: <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8351&furtherPubs=yes>

³³⁹ Ibid.

³⁴⁰ European Commission (2022). Joint Employment Report 2022. Available at: <https://data.europa.eu/doi/10.2767/342787>

³⁴¹ Eurofound (2021). COVID-19: Implications for employment and working life. p. 39. Available at: <https://www.eurofound.europa.eu/publications/report/2021/covid-19-implications-for-employment-and-workinglife>

³⁴² FEBA (2020). European Food Banks in a post COVID-19 Europe. Available at: https://lp.eurofoodbank.org/wp-content/uploads/2020/07/FEBA_Report_Survey_COVID_July2020.pdf

³⁴³ Capodistrias, P., Szulecka, J., Corciolani, M., and Strøm-Andersen, N. (2022). European food banks and COVID-19: Resilience and innovation in times of crisis. *Socio-Economic Planning Sciences* 82. Available at: <https://doi.org/10.1016/j.seps.2021.101187>.

³⁴⁴ Eurofound (2021). COVID-19: Implications for employment and working life. p.63. Available at: <https://www.eurofound.europa.eu/publications/report/2021/covid-19-implications-for-employment-and-workinglife>

experiencing homelessness or those with disabilities) in nearly half of the Member States. These operations are discussed in **Section 3** of this report.

Education and training

The COVID-19 pandemic posed unprecedented challenges for education systems in Europe at all educational and institutional levels. The primary response in the early phases of the pandemic was the shutting down of schools and other learning institutions (universities, adult education centres), with a broad shift from face-to-face to distance learning to ensure continuity (although this was not available in a coherent or complete way).³⁴⁵ Early evidence shows that the **shift to online learning was unequal and already vulnerable and disadvantaged learners were hit hardest**, with an obvious disparity between and within countries.³⁴⁶ 2018 PISA data suggests that **most education systems were not ready for the shift to predominantly online learning**.³⁴⁷

In terms of impacts, a number of **effects of the decisions Member States took to limit the virus spread in education and training institutions and systems** have been identified. In terms of **educational outcomes**, studies conducted in 2020³⁴⁸ showed that 9 weeks of school closures in the 2020 cohort resulted in significant learning losses and a decrease in school averages for mathematics and Dutch language scores,³⁴⁹ for instance, with the effects of lost learning progress (i.e. lack of learning due to school closures) and learning loss (i.e. loss of previously obtained knowledge). In addition, **inequality within and across schools** was found in the same study to have increased in 2020, with additional learning losses in schools with large shares of students with low socioeconomic status. This inequality of outcome was also identified by Engzell et al. (2021), who identified that **learning losses were up to 60% higher for disadvantaged pupils**.

While overall participation rates were relatively unaffected in schools, there were **large drops in participation in adult learning** over 2020, in particular over the first lockdown wave. The figure below shows a decline in participation across the EU of 30% on average, with France and Slovenia experiencing the sharpest decline in participation.

³⁴⁵ Van der Graaf, L., Dunajeva, J., Siarova, H., and Bankauskaite, R. (2021). Research for CULT Committee – Education and Youth in Post-COVID-19 Europe – Crisis Effects and Policy Recommendations. European Parliament. p.21. Available at: [https://www.europarl.europa.eu/RegData/etudes/STUD/2021/690872/IPOL_STU\(2021\)690872_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2021/690872/IPOL_STU(2021)690872_EN.pdf)

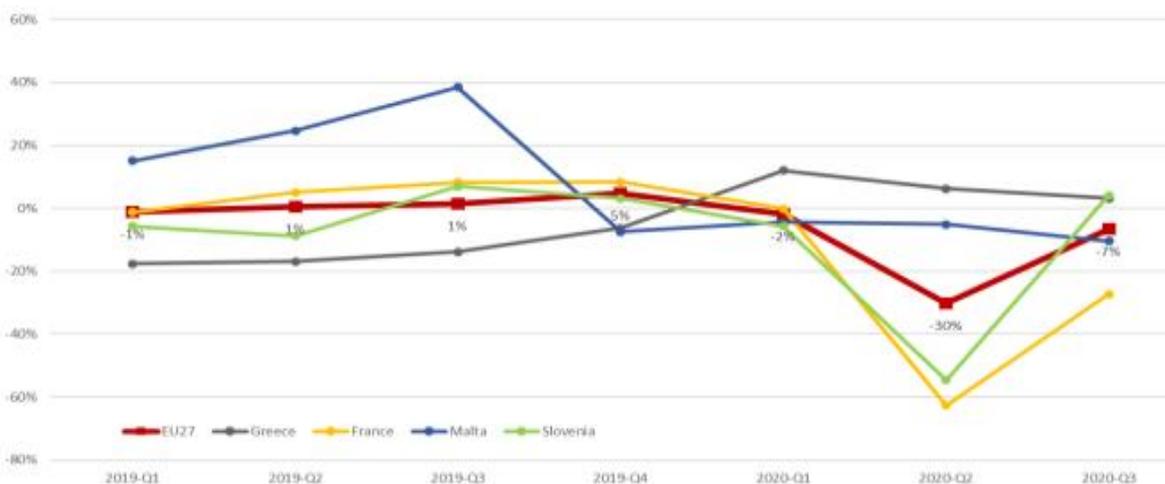
³⁴⁶ Bryant, J., Chen, L.K., Dorn, E., and Hall, S. (2020). School-system priorities in the age of coronavirus. Available at: <https://www.mckinsey.com/industries/education/our-insights/school-system-priorities-in-the-age-of-coronavirus>

³⁴⁷ De Witte, K., Smet, M. (2021). Financing education in the context of COVID-19, EENEE. p. 7. Available at: https://eenee.eu/wp-content/uploads/2021/06/EENEE_AHQ03_Financing-education-in-the-context-of-COVID-19-2.pdf

³⁴⁸ Slavin, R.E., and Story, N. (2020). The US Educational Response to the COVID-19 Pandemic. Best Evid Chin Edu, 5(2), 617-633. Available at: <https://ssrn.com/abstract=3652585>; Maldonado, J. and De Witte, K. (2020). The effect of school closures on standardised student test outcomes. KU Leuven. Available at: <https://doi.org/10.1002/berj.3754>

³⁴⁹ The Maldonado and De Witte (2020) study was conducted on Flemish schools in Belgium.

Figure A 37: Impact of the first wave of lockdowns on the participation in adult learning (participation in the past 4 weeks, 25-64 year olds, ELFS) – Change in the total number of participants % within the previous 12 months



Source: Eurostat – [LFSQ_PGAIED – Version of 05/01/2021] own calculation

A systematic overview of the **policy responses** for education and training is difficult to provide due to the large variety of education and training systems, the dynamic and varied responses taken by Member States over the pandemic period, and the still large gaps in systematic research about the response to the crisis at various governance levels. Overall, there were a set of broad categories of additional spending in response to the COVID-19 crisis in the education and training sector, including: general, non-earmarked funding (or specific target not mentioned); ICT-related funding (e.g. laptops, tablets, internet access); investment in better infrastructure (e.g. buildings); protective equipment, cleaning and prevention; hiring additional teachers, bonuses for teachers, training for teachers; summer 'bridging' programmes; counselling and assistance for students.³⁵⁰

Many EU Member States increased the education budget, based on national budgets and EU funding. Additional funding supported the implementation of short- and long-term crisis response actions, with the initial results showing that funding concentrated on ICT provision. For instance, in some countries (e.g. BG, FR, IT, PT), ESF funding was used to provide digital equipment to schools and pupils to support distance learning and pupils from disadvantaged backgrounds lacking appropriate digital infrastructure. Overall, **ESF operations under CRII/ CRII+** across the Member States aimed to ensure the continuity of education and training, for instance through supporting the development and/or implementation of distance-learning services, direct financial support in the form of purchasing equipment or other capital investment, as well as supporting students and their families to navigate the COVID-19 crisis. In some cases, support was specifically targeted at disadvantaged students.

³⁵⁰ De Witte, K., Smet, M. (2021). Financing education in the context of COVID-19, EENEE. Available at: https://eenee.eu/wp-content/uploads/2021/06/EENEE_AHQ03_Financing-education-in-the-context-of-COVID-19-2.pdf

Annex 2: Methods and analytical models used

This section provides an account of the methods and the analytical models used in the study. It then describes their limitations and the robustness of the study's findings.

Introduction

This document provides the detailed methodology and analytical models used for the evaluation of the Study supporting the preliminary evaluation of the support provided by ESF and FEAD under the Coronavirus Response Investment Initiatives (CRII and CRII+). The study considers the time period from the adoption of the coronavirus response initiatives in March and April 2020 to the period up to December 2022 and covers COVID-19 crisis response through changes in the ESF and FEAD implementation in the 27 Member States and the United Kingdom following the adoption of CRII initiatives. The study was guided by the five key EU evaluation criteria: effectiveness, efficiency, coherence, relevance and contribution to crisis response. The latter criterion was used instead of the EU added value criterion as per the requirements of the study's technical specifications. The evaluation findings are presented in the main report, to which this document is annexed.

Approach to evaluation and analytical models

The evaluation followed an approach based on mixed-method data collection approaches, combining qualitative and quantitative research methods. The study focuses on the process of reacting to the crisis through ESF and FEAD, tracing the extent to which implementation has proceeded as anticipated (linking inputs and activities to outputs, and exploring early results). The study did not consider the impacts of ESF and FEAD operations that were enabled through CRII and CRII+. The overall methodological approach was guided by a comprehensive evaluation framework (see, Annex 3) and two Intervention Logics, presented below and in the main body of the report (**Section 2.2** of the main report).

Overview of methodology

Table A 21 - Overview of methodological approach

Task 1 Designing the intervention logics	Task 2 Comparative analysis of the context and crisis reaction across MS and the UK	Task 3 Analysis of changes introduced by MS following CRII and CRII+ adoption	Task 4 Analysis of M&E arrangements implemented or envisaged for anti-crisis measures	Task 5 Consultation activities	Task 6 Good practices in using ESF / FEAD for preventing / mitigating crisis effects	Task 7 Summary of the financial and operational implementation of ESF-funded anti-crisis measures	Task 8 Provide preliminary lessons learnt and recommendations
	Subtask 2.1 Mapping of implementation structures and context in MS and UK	Subtask 3.1 Development of operations typology	Subtask 4.1 Literature review	Subtask 5.1 Targeted online survey of ESF and FEAD Managing Authorities	Subtask 6.1 Case study selection	Subtask 7.1 Analysing and summarising evidence across Tasks 2-4	Subtask 8.1 Synthesis and analysis of evidence across all tasks
	Subtask 2.2 Identification of patterns of EU-provisions use and the ESF/FEAD role in mitigating the crisis	Subtask 3.2 Collation and analysis of data (SFC2014 database)	Subtask 4.2 Review of Monitoring & Evaluation approaches (Cohesion database)	Subtask 5.2 Stakeholder interviews in selected Member States	Subtask 6.2 Desk research	Subtask 7.2 Analysing information from additional sources	Subtask 8.2 Draft final report
		Subtask 3.3 Overall analysis		Subtask 5.3 Online validation focus groups	Subtask 6.3 Targeted consultations	Subtask 7.3 Providing summary of the state of play	Final report meeting and final report
				Interim Report	Subtask 6.4 Data analysis and reporting		

Task 1: Designing the intervention logics

The scope of Task 1 was to refine and finalise the Intervention Logics of the Coronavirus Response Investment Initiative (CRII and CRII+) and the support provided by the ESF and FEAD under the Coronavirus Response Investment Initiative (CRII and CRII+). The output of this task was two Intervention Logics, as follows:

A first intervention logic focusing on the flexibilities enabled by CRII and CRII+ as they relate to the use of ESF and FEAD in the COVID-19 crisis context. This intervention logic combines CRII and CRII+ flexibilities and considers them as an overall coronavirus response.

A second intervention logic setting out the specific ESF and FEAD operations enabled by CRII and CRII+ flexibilities. This intervention logic focuses on the new and adjusted ESF and FEAD operations that seek to address the effects of the pandemic, tracing out the intended outputs, results and impacts that flow from these, rather than including the totality of all ESF and FEAD operations and their presumed effects.

The two intervention logics available below underpin the overall approach to this evaluation.

Figure A 38: Intervention logic for the Coronavirus Response Investment Initiative (CRII and CRII+)

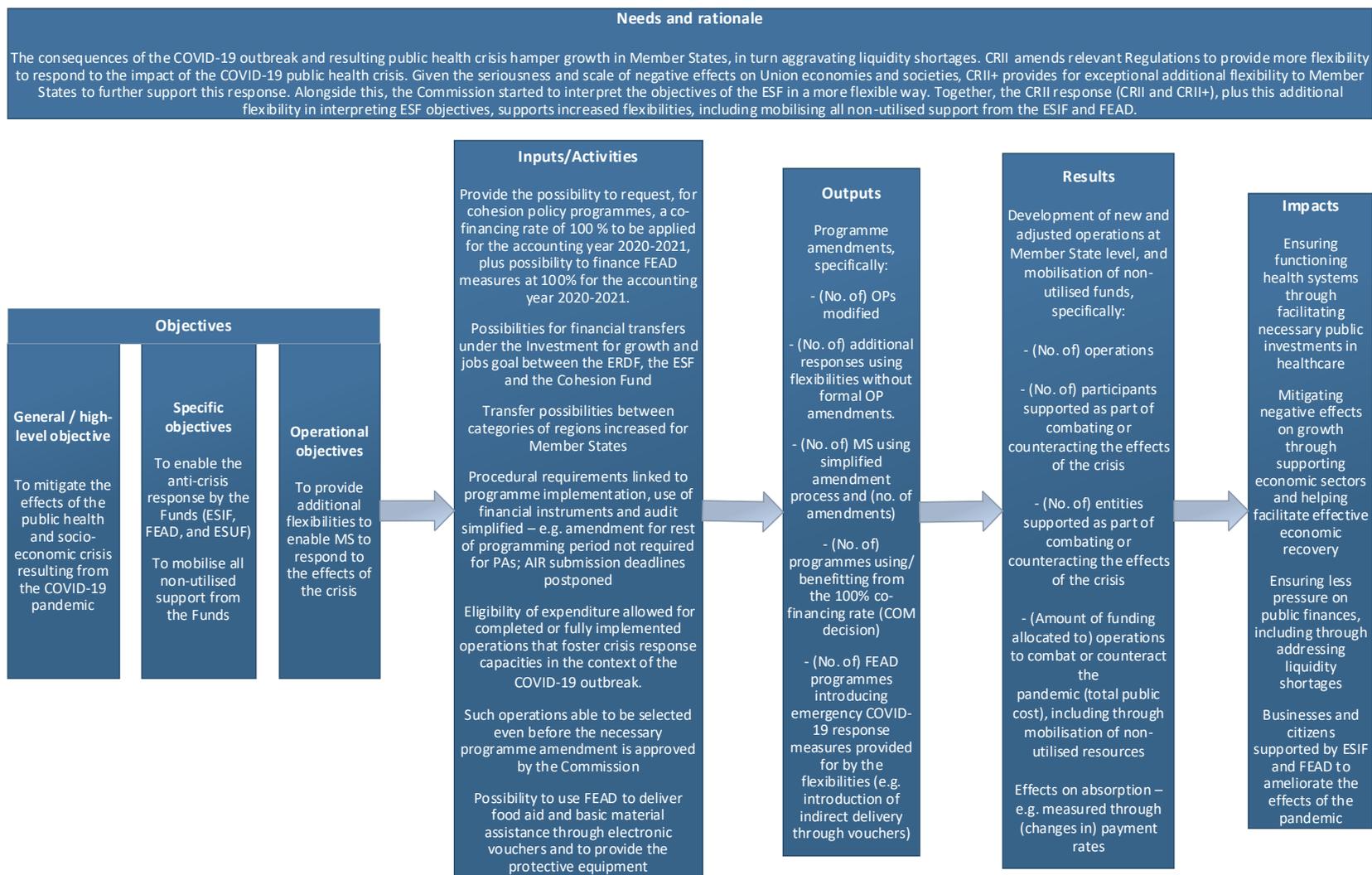


Figure A 39: Intervention logic for support provided by the ESF and FEAD under the Coronavirus Response Investment Initiative (CRII and CRII+)



Task 2: Comparative analysis of context and crisis reaction across Member States and the UK

The scope of this task was to provide a comparative analysis of the context and crisis reaction across Member States and the UK. The list of sources informing this task as well as other tasks of the evaluation is available in Appendix 2 of this annex.

The basis of the comparative analysis has built on an initial mapping of anti-crisis operations and monitoring arrangements in Member States. This mapping has:

1. set out and conducted a first review of the key sources with the potential to inform the comparative analysis;
2. undertaken an initial assessment of the ESF and FEAD financial contribution to crisis reaction at Member State level, including preliminary analysis of the financial volumes that were reallocated between and within funds and changes in the levels of these volumes;
3. detailed early insights into the COVID-19 related amendments of ESF and FEAD OPs, outlining types and numbers of amendment by Member State;
4. provided a first indication of the types of measures, objectives, target groups and beneficiaries for a small selection of ESF Operational Programmes that have reported allocation shifts to date; and,
5. assessed the available monitoring arrangements relating to the COVID-19 response, including analysing current use of the relevant indicators.

The above initial mapping and analysis provided the basis for subsequent data gathering, analysis and assessment during the Interim Phase of the study. Reflecting the purpose of Task 2, this enabled the study to establish an ongoing overview of the socio-economic and crisis context and use of CRII and CRII+ in each Member State and the UK, thereby offering the foundation to conduct a comparative analysis of the context and crisis response through the ESF and FEAD under the response initiatives.

Subtask 2.1: Mapping of implementation structures and context in Member States and the UK

Comparative Research Questions

The mapping process and subsequent analysis were framed and guided by a structured set of specific research questions to be answered for each EU Member State plus the UK. The specific research questions, detailed in the table below, were structured across three dimensions:

1. Severity and dimensions of the national crisis
2. Implementation structures
3. State of play and characteristics of the national crisis reactions.

Table A 22 – Comparative research questions across the three dimensions of inquiry

Dimension	Questions
<p>Severity and dimensions of national crisis</p>	<p>What was the nature and impact of the COVID-19 induced crisis on the national socio-economic situation, and how did this vary between Member States and the UK?</p> <p>What needs have emerged during the crisis across areas such as labour market, social inclusion, education and training, and health and healthcare? Do these vary between Member States and the UK and if so how/in what ways?</p> <p>What are the effects of the health and socio-economic dimensions of the crisis on vulnerable groups?</p> <ol style="list-style-type: none"> 1. Have existing risks been compounded by the crisis? 2. Have new risks emerged? 3. How do the effects vary by Member State and vulnerable group?
<p>Implementation structures</p>	<p>What governance structures have been established/used for the reprogramming process in each Member State and the UK?</p> <p>How are horizontal principles (Art. 5, 7 and 8 of the Common Provisions Regulation - CPR) being taken into account in the reprogramming process?</p> <p>What monitoring and evaluation arrangements have been established to enable an assessment of anti-crisis operations, and how/how far are specific monitoring and evaluation being applied to the crisis response?</p> <p>To what extent have the COVID-19 programme specific indicators been used in the anti-crisis operations? Have additional monitoring indicators been developed at Member State level and what is the type/scope of these?</p>
<p>State of play of implementation and characteristics of the national crisis reactions</p>	<p>What has the take-up of the CRII and CRII+ flexibilities been (for each fund, per country)? What is the state of the implementation? E.g.:</p> <ol style="list-style-type: none"> 4. Number of formal amendments; Number of existing flexibilities used, without formal OP; Number of simplified OP amendments; etc. 5. Number of co-financing rate amendments; Number of reallocations between funds and volume of reallocation; etc. <p>What are the effects of reprogramming under CRII and CRII+, in particular on the level of allocations (number of changes, volume of allocations) per:</p> <ol style="list-style-type: none"> 6. categories of regions; 7. territorial dimension; 8. thematic objectives/investment priorities/types of operations; 9. thematic concentrations; 10. change in allocation. <p>Are the immediate anti-crisis operations supported following CRII and CRII+ adoption coherent with operations implemented so far by ESF and FEAD?</p> <p>What is the role of ESF and FEAD in mitigating the crisis?</p>

Identifying and collecting data

Guided by the above structure, the contractor has built on the analysis already undertaken in the Inception Phase to further identify, assess, collect, and analyse the secondary data key to Task 2. The Task focused on the analysis of secondary evidence, more specifically on:

1. Socio-economic data to identify the main trends and needs in the labour market, social inclusion, education and training, and health and healthcare spheres. Eurostat and OECD data formed the main sources. Relevant EU publications on the COVID-19 crisis were also used. This data were used to develop a full understanding of the crisis and its effects in the national contexts.
2. Relevant strategic documents. The analysis has drawn on the list of modified ESF and FEAD OPs under the CRII and CRII+ initiatives, relevant documents concerning the implementation of ESF and FEAD programmes (such as Partnership Agreements, OPs, AIRs etc.), as well as on other strategic documents, such as country reports and country-specific recommendations, and any additional documentation relating to national strategies and reactions.
3. Coronavirus response data: Programme-specific indicators related to the cohesion policy direct response to the COVID-19 pandemic were used, along with additional indicators/monitoring arrangements identified at Member State level. This data allowed the contractor to reconstruct the state of play in terms of implementation in each Member State and the UK, uptake of flexibilities etc.
4. Studies, reports and evaluations. The analysis focused on four types of documents: studies at EU level, academic literature, reports (e.g. from the OECD)³⁵¹ and evaluations. Studies and evaluations at EU level were deemed as relevant since they provide several sources of information on the role of the funds. Evaluations in individual member states provided important information on the relevance of the funds with respect to the needs of different target groups, on implementation issues and on the effects of the funds.

Subtask 2.2: Identification of patterns of EU provisions use and the role of ESF/FEAD in mitigating the crisis

Once the data collection was complete, the contractor carried out a comparative analysis of the data collected for each Member State across each aspect of inquiry. The analysis has followed the following specific steps:

1. Gap analysis and data integration: The first step of the comparative analysis was to assess the level of information and the data available from existing sources to consider whether there are significant gaps which can be covered through the study's subsequent activities e.g., Task 5 – Stakeholder consultations.
2. Comparative analysis and assessment: Once the first step was complete, the contractor proceeded to the comparative analysis and assessment process, focusing on the context, state of play and crisis reactions observed in relation to the use of the provisions in the CRII and CRII+ initiatives and the role of the ESF and FEAD in mitigating the crisis through these provisions. The findings were positioned

³⁵¹ For example, the latest OECD report on the response to the COVID-19 crisis: https://www.oecd.org/coronavirus/policy-responses/first-lessons-from-government-evaluations-of-covid-19-responses-a-synthesis-483507d6/?mc_cid=06a0f4f0f7&mc_eid=6c6e569fcd

within the broader contexts related to the socio-economic situation and severity of the COVID-19 induced crisis.

The results of the analysis are available at this Final Report. The same results also informed the subsequent tasks outlined below, notably, Tasks 3, 4, 5 and 6.

Task 3: Analysis of changes introduced by Member States following CRII / CRII + adoption

The scope of this task was to identify and assess the changes introduced by Member States following CRII / CRII + adoption throughout the timeline of the study (before the end of 2022).

Subtask 3.1: Development of operations typology

Drawing on the European Commission’s typology of indicative measures under ESF and YEI that can be mobilised to address the COVID-19 crisis³⁵² and an initial review of the SFC2014 database, the contractor has developed an operations typology to categorise Member-States’ operations as those were reported at the SFC2014 database. The developed typology was then tested against the actual operations and was amended accordingly, in order to mirror them.

The operations’ typology is presented in the table below. As the Table shows, the typology sought to facilitate two types of analysis. First, a higher-level analysis concerning the overall **thematic focus** of ESF and FEAD operations – i.e., health, employment, social inclusion, education and training. Second, a more **granular categorisation of operations** within these high-level thematic objectives. To ensure that the mapping of the anti-crisis operations is as comprehensive as possible, an “other operations” category was included to enable the research team to track operations that do not tidily fit within the granular categories of the operations that were developed. Given the specific focus of the FEAD in providing food and/or basic material assistance to the most deprived, no specific operations’ typology was used.

Table A 23 – Operations’ typology

Thematic focus	Sub-categories / ‘types’ of actions/operations
Employment	Actions to protect jobs
	Actions to support workers
	Actions to support employers and the self-employed
	Actions to support NEET young people through the YEI
	Other employment actions
Social inclusion	Actions to promote the social inclusion of vulnerable groups through providing direct targeted support
	Actions to promote social inclusion through ensuring access to services

³⁵² European Commission, DG EMPL (2020). Typology of indicative measures under the ESF and YEI that can be mobilised to address the COVID-19 crisis.

Thematic focus	Sub-categories / 'types' of actions/operations
	Other social inclusion actions
Education and training	Actions to ensure the continuity of education and training
	Equipment/ other capital investment to ensure the continuity of education and training
	Other education training actions
Healthcare	Actions to support healthcare workers and patients
	Actions to support healthcare systems
	Other healthcare actions

Subtask 3.2: Collation and analysis of data

A review of ESF and FEAD operational programmes and other documents in the SFC2014 database was carried out to track and categorise ESF and FEAD COVID-19 operations in a pre-prepared spreadsheet aligned to the operations typology as presented in the previous section).

To ensure that the mapping is as complete as possible based on available information in the SFC2014 database, the contractor triangulated the information in this database with several other sources of information including Member States' Annual Implementation Reports, the Coronavirus Dashboard,³⁵³ evaluation studies conducted by Member States which covered the implementation of ESF/ FEAD support during the COVID-19 pandemic(where those were available), and stakeholder consultations during Task 5.

Subtask 3.3: Overall analysis

Based on the aforementioned subtasks, the contractor produced an overall analysis of the changes introduced by Member States following CRII and CRII+ adoption. The analysis focused on the number, types, and characteristics of operations as well as their target groups. In addition, this analysis looked into the governance and implementation structures that Member States used in order to program and implement COVID-19 crisis operations. The results of this analysis are available in **Section 3** of the main report.

In addition, to assess the effectiveness and relevance of the support provided by ESF and FEAD under CRII and CRII+, an analysis of common indicators and allocations per Investment Priority (IP) was conducted for both Funds, to provide a preliminary assessment of how the target groups were affected. The analysis informs the report (in particular Sections 4.1 on Effectiveness and 3.5 on Relevance) and is presented in further detail in Annex 1 – Appendix 3. The analysis is based on monitoring data reported in the Annual Implementation Reports (retrieved in September-October 2022) through common output indicators, which are collected at IP and Member State level.

³⁵³ Cohesiondata.ec.europa.eu (n.d.) Coronavirus Dashboard: EU Cohesion policy response to crisis. Retrieved 03/10/2022 from: <https://Cohesiondata.Ec.Europa.Eu/Stories/S/Coronavirus-Dashboard-Cohesion-Policy-Response/4e2z-Pw8r/>.

Task 4: Analysis of Monitoring and Evaluation arrangements implemented or envisaged for anti-crisis measures

The scope of this task was to provide an evaluative judgement as to whether the list of programme specific indicators proposed by the European Commission³⁵⁴ was perceived and can be judged as effective in terms of enabling a proportionate monitoring of anti-crisis operations. To complete this task, the contractor performed two subtasks: literature review, and a review of monitoring and evaluation approaches in the coronavirus dashboard.

Subtask 4.1: Literature review

This literature review was part of an ongoing review of available EU and national-level studies / evaluations in the framework of the study and sought to examine Member-States' monitoring and evaluation arrangements of operations in response to CRII / CRII+ provisions. The list of sources informing this task as well as other tasks of the evaluation is available in the bibliography in Appendix 2 of this document. As discussed below, a limitation of this literature review was the limited availability of evaluation studies conducted by Member States during the timeline of this study.

Subtask 4.2: Review of monitoring and evaluation approaches

In the absence of relevant evaluation studies covering the support provided by ESF and FEAD during the pandemic in the timeline of this study, the main source of information about the monitoring and evaluation arrangements used during the pandemic was the Coronavirus Dashboard.³⁵⁵ Based on the dashboard, the research team provided an analysis regarding the uptake of programme specific indicators related to the cohesion policy direct response to the COVID-19 pandemic³⁵⁶ across Member-States. The results of this analysis were triangulated with consultation activities, which confirmed the widespread use of the noted programme-specific indicators and their fit in terms of enabling a proportionate monitoring of ESF anti-crisis operations.

Task 5: Consultation activities

In line with the technical specifications, due to the technical nature of CRII / CRII+, the evaluation did not include a public consultation. Instead, the evaluation relied on targeted consultations with key stakeholders at the EU, national and regional level involved in the design, programming or implementation of COVID-19 anti-crisis operations enabled by CRII / CRII+. An overview of the consultation activities and their results is available in Annex 5 (Synopsis report). In turn, all the research protocols of the consultation activities are available at the end of this Annex.

³⁵⁴ EGESIF (2021). NON-PAPER: List of programme specific indicators related to the cohesion policy direct response to the COVID-19 pandemic. Retrieved 10/10/2022 from: https://ec.europa.eu/regional_policy/sources/docgener/informat/indicators_covid19_response_en.pdf

³⁵⁵ Cohesiondata.ec.europa.eu (n.d.) Coronavirus Dashboard: EU Cohesion policy response to crisis. Retrieved 03/10/2022 from: <https://Cohesiondata.Ec.Europa.Eu/Stories/S/Coronavirus-Dashboard-Cohesion-Policy-Response/4e2z-Pw8r/>.

³⁵⁶ EGESIF (2021). NON-PAPER: List of programme specific indicators related to the cohesion policy direct response to the COVID-19 pandemic. Retrieved 10/10/2022 from: https://ec.europa.eu/regional_policy/sources/docgener/informat/indicators_covid19_response_en.pdf

Subtask 5.1: Consultation strategy

An executive summary of the consultation strategy is available in the table below. A general principle of the strategy was to minimise the involvement of the same set of stakeholders across the different subtasks, to mitigate stakeholder fatigue.

Table A 24 – Overview of stakeholder types across consultation activities

Type of stakeholder	Interviews	Online surveys	Case studies	Focus Groups
Representatives of the European Commission	✓			✓
EU-level social partners	✓			✓
National ESF and FEAD Managing Authorities		✓	✓	✓
Regional ESF Managing Authorities		✓	✓	✓
Relevant ministries involved in the reprogramming of ESF/ FEAD under CRII/ CRII+	✓			✓
ESF Committee Members	✓			
FEAD Expert Group Members	✓			
Other relevant government bodies	✓		✓	
National Public Employment Services	✓		✓	
National social partners			✓	✓
Organisations delivering ESF-funded projects	✓		✓	✓
FEAD Partner organisation	✓		✓	✓
Civil society organisations	✓		✓	✓
Research organisations conducting research on COVID-19 response at EU level	✓			

Subtask 5.2: Stakeholder interviews

32 interviews were conducted with key stakeholder across a sample of 10 EU countries. In addition, 9 interviews were conducted with key stakeholders at EU-level. To secure these numbers, **approximately 95 interview invitations have been sent** to stakeholders in the 10 selected Member States and EU-level stakeholders. The most common responses from EU- and national-level stakeholders that have postponed or declined participation in the study have been that they did not have sufficient (or any) knowledge about the coronavirus

response initiatives to meaningfully participate in the study, lack of staff capacity, the prioritisation of the crisis related to the arrival of the people fleeing the war in Ukraine or the political context. This was particularly true for stakeholders that did not represent national administrations.

The selection criteria for the sample of the 10 EU countries were based on the following parameters:

- Severity of COVID-19 pandemic regarding number of deaths and impact on GDP at the peak of the pandemic
- Cumulative confirmed cases per million people in Member States and UK³⁵⁷
- Value of ESF actions to combat the effects of the COVID-19 pandemic
- Number of ESF participants supported in combating the COVID-19 pandemic
- Share of amendments of ESF OPs by country
- No of amendments of FEAD OPs
- Geographical balance of countries across the territory of the EU and the UK
- Population size and percentage of people at risk-of-poverty-or-social-exclusion (AROPE)
- Healthcare indicators (e.g., Value of personal protective equipment purchased (total public cost) (CV1 indicator); Value of medical equipment purchased (ventilators, beds, monitors, etc.) (total public cost) (CV2 indicator); Personal protective equipment (PPE) (Including disposable masks, eye protection, coveralls, etc.) (CV6 indicator); Testing capacity supported to diagnose and test for COVID-19 (Including antibody testing) CV10 indicator).

All stakeholder interviews across all consultation activities were recorded in a pre-filled MS Excel File as shown in the table below. Interview data-analysis was an iterative process, with researchers synthesising the responses of different stakeholders across each evaluation question and cross-checking this information with other sources of primary (i.e., SFC2014 database, AIRs, online survey responses, interview and focus group information) or secondary evidence (i.e., existing literature and reports).

Table A 25 – Interview data analysis protocol

Interviewee unique identification code	Research Question in relation to a specific evaluation criterion
Unique identification code	Stakeholder's answer

³⁵⁷ Differences in population size between different Member States and the UK are often large. In this context, benchmarking the number of confirmed cases per million people was sought as a more illustrative measurement. Please note that the actual number of confirmed cases might be understated due to limited testing in some countries.

The Table below provides more details on the types of stakeholders in each category.

Table A 26 – List of stakeholders contacted and interviewed at the national level

Country	Type of stakeholders	Organisation	Conducted?
BG	FEAD Expert Group Members at national level (government representatives other than FEAD Managing Authorities)	National Agency for Social Assistance	Yes
BG	ESF partner organisation (e.g. institutions or organisations relevant to anti-crisis response and implementing CRII or CRII+ support)	Executive Agency "General Labour Inspectorate"	Yes
BG	FEAD partner organisation (e.g. institutions or organisations relevant to anti-crisis response and implementing CRII or CRII+ support)	National agency for Social Assistance	Yes
BG	National, regional and/or local civil society organisations and networks representing groups relevant to ESF and FEAD support	State Enterprise "Prison Fund"	Yes
CZ	National ministries of employment and social affairs or other ministries responsible for coordinating national anti-crisis response	Ministry of Regional Development	Yes
CZ	National ministries of employment and social affairs or other ministries responsible for coordinating national anti-crisis response	Ministry of Industry and Trade	Yes
CZ	National public employment services, if relevant to anti-crisis response and implementing CRII or CRII+ support through ESF/ FEAD and add value to information provided by the ministries	Czech Labour Office	Yes
DE	National ministries of employment and social affairs or other ministries responsible for coordinating national anti-crisis response	Ministry for Economy, Energy and Labour of the state Brandenburg	Yes
DE	FEAD partner organisation (e.g. institutions or organisations relevant to anti-crisis response and implementing CRII or CRII+ support)	German Red Cross	Yes
ES	Regional and/or local government bodies in charge of employment and social policies	Generalitat de Catalunya	Yes
ES	Regional and/or local government bodies in charge of employment and social policies	Comunidad de Madrid	Yes
FR	National ministries of employment and social affairs or other ministries responsible for coordinating national anti-crisis response	French Ministry of Social Affairs and Health - General Directorate for Social Cohesion	Yes

STUDY SUPPORTING THE PRELIMINARY EVALUATION OF THE SUPPORT PROVIDED BY ESF AND FEAD UNDER THE CORONAVIRUS RESPONSE INVESTMENT INITIATIVES (CRII AND CRII+)

FR	FEAD partner organisation (e.g. institutions or organisations relevant to anti-crisis response and implementing CRII or CRII+ support) (group interview)	Secours populaire français	Yes
GR	National ministries of employment and social affairs or other ministries responsible for coordinating national anti-crisis response	ESPA (NSFR) Executive Unit, Ministry of Health	Yes
GR	National ministries of employment and social affairs or other ministries responsible for coordinating national anti-crisis response	ESPA (NSFR) Executive Unit, Ministry of Education	Yes
GR	ESF Committee Members at national level (government representatives other than ESF Managing Authorities) (group interview)	ESF Actions Coordination and Monitoring Authority	Yes
IT	Regional and/or local government bodies in charge of employment and social policies	Conferenza delle Regioni e delle Province autonome; Commissione IX Istruzione, lavoro, ricerca e innovazione	Yes
IT	Regional and/or local government bodies in charge of employment and social policies	Tecnostruttura delle Regioni per il Fondo Sociale Europeo	Yes
IT	National public employment services (group interview)	Agenzia per le Erogazioni in Agricoltura	Yes
IT	FEAD partner organisation (e.g. institutions or organisations relevant to anti-crisis response and implementing CRII or CRII+ support) (group interview)	Croce Rossa Italiana (one of the 7 Organizzazioni Partner Nazionali FEAD)	Yes
LT	National ministries of employment and social affairs or other ministries responsible for coordinating national anti-crisis response	Ministry of Social Security and Labour	Yes
LT	National ministries of employment and social affairs or other ministries responsible for coordinating national anti-crisis response	Ministry of Social Security and Labour, EU investment unit, FEAD	Yes
LT	National ministries of employment and social affairs or other ministries responsible for coordinating national anti-crisis response	Ministry of Finance	Yes
LT	FEAD partner organisation (e.g. institutions or organisations relevant to anti-crisis response and implementing CRII or CRII+ support)	Food bank	Yes
PL	National public employment services	Ministry of Family and Social Policy Department of Labour Market/ Public Employment Services	Yes
PL	National public employment services	PES in Krakow	Yes

PL	National public employment services	Niezalezne Zycie, NGO defending the rights of persons with disabilities	Yes
PL	ESF partner organisation (e.g. institutions or organisations relevant to anti-crisis response and implementing CRII or CRII+ support)	Voivodship Labor Office in Kraków	Yes
SI	National ministries of employment and social affairs or other ministries responsible for coordinating national anti-crisis response	Ministry of Labour, Family, Social Affairs and Equal Opportunities	Yes
SI	National ministries of employment and social affairs or other ministries responsible for coordinating national anti-crisis response	Ministry of Health, European Funds Office	Yes
SI	ESF Committee Members at national level (government representatives other than ESF Managing Authorities) -	Cohesion Policy Coordination Unit, Public Scholarship, Development, Disability and Maintenance Fund of the Republic of Slovenia	Yes
SI	ESF partner organisation (e.g. institutions or organisations relevant to anti-crisis response and implementing CRII or CRII+ support)	Public Scholarship, Development Disability and Maintenance Fund	Yes

Subtask 5.3: ESF and FEAD Managing Authorities online surveys

In March 2022 a survey was administered to all national and regional MAs of ESF (hereafter, ESF survey) and to the national authorities of FEAD (hereafter, FEAD survey). The surveys remained open until 10 June 2022 and sought to collect quantifiable, and qualitative evidence around the five evaluation criteria. The survey questionnaire, including the data collection, analysis and reporting protocols are available in this document.

Table A 26 shows the distribution of regional and national MAs' responses to the ESF survey, which collected 60 responses covering 20 Member States and 79 out of the 187 OPs.³⁵⁸

Table A 28 shows the distribution of national MAs' responses to the FEAD survey, which collected 15 responses covering 14 MS and the same number of OPs. To increase the response rate, a total of five reminders have been sent to managing authorities on behalf of the contractor and DG EMPL.

³⁵⁸ The discrepancy between the number of respondents and the number of OPs is due to the fact that respondents could select multiple OPs. More information on the survey's data collection and analysis are available at the following sections of this report.

Table A 27 – Distribution of regional and national MAs responses to the ESF survey

Countries	AT	BE	BG	CY	CZ	DE	DK	EE	EL	ES	FI	FR	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SK	SI	UK
	1	2	1	-	-	1	-	-	8	3	3	9	1	2	-	4	3	1	1	-	-	9	5	-	1	2	1	1

Table A 28 – Distribution of national MAs responses to the FEAD survey

Countries	AT	BE	BG	CY	CZ	DE	DK	EE	EL	ES	FI	FR	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SK	SI	UK
	-	1	1	-	-	1	-	-	1	1	1	-	1	-	-	-	1	-	1	-	-	1	1	-	1	2	1	-

Subtask 5.3: Online validation focus groups with ESF and FEAD Managing Authorities

In September 2022, two validation focus groups (FGs) took place aiming to expand and validate the study's findings.

One FG was dedicated to the use of ESF under CRII/CRII+. The FG gathered 20 participants from ESF Managing Authorities and implementing organisations as well as the contractor and DG EMPL. All participants were provided with an input paper and an agenda ahead of the FG meeting, to facilitate a fruitful discussion. The FG's agenda is available in Appendix 1 of this document

The second FG was dedicated to the use of FEAD under CRII/CRII+. The FG gathered 14 participants representing Managing Authorities and stakeholders representing organisations implementing operations as well as the contractor and DG EMPL. Similar to the ESF FG, all participants were provided with an input paper and an agenda ahead of the FG meeting, to facilitate a fruitful discussion. The FG's agendas is available in Appendix 1 of this document.

Task 6: Good practices in using ESF and FEAD for mitigating crisis effects

This task sought to collect good practices in using ESF and FEAD for mitigating crisis effects. In this context, nine case studies were conducted aiming to collect evidence across the five evaluation criteria through looking at specific examples of ESF and FEAD operations enabled under the Coronavirus Response Investment Initiatives.

Subtask 6.1: Case study selection

Based on the technical specifications, the research team conducted nine case studies. The case studies selected national and regional ESF anti-crisis operations in ES, GR, IT³⁵⁹, LV, PL, RO, SE and one case study for a FEAD operation in LU. These are available at the table below.

Table A 29 – Case studies

Country	Operational Programme	Action's title	TO	IP
Greece	ESF Regional Operational Programmes (All)	Reinforcing the Capacity of Health Institutions with additional staff during the COVID-19 crisis ³⁶⁰	9	9iv
Italy	ESF Operational Programme Lazio (2014IT05SFOP005)	Support for distance learning ³⁶¹	10	10i

³⁵⁹ Two ESF operations enabled by the Coronavirus Response Investment Initiative have been selected from Italy as case studies.

³⁶⁰ Ενίσχυση των Μονάδων και Φορέων Υγείας του Υπουργείου Υγείας με επικουρικό προσωπικό για την ανταπόκριση στις ανάγκες λόγω της επιδημίας COVID-19

³⁶¹ Sostegno ai servizi di didattica a distanza

Italy	ESF Systems for Active Employment Policies (2014IT05SFOP002)	New Skills Fund ³⁶²	8	8v
Latvia	Growth and Employment - ERDF/ESF/CF/YEI (2014LV16MAOP001)	Improving the qualifications of medical and paramedical staff, in terms of COVID-19 and any other health crisis ³⁶³ Support for medical practitioners who provide treatment for patients to prevent public health crises ³⁶⁴	9	9iv
Luxembourg	FEAD Operational Programme (2014LU05FMOP001)	Purchase and distribution by POs (partner organisations) of vouchers or electronic cards to be exchanged for food and/or basic material assistance ³⁶⁵	-	-
Poland	Knowledge Education Growth - ESF/YEI (2014PL05M9OP001)	Street working Academy project ³⁶⁶	9	9i
Romania	Human Capital - ESF/YEI (2014RO05M9OP001)	Support for vulnerable people in the context of the COVID-19 epidemic ³⁶⁷	9	9ii
Spain	Youth Employment - ESF/YEI (2014ES05M9OP001)	Actions aimed at preserving employment during the COVID-19 crisis of young workers (ERTE) Youth Employment - ES - ESF/YEI Operational programme ³⁶⁸	8	8ii
Sweden	Investments in growth and employment - ESF/YEI (2014SE05M9OP001)	Competence development for laid-off and employed personnel in economically vulnerable sectors (Sweden)	10	10iii

The sample of countries sought to include operations from all different parts of the EU and cover both national and regional operations focusing on a wide range of thematic areas and target groups. To select the countries, the contractor used previous research activities and primarily the mapping of operations from SFC2014 and the stakeholder consultations to prepare an initial longlist of operations. Following this, the contractor reached out to the Managing Authorities responsible for these operations, to check whether these can be considered as good practices implemented to respond to needs emerging on the ground as a result of the pandemic.

Subtask 6.2: Desk Research

To contextualise the case studies, national experts conducted primary research, with each case study including in its annex a list of sources consulted. In general, across the case studies, some of the most common sources included the Coronavirus Dashboard, SFC2014 as well as Eurostat, the European Centre for Disease Prevention and Control (ECDC) and ourworldindata.org statistics, as well as project documentation

³⁶² Fondo nuove competenze

³⁶³ Uzlabot ārstniecības un ārstniecības atbalsta personāla kvalifikāciju (Covid un citām veselības krīzēm)

³⁶⁴ Atbalsts ārstniecības personām, kas nodrošina pacientu ārstēšanu sabiedrības veselības krīžu situāciju novēršanai

³⁶⁵ Achat et distribution par les OP de bons ou de cartes électroniques à échanger contre des denrées et/ou de l'assistance matérielle de base

³⁶⁶ Akademia streetworkingu

³⁶⁷ Sprijin pentru persoanele vulnerabile in contextul epidemiei COVID-19

³⁶⁸ Acciones encaminadas a preservar el empleo durante la crisis del COVID-19 de los trabajadores jóvenes (ERTES)

Subtask 6.3: Targeted consultations

To collect further evidence for the case studies, in addition to conducting desk research, the national experts used stakeholder interviews. In total, 23 such interviews were conducted across the nine case studies involving 28 stakeholders from governmental bodies,³⁶⁹ managing authorities and implementing organisations. The interview guide is available in the Appendix 1 of this document while the full case studies are available in **Annex 6**.

Subtask 6.4: Data analysis reporting

The final step of the case study was the collation of data in a data-analysis reporting template and the quality-assurance of the case studies. The data-analysis reporting template is available in Appendix 1.

Task 7: Summary of the situation regarding the financial and operational implementation of ESF funded anti-crisis operations

This task sought to provide a summary of the state of play of the financial and operational implementation of ESF anti-crisis operations.

In particular, drawing on the analysis of task 3, this task focused on analysing quantitative financial data concerning the uptake and reallocation of the ESF/FEAD funding as part of the anti-crisis response, as well as data on targets and results achieved. This was combined with qualitative insights gathered to address, for example, the wider study questions concerning relevance (e.g., responses to the shifting needs of target groups and new target groups) and changes in operational implementation such as new types of new anti-crisis measures developed.

This task also updated the task 4 analysis, both in terms of sources identified and reviewed through the literature review, and the assessment of the monitoring and evaluation approaches being adopted (including use of indicators). This exercise covered all the EU Member States plus the UK.

Findings from these analyses were then combined and brought together to produce a comprehensive and up to date assessment of the financial and operational implementation of ESF and FEAD anti-crisis operations. The below subsections present in more detail the processes of completing this task.

Subtask 7.1: Analysing and summarising evidence from Task 3 and 4 and additional sources

Task 3 mapped the changes in the implementation of the ESF and FEAD following the adoption of the CRII and CRII+ initiatives, including the use of flexibilities and financial reallocations, analysed through the development of a typology or typologies of operations.

Task 4 analysed the monitoring and evaluation arrangements implemented or envisaged for the anti-crisis measures, more specifically the use of the voluntary COVID-19 programme-specific indicators proposed in the EGEIF non-paper referenced in the Technical Specifications, the use of other programme specific indicators and of common indicators as well as target setting.

³⁶⁹ These can be national, regional, or local government bodies

This task has updated the analyses in the aforementioned tasks through triangulating and complementing it with information in Annual Implementation Reports (AIRs), the Coronavirus Dashboard and relevant academic research.

The **AIRs** were essential to reconstruct the ESF interventions and their progress. The AIRs made possible to synthesise information across ESF OPs and produce an overview of the ESF interventions across Europe: in particular, as regards the main targets, the operations funded and their characteristics. The analysis included the 2021 and 2022 AIRs. It focused on the types and characteristics of the anti-crisis operations, and the results of the evaluations carried out so far.

The assessment of the final state of play also drew significantly on the **Coronavirus Dashboard**, updating the data extracted from this and other relevant databases initially analysed under the preceding Tasks.

Relevant **academic research** on the crisis response and typical measures undertaken by the Member States – while limited – has also been analysed for the purpose of Tasks 3 and 4 (and summarised in Task 7), both to contextualise and further inform the assessment made. Examples of literature identified are included **at the bibliography section in Appendix 1 of this document**.

In addition to the results from the analysis of Tasks 3 and 4, the contractors further completed (as part of Task 7 activities) the analysis using a **range of additional information** from sources recommended by the European Commission, to ensure that the required summary of the state of play of the financial and operational implementation of ESF anti-crisis operations is as accurate as possible.

Subtask 7.2: Providing a summary state of play

Excel was used to conduct the analysis of key data (secondary data sources listed in the data collection strategy, supplemented with primary research conducted for the purpose of Task 5), in order to generate findings of the state of play of the financial and operational implementation of ESF anti-crisis operations.

The analysis conducted across the key dimensions included in the Excel databases was then summarised and included in this Final Report. The analysis supports the answers provided to the evaluation questions, across the evaluation criteria.

Task 8: Preliminary lessons learnt and recommendations

The purpose of Task 8 was to conclude the study with a **robust synthesis and reporting of the combined outcomes of the seven previous tasks**.

Subtask 8.1: Synthesis and analysis of evidence across all tasks

This task brought together all the evidence gathered to address all the evaluation questions set out in the Evaluation Matrix. To conduct the synthesis, the research team has analysed the evidence through the different Tasks and synthesised them as part of the Final Report.

Subtasks 8.2. – 8.3. (Draft) Final Report and Final meeting

As part of this task, a **draft Final Report** was submitted to DG EMPL for review and discussed during the **meeting** on the final report. The results of the discussion held at the meeting are incorporated into the **Final Report**.

Limitations and robustness of findings

There are a number of limitations associated with the research, in particular the quality of available data and the limitations of the mapping methodology that was designed within the constraints of the study resources. This section lists the limitations of the methods used and the mitigation measures taken. The section then discusses the robustness of the overall findings.

The analysis of the changes introduced by the Member States following CRII and CRII+ adoption:

- The research team reviewed all ESF and FEAD operational programmes (available in the SFC2014 database), identified the amendments that were submitted by the Member States under the different programmes following the adoption of CRII and CRII+, thus identifying the anti-crisis operations and their characteristics, and categorised them according to the typology of operations that was developed as part of this study. The allocation of operations based on the typology required some evaluative judgement, given that operations frequently combine several types of activities that can fit under two or more different types within the typology. To ensure consistency and reliability, the provisional allocation of operations to types has been subject to a consistent process of quality assurance and re-allocation where necessary. The allocation of operations to the typology was based on a clear rationale, taking into account Member States' decisions about which thematic objective operations were programmed under, the core results the operations seek to achieve, and how they are described in the SFC database and ancillary sources (for example, ESF websites, calls for proposals concerning the operations, etc.).
- Based on information received through stakeholder consultations, it is possible that not all amendments to programmes have been submitted under CRII/ CRII+ operations during the timeline of this study (while operations have already been planned and/or implemented). As a result, some anti-crisis operations programmed under CRII/ CRII+ might not have been captured by the mapping exercise conducted in this preliminary evaluation. This also means that the actual target values captured through the coronavirus indicators³⁷⁰ might not be entirely accurate to illustrate the total amount and outreach of the anticrisis operations implemented under ESF, especially as not all Member States are using these indicators to track COVID-19 operations. This limitation of the research is due to the fact that there was no earmarking of CRII/ CRII+ operations due to the crisis context, when exceptional flexibility was needed to ensure liquidity and that needs on the ground were met quickly and effectively. As described in Section 3, most of the anti-crisis operations planned under CRII and CRII+ were adjusted, and for some, there was no need for an official amendment.

Lack of representativeness of the online surveys targeting the ESF and FEAD Managing Authorities: Despite resource-intensive stakeholder engagement activities, the sample size of the online surveys cannot be considered as fully representative. For

³⁷⁰ EGESIF (2021). NON-PAPER: List of programme specific indicators related to the cohesion policy direct response to the COVID-19 pandemic. Retrieved 10/10/2022 from: https://ec.europa.eu/regional_policy/sources/docgener/informat/indicators_covid19_response_en.pdf

example, the ESF survey received 60 responses covering 20 Member States and 79 out of the 187 OPs, and although the variation of responses enabled reliable inferences to be drawn, which were confirmed through other methods, findings are nonetheless not representative for the whole population of ESF and FEAD Managing Authorities.

Capturing any changes in monetary or non-monetary costs and benefits following the programming of operations under CRII/ CRII+ relative to the pre-pandemic context: Given the scope of this preliminary process focused evaluation, efficiency was assessed in terms of how, and the extent to which, CRII and CRII+ enhanced the efficiency of the reprogramming process in terms of simplifying and accelerating it. Efficiency was assessed from the perspective of whether Member States integrated efficiency considerations into this reprogramming; specifically, whether, and how, non-monetary and monetary costs and benefits occasioned by use of the CRII/CRII+ provisions were identified for different stakeholders and any comparison undertaken with existing ESF and FEAD implementation. Stakeholder consultations revealed that the Member States and organisations that participated in the study have not assessed any differences in costs and benefits resulting from reprogramming under CRII relative to the usual programming process. While such quantitative information was challenging to obtain, the consultations provided useful qualitative assessments of how CRII and CRII+ contributed to simplifying and accelerating the programming process and thus enabled a quicker response to the needs emerging during the pandemic.

Despite the above limitations, the mixed-methods evaluation design, the triangulation of the data resulting from different tasks and methods, and the peer-review process involving representatives of relevant institutions in the Member States have enabled a reliable and comprehensive analysis of the support of ESF and FEAD under the CRII and CRII+ to crisis response in the Member States and the UK.

ESF Focus Group discussion summary

In September 2022, a FG dedicated to the use of ESF under CRII / CRII + took place. The FG gathered in total 20 participants, including representatives of Managing Authorities in seven Member States,³⁷¹ representatives of organisations implementing ESF operations, as well as representatives of the European Commission and the contractor. All participants were provided with an input paper and an agenda ahead of the FG meeting, to facilitate a fruitful discussion. Drawing on the FG's agenda, the discussion was structured around the five evaluation criteria (effectiveness, efficiency, coherence, relevance, contribution to crisis response) and the key-lessons learnt from the use of ESF under CRII/CRII+ in the COVID-19 context. This section reports the main outcomes of the discussions across these aspects.

Effectiveness

Overall, participants reported that CRII / CRII+ was effective in enabling their institutions provide a rapid response to COVID-19. Some respondents (e.g., GR, IT, PT) reported to use CRII / CRII+ to implement a wide range of operations at the field of employment as well as to the field of education and training. At the same time, other respondents (e.g., LU) used CRII / CRII+ focused more on using CRII/CRII+ flexibilities to help implementing organisations fulfil existing operations. On both occasions, CRII / CRII + flexibilities were commended for reducing the administrative load and the barriers to the implementation of operations. In terms of new operations at the field of employment, several respondents reported to use STWS (GR, HU, IT, LU, PT), which, however, varied in terms of their financial weight based on the level of commitment of ESF resources for other operations and the Member States' plans to finance STWS through national or other EU resources. In turn, in terms of new operations at the field of education and training, some respondents (e.g., GR, IT, PT) reported to finance operations aiming to ensure the continuity of education and training e.g., through distance-learning or skills development or through providing equipment / other capital investment e.g., laptops, tablets, smartphones, internet connections.

Broadly, the respondents did not report any changes to their institutional or governance structure. However, some respondents (e.g., PT) reported that improvements were made at the coordination at the political level, with inter-ministerial committees enabling a faster decision-making process. Finally, no changes were reported in terms of the monitoring and evaluation process of operations or the degree to which the horizontal principles of ESF were taken into account.

Efficiency

Overall, participants reported that CRII and CRII was broadly efficient in terms of helping them amend their operational programmes. Participants (e.g., BE, GR, PT) commended the reflexes of the European Commission for its speed and range of flexibilities. The clear steering of the European Commission through the typology of indicative measures under the ESF and YEI that can be mobilised to address covid-19 crisis was also commended. In general, there was a consensus that such flexibilities should be kept in the future. However, at the same time, participants (e.g., HU, LU, PT) reported that staff had to do overtime in order to match the increasing volume of work needed for the reprogramming of the Fund under CRII/ CRII+, due to the new procedures (even if they were simplified) and due to the crisis context, where speed was critical in addressing needs on the ground.

³⁷¹ BE, EE, GR, HU, IT, LU, SK

Coherence

Overall, participants reported that ESF resources was complementary to national or other EU funds. In particular, respondents (GR, HU, PT) reported that ESF was used in combination with national resources and other EU resources (e.g., REACT-EU, ERDF) as a part of a broader strategy to stimulate the economy and respond to the crisis. For some countries (LU), ESF played a marginal role due to a high-level of commitment with national or REACT-EU funds having a larger financial weight. Finally, one participant (GR) noted that ESF COVID-19 actions at the field of e-learning inspired the country to work on this field during the new programming period e.g., through financing massive-open-online-courses for tertiary education.

Relevance

Overall, participants reported that CRII / CRII + flexibilities were relevant in terms of helping them address COVID-19 needs in the fields of social inclusion, employment, education and training, and healthcare. For example, through CRII / CRII+, LU was able to limit the class-size in a project working with refugees in line with social distancing rules and thus continue these classes.

More broadly, to ensure that operations were relevant, participants reported to work together with ministries (GR, LU) or social partners (PT). For example, PT worked together with social partners to identify and roll-out ESF operations in key-areas of intervention including STWS, worker-support through online trainings, continuation of education and VET (through e-learning) as well as support to healthcare business to scale-up production e.g., of masks.

Contribution to crisis response

Participants (e.g., LU, PT) reported that the CRII / CRII + response was more concrete compared to the EU response in the economic crisis of 2008-2009. In particular, Member-States reported to have been able to use ESF in a more flexible manner during COVID-19, compared to that period with CRII / CRII+ opening-up numerous possibilities.

In terms of contribution, there was a consensus amongst participants that CRII/CRII+ most important contribution was to enable life to continue through reaching a critical mass of people with existing and new operations preserving jobs and contributing to the continuation of education. For example, PL reported that through CRII / CRII + the country was able to use large sums of money to support schools to purchase the IT equipment needed to deliver lessons online, as well as to protect jobs and support young people set up their own business by providing new grants to those aged under 30 who became unemployed after March 2020.

Lessons learnt

Participants generally shared the view that the CRII / CRII+ flexibilities and the sequential reduction in formal / administrative procedures that it brought was something to build-on for the next programming period and future crises. Participants commended the speed, and range of flexibilities from the European Commission and have been positive as to how these have enabled them to respond to COVID-19 crisis. Participants also noted as a positive driving force of the quick reaction strong internal coordination (e.g., through inter-ministerial meetings) and collaboration with social partners and other institutions (e.g., universities).

FEAD Focus Group discussion summary

In September 2022, a FG dedicated to the use of FEAD under CRII / CRII + took place. The FG gathered in total 14 participants, including representatives of Managing Authorities in three Member States,³⁷² representatives of organisations implementing ESF operations, as well as representatives of the European Commission and the contractor. All participants were provided with an input paper and an agenda ahead of the FG meeting, to facilitate a fruitful discussion. Drawing on the FG's agenda the discussion was structured around the five evaluation criteria (effectiveness, efficiency, coherence, relevance, contribution to crisis response) and the key-lessons learnt from the use of FEAD under CRII/CRII+ in the COVID-19 context. This section reports the main outcomes of the discussions across these aspects.

Effectiveness

Overall, participants reported that FEAD was effective in helping them address COVID-19 and especially the bottlenecks for implementing organisations e.g., in terms of delivering food-aid. In this context, LT reported to have used technical assistance to support implementing organisations to continue their operations. Such FEAD measures were often combined with national flexibilities e.g., in relation to procurement. At the same time, some countries used CRII / CRII+ options to change the delivery mode of operations. For example, LU introduced a system under which people could select the food they wanted over the internet and collect it up from a distribution center, but take up of this was low, as people wanted to go to the site and see the goods that were available.

In general, a participant from LT noted that FEAD was flexible before Covid, but the CRII/CRII+ flexibilities were useful, as the challenges that arose during COVID-19 were large for implementing organisations. For example, transport costs increased as organisations began delivering food to people's homes rather than just to a distribution centre. This meant more cars were needed and more volunteers which was a challenge in the absence of additional funding. In this context, having flat rates related to transportation costs during crisis were reported as important.

Efficiency

In general, participants shared the view that CRII / CRII has enabled an efficient response to the COVID-19 crisis through helping MAs address the bottlenecks that implementing organisations were facing in relation to deliveries of food-aid, etc. Also, while overall there was an increase of administrative burden due to the aggravated needs, this was not associated with the CRII / CRII + flexibilities.

Coherence

The FG gathered limited evidence around issues of coherence as the discussion focused more across the other evaluation criteria.

Relevance

Overall, participants noted that some groups were hard to reach but that this was an ongoing issue, rather than a challenge that arose as a result of CRII/CRII+. These target groups include, e.g., people who qualify for support but do not claim it due to feeling of stigma (i.e., being seen at a distribution centre). In this context, CRII / CRII + flexibility of using e-vouchers was seen as a relevant measure to address such feelings and encourage uptake of material support. LT also reported that FEAD was relevant in terms of addressing the needs of people fleeing the war in Ukraine who became eligible for FEAD support.

³⁷² HR, LT, RO

Contribution to crisis response

Overall, there was a consensus amongst participants that CRII / CRII + had an important contribution to the crisis response. Participants from Managing Authorities commended the 100% co-financing option and the administrative simplifications, the effects of which were also visible for implementing organisations. In general, the timing and scope of the support has been reported as appropriate to enable a pertinent crisis response also in relation to new target groups such as the people fleeing the war in Ukraine or disadvantaged pupils or disadvantaged mothers with new-born babies.

Key lessons learnt

Participants shared the view that a key-lesson learnt is that flexibilities in using FEAD can have a very positive impact in terms of helping Member-States respond to the needs on the ground. This holds for both administrative flexibilities but also for flexibilities such as vouchers which can possibly reduce stigma/shame of receiving food /material assistance.

Appendix 1: Bibliography

The list below includes this report's secondary sources of analysis.

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Internal documents:

1. PowerPoint presentation on Member States' use of ESF and FEAD for COVID-19 response
2. PowerPoint presentation on Member States' financial implementation of ESF, YEI and FEAD
3. Study on the ways to enhance the use of programme-specific indicators in ESF and ESF+. Interim Report

Socio-economic data

1. Eurostat sources, e.g. EU-SILC data on income and living conditions
2. OECD publications on employment, social inclusion, education and healthcare
3. Coronavirus Dashboard: Cohesion Policy Response

Relevant strategic documents:

1. Operational Programmes
2. Annual Implementation Reports submitted in 2021 and 2022
3. Final ESF Synthesis Report of Annual Implementation Reports 2020 submitted in 2021
4. Typology of indicative measures under the ESF and YEI that can be mobilised to address COVID-19 crisis
5. List of modified ESF and FEAD OP under CRII and CRII+
6. Country reports
7. National programmes
8. EGESIF Non-paper: List of programme specific indicators related to the cohesion policy direct response to the COVID-19 pandemic indicators_covid19_response_en.pdf (europa.eu);
9. Member State Partnership agreements on the European structural and investment funds (https://ec.europa.eu/info/publications/partnership-agreements-european-structural-and-investment-funds_en)
10. Country Specific Recommendations

Relevant databases

1. SFC2014-2020 database
2. Coronavirus Dashboard, <https://cohesiondata.ec.europa.eu/stories/s/CORONAVIRUS-DASHBOARD-COHESION-POLICY-RESPONSE/4e2z-pw8r/>
3. European Structural and Investment Funds (europa.eu);
4. Monitoring systems (and databases) of Managing Authorities in the Member States

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Annex 3: Evaluation Matrix

This Annex presents the evaluation matrix of the study.

Table A 30 – Evaluation Matrix

Evaluation criterion	Main evaluation questions	Sub-questions	Potential judgement criteria/indicators	Data source / method task
Effectiveness	1. How effective were CRII and CRII+ in providing additional flexibility to the MS and deploying quickly the available resources?	1a. What was the take-up of the CRII and CRII+ flexibilities? Why did not all Managing Authorities decide to use the CRII facilities? To what extent were existing flexibilities in the programmes used to respond to the crisis?	<ul style="list-style-type: none"> • Value of ESF actions to combat or counteract the effects of the COVID-19 pandemic (total public cost) • No. of additional responses using flexibilities without formal OP amendments (ESF). • No. of Member States and no. of amendments using simplified OP amendment process (ESF). • No. of programmes that benefit from the 100% co-financing rate (ESF). • No. of Member States making programme amendments and no. of amendments (FEAD): • No. of programmes that benefit from the 100% co-financing rate (FEAD). • No. of programmes that introduce emergency measures to respond to the COVID-19 pandemic (including introduction of indirect delivery through vouchers), through uploading of amendment in SFC (FEAD). • Number of participants supported in combating or counteracting the effects of the COVID-19 pandemic (ESF) 	<p>OPs, AIRs, SFC 2014-2020 database, Coronavirus dashboard</p> <p>Monitoring systems (and databases) of Managing Authorities</p> <p>Eurostat statistics on socio-economic context</p> <p>MS evaluations and studies</p> <p>Primary research through targeted consultations (interviews and surveys)</p> <p>Primary and secondary research for case studies</p> <p>Validation focus-groups</p>

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Evaluation criterion	Main evaluation questions	Sub-questions	Potential judgement criteria/indicators	Data source / method task
			<ul style="list-style-type: none"> ● Number of entities supported in combating or counteracting the effects of the COVID-19 pandemic (ESF) ● Number of participants who benefitted from support in short-time work arrangements (ESF) ● Number of participants maintaining their job 6 months after the end of support (ESF) ● Number of participants gaining a qualification upon leaving supported in actions combatting the effects of the COVID-19 pandemic (ESF) ● Number of health care personnel who benefitted from ESF support (ESF) ● No. of people vaccinated with EU support (ESF) ● Value of PPE purchased (total public cost) (ESF) ● Value of medical equipment purchased (ventilators, beds, monitors, etc.) (total public cost) (ESF) ● Value of medicines purchased linked to the testing and treatment of COVID-19 (total public cost) (Including cost of testing kits, anti-virals and other consumables) (ESF) ● Value of IT equipment and software/licences financed in COVID-19 response (total public cost) (ESF) ● Value of COVID-19 related IT for SMEs (ESF) ● Value of COVID-19 related IT for health (ESF) ● Value of COVID-19 related IT for education (ESF) 	

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Evaluation criterion	Main evaluation questions	Sub-questions	Potential judgement criteria/indicators	Data source / method task
			<ul style="list-style-type: none"> Value of all vaccinations costs (procurement, distribution, training and administration) (including costs related to vaccines, transport, storage / fridges, centres / tents, medical material, training and personnel costs, disposal of waste, information and awareness raising) (Total costs) (ESF) Testing capacity supported to diagnose and test for COVID-19 (Including antibody testing) (ESF) <p>(To extent possible and with caveats) contextual comparison with changes in allocation levels in the 2014-2020 programming period</p> <p>(To extent possible and with caveats) assessment of the approximate proportion of formal as against informal adaptation.</p> <p>Evaluative judgment on basis of evidence collected re key reasons for non-take-up and (extent of) use of existing flexibilities within crisis response.</p>	
Effectiveness	1. How effective were CRII and CRII+ in providing additional flexibility to the MS and deploying quickly the available resources?	1b. How did the absorption rates evolve?	Percentage of total funding committed that has been paid at different time points post CRII and CRII+ introduction (absorption rate).	
Effectiveness	1. How effective were CRII and CRII+ in providing additional flexibility to the MS and deploying quickly the available resources?	1c. How did governance issues and socio-economic context influence the achievement of CRII and CRII+ objectives?	Evaluative judgment on types and extent of influence of governance issues and socio-economic context in achieving objectives on basis of evidence collated and analysed.	
Effectiveness	1. How effective were CRII and CRII+ in providing additional flexibility to the MS and	1d. How are the horizontal principles (art. 5, 7 and 8 of the CPR) taken into account in the	No. of programme amendments referencing horizontal principles Evaluative judgement on basis of all evidence collated on extent horizontal principles taken into account.	

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Evaluation criterion	Main evaluation questions	Sub-questions	Potential judgement criteria/indicators	Data source / method task
	deploying quickly the available resources?	reprogramming process?		
Effectiveness	1. How effective were CRII and CRII+ in providing additional flexibility to the MS and deploying quickly the available resources?	e. What monitoring and evaluation arrangements are made to enable an assessment of anti-crisis operations? Did the COVID-19 programme specific indicators proposed by the Commission prove relevant for the anti-crisis operations and do they allow for a proportionate monitoring?	Review of monitoring and evaluation adopted at Member State level and assessment of proportion of: adoption of specific measures to monitor implementation, use of COVID-19 programme specific indicators. Evaluative judgement on basis of evidence collated as to whether these indicators are perceived as and can be judged as proportionate.	
Effectiveness	1. How effective were CRII and CRII+ in providing additional flexibility to the MS and deploying quickly the available resources?	1f. What were the effects of reprogramming under CRII and CRII+, in particular on the level of allocations per categories of region, territorial dimension, thematic objectives/investment priorities and thematic concentrations?	<p>Evaluative judgement on extent to which reprogramming reflects territorial dimension considerations</p> <p>(Level of) changes in funding allocations per category of region (less developed, transition, more developed) using financial data from AIR Table 7</p> <p>(Level of) changes in funding between and across thematic objectives and investment priorities</p> <p>Extent to which the minimum thematic concentrations specified in Article 4 of the ESF Regulation were maintained (at least 20% of total resources allocated to TO9 at MS level; for developed regions, at least 80% of resources to be allocated to up to 5 of the IPs set out in Article 3(1) of the ESF Regulation, for transition regions 70%, and for developed regions 60%).</p>	

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INVESTMENT INITIATIVES (CRII AND CRII+)

Evaluation criterion	Main evaluation questions	Sub-questions	Potential judgement criteria/indicators	Data source / method task
Efficiency	2. Did the CRII and CRII+ enable an efficient process to use the remaining funds in view of the changing priorities?	2a. Was the reprogramming process simplified and accelerated thanks to CRII and CRII+?	<p>Time taken to institute changes as a result of CRII and CRII+, assessed through tracking the growth over time in:</p> <ul style="list-style-type: none"> • Value of ESF actions to combat or counteract the effects of the COVID-19 pandemic (total public cost) • No. of additional responses using flexibilities without formal OP amendments (ESF). • No. of Member States and no. of amendments using simplified OP amendment process (ESF). • No. of programmes that benefit from the 100% co-financing rate (ESF). • No. of Member States making programme amendments and no. of amendments (FEAD): • No. of programmes that benefit from the 100% co-financing rate (FEAD). • No. of programmes that introduce emergency measures to respond to the COVID-19 pandemic (including introduction of indirect delivery through vouchers), through uploading of amendment in SFC (FEAD). <p>Additional evaluative judgement on extent of simplification and acceleration based on collation of evidence (perspectives and desk-research).</p> <p>(To extent possible and with caveats) contextual comparison with changes in allocation levels in the 2014-2020 programming period.</p>	<p>OPs, AIRs, SFC 2014-2020 database, Coronavirus dashboard</p> <p>Monitoring systems (and databases) of Managing Authorities</p> <p>MS evaluations and studies</p> <p>Primary research through targeted consultations (interviews and surveys)</p> <p>Primary and secondary research for case studies</p> <p>Validation focus-groups</p>
	2. Did the CRII and CRII+ enable an efficient process to use the remaining funds in	2b. Were changes, in the process of implementation including monetary and	Evaluative judgement on the basis of evidence gathered concerning whether, and the extent to which, non-monetary and monetary costs and benefits occasioned by use of the CRII/CRII+ provisions were identified for different stakeholders (e.g., Managing Authorities, Intermediary	

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Evaluation criterion	Main evaluation questions	Sub-questions	Potential judgement criteria/indicators	Data source / method task
	view of the changing priorities?	nonmonetary costs and benefits, stemming from the amendments under CRII and CRII+, identified for the different stakeholders in comparison with ESF and FEAD implementation without CRII provisions?	Bodies, beneficiary organisations, organisations implementing operations on the ground), and any comparisons were undertaken with existing ESF and FEAD implementation.	
Relevance	3. Were CRII and CRII+ relevant for the immediate reaction to the crisis?	3a. Were the changes introduced by CRII and CRII+ relevant to MS/MA needs to react quickly to the crisis? Which were the most relevant? Which additional changes would have been relevant?	Evaluative judgement on the basis of evidence collated as to the degree of relevance to MS, and any additional changes that would have been relevant, assessment of difference in relevance of specific flexibilities on basis of levels of use derived from evidence base collated.	OPs, AIRs, SFC 2014-2020 database, Coronavirus dashboard Monitoring systems (and databases) of Managing Authorities MS evaluations and studies
Relevance	3. Were CRII and CRII+ relevant for the immediate reaction to the crisis?	3b. How relevant are the operations programmed following the adoption of CRII and CRII+ to the needs emerging on the ground? Were resources redirected to where they were mostly needed (including territorial and thematic aspects)?	Use of common indicators concerning participation to assess changes in the proportions of the ESF specific target groups, relating to the total number of participants per IP, to examine the thematic aspect of resource redirection. Evaluative judgement on the basis of evidence collated as to the degree of relevance to participant/end recipients. Evidence of extent of alignment between reprogramming of resources and levels of socio-economic effects of COVID-19 (geographically and thematically). I.e. extent to which resources were diverted to those regions most affected in terms of e.g., employment effects, economic output etc.	Primary research through targeted consultations (interviews and surveys) Primary and secondary research for case studies Validation focus-groups Eurostat data on socio-economic effects at

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Evaluation criterion	Main evaluation questions	Sub-questions	Potential judgement criteria/indicators	Data source / method task
Relevance	3. Were CRII and CRII+ relevant for the immediate reaction to the crisis?	3c. (How) have the needs of the traditional ESF and FEAD target groups, in particular people in vulnerable situations including people with a migrant background, marginalised Roma people, persons with disabilities or chronic diseases, homeless people, children and elderly people, evolved and did the ESF/FEAD adapt to potentially new needs? Are new target groups addressed?	Evaluative judgement on the basis of evidence collated as to the degree of relevance to participant/end recipients by target group (including 'traditional' and new) and the extent to which evolving needs are addressed.	geographical and thematic levels.
Coherence	4. Are the operations implemented under CRII and CRII+ coherent with other actions in the areas of employment, social inclusion, education and health?	4a. Are the immediate anti-crisis operations supported following CRII and CRII+ adoption coherent with operations implemented so far by ESF and FEAD?	Evaluative judgement on extent of internal coherence between anti-crisis operations and existing ESF and FEAD operations on the basis of evidence collated, including assessment of (level of) complementarities, synergies, overlaps and contradictions.	Primary research through targeted consultations (interviews and surveys) Primary and secondary research for case studies
Coherence	4. Are the operations implemented under CRII and CRII+ coherent with other actions in the areas of employment, social inclusion, education and health?	4b. How do operations implemented under CRII and CRII+ interact with other actions undertaken under other EU instruments e.g., ERDF, SURE? Are there complementarities,	Evaluative judgement on extent of external coherence between anti-crisis operations and relevant other actions on the basis of evidence collated, including assessment of (level of) complementarities, synergies, overlaps and contradictions.	Validation focus-groups MS evaluations and studies

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Evaluation criterion	Main evaluation questions	Sub-questions	Potential judgement criteria/indicators	Data source / method task
		synergies, overlaps or contradictions between them?		
Coherence	4. Are the operations implemented under CRII and CRII+ coherent with other actions in the areas of employment, social inclusion, education and health?	4c. Is there a coherence between the immediate anti-crisis operations supported following CRII and CRII+ adoption, and middle- and long-term plans to use ESF and FEAD (under EU-REACT and ESF+)?	Evaluative judgement on extent of coherence between immediate anti-crisis operations and the broader crisis response through REACT-EU and the ESF+ on the basis of evidence collated, including assessment of (level of) complementarities, synergies, overlaps and contradictions.	
Contribution to crisis reaction	5. What was the contribution of ESF and FEAD under CRII and CRII+ to crisis reaction?	5a. What are the types, objectives, target groups and targets of the anti-crisis operations funded by ESF and FEAD?	Review of (re-)programming allocations and focus using SFC2014-2020 database, OPs, AIRs and additional primary/secondary evidence.	Primary and secondary research for case studies Validation focus-groups MS evaluations and studies OPs, AIRs, SFC 2014-2020 database
Contribution to crisis reaction	5. What was the contribution of ESF and FEAD under CRII and CRII+ to crisis reaction?	5b. How are the ESF and FEAD operations fitting into the national/regional anti-crisis reactions and what role do they play in strategies aimed at mitigating the effects of the crisis?	Evaluative judgement based on evidence gathered principally through targeted consultations, case studies and focus groups as to the (extent of) the role played by the CRII and CRII+ in national and regional anti-crisis responses.	

Annex 4: Overview of benefits and costs

This Annex presents an overview of benefits and costs resulting from CRII and CRII+

Table A 31 – Overview of costs and benefits identified in the evaluation

	Type	Citizens / Consumers		Businesses		Administrations	
	One-off or recurrent	Quantitative	Comment	Quantitative	Comment	Quantitative	Comment
Costs							
Administrative burdens related to understanding CRII/CRII+ flexibilities and their effects on implementation scope and processes, alongside implementation of new monitoring requirements (e.g. COVID-specific indicators)	One-off	N/A	N/A	N/A	N/A	No reliable data identified	Evidence indicates that CRII and CRII+ required familiarisation time and resources for MAs and associated Ministries with a role in ESF and FEAD programming. No reliable or usable evidence on quantification could be gained from stakeholders due to a lack of consideration and formal assessment of additional costs. Qualitative data indicate that administrative costs varied between Member States and regions according to 1) level of take-up of flexibility; 2) extent of formal amendments requested; 3) extent to which national legislative and/or perceived audit requirements/risk influenced the resource MAs felt they were required to provide. Qualitative data also indicate that these costs were generally not seen to be onerous and were outweighed by the administrative benefits gained from simplification and administrative waivers associated with CRII and CRII+
Administrative burdens related to communicating CRII/CRII+	One-off	N/A	N/A	N/A	N/A	No reliable data identified	Evidence indicates that MAs had to use resource to communicate opportunities generated through the CRII and CRII+ to delivery organisations, whether in the form of Calls for Proposals or via

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flexibilities and their requirements to organisations involved in the delivery of operations responding to the pandemic and other interested stakeholders							dialogue on the administrative requirements of operations adjusted or developed through CRII and CRII+ flexibilities. Communication to other stakeholders – e.g. sectoral bodies, employer representative organisations etc. was also cited as requiring resource. No reliable or usable evidence on quantification could be gained from stakeholders due to a lack of consideration, formal assessment and/or quantification of these additional costs. Stakeholder feedback from MAs suggests that these costs were generally not seen to be onerous and were outweighed by the administrative benefits gained from simplification and administrative waivers associated with CRII and CRII+. However, there was some evidence that delivery organisations felt that the flexibilities came with additional requirements concerning data monitoring and new indicators, occasioning some administrative burden. This could not be consistently estimated and indeed appeared to vary according to delivery context, including the nature of the operation concerned, and the extent of use of new indicators and monitoring requirements on the part of MAs in particular.
Benefits							
Direct benefits: Reduced administrative burden relative to standard ESF and FEAD implementation as a result of CRII and CRII+	Recurrent to end of programming period	N/A	N/A	N/A	N/A	No reliable data identified	<p>There is strong qualitative evidence that CRII and CRII+ have reduced administrative burden through flexibilities relating to simplification and waivers of administrative requirements. While no reliable or quantifiable data was available, MA stakeholders acknowledged the light touch requirements for agreeing amendments to OPs, and felt that there were time savings, relative to standard programming processes, due to: simplification of procedures (including approval procedures), shorter processing times, and a reduction in administrative burden.</p> <p>As a result of MAs and implementing organisations focusing on responding to and recovering from the crisis, rather than evaluation</p>

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							of the process response to the crisis, quantified benefits are not available, as time saved has not been measured by Member States.
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Annex 5: Consultation synopsis report

Consultation strategy

This report presents an overview of the stakeholder consultation activities for the Study supporting the preliminary evaluation of ESF and FEAD under the Coronavirus Response Investment Initiatives (CRII and CRII+). In line with the technical specifications, due to the technical nature of CRII / CRII+, the evaluation did not include a public consultation. Instead, the evaluation relied on targeted consultations that were adapted to the specific types of stakeholders involved in the design, programming or implementation of COVID-19 anti-crisis operations enabled by CRII / CRII+ and aimed to gather stakeholder views at the EU, national and regional levels. The table below presents an overview of all stakeholder consultation activities including the stakeholder types that took part in them. All stakeholder consultation activities were informed by the Evaluation Matrix and provided evidence across the study's five evaluation criteria. The remainder of the section provides a summary of each stakeholder consultation activity while further details are available in Annex 2.

Different consultation activities were conducted to engage a variety of stakeholders, including interviews with EU, national and regional-level stakeholders, two online surveys targeting (national and regional) ESF Managing Authorities and national FEAD Managing Authorities and two online validation focus groups. Other targeted consultations were conducted as part of nine case studies of good practices of ESF and FEAD operations implemented to mitigate the impact of COVID-19 in the Member States. These included in-depth interviews with key stakeholders involved in the programming and implementation of the selected operations. A summary of the consultation activities is included below, followed by an analytical summary of the results of the consultations across evaluation criteria.

Table A 32 – Overview of stakeholder types across consultation activities

Type of stakeholder	Interviews	Online surveys	Case studies	Focus Groups
Representatives of the European Commission	✓			✓
EU-level social partners	✓			✓
National ESF and FEAD Managing Authorities		✓	✓	✓
Regional ESF Managing Authorities		✓	✓	✓
Relevant ministries involved in the reprogramming of ESF/ FEAD under CRII/ CRII+	✓			✓
ESF Committee Members	✓			
FEAD Expert Group Members	✓			
Other relevant government bodies	✓		✓	

National Public Employment Services	✓		✓	
National social partners			✓	✓
Organisations delivering ESF-funded projects	✓		✓	✓
FEAD Partner organisation	✓		✓	✓
Civil society organisations	✓		✓	✓
Research organisations conducting research on COVID-19 response at EU level	✓			

Overview of consultation activities

The targeted consultations aimed to gather the views of stakeholders involved in the programming and implementation of ESF and FEAD anti-crisis operations enabled by CRII and CRII+ flexibilities. The targeted consultations consisted of several activities, as described below.

Interviews

During March - June 2022, **32 interviews** took place with several stakeholder types across a sample of 10 EU countries that has been selected³⁷³ while an additional **9 interviews** took place with EU-level stakeholders. The interview protocols for both categories of interviews are available in Annex 2. The sampling criteria sought to ensure effective representation at EU and national levels within Europe, and cover both governmental and non-governmental organisations relevant to the task.

Interviews were used to inform the five evaluation criteria and capture insights that were not available in secondary sources and were impossible to retrieve through the survey's close-ended questions. As part of the stakeholder consultation strategy, the research team did not involve the same stakeholders in subsequent activities to avoid stakeholder fatigue.

³⁷³ For more information on the sampling process, refer to Annex 2.

Online Surveys

In March 2022 a survey was administered to all national and regional MAs of ESF (hereafter, ESF survey) and to the national authorities of FEAD (hereafter, FEAD survey). The surveys remained open until 10 June 2022 and sought to collect quantifiable, and qualitative evidence around the five evaluation criteria. The survey questionnaire, including the data collection, analysis and reporting protocols are available in Annex 2 on Methods and analytical models used.

Table A 33 shows the distribution of regional and national MAs' responses to the ESF survey, which collected 60 responses covering 20 Member States and 79 out of the 187 OPs.³⁷⁴

Table A 34 shows the distribution of national MAs' responses to the FEAD survey, which collected 15 responses covering 14 MS and the same number of OPs.

Table A 33 – Distribution of regional and national MAs responses to the ESF survey

Countries	AT	BE	BG	CY	CZ	DE	DK	EE	EL	ES	FI	FR	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SK	SI	UK
	1	2	1	-	-	1	-	-	8	3	3	9	1	2	-	4	3	1	1	-	-	9	5	-	1	2	1	1

Table A 34 – Distribution of national MAs responses to the FEAD survey

Countries	AT	BE	BG	CY	CZ	DE	DK	EE	EL	ES	FI	FR	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SK	SI	UK
	-	1	1	-	-	1	-	-	1	1	1	-	1	-	-	-	1	-	1	-	-	1	1	-	1	2	1	-

To increase the response rate, a total of five reminders have been sent to managing authorities on behalf of the contractor and DG EMPL.

³⁷⁴ The discrepancy between the number of respondents and the number of OPs is due to the fact that respondents could select multiple OPs. More information on the survey's data collection and analysis are available at the following sections of this report.

Case studies

During August – October 2022, nine case studies took place aiming to collect evidence across the five evaluation criteria through looking at specific examples of ESF and FEAD operations enabled under the Coronavirus Response Investment Initiatives. Based on the technical specifications, the research team has conducted eight case studies for ESF operations in ES, GR, IT³⁷⁵, LV, PL, RO, SE and one case study for a FEAD operation in LU. These are shown at the table below:

Table A 35 – Case studies for ESF operations 2022

Country	OP	Name of operation	Level	TO	IP
Greece	ESF Regional Operational Programmes (All)	Reinforcing the Capacity of Health Institutions with additional staff during the COVID-19 crisis ³⁷⁶	Regional	9	9iv
Italy	2014IT05SFOP005	Support for distance learning ³⁷⁷	Regional	10	10i
Italy	2014IT05SFOP002	New Skills Fund ³⁷⁸	National	8	8v
Latvia	2014LV16MAOP001	Improving the qualifications of medical and paramedical staff, in terms of Covid and any other health crisis ³⁷⁹ Support for medical practitioners who provide treatment for patients to prevent public health crises ³⁸⁰	National	9	9iv
Luxembourg	2014LU05FMOP001 (FEAD)	Purchase and distribution by POs (partner organisations) of vouchers or electronic cards to be exchanged for food and/or basic material assistance ³⁸¹	National	-	-
Poland	2014PL05M9OP001	Street working Academy project ³⁸²	National	9	9i

³⁷⁵ Two ESF operations enabled by the Coronavirus Response Investment Initiative have been selected from Italy as case studies.

³⁷⁶ Ενίσχυση των Μονάδων και Φορέων Υγείας του Υπουργείου Υγείας με επικουρικό προσωπικό για την ανταπόκριση στις ανάγκες λόγω της επιδημίας COVID-19

³⁷⁷ Sostegno ai servizi di didattica a distanza

³⁷⁸ Fondo nuove competenze

³⁷⁹ Uzlabot ārstniecības un ārstniecības atbalsta personāla kvalifikāciju (Covid un citām veselības krīzēm)

³⁸⁰ Atbalsts ārstniecības personām, kas nodrošina pacientu ārstēšanu sabiedrības veselības krīžu situāciju novēršanai

³⁸¹ Achat et distribution par les OP de bons ou de cartes électroniques à échanger contre des denrées et/ou de l'assistance matérielle de base

³⁸² Akademia streetworkingu

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Country	OP	Name of operation	Level	TO	IP
Romania	2014RO05M9OP001	Support for vulnerable people in the context of the COVID-19 epidemic ³⁸³	National	9	9ii
Spain	2014ES05M9OP001	Actions aimed at preserving employment during the COVID-19 crisis of young workers (ERTE) Youth Employment - ES - ESF/YEI Operational programme ³⁸⁴	National	8	8ii
Sweden	2014SE05M9OP001	Competence development for laid-off and employed personnel in economically vulnerable sectors	National	10	10iii

The sample of countries sought to include operations from different parts of the EU and cover both national and regional operations focusing on a wide range of thematic areas and target groups. To evidence the case studies, the research team used both primary research and a total of **23 interviews involving 27 stakeholders** from governmental bodies relevant for the design of actions, managing authorities, and organisations implementing the actions on the ground. The research protocols for the stakeholder interviews are available in Annex 2 while the full case studies are available in Annex 6.

³⁸³ Sprijin pentru persoanele vulnerabile in contextul epidemiei COVID-19

³⁸⁴ Acciones encaminadas a preservar el empleo durante la crisis del COVID-19 de los trabajadores jóvenes (ERTES)

Focus groups

During September 2022, two validation focus groups (FGs) took place aiming to validate the study's findings and cover any remaining gaps.

The first FG took place on 27/09/2022 and it was dedicated on the use of ESF under CRII/CRII+. The FG gathered in total 21 participants, including representatives of Managing Authorities in eight Member States,³⁸⁵ representatives of organisations that implement ESF operations,³⁸⁶ as well as representatives of the European Commission and the contractor. All participants were provided with an input paper and an agenda ahead of the FG meeting, to facilitate a fruitful discussion. The FG's agenda, and proceedings are available in Annex 2.

The second FG took place on 28/09/2022 and it was dedicated on the use of FEAD under CRII/CRII+. The FG gathered in total 14 participants, including representatives of Managing Authorities in three Member States,³⁸⁷ representatives of organisations that implement FEAD operations,³⁸⁸ as well as representatives of the European Commission and the contractor. Similar to the ESF FG, all participants were provided with an input paper and an agenda ahead of the FG meeting, to facilitate a fruitful discussion. The FG's agenda and proceedings are available in Annex 2.

Methods, limitations and robustness of stakeholder consultation activities

All stakeholder interview notes across all consultation activities were incorporated in a pre-filled MS Excel File as shown in the Table below. To minimise biases, interview-data analysis was conducted by other researchers than the ones conducting the interviews. Interview data-analysis was an iterative process, with researchers synthesising the responses of different stakeholders across each evaluation question and cross-checking this information with other sources (i.e., SFC2014 database, Annual Implementation Reports, surveys, focus groups). For the focus-group data, no MS Excel File was used as the relatively small number of participants made possible to include the notes in a Word document. Similar to interview data analysis, proceedings were reported under each evaluation question.

Table A 36 – Interview data analysis protocol

Interviewee unique identification code	Research Question in relation to a specific evaluation criterion
Interviewee unique identification code	Stakeholder's answer

Survey administration has been conducted through EUSurvey while **survey-data analysis** has been conducted using EUSurvey's automatic functions and MS Excel. Percentages and counts have been retrieved for all numerical variables while open-ended answers have also been exported in a MS Excel.

Overall, the information retrieved through stakeholder consultations was triangulated vis-à-vis the information of the SFC2014 database, the Annual Implementation Reports and the Cohesion Database, as appropriate.

³⁸⁵ BE, EE, GR, HU, IT, LU, PL, SK

³⁸⁶ PL (Foundation Institute of Regional Development (FIRR)), PT (Institute for Employment and Vocational Training (IEFP))

³⁸⁷ HR, LT, RO

³⁸⁸ FR (Restos du Coeur), ES (Red Cross)

An overall challenge of the stakeholder consultation activities was ensuring a representative sample of Member-States in the stakeholder consultation process. To overcome this challenge, several e-mail and telephone reminders have been sent to stakeholders. This resulted in stakeholder activities **including the input of a total of 64 interviews and 75 survey responses from a wide cast of stakeholders across 22 Member-States**. Despite this, these stakeholders are not representative of the full ESF and FEAD Managing Authorities and implementing organisations population. For example, the ESF survey responses covered 42% or 79 out of the 187 OPs and the FEAD survey responses covered 50% or 14 out of the 28 OPs. Overall, both surveys were answered by a broad range of Managing Authorities (including regional in the case of the ESF) across a range of countries across the EU, including those that made most use of the ESF and FEAD flexibilities, those that used them less and the few that did not use them at all. The survey responses thus also captured responses from countries that were affected by the COVID-19 pandemic to different degrees.

Overview of consultation activities: Main findings

This section briefly presents the results of the consultation activities. For a more detailed account of the results of the consultation activities, please refer to the main report sections.

To what extent was CRII and CRII+ successful?

Based on the evidence collected through all stakeholder consultation activities, CRII and CRII+ are largely viewed as an effective intervention in terms of helping Member-States respond to the COVID-19 crisis.

Across all stakeholder consultation activities, stakeholders from 22 Member States, EU bodies and EU-level organisations largely share the view that the speed at which CRII and CRII+ were adopted and the range of flexibilities they enabled in the use of ESF and FEAD were **effective** in supporting a more rapid anti-crisis response at the national and regional levels across a large majority of the Member States and the UK. Stakeholders also shared the view that flexibilities enabled **time savings** by reducing administrative burden involved in the reprogramming process and facilitated a quicker roll-out of operations compared to standard processes and timings. The consultations conducted for this study indicated, however, that such **time efficiencies** were not necessarily transferred at the level of the operations' beneficiaries, as the management and auditing system for implementing organisations remained in general as they had been before the COVID-19 pandemic. CRII / CRII + operations were reported by stakeholders as being **coherent** with previous ESF and FEAD operations, as well as with the Member States' efforts to address COVID-19 needs through national/ regional and other EU instruments (ERDF, SURE, REACT-EU). Stakeholders also largely agreed that the ESF and FEAD anti-crisis operations under CRII/ CRII+ were relevant to the needs of the Member States and also to the needs of individuals and entities most affected by the pandemic. Overall, the consulted stakeholders' had a positive perception of the contribution of ESF and FEAD under CRII and CRII+ to crisis response in the Member States and the UK, in particular related to providing necessary liquidity, the flexibility to programme operations in line with emerging priorities, and a notable reduction of administrative procedures.

Effectiveness

The evidence collected through the stakeholder consultation activities suggests that **CRII and CRII + are viewed as effective measures to respond to the COVID-19 crisis**.

In particular, **72%** or 37 out of the 51 of respondents to the ESF survey who reported to use CRII / CRII+, **noted that as a result of the coronavirus response initiatives they were**

able to respond quicker to emerging needs on the ground either to a great extent (49% or 25 out of the 51) or to a medium extent (23% or 12 out of 51). In addition, **over half of respondents** in the same survey noted that as a result of CRII / CRII+, they could, to a medium or great extent:

- more easily access funds for measures / projects related to COVID-19 anti-crisis response (70% or 36 out of 51)
- enable new or adjusted operations (70% or 36 out of 51)
- streamline operations and respond more efficiently to the COVID-19 crisis (59% or 30 out of 51) and
- more quickly re-direct unspent resources where they were most needed (59% or 30 out of 51)

Just under half of respondents (47% or 24 out of 51) noted that they were able to simplify the application procedures and rules for project implementation to a great or medium extent, while approximately a third of respondents reported that as a result of CRII / CRII+ flexibilities they were able to decrease administrative burden (37% or 19 out of 51) or ease logistical and human resource resource constraints (33% or 17 out of 51).

Respondents to the FEAD survey who reported to use CRII / CRII+, replied in a similar fashion. In particular, **90%** or 9 out of the 10 respondents to the FEAD survey who reported to use CRII / CRII+, **noted that as a result of the coronavirus response initiatives they were able to respond more quickly to emerging needs on the ground** either to a great extent (50% or 5 out of 10) or to a medium extent (4 out of 10). **Half of the respondents** to the same survey noted that as a result of CRII / CRII+, they could, to a medium or great extent, more easily access funds for measures / projects related to COVID-19 (50% or 5 out of 10) and decrease administrative burden (50% or 5 out of 10).

Targeted interviews corroborate the evidence on the effectiveness of CRII and CRII+ in helping Member-States respond to COVID-19 crisis. **Both EU and national interviewees** have commented that the coronavirus response initiatives were in place extremely quickly, with interviewees involved in ESF programming and/or implementation in IT, GR, LT, PL and SI highlighting the role of specific CRII/ CRII+ flexibilities (such as the re-allocation of funds within the OPs and the simplified procedures for OP amendments) in easing administrative burden, enabling quick access to existing financial resources, the rapid re-direction of unspent resources to where they were most needed, and the introduction of new or adjusted operations.

Interviewees consulted in the framework of the case studies also positively noted the speed and range of the flexibilities provided. For instance, stakeholders from Greece highlighting the usefulness of CRII / CRII + flexibilities in speeding-up the programming and implementation of an horizontal operation supporting with over 6,000 professionals public healthcare providers across all Greek regions. Stakeholders in the **validation focus groups** also highlighted the importance of the flexibilities in providing necessary liquidity and enabling a rapid crisis response in the Member States, especially at the onset of the pandemic.

These findings are consistent with the survey results. Based on these, **73% of respondents** (37 out of 51) to the ESF survey, reported to have used CRII / CRII + flexibilities to adjust operations and respond to the COVID-19 crisis to a great or medium extent. An overview of the flexibilities that were most used from Member States is available in the main report.

Consultation activities examined the governance/ implementation structures that have been established or used for the reprogramming process under CRII and CRII+ and identified

external factors that influenced the effectiveness of the CRII and CRII+ initiatives. In this context, stakeholders reported that national and/or regional administrative and organisational procedures (43 out of 51 respondents), and the internal coordination process in their countries (41 out of 51 respondents), were a positive force in enabling an effective use of CRII flexibilities to at least some extent. The same holds for Member States' pre-crisis preparedness, with over half of respondents to the ESF MA survey noting that the level of pre-crisis preparedness played a positive role in enabling the effective use of CRII flexibilities to at least some extent (31 out of 51), as did the regionalisation of ESF (29 out of 51). These positive drivers were confirmed by stakeholders through the rest of the stakeholder consultation activities. For example, an interviewee from Italy noted that the work one region had done prior to the COVID-19 crisis around examining expenditure on health personnel and simplifying health related indicators helped that region manage their spending levels during the crisis.

The picture is less clear about the role of social partners in reprogramming. While the evidence from the ESF survey suggests that horizontal principles³⁸⁹ were taken into account in the use of CRII/ CRII+ flexibilities to a great extent (13 out of 51), to a medium extent (13 out of 51) or at least to some extent (15 out of 51), evidence from the sequential consultation activities and primary research suggest that there might still be some scope for further improving this area in future crisis situations. However, this finding appears to be country-specific, as social-partner involvement varies across Member States, and in some reported cases social partners were involved in substantial ways in ESF reprogramming processes under CRII (e.g., in SE). Stakeholders noted that the main barrier to further taking into account the horizontal partnership principles of the Common Provision Regulation in the case of the ESF and the FEAD regulation³⁹⁰ principles was the crisis situation itself and the need to make decisions as quickly as possible.

Finally, stakeholders also shared their views on the extent to which other ESF horizontal principles³⁹¹ and the FEAD regulation principles³⁹² have been taken into account in the reprogramming process. In this respect, over half of the respondents in ESF and FEAD surveys reported that these principles were considered to at least some degree. Interviewees at EU and Member-State level have given different responses that are in generally in line with the above findings. For example, some countries (GR, SI) noted that as beneficiaries of EU funds, they were obligated to take these principles into account; as such, their responses were guided by each of these principles. CZ, FR, and PL similarly noted that the articles continued to be taken into account. SI noted that while article 8 was considered, health and safety measures took priority, with the Member State using funding to buy face mask which must be thrown away after the use; a measure which didn't contribute to their sustainable development targets.

Efficiency

Stakeholder consultation activities inquired about how, and to what extent, CRII and CRII+ helped ESF and FEAD Managing Authorities to redirect the unspent resources where needed, as well as the extent to which the coronavirus response initiatives simplified and accelerated the reprogramming process. On both occasions, stakeholders reported a positive picture, albeit hard-evidence around changes in monetary and non-monetary costs and benefits are limited.

³⁸⁹ The Common Provisions Regulation horizontal principles are: Article 5 - Partnership and multilevel governance, Article 7 - Promotion of equality between men and women and non-discrimination; Article 8 - Sustainable development.

³⁹⁰ The FEAD principles are: Article 5 (9) FEAD Regulation - Partnership; Article 5 (11) FEAD Regulation - Equality between men and women and non-discrimination; Article 5 (14) – FEAD Regulation – Dignity of the most deprived persons: "The Commission and the Member States shall ensure that aid provided in the framework of this Fund respects the dignity of the most deprived persons".

³⁹¹ Article 7 (equality between men and women and non-discrimination); Article 8 (sustainable development)

³⁹² Article 5 (11) FEAD Regulation - Equality between men and women and non-discrimination; Article 5 (14) – FEAD Regulation – Dignity of the most deprived persons

In particular, more than half of the 51 ESF-survey respondents reported that making Coronavirus crisis related expenditure eligible under cohesion policy rules (38 out of 51 respondents), Article 25a (7) retroactive eligibility (35 out of 51 respondents), and Article 25a (6): simplified procedure for OP amendments (31 out of 51 respondents) **helped them respond more efficiently (process wise) to the COVID-19 pandemic to a great or medium extent**. Targeted interviews corroborate these findings with stakeholders from BG, LT, SI, GR, for instance, noting that CRII and CRII+ enabled the rapid re-direction of unspent resources to where they were most needed. Greece, for instance, highlighted the use of retro-active eligibility in using approx. EUR 332 million of unspent resources from its regional operational programmes to fund healthcare operations.

CRII/CRII+ flexibilities have also been reported as efficient in simplifying and accelerating the ESF and FEAD reprogramming process compared to standard timings. In particular, over eight in ten respondents to the ESF MA survey (42 out of 51) reported that as a result of CRII / CRII+ they were able to respond quicker to the needs on the ground to a great or medium extent. Nearly seven in ten (35 out of 51) noted that they were able to streamline operations to address the COVID-19 crisis to a great or medium extent, while over half (28 out of 51) noted they were able to simplify the reprogramming process relative to previous/standard ESF implementation to a great or medium extent, and to support different stakeholders more efficiently to a great or medium extent (30 out of 51).

Feedback from the open-response questions of the ESF survey provides **examples of how the reprogramming process was simplified and accelerated**. Respondents in this survey (for instance in PL and HU) reported the time efficiencies resulting from the European Commission's flexibility in communicating in advance in an informal way that an amendment will be possible, or, equally, from the rapid response of the European Commission to amendments (e.g., UK). **Targeted interviews and focus groups** provide similar evidence, with Member States (e.g., LT, PL in interviews, and BE in focus groups) highlighting the role of CRII / CRII+ in simplifying and accelerating the reprogramming process. **Case studies** also showcase several examples backing the above findings. For example, in Sweden, CRII flexibilities simplified and accelerated the support given to employees working in vulnerable sectors, laid off individuals, and individuals using the short-term work scheme, with stakeholders agreeing that CRII enabled a quicker reprogramming process relative to the standard processing times. As the sample size in the FEAD-survey is small, the evidence supporting the aforementioned statements is limited, but overall supports the same conclusions as in the case of the ESF. Given the greater flexibility of the FEAD operational programmes, however, stakeholders often noted that there was already flexibility inbuilt in the programmes to enable a quick reaction to the pandemic, but even in these cases stakeholders indicated that the flexibilities offered under the amended FEAD regulation further accelerated the programming and implementation of anti-crisis operations and enabled their adaptability to the new circumstances. On some occasions, despite the procedural simplifications which decreased administrative burden on the one hand, they resulted in additional time spent by staff in understanding the new procedures and implementing them. No Managing Authorities involved in the study reported having increased their staff during the pandemic, but the crisis situation often resulted in a higher workload for the existing staff (e.g., in LU, HU).³⁹³

Despite the positive picture in terms of efficiency, stakeholder consultations also pointed for some issues that can be improved in the future. For example, some stakeholders noted as negative drivers in terms of efficiency the fact that ESF's management and auditing system for beneficiaries largely remained as it had been before the crisis (e.g., the administrative requirements of beneficiaries such as submitting documentation including expenses, etc.). At the same time, other stakeholders pointed to delays stemming from national legislation (e.g., procurement law). Further examples of barriers to efficiency are provided in detail in the case studies.

³⁹³ Based on Focus Groups

Coherence

Across all stakeholder consultations, participants reported a good level of coherence between ESF and FEAD anti-crisis operations and other actions in the areas of employment, social inclusion, education and health. In addition, stakeholders reported that ESF and FEAD anti-crisis operations are broadly aligned with these Funds' existing operations, while noting that some types of investments and actions were prioritised in recognition of the higher needs on the ground (e.g. supporting workers, employers and the self-employed through subsidies, often in the form of short-time working schemes; and supporting healthcare institutions and personnel, e.g. through the acquisition of medical and protective equipment). Equally, anti-crisis operations were reported as being aligned with other actions funded by national and/or regional budgets and through other EU instruments (ERDF, SURE, REACT-EU). Some stakeholders also emphasised that there are plans to continue some of the CRII/ CRII+ operations implemented under ESF+ and thus contribute to the sustainability of the investment during the pandemic and reinforce its outcomes (e.g. continuing investments in digital skills for teachers and learners).

More concretely, over half of ESF and all FEAD Managing Authorities reported in the relevant surveys that their anti-crisis operations are **coherent with their existing operations** to a medium or great extent (32 out of 51 for ESF, 10 out of 10 for FEAD). This coherence relates to several aspects including the operations' objectives, scope, and target groups. For example, as a response to COVID-19, some FEAD anti-crisis operations expanded their scope (e.g., through accompanying measures in Bulgaria). In Greece, health operations for specific target groups were already in place before COVID-19 and expanded to the general population during the crisis.

CRII and CRII+ operations are also largely aligned with national level policies to mitigate the effects of the pandemic in the four policy domains relevant for this study, with 10 out of 24 respondents to the ESF MA survey indicating that national measures were complementary to some, medium or great extent.³⁹⁴ For example, to mitigate employment effect, governments introduced short-time work schemes and job retention programmes across the Member States expanding the support to non-standard employees, such as temporary agency workers.³⁹⁵ To increase protection for people with limited or no links to the labour market (i.e. children, students, social assistance beneficiaries), Member States quickly provided social assistance support.³⁹⁶ For the self-employed, Member States also began to provide income support.³⁹⁷

Most EU and national **stakeholders consulted** also considered that the **ESF and FEAD operations implemented under CRII and CRII+ are aligned with other operations financed through other EU funding mechanisms (e.g., ERDF, SURE)** and that there is no particular duplication or overlap at the EU or national level. This was also confirmed by respondents to the ESF survey of MAs, who indicated that there were no contradictions between the operations enabled by CRII and CRII and other actions undertaken under the other EU instruments (22 out of 51 respondents),³⁹⁸ and corroborated further in the specific examples of operations during the case-studies.

Finally, stakeholder consultations also pointed to a **good level of coherence between the immediate crisis response** measures introduced under the CRII and CRII+ and the **medium to long term response** that Member States plan to facilitate through ESF+ and REACT-EU. Respondents to the survey of the ESF Managing Authorities indicated that CRII and CRII+ operations were aligned to the use of ESF under REACT-EU and ESF + to some (11 out of 51 responses), a medium (12 out of 51 responses) or great extent (14 out of 51

³⁹⁴ 11 respondents could not answer the question.

³⁹⁵ ESPN 2021, p.14

³⁹⁶ ESPN 2021, p.17

³⁹⁷ Eurofound (2021), p.77

³⁹⁸ In total, 23 out of 51 respondents could not answer the question and only 2 out of 51 respondents indicated that the operations were contradictory to a great extent.

responses). For instance, post-COVID recovery for the employers supporting e-businesses will be funded through REACT-EU in Lithuania, complementing operations enabled by the coronavirus response initiatives. Some stakeholders noted that some immediate crisis responses will be discontinued in ESF +, acknowledging the role of CRII/ CRII+ in enabling immediate crisis response and the role of other instruments to address post-crisis recovery needs sustainably.

How did CRII and CRII+ make a difference and to whom?

All in all, stakeholder consultation suggest that CRII and CRII+ made a difference to Member States' responsiveness to the COVID-19 crisis, enabling them to respond quicker than their standard time to the emerging needs on the ground. The contribution of CRII and CRII+ can also be seen through looking at indicators such as its target financial value, which, at the time of writing, is EUR 5.1 billion.³⁹⁹

Contribution to crisis reaction

The evidence collected from the consultation activities shows that **CRII and CRII+ contributed to Member States' capacity to provide a more rapid crisis response to the negative effects of the COVID-19 pandemic**, using ESF and FEAD for anti-crisis measures across policy areas and target groups. However, the extent of the contribution to the crisis varies across different Member States.

ESF survey findings indicate that nearly 40% of the Managing Authorities that responded to the question on contribution to the crisis reaction (20 out of 51) would have used ESF for anti-crisis measures without the CRII and CRII+ flexibilities. Equally, 50% of **FEAD survey** respondents (5 out of 10) would have used FEAD for anti-crisis measures without the CRII and/or CRII+ flexibilities. Among respondents of the **ESF survey**, 24% of respondents (12 out of 51) indicated allocations would have been spent as planned initially for ESF operations, but a similar ratio of respondents (15 out of 51 respondents) said allocations would have been difficult to spend in the absence of the flexibilities introduced by CRII / CRII+. Among **FEAD survey** respondents, 60% indicated allocations would have been spent as planned initially for FEAD operations (6 out of 10 respondents to the question). Nonetheless, there is wide agreement that CRII and CRII+ flexibilities enabled ESF and FEAD funds to be deployed more quickly.

Targeted interviews at the national and EU levels also provide a mixed picture of the CRII and CRII+ contribution the crisis reaction. In **Lithuania**, an interview respondent indicated the measures for employment couldn't have been implemented in the absence of CRII due to the new target group (employees in furlough), while the healthcare measures could have been implemented in the same manner given there were no changes to the OP. Interview respondents from **France** reported they would have implemented the measures without the CRII flexibilities. **EU level interviewees** reported that the CRII and CRII+ flexibilities were important in the contribution to the crisis and absorbed many of the unexpected socio-economic costs of the pandemic. Social partners highlighted in particular the possibility to move around and reallocate funds. This flexibility was very useful in the contribution the crisis reaction. However, other EU-level stakeholders mentioned it would have been useful to enable mechanisms to distribute funds directly to the implementing organisations rather than only at the national level, as the funds may not always necessarily have gone where they were most needed (e.g., in cases where the information about local needs was not available to national stakeholders in time).

³⁹⁹ Cohesion Database (n.d.) Coronavirus Dashboard. For more information, visit: <https://cohesiondata.ec.europa.eu/stories/s/CORONAVIRUS-DASHBOARD-COHESION-POLICY-RESPONSE/4e2z-pw8r/>
Data extracted 11/10/2022

Overall, most **interview respondents** (both national and EU level) nevertheless indicated that the flexibilities introduced by the CRII and CRII+ contributed to a quicker response to the situation on the ground. Indeed, as highlighted in the **Polish case study**, the reallocation of funds, reprogramming of the OP, the possibility of adjusting projects, simplifying procedures and paths for approving projects, etc., contributed to a quick response to the crisis caused by the COVID-19 pandemic and the preparation of ESF funds - such as the support for the homeless. Both the **ESF and FEAD focus groups** also confirmed that the flexibility of the CRII and CRII+ measures were key to their ability to react to the crisis situation.

Is CRII and CRII+ still relevant?

Consultation activities suggest that CRII and CRII+ were relevant in providing Member-States with the necessary flexibility to reprogram their OPs and respond to the needs that emerged or accentuated due to the COVID-19 crisis. Consultations also suggest that such flexibilities can also be relevant in future crisis but also in a non-crisis context.

Relevance

Targeted consultation activities showed that **CRII and CRII+ were relevant in terms of supporting the immediate reaction to the crisis.**

From the **ESF survey**, when asked how relevant the CRII and CRII+ flexibilities were to the needs of their institution to react quickly to the COVID-19-induced crisis, 78% of respondents (40 out of 51) said that the CRII and CRII+ flexibilities were relevant to a great or medium extent. From the **FEAD survey**, when asked how relevant the CRII and CRII+ flexibilities were to the needs of their institution to react quickly to the COVID-19-induced crisis, 60% of respondents (6 out of 10) said that they were relevant to a great or medium extent, with a further 20% (2 out of 10) saying that they were relevant to some extent.

Reasons given by respondents in the **ESF survey** for the relevance of the CRII and CRII+ measures include the fact that the flexibilities have enabled the reprogramming of resources towards measures targeted at responding to the COVID-19 crisis, from a health, social and economic perspective. The most relevant flexibilities used by respondents in the **FEAD survey** were the 100% co-financing rate for the 2020-21 accounting year, the use of FEAD to purchase personal protective materials and equipment for partner organisations, the simplified procedure for OP amendments, the use of lighter control and audit trail requirements and the postponement of the deadline for the submission of Annual Implementation Reports (AIRs).

When respondents to the **ESF survey** of Managing Authorities were asked which types of **new operations**⁴⁰⁰ financed under ESF at national/ regional level were the most relevant for the needs on the ground, the most commonly cited operations were **actions to protect jobs, actions to support workers** (both cited by 25 respondents), **actions to support healthcare systems** (cited by 22 respondents), and **actions to support employers and the self-employed** (cited by 20 respondents). Actions to support healthcare workers and patients was also cited by 13 respondents. In the **FEAD survey** when Managing Authorities were asked about the relevance of new operations financed under FEAD for the needs on the ground, the most cited operations were **delivery of food aid to those at risk** (cited by 3 respondents) and the **provision of information about other social inclusion activities**

⁴⁰⁰ New operations are actions that have been implemented at national/ regional level specifically to mitigate the effects of the COVID-19 pandemic as a result of the flexibilities introduced by the CRII and/or CRII+ and which have not been implemented before. They are different from adjusted operations, which are actions that have been adapted or adjusted from their previous form or focus specifically as a result of the COVID-19 crisis and the flexibilities introduced by the CRII and/or CRII+.

upon the delivery of food packages, such as counselling and knowledge development (cited by 3 respondents).

Consulted stakeholders through **interviews** show agreement with the findings of the survey, with both national and EU level stakeholders confirming the relevance of the CRII and CRII+ measures in terms of supporting the immediate reaction to the crisis. This included ensuring continuous support to existing target groups of ESF and FEAD funding as well as assisting new target groups, such as technically unemployed people. Respondents to the **ESF survey** in Poland, for instance, noted that the focus was on job protection, which has helped to protect many jobs in the market and thus provided a livelihood for many families affected by COVID-19.

A majority of the **MAAs interviewed** commented how quickly the funding was made available to them. This was also confirmed in the **Luxembourg case study** by the FEAD MA, who were able to set up an online platform, for FEAD recipients to order their food and basic material aid products remotely, by the end of March 2020 thanks to the rapid availability of funds through CRII and CRII+. An interviewee in Italy noted that although the flexibilities were useful, a process of negotiation, albeit very rapid, was needed with the European Commission, which somewhat slowed down the reaction to the crisis. **EU level interviewees** emphasised that the extra funding was made available quickly to Managing Authorities, but distribution to implementing organisations took longer.

Implementing organisations interviewed were generally unable to comment on the relevance of the CRII and CRII+ measures due to a lack of knowledge about the flexibilities and how they were implemented. However, during the **ESF focus group**, a representative from Portugal, highlighted that they had to upskill trainers to deliver courses online in just one month at the onset of the COVID-19 crisis and this was done through CRII, which was highly relevant to the needs on the ground.

Annex 6: Case studies of good practices

Eight case studies refer to ESF actions and one case study refers to FEAD actions, enabled by CRII/CRII+. In general, the case studies cover actions programmed at both national and regional level, cover all ESF TOs, include both general and specific target groups and originate from countries representing different geographies across the EU.

Greece – ESF Regional Operational Programmes (All)

Qualitative case study: **Reinforcing the Capacity of Health Institutions with additional staff during the COVID-19 crisis** (Ενίσχυση των Μονάδων και Φορέων Υγείας του Υπουργείου Υγείας με επικουρικό προσωπικό για την ανταπόκριση στις ανάγκες λόγω της επιδημίας COVID-19)

National context

Overview of the COVID-19 situation in the Member State

COVID-19 has put healthcare systems in the European Union and the UK under enormous pressure.⁴⁰¹ As Figure A 40 below shows, albeit Greece's cumulative number of reported cases during the first wave of the pandemic was relatively lower compared to its Southern neighbours, the country's healthcare system was still put under stress. Greece's economic crisis in 2009 exacerbated its healthcare system's historical inefficiencies resulting in a decline on several healthcare indicators.^{402,403} Compared to other EU countries, Greece has shown the largest annual decrease of health expenditure between 2009 – 2015 (6.6 per cent).⁴⁰⁴ In absolute terms, during the same period, Greece's health expenditure fell from EUR 15.3 billion to EUR 8.1 billion, reaching EUR 8.4 billion in 2018.⁴⁰⁵ The conscription of private doctors during COVID-19 confirms the anaemic healthcare system of the country.⁴⁰⁶ However, the case of Greece should not be seen in isolation from that of its European counterparts, with COVID-19 highlighting inefficiencies in healthcare systems across Europe.^{407,408}

⁴⁰¹ EPIPOSE project. European Union's SC1- PHE-CORONAVIRUS-2020 programme. Project number 101003688. Available at: <https://www.covid-hcpressure.org/home/>

⁴⁰² Maresso A, Mladovsky P, Thomson S, Sagan A, Karanikolos M, Richardson E, Cylus J, Evetovits T, Jowett M, Figueras J, Kluge H, editors. (2015). Economic crisis, health systems and health in Europe: Country experience [Internet]. Copenhagen (Denmark): European Observatory on Health Systems and Policies; 2015. PMID: 28837306. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK447858/>

⁴⁰³ Economou C, Kaitelidou D, Karanikolos M, Maresso A. (2017). Greece: Health System Review. Health Systems in Transition. 19(5):1-166. PMID: 29972131

⁴⁰⁴ Economou, C. (2018) The effects of the financial crisis and the memorandums in the Greek Health System in Dimoulas, K., - Kouzis, Y. eds (2018). Crisis and Social Policy. Impasses and solutions. Topos Publications, Greece. ISBN: 978-960-499-277-5 [in Greek].

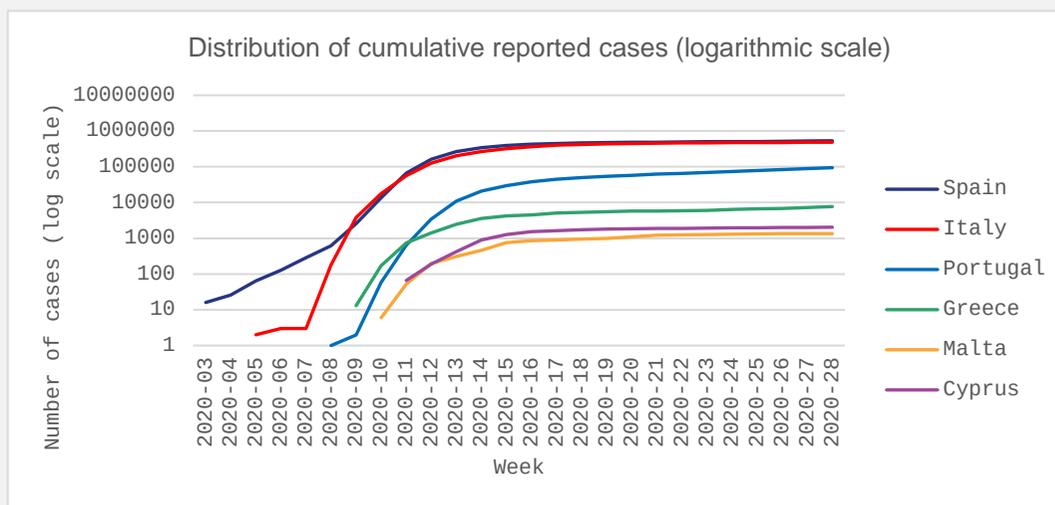
⁴⁰⁵ Kapsalis, A., Koumarianos, V., Kourachanis, N. Eds. (2021). Social Policy, Authoritarian Liberalism And The Pandemic. Print. ISBN: 978-960-499-393-2. [in Greek]. The reference years noted in the paper are 2009 – 2014.

⁴⁰⁶ COVID19.gov.gr (2021). Activation of the Emergency Plan of the Ministry of Health, for mandatory inclusion of private doctors in the National Health Service for a certain period of time, in order to support public structures [in Greek]. Available at: <https://covid19.gov.gr/energopoiisi-tou-schediου-ektaktis-anagkis-tou-ypourgeiou-yeias-gia-yPOCHREOTIKI-ENTAXI-IDIOTON-IATRON-STO-ESY-GIA-ORISMEHO-CHRONIKO-DIASTIMA-PROKEIMENOU-NA-SYNDRAMOUN-TIS-DIMOSIES-DOMES/>

⁴⁰⁷ Lupu, D., Tiganasu, R. (2022). COVID-19 and the efficiency of health systems in Europe. Health Econ Rev 12, 14 <https://doi.org/10.1186/s13561-022-00358-y>

⁴⁰⁸ See also, EPIPOSE project. European Union's SC1- PHE-CORONAVIRUS-2020 programme. Project number 101003688. Available at : <https://www.covid-hcpressure.org/home/healthcarepressure/healthcarespending/>

Figure A 40: Distribution of cumulative reported cases in the first COVID-19 wave⁴⁰⁹



National and regional measures to mitigate the crisis

As a response to COVID-19, Greece took several responses at national-level in the field of healthcare. This section discusses two types of responses: financial and non-financial ones.

In terms of non-financial responses, Greece, similar to other EU countries, has followed a stringent approach, adopting a broad mix of measures to limit the spread of COVID-19.⁴¹⁰ The national measures and in particular a strict stay-at-home policy have limited the spread of COVID-19,⁴¹¹ without, however, escaping criticism for aggravating domestic gender-based violence and intervening too far in terms of regulating private life.⁴¹²

Apart from measures limiting the spread of COVID-19, the Greek government took several responses at the organisational-level. For example, Greece has seven health regions which are responsible for all health service providers within their territory (e.g., hospitals). During COVID-19, the Governors and Deputy Governors of these Health Districts had regular meetings with the Minister of Health to coordinate the anti-crisis response and allocate resources to healthcare service providers based on their needs. To the same end, the Greek government instructed healthcare service providers and businesses

⁴⁰⁹ Author's elaboration based on European Centre for Disease Prevention and Control data. For more information, refer to: [gap.ecdc.europa.eu](https://gap.ecdc.europa.eu/public/extensions/COVID-19/COVID-19.html#country-comparison-tab) (n.d.). Country comparison. Retrieved 07/09/2022 from: <https://gap.ecdc.europa.eu/public/extensions/COVID-19/COVID-19.html#country-comparison-tab>

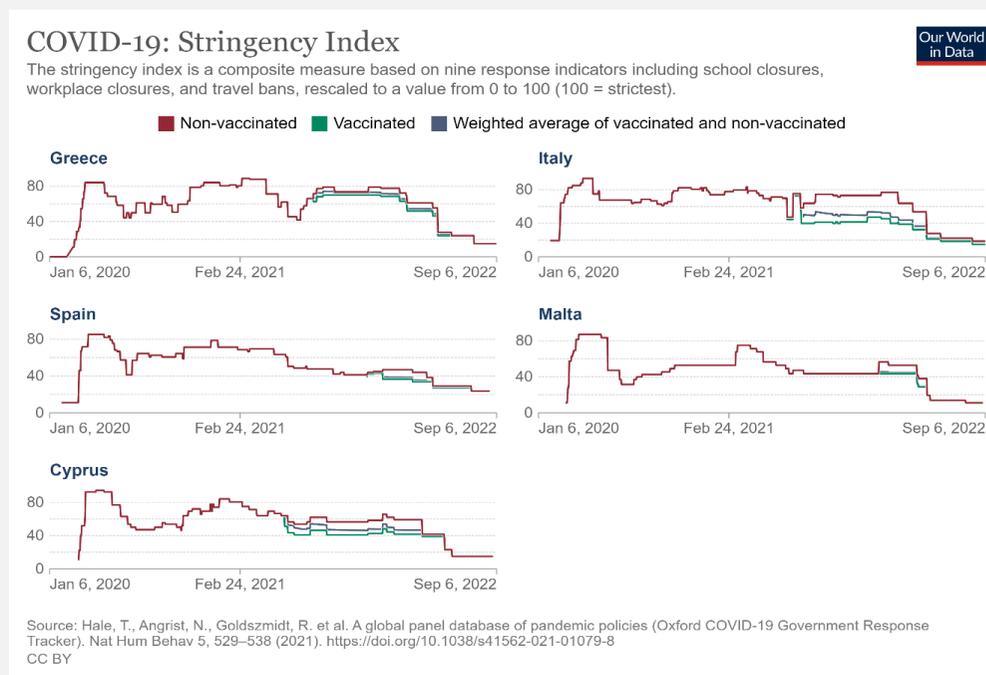
⁴¹⁰ A detailed account of measures is available at [global-monitoring.com](https://global-monitoring.com/gm/page/events/epidemic-0001942.uqWbZWZfTslc.html?lang=en) (n.d.). COVID-19 pandemic – Greece. Available at: <https://global-monitoring.com/gm/page/events/epidemic-0001942.uqWbZWZfTslc.html?lang=en>

⁴¹¹ Dimitrios Moris, Dimitrios Schizas (2020). Lockdown During COVID-19: The Greek Success. In Vivo Jun 2020, 34 (3 suppl) 1695-1699 ; DOI : 10.21873/invivo.11963

⁴¹² Kapsalis, A., Koumarios, V., Kourachanis, N. Eds. (2021). Social Policy, Authoritarian Liberalism And The Pandemic. Print. ISBN: 978-960-499-393-2 [in Greek].

producing medical equipment to record and update their stocks in an electronic database.^{413,414} Other organisational responses included a 24/7 psychosocial support helpline,⁴¹⁵ dedicated websites for volunteers⁴¹⁶ and ‘makers’⁴¹⁷ using 3D printers to design face shields,⁴¹⁸ and others.⁴¹⁹

Figure A 41: COVID-19: Government Stringency Index⁴²⁰



In support of its healthcare system, through targeted financial responses, Greece mobilised both national and European Funds. In terms of utilising national funds, the main actions of the Greek government were supporting health service providers with new hires, increasing the number of intensive-

⁴¹³ COVID-19.gov.gr (2020). Stock supplies to address COVID-19 [in Greek]. Available at: <https://covid19.gov.gr/apothemata-ylikon-gia-tin-antimetopis/>

⁴¹⁴ See also, Government Gazette 5243 / 12.11.2021. Available at: <https://antiseptics-suppliers.businessportal.gr/kva-121721.pdf>

⁴¹⁵ COVID19.gov.gr (2020). Telephone line for psychosocial support in relation to COVID-19 [in Greek]. Available at: <https://covid19.gov.gr/tilefoniki-grammi-psychokinonikis-yp/>

⁴¹⁶ COVID19.gov.gr (2020). Programme “Become a Volunteer” to address COVID-19 [in Greek]. Available at: <https://covid19.gov.gr/programma-gine-ethelontis-gia-tin-anti/>

⁴¹⁷ For a definition of the maker movement, see techopedia.com (2012). Maker Movement. Available at: <https://www.techopedia.com/definition/28408/maker-movement>

⁴¹⁸ COVID19.gov.gr (2020). Makers.gov.gr website for producing and supplying medical equipment is available [in Greek]. Available at: <https://covid19.gov.gr/se-litourgia-i-selida-3d-makers-gov-gr-gia-tin-paragogi-ke-prosfora-exoplismou-prostasias-apo-ton-covid-19/>

⁴¹⁹ Further measures are available at the website COVID-19.gov.gr in Greek language.

⁴²⁰ Hale, T., Angrist, N., Goldszmidt, R. et al. (2021). A global panel database of pandemic policies (Oxford COVID-19 Government Response Tracker). Nat Hum Behav 5, 529–538 <https://doi.org/10.1038/s41562-021-01079-8>

care-units (ICUs) and COVID-beds and securing medical supplies and equipment.⁴²¹ Other actions included procuring an EUR 2.475 million epidemiological study,⁴²² increasing testing in health centers and regional clinics,⁴²³ and others.

In terms of utilising EU funds, Greece made extensive use of the Coronavirus Response Investment Initiatives to mobilise ESF and ERDF. On top of these funds, the country used REACT-EU and the EU Solidarity Fund to respond to the crisis. The Figure below shows the contribution of ESF, ERDF, and REACT-EU to the anti-crisis response in Greece.⁴²⁴

In terms of ESF, Greece's anti-crisis response in the field of healthcare was given primarily through its regional operational programmes (ROPs). In particular, the action Reinforcing the Capacity of Health Institutions with additional staff during the COVID-19 crisis was programmed in all ROPs with a total financial target of EUR 263,518,710.20 (CV30).⁴²⁵ This 24-month action supports approx. 293 (CV33)⁴²⁶ health service providers through recruiting healthcare and other types of professionals in all regions of Greece. More information on this action is available at the next section.

Next to this action, the sectoral OP Public Sector Reform (2014GR05M2OP001) supported anti-crisis responses in the field of healthcare with a total ESF contribution of EUR 62 million (CV30) and a REACT-EU contribution of EUR 100 million. In turn, the remaining sectoral OPs supported other, non-healthcare actions. For example, the OP Human Resources Development, Education and Lifelong Learning (2014GR05M9OP001) supported actions in the field of education, such as distance learning, while the OP Competitiveness, Entrepreneurship and Innovation (2014GR05M9OP001) supported actions in the field of employment (also through REACT-EU) such as short-term-work-arrangements.⁴²⁷

⁴²¹ COVID19.gov.gr (2021). Activation of the Emergency Plan of the Ministry of Health, for mandatory inclusion of private doctors in the National Health Service for a certain period of time, in order to support public structures [in Greek]. Available at : <https://covid19.gov.gr/energopoiisi-tou-schediou-ektaktis-anagkis-tou-ypourgeiou-ygeias-gia-ypochreotiki-entaxi-idioton-iatron-sto-esy-gia-orismeno-chroniko-diastrima-prokeimenou-na-syndramoun-tis-dimosies-domes/>

⁴²² Greecevs corona.gr (n.d.) Greece versus Corona. Available at: <https://greecevs corona.gr/>

⁴²³ COVID19.gov.gr (2020). Free COVID-19 tests in health centers and regional clinics throughout Greece [in Greek]. Available at: <https://covid19.gov.gr/dorean-test-anichnefsis-koronoiou-sars-cov-2-se-kentra-ygeias-kai-perifereiaka-iatreia-se-oli-tin-ellada/>. The extent to which the action was exclusively financed through national Funds is uncertain.

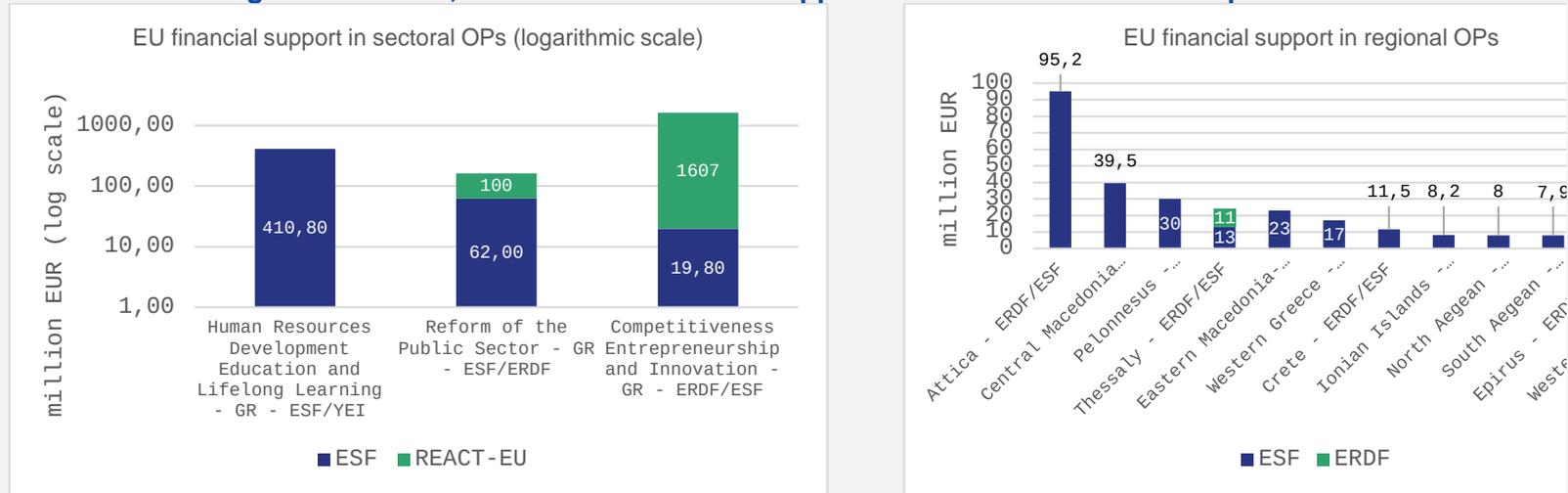
⁴²⁴ All target values of programme specific indicators related to the cohesion policy direct response to the COVID-19 pandemic (CV30, CV31, CV33) in this report are based on data from the Cohesion Database on 20/09/2022. For more information, refer to: <https://cohesiondata.ec.europa.eu/stories/s/CORONAVIRUS-DASHBOARD-COHESION-POLICY-RESPONSE/4e2z-pw8r/>

⁴²⁵ Based on data from the Cohesion Database on 20/09/2022. For more information, refer to: <https://cohesiondata.ec.europa.eu/stories/s/CORONAVIRUS-DASHBOARD-COHESION-POLICY-RESPONSE/4e2z-pw8r/>. It is important to note that on some occasions, there is a difference between the data on the Cohesion Database and Greece's ESIF information system [anatyxi.gov.gr]. Based on data from Greece's ESIF information system on 20/09/2022, the target financial value of the action is **EUR 333,096,126.07 million**. It is plausible to expect that data from Greece's ESIF information system will be updated at the Cohesion Database in forthcoming amendments of OPs.

⁴²⁶ Based on data from the Cohesion Database on 06/12/2022. For more information, refer to: <https://cohesiondata.ec.europa.eu/stories/s/CORONAVIRUS-DASHBOARD-COHESION-POLICY-RESPONSE/4e2z-pw8r/>. It is important to note that on some occasions, there is a difference between the data on the Cohesion Database and Greece's ESIF information system [anatyxi.gov.gr]. See also, footnote above.

⁴²⁷ Based on information from the SFC2014 database and interview with NSFR Executive Unit – Education Sector.

Figure A 42: ESF, ERDF and REACT-EU support to Greece's COVID-19 response⁴²⁸



Regarding ERDF, the picture is less clear. The Fund, topped-up with approx. EUR 490 million through a transfer from the Cohesion Fund (CF), appears to have targeted both non-health-care related actions (such as providing working capital to SMEs) but also health-care actions (such as actions upgrading hospitals' infrastructure and providing them with medical-technical equipment). The target financial value of these actions can be captured in Greece's ESIF information system but is not visible in the Cohesion Database. This is possibly due to the fact that the non-paper-indicators used to track ESF/ERDF actions will be applied in forthcoming programme amendments. Despite this, data from the Cohesion Database show indications of ERDF support to the field of health. For example, EUR 11 million was programmed at the ROP Thessaly - ERDF/ESF (2014GR16M2OP003) and was administered through two calls. The 2nd call accounted for EUR 2.5 million and focused exclusively on providing medical-technical equipment for intensive-care-units (ICUs) and curative (acute) care beds in the region. Finally, EUSF contributed an EUR 16 million for recruits at Greece's military hospitals.

Last, alongside national and EU funds, the civil society and both for- and not-for-profit organisations contributed with in-kind or financial support to the healthcare system in Greece.

Overview of identified ESF/FEAD interventions implemented in response to the COVID-19 crisis

⁴²⁸ Based on information from the Cohesion Database on 04/09/2022. For more information, refer to: <https://cohesiondata.ec.europa.eu/stories/s/CORONAVIRUS-DASHBOARD-COHESION-POLICY-RESPONSE/4e2z-pw8r//>. It is important to note that on some occasions, there is a difference between the data on the Cohesion Database and Greece's ESIF information system [anaptyxi.gov.gr]. Based on data from Greece's ESIF information system on 20/09/2022, the target financial value of ESF support to the regional-operational-programmes is EUR 333,096,126.07 million. This includes EUR 15.5 million to the OP Continental Greece (2014GR16M2OP007) which is not visible in the graph. It is plausible to expect that data from Greece's ESIF information system will be updated at the Cohesion Database in forthcoming amendments of OPs.

Overview of key information about the ESF interventions implemented in response to COVID-19

This section focuses on ESF interventions implemented in response to COVID-19 crisis. All in all, ESF's total target value of actions to combat or counteract the effects of the COVID-19 pandemic amounts to EUR 756,124,172.2 (CV30) in Greece, with the aim to support through this amount 463,887 ESF participants (CV31) and 32,731 entities (CV33).⁴²⁹

The largest share of this value (EUR 410.8 mill or 55 per cent of total expenditure) was made available in the OP Human Resources Development, Education and Lifelong Learning (2014GR05M9OP001) for actions in the field of education. Flagship actions include supporting primary- and secondary-education units with social workers and psychologists (EUR 33.8 million), supporting distance-learning at all educational-levels (EUR 13.9 million),⁴³⁰ providing financial aid to apprentices,⁴³¹ and others.

Responses at the field of healthcare account for a smaller share of this value (EUR 325.5 million or 42 per cent of total expenditure). As shown earlier, these responses were programmed:

- Under all 13 ROPs [TO-9, 9iv] through the horizontal action Reinforcing the Capacity of Health Institutions with additional staff during the COVID-19 crisis with a total financial value of EUR 263.5 million [CV30]⁴³²
- At the OP Public Sector Reform (PA1, PA2, TO-9, 9iv) through several actions including:⁴³³
 1. Improving population vaccination coverage for the flu and pneumococcal disease during the COVID-19 epidemic crisis with a value of EUR 57.6 million
 2. Actions of the General Secretariat for Anti-Criminal Policy to deal with the COVID-19 pandemic with a value of EUR 3.9 million
 3. Supply of sanitary material to the Elderly Care Units as a response to the Covid-19 pandemic with a value of EUR 2.85 million
 4. Grant for personal protective surgical masks from the pharmacy of EOPY to address the COVID-19 pandemic with a value of EUR 2.1 million
 5. Supply of health material for Social Welfare Centres to deal with the consequences of the Covid-19 pandemic with a value of EUR 0.5 million

Finally, a fraction of ESF's contribution in Greece (EUR 19.8 million or 3 percent of total ESF target expenditure) was given to the OP Competitiveness, Entrepreneurship and Innovation (2014GR05M9OP001), which supports actions in the field of **employment**. An explanatory factor for this small share might be the use of SURE, ERDF and REACT-EU to support actions in the same field.

Brief description of the selected operation

The action Reinforcing the Capacity of Health Institutions with additional staff during the COVID-19 crisis⁴³⁴ is the COVID-19 anti-crisis action selected for this report. The action is an initiative of the NSRF Executive Agency - Ministry of Health. The action started in 2020 for a duration of 2 years and it was programmed under all 13 ROPs under TO-9, IP 9iv. The target financial value of this action was EUR 263.5 million (CV30) with Greece's ESIF information

⁴²⁹ Based on information from the Cohesion Database on 04/09/2022. For more information, refer to: <https://cohesiondata.ec.europa.eu/stories/s/CORONAVIRUS-DASHBOARD-COHESION-POLICY-RESPONSE/4e2z-pw8r/>. It is important to note that on some occasions, there is a difference between the data on the Cohesion Database and Greece's ESIF information system [anaptyxi.gov.gr]. See also, the footnotes above.

⁴³⁰ Based on the authors' correspondence with NSRF Executive Unit – Ministry of Education and Greece's ESIF Information System data (anaptyxi.gov.gr) on 10/09/2022. For more information, refer to anaptyxi.gov.gr

⁴³¹ Ec.europa.eu (2022). European Social Fund Plus. Financial aid helps apprentices through pandemic. Available at: <https://ec.europa.eu/european-social-fund-plus/en/projects/financial-aid-helps-apprentices-through-pandemic?fbclid=IwAR3WJBQAYoyG3I6OcyKF4fbml5fulgdd4Bj4I5RneSx7VWu6TWPxsxHLqaA>

⁴³² Based on data from Greece's ESIF information system on 20/09/2022, the target financial value of ESF support to the regional-operational-programmes is EUR 333,096,126.07 million.

⁴³³ Based on Greece's ESIF Information System data (anaptyxi.gov.gr) on 10/09/2022.

⁴³⁴ In Greek: Ενίσχυση των Μονάδων και Φορέων Υγείας του Υπουργείου Υγείας με επικουρικό προσωπικό για την ανταπόκριση στις ανάγκες λόγω της επιδημίας COVID 19.

system reporting a target financial value of EUR 333.5 million.⁴³⁵ Through this action, Greece was able to almost double its new hires in public healthcare institutions across all regions to respond to the crisis. The new hires through this action were 6,557, with almost 80% of them (5,110) completed by October 2020. Adding the national funding, the total number of new hires exceeded 12,000. These ESF-funded hires supported approx. 294 public healthcare providers across Greece (CV33) with Greece’s ESIF information system reporting a slightly higher number of 364 supported providers.

To enable this action, Greece used CRII and CRII+ flexibilities⁴³⁶ to make all coronavirus crisis related expenditure eligible under CP rules, and several other flexibilities. In particular, the country used financial resources from its National Public Investment Programme to streamline the recruitment of staff in the field of healthcare in March 2020 and then used the flexibility of Article 25a (7) – retroactive eligibility⁴³⁷ to reimburse these financial resources through the unspent financial resources in its regional-operational programmes. This enabled Greece to rapidly respond to the increasing pressure at its healthcare system through new hires of healthcare and other types of professionals (doctors, nurses, technical staff such as electricians, plumbers, and other professionals helping hospitals to adapt to the new circumstances). Therefore, it offers an interesting example of using the exceptional flexibilities of the Coronavirus Response Investment Initiatives. Other CRII+ flexibilities facilitating this action that have been used by different regional Managing Authorities were the following:

- Reallocation of Funds within operational programmes
- Article 25a (6) – No amendments to PAs
- Article 25a (7) - Selection of operations prior to approval of the amended programme
- Article 25a (9) – postponement of AIR 2019 submission

Effectiveness

Priority target groups and economic sectors

In Greece, at the onset of COVID-19, there were discussions to use ESF for the virus’s early detection in closed facilities where there could be overdispersion of the virus e.g., in refugee camps. However, the exponential increase of the virus across the country made apparent that focusing ESF resources on the Fund’s traditional target groups (e.g., vulnerable groups) was not a viable option. Therefore, Greece parted from this idea and instead supported the general public through recruiting approx. 6,557 new hires for health service providers in all its regions, with more than 5,000 staff being hired until October 2020. Out of the 6,557 new hires, 582 were medical staff (i.e., doctors) and 5,975 ancillary staff (i.e., nurses and technical staff making e.g., oxygen installations at hospitals).

Key challenges and factors

In general, enabling the operation in a rapid fashion was possible due a combination of European (CRII / CRII+) and national factors. Initially, the option of Article 25a (7) – Retroactive eligibility helped Greece to capitalise a national flexibility, i.e., to first program and prepay an ESF action through its National Investments Program and then roll it over in its operational programmes to make it eligible under ESF-expenditure.

This enabled Greece to begin recruiting staff for its public health service providers already in March 2020 – several months before the action was programmed in its ROPs. Therefore, to begin with, the action was effective in terms of enabling a rapid initial response to COVID-19.

While this initial response was positive, the National Investments Program had finite resources and thus sustaining recruitment through it – at least with the same pace – would have stalled without ESF Funds. This meant that Managing Authorities had to quickly program the action in their ROPs. Here, a series of CRII / CRII + flexibilities from Regulation’s 2020/558 Article 25a (see also, above) helped Managing Authorities to save time and program the

⁴³⁵ For more information, see: anaptyxi.gov.gr and previous footnotes.

⁴³⁶ Regulation 2020/460, Article 30 (3). For more information, see: Regulation (EU) 2020/460 of the European Parliament and of the Council of 30 March 2020. Available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2020.099.01.0005.01.ENG&toc=OJ:L:2020:099:TOC

⁴³⁷ Regulation 2020/558, Article 25a (6). For more information, see: Regulation (EU) 2020/558 Of the European Parliament and of the council Of 23 April 2020. Retrieved 20/09/2022 from: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32020R0558>

	<p>action within a few months, thus making ESF Funds available timely. In this context, CRII / CRII + were effective in helping Greece sustain recruitment and hire staff timely.</p> <p>Apart from the above, the coordinated action of several government bodies (i.e., Executive Unit of NSFR – Ministry of Health, the ESF Actions Coordination and Monitoring Authority, and the Managing Authorities) played a critical role in making the action effective.</p> <p>The Executive Unit of NSFR – Ministry of Health designed the action in record-time relative to the pre-pandemic situation and stepped-up as its coordinator-beneficiary in all 13 ROPs. In this capacity, it took over a critical amount of administrative burden from over 160 beneficiaries (hospitals, etc.) which would otherwise have had to file an individual application for the action. This was important, as the overwhelming majority of the action's beneficiaries had no prior experience with ESF and was under extreme pressure due to the epidemiological situation on the ground. To further reduce administrative burden on these beneficiaries, the Executive Unit provided them with targeted support to help them fulfil their administrative obligations such as registering expenses at Greece's ESIF Information System etc. As a result, even the OPs which programmed the action in October 2020 were able to make payments within the same year.</p> <p>In turn, the ESF Actions Coordination and Monitoring Authority gave clear steering to the MAs of the ROPs in terms of the programme-amendments. Last, primary research conducted for this study suggests that MAs requested the minimum amount of documentation from the public healthcare institutions to ease their administrative burden.</p> <p>In terms of challenges, despite the above flexibilities, the ESIF management and auditing system remained stringent. Therefore, MAs had to follow their standard administrative procedure to launch the action, i.e., receive and check applications, etc. Equally, the action's beneficiaries such as hospitals which did not have prior experience with the ESIF management and auditing system still had to submit documentation such as personnel timesheets to the MAs, during a period of increasing pressure. Here, a postponement or simplification of these obligations might have been an option.</p>
Access to funding	<p>Greece, similar to other countries such as Spain, was able to access ESF easier in the current programming period than in the previous one, when it was in a sovereign debt crisis. This finding is consistent with this evaluation's results which indicate that the ESF's response was faster and larger in scope during the COVID-19 crisis than in the 2008-2009 economic crisis. A potential explanation for this might be that COVID-19's implications were EU-wide and not specific to a number of Member-States.</p>
Monitoring and evaluation	<p>The operation's concept is simple, and the monitoring and evaluation arrangements suggested by the European Commission during the pandemic⁴³⁸ have been effective in capturing its effects. All ROPs used the non-paper indicators CV30⁴³⁹ and CV33⁴⁴⁰ with primary research suggesting that these were straightforward and allowed effective monitoring, accountability, transparency and communication.⁴⁴¹</p>
Overall assessment	<p>All in all, CRII / CRII + flexibilities can be considered as effective in helping Greece respond to the COVID-19 crisis. Through these flexibilities, Greece was able to make 6,557 new hires and support almost all public healthcare service providers across the country, including hospitals, the national blood donation center, the national emergency aid center, and others. Recruitment was fast, sustainable, and proportionate to the needs of each health region and their healthcare institutions. In addition, primary research suggests this action targeting the general public did not come at the expense of other actions targeting vulnerable groups. Instead, a careful assessment of using the unspent financial resources was made to avoid negative effects.⁴⁴² Last, while ESF posed an administrative burden to hospitals facing increasing needs, it also helped them build administrative capacity that can be useful in terms of enabling them use ESF in the future.</p>

⁴³⁸ EGESIF (2021). Non-paper: List of programme specific indicators related to the cohesion policy direct response to COVID-19 pandemic. Available at: https://ec.europa.eu/regional_policy/sources/docgener/informat/indicators_covid19_response_en.pdf

⁴³⁹ Value of ESF actions to combat or counteract the effects of the COVID-19 pandemic (total public cost).

⁴⁴⁰ Number of entities supported in combating or counteracting the effects of the COVID-19 pandemic.

⁴⁴¹ Interview with NSFR Executive Unit – Ministry of Health in 2022

⁴⁴² Interview with Managing Authority - Central Macedonia in 2022

Efficiency	
Efficiency in enabling a rapid response to the COVID-19 crisis through ESF / FEAD	<p>Overall, there are several indications suggesting that CRII / CRII + flexibilities simplified and accelerated the ESF reprogramming process.</p> <p>In particular, regional Managing Authorities' choice to redirect funds to IP-9iv and amend their operational programme at a later stage to correct financial tables / budget between IPs, helped them to accelerate the reprogramming process and program the action between August and October 2020. While an assessment of costs and benefits linked to the programming and implementation of this operation (relative to the pre-pandemic period) is not available, interview data suggests that in the absence of the flexibilities enabled by CRII/CRII+, programming the action might have taken up to 6 months more and possibly rolled over to 2021. This resulted in significant time savings which enabled quick actions on the ground. In its absence, existing hospital staff (including the first new hires) would have faced enormous pressure that might have been critical in light of ample bibliographical evidence suggesting that they were suffering from high burn-out rates (up to 55%) even prior to COVID-19.⁴⁴³ This would also mean that the new hires would not have been available during 2020 when the pressure on the healthcare system was the highest. Therefore, the option to amend operational programmes at a later stage was critical in helping the operation to efficiently produce results on the ground when they were needed. To the same end, the remaining Article 25a flexibilities such as the postponement of AIR 2019 submission helped MAs to free their time and focus on the programming of the action. Finally, interview data suggests that in the absence of the simplifications stemming from Article 25a flexibilities (see above), the option to use Article 25a (7) – retroactive eligibility to recover national funds with ESF funds would have been unattractive due to the administrative burden, in particular for amounts less than EUR 1 million. In that case, the option might have been to use national funds instead.</p> <p>Despite the above, it is worth noting that the Fund's management and auditing system did not decrease, with the administrative burden for the Managing Authorities (e.g., launching calls for proposals, receiving and checking files) and beneficiaries (e.g., submitting expenses) being the same.</p>
Relevance	
Relevance of objectives and measures to needs on the ground	<p>The operation was relevant for the Ministry of Health as it enabled it to quickly respond to the needs emerging as a result of the pandemic and almost double its hires for hospitals across Greece. The operation was also relevant for regional MAs as it enabled them to respond to the emerging needs on the ground within their regions and on some occasions, absorb unspent resources that would have otherwise been lost.</p> <p>Furthermore, the operation was relevant in terms of addressing in a holistic fashion the needs of the hospitals as it provided them both with healthcare professionals, i.e., doctors and nurses, but also with technical staff that was responsible for critical functions e.g., installing plumbing systems for new ICUs. At the same time, the operation was relevant for other organisations working on the ground such as health centers, the National Emergency Aid Center and the National Blood Donation Center that were amid increasing pressure, which also benefitted from new hires.</p>
Relevance to priority target groups and economic sectors	<p>As indicated earlier, in Greece there are seven health regions, with each being responsible / overlooking hospitals falling within their jurisdiction. During the COVID-19 crisis, a Central Board including the governors of all seven health regions had regular meetings with the Minister of Health and allocated staff to each of the health region's hospitals on a rolling basis, based on their needs. Therefore, the action was relevant in terms of providing human resources in regions based on the epidemiological situation on the ground. The action remains relevant, as Greek hospitals and other healthcare institutions are still addressing an increasing number of COVID-19 cases due to the virus's consecutive waves.</p>
Coherence	

⁴⁴³ Cnn.gr (2017). One out of two health professionals in public hospitals exhibits burnout-syndrome [in Greek]. Available at: <https://www.cnn.gr/ellada/story/67049/syndromo-burnout-paroysiazei-1-2-epaggelmaties-ygeias-sta-dimosia-nosokomeia>

STUDY SUPPORTING THE PRELIMINARY EVALUATION OF THE SUPPORT PROVIDED BY ESF AND FEAD UNDER THE CORONAVIRUS RESPONSE
INVESTMENT INITIATIVES (CRII AND CRII+)

<p>Coherence with ESF initiatives implemented before the COVID-19 crisis</p>	<p>While Greece's sectoral and regional OPs do not have a priority axis (PA) dedicated to healthcare, ROPs included even prior to COVID-19 several actions aiming to enhance access to healthcare for specific target groups. These actions were programmed under TO-9, 9iv.⁴⁴⁴</p> <p>For example, all ROPs included the flagship action "Provision of services in Primary Health Care", through the operation of Local Health Teams (TOMY), for vulnerable groups of the population. The action aims to address long-known illnesses at the field of primary healthcare⁴⁴⁵ and has a financial target of EUR 163 million. ROPs also included other horizontal actions at the field of healthcare. These actions support structures addressing the needs of specific target groups such as people with addictions, including youth addictions, people with mental health issues, the elderly, and others.⁴⁴⁶</p> <p>Therefore, in Greek ROPs, under TO-9 - 9iv, actions at the field of healthcare already had an important role, with a high level of investment, especially at the most-developed regions of Central Macedonia and Attica where the needs are larger.</p> <p>The action Reinforcing the Capacity of Health Institutions with additional staff during the COVID-19 crisis was thus coherent with existing ESF-actions at the field of healthcare, as it essentially extended the access to healthcare services from specific target groups to the general public.</p>
<p>Coherence with national and regional measures during the COVID-19 pandemic</p>	<p>The action has also shown a high degree of complementarity with national measures. In particular, national contribution to recruitment was higher in regions where the ROP could not maximise the impact of CRII / CRII+ (i.e., contribute with a large financial value) due to a pre-existing high level of absorption or high commitment of resources. By the same token, national contribution was lower in regions where the ROP had a high number of unspent financial resources to sponsor the action in question. Therefore, ESF and national budget worked in complementarity.</p>
<p>Coherence with other EU funding mechanisms during the COVID-19 pandemic</p>	<p>The action has shown a high degree of coherence with other ESF, but also with other ERDF, and REACT-EU healthcare-related actions.</p> <p>Greece used ESF in its ROPs to improve access to services and in its sectoral OP Public Sector Reform [2014GR05M2OP001] to prevent deaths through purchasing pneumococcal and flu vaccines and PPEs. REACT-EU topped-up the same OP with EUR 100 million in PA16, IP13i. In this, a REACT-EU flagship action sought to increase Greece's early prevention and testing capabilities through operating 500 mobile nurse health teams collecting biological material from potential or existing COVID-19 patients at their home, and other actions. ERDF was also used to purchase medical-technical equipment and repurpose hospital facilities.⁴⁴⁷</p> <p>Therefore, this ESF action complemented other ESF, ERDF, and REACT-EU actions, with each addressing specific needs in relation to COVID-19. The Figure below illustrates this relationship between the different Funds.</p>

⁴⁴⁴ 9iv Investment Priority – Enhancing access to affordable, sustainable and high quality services, including health care and social services of general interest

⁴⁴⁵ Economou C, Kaitelidou D, Karanikolos M, Maresso A. (2017). Greece: Health System Review. Health Systems in Transition. 19(5):1-166. PMID: 29972131

⁴⁴⁶ For more information, visit anaptyxi.gov.gr

⁴⁴⁷ The actual financial target financial value of ERDF unavailable at SFC2014. For more information, see footnote 24.

Figure A 43: Coherence of ESF, ERDF, REACT-EU⁴⁴⁸



Contribution of ESF and FEAD under CRII and CRII+ to the crisis reaction

Assessment of contribution of ESF under CRII and CRII+ to the crisis reaction

ESF under CRII and CRII+ supported with EUR 332 million Greece’s public healthcare service providers including hospitals, the national blood donation center, the national emergency aid center, etc. and thus had a critical role in the anti-crisis response at the healthcare field.⁴⁴⁹

Through CRII / CRII +, Greece was able to streamline and maintain a high volume of new hires through its national resources knowing that it will be able to reimburse these resources at a later stage through Article 25a (7). Furthermore, the country’s regional MAs using CRII / CRII + flexibilities were able to accelerate the programming of the action and implement it faster, compared to their standard timeline. As a result, more than 80% of the action’s new hires (i.e., 5,110) were placed in public healthcare service providers between the 1st and 2nd wave of the pandemic until October 2020. This helped healthcare service providers absorb the initial pressure from the first two waves of the pandemic, including the pressure to the existing healthcare staff that was facing even prior to COVID-19 high rates of burn-out syndromes.

Apart from the contribution to the anti-crisis response, the ESF action also had a positive impact on public healthcare services providers through helping them repurpose and upgrade their facilities, but also through helping them build administrative capacity which can be help them use the Fund for the future both in emergency and non-emergency situations.

Overview of early results/ impact on organisations and participants & Stories of change

Overview of early results/ impact on

In terms of supporting Greece’s healthcare system, the action has shown its results early-on, with 80% of the total 6,557 new hires assuming their post at public healthcare services providers as soon as October 2020. The new healthcare staff has helped hospitals to optimise their resource allocation to address both COVID-19 and other patients, for example, through placing experienced staff in ICUs and newly hired, inexperienced staff in less critical

⁴⁴⁸ The Figure Reports the target financial values based on the Cohesion database data on 29/09/2022. As shown previously, actual values might be different. For more information, see footnote 24.

⁴⁴⁹ For more information on the target financial values of the operation, see footnote 24.

organisations and participants and stories of change

cases. In addition, the new healthcare staff helped Greece to begin its national vaccination plan, which first took place in hospitals until vaccination centres were set up at the primary healthcare level. The same staff has also helped Greece improve its testing capabilities, as it often performed COVID-19 tests in closed-facilities such as nursing homes. Last, the technical staff such as plumbers or electricians made possible the repurposing and upgrading of buildings leading to an increase of hospital-beds, including ICUs.

Adding another layer of complexity, one of the early results of this action is its impact on the organisations that took part in this action. As shown earlier, during this period, the NSFR Executive Unit – Ministry of Health stepped up as the action’s coordinator, assuming a considerable administrative burden from the action’s beneficiaries such as hospitals who had little to no prior experience with ESF. The Unit further helped these beneficiaries navigate their administrative responsibilities through continuous, tailor-made training.⁴⁵⁰ As a result, the action’s beneficiaries were able to respond to these responsibilities with minimum to no errors and they were able to build their administrative capacities for future uses of ESF. An indication of this, is the fact that to date there is a high absorption rate and there is no record of late payments to staff hired through ESF operations.

Therefore, all in all, the action had an impact on both the healthcare system but also on the constellation of the organisations that took part in it. These organisations have shown a high degree of cooperation and flexibility during a period when the public sector was teleworking to make the action possible.

Lessons learnt

Lessons learnt

There are several lessons learnt from this action.

In the EU policy-making field, it is critical to provide a fast, proportionate response, and clear steering. The interview data strongly suggest that this has been achieved through the Coronavirus Response Initiatives and the European Commission’s clear messages in terms of eligible measures under the ESF and YEI that can be mobilised to address COVID-19 crisis.⁴⁵¹ The fact that the legal framework was made available in March and April 2020 as well as the legal framework’s flexibilities were seen as a very positive, timely and proportionate response to the emerging needs on the ground. Drawing on the current experience, interview data suggests that maintaining these reflexes and making such flexibilities available also on other occasions, such as smaller-scale crises at Member-State level, is worth consideration.

Another lesson to consider at the EU / national policy-making field, is to think about – to the extent possible – interventions across the whole *ESF’s value chain*. For example, while the Coronavirus Response Investment Initiative was a positive development in providing Member-States with unprecedented flexibilities in programming COVID-19 anti-crisis actions, it did not reduce the administrative burden or bottlenecks in relation to the implementation of these actions. In Greece, there are at least two examples illustrating this point. The first example comes from the action in question, for which it is questionable whether hospitals in the absence of the Executive Unit – Ministry of Health would have been able to fulfil the administrative burden in light of their lack of experience and the pressing needs on the ground. The second example comes from an action from the OP Human Resources Development, Education, and Lifelong Learning in which national procurement rules have caused bottlenecks in an operation aiming to enable distance-learning through the provision of IT equipment.

Moving at the organisational field, a lesson learnt is that when there is coordination and clear steering from the central level, it is possible to achieve effective results, even in remote working conditions. On this particular action, several changes took place at the organisational level, including providing hospitals with technical assistance to respond to ESF administrative requirements and having them open a separate bank account at the Bank of Greece, to enable the NSFR Executive Unit – Ministry of Health to monitor cash flows. At the organisational field, another lesson learnt is that moving forward, it is useful for Member-States to think of more effective ways to ensure compliance with the ESIF Management and Auditing system and reduce administrative burden (e.g., checking applications, gathering documentation, monitoring cash flows, etc.). For example, in relation to the action in question, having a cloud database in which hospitals could upload documentation related to management and auditing might have been useful in terms of monitoring of expenses and reducing email traffic. However, there is not enough evidence to support whether the aforementioned options would have been viable, or effective. In this context, there might be scope for an exchange of good practices at the EU-level. Last, staying within the same field, in countries where

⁴⁵⁰ For example, see Edespa-ygeia.gr (n.d.) Supporting beneficiaries at the field of health. Available at: <http://www.edespa-ygeia.gr/el-gr/ipostiriksi-dikaiouxwn-tomewn-ygeias/ipostiriksi-dikaiouxwn-tomewn-ygeias>

⁴⁵¹ European Commission, DG EMPL (2020). Typology of indicative measures under the ESF and YEI that can be mobilised to address the COVID-19 crisis.

there is a regionalisation of ESF, it is useful to think of more flexible structures to support beneficiaries of national-level actions that are implemented horizontally in regional OPs. To illustrate the point, the NSFR Executive Unit – Ministry of Health that was the action’s coordinator was eligible for technical assistance from the 13 ROPs. However, to claim this technical assistance, it had to fill-in 13 separate applications. This resulted in the Unit not using the technical assistance as it would have caused an extra administrative burden in a pressing period. On future occasions, some flexibilities on such issues might reduce administrative burden and address the needs on behalf of beneficiaries.

All in all, the experience during this period had a positive impact both on the healthcare field and on the constellation of organisations working in this action both in relation to COVID-19 but also in terms of future-crises.

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**II:
Stakeholder
consultations**

Stakeholders consulted as part of this case study included representatives of the Ministry of Health and the Regional Managing Authority of Central Macedonia, in Greece.

Italy – ESF Operational Programme Lazio (2014IT05SFOP005)

Qualitative case study: **Support for distance learning services** (Sostegno ai servizi di didattica a distanza), Lazio Region

National context

Overview of the COVID-19 situation in the Member State

Italy was the first European country to be hardly hit the pandemic.⁴⁵² Between March 2020 and October 2022, there have been more than 22 million confirmed cases of COVID-19 and about 177 thousand deaths associated with the diagnosis of infection. In the EU27, total excess deaths exceeded 500,000 in 2020 and 650,000 in 2021, with Italy's contribution falling from about 19% in the first year of the pandemic to less than 10% in 2021 and early 2022.⁴⁵³ As a response to the Covid-19 pandemic, Italy introduced lockdown measures that severely limited commercial and economic activities and forced schools and training providers to deliver teaching online. This contributed to negatively impact the economy, leading to an estimated GDP contraction of 8.9% in 2020 and a reduction of 10.3% in employment levels with respect to the previous year.

Regions which reported the highest increases in the standardized rate of mortality in 2020 were Piedmont, Valle D'Aosta, Lombardy and the Autonomous Province of Trento. Although Lazio was the only region to report a mortality rate in 2020 slightly lower than the previous five-year period,⁴⁵⁴ the Lazio Region had among the highest hospitalization rates (30.5 percent), along with Valle d'Aosta (40.8 percent) and Umbria (28.2 percent); while the regions with the highest proportion of COVID-19-positive patients in the ICUs were Umbria (6 percent), Tuscany (2.6 percent) and Lazio (2.3 percent), as highlighted by the National Health Observatory.⁴⁵⁵

National and regional measures to mitigate the crisis

The Lazio region designed and implemented a number of measures to mitigate the COVID-induced economic and social crisis in the region. Some of these measures were created at a regional level, trying to address local needs. Other measures were trickled down from national government and related agencies – in some cases the application and some level of management of such measures were implemented by the Region, in others this was managed centrally.

When looking at financial and non-financial responses at the national level, the Italian government introduced several decrees aimed at limiting the socio-economic consequences of the COVID-19 crisis. The main ones were:

- Cura Italia Decree (Law Decree no.18 of March 17, 2020), which in addition to introducing measures to strengthen the national health service and economic support for families, workers and businesses, represents the regulatory basis for the allocation of cohesion policy resources in the face of the COVID-19 crisis;
- Liquidita' Decree (Law Decree no.23 of 8 April 2020), introduced urgent measures regarding access to credit and tax compliance for companies, special powers in strategic sectors, as well as interventions in the field of health and work and extension of administrative and procedural deadlines;
- Rilancio Decree (Law Decree no.34 of 19 May 2020), which governed the use of cohesion policy funds to combat the emergency and extends the scope of intervention of the Cohesion Fund, establishing some conditions for the reprogramming of the national and regional

⁴⁵² Cerqua, A. and Di Stefano, R. (2022). When did coronavirus arrive in Europe?. *Statistical Methods and Applications*, 31, 181–195 . Available at: <https://doi.org/10.1007/s10260-021-00568-4>.

⁴⁵³ ISTAT (2021), Impatto dell'epidemia covid-19 sulla mortalità totale della popolazione residente. Retrieved 11/10/2022 from: https://www.istat.it/storage/rapporto-annuale/2022/Rapporto_Annuale_2022.pdf

⁴⁵⁴ Ibid.

⁴⁵⁵ Osservatorio sulla salute nelle regioni italiane (2021), Il prezzo del COVID-19 in Italia, dai decessi al calo del PIL, i numeri di oltre 15 mesi di pandemia. Available at: <https://osservatoriosullasalute.it/wp-content/uploads/2021/06/Focus-Covid-19.pdf>

Operational Programs of the 2014-2020 ESI Funds and providing for a specific agreement between the Minister for the South and Territorial Cohesion and the Administrations holding the programmes;

- Ristori Decree (Law Decree no. 137 of October 2020) introduced urgent financial measures related to the epidemiological emergency from COVID-19. The decree included non-refundable grants, suspension of tax payments and social security contributions, new weeks of the 'cassa integrazione' wage supplement scheme and a two-month extension for 'Emergency Income' support. In addition, there has been a Ristori Bis Decree (Law Decree No. 149 of Nov. 9, 2020) to support companies and workers in the economic sectors affected by the additional restrictive measures.

Financial responses in the Lazio Region were addressed especially to those most exposed to the negative impact of the pandemic. The most important initiative has been '*Regione Vicina*', a package of eleven interventions, also co-financed through the ESF, designed to support businesses and citizens in need following the health emergency caused by COVID-19. These included e.g.:

- A EUR 40 million investment to support specific categories defined 'at risk', such as workers whose contracts have been suspended or terminated due to the COVID-19 crisis and students. More specifically, Regione Lazio provided EUR 200 - 600 grants for trainees who had to interrupt or suspend their internship, domestic helper-caregivers, key workers involved in door to door delivery services to purchase personal protective equipment (PPE), people who are unemployed or suspended from work because of the COVID-19 emergency and not receiving any other form of income support (social safety nets, citizenship income), and university students, for the purchase of PC/Notebooks, tablets, SIM cards, internet connection equipment.
- Investments for specific industries, with EUR 8 million to institutions such as museums, libraries and archives, EUR 5,6 million to cinemas and theatres, EUR 1,6 million to independent bookshops. In addition, the region allocated more than EU 20 million to businesses in the tourism sector, EUR 5.2 million to those active in the sports sector, and EUR 10 million to those in the construction and infrastructure industry.
- A EUR 14 million support package benefitting parents in need to seek help for looking after their children while working from home, and EUR 5 million to support refugee centres for women in the region, which registered a higher number of requests for help during lockdown.

As seen above, the Italian government and its Regions immediately adopted a wide range of measures to limit the spread of COVID-19. Italy maintained one of the longest school closures in the EU: from March until June 2020, when the Piano Scuola 2020–2021 (School Plan 2020–2021) for start the reopening was adopted.⁴⁵⁶ The measures taken by Italy, particularly the strict lockdown restrictions and the pausing of in-person education, slowed the transmission rate of the virus.

However, the national long-term closure of schools also highlighted the important role of household resources (e.g., digital equipment, the availability of physical space for the student in the house). In addition, the pandemic and the subsequent closure of schools exacerbated existing inequalities in education and their consequences in terms of educational opportunities⁴⁵⁷. Although many children and young people were able to take classes online, many did not have the necessary tools to participate for economic or territorial reasons due to digital gaps between individual municipalities. Looking at data for the period before the start of the pandemic, Lazio was in line with the national average in terms of households reached by basic fixed-line broadband. In fact, in 2019, 96% of households in Lazio Region had access to the internet (in line with the national figure at 95%), and fast or ultrafast connections (download speed >100Mbps) reached almost half (48%) of the households (versus 37% at the national level). However, when deepening the territorial analysis in Lazio municipalities, the digital gaps between municipalities are

⁴⁵⁶ Cordini, M. and De Angelis, G. (2021). Families between care, education and work: The effects of the pandemic on educational inequalities in Italy and Milan. *European Journal of Education*, 56 (4).

⁴⁵⁷ Ibid.

substantial, as well as the wide gap between the capital and the rest of the territory, since 49% of municipalities did not have any access to a fast internet connection, which is necessary to access online lessons.⁴⁵⁸

Overview of identified ESF/FEAD interventions implemented in response to the COVID-19 crisis

Overview of key information about the ESF/ FEAD interventions implemented in response to COVID-19

Italy extensively used the CRII and CRII+ flexibilities to respond to the COVID-19 pandemic in order to meet the population's and businesses needs during the crisis. All national and regional Operational Plans registered amendeds in their actions, reallocations of funding across Priority Axes and programmes, and almost all opted for the 100% co-financing option.

Changes were made to the national Operational Programmes, providing support in areas of healthcare, social inclusion, employment and education and training. Since the latter is the focus of this case study, this section focuses on the changes adopted in the two national OPs concerning education and training. Changes were made in:

- The OP Education (CCI 2014IT05M2OP001 Priority Axis (PA) 1, Investment Priority (IP) 10.i), where the Managing Authority (the Ministry for Education) allocated additional funding to be distributed as a loan to students in a situation of economic disadvantage, thus supporting equal opportunities and the right to study. The measure aimed to target 536,891 students by 2023,⁴⁵⁹ and looking at the implementation reports submitted by the Managing authority in October 2022, the measure is on track to achieve its target value, having supported 394,573 participants by 2021.⁴⁶⁰ The intervention used the COVID-specific monitoring indicator CV31.
- The OP Research and Innovation (CCI 2014IT16M2OP005 PA 1, IP10.ii), where the Managing Authority (Ministry for Education) aimed at supporting access to education, in particular supporting students in situations of economic fragility, higher education institutions and agencies providing economic support to students (Agenzie per il Diritto allo Studio). The amendment to this OP included the following actions (i) the total or partial exemption from the annual university taxes for students with economic challenges, (ii) the provision of scholarships and/or other support measures in favour of capable and deserving students who meet the eligibility requirements (economic conditions and/or merit requirements) including students with disabilities; and (iii) the 2-month extension for deadlines for PhD students, with the subsequent extension of their scholarships. Although the total budget for the intervention is not available, the Managing Authority allocated €39,632,000 to the first two actions described above (i and ii). According to the implementation report submitted by the Managing Authority in October 2022, the measure had a target of 93,606 students involved by 2023 and reached 43,093 participants. The measure was only applicable to transition and less developed regions. This means that students in Lazio were not eligible given that this is a 'More developed' region.

The Regional Operational Programmes for the Lazio Region (PO Lazio CCI 2014IT05SFOP005), managed by the Lazio Region also used CRII and CRII+ flexibilities. Analysis of the documentation submitted in the SFC2014 shows amendments to this OP, in the employment, health, social inclusion, and education and training areas⁴⁶¹. The amendments were made to enable the following types of operations in the Lazio region:

- Support for workers who had to convert to tele and flexible forms of work (PA1, IP8.v and PA4, IP11.ii), by providing grants to SMEs, freelancers and workers in public institutions for consulting and training projects aimed at the adoption of teleworking business plans, including the purchasing of equipment. This also included grants for the purchase of personal protective equipment.
- Support for socio-educational services, health and care services, or proximity services to assist the population during the pandemic (PA 1, IP 9.iv). The funding has been used by support services in many ways, including to: increase the capacity to support and take care of fragile individuals and groups; strengthen healthcare services; provide income support for workers in need; provide grants to those who had internships suspended due to the containment measures of the epidemiological emergency; purchase PPE; support childcare

⁴⁵⁸ Open Polis (2021). La poverta' educative nel Lazio. Available at: <https://www.openpolis.it/esercizi/le-disuguaglianze-digitali-nel-lazio/>

⁴⁵⁹ 256,598 less developed areas, 26,857 in transition, and 253,436 in more developed areas.

⁴⁶⁰ 227,647 participants in less developed areas, 19,327 in transition areas, and 147,599 in more developed areas.

⁴⁶¹ Lazio Region has one single OP covering all the thematic areas mentioned.

services and hospital staff. Information available to date indicates that these operations supported through the ESF under the coronavirus response investment initiatives were included in the 'Regione Vicina' initiative (see above), which combined national and EU funding to respond to a wide range of needs on the ground.

- Support for distance learning services (Priority Axis 3, Investment priority 11.i), which is the subject of this case study and is described below.

Brief description of the selected operation

The 'Support for distance education services' ('Sostegno ai servizi di didattica a distanza') was enabled by an amendment to the Lazio OP under the coronavirus response initiative and included the provision of services, educational packages and computer equipment aimed at educational institutions and training organisations based in the region. A key aim was to overcome the digital divide in accessing distance education and vocational training during the COVID-19 epidemiological emergence. Similar interventions were applied in many other Italian regions with similar processes. The budget allocated to the intervention was EUR 3.5mil⁴⁶² when initially launched in 2020, to which was added an additional EUR 1.5mil in 2021.

Thanks to this amendment, educational institutions and training organisations could apply for funding. The funding would be administered by the school and could be used to support several measures, such as:

- Training to teachers and other staff of educational institutions on the use of tools for the delivery of the distance learning;
- Provision (purchase/rental) of equipment and technical material dedicated to distance education;
- Production of educational materials and content for distance learning;
- Grants to support university students lacking the necessary tools and means of Internet connectivity for participation to online educational activities activated by the Universities of the Lazio Region;
- Purchase of computer equipment (such as tablets and personal computers, SIM cards) for distance education for all the students of the regions;

Regarding the implementation of this amendment, the Lazio region defined the above support measures, taking into account the complementarity and non-overlap with the initiative financed by the Operational Programs in the charge of the National Authorities. These measures applied to the entire regional territory of Lazio.

Effectiveness

Priority target groups and economic sectors

The priority target groups for the intervention 'Support for distance learning services' enabled through the CRII and CRII+ flexibilities were students, young people in education, individuals in Vocational Education and Training as well as teachers based in the Lazio region. Beneficiaries of the intervention were schools, higher education institutions and training providers.

The intervention was designed to support these groups and recognising the challenges they were facing during the COVID-19 pandemic. In particular, the impact of social distancing measures and the national long-term closure of schools was recognised as potentially generating inequality, given the already existing digital gap across municipalities in terms of connectivity and digital access.

⁴⁶² Lazio Europa (2020). Lavoro, formazione e inclusione Por fse, "connettività scuole". Available at https://www.lazioeuropa.it/bandi/por_fse_connettivita_scuole-714/

STUDY SUPPORTING THE PRELIMINARY EVALUATION OF THE SUPPORT PROVIDED BY ESF AND FEAD UNDER THE CORONAVIRUS RESPONSE
INVESTMENT INITIATIVES (CRII AND CRII+)

Key challenges and factors	<p>As highlighted above, the support aimed at bridging inequalities to digital access and therefore, in the context of the COVID-19 pandemic access to education. In the context of Lazio region, this is strongly linked to the weak digital infrastructure and connectivity, and especially the limited presence of fast broadband coverage in rural areas. The funding also aimed to improve the digital skills of teachers and training providers, which requested support once training and education got moved online.</p> <p>That said, despite the provision of funding for the purchasing of equipment such as tablets or PC for students being reported as useful, beneficiaries indicated that in many cases the lack of infrastructure represented the main challenge for students to access classes and courses online. This could not be provided in the context of ESF funding, as it essentially does not allow this type of investment.</p>
Access to funding	The Managing Authority reported that based on information available to date, the intervention was successful among beneficiaries, with many sending requests for funding. However, it was also highlighted that some schools encountered delays or impediments due to the high level of reporting and accountability requested to beneficiaries. This seemed to be a hurdle especially for smaller institutions who do not have the in-house capacity or specific skills in the areas of monitoring and accounting.
Monitoring and evaluation	The Managing Authority followed the monitoring arrangements in place and did use the specific indicators created by the Commission for monitoring of those interventions aiming to reduce the impact of COVID-19 in communities. As with the accountability requests mentioned above, the Managing Authority reported the high level of detail requested as part of the monitoring as a potential hurdle for smaller beneficiaries.
Overall assessment	The ESF has been essential to intervene and support the population and protect the right to education in the Lazio region during the pandemic, given the impact of the virus and the ensuing lockdowns on the education and training system. The flexibilities enabled through the coronavirus response initiative contributed to the institution's rapid reaction to the crisis.
Efficiency	
Efficiency in enabling a rapid response to the COVID-19 crisis through ESF	As seen above, the relaxation of some procedures as well as the 100% co-financing guaranteed a quicker programming and implementation of the 'Support for distance learning services' initiative relative to what would have been possible in the absence of the flexibilities. However, several schools faced several challenges in accessing the funds due to the required expenditures reporting procedures, which indicates that there were some procedural challenges that delayed access to funding in some cases.
Relevance	
Relevance of objectives and measures to needs on the ground	The new measures enabled by the CRII and CRII+ flexibilities were relevant to the general objectives of the ESF to improve digital skills in education, and further increased their relevance due to the need for accelerated digitalisation in education during the pandemic. As the evidence available to date about the selected operation indicates, supporting the neediest students and families has been highly relevant to cushion the increasing inequalities in education during the COVID-19 pandemic in the Lazio region
Relevance to priority target groups and economic sectors	The 'Support for distance learning services' was essential in providing equipment and technical material dedicated to distance education, grants to support university students lacking the necessary tools and means of internet connectivity for participation to online educational activities as well as for the purchase of computer equipment. As confirmed by the interviewed stakeholder, the action remains relevant, as distance education is still practiced, and many students lack economic resources to afford the required equipment.
Coherence	
Coherence with ESF initiatives	The operation was coherent with pre-existing ESF operations aimed to systematise various interventions directed at schools and students. The Lazio region OP, for example, did include before the pandemic funding in order to reduce and prevent early school leaving as well as promoting equal access, by supporting the upskilling of teachers in schools, as well as providing monetary support for the families in need. Similarly, the

STUDY SUPPORTING THE PRELIMINARY EVALUATION OF THE SUPPORT PROVIDED BY ESF AND FEAD UNDER THE CORONAVIRUS RESPONSE INVESTMENT INITIATIVES (CRII AND CRII+)

implemented before the COVID-19 crisis	OP also included measures to support university students in their learning path, including by providing opportunities for traineeship and work placements. The selected operation is thus aligned with previous objectives but has enabled a prioritisation of the focus on digital skills and the acquisition of equipment needed for distance learning, in light of the consequences of the pandemic on the education system and the resulting needs.
Coherence with national and regional measures during the COVID-19 pandemic	The operation was coherent with other ESF operations introduced during the COVID-19 pandemic. As seen above, the national OP 'Education' provided loans during the COVID-19 pandemic to support students in a situation of economic disadvantage. Additional measures were also supported by the national budget, notably the emergency funding provided by the Ministry of Education to support primary and secondary schools across Italy to adapt their spaces and allow social distancing for those students allowed to attend in-person training and education. ⁴⁶³ The Ministry allocated EUR 50million to the regions (the main beneficiaries), which then distributed the funding to the final users.
Coherence with other EU funding mechanisms during the COVID-19 pandemic	The selected operation also has some linkages with other EU funding mechanisms aiming to support education and training among younger. As an example, the Lazio region is using some of the funding from ERDF to promote education in the areas of environmental education and access to training in this specific area. ⁴⁶⁴
Contribution of ESF and FEAD under CRII and CRII+ to the crisis reaction	
Assessment of contribution of ESF and FEAD under CRII and CRII+ to the crisis reaction	The operation played a key role in cushioning the impact of the COVID-19 pandemic and the consequent risk of higher inequalities both due to economic and territorial gaps. Without this OP amendment, it would not have been possible to support the beneficiaries of 'Sostegno ai servizi di didattica a distanza' through other instruments/fundings.
Overview of early results/ impact on organisations and participants & Stories of change	
Overview of early results/ impact on organisations and participants and stories of change	The initiative aimed to target 15,000 participants (indicator CV31f) and support 400 entities (CV33f) by 2023 ⁴⁶⁵ . In the latest implementation report submitted by the Lazio region in July 2022, the Managing Authority reports that the initiative reached 5,328 participants and 138 entities. The Managing Authority also highlighted the positive feedbacks received from headmasters, and teachers as well as students.
Lessons learnt	
Lessons learnt	The main lessons learnt regards the lack of capacity in small organisations (e.g., schools) in managing both the reporting and the monitoring dimension required by the SiGem, i.e., the Lazio Region monitoring system for interventions financed by the ESF, ERDF and other national and regional funds. This was a challenge to the effectiveness of the operation on the ground. Notwithstanding, the introduced flexibility in the use of the ESF through the coronavirus response initiatives allowed for a quicker reprogramming and implementation process relative to standard

⁴⁶³ Ministry of Education (2021). Assegnazione dei contributi alle istituzioni scolastiche paritarie primarie e secondarie, ai sensi dell'articolo 58, comma 5 del decreto-legge 25 maggio 2021, n. 73. Available at: https://www.orizzontescuola.it/wp-content/uploads/2021/11/m_pi.AOOGABMI.Registro-DecretiR.0000291.30-09-2021.pdf

⁴⁶⁴ Lazio Region (2022). Il Bando di partecipazione all'Offerta educativa. Available at: <https://www.regione.lazio.it/cittadini/tutela-ambientale-difesa-suolo/educazione-ambientale-sostenibilita/bando-partecipazione-offerta-formativa>

⁴⁶⁵ POR Lazio, accessed via the Shared Fund Common Management System (SFC2014) on 10.10.22

procedures and timings. This flexibility has substantially contributed to the crisis response in the Lazio region and enabled the prioritisation of support for digital skills and equipment necessary for distance learning at a critical point in time. However, although the European Commission and the more experienced actors were able to adapt quickly, crisis response requires time and resources to learn the procedures (even simplified ones) of the ESF, especially in the case of smaller organisations or institutions that use the ESF for the first time.

Consulted stakeholders considered these interventions as not only an investment in the sustainability of the education system during crisis periods, but also as a longer-term investment in skills and infrastructure.

Annexes

I: Bibliography

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II: Stakeholders consultations

Stakeholders consulted as part of this case study included representatives of the ESF Managing Authority of the Lazio Region in Italy.

Italy – ESF Systems for Active Employment Policies (2014IT05SFOP002)

Qualitative case study: New Skills Fund (Fondo Nuove Competenze)

National context

Overview of the COVID-19 situation in the Member State

Italy was the first European country to be hardly hit the pandemic⁴⁶⁶. Between March 2020 and October 2022, there have been more than 22 million confirmed cases of COVID-19 and about 177 thousand deaths associated with the diagnosis of infection.⁴⁶⁷ In the EU27, total excess deaths exceeded 500,000 in 2020 and 650,000 in 2021, with Italy's contribution falling from about 19% in the first year of the pandemic to less than 10% in 2021 and early 2022⁴⁶⁸. As a response to the COVID-19 pandemic, Italy introduced lockdown measures that severely limited commercial and economic activities and forced schools and training providers to deliver teaching online. These measures, necessary as they were to curb the spread of the virus and the pressure on the healthcare system, negatively impacted the economy, contributing to a GDP contraction of 9% in 2020.⁴⁶⁹

National and regional measures to mitigate the crisis

Given the severity of COVID-19 in Italy, the Italian government put in place several financial and non-financial responses, which accompanied traditional automatic fiscal stabilisers, to cushion the negative impact of the pandemic. Overall, the COVID-19 fiscal stimulus amounted to 36.7% of GDP,⁴⁷⁰ with an increase in welfare budget expenditures during the first wave of the pandemic amounting to roughly 2.7% of 2019 GDP overall. National interventions to mitigate the effects of the pandemic focused on job-protection measures for employees, including some categories of non-standard workers,⁴⁷¹ ad-hoc payments for the self-employed (EUR 31.2 billion, i.e., 1.75% of GDP), minimum-income schemes and other forms of social assistance (EUR 7.35 billion, i.e., 0.41% of GDP); and general support for the healthcare system (EUR 6.7 billion: 0.38% of GDP).⁴⁷²

In terms of non-financial responses, Italy immediately implemented a strict approach by adopting a wide range of measures, similar to the ones adopted by other EU member states, to limit the spread of COVID-19. Despite a slow and late reaction,⁴⁷³ anti-COVID-19 measures taken by Italy, particularly the strict lockdown measures and social distancing, have helped to limit the spread of the virus.

In the employment area, Italy adopted several measures to cushion the consequence of the economic crisis caused by the lockdown measures. On 16 March 2020 the Italian Government introduced the “Cure Italy Decree” (*Decreto Cura Italia*) which extended the applicability of existing short-time work schemes (CIGO and CIGS) to all the labour force by introducing the reduction of working time due to COVID-19 as an additional reason for firms to claim CIG benefits⁴⁷⁴. This extension concerned firms of any size and from all sectors⁴⁷⁵ as well as all employees, independently of their contractual arrangement. The amount of the Italian COVID-19 STW allowance corresponded to 80% of the previous wage for hours not worked up to a ceiling of

⁴⁶⁶ Cerqua, A. and Di Stefano, R. (2022). When did coronavirus arrive in Europe?. *Statistical Methods and Applications*, 31, 181–195. <https://doi.org/10.1007/s10260-021-00568-4>

⁴⁶⁷ Johns Hopkins University, COVID-19 Dashboard. Available at: <https://coronavirus.jhu.edu/map.html>

⁴⁶⁸ ISTAT (2022). Rapporto Annuale 2022, La situazione del paese. Available at: https://www.istat.it/storage/rapporto-annuale/2022/Rapporto_Annuale_2022.pdf

⁴⁶⁹ Data.worldbank.org (n.d.). Available at: <https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?end=2021&locations=IT&start=2011>

⁴⁷⁰ Corti, F., Núñez Ferrer, J., Ruiz, T. and Regazzoni, P. (2021). Comparing and assessing recovery and resilience plans. A six country's NRRP analysis. CEPS Working paper.

⁴⁷¹ Spasova, S., and Regazzoni, P. (2022). Income protection for self-employed and non-standard workers during the COVID-19 pandemic. *International Social Security Review*, 75: 3– 24.

⁴⁷² Jessoula M., Pavolini E., Raitano m. and Natili M. (2021). Italy: COVID-19 impact on social protection and social inclusion policies, ESPN Thematic Report, European Social Policy Network (ESPN), Brussels: European Commission.

⁴⁷³ Ibid.

⁴⁷⁴ Ibid.

⁴⁷⁵ OECD (2020). *Employment Outlook 2020: Worker Security and the COVID-19 Crisis*. OECD Publishing, Paris

EUR 998.18 or EUR 1,199.72 in case of wages below and above EUR 2,159.48, respectively.⁴⁷⁶ The scheme was extended several times and by different decree-laws (e.g., "Relaunch Decree") to protect workers whose working hours were reduced due to the new social distance measures.

As illustrated by the Italian National Social Security Institute (INPS) annual report,⁴⁷⁷ between 2019-2021, the use of the CIGO and CIGS covered 6.9 million workers. About 700,000 workers were included in this short-time work scheme before COVID-19 (between January 2019 and February 2020), 5.5 million entered during the first March-May 2020 lockdown, and, finally, another 750,000 workers joined later. Two years after the outbreak of the pandemic, 64 percent of those who were included in job retention schemes are still employed by the same company (4.4 million employees), 21 percent of beneficiaries are employed by another company, 5 percent are on NASpl (New Social Insurance for Employment), and the remainder are in other labour market status (e.g., inactive, unemployed, transited to self-employment, retired).

Overview of identified ESF/FEAD interventions implemented in response to the COVID-19 crisis

Overview of key information about the ESF/FEAD interventions implemented in response to COVID-19

Based on the mapping conducted for this study, 61 ESF interventions linked to the CRII and CRII+ package were newly introduced or adjusted in Italy at national and regional level. In the employment area, Italy submitted 8 amendments to national OPs and 53 at regional level, to support the implementation of operations aimed at supporting businesses, self-employed and employees negatively impacted by the economic crisis following the COVID-19 pandemic, as well as to support youth employment and apprenticeship. In the health area, Italy submitted 2 amendments to national OPs aimed at improving access to health services, and 6 at regional level, which enabled the implementation of operations supporting the national health system in order to offer additional compensation to staff, recruitment of new employees, purchase of additional equipment (PPE and technical material), as well as supporting training for staff. In the social inclusion area, 3 amendments were submitted to national OPs and 14 amendments to regional OPs, which facilitated support and access to service to individuals and families in socio-economic vulnerable situations, (exacerbated by COVID-19) with socio-educational services, health and care services, or proximity services. And finally, in the education area, 2 amendments to national OPs, and 20 at regional level were submitted, to support operations aimed at reinforcing access to education supported by public funds as well as the provision of loans to support students in a situation of economic disadvantage.

Brief description of the selected operation

The 'Fondo Nuove Competenze' ('New Skills Fund'), was a new operation introduced during the COVID-19 pandemic as a tool to support businesses that during the periods of national or regional lockdown wanted to invest in the training and reskilling of their employees. This national operation aimed to increase the level of human capital in the labour market and hence facilitate the gradual resumption of work or the reallocation of workers toward more productive jobs following the easing of restrictions. The New Skills Fund, supported by the ESF, reimburses the cost, including social security and welfare contributions, of the hours of reduced work allocated to the attendance in skills development trainings by those workers who could not work because of lockdown measures.

The intervention was announced in May 2020 as part of the '*Decreto Rilancio*' (article 88 del decree 34, August 2020), and formally launched in November 2020.⁴⁷⁸ It had a budget of EUR730mil, of which EUR 230mil were allocated from Italy's ESF National Operational Plan for Active labour market policies (Piano Operativo Nazionale Sistemi di politiche attive per l'occupazione PON SPAO), and EUR 500mil allocated with national resources. Companies could submit their application by the end of June 2021.

⁴⁷⁶ Baptista, I., Marlier, E., Spasova, S., Peña-Casas, R., Fronteddu, B., Ghailani, D., Sabato, S. and Regazzoni, P. (2021). Social protection and inclusion policy responses to the COVID-19 crisis. An analysis of policies in 35 countries. European Social Policy Network (ESPN), Luxembourg: Publications Office of the European Union.

⁴⁷⁷ INPS (2022). Conoscere il paese per costruire il futuro. Available at:

https://www.inps.it/docallegatiNP/Mig/Dati_analisi_bilanci/Rapporti_annuali/XXI_Rapporto_Annuale/XXI_Rapporto_Annuale.pdf

⁴⁷⁸ ANPAL (2020). Decreto Direttoriale n. 461 del 04.11.2020, Available at: <https://www.anpal.gov.it/documents/552016/880566/anpa.ANPAL.Registro.Decreti%28R%29.0000461.04-11-2020.pdf/712a1fde-4878-b264-1e2d-d7490791dd87?t=1604504150553>

	<p>This first version of the 'New Skills Fund' was considered by the Managing Authority as a "test" and "exploration"⁴⁷⁹ given its quick development and adoption in the context of the COVID-19 pandemic. The intervention was then confirmed through 2022 with the so called '<i>Decreto Milleproroghe</i>', given the high popularity of the initiative among beneficiaries. In fact, the Managing Authority reported that the funding available in the first iteration of the programme was not enough to support the high number of requests presented by beneficiaries. For this reason, the Managing Authority allocated further funding using resources from REACT-EU programme (EUR 1 billion) and additional national funding of EUR 600 million (as reported in art. 11-ter of Decree 146/2021 and art. 10-bis of Decree 152/2021). In this second iteration on the intervention the Managing Authority also slightly revised the programme, by changing the level of monitoring information requested to the applicants and thus extending the use of the New Skills Fund to a wider range of companies.</p> <p>The total amount of funding allocated to this intervention was therefore EUR 2,33 billion, of which EUR 1,1billion (47%) came from national resources, EUR 1billion (43%) from REACT-EU funding, and EUR 230million (10%) from the ESF.</p> <p>The Managing Authority for the intervention is ANPAL, the government agency overseeing active labour market policies in Italy. The agency planned the intervention and disseminated communications to potential beneficiaries, alongside offering support on how to submit funding requests and providing guidance on eligibility. In addition, ANPAL also was responsible to select the awarded projects submitted by potential beneficiaries and confirm them with the Regions where beneficiaries were located. Finally, ANPAL liaised with the agency responsible for the practical allocation of the funding (INPS) and was responsible for the monitoring of investments.</p>
Effectiveness	
Priority target groups and economic sectors	<p>Target groups for the intervention were all employees working in private companies of any economic sector eligible for financial contributions and for whom working hours were reduced as a result of the pandemic. In order to be eligible, employers had to fill a collective agreement and submit it to their regional administration before 31 December 2020. Such collective agreements had to provide information on the training projects designed to improve the workers' skills, report how many workers companies wanted to involve in trainings and how many hours would be allocated to this activity (which could not exceed 250 hours per worker). Training courses could be delivered by external support (e.g., using VET providers) or internally by the company itself, subject to proof that companies met the specified requirements. The agreement also had to highlight what the needs of the enterprise were with regard to the new skills to be acquired as well as any pathways for the development of new skills to increase the workers' employability.</p>
Key challenges and factors	<p>Given the challenges posed to the Italian economy by the rapid spread of the virus early in 2020 and the ensuing lockdown measures, the government responded to the existing challenges by using available national and EU funds, including the ESF, to support companies and workers across sectors and regions. New Skills Fund was implemented in Italy as early as May 2020, and therefore within two months from the national lockdown measures. This suggests a quick reaction, not only in the reprogramming of the ESF, enabled by the CRII/CRII+ flexibilities, but also by making available and using resources available nationally.</p> <p>That said, the Managing Authority reported that the emergency period, linked to the new type of intervention also presented some challenges. The main one was linked to the administrative burden posed by the large number of requests submitted by potential beneficiaries to the agency. More specifically, the challenges were linked to the due diligence processes and to the time-consuming procedures to follow to check the accounts of the various companies who submitted requests. This had an impact on the delays the Managing Authority had to face in the payment of the funding. ANPAL is attempting to solve this issue in the second iteration of the project (the New Skills Fund launched in 2022), by reducing the amount of information requested to beneficiaries and by developing a new IT system for managing the operation.</p>
Access to funding	<p>Beneficiaries responded positively to the intervention, and exceeded the prior assessment of the Managing Authority, which reported that they were not expecting this number of requests from businesses. Given that the number of requests exceeded the funding available, the Managing Authority proceeded on a 'first come first serve' basis, until the confirmation of the additional funding, which happened in February 2022. In general, however, most of the companies who submitted a request did receive the subsidy, with a particularly low rejection rate.</p>

⁴⁷⁹ Interview with Agenzia Nazionale Politiche Attive del Lavoro (ANPAL) in 2022.

STUDY SUPPORTING THE PRELIMINARY EVALUATION OF THE SUPPORT PROVIDED BY ESF AND FEAD UNDER THE CORONAVIRUS RESPONSE INVESTMENT INITIATIVES (CRII AND CRII+)

Monitoring and evaluation	Monitoring and evaluation arrangements suggested by the European Commission during the pandemic ⁴⁸⁰ appear – based on evidence available to date - to be effective in capturing the effects of the intervention. The Managing Authority reported using for this specific policy the COVID specific indicators CVR1 ⁴⁸¹ and CV33 ⁴⁸² with primary research suggesting that these were straightforward and allowed effective monitoring, accountability, transparency and communication.
Overall assessment	Based on the proportion and origin (EFS vs. national funding) of budget allocated to the operation, ESF funding had a central importance in the implementation of the new operation, as 10% of the overall budget came from ESF. The CRII and CRII+ package, in particular, allowed the Managing Authority to implement this new measure and providing a quick response to the crisis in support of companies and employees affected by the pandemic and the ensuing lockdown. In addition, the large response from beneficiaries clearly demonstrated the need for such a measure in the context of emergency. Evaluation activities are necessary to assess the effectiveness this intervention in increasing workers' skills and their employability in the longer term, and the sustainability of the measure beyond immediate crisis response.
Efficiency	
Efficiency in enabling a rapid response to the COVID-19 crisis through ESF	Available data suggest that CRII/CRII+ allowed efficiency in the reprogramming processes. The Managing Authority confirmed the swiftness of the response from both the Commission and colleagues at Member State level coordinating the response at a national (Anpal, Ministry of Labour) and regional level (Conferenza delle Regioni, Tecnostruttura). This quick response from all parties allowed the creation of new measures using a shorter time when compared to the usual processes. However, no considerations about efficiency were included in the design stages of this intervention nor were they formally assessed later on hence no quantitative information is available about changes in non-monetary and/or monetary costs and benefits stemming from CRII/ CRII+ relative to ESF implementation without the response initiatives. The Managing Authority reported this was mainly due to the emergency context, which required a quick response from the Public Administration.
Relevance	
Relevance of objectives and measures to needs on the ground	During the intense period of lockdown that characterised the COVID-19 pandemic especially in 2020 and for a good proportion of 2021 in Italy, many companies had to reduce the working hours of their workers. The 'New Skills Fund' responded to the need of companies wanting to maintain their employees active and using the time available to increase capacity and skills of their workers. As seen above, the projected number of beneficiaries was initially smaller than the number of applications submitted, indicating the extent of the need on the ground for the support enabled by the operation.
Relevance to priority target groups and economic sectors	As highlighted above, the intervention was planned to respond to the needs of companies and their employees during the lockdown periods of the COVID-19 pandemic. Primary research shows that there are discussions related to implementing a similar intervention in the future, but potentially focusing on specific segments of the labour force, and most likely young people and women. This shows that the learnings, systems and structure built in the context of the COVID-19 pandemic for 'New Skills Fund' will be retained in the Managing Authority's systems and processes, but adapted to respond to needs developing in the post-COVID-19 period and further targeted at specific sectors and/or groups.

⁴⁸⁰ EGESIF (2021). Non-paper: List of programme specific indicators related to the cohesion policy direct response to COVID-19 pandemic. Available at: https://ec.europa.eu/regional_policy/sources/docgener/informat/indicators_covid19_response_en.pdf

⁴⁸¹ Number of participants maintaining their job 6 months after the end of support.

⁴⁸² Number of entities supported in combating or counteracting the effects of the COVID-19 pandemic.

Coherence	
Coherence with ESF initiatives implemented before the COVID-19 crisis	The selected operation is coherent with pre-existing and parallel operations implemented via the National Operational Plan for Active labour market policies (<i>Piano Operativo Nazionale Sistemi di politiche attive per l'occupazione</i> PON SPAO). The main aims of the OP are employment and social inclusion (through employment) of the most vulnerable and to counteract the phenomenon of undeclared work, as well as providing services for businesses and public institutions, including support for skills development, in order to increase employment and employability of workers. The initiative has also linkages with other national OPs, such as the one aiming to support employment among younger people (<i>Piano Operativo Nazionale Iniziativa occupazione giovani</i> PON IOG), which, among its objectives, aims to provide educational opportunities for young people not in education, employment or training. 'New Skills Fund' expanded the remits of the existing National OPs facing specific needs that emerged during the COVID-19 emergency phase. The measure also links to the various operations implemented at regional level to support students and people in training and ensure the continuation of education. As an example, the regional OP in Emilia Romagna Region included measures to support training of new skills in the leading sectors of the regional economy, such as agro-food, tourism, retail and services, in order to upskills and reskill adults and young people and support businesses in accessing high qualified workers ⁴⁸³ .
Coherence with national and regional measures during the COVID-19 pandemic	The new operation was coherent with the national and regional measures during the COVID-19 pandemic, particularly the job-protection measures for employees, including some categories of non-standard workers ⁴⁸⁴ and the ad-hoc payments for the self-employed ⁴⁸⁵ . All these initiatives to mitigate the negative effects of the pandemic on employment were aimed at supporting the situation of those groups who, because of the reduction of the activity, from the closure of businesses and industries, or because they involved a high risk to health as they involved direct contact between people.
Coherence with other EU funding mechanisms during the COVID-19 pandemic	Similar conclusions can be made about the coherence of this intervention with the initiatives provided via other EU funding mechanisms, such as the REACT-EU, which partly also support this initiative. In fact, the EUR 4.7 billion funding granted to Italy via REACT-EU is also being used to implement interventions supporting job creation and retainment, such as the EUR 2.7 billion to reduce taxes paid by employers on social contributions by 30% and the EUR 200 mil to reduce the social contribution for employers hiring people under the age of 36 ⁴⁸⁶ .
Contribution of ESF and FEAD under CRII and CRII+ to the crisis reaction	
Assessment of contribution of ESF and FEAD under CRII and	As highlighted above, the contribution of ESF under CRII/CRII+ to the intervention corresponds to 10% of the total budget of the operation. Although this is a relatively small contribution, the research suggested that the opportunity to reprogram the available resources has been important to kick start the designing phase of the operation in the first months. Furthermore, if we consider the contribution that came through REACT-EU, this percentage rises to 30%, which is significant for a measure of this size. The strong political interest in the intervention also had an important role in the deployment

⁴⁸³ Regione Emilia Romagna (2019). Training of new skills in the leading sectors of the regional economy. Available at: <https://formazioneelavoro.regione.emilia-romagna.it/sito-fse/POR-2014-2020/beneficiari/occupazione>

⁴⁸⁴ Non-standard workers were included in the Extraordinary Wages Guarantee Fund (Cassa integrazione guadagni straordinaria-CIGS).

⁴⁸⁵ Self-employed workers received a EUR 600 per month lump-sum.

⁴⁸⁶ European Commission (2021). REACT-EU: €4.7 billion to support jobs, skills and people most in need in Italy. Available at: https://ec.europa.eu/commission/presscorner/detail/it/ip_21_4731

CRII+ to the crisis reaction	of the intervention, which allocated large sums to the policy since its beginning. The ESF funding under the coronavirus response initiatives allowed the initial scoping phase necessary to test feasibility and gauging interest on the programme.
Overview of early results/ impact on organisations and participants & Stories of change	
Overview of early results/ impact on organisations and participants and stories of change	<p>In 2021, the 'New Skills Fund' approved requests from 6,710 companies and 375,866 workers and in the following year (2022) 7.513 companies and 332.955 workers⁴⁸⁷. Although monitoring information has not been reported by the Member State via the implementation reports yet, it looks these numbers exceed the targets set by the Managing Authority in their National OP, which aimed at 86,995 participants maintaining their jobs and at supporting 4,572 Entities by 2023. This mismatch between number of projected beneficiaries and the large number of requests for support submitted by beneficiaries is a marker of the management and implementation challenges highlighted by the Managing Authority during the interview.</p> <p>Monitoring data from ANPAL also indicate that the funding was approved for most of the companies who requested it, with only 264 rejected or incomplete application.⁴⁸⁸ In terms of geographical location of the companies sending their application, ANPAL noted that the take up was generally homogeneous across areas (North, Central region and South), with a slight prevalence of applications from companies based in the central regions of Italy (46% of requests in 2021 and 49% in 2022⁴⁸⁹). Most of the companies who received the funding (85.5% on average between the two years of the funding) were small companies, with less than 50 employees, and more than half (55%) were companies with less than 15 employees.⁴⁹⁰ This may suggest that the intervention has been particularly appreciated by smaller companies that find it challenging to access skills development opportunities for their employees. Finally, ANPAL estimated that workers who benefitted from this operation were 4.8% of the total number of workers employed in the private sector⁴⁹¹, which provides an indication of the large scale of the intervention.</p>
Lessons learnt	
Lessons learnt	The research highlighted the importance of quick reactions from all parties involved in the programme (the European Commission, Managing Authorities at national and regional level, coordination bodies, agencies). This has resulted in an efficient coordination and decision-making process and is perceived by stakeholders consulted for this study as having been one of the key success factors that contributed to the effectiveness of the operation.
Annexes	
I: Bibliography	<ol style="list-style-type: none"> 1. ANPAL (Feb 2022), Il 'New Skills Fund' - Prospettive e prime evidenze, 1st Feb 2022. Retrieved 11/10/2022 from: https://www.anpal.gov.it/-/fondo-nuove-competenze-ammesse-a-finanziamento-7.500-aziende-per-oltre-330mila-lavoratori 2. ANPAL (2020) Decreto Direttoriale n. 461 del 04.11.2020, Retrieved 12/10/2022 from: https://www.anpal.gov.it/documents/552016/880566/anpa.ANPAL.Registro_Decreti%28R%29.0000461.04-11-2020.pdf/712a1fde-4878-b264-1e2d-d7490791dd87?t=1604504150553 3. Baptista, I., Marlier, E., Spasova, S., Peña-Casas, R., Fronteddu, B., Ghailani, D., Sabato, S. and Regazzoni, P. (2021), Social protection and inclusion policy responses to the COVID-19 crisis. An analysis of policies in 35 countries. European Social Policy Network (ESPN), Luxembourg: Publications Office of the European Union

⁴⁸⁷ ANPAL (2022). Il Fondo Nuove Competenze - Prospettive e prime evidenze. Available at: <https://www.anpal.gov.it/-/fondo-nuove-competenze-ammesse-a-finanziamento-7.500-aziende-per-oltre-330mila-lavoratori>

⁴⁸⁸ Ibid.

⁴⁸⁹ For comparison, in 2021 24% of requests came from companies based in the southern regions, and 30% from the northern regions. In 2022, 25% of requests came from companies based in the southern regions and 26% from the northern regions. Data: *ibid*

⁴⁹⁰ *Ibid*.

⁴⁹¹ *Ibid*.

	<ol style="list-style-type: none"> 4. Cerqua, A. and Di Stefano, R. (2022), When did coronavirus arrive in Europe?, <i>Statistical Methods and Applications</i> 31, 181–195 (2022). https://doi.org/10.1007/s10260-021-00568-4 5. Corti, F., Núñez Ferrer, J., Ruiz, T. and Regazzoni, P. (2021), Comparing and assessing recovery and resilience plans. A six country's NRRP analysis. CEPS Working paper. 6. Desjardins, R. and Rubenson, K. (2011). An Analysis of Skill Mismatch using Direct Measures of Skills. Paris: OECD Education Working Paper No. 63. 7. European Commission. (2013). The Survey of Adult Skills (PIAAC): Implications for education and training policies in Europe.; Desjardins, R. (2020). PIAAC Thematic Review on Adult Learning (OECD Education Working Papers No. 223, Issue. https://www.oecd-ilibrary.org/content/paper/864d2484-en 8. INPS (2022), Conoscere il paese per costruire il futuro. Retrieved 11/10/2022 from: https://www.inps.it/docallegatiNP/Mig/Dati_analisi_bilanci/Rapporti_annuali/XXI_Rapporto_Annuale/XXI_Rapporto_Annuale.pdf 9. ISTAT (2022), Rapporto annuale 2022 La situazione del Paese. Retrieved 11/10/2022 from: https://www.istat.it/storage/rapporto-annuale/2022/Rapporto_Annuale_2022.pdf 10. Jessoula M., Pavolini E., Raitano m. and Natili M. (2021). Italy: COVID-19 impact on social protection and social inclusion policies, ESPN Thematic Report, European Social Policy Network (ESPN), Brussels: European Commission. 11. OECD (2020), <i>Employment Outlook 2020: Worker Security and the COVID-19 Crisis</i>, OECD Publishing, Paris 12. Spasova, S., and Regazzoni, P. (2022) Income protection for self-employed and non-standard workers during the COVID-19 pandemic. <i>International Social Security Review</i>, 75: 3– 24. 13. <u>Interviews</u> should be referenced as: "Interview conducted with a representative of an organisation/ institution in [add country name], [add month and year].
<p>II: Stakeholder consultations</p>	<p>Stakeholders consulted as part of this case study included representatives of the national ESF Managing Authority (ANPAL) in Italy.</p>

Latvia – Growth and Employment - ERDF/ESF/CF/YEI (2014LV16MAOP001)

Qualitative case study: Improving the qualifications of medical and paramedical staff, in terms of Covid and any other health crisis⁴⁹²

Qualitative case study: Support for medical practitioners who provide treatment for patients to prevent public health crises⁴⁹³

National context

Overview of the COVID-19 situation in the Member State

Although on individual level the direct impact of the COVID-19 pandemic on health in Latvia (in terms of mortality rate) is below EU average (as presented in the Final Report) (Annex 1 – Appendix 4), it has had a significantly negative impact at system level due to the long-lasting (pre-existing) unfavourable conditions related to healthcare personnel and infrastructure. Latvia has been one of the countries where the pandemic has amplified pre-existing inequalities, especially access to healthcare for people with chronic diseases, affecting elderly people in particular.

The COVID pandemic shed light on the severity of the long-lasting shortage of medical personnel,⁴⁹⁴ especially nurses, and overload of general practitioners ('family doctors'). The shortage of healthcare personnel in Latvian regions which experienced an uneven distribution of health professionals was already addressed by specific objective (SO) 9.2.5. of the ESF Operational Programme before the pandemic. However, the pandemic situation shifted the distribution of patient flows between regional and multi-profile university hospitals in Riga, putting more strain on large university hospitals,⁴⁹⁵ The dynamic of the overall flow of COVID-19 patients between April 2020 and September 2022 is included in the Figure below. This shows that first wave when the number of COVID patients with medium and medium to severe symptoms spiked was between December 2020 and May 2021, the second wave lasted between October and November 2021 and the third – February and March 2022.

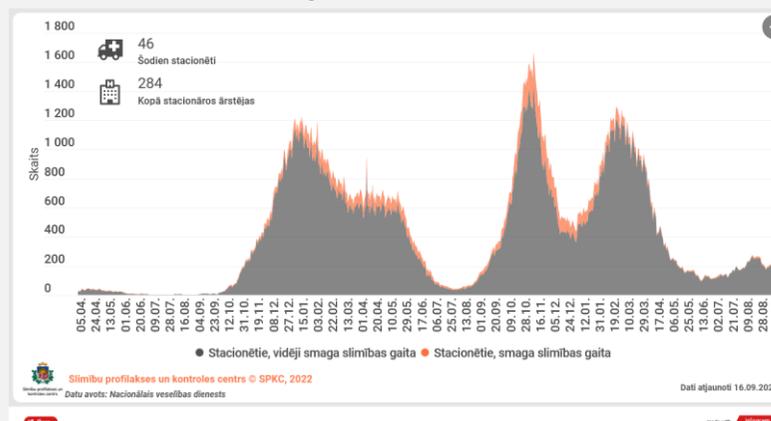
⁴⁹² Uzlabot ārstniecības un ārstniecības atbalsta personāla kvalifikāciju (COVID un citām veselības krīzēm)

⁴⁹³ Atbalsts ārstniecības personām, kas nodrošina pacientu ārstēšanu sabiedrības veselības krīžu situāciju novēršanai

⁴⁹⁴ Baltic Institute of Social Sciences (2016). A Qualitative Study on Health System Bottlenecks in Latvia. Available at: <https://www.vmnvd.gov.lv/lv/media/293/download>

⁴⁹⁵ Interview with Responsible Ministry (of Health), September 2022.

Figure A 44: Number of patients with medium and moderate to severe course of COVID-19 in Latvia, April 2020 – September 2022⁴⁹⁶



Source: Interactive infographic by the Centre for Disease Prevention and Control

According to the OECD, unmet healthcare needs in Latvia were among the highest in the EU, both before and during the COVID-19 pandemic. The share of individuals reporting having forgone medical care during first 12 months of pandemic in Latvia was 29%, while the EU average was 21%.⁴⁹⁷ Unmet needs are caused by high out-of-pocket expenditure and a benefits package that is comparatively narrow and limited by a quota system of public healthcare services. As a result, 15% of households experienced catastrophic spending (defined as household out-of-pocket spending exceeding 40% of total household spending net of subsistence needs) on health.

Alongside hospitals, the workload of the Emergency Service has increased significantly due to the COVID-19 pandemic. This was caused by the decision of the government of Latvia in March 2020 to activate the State Disaster Medicine Plan, which stated that the Emergency Medical Service was in charge of managing the initial response to the outbreak. Emergency Medical Service teams were deployed to conduct testing of suspected cases and to transport patients to hospital if necessary. The Service was also tasked with monitoring and increasing hospital capacity by reducing unrelated and non-urgent treatments, and distributing personal protective equipment⁴⁹⁸.

To increase the capacity of the healthcare workforce, extra overtime work was allowed as an exception for medical staff working in the Emergency Medical Service and inpatient care, supported by salary supplements funded from the state budget. Among other steps, private healthcare providers were involved in the provision of equipment and support for healthcare personnel. However, Latvia still struggled with material and staff shortages in the healthcare sector during the peak of the second wave of the pandemic.⁴⁹⁹ ESF funds under the CRII/ CRII+ were also mobilised to mitigate this impact.

National and regional

The general framework for state anti-crisis measures was established in the *Law on measures to prevent and cope with the national threat and its consequences due to the spread of COVID-19*⁵⁰⁰ (March, 2020), and later – in the *Law on consequence management of COVID-19 infection*⁵⁰¹ and

⁴⁹⁶ spkc.gov.lv (n.d.). Retrieved on 16 September 2022; regularly updated. Available at: <https://www.spkc.gov.lv/lv/COVID-19-statistika#stacioneto-skaitis-ar-apstiprinatu-COVID-19-infekciju>

⁴⁹⁷ OECD & European Observatory on Health Systems and Policies (2021). State of Health in the EU: Latvia. Country Health Profile 2021. Available: <https://eurohealthobservatory.who.int/publications/m/latvia-country-health-profile-2021>

⁴⁹⁸ Ibid.

**measures to
mitigate the
crisis**

the COVID-19 Infection Control Act⁵⁰² (August, 2020). Under this framework, a range of regulations were established and several substantive laws were amended (e.g., on budget etc.) for each particular type of measure.

In general, the anti-crisis measures in healthcare were aimed at increasing the capacity of health care personnel both qualitatively (knowledge) and quantitatively (increasing the number of personnel, wages, adjusting hospitals infrastructure to care of COVID patients etc.). Support was provided by the state budget (from contingency funds, ~ EUR 549 million spent up to 31.12.2021.)⁵⁰³. This can be grouped into several key types of operations (while the full range of activities includes ~ 680 lines of support measures):

- Increasing the hospital's share of capital of state-owned public hospitals to improve their infrastructure, purchase medical equipment and supplies;
- Purchase of medical equipment and supplies for other (regional) public hospitals;
- Funding for increasing the number of intensive care beds;
- Purchase of vaccines and related medical supplies, funding to increase vaccination coverage and improve public health and safety;
- Improving access to psychological support and mental health services for the Latvian population;
- Compensation of increased workload (incl., overtime work) until 31.12.2020 and allowances between 01.01.2021-30.11.2021 for medical staff (incl., general practitioners) and other employees of the responsible authorities for work under conditions of increased risk and pressure of a public health emergency caused by the outbreak of and response to COVID-19;
- Funding to cover expenditure related with response to COVID-19 on the organisation and performance of laboratory tests;
- Provision of rehabilitation after COVID-19.

Two temporary amendments of laws were introduced for adjusting to shortages (and prevent potential shortages) of healthcare personnel: (1) extra overtime work was allowed and (2) the validity of the current registration or certificate of all medical practitioners and medical support persons was extended by six months (Clause #28 of the *Law on the action to be taken by public authorities during the emergency situation related to the spread of COVID-19*).⁵⁰⁴

In addition, ESF funds under CRII/ CRII+ (see below both case studies) were aimed to support the above mentioned investments.^{505,506}

⁴⁹⁹ Ibid.

⁵⁰⁰ likumi.lv (n.d.). Par valsts apdraudējuma un tā seku novēršanas un pārvarēšanas pasākumiem sakarā ar COVID-19 izplatību. Available at: <https://likumi.lv/ta/id/313373-par-valsts-apdraudejuma-un-ta-seku-noversanas-un-parvaresanas-pasakumiem-sakara-ar-COVID-19-izplatibu>

⁵⁰¹ likumi.lv (n.d.). COVID-19 infekcijas izplatības seku pārvarēšanas likums. Available at: <https://likumi.lv/ta/id/315287-COVID-19-infekcijas-izplatibas-seku-parvaresanas-likums>

⁵⁰² likumi.lv (n.d.). COVID-19 infekcijas izplatības pārvaldības likums. Available at: <https://likumi.lv/ta/id/315278-COVID-19-infekcijas-izplatibas-parvaldibas-likums>

⁵⁰³ Review of all measures in healthcare supported by the state budget available: Ministry of Health (n.d.). "Piešķirto valsts budžeta līdzekļu sadalījums un izlietojums COVID-19 laikā".

[Breakdown and use of state budget allocations during COVID-19] Available at: <https://www.vm.gov.lv/lv/pieskirto-valsts-budzeta-lidzeklu-sadalijums-un-izlietojums-COVID-19-laika>

⁵⁰⁴ likumi.lv (n.d.). Par valsts institūciju darbību ārkārtējās situācijas laikā saistībā ar Covid-19 izplatību. Available at: <https://likumi.lv/ta/id/313730-par-valsts-instituciju-darbibu-arkartejas-situacijas-laika-saistiba-ar-COVID-19-izplatibu>

⁵⁰⁵ Later REACT-EU funding was used for further address the needs of the healthcare sector in Latvia. Under REACT-EU funding in healthcare, investments: (1) addressed challenges of burnout by providing an incentive system for the Emergency Medical Service staff working in COVID-19 conditions (SO 14.1.3: Health sector recovery measures (ESF) of OP), and (2) improve capacity of regional and university-type hospitals to deal with the effects of the COVID-19 pandemic in healthcare facilities, and to prepare these facilities to be continuously prepared for other emergencies by improving health infrastructure and material and technical support (under SO 13.1.5: Health sector recovery measures (ERDF) of OP).

⁵⁰⁶ Latvijas Republikas Finanšu ministrija (2014). Darbības programma "Izaugsme un nodarbinātība". Available at: https://www.esfondi.lv/upload/Planosana/dp_konsolideta_versija.pdf

Overview of identified ESF/FEAD interventions implemented in response to the COVID-19 crisis

Overview of key information about the ESF/ FEAD interventions implemented in response to COVID-19

In implementing these measures, Latvia has used CRII/ CRII+ flexibilities, e.g. Article 25a (2): Reallocation between Funds and Article 25a (5): Waiver of thematic concentration. Four ESF interventions linked to the CRII and CRII+ package were found. Three have been implemented in the past through the ESF, but also new ones have been introduced that had not been implemented before the pandemic:

- Three operations in the area of social inclusion (TO 9iv: access to services) with a focus on healthcare and disease prevention: two aimed to increase access to affordable, sustainable and high-quality healthcare services through support to healthcare personnel; one measure aimed to improve access to health promotion and disease prevention services;
- One operation in the area of education (TO_10.iii), aiming to enhance equal access to lifelong learning.

The new COVID-19 CV31 indicator (Number of participants supported in combating or counteracting the effects of the COVID-19 pandemic) was used to monitor the implementation of the operations under CRII/CRII+. This indicator was acknowledged as relevant for Latvia⁵⁰⁷, including its coherence to indicators used in this area of operations before the pandemic.

Brief description of the selected operation

Two interrelated operations were selected as good practices:

1. Existing ESF operation (SO 9.2.6.) was adjusted and the title was amended to “Uzlabot ārstniecības un ārstniecības atbalsta personāla kvalifikāciju (COVID un citām veselības krīzēm)” [Improve the qualifications of medical and medical support staff (for COVID and other health crises)]. Originally, SO 9.2.6. was developed for continuing healthcare personnel education, including due to the requirement to prove their further education every five years by passing re-registration and re-certification.⁵⁰⁸

Under CRII/ CRII+, pre-existing support to training was supplemented as follows: “in health areas related to the COVID-19 virus, as well as other public health crises, on the basis of fact that COVID-19 affects many organ systems, could be considered a cross-cutting disease and treatment practices in many healthcare areas have to be adjusted to the care of COVID-19 patients. According to the National OP⁵⁰⁹ and Regulations of Cabinet of Ministers (No. 718/ 8.11.2016.)⁵¹⁰, the adjusted scope of the operation is as follows:

- Objectives: in light of the rapid development of medical science, improving the skills of medical and medical support staff in priority areas such as cardiovascular, oncology, paediatric, perinatal and neonatal, and mental health, as well as COVID-19 infection and other health areas related to the public health crisis
- Target groups: healthcare personnel - medical and medical support staff, social workers and pharmaceutical care providers:
 - Targeted: 28 000–30 000 healthcare service providers up to 31.12.2023; additional information indicates that some specific targets include: 80 nurses trained specifically for intensive care of COVID-19 patients and 100 persons who renewed their registration as medical practitioners;⁵¹¹
 - Values achieved by 31 August 2022: the total number of trained personnel is 29 760 participants, but information under specific indicators includes 43 nurses trained for intensive-care for COVID-19 patients and 99 persons who renewed their registration as medical practitioners;
- Coverage: National
- Type: adjusted operation

⁵⁰⁷ Interviews with representatives of the Managing Authority and Responsible Ministry (of Health), September 2022.

⁵⁰⁸ See Baltic Institute of Social Sciences (2016). A Qualitative Study on Health System Bottlenecks in Latvia. Available at: <https://www.vmnvd.gov.lv/lv/media/293/download>

⁵⁰⁹ Latvijas Republikas Finanšu ministrija (2014). Darbības programma "Izaugsme un nodarbinātība". Available at: https://www.esfondi.lv/upload/Planosana/dp_konsolideta_versija.pdf

⁵¹⁰ Likumi.lv (n.d.). 'Darbības programmas "Izaugsme un nodarbinātība" 9.2.6. specifiskā atbalsta mērķa "Uzlabot ārstniecības un ārstniecības atbalsta personāla kvalifikāciju" īstenošanas noteikumi'n. Available at: <https://likumi.lv/ta/id/286413-darbibas-programmas-izaugsmes-un-nodarbinatiba-9-2-6-specifiska-atbalsta-merka-uzlabot-arstniecibas-un-arstniecibas-atbalsta> [with amendments of 17.08.2021.]

⁵¹¹ Interviews with representatives of the Ministry of Health, September 2022.

Total budget: 14 683 597 EUR (ESF – 12 481 057 EUR) as approved in August 2020. The budget and number of targeted persons receiving support under SO 9.2.6. was decreased in August 2020.

2. New operation (SO 9.2.7.) "Atbalsts ārstniecības personām, kas nodrošina pacientu ārstēšanu sabiedrības veselības krīžu situāciju novēršanai" [Support for medical personnel who provide treatment of patients to prevent public health crises] was introduced with respective amendments of National OP and Regulations of Cabinet of Ministers (No. 802/ 17.12.2020.)⁵¹². These documents define objectives, target groups, and budget provided below. Introduction of (SO 9.2.7.) was fully supported by CRII/ CRII+. The operation is aligned with the pre-existing operation SO 9.2.5., aiming to attract of healthcare personnel in regions before pandemic. The pre-existing operation excluded Riga city and multi-profile university hospitals, as well as did not address specific needs raised by COVID pandemic.
 - Objectives: support for healthcare providers treating patients to prevent public health crises, including ensuring adequate numbers of healthcare staff in the public sector; ensuring practice exchanges between general practitioners – those on retirement to successors.
 - Target_groups:
 - Targeted: healthcare personnel – 270 persons (230 professionals in hospitals and 40 general practitioners in Riga) who should work in the sector 6 months after receiving support up to 31.12.2023; in practice, the attracted personnel need to stay in public healthcare services for at least 5 years;
 - Values achieved by August 2022: 233 persons (229 professionals in hospitals and 4 general practitioners in Riga); it is expected that the target will be fully reached by May-June 2023.
 - Coverage: Regional, largely focused on capital city – Riga (due to the increased workload experienced by large, multi-profile clinical university hospitals in Riga when dealing with COVID patients).
 - Type: new operation
 - Total budget: 3 million EUR (ESF – 2,55 million); by August 2022: ~ 1,85 million spent

Effectiveness

Priority target groups and economic sectors

For the operation aiming to improve the qualifications of medical and medical support staff for COVID and other health crises (SO 9.2.6), the target groups remained the same as before, but new needs were identified. At the start of COVID-19, the need was identified for medical staff involved in patient care to acquire COVID-19 related knowledge in their own profile, especially in intensive care. Accordingly, stakeholders' working groups identified the need to broaden the range of training topics considering the scope of ESF interventions (investment in training of people and restriction to increase and pay wages directly). As the workload of healthcare staff increased, the challenge was to support their motivation to combine work with learning. Adapting training to a distance/ online learning format also took some time.

For the operation aiming to support for medical personnel who provide treatment of patients to prevent public health crises (SO 9.2.7), successive stakeholders' working groups were organised with the representatives of various associations of health professionals (doctors, nurses associations etc.), the management of large university hospitals and representatives of health sector training institutions to identify priority categories of health practitioners and potential sources from where these workers could be recruited, as well as what training under SO 9.2.6 should be provided to them as a priority in order to be able to further participate in SO 9.2.7.

Target groups: all healthcare personnel involved in the care of COVID-19 patients, especially, doctors' assistants (at the Emergency Medical Service), nurses and nursing assistants. Potential resources of staff were identified among senior students of medical college and residential doctors, as well as former healthcare personnel – persons who have obtained relevant medical education, but have left the profession (both keeping their record as healthcare staff in the Register and not) or left working in Latvia (moved abroad).

⁵¹² Likumi.lv (n.d.). Darbības programmas "Izaugsme un nodarbinātība" 9.2.7. specifiskā atbalsta mērķa "Atbalsts ārstniecības personām, kas nodrošina pacientu ārstēšanu sabiedrības veselības krīžu situāciju novēršanai un 14.1.3. specifiskā atbalsta mērķa "Atvērto pasākumu veselības nozarē" īstenošanas noteikumi. Available at: <https://likumi.lv/ta/id/319779-darbibas-programmas-izaugsmee-un-nodarbinatiba-9-2-7-specifiska-atbalsta-merka-atbalsts-arstniecibas-personam-kas-nodrosina> [need to switch to original version]

	<p>Key criteria to identify target groups:</p> <ul style="list-style-type: none"> • Statistics on the number of nurses per 10 000 inhabitants (total and in Riga), distribution of nurses by age groups (a gap of 1500 nurses in hospitals was identified)⁵¹³; • Number of vacancies and required qualifications in key healthcare areas (Emergency Medical Service and hospitals); • Distribution of general practitioners by age groups in Riga and the availability of general practitioners during the COVID-19 pandemic in Riga: 130 general practitioners of retirement age would work in Riga up to the end of 2020⁵¹⁴; • Records of registration of healthcare staff in the Register of Healthcare personnel supervised by the Health Inspectorate; • Registration questionnaire of healthcare personnel who have expressed their willingness to be involved in COVID-19 patient care. <p>Challenges: a need for healthcare personnel, especially, nurses, is higher than supported by operation support for medical personnel who provide treatment of patients to prevent public health crises (SO 9.2.7) (and also the pre-existing SO 9.2.5.), but the problem cannot be resolved by allocation of larger funding. The main reason is long-lasting shortages in human resources in general and those who might be involved in the care of COVID-19 patients, so further investments are needed for reaching sufficient number of healthcare personnel.</p>
<p>Key challenges and factors</p>	<p>CRII and CRII+ flexibilities facilitated a rapid response to the COVID-19 crisis by enabling ESF funds to support actions aimed at increasing the accessibility of affordable and sustainable healthcare personnel. Although the overall needs of the healthcare sector in Latvia are higher, the ESF mobilisation made it possible to support the recruitment of the professions most needed to mitigate the health crisis that COVID-19 caused. Stakeholders consulted for this study indicated that possible actions were identified early on, based on information related to the CRII/ CRII+ package, which enabled consultations with stakeholders on the most crucial needs of the healthcare sector as early as March-April, 2020. The package of proposals developed (together with other sectors) and the corresponding amendments to the OP were approved by the government on 30 June 2020; the amendments were approved by the European Commission quickly, in less than a month (on 22 July 2020)⁵¹⁵.</p> <p>An important support for the rapid preparation of the necessary operations enabled by the coronavirus response initiatives was the pre-existence of similar operations: (1) for SO 9.2.6, the range of training topics had to be extended; and (2) for SO 9.2.7, the experience of operation SO 9.2.5 (attraction of medical staff to the regions) was used to develop the SO 9.2.7 framework. Here, the speed of receipt of applications requesting support, the capacity of implementing organisations to process the applications received, the actual amount of support granted which was observed for operation SO 9.2.5 were used to calculate an adequate scope for operation SO 9.2.7, including the target group to be reached and the amount of funding to be requested.</p>
<p>Access to funding</p>	<p>The CRII and CRII+ flexibilities enabled the financing of the new measure of SO 9.2.7 (which was not previously planned in OP) and adjusting of SO 9.2.6 for emerging new needs under COVID-19 pandemic. Initially, the health sector received substantial support from the national budget. In the meantime, in response to CRII/ CRII+ activities, proposals were made to amend the ESF OP so that those activities for which ESF funding could be mobilised would be supported from the ESF.</p> <p>Overall, Latvia chose to follow the normal approval procedure for ESF activities to be sure of their eligibility, and the initial support from the national budget eased the pressure for urgent amendments to the OP. This approach differs substantially from the one taken by the Latvian government during</p>

⁵¹³ See: MK 07.08.2017. rīkojums Nr. 394 "Par konceptuālo ziņojumu "Par veselības aprūpes sistēmas reformu" [Cabinet of Ministers Order No 394 of 07.08.2017 "On the Conceptual Report "On the Health Care System Reform"]], point 145. Available at: <https://likumi.lv/ta/id/292718-par-konceptualo-zinojumu-par-veselibas-aprupes-sistemas-reformu>

⁵¹⁴ Initial Impact Assessment Report (annotation) of the draft Cabinet of Ministers Regulation "Preliminary Impact Assessment Report of the Specific Support Objective 9.2.7 of the Operational Programme "Growth and Employment" "Support to medical practitioners providing treatment to patients to prevent public health crises"

⁵¹⁵ Esfondi.lv (2020). Eiropas Komisija apstiprina Latvijas priekšlikumus ES fondu finansējuma pārdalēm COVID-19 seku mazināšanai. Available at: <https://www.esfondi.lv/jaunumi/eiropas-komisija-apstiprina-latvijas-priekslikumus>

STUDY SUPPORTING THE PRELIMINARY EVALUATION OF THE SUPPORT PROVIDED BY ESF AND FEAD UNDER THE CORONAVIRUS RESPONSE
INVESTMENT INITIATIVES (CRII AND CRII+)

	<p>the 2008-2009 economic crisis. At that time, the government chose to reduce public debt and the availability of ESF funds for various sectors was postponed.</p> <p>It should be noted that in the 2007-2013 programming period, ESF support to the health sector was limited and included activities related to continuing training of medical staff.⁵¹⁶ In the 2014-2020 programming period (including the extension 2020-2023), ESF support to the increase of capacity of human resources in healthcare was significantly extended. Major investments in increase of capacity of healthcare sector specific to the 2014-2020 period were a precondition that enabled the effective use of CRII/ CRII+ flexibilities to support the sector. In the absence of pre-existing measures, CRII investments in the health sector might not have been supported in Latvia due to time investments and the administrative burden involved in developing entirely new activities.</p>
Monitoring and evaluation	<p>The stakeholders consulted for this study consider that the COVID-19 specific indicators proposed by the Commission⁵¹⁷ continued the previous tradition of indicators used for the monitoring and evaluation of the ESF's impact in Latvia. Therefore, the consulted stakeholders generally perceive these as effective to monitor the implementation of the operations under CRII/CRII+. However, data for the reporting of these indicators is more easily collected for the monitoring and evaluation of operation SO 9.2.7. activities. Here, the Regulations of Cabinet of Ministers, which provide the framework for the implementation of the operation SO 9.2.7, give the values of the CV30 and CV31 indicators to be achieved. In Latvia, the CVST indicator is supplemented by national indicators and their values so that participants benefit from support not only in short-time work arrangements, but also in the long-run (i.e., a five year period). For the adjusted operation SO 9.2.6, the Regulations of Cabinet of Ministers have not established indicators corresponding to CV30 and CV31.</p> <p>According to the stakeholders consulted for this study, the proposal to use these indicators came at a later stage, so Latvia needed to adjust their reports to them. For operation SO 9.2.7, the aggregation of data was simple as this was a new operation. Here, the indicators allow effective monitoring and evaluation. For operation SO 9.2.6, this proposal introduces additional administrative burden due to the need to separate beneficiaries under the CRII/ CRII+ package. The stakeholders indicated the challenge came with the fact that the COVID-19 indicators were not introduced in the CRII/ CRII+ regulations, but came later. Hence, the difficulty was to collect the data for the indicators once the operation had already started. However, organisations implementing SO 9.2.6 try to collect these data identifying relevance of training by curriculum content and counting corresponding participants. Hence, the introduction of indicators together with the CRII/ CRII+ regulations would have facilitated their use since the beginning of the operations. These data are collected internally by the Ministry of Health but not available publicly (as in the case of the indicators of operation SO 9.2.7).</p>
Overall assessment	<p>Drawing on the above, the CRII and CRII+ package enabled targeted support in an area where the investment needs were not previously identified, especially, in the case of operation SO 9.2.7. (Support for medical personnel who provide treatment of patients to prevent public health crises). Without CRII/ CRII+ to provide support, this would not have been possible. The state budget support was based on the use of existing healthcare workforce, while the coronavirus response initiatives encouraged the search for new resources from which to attract healthcare personnel. As a result, the combination of SO 9.2.6. (training) and SO 9.2.7. (support of healthcare personnel) activities allowed to re-attract to the sector medical staff who had left the medical profession and enable earlier involvement of medical students in healthcare provision by offering targeted COVID-19 training and immediate support.</p>
Efficiency	
Efficiency in enabling a rapid response to the	<p>Stakeholder interviews indicate that Latvia used CRII/ CRII+ flexibilities (Article 25a (2) and Article 25a (5)) but other measures remained as usual. Although there has not been any cost-benefit analysis conducted so far, evidence from the interviews suggest the flexibility to reallocate funds for adjusting operation SO 9.2.6. and the introduction of the new measure SO 9.2.7. through the OP enabled the support of the national crisis response. The elaboration and administration of amendments in the ESF OP was provided by the same organisations – the Managing Authority, the Responsible</p>

⁵¹⁶ See description of the operation 3.2 of the Operational Programme “Human Resources and Employment, 2007-2013”. Available: https://www.esfondi.lv/upload/04-kohezijas_politikas_nakotne/dp_aktivitates/1dp/FMPProgr_1DP_30092011.pdf

⁵¹⁷ European Commission. Available at: https://ec.europa.eu/regional_policy/sources/docgener/informat/indicators_covid19_response_en.pdf

STUDY SUPPORTING THE PRELIMINARY EVALUATION OF THE SUPPORT PROVIDED BY ESF AND FEAD UNDER THE CORONAVIRUS RESPONSE
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<p>COVID-19 crisis through ESF</p>	<p>Ministry (Health) and implementing organisations, so no additional administrative costs occurred. In addition, experience in the implementation of SO 9.2.5. (having resulted in ~ 800 supported healthcare professionals) was taken into account into design of SO 9.2.7.</p> <p>Stakeholders also emphasised that the benefits of timely access to affordable health services have been facilitated by the implemented operations – SO 9.2.6. in improving knowledge and SO 9.2.7. in increasing number of healthcare staff, thus making health services affordable. However, it is difficult to assess costs and benefits in comparison to ESF implementation without CRII/CRII+ provisions and identify their values for different types of institutions or organisations. Interviewed stakeholders indicated that the calculation would have to include the cost-effectiveness of the medical service provided, future complications avoided or an estimation of harm if the person does not receive adequate treatment, etc., parameters that are generally difficult to assess. In addition, staff who received support from these two measures could receive support from the state budget (funding for wages of healthcare personnel) that were not covered by the ESF. This complementarity may reinforce positive effects at the individual level.</p>
<p>Relevance</p>	
<p>Relevance of objectives and measures to needs on the ground</p>	<p>In interviews, both the Managing Authority, the Responsible Ministry (Health) and the organisations implementing operations acknowledged that the operations were initially planned within the ESF framework - investment in human resources, but not to support salaries or services which were also very crucial issues in the COVID-19 context. The evidence indicates that government stakeholders were aware from the outset about which actions should be supported under CRII/CRII+. Within this scope, the adjusted or new measures enabled by the CRII and CRII+ flexibilities were relevant to the general objectives of the ESF and needs on the ground, supporting training and the attraction of healthcare personnel at university hospitals and the Emergency Medical Service in Riga. To increase the effectiveness of the operations, support for wages for various types of staff (healthcare professionals, responsible authorities in healthcare and organisations implementing actions) was ensured from the state budget, but later – also from REACT-EU specifically to the staff of Emergency Medical Service.</p> <p>However, some measures were adjusted during the implementation of the operations at organisational levels. More evidence is available with regard to SO 9.2.7. General practitioners of retirement age, who were one of the sub-target groups of the operation, did not use their e-mails, so initially the implementing organisation failed in the delivery of information about opportunities to receive support under the operation. To solve this gap, the PR specialist of the SO 9.2.5. operation (which had been implemented before the pandemic with national funding) who had experience in similar type actions in regions, was attracted to convey information to the general practitioners of the target group during a personal conversation. However, comparing with the target group of hospital staff that benefited from the operation, the response of general practitioners of retirement age in Riga has so far been low (4 out of 40), which calls for further assessment of the barriers to participation in the support measure. However, the objective to attract general practitioners in Riga is still relevant in the Latvian context, so only adjustments on implementation level might be needed.</p>
<p>Relevance to priority target groups and economic sectors</p>	<p>Both operations (SO 9.2.6. and SO 9.2.7.) were (and still are) relevant to the needs of the target groups and the healthcare sector as the human resource allocation was based on a needs-assessment process both in the area of further training and support while working in the sector. Needs-assessment in the area of further training (SO 9.2.6) included the evaluation of work tasks of mid-level personnel who takes care of patients and specific training needed to provide COVID-19 related care. Representatives of professional associations (e.g., the Latvian Nurse Association) – were involved in the needs-assessment. Needs-assessment in the area of support of healthcare personnel (SO 9.2.7) included consultations with various stakeholders – employers, educators and government institutions, and assessment of the willingness of non-practising medical staff to return to healthcare was measured by a survey. All these activities enabled the design and implementation of measures corresponding to the needs of sector.</p>
<p>Coherence</p>	
<p>Coherence with ESF initiatives implemented before the COVID-19 crisis</p>	<p>Both cases (operations SO 9.2.6. and 9.2.7.) are coherent with and complementary to ESF initiatives implemented in healthcare sector before the COVID-19 crisis. As mentioned above, operation SO 9.2.6. was adjusted to COVID-19 by extending the issues to be addressed in the training of medical professionals, including a particular focus on the needs that re-emerged in the context of COVID-19. Accordingly, within the framework of continuing medical education existing in Latvia, the CRII/ CRII+ allowed the adaptation of medical training to the current needs of the sector. Similarly, operation SO 9.2.7. was built on the experience of attracting healthcare staff to the regions (under SO 9.2.5), which had already shown good results</p>

	<p>by the time CRII/CRII+ was introduced. In fact, operation SO 9.2.5 had timely averted a potential crisis in the regions, and the CRII/ CRII+ support was fully redirected to the implementation of similar activities in university hospitals and to support medical staff in Riga.</p>
<p>Coherence with national and regional measures during the COVID-19 pandemic</p>	<p>Both operations (SO 9.2.6. and 9.2.7.) are coherent with and complementary to national measures implemented in healthcare sector during the COVID-19 pandemic. As mentioned above, representatives of responsible institutions consulted for this study indicated that the quantitative targets of CRII operations, without further national budget support to the wages of healthcare professionals, might have been reduced (e.g. in relation to attracting and supporting healthcare personnel and the pace of their recruitment). To ensure that this potential obstacle related to sufficient funding was diminished as much as possible, an increase of wages was provided from the state budget (and later – also from REACT-EU, see below).</p> <p>National measures were also focused on the adjustment of infrastructure to the care needs of COVID-19 patients, the provision of medical equipment, means of personal protection, protection from burnout, etc. Their aim was to provide a safe working environment and sufficient equipment for medical staff. Here, no overlaps or inconsistencies were observed. Stakeholders interviewed for this study emphasised that in the planning process, particular attention was paid to ensuring that each operation/ action had its own objective and that there were no overlaps. For example, initially, operation SO 9.2.7 was planned to be implemented under the pre-existing SO 9.2.5 framework, but after assessing the specificity and needs of the target group and the geographical coverage of the operation, it was decided to implement it as a separate operation.</p>
<p>Coherence with other EU funding mechanisms during the COVID-19 pandemic</p>	<p>Both operations (SO 9.2.6. and 9.2.7.) are coherent with and complementary to other EU funding mechanisms investing in healthcare sector during the COVID-19 pandemic. According to the ESF OP,⁵¹⁸ since September 2021, the implementation of operation SO 9.2.7 was supported by the implementation of the new measure of SO 14.1.3, funded by REACT-EU. Operations SO 9.2.6. and 9.2.7. allowed to ensure support to training and attraction of workplace to hospitals, while the operation supported by REACT-EU was aimed to provide special support to wages of the staff of the Emergency Medical Service, which had additional responsibilities in managing the response to the outbreak of COVID-19, including testing against COVID-19 at mobile sites, airports, shelters and social care facilities, and providing care and transport to hospitals for patients infected with COVID-19 when the condition is critical and symptoms are severe. The workload of Emergency Medical Service staff increased also due to high number of sick or self-isolated staff that caused additional strain on the Service, thus, increase of motivation and prevention of burnout were needed. Besides REACT-EU actions under ESF, additional measures were also introduced by REACT-EU actions under ERDF aimed to adjust facilities of large hospitals to the special needs of care of COVID patients. Before, these measures were supported by the state budget.</p>
<p>Contribution of ESF and FEAD under CRII and CRII+ to the crisis reaction</p>	
<p>Assessment of contribution of ESF and FEAD under CRII and CRII+ to the crisis reaction</p>	<p>In the Latvian healthcare sector, ESF under CRII/ CRII+ introduced initiatives which supported actions within a wider anti-crisis response context, with main contribution given by the national budget and REACT-EU. As reported by the interviewees, the CRII/ CRII+ flexibilities (1) allowed the reallocation of available funds under Article 25a (2), (2) facilitated a change of thinking about sources of healthcare professionals, and (3) allowed to adjust training of healthcare staff to rapidly changed needs for knowledge. On the last two issues, interviewees emphasised that the contribution was (and still is) significant despite the relatively limited budget allocated for the operations (especially, SO 9.2.7.). However, as mentioned before, the budget for the SO 9.2.7. was calculated based on capacity of organisations implementing activities and number of potential beneficiaries, so the scope of operation is deemed relevant to the given circumstances by the consulted stakeholders.</p>
<p>Overview of early results/ impact on organisations and participants & Stories of change</p>	
<p>Overview of early results/ impact on organisations and</p>	<p>The early results are more visible for operation SO 9.2.7. (support for medical personnel who provide treatment of patients) as this is a new and highly demanded measure introduced as the result of CRII/CRII+ flexibilities. Altogether, 233 persons of 270 targeted have been supported by August 2022, including 229 professionals out of 230 targeted in hospitals. Thus, this part of operation has timely results as the most severe increase of COVID-19 patients was observed between October 2021 and May 2022. The following measures have contributed to the effectiveness and efficiency of the operation:</p>

⁵¹⁸ Latvijas Republikas Finanšu ministrija (2014). Darbības programma "Izaugsme un nodarbinātība". Available at: https://www.esfondi.lv/upload/Planosana/dp_konsolideta_versija.pdf

<p>participants and stories of change</p>	<ul style="list-style-type: none"> • the ability of the different stakeholders of the healthcare sector to work together effectively in defining the objectives, target groups of interventions and their specific needs for training to be involved into care of COVID-19 patients; • various approaches used to identify potential human resources to attract to care of COVID-19 patients being in initial medicine education or working outside the sector; • the individual approach to professionals (medical students, professionals who have left industry or work abroad) expressing an interest to be involved into care of COVID-19 patients by investigating their needs, provision of information, motivation and personal contacts. <p>As indicated previously, the achieved results of SO 9.2.7. in support of knowledge exchange and transfer of medical practice for general practitioners at retirement age are lower – 4 GPs out of 40 targeted by August 2022.</p> <p>As the result of training provided under SO 9.2.6, the organisations implementing the operation emphasised that 99 healthcare professionals have returned to the sector and will work in provision of public services at least five years. The total number of healthcare professionals trained in health areas related to the COVID-19 are not available at the time of the drafting of this report.</p>
<p>Lessons learnt</p>	
<p>Lessons learnt</p>	<p>At EU level, two important lessons were noted by consulted stakeholders: (1) the introduction of flexibilities in ESF funding, enabling the adjustment of target groups or operations to rapidly changing needs of services (including the healthcare sector), especially, in terms of training staff, and (2) reduced response time from the European Commission: documents submitted were processed within significantly shorter timeframes, which made the use of the ESF more efficient and access to funding more rapid. In addition, earlier discussions and agreement (involving key actors at EU and national level) about the monitoring and evaluation of operations introduced in crisis situations could facilitate a more in-depth understanding of their impact.</p> <p>At national level, the experience of the introduction of temporary amendments in regulations, extending deadlines for fulfilling particular requirements (e.g., the extension of the validity of the current registration or certificate of medical practitioners) has been already used in attracting medical personnel from Ukraine to the Latvian healthcare sector. Another long-lasting contribution has been made in increasing the readiness of healthcare professionals and other stakeholders (both organisational and in terms of training and knowledge) in tackling potential health crises in future.</p> <p>At healthcare sector level, establishing cooperation networks and value of efficient consultation involving relevant stakeholders increased the accuracy of targets and their correspondence to the sector's actual needs. As a result, the achievement of the objectives and the use of ESF funds were simplified as a result of the coronavirus response initiatives (alongside other initiatives), as no further adjustments was needed. The results of SO 9.2.7 have evidenced that the design and implementation of actions focusing on target group needs may have good results in terms of re-attraction of healthcare personnel who had previously left the medical profession.</p>
<p>Annexes</p>	
<p>I: Bibliography</p>	<ol style="list-style-type: none"> 1. Baltic Institute of Social Sciences (2016). A Qualitative Study on Health System Bottlenecks in Latvia. Available: https://www.vmnvd.gov.lv/lv/media/293/download 2. Cabinet of Ministers (2016). Regulations of Cabinet of Ministers # 718/ 8.11.2016. "Darbības programmas "Izaugsme un nodarbinātība" 9.2.6. specifiskā atbalsta mērķa "Uzlabot ārstniecības un ārstniecības atbalsta personāla kvalifikāciju" īstenošanas noteikumi" [Rules for the implementation of the specific support objective 9.2.6 "Improving the qualifications of medical and medical support staff" of the Operational Programme "Growth and Employment"]. Available: https://likumi.lv/ta/id/286413-darbibas-programmas-izaugsme-un-nodarbinatiba-9-2-6-specifiska-atbalsta-merka-uzlabot-arstniecibas-un-arstniecibas-atbalsta

	<ol style="list-style-type: none"> 3. Cabinet of Ministers (2017). Ministru Kabineta 07.08.2017. rīkojums Nr. 394 "Par konceptuālo ziņojumu "Par veselības aprūpes sistēmas reformu"" [Cabinet of Ministers Order # 394/ 07.08.2017 "On the Conceptual Report "On the Health Care System Reform""]. Available: https://likumi.lv/ta/id/292718-par-konceptualo-zinojumu-par-veselibas-aprupes-sistemas-reformu- 4. Cabinet of Ministers (2020). Regulations of Cabinet of Ministers # 802/ 17.12.2020. "Darbības programmas "Izaugsme un nodarbinātība" 9.2.7. specifiskā atbalsta mērķa "Atbalsts ārstniecības personām, kas nodrošina pacientu ārstēšanu sabiedrības veselības krīžu situāciju novēršanai un 14.1.3. specifiskā atbalsta mērķa "Atveseļošanas pasākumi veselības nozarē"" īstenošanas noteikumi" [Rules for the implementation of the specific support objective 9.2.7 "Support to medical practitioners providing treatment to patients to prevent public health crises and specific support objective 14.1.3 "Recovery measures in the health sector"" of the Operational Programme "Growth and Employment"]. Available: https://likumi.lv/ta/id/319779-darbibas-programmas-izaugsmes-un-nodarbinatiba-9-2-7-specifiska-atbalsta-merka-atbalsts-arstniecibas-personam-kas-nodrosina 5. Ministry of Finance (2011). Darbības programma "Cilvēkresursi un nodarbinātība". [Operational Programme "Human Resources and Employment, 2007-2013"]. Available: https://www.esfondi.lv/upload/04-kohezijas_politikas_nakotne/dp_aktivitates/1dp/FMPProgr_1DP_30092011.pdf 6. Ministry of Finance (2014). Darbības programma "Izaugsme un nodarbinātība" [Operational Programme "Growth and Employment"]. With amendments. Available: https://www.esfondi.lv/upload/Planosana/dp_konsolideta_versija.pdf 7. Ministry of Health (n.d.). "Piešķirto valsts budžeta līdzekļu sadalījums un izlietojums COVID-19 laikā". [Breakdown and use of state budget allocations during COVID-19] Available: https://www.vm.gov.lv/lv/pieskirto-valsts-budzeta-lidzeklu-sadalijums-un-izlietojums-COVID-19-laika 8. Ministry of Health (03.12.2020). Ministru kabineta noteikumu projekta „Darbības programmas „Izaugsme un nodarbinātība” 9.2.7. specifiskā atbalsta mērķa „Atbalsts ārstniecības personām, kas nodrošina pacientu ārstēšanu sabiedrības veselības krīžu situāciju novēršanai” sākotnējās ietekmes novērtējuma ziņojums (anotācija) [Initial Impact Assessment Report (annotation) of the draft Cabinet of Ministers Regulation "Preliminary Impact Assessment Report of the Specific Support Objective 9.2.7 of the Operational Programme "Growth and Employment" "Support to medical practitioners providing treatment to patients to prevent public health crises""]. 9. OECD & European Observatory on Health Systems and Policies (2021). State of Health in the EU: Latvia. Country Health Profile 2021. Available: https://eurohealthobservatory.who.int/publications/m/latvia-country-health-profile-2021 10. Saeima (2020). Likums "Par valsts institūciju darbību ārkārtējās situācijas laikā saistībā ar COVID-19 izplatību" [Law on the action to be taken by public authorities during the emergency situation related to the spread of COVID-19]. Available: https://likumi.lv/ta/id/313730-par-valsts-instituciju-darbibu-arkartejas-situacijas-laika-saistiba-ar-COVID-19-izplatibu
<p>II: Stakeholder consultations</p>	<p>Stakeholders consulted as part of this case study included representatives of the Ministry of Health and the Ministry of Finance in Latvia.</p>

Luxembourg – FEAD Operational Programme (2014LU05FMOP001)

Qualitative case study: **Food aid and/or basic material assistance** (Aide alimentaire et/ou assistance matérielle de base)

National context

Overview of the COVID-19 situation in Luxembourg

The COVID-19 pandemic impacted food security and over 90% of European Food Banks experienced an increase in demand for emergency food assistance.⁵¹⁹ Luxembourg was in a fortunate situation at the start of the pandemic by comparison. It entered 2020 with its FEAD food product stocks full, meaning it was able to handle the early supply shortages of the pandemic very well.⁵²⁰ This was important, as, due to being a small country with no local food production, it could have been severely affected by COVID-19 supply shortages.

However, as in many countries, lockdown measures affected everyday economic life in Luxembourg, as well as voluntary activities, such as the distribution of food products to those in need. Overall, across Europe, analysis indicates that, despite the social restrictions and other challenges of the pandemic, food banks were able to redistribute a significantly higher amount of food, through organisational innovations.⁵²¹ The same has been true for Luxembourg, especially in the context of this FEAD case study, where implementing organisations came up with new ways to ensure socially vulnerable people got access to the help they needed. Notably, only three out of the 16 social groceries and 'banque alimentaire' that make up the National Group for FEAD in Luxembourg had to close during the first three lockdown months (they re-opened in July 2020), something stakeholders interviewed were very proud of.⁵²²

From February 2020 to September 2022, there was a 6.3% increase in social benefit recipient numbers in Luxembourg (compared to an EU average of 3.6%).⁵²³ Despite being a wealthy country, Luxembourg has many vulnerable people living or working there. In fact, the cost of living has been steadily increasing over the past years, and in 2019, Luxembourg recorded the highest increase in the EU of the monetary poverty gap for the working-age population living in households with very low work intensity.⁵²⁴ This is because households have high levels of debt compared to their incomes, with mortgages (often due to housing costs) making up around 80% of household debt in 2019.⁵²⁵ A 2019 report indicated that this increase in debt could mean that lower income households would struggle in the event of an economic downturn.⁵²⁶

This proved to be the case during the COVID-19 crisis, as shown by a report done by Caritas. Out of the 445 requests through their Corona Helpline between 7 April and 31 August 2020, 67% of those asking for help had either never asked for social assistance before or had not needed social assistance in the last 12 months.⁵²⁷ Furthermore, a majority of these cases (93.3%) mentioned concerns over the cost of living and housing.⁵²⁸

⁵¹⁹ FEBA (2020). European Food Banks in a post COVID-19 Europe, Interim report (2022), p.22.

⁵²⁰ Interview with a representative of the FEAD Managing Authority in Luxembourg, conducted in 2022.

⁵²¹ FEBA (2020) European Food Banks in a post COVID-19 Europe, Interim report (2022), p.22.

⁵²² Interview with Red Cross and Caritas, conducted in 2022.

⁵²³ Monitoring report on the employment and social situation following the COVID-19 outbreak (Winter 2021-2022).

⁵²⁴ ESPN (2021). Social protection and inclusion policy responses to the COVID-19 crisis. Luxembourg

⁵²⁵ European Commission (2019). COMMISSION STAFF WORKING DOCUMENT- Country Report Luxembourg 2019- Accompanying the document COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE EUROPEAN COUNCIL, THE COUNCIL, THE EUROPEAN CENTRAL BANK AND THE EUROGROUP 2019 European Semester: Assessment of progress on structural reforms, prevention and correction of macroeconomic imbalances, and results of in-depth reviews under Regulation (EU) No 1176/2011, SWD(2019) 1015 final. Available at: https://www.etui.org/sites/default/files/ez_import/2019-european-semester-country-report-luxembourg_en.pdf

⁵²⁶ Ibid.

⁵²⁷ Caritas.lu (2020). Available at :https://www.caritas.lu/sites/default/files/revendications_caritas_luxembourg_version_definitive-20201008.pdf

⁵²⁸ Caritas.lu (2020). Available at :https://www.caritas.lu/sites/default/files/revendications_caritas_luxembourg_version_definitive-20201008.pdf

	<p>The cost of living in Luxembourg also affected non-EU migrants in an irregular situation who were particularly exposed to the COVID-19 crisis due to being more heavily exposed to the risk of poverty in general.⁵²⁹ Non-EU migrants in an irregular situation were particularly affected by the pandemic, as due to their irregular legal status they could not access any of the general social security measures in place in Luxembourg during the pandemic (discussed below). In addition, these irregular migrants could not leave Luxembourg due to the lockdown travel restrictions; they were thus faced with these high costs of living without support at the onset of the pandemic.⁵³⁰</p>
<p>National and regional measures to mitigate the crisis</p>	<p>Luxembourg has undertaken several national measures to counter the effects of the pandemic, particularly to continue to facilitate social inclusion. The cost of living in Luxembourg has already been mentioned as a key concern for many inhabitants of the country, with house prices and rent being very high for many people relative to their income. Due to loss of work and uncertainty about future income during the pandemic, two novel national measures were passed to help in this regard. The first was a suspension of evictions in respect of residential leases (from 25 March 2020 to 25 July 2020; and again, from 23 December 2020 to 31 March 2021), and the second was a freeze on rent increases (from 20 May 2020 until at least 30 June 2021).⁵³¹ This avoided people being forced out onto the streets during an emergency period. An additional measure put in place by the State of Luxembourg in 2020 was an increase in rent subsidy (adapted due to the COVID-19 crisis) to between 134 EUR and 294 EUR.⁵³²</p> <p>Another very important measure brought in by the State of Luxembourg in 2020 was a double allocation on the ‘allocation de vie chère’ (cost of living) benefit for eligible households, namely residents who face financial difficulties.⁵³³ The municipality of Sanem, where the Eis Epicerie Zolwer social grocery is based, added an additional 70% of the original allowance for persons in need.⁵³⁴</p> <p>Non-EU migrants in an irregular situation were one of the vulnerable groups identified during the COVID-19 crisis. Many of them found themselves without employment and without state aid at the outset of the pandemic due to their irregular status. From April 2020, a support organisation for immigrant workers (ASTI) ensured that this group of people could benefit from social groceries to facilitate access to cheaper food and basic products. For geographic reasons, almost 80% of this group of people used the Caritas social grocery in Luxembourg city.⁵³⁵</p> <p>Another key measure brought in through national funding that targeted towards people benefiting from the FEAD operation described in this case study, involved the distribution of free face masks between November 2020 and December 2021 to all people over the age of 15 receiving FEAD products. Due to organisational issues and budget limitations, the Managing Authority of FEAD couldn’t afford the purchase of masks by public procurement on its own. In the end the Ministry of Health was able to implement this measure.⁵³⁶</p>
<p>Overview of identified ESF/FEAD interventions implemented in response to the COVID-19 crisis</p>	
<p>Overview of key information about the FEAD interventions implemented in</p>	<p>Luxembourg used the CRII/CRII+ package in just two operations, one under ESF and one (this case study) under FEAD. Both operations were at the national level.</p> <p>The ESF operation ‘prise en charge du chômage partiel suite à la suspension de certaines activités pour éviter la propagation du COVID-19’ (addressing partial unemployment due to the suspension of certain activities because of COVID-19) was a new operation introduced during the pandemic through the use of CRII/CRII+.⁵³⁷ Its aim was to support companies in economic difficulty to avoid redundancies and also provide economic assistance to</p>

⁵²⁹ ESPN (2021). Social protection and inclusion policy responses to the COVID-19 crisis, Luxembourg.

⁵³⁰ Interview a representative of the FEAD Managing Authority in Luxembourg, conducted in 2022.

⁵³¹ ESPN (2021). Social protection and inclusion policy responses to the COVID-19 crisis, Luxembourg.

⁵³² Information provided by Caritas.

⁵³³ Information provided by Caritas.

⁵³⁴ Interview with Eis Epicerie Zolwer, conducted in 2022.

⁵³⁵ Information provided by Caritas.

⁵³⁶ Interview with a representative of the FEAD Managing Authority in Luxembourg, conducted in 2022.

⁵³⁷ SFC database.

**response to
COVID-19**

employees in partial unemployment due to the COVID-19 crisis. The CVST and CVR1 indicators were used to monitor how many participants benefited from the scheme (target 1,000) and how many were in employment after 6 months (target 1,000).⁵³⁸

The FEAD operation analysed here, 'aide alimentaire et/ou assistance matérielle de base', used CRII/CRII+ measures, such as the possibility to use 100% co-financing (instead of 85%) to pay for the additional fees to the intermediary partner organisation, to ensure the continuation of sourcing and distribution of FEAD products for those in need (a 86.35% co-financing rate was used in the end).⁵³⁹ The Managing Authority also utilised the extra funding through the technical assistance for an e-platform through which FEAD users could pre-order their products and select a timeslot to pick them up in, in order to reduce social contact.

Brief description of the selected operation

The national FEAD operation 'aide alimentaire et/ou assistance matérielle de base' (food and basic material assistance provision), falls under the OP I and began in 2014 and ends in 2023. This operation ensures the purchase and distribution of FEAD products⁵⁴⁰ to vulnerable people through épiceries sociales (social groceries) and the banque alimentaire (food bank). The Managing Authority works with several partner organisations to implement the operation. The intermediary partner organisation, Spëndchen, coordinates with the offices sociaux (social offices) and the providers of FEAD products and is in charge of ensuring their distribution. The 16 social groceries that distribute the FEAD products are run by Caritas Luxembourg, Red Cross Luxembourg, NGO Cent buttek, and Eis Epicerie Zolwer (a standalone organisation in the south of Luxembourg). The 'banque alimentaire' operates slightly differently and delivers 'packages' to social workers who distribute them to beneficiaries.⁵⁴¹ It should be noted that the five organisations work independently of one another, and their main function remains as social grocery rather than distributor of FEAD products.

The objectives of the operation are to foster social inclusion and to reduce poverty in Luxembourg as per the Europe 2020 strategy. The target group of the operation is socially vulnerable persons and/or households addressed mainly by the 'offices sociaux' and a few assigned NGOs. In 2019, 12,621 persons (5,123 households) benefited from this operation. In 2020, around 200 more households were helped through the operation (5,331), although the number of individual persons was largely the same (12,579).⁵⁴²

⁵³⁸ Coronavirus dashboard.

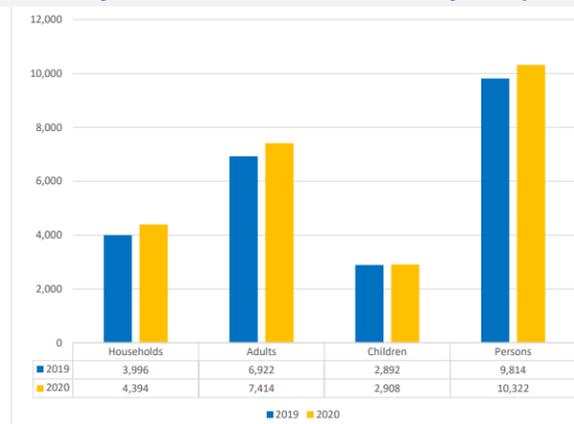
⁵³⁹ SFC database.

⁵⁴⁰ FEAD products include olive oil, sunflower oil, milk, pasta, rice, sugar, tuna, toilet paper, shampoo, soap, toothpaste, shower gel, and (from November 2020) surgical facemasks

⁵⁴¹ Résumé du rapport annuel FEAD 2020.

⁵⁴² SFC2014 database.

Figure A 45: Number of households or people who contacted the social groceries of Red Cross and Caritas in 2019 and 2020, between 1 January and 31 December each year (Luxembourg, households, or people)



Note: These data may not accurately reflect the situation, as another provider of social groceries had closed its shops during this period. On the other hand, because of the crisis, an additional social service was allowed to issue its clients with access cards to the social groceries. In addition, data from the 445 people who used the "Caritas corona helpline" between 7 April 2020 and 31 August 2020 show that 860 people, including 308 children, were helped. Analysis of these data has shown that many people who had a decent living before the crisis are now in dire financial straits. Of these 445 requests processed by the helpline, 67% had never used social assistance or at least not in the past 12 months. So these were people who impoverished because of the crisis.⁵⁴⁵
Source: An internal report of the Red Cross and Caritas social groceries; these data will probably be published later in their annual report for 2020.

Source: ESPN, Social protection and inclusion policy responses to the COVID-19 crisis, Luxembourg (2021)

During the COVID-19 pandemic, the operation was adjusted to include face masks as a FEAD product to be distributed to all persons over the age of 15 receiving FEAD support (between November 2020 and December 2021). Technical Assistance was used to create an e-platform for buttek.lu⁵⁴³ for those entitled to FEAD support to pre-order their products and select a time slot in which to pick them up, so as to avoid social contact in the groceries. During the period March 2020-June 2020, the three Cent Buttek social groceries had to close to protect the volunteers who worked there (mostly over 60 years of age and therefore at a higher risk from COVID-19). To help people still access the FEAD-provided products they needed, they were redirected to the next nearest social groceries.⁵⁴⁴ Normally, recipients of FEAD-provided products can only go to their local social grocery,⁵⁴⁵ so this measure ensured that the distribution continued to those who needed it despite the extraordinary circumstances.

Unfortunately, due to the social distancing measures introduced by the national government, many wider FEAD activities had to be suspended during the COVID-19 crisis, e.g., workshops, cooking classes, and the general "social" element of the groceries that provided support for the people using them.⁵⁴⁶

The budget for this operation was 4,404,660 EUR from the EU (3,944,600 EUR from FEAD + 460,000 EUR in REACT-EU funding), which was topped up by national funds of 696,119 EUR to make a total budget of 5,100,779 EUR.⁵⁴⁷

Effectiveness	
Priority target groups and economic sectors	<p>People who are classified as socially vulnerable or deprived by the 'offices sociaux', represent the priority target group for FEAD assistance. The products are stocked in the social groceries, along with the non-FEAD products that the groceries receive through donations from different sources, especially from supermarkets (anti-waste measures).</p> <p>To be eligible to receive products provided through the FEAD, the individuals/households in question also have to be eligible to use the social groceries. The premise is that the daily supply of goods in the social grocery are a third of the usual market price. To gain access to the social groceries a social worker will meet with the person/household to determine their monthly income and expenditure (rent, insurance, bills). If they have less than a certain amount of money left for daily supply goods ('reste à vivre') they are given access. They are then allowed to spend 25 EUR a week (per adult) in the social groceries (given the reduced prices in the groceries, this 25 EUR is the equivalent of 75 EUR in a normal supermarket), or for those in an even more difficult financial situation, they are given a voucher amounting to 25 EUR a week from the social services.⁵⁴⁸</p> <p>During the COVID-19 crisis, there was not a huge difference in either the number of people using the social groceries or, for the most part, the types of people using the social groceries. This was due to the measures taken by the national government being so effective, for example the double allocation on the 'allocation de vie chère' benefit.⁵⁴⁹ However, for a short period, namely during the first few months of the lockdown, Caritas noticed that some new groups were using the social groceries. These were people who had lost their job at the very beginning of the pandemic and for some reason were unable to receive help from the state.⁵⁵⁰ A new group of people also given access to the social groceries during the pandemic was migrants in an irregular situation.</p> <p>The Red Cross social groceries did not notice any change in the people using the groceries,⁵⁵¹ and the Eis Epicerie Zolwer actually saw a decrease in people using the groceries in 2020/21 due to the generous measures of the national and local government, doubling the cost-of-living benefit for eligible households (just 99 people receiving FEAD products used the Eis Epicerie Zolwer in 2021, compared to 181 in 2018).⁵⁵²</p>
Key challenges and factors	<p>The public procurement process for FEAD products, such as face masks, was one of the key challenges in responding rapidly to the COVID-19 crisis. While not the case for face masks, it was fortunate that there had just been a large restocking of products at the end of the 2019/beginning of 2020, right before the COVID-19 crisis started, as it meant that the social groceries had products to distribute. By contrast, in the latest procurement in 2022, there were many products that were unavailable.⁵⁵³ Therefore, the key to responding in a crisis under this operation is having the products to distribute. Even if logistical adjustments can be made (such as creating an e-platform or allowing FEAD recipients to use different social groceries and not just their local one), there must be products to distribute.⁵⁵⁴</p> <p>The rapid deployment of the extra FEAD funding was an important factor in being able to launch the e-platform for FEAD recipients to pre-order their products, thus avoiding unnecessary social contact in the social groceries. Given that the Managing Authority had never considered using electronic</p>

⁵⁴³ Buttek.lu (n.d.). Available at : <https://www.buttek.lu/>

⁵⁴⁴ Résumé du rapport annuel FEAD 2020.

⁵⁴⁵ Interview with a representative of the FEAD Managing Authority in Luxembourg, conducted in 2022.

⁵⁴⁶ Interview with Red Cross, conducted in 2022.

⁵⁴⁷ SFC database.

⁵⁴⁸ Interview with Caritas, conducted in 2022.

⁵⁴⁹ Ibid.

⁵⁵⁰ Ibid.

⁵⁵¹ Interview with the Red Cross, conducted in 2022.

⁵⁵² Interview with Eis Epicerie Zolwer, conducted in 2022.

⁵⁵³ Interview with a representative of the FEAD Managing Authority in Luxembourg, conducted in 2022.

⁵⁵⁴ Ibid.

	<p>vouchers for food and basic material aid previously (and there are still no discussions in favour of this), the platform was put together extremely quickly (from 28 March 2020) using the Technical Assistance money that was newly available thanks to CRII/CRII+. ⁵⁵⁵</p> <p>Another challenge was three of the social groceries had to close due to the age of the volunteers running them. Extra organisation and transportation mechanisms were needed to deliver the FEAD products intended for the closed Cent Buttek social groceries to the Red Cross and Caritas ones, as well as facilitating the permission needed for FEAD recipients to collect their products in a different social grocery to their local one. ⁵⁵⁶</p>
<p>Access to funding</p>	<p>According to the Managing Authority, the access to FEAD funding during the COVID-19 crisis was rapid, which led to the buttek.lu e-platform being set up by the end of March 2020. The issue was that there were sometimes uncertainties over what measures would be covered. Protective shields in the social groceries were covered by the resources of the Red Cross and Caritas, who could absorb these costs more easily as large organisations; Caritas also had to hire extra staff to help in the Luxembourg City social grocery due more people using their shop after the Cent Buttek grocery in Luxembourg City had to close. Staff furthermore had to stay longer and ensure that everything was clean, and they needed people to count the number of people in the shop at the same time (max. 7). In addition to using the online buttek.lu platform, through Caritas FEAD recipients specifically could also order their products by phone since the package of products is the same every month. ⁵⁵⁷ For the Red Cross, similar measures that they had to cover themselves were implemented (extra staff, longer hours, hand sanitizer stations, queuing facilities outdoors). However, they were also able to use the buttek.lu online platform that had been put in place by the Spëndchen through FEAD funding. ⁵⁵⁸</p> <p>Therefore, the financial burden of the day-to-day running of the social groceries, outside the scope of providing the FEAD products to recipients through the buttek.lu platform, which was indeed covered by FEAD, was left to the individual organisations running the groceries.</p>
<p>Monitoring and evaluation</p>	<p>For FEAD operations, no COVID-19 specific indicators were used. However, as confirmed by the FEAD Managing Authority in Luxembourg, there is a formal monitoring and evaluation system in place for the food and basic material assistance operation, but it was not modified during COVID-19 or for the CRII/CRII+ adjustments due to no substantial differences being observed. ⁵⁵⁹</p> <p>The National Group for FEAD in Luxembourg, which involves all the organisations working on the Operational Programme, facilitates open communication, analyses of national statistics and reflects on the progress of implementation. For example, the buttek.lu platform was a topic of conversation as to why it was not as successful as hoped. The conclusion drawn was that the lack of success was not due to lack of funding (they were able to set up the platform quickly), but rather that the system did not have the full effect intended because the social groceries also stock non-FEAD products. Therefore, when people were coming to pick up their FEAD orders, they were also going inside the social groceries to look at the non-FEAD products on offer, thus defeating the purpose of distanced pre-ordering of FEAD products. ⁵⁶⁰</p> <p>Caritas specifically, however, did monitor the increase in numbers in their Luxembourg City social grocery during the COVID-19 crisis. For example, they provided a temporary access to the social grocery during the pandemic to 59 households (107 people). They also gave access to non-EU migrants in an irregular situation, which amounted to an extra 119 households (207 people) gaining access to the Caritas Luxembourg City shop. Finally, due to the closure of the Cent Buttek shops, many users of these shops were redirected to the next nearest social grocery, i.e., the Luxembourg City one. ⁵⁶¹</p>
<p>Overall assessment</p>	<p>A key reflection of interviewees from the FEAD Managing Authority is that when dealing with the crisis, the priority was to maintain the access to and distribution of FEAD products. As no substantial differences appeared in the statistics during the pandemic, there was no reason to install a specific COVID-19 monitoring and evaluation system. Overall, the FEAD fund deployment can be considered effective, particularly as adjustments were made to the operation very quickly. The e-platform was created rapidly and quickly became used by FEAD recipients. Furthermore, the fact that the CRII/CRII+ regulations were implemented so quickly alleviated the stress of financial and administrative burdens on the Managing Authority, providing additional</p>

⁵⁵⁵ Ibid.

⁵⁵⁶ Interview with Spëndchen, conducted in 2022.

⁵⁵⁷ Interview with Caritas, conducted in 2022.

⁵⁵⁸ Interview with the Red Cross, conducted in 2022.

⁵⁵⁹ Interview with a representative of the FEAD Managing Authority in Luxembourg, conducted in 2022.

⁵⁶⁰ Interview with a representative of the FEAD Managing Authority in Luxembourg, conducted in 2022.

⁵⁶¹ Information provided by Caritas.

flexibility and avoiding additional administrative and logistical costs that would otherwise have occurred. However, there were some instances where access to funding caused issues, notably in the procurement of face masks to distribute to FEAD recipients and in covering the specific costs for adjustments the social groceries needed to make their shops safe to facilitate continued distribution of products (both FEAD and non-FEAD). In these instances, a perceived lack of clarity concerning what measures could fall under the CRII/CRII+ flexibilities led to national funding and other resources being used to ensure the safety of FEAD recipients and social grocery volunteers and staff. While these were challenges to effectiveness, they were not seen as significantly altering the overall impact of the project.

Efficiency

Efficiency in enabling a rapid response to the COVID-19 crisis through ESF / FEAD

The feedback from the Managing Authority is that they were able to act quickly following on the onset of the crisis and did not have to wait too long for access to the funding. Thanks to the flexibilities they could start working on the e-platform straight away, which was quite an expensive adaptation of the operation, by putting it under Technical Assistance.⁵⁶² The e-platform for FEAD recipients was live from 28 March 2020 (and is still in use in special cases) and would not have been possible to put in place as quickly or efficiently without the flexibilities.⁵⁶³

In fact, many of the extra costs during the pandemic could be absorbed by FEAD. The Spëndchen, the intermediary partner organisation, receives an annual financing agreement to cover its costs for FEAD. At the end of the year, any extra costs are analysed, and, if eligible, taken into account by the FEAD Managing Authority.. The CRII/CRII+ measures enabled the Managing Authority to consider the additional costs incurred by the Spëndchen in 2020, due to extra logistical issues and the modifications to the buttek.lu website to allow FEAD recipients to order and reserve their products online.⁵⁶⁴ Given that CRII/CRII+ were implemented rapidly at the start of the crisis, this meant that, in turn, important changes to the operation could happen quickly.

Figure A 46: Online login to the buttek.lu e-platform to order FEAD products

caritas
croix-rouge
Buttek

Bienvenue! Français ▾

Ici, vous pouvez utiliser le formulaire de commande en ligne pour sélectionner les produits que vous souhaitez retirer lors de votre prochaine visite.
Vous devez nous fournir votre adresse électronique afin que nous puissions vous avertir lorsque les marchandises sont disponibles

1. Choix des produits, quantités, prix:
Nous vous livrons les marques qui sont actuellement disponibles.
Fourniture des produits selon nos stocks.
Le catalogue des articles pourra être adapté selon les besoins

2. Soyez solidaire!
Merci d'acheter uniquement pour vos besoins d'une seule semaine.
Nous limiterons la quantité d'un produit si commandé en grand nombre.

Numéro de matricule:

Numéro de bon/ Carte client:

Suivant

Source: Screenshot from PowerPoint provided by Luxemburgish FEAD MA

All the social groceries were likewise able to implement safety measures in their stores quickly, as well as start distributing masks for free once they became a product for whom those receiving FEAD support were eligible. However, the financial burden of these measures fell not on FEAD, but on

⁵⁶² Interview with a representative of the FEAD Managing Authority in Luxembourg, conducted in 2022.

⁵⁶³ Ibid.

⁵⁶⁴ Ibid.

	<p>national funding and individual costs incurred by the social groceries. Therefore, while the flexibilities supported efficiency in the sense of (rapidly) ensuring a continued service for social grocery users and FEAD recipients, the financial burden was significant for the social groceries in order to do this.</p>
<p>Relevance</p>	
<p>Relevance of objectives and measures to needs on the ground</p>	<p>For the Managing Authority the relevance of the operation to the needs on the ground was mainly linked to the safety of FEAD recipients and volunteers or staff working in the social groceries. Therefore, the changes made to use the new buttek.lu e-platform to facilitate social distancing and to provide face masks and protective shields in the social groceries were seen as highly relevant. In fact, the decision to include face masks on the list of FEAD products, rather than hand sanitiser or soap, was due to the situation of most people receiving FEAD products, namely that they were less able to avoid social contact than other members of society due to their jobs and needing to take public transport.⁵⁶⁵</p> <p>For the implementing organisations, namely the social groceries, being able to ensure the continued distribution of FEAD products to FEAD recipients without any real negative effects was viewed as being extremely relevant to the needs on the ground. FEAD recipients did not have to worry about getting their FEAD parcel each month, they did not need to queue or make sure they got to the shop as they knew it would be prepared for them regardless, and even delivered. This meant they could limit their time in social groceries, thus enabling them to social distance as was necessary during this period.⁵⁶⁶</p>
<p>Relevance to priority target groups and economic sectors</p>	<p>The operation was, and still is, relevant to the needs of the target groups outlined in the Operational Programme, namely socially deprived persons. Given only a few new groups started using the social groceries and received FEAD products during the 2020 lockdown, the relevance of the operation to the priority target groups remained largely the same, as they continued to be able to receive their FEAD products every month which remained important. Furthermore, given that FEAD recipients had the option to order their FEAD parcels not just online, but also over the phone (Caritas), meant that there was no reliance on stable internet access or access to a library or internet café, which could have limited the ability of some recipients to receive the products that they needed during this period.</p> <p>Furthermore, the focus on the people, rather than just handing out the food packages, was seen as relevant to the target groups of the operation, as the social groceries did as much as they could to maintain the “social” aspect by hiring extra people to be there to speak to FEAD recipients waiting in line to collect their parcel outside the shops. Red Cross interviewees highlighted that a lot of the “social” aspect was lost due to activities run by the groceries being cancelled, and constantly changing personnel, due for example to staff getting COVID-19 themselves, led to less personal relationships with customers.⁵⁶⁷ Caritas interviewees noted the importance of being able to have extra personnel present to listen to the recipients’ problems; this was viewed as particularly important given the increased rate of loneliness during the COVID-19 crisis due to the lockdowns.⁵⁶⁸</p>
<p>Coherence</p>	
<p>Coherence with ESF initiatives implemented before the COVID-19 crisis</p>	<p>This operation is consistent with the FEAD operation in place before the COVID-19 crisis, as the adjustments made to the operation were to ensure a continuation of food and basic material assistance provision to socially vulnerable people and facilitate social inclusion. The changes were to ensure the safety of both the staff/volunteers in the social groceries (through the implementation of protective shields, as well as the three-month-long closure of three groceries while facilitating FEAD recipients going to the next nearest grocery to pick up their products), and FEAD recipients themselves (through the distribution of masks and encouraging limited social contact through the e-platform).</p>

⁵⁶⁵ Interview with a representative of the FEAD Managing Authority in Luxembourg, conducted in 2022.

⁵⁶⁶ Interview with Caritas, conducted in 2022.

⁵⁶⁷ Interview with the Red Cross, conducted in 2022.

⁵⁶⁸ Interview with Caritas, conducted in 2022.

<p>Coherence with national and regional measures during the COVID-19 pandemic</p>	<p>It is important to highlight that the distribution of FEAD products in the social groceries is just one of their functions. Therefore, measures undertaken through FEAD funding are always coherent with national measures regarding the functioning of the social groceries. During the COVID-19 crisis, the social groceries implemented social distancing measures that were imposed nationally in the shops in order to stay open and continue to allow people to come and collect their FEAD and non-FEAD products. The social services in Luxembourg provide access to vulnerable people to the social groceries and therefore also decide as well if people are entitled to FEAD products. The fact that extra measures were put in place during the pandemic by the social services to allow temporary access to new vulnerable groups, as highlighted by the Caritas Luxembourg City social grocery, was important to help people struggling with the effects of the pandemic, as well as giving non-EU migrants (in an irregular situation) access, who had previously “slipped through the net”.⁵⁶⁹</p>
<p>Coherence with other EU funding mechanisms during the COVID-19 pandemic</p>	<p>REACT-EU funding was used by the FEAD MA in addition to the CRII/CRII+ measures from 2021.⁵⁷⁰ The funding contributed to the existing FEAD operation and absorbed some of the extra costs of the adjustments, e.g., running the e-platform, extra staff etc. The FEAD Managing Authority highlighted that they found the REACT-EU funding to be very useful in the crisis context.</p>
<p>Contribution of ESF and FEAD under CRII and CRII+ to the crisis reaction</p>	
<p>Assessment of contribution of ESF and FEAD under CRII and CRII+ to the crisis reaction</p>	<p>The contribution of the food aid and basic material assistance operation through FEAD to respond to the COVID-19 crisis was moderate. It is clear that the CRII/CRII+ flexibilities facilitated the implementation of the buttek.lu e-platform, which was an innovative solution to social distancing requirements. Indeed, the crucial point here is that it was implemented so quickly (28 March 2020) due to access to funding at the very beginning of the crisis. It is also important to note the 100% co-financing rate which contributed to the MA and the Spëndchen being able to quickly coordinate an adequate crisis response by allowing for extra costs in setting up the e-platform, sourcing FEAD products and finally distributing them to the social groceries all over Luxembourg. The flexibility in adding face masks to the list of free FEAD products to distribute in the social groceries was also very useful, although they were procured and financed by the national government. This meant that FEAD recipients continued to receive food and basic material assistance packages regularly throughout the pandemic, and more safely, due to the extra precautions taken with social distancing and by providing free face masks.</p> <p>However, it should be noted that the positive contribution of FEAD through CRII/CRII+ was not necessarily fully felt in the individual social groceries who had to face many of the costs associated with social distancing to protect staff and customers alike. Ultimately, this is because the social groceries operate independently of the FEAD funding and also sell non-FEAD products at a discounted price to those most in need in Luxembourg, as part of national government social welfare measures. Large organisations like the Red Cross and Caritas were also able to absorb these extra costs more easily and stayed open throughout the pandemic, which meant that FEAD recipients continued to receive the packages they needed. Caritas also absorbed extra people into its Luxembourg City social grocery, and the flexibility in being able to do this meant that people were not left behind.</p>
<p>Overview of early results/ impact on organisations and participants & Stories of change</p>	
<p>Overview of early results/ impact on</p>	<p>As a result of the Luxembourg City Cent Buttek grocery closing, the Luxembourg City Caritas social grocery had to provide for the people who had been going to the Buttek shop. This meant that Caritas had more people coming to their shop in 2020/21 and they therefore needed more staff as a</p>

⁵⁶⁹ Interview with the Red Cross, conducted in 2022.

⁵⁷⁰ SFC database.

<p>organisations and participants and stories of change</p>	<p>result to cater for this. This short-term change in number of social grocery users meant at least 314 more people were using the Caritas Luxembourg City social grocery than usual.⁵⁷¹</p> <p>Another key change was delivering FEAD products from the social groceries, or arranging pick-up slots in the shops, as previously social grocery users had always come directly into the shop to pick up their FEAD package or to buy the other non-FEAD discounted products. The possibility to order the products online or call the social grocery to arrange a delivery or pick-up slot was an innovative solution to the social distancing measures in place which helped to keep FEAD recipients and social grocery staff safer during the crisis. The fact that the e-platform is still being used, at least in the Red Cross social groceries,⁵⁷² to help with FEAD recipients who have mobility issues or aggressive tendencies, is a story of change in the organisation of the social groceries that would not have happened without the CRII/CRII+ flexibilities that facilitated the set-up of this e-platform.</p> <p>It should be noted though, that there is no data on whether the Cent Buttek shops are still using the platform. The Eis Epicerie Zolwer did not use the online platform, but they did offer a separate delivery service.⁵⁷³ However, due to the reduced number of people using the Eis Epicerie Zolwer for FEAD products, fewer measures to promote social distancing were needed compared to the Caritas Luxembourg City social grocery which saw a significant increase in users. This was due to the closure of the Cent Buttek grocery located near Luxembourg City, as well as this Caritas grocery being located near the ASTI centre, which gave access to migrants in an irregular situation to the social groceries.</p> <p>Regarding the effects on individuals, it was clear from the interviews with stakeholders that they regretted having to put a stop to many of the more “social” activities on offer at the social groceries e.g., workshops, cooking classes etc. The social distancing measures and lockdown meant that the “social” aspect of the grocery was reduced. So, even though none of the participants lacked for FEAD products during the COVID-19 crisis due to the extra efforts and measures put in place, the sense of engagement with the community and additional support was somewhat lost.⁵⁷⁴</p>
<p>Lessons learnt</p>	
<p>Lessons learnt</p>	<p>The key lessons learnt from the implementation of the food aid and basic material assistance operation in Luxembourg during the COVID-19 crisis vary from individual, to organisational, to the policymaking/programming levels.</p> <p>At an individual level, it was clear to the partner organisations implementing the operation that when confronted with a crisis such as this, they can count on people to help. Caritas had many volunteers calling them to ask if they needed extra help during this period, and the experience has been the same in the latest crisis Europe is facing with the war in Ukraine.⁵⁷⁵</p> <p>From the organisational standpoint, one of the lessons learnt for Managing Authority and the Spëndchen was the fact that they were well stocked on FEAD products before the start of the COVID-19 crisis. This was not due to planning but helped the early efforts in the pandemic to keep the steady distribution of products to those in need. Therefore, while it is difficult to fully plan for these crisis situations, a lesson could be that preparation as far as is possible, by building resilience into the supply chain, can have an important impact on dealing with future crises. For example, now with the Ukraine crisis and the supply shortages related to it, the Spëndchen is having more difficulties in sourcing FEAD products and having enough to distribute to FEAD recipients.⁵⁷⁶</p> <p>One of the crucial issues for the Managing Authority was the internal public procurement procedures for face masks. The lack of clarity as to whether they could be covered under FEAD due to the definition of hygienic and control standards at the time, as well as the high prices of face masks on international markets in mid-2020 slowed them down and it was fortunate that the national government was able to help.</p>

⁵⁷¹ Based on figures provided by Caritas.

⁵⁷² Interview with the Red Cross, conducted in 2022.

⁵⁷³ Interview with Eis Epicerie Zolwer, conducted in 2022.

⁵⁷⁴ Interview with the Red Cross and Eis Epicerie Zolwer, conducted in 2022.

⁵⁷⁵ Interview with Caritas, conducted in 2022.

⁵⁷⁶ Interview with Spëndchen, conducted in 2022.

In addition, it was useful to have the CRII support to cover the set-up costs of the e-platform for FEAD recipients to order their products. However, as the National Group for FEAD in Luxembourg learnt during the crisis, having an e-platform did not guarantee reduced social contact for FEAD recipients or social grocery volunteers/staff. This was due to people still checking the social shops for non-FEAD products, thus not reducing social contact as effectively as the Managing Authority and the Spëndchen had hoped. However, ultimately the CRII/CRII+ measures helped them to set up the platform quickly. The platform has also proved useful after the pandemic in enabling people with mobility issues or people with aggressive tendencies to order their FEAD products remotely, thereby continuing to receive these packages without putting themselves or others at risk.⁵⁷⁷ A lesson is thus the potential ongoing utility of such platforms in the context of the needs of particular groups, even if the platform did not fully reduce social contact to the degree intended during the pandemic.

Finally, at the policymaking/programming level, the FEAD MA highlighted the decrease in the FEAD budget for the next programming period and the fact that the extra funding received through REACT-EU was very useful in mitigating the crisis and would be useful in future crisis situations too.

Annexes

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II: Stakeholder consultations

Stakeholders consulted as part of this case study included representatives of the Ministry for Family and Integration in the Grand-Duchy of Luxembourg and implementing organisations (Spëndchen asbl, Caritas, Red Cross, Eis Epicerie Zolwer).

⁵⁷⁷ Interview with the Red Cross, conducted in 2022.

Poland – Knowledge Education Growth - ESF/YEI (2014PL05M9OP001)

Qualitative case study: **Akademia streetworkingu** (Project under 9i: social inclusion)

National context

Overview of the COVID-19 situation in Luxembourg

The COVID-19 pandemic was a massive and unexpected shock for societies and economies across the globe. In Poland, the first confirmed COVID-19 case was on 4th March 2020.⁵⁷⁸ Since the beginning of the outbreak in Poland, national authorities have confirmed 6 253 044 infections, including 6,122 201 new infections and 130,803 re-infections.⁵⁷⁹ On 20th September 2022, infection with COVID-19 was confirmed in 16.58% of the Polish population.⁵⁸⁰ The authorities reported that 5,335,950 people have recovered and 117,367 people died due to COVID-19.⁵⁸¹ Poland is divided into 16 voivodeships (regions). The highest number of cases were reported in two of the three most populated voivodeships - Mazowieckie region at 946,249 (15.47%) and Slaskie region at 743,385 (12.15%). The table shows the confirmed number of people with SARS-CoV-2 virus infections in Polish voivodeships¹.

Table A 37 – Number of infected people with COVID-19 in Polish regions and their share in total confirmed cases

	Voivodeship (region)	Number of infected people	Share of infected people
1	mazowieckie	946 249	15.47%
2	slaskie	743 385	12.15%
3	wielkopolskie	598 503	9.78%
4	malopolskie	482 524	7.89%
5	dolnoslaskie	471 810	7.71%
6	pomorskie	407 515	6.66%
7	lodzkie	380 219	6.22%
8	kujawsko-pomorskie	374 029	6.11%
9	lubelskie	325 797	5.33%
10	zachodniopomorskie	298 933	4.89%
11	podkarpackie	253 182	4.14%
12	warminsko-mazurskie	211 494	3.46%

⁵⁷⁸ Ministerstwo Zdrowia (2020). Pierwszy przypadek koronawirusa w Polsce. Available at: <https://www.gov.pl/web/zdrowie/pierwszy-przypadek-koronawirusa-w-polsce>

⁵⁷⁹ Koronawirus w Polsce (2022). Przyrost potwierdzonych zakażeń SARS-CoV-2 w Polsce. Available at: <https://koronawirusunas.pl/> (Accessed on: 20.09.2022)

⁵⁸⁰ Ibid.

⁵⁸¹ Serwis Rzeczypospolitej Polskiej (2022), Data on 20th September 2022. Available at: <https://www.gov.pl/web/koronawirus/wykaz-zarazen-koronawirusem-sars-cov-2>.

STUDY SUPPORTING THE PRELIMINARY EVALUATION OF THE SUPPORT PROVIDED BY ESF AND FEAD UNDER THE CORONAVIRUS RESPONSE INVESTMENT INITIATIVES (CRII AND CRII+)

13	podlaskie	158 751	2.60%
14	lubuskie	158 428	2.59%
15	opolskie	153 284	2.51%
16	swietokrzyskie	153 185	2.50%

Source: Own compilation based on data Serwis Rzeczpospolitej Polskiej⁵⁸²

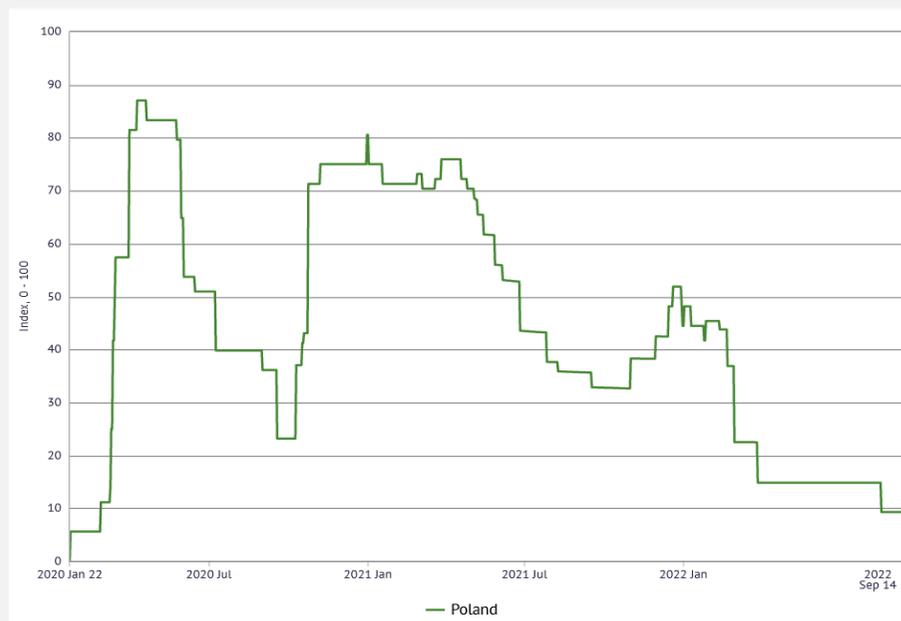
The emergence of the new SARS-CoV-2 coronavirus and the outbreak of the COVID-19 pandemic have triggered governments around the world, including Poland, to design and implement restrictions on economic and social activities. These measures aimed to reduce the number of infections, and spread of SARS-CoV-2 coronavirus, avoid overloading health services and reduce the death levels as quickly as possible. The University of Oxford decided to develop the online tool The Oxford Covid-19 Government Response Tracker (OxCGRT) which collects systematic information on policy measures that governments have taken to tackle COVID-19.⁵⁸³ Within this, a Stringency Index records the strictness of 'lockdown style' policies that primarily restrict people's behaviour.⁵⁸⁴ In Poland, this index shows that during the first wave of the pandemic (March–June 2020), the second wave (November- April 2021) and the third wave (December 2021-February 2022), the policy response was similar to that observed in Italy, Germany or Spain. Generally, established restrictions and their strictness levels were high. However, the Polish government lifted restrictions earlier than in these other countries.

⁵⁸² Serwis Rzeczpospolitej Polskiej (2022). Raport zakażeń koronawirusem (SARS-CoV-2). Available at: <https://www.gov.pl/web/koronawirus/wykaz-zarazen-koronawirusem-sars-cov-2>

⁵⁸³ University of Oxford (n.d.). Covid-19 Government Response Tracker. Available at: <https://www.bsg.ox.ac.uk/research/research-projects/covid-19-government-response-tracker>

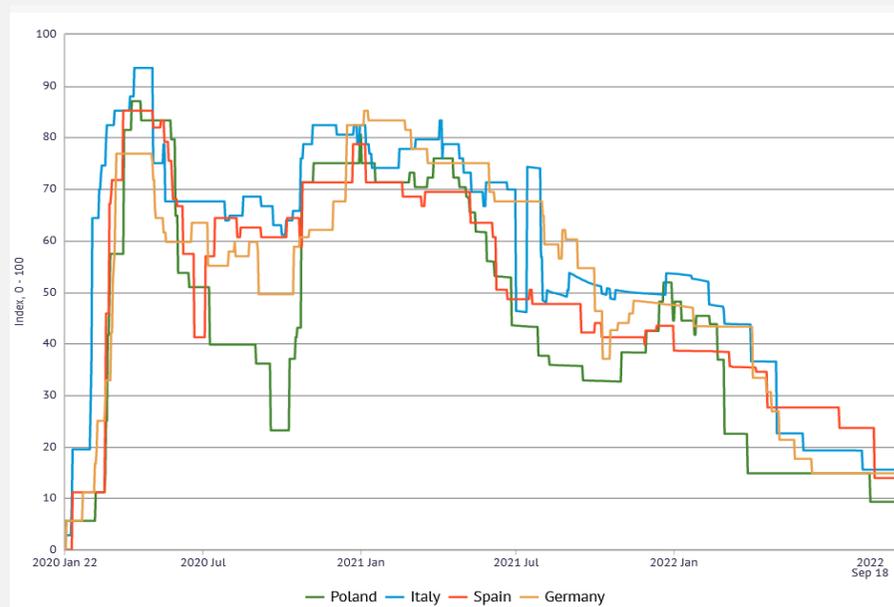
⁵⁸⁴ The University of Oxford developed 4 policy indices, which aggregate the data into a single number from 0-100. This is a measure of how many of the relevant indicators a government has acted upon, and to what degree. One of those four is The Stringency index which is a synthetic measure that assesses the strength of economic restrictions based on a dozen indicators. The indicators of which the Stringency Index is composed are school closures, workplace closures, cancellation of mass events, assembly restrictions, public transport closures, public information campaigns information, recommendations to stay at home, restrictions on cross-border traffic, controls on foreign travel, testing policies, contact tracing, face covering, vaccination strategy, available at: <https://www.bsg.ox.ac.uk/research/research-projects/covid-19-government-response-tracker>.

Figure A 47: Oxford Covid-19 Government Response Tracker. Stringency Index Average in Poland⁵⁸⁵



⁵⁸⁵ Hale, Thomas and Samuel Webster (2020). Oxford COVID-19 Government Response Tracker. Data use policy: Creative Commons Attribution CC BY standard., Stringency Index Average, Available at: <https://public.knoema.com/etibpge/oxford-covid-19-government-response-tracker?regionId=PL>

Figure A 48: Oxford Covid-19 Government Response Tracker. Stringency Index Average in Poland, Italy, Spain and Germany⁵⁸⁶



In Poland, most restrictions were introduced during the first wave of the pandemic in March 2020 (between 10 and 31 March). After 24 May 2020, restrictions were gradually lifted till the 24th of October 2020. Restrictions included social distancing, wearing masks in public spaces, suspension of border traffic, restrictions on citizens' movement and on public transportation vehicles, and the closure of sports, cultural and educational entities.⁵⁸⁷ Many companies had to temporarily close businesses, especially services such as restaurants, hotels, hairdressers, shopping centres, fitness centres, etc. During three lockdowns, Poland operated under a strict sanitary regime⁵⁸⁸ to protect the health and well-being of the population. Restrictions included the closing of large stores and public spaces like parks or beaches and public buildings.

In consequence, the lockdown meant fewer opportunities for vulnerable social groups like homeless people to request money or food from passing citizens. The homeless and people using shelters no longer had access to usual food supplies, washing facilities and basic hygiene (soap, showers), or even a safe place to stay, as public restrooms and services, in general, were closed down. Additionally, in general, homeless people do not have easy access to health care, vaccinations or disinfectants, etc. Moreover, many homeless people suffer from various chronic illnesses, which increases their vulnerability to potential COVID-19 infection.⁵⁸⁹ As a result, homelessness has also become a huge epidemiological problem.⁵⁹⁰ Alongside the above, social isolation increasingly affected people experiencing homelessness as city centres emptied,⁵⁹¹ with restrictions being forced on homeless people even though they were not always in a position to obey them.

According to case study interviewees, homelessness is generally considered an urban issue and the homeless are often highly represented in bigger cities in Poland. Their appearance beyond large cities, in smaller or rural towns, and villages, is rare.⁵⁹² Therefore, it was principally the municipal authorities for larger urban locations that needed to face and solve the problems and issues of caring for homeless people during COVID-19.

	<p>The Polish Ministry of Family and Social Policy analyses homelessness. The number of homeless people has been calculated since 2015, based on estimations. Such an analysis is complicated, and complete measurement is impossible because only some homeless people use institutional care. In reality, the number of homeless people may be much higher. The data for 2019 is the most valid, as there has been no measurement of the number of homeless people during COVID-19.⁵⁹³ According to the analysis of the Ministry of Family and Social Policy, 30,330 homeless people were identified in Poland in 2019 (25 369 men (83.6%) and 4 961 women (16.4%). The number of homeless people is decreasing. The Ministry's estimation showed 36 161 homeless in 2015 and 33 410 in 2017.⁵⁹⁴ The decrease was observed among both women (by more than 500) and men (by more than 2,500).⁵⁹⁵ Proportionally, most homeless people were in the 41-60 age bracket - 13 801 - in 2019.</p> <p>Analysing the data by voivodeship in Poland, the highest numbers of homeless people are in Mazowieckie and Slaskie regions, both more than 4 000. In Pomorskie and Dolnoslaskie, the number of homeless was estimated at around 3000 people in both regions in 2019.⁵⁹⁶</p> <p>The Street work Academy project (PL: Akademia Steetworkingu) had a nationwide scope; however, the main activities were implemented in cities in voivodeships/regions where the homelessness problem is the biggest – Warszawa (Mazowieckie region), Gdańsk (Pomorskie region), Gliwice (Slaskie region), Jelenia Góra and Wrocław (Dolnoslaskie region).⁵⁹⁷ In those cities, the homeless services providers were often the only option for homeless people to access basic support or basic medical care. However, government-run, municipality-run or public-run shelters were often overcrowded, not adapted to sanitary restrictions and without sufficient space for physical distancing. Additionally, a lot of homeless people were further affected as they were exposed to so many diseases⁵⁹⁸. The pandemic provided an opportunity for governments and authorities in municipalities and regions to change the way they shaped public and social policies relating to the homeless. ESF funds under the CRII/ CRII+ were also used to mitigate the problems of homeless people.</p>
<p>National and regional measures to</p>	<p>The Polish government implemented several legal and financial measures to mitigate the effects of the COVID-19 pandemic, including an increase in budget expenditure. The general framework for state anti-crisis measures was established in the act adopted on March 2, 2020, which implemented special regulations (PL: specustawa) aiming to counter the COVID-19 pandemic.⁵⁹⁹ On April 3, 2020, the government adopted a special regulation</p>

⁵⁸⁶ Ibid.

⁵⁸⁷ Santander Bank Polska S.A., (2020). Departament Analiz, Sytuacja społeczno-gospodarcza Polski w dobie pandemii. Available at: https://odpowiedzialnybiznes.pl/wp-content/uploads/2020/12/FOB_Santander_Sytuacja_spolesczno-gospodarcza_Polski_w_dobie_pandemii.pdf

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⁵⁸⁹ Interview conducted with representatives of an implementing non-governmental organisation in Poland, September 2022.

⁵⁹⁰ Gumowski P. (2022). COVID-19 jako problem zdrowia publicznego w odniesieniu do osób bezdomnych. Available at: <https://www.termia.pl/koronawirus/COVID-19-jako-problem-zdrowia-publicznego-w-odniesieniu-do-osob-bezdomnych.45089.html>

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⁵⁹² Interview conducted with representatives of an implementing non-governmental organisation in Poland, September 2022.

⁵⁹³ Ministry of Family and Social Policy (n.d.). Bezdomność. Available at: <https://www.gov.pl/web/rodzina/pom-spol-bezdomnosc>

⁵⁹⁴ Collected data shows that around 33 410 homeless people lived in Poland in 2017 (around 5500 women and around 27910 men). Naczelna Izba Kontroli (2019). Działania wspierające i aktywizujące osoby bezdomne. Available at: <https://www.nik.gov.pl/plik/id,22486.vp,25161.pdf>.

⁵⁹⁵ Ministry of Family and Social Policy (2019). Wyniki Ogólnopolskiego badania liczby osób bezdomnych - Edycja 2019. Available at: <https://www.gov.pl/web/rodzina/wyniki-ogolnopolskiego-badania-liczby-osob-bezdomnych-edycja-2019>

⁵⁹⁶ Naczelna Izba Kontroli (2019). Działania wspierające i aktywizujące osoby bezdomne. Available at: <https://www.nik.gov.pl/plik/id,22486.vp,25161.pdf>

⁵⁹⁷ Ministry of Family and Social Policy (n.d.). Bezdomność. Available at: <https://www.gov.pl/web/rodzina/pom-spol-bezdomnosc>

⁵⁹⁸ Interview conducted with representatives of an implementing non-governmental organisation in Poland, September 2022; and Ayobade A. (2022). The plight of homeless destitute during COVID-19 in a selected location in Lagos State. Available at: <https://journals.aphriapub.com/index.php/JSWDS/article/download/1531/1458/3014>

⁵⁹⁹ Internetowy System Aktów Prawnych (n.d.). Ustawa z dnia 2 marca 2020 r. o szczególnych rozwiązaniach związanych z zapobieganiem, przeciwdziałaniem i zwalczaniem COVID-19, innych chorób zakaźnych oraz wywołanych nimi sytuacji kryzysowych. Available at: <https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20200000374>

mitigate the crisis

introducing mechanisms to address the challenges arising from the COVID-19 pandemic.⁶⁰⁰ The aim of the legislation was to make expenditure more flexible, and the response to the emerging crisis smoother. Later, the Ministry of Funds and Regional Policy prepared an explanatory document containing FAQs and clarifications for beneficiaries to access flexibilities and implement operations offered by this act.⁶⁰¹

Based on the above-mentioned legal acts, the Polish government prepared and enacted an aid package consisting of Anti-Crisis Shield: (Tourism Shield; , Industry Shield/ Branch Shield),⁶⁰² and Financial Shield 1.0⁶⁰³, forming a package of financial- and nonfinancial instruments and mechanisms to mitigate the economic and social impact of the pandemic, hence supporting entrepreneurs and citizens.

The Polish government estimates that the value of the support offered under the Anti-Crisis Shield and Financial Shield will amount to over PLN 312 billion (EUR 69.3 billion), which is equivalent to around 14% of Poland's 2019 GDP. The amount included 212 billion for the protection of jobs and security of workers and the economy, and 100 billion as additional financial support under the Financial Shield 1.0.⁶⁰⁴

The Anti-Crisis Shield is based on five pillars:

1. protection of jobs and security of workers (level of support - PLN 30 billion)
2. financing for entrepreneurs (level of support - PLN 74.2 billion)
3. health care (level of support - PLN 7.5 billion)
4. strengthening the financial system (level of support - PLN 70.3 billion)
5. public investment (level of support - PLN 30 billion).⁶⁰⁵

Additional temporary support was established for non-governmental organisations, culture, sport, agriculture, municipalities and regional administrations, people with disabilities, foreigners, patients, and public administrations.⁶⁰⁶ Support activities and aid for homeless people have been provided in the Anti-Crisis Shield as additional, temporary and non-financial support to the package for non-governmental organisations (NGOs). The shield package included several general measures, with the most important being changes in public procurements and the mode of commissioning and accounting for public tasks.⁶⁰⁷ Until the state of the epidemic is cancelled, public administration bodies may commission NGOs and other relevant organisations to implement measures to counteract COVID-19 without an open tender. Such an approach was seen as essential for organisations that

⁶⁰⁰ Internetowy System Aktów Prawnych (n.d.). Ustawa z dnia 3 kwietnia 2020 r. o szczególnych rozwiązaniach wspierających realizację programów operacyjnych. Available at: <https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20200000694>

⁶⁰¹ Minister Funduszy i Polityki Regionalnej (2020). Ustawa z dnia 3 kwietnia 2020 r. o szczególnych rozwiązaniach wspierających realizację programów operacyjnych w związku z wystąpieniem COVID-19 w 2020 r. Zbiór wyjaśnień wybranych przepisów. Available at: https://www.funduszeuropejskie.gov.pl/media/91854/Aktualizacja_Zbior_interpretacji_specustawa_funduszowa_lipiec_06_07_20.pdf

⁶⁰² Anti-Crisis Shield 2.0 – 18 April 2020; Anti-Crisis Shield 2.0 – 18 April 2020; Anti-Crisis Shield 3.0 – 15 May 2020; Anti-Crisis Shield 4.0 – 23 June 2020; Anti-Crisis Shield 5.0 – 14 October 2020; Anti-Crisis Shield 6.0 – 18 December 2020; Anti-Crisis Shield 7.0 – 1 February 2021; Anti-Crisis Shield 8.0 – 26 February 2021; Anti-Crisis Shield 9.0 – 26 April 2021. Anti-Crisis Shields 5.0–9.0 were targeted at specific sections of the economy (the so-called 'Industry Shields'/ 'Branch' Shields). These were accompanied by the two programmes Financial Shield PFR managed by the Polish Development Fund Group. (Accessed on: 19.09.2022)

⁶⁰³ Polski Instytut Ekonomiczny (2021). Tarcza Antykryzysowa, Koło ratunkowe dla firm i gospodarki. Available at: https://pie.net.pl/wp-content/uploads/2021/09/PIE-Raport_Tarcza-antykryzysowe.pdf

⁶⁰⁴ Serwis Rzeczypospolitej Polskiej (n.d.). Tarcza antykryzysowa. Available at: <https://www.gov.pl/web/tarczaantykryzysowa>.

⁶⁰⁵ Ibid.

⁶⁰⁶ Serwis Rzeczypospolitej Polskiej (n.d.). Tarcza Antykryzysowa, Dodatkowe Wsparcie. Available at: <https://www.gov.pl/web/tarczaantykryzysowa/dodatkowe-wsparcie> (Accessed on: 20.09.2022)

⁶⁰⁷ Centrum Rozwoju Społeczeństwa Obywatelskiego (2020). Wystąpienie Wicepremiera Piotra Glińskiego: Tarcza antykryzysowa dla III sektora. Available at: <https://niw.gov.pl/wp-content/uploads/2021/04/20200320-Tarcza-antykryzysowa-dla-III-sektora.pdf>

arranged emergency aid on their own for groups particularly at risk of the negative and harmful effects of the epidemic – elderly people, the lonely, refugees, and the homeless - financing it from various sources.⁶⁰⁸

The Anti-Crisis Shield introduced regulations for staff employed by homeless shelters, dormitories and other centres providing social services during the pandemic. They allowed employees, who were under quarantine in the above-mentioned institutions to perform paid work instead of receiving sickness leave benefits.⁶⁰⁹ The Ministry of Family and Social Policy also released a set of recommendations regarding procedures to be followed by institutions such as shelters and isolation centres.⁶¹⁰ These included transforming night shelters into around-the-clock centres, limiting turnover of staff and the homeless people.

As part of the Anti-Crisis Shield and its update, a number of instruments and measures were implemented to support citizens. Social protection and inclusion measures in response to the pandemic in Poland consisted of 8 general measures, consisting of targeted forms of support.

The list of social protection and inclusion measures included:

1. Measures related to unemployment benefits
 - a) Unemployment benefit (Zasiłek dla bezrobotnych)
 - b) Solidarity supplement (Dodatek solidarnościowy)
2. Measures of job protection provided through support to employers, employees and the self-employed
 - a) Lockdown allowance (Świadczenie postojowe)
 - b) Exemption from social insurance contributions
 - c) Relief on social security contributions payment
 - d) Partial co-financing of part of salaries and the social insurance contributions due on those salaries
 - e) A 3-month co-financing of the salaries of employees in the event of economic downtime or reduced working time, and payment of social security contributions
 - f) Increased subsidy for the salaries of employees with disabilities
 - g) Loans for the self-employed and micro companies
3. Measures related to sickness benefits and sick pay
 - a) Sickness benefits and sick pay during quarantine (Zasiłek chorobowy i wynagrodzenie chorobowe podczas kwarantanny)
4. Measures related to health insurance
 - a) Extension of coverage of treatment for COVID-19 to the whole population (Rozszerzenie prawa do leczenia COVID-19 na całą populację)
 - b) COVID-19 diagnosis (Diagnoza w kierunku COVID-19)
 - c) Medical home care (Domowa opieka medyczna – DOM)
 - d) Individual patient account (Indywidualne konto pacjenta)

⁶⁰⁸ Sadło, K. (2020). Tarcza antykryzysowa dla organizacji pozarządowych. Available at: <https://publicystyka.ngo.pl/tarcza-antykryzysowa-dla-organizacji-pozarzadowych>

⁶⁰⁹ Bezdomność.pl. (n.d.). Tarcza antykryzysowa 3.0 a pomoc osobom bezdomnym. Available at: https://sites.google.com/view/bezdomnosc-pl/aktualno%C5%9Bci/art_20200501_tarcza3standardy

⁶¹⁰ Ministerstwo Rodziny i Polityki Społecznej (n.d.). Procedura dla podmiotów prowadzących placówki udzielające wsparcia osobom bezdomnym w czasie epidemii oraz instrukcja postępowania w sytuacji podejrzenia u osoby bezdomnej zarażenia wirusem SARS-CoV-2. Available at: https://sites.google.com/view/bezdomnosc-pl/aktualno%C5%9Bci/art_20201105_procedury_covid

5. Measures related to minimum income schemes and other forms of social assistance
 - a) Remote administrative procedure in social assistance
 - b) Cash assistance for participants in rehabilitation centres for people with disabilities
 - c) Payment of integration benefits during the suspension of training courses in social employment institutions
6. Measures related to housing support
 - a) Temporary suspension of evictions
 - b) Rent subsidy (Dopłata do czynszu)
7. Leave for parents whose children are unable to attend a school or a pre-school service by reason of COVID-19
 - a) Additional care allowance (Dodatkowy zasiłek opiekuńczy)
8. Other important temporary social protection/inclusion measure adopted in the context of the pandemic, which does not fall into any of the categories listed in the previous sections
 - a) Polish Tourist Voucher (Polski bon turystyczny).⁶¹¹

The Anti-Crisis Shield established 2 main temporary measures related to housing support to prevent citizens from eviction and avoid increasing the number of homeless people.

1. Temporary suspension of evictions (Czasowe zawieszenie eksmisji)⁶¹²

The suspension of enforced evictions was introduced in the Anti-Crisis Shield 1.0. Initially, the measure extended to all persons subject to this procedure; later one exception was made – for perpetrators of domestic violence.

2. Rent subsidy (dopłata do czynszu)⁶¹³

Temporary financial support during the pandemic aims to reduce the rental cost of housing for people whose income has fallen during the pandemic. The support was directed at households entitled to a housing allowance⁶¹⁴ and the rent subsidy amounted up to 75% of the flat rent, but no more than PLN 1 500 per month.

Additionally, the Ministry of Family and Social Policy provided financial support through a Call for tenders for organisations helping the homeless⁶¹⁵

The main objective of the funded programme is to inspire and support actions aimed at preventing and solving the problem of homelessness through four modules: prevention, activation, infrastructure and innovation. In 2020, the Ministry conducted three calls for tenders - one basic and two additional

⁶¹¹ Chłoń-Domińczak A., Sowa-Kořta A., Szarfenberg R. (2021). Social protection and inclusion policy responses to the COVID-19 crisis. Poland. Available at: <https://ec.europa.eu/social/BlobServlet?docId=24618&langId=en>

⁶¹² Starzewski, Ł. (2021). Zakaz eksmisji z mieszkań w pandemii – co z prawami właścicieli? Rzecznik pisze do MS. Biuro Rzecznika Praw Obywatelskich. Available at: <https://bjp.brpo.gov.pl/pl/content/zakaz-eksmisji-w-pandemii-rpo-pisze-do-ms>

⁶¹³ Ministerstwo Rozwoju i Technologii (2021). Dopłaty do czynszu. Available at: <https://www.gov.pl/web/rozwoj-technologie/doplady-do-czynszu>

⁶¹⁴ The basic form of financial support for rental costs in Poland is a housing allowance.

⁶¹⁵ Ministry of Family and Social Policy (n.d.). Pokonać bezdomność. Program pomocy osobom bezdomnym - Edycja 2020. Available at: <https://www.gov.pl/web/rodzina/pokonac-bezdomnosc-program-pomocy-osobom-bezdomnym---edycja-2020>

open calls. The Ministry received 269 offers and signed up 78 agreements for the total amount of PLN 10 006 million⁶¹⁶. The Programme had one further call in 2021 and one call in 2022.

The Anti-Coronavirus Shield is complemented by a Fund Anti-Coronavirus Package prepared by the Ministry of Funds and Regional Policy (Ministerstwo Funduszy i Polityki Regionalnej).⁶¹⁷ Its two most important objectives are: to channel EU funds to fight the coronavirus and to guide those who have benefited from European funds safely through the economic turbulence. At the time of preparing the changes - March 2020 - tens of thousands of projects were in progress in Poland. The implemented solutions are applicable until the end of 2023.

The Ministry also prepared special recommendations for Marshals Offices on the possibility of allocating money from the European Social Fund for projects ensuring the health and safety of people in social care homes or children's homes. They made it possible to purchase masks and gloves, but also, for example, to finance the temporary relocation of people from such facilities to safer places (e.g. assisted living facilities). The budget was up to PLN 1 billion from ESF funds.⁶¹⁸

As part of measures to support social inclusion, PLN 20 million was released for low-percentage or even 0% capital loans for social economy entities (e.g. work cooperatives, social integration centres, and public benefit organisations). In addition, repayment rules for loans to social economy entities were amended. "Loan holidays" were introduced and the repayment period was extended. In the case of a difficult financial situation, it was possible to reduce the interest rate to 0% for up to 12 months.⁶¹⁹

It is estimated that the total direct support for wages and the social protection benefits, including funds from ESF, introduced in Poland in response to the COVID-19 pandemic was almost PLN 34 billion (EUR 7.55 billion), equivalent to 1.5% of 2019 GDP, with the bulk related to the exemption from social security contributions and wage support.⁶²⁰

Overview of identified ESF/FEAD interventions implemented in response to the COVID-19 crisis

Overview of key information about the ESF/FEAD interventions implemented in response to COVID-19

Based on the mapping task conducted for the evaluation, there were identified **83 ESF interventions linked to the CRII and CRII+ packages** that were implemented as new or adjusted at the national and regional levels in Poland.

The national level: 9 EFS interventions linked to the CRII and CRII+ packages:

- TO8: labour market: two interventions, both adjusted under 8ii: sustainable integration into to labour market of young people aimed at maintaining the possibility of employment for young people up to 29 years of age, in particular, those without employment and low levels of education (ESF) and (YEI).
- TO9: social inclusion: four interventions: one intervention adjusted under 9i active inclusion: Strengthening the potential of institutions working for social inclusion and three interventions under 9iv access to services: one new - Countering the effects of the Covid-19 pandemic and two adjusted – (1) Development of supported housing for people at risk of social exclusion as de-institutionalized forms and (2) Implementation of pro-quality activities and organizational solutions in the health care system facilitating access to inexpensive, durable and high-quality health services.

⁶¹⁶ Ministry of Family and Social Policy (n.d.). Sprawozdanie z programu „POKONAĆ BEZDOMNOŚĆ. PROGRAM POMOCY OSOBOM BEZDOMNYM” za 2020 rok. Available at: <https://www.gov.pl/attachment/7a866824-8635-4b92-a1eb-4b677d6cbc48>.

⁶¹⁷ Serwis Rzeczypospolitej Polskiej (2020). Funduszowy Pakiet Antywirusowy. Available at: <https://www.gov.pl/web/koronawirus/funduszowy-pakiet-antywirusowy>

⁶¹⁸ Serwis Rzeczypospolitej Polskiej (2020), Funduszowy Pakiet Antywirusowy, czyli jak Ministerstwo Funduszy i Polityki Regionalnej walczy z koronawirusem. Available at: <https://www.funduszeuropejskie.gov.pl/strony/wiadomosci/funduszowy-pakiet-antywirusowy-czyli-jak-ministerstwo-funduszy-i-polityki-regionalnej-walczy-z-koronawirusem/>

⁶¹⁹ Portal Funduszy Europejskich (2020). Funduszowy Pakiet Antywirusowy, czyli jak Ministerstwo Funduszy i Polityki Regionalnej walczy z koronawirusem. Available at: <https://www.funduszeuropejskie.gov.pl/strony/wiadomosci/funduszowy-pakiet-antywirusowy-czyli-jak-ministerstwo-funduszy-i-polityki-regionalnej-walczy-z-koronawirusem/>

⁶²⁰ Chłoń-Domińczak A., Sowa-Kofta A., Szarfenberg R., (2021). Social protection and inclusion policy responses to the COVID-19 crisis. Poland. European Commission. Available at: <https://ec.europa.eu/social/BlobServlet?docId=24618&langId=en>

- TO10: education: two adjusted interventions under 10i. reducing and preventing early school leaving and promoting equal access to education, including formal, non-formal, and learning pathways for reintegrating into education and training aimed at (1) improving the functioning and increasing the use of the school support system in terms of the development of key competences and universal skills and (2) increasing the use by schools and institutions of modernized content, tools and resources supporting general education.
- TO11: institutional capacities of public administration, public services and stakeholders: one adjusted intervention under 11 ii. Capacity building for all stakeholders delivering education, lifelong learning, training and employment social policies aimed at increasing the participation of social partners in shaping skills strategies and human capital development.

The regional level: 76 EFS/ERDF interventions linked to the CRII and CRII+ packages, three new and 71 adjusted.

- **TO8: labour market: 27 interventions:**
 - 8i: access for job seekers and inactive – **16 interventions**
 - 8iii: self-employment, entrepreneurship and business creation – **2 interventions**
 - 8v: adaptation of workers, enterprises and entrepreneurs to change) – **1 intervention**
 - 8vi: active ageing – **8 interventions**
- **TO9: social inclusion: a minimum 20% of ESF must be dedicated to TO9: 33 interventions:**
 - 9i: active inclusion – **4 interventions**
 - 9iv: access to services – **21 interventions**
 - 9v: social economy – **8 interventions**
- **TO10: education: 16 interventions:**
 - 10i: reducing and preventing early school leaving and promoting equal access to education, including formal, non-formal, and learning pathways for reintegrating into education and training – **10 interventions**
 - 10iii: enhancing equal access to lifelong learning for all age groups in formal, non-formal and informal settings – **2 interventions**
 - 10iv: improving labour market relevance of education and training systems – **4 interventions**
- **TO11: institutional capacities of public administrations, public services and stakeholders: 0 interventions**

The highest number of identified regional interventions was in the Swietokrzyskie region (8 interventions) and in Kujawsko-Pomorskie and Podlaskie (both 7 interventions).

Effectiveness

Priority target groups and economic sectors

Brief description of the selected operation

The case study operation is in the field of social inclusion. At national level, the Knowledge Education Growth Operational Programme (KEG OP) was adapted and the project “*Street work academy*” (PL: Akademia streetworkingu) was adjusted. In budgetary terms, the project value is PLN 6 897 281,59

co-financed by the ESF. The project initially planned to support 250 homeless people⁶²¹ whereas, by the end of September 2020, the total number of supported people was 4,232.

The objective of the operation is to provide assistance to homeless people in public spaces, in a crisis situation including COVID-19 pandemic.⁶²² The project was implemented between July 1, 2018 and June 30, 2021.⁶²³ Using the CRII flexibilities, the original Street work academy project was expanded and quickly changed in response to the pandemic to cover several additional activities. The activities to support the homeless during the pandemic took place from June to September 2020.⁶²⁴ Additional activities included providing street workers with PPE, as well as supporting homeless people or people at risk of homelessness, via access to shelters, to protect them from potentially getting infected and spreading the infection further. This intervention was implemented in 54 regional centres of the St. Brother Albert Aid Society (Towarzystwo Św. Brata Alberta)⁶²⁵. While the project scope was national, direct implementation was focused on five large Polish cities: Warsaw, Wrocław, Gdańsk, Gliwice, and Jelenia Góra.

Two main interventions were implemented as part of the project: providing help in institutions, and secondly providing help on the streets. The first set of interventions included changing the functioning of institutions – in Gdańsk and Wrocław night shelters were transformed into all-day centres, so that people staying in them weren't forced to wander around the city during the day; and secondly, in all 5 cities shelters were isolated from the outside world. People staying in them were discouraged from leaving and the institutions provided food, hygiene products, cigarettes, and leisure activities to fill the time. In order to enter one of the 'isolated' institutions participants needed to undergo a 14 day quarantine (shortened to 10 days after the government's recommendations changed). To enable that, in all 5 cities special isolation units were set up providing additional spaces where people could be isolated. In Gdańsk, Warsaw, Gliwice, and Jelenia Góra, those were set up in special units constructed using specially adapted containers. Work organisation was adapted to the pandemic; usually, shifts lasted twelve hours, and then the staff changed. However, to minimise the risk of bringing the virus into the institution, staff worked in longer cycles and could spend several days at the centre at a time (e.g. 7 days in Gdańsk – this differed per city).⁶²⁶

The second group of interventions were carried out in the streets. All 5 participating cities relied on streetworkers, who in addition to their regular tasks, were responsible for giving away free PPE, providing up-to-date information on the pandemic, and signposting to additional help available (like e.g. the isolation centres). In some cases street workers also provided food. In Warsaw, Gdańsk, and Wrocław, street workers were assisted by special buses (SOS buses), which visited daily to provide homeless people with medical assistance, information, medical safety gear, and food. The buses were staffed with social workers, street workers, and paramedics.⁶²⁷

Priority target groups and economic sectors

⁶²¹ Interviews with representatives of the Intermediate Body responsible for the selected operation on a national level and an implementing non-governmental organisation in Poland in August and September 2022.

⁶²² Interview conducted with representatives of an implementing non-governmental organisation in Poland, September 2022; and Towarzystwo Pomocy im. Św. Brata Alberta, Akademia Streetworkingu. Available at: <http://www.bratalbert.org/akademia-streetworkingu-kopia.html>
representative of an implementing non-governmental organisation

⁶²³ Jaskulski, P. et. al. (2020). „Wypracowanie i przetestowanie procedur pracy streetworkerów i świadczenia przez nich pomocy osobom bezdomnym przebywającym w przestrzeni publicznej w sytuacji kryzysowej, w tym pandemii wirusowej COVID-19”. Available at: https://www.bratalbert.org/files/brat_albert/ogloszenia/przetargi/akademia%20streetworkingu/Pozostale/raport_covid-19.pdf

⁶²⁴ Interviews with representatives of the Managing Authority responsible for ESF on the national level and representatives of an implementing non-governmental organisation in Poland, September 2022.

⁶²⁵ Jaskulski, P. et. al. (2020). „Wypracowanie i przetestowanie procedur pracy streetworkerów i świadczenia przez nich pomocy osobom bezdomnym przebywającym w przestrzeni publicznej w sytuacji kryzysowej, w tym pandemii wirusowej COVID-19”. Available at: https://www.bratalbert.org/files/brat_albert/ogloszenia/przetargi/akademia%20streetworkingu/Pozostale/raport_covid-19.pdf

⁶²⁶ Ibid.

⁶²⁷ Ibid

	<p>As a result of the CRII flexibilities, the target group for the project changed. Initially, the project was supposed to support only street workers. However, as the KEG PO included entities like non-governmental organisations and other social economy entities which help homeless people as one of its target groups. Therefore, there was no need to formally change the operational programme. Nevertheless, new activities were identified for the targeted groups of the OP as a result of the pandemic. Homeless people and people at risk of homelessness as a vulnerable social group did not have access to shelters, usual food supplies, money, washing facilities and basic hygiene. Homeless people do not have easy access to health care, so it was obvious that they would need complex support, so all the above-mentioned needs were foreseen in the adjusted St. Brother Albert Aid Society (Towarzystwo Św. Brata Alberta) project.⁶²⁸</p> <p>The key priority groups targeted by the project include mainly homeless people, but also people at risk of homelessness (drug addicts, people living in poverty, people with disabilities etc.). Stakeholders noted that the CRII and CRII+ mechanisms enabled support to be targeted at people in great need of basic needs such as a place to sleep, food, clothing, basic medical care, or personal protective equipment.⁶²⁹ Interviewees from the implementing authorities and the St. Brother Albert Aid Society (Towarzystwo Św. Brata Alberta) highlighted that the broad definition of the project target groups helped reach out to those in desperate need.</p> <p>Fifty-four organisations of the St. Brother Albert Aid Society across Poland benefited from the project's support, receiving 32,000 masks, 60 cartons of gloves (total: 6,000 pieces), 104 thermometers and 298 personal protection kits, which included: 2 pairs of goggles (total: 596 pieces), 2 FFP3 masks (total: 596 pieces), 2 visors (total: 596 pieces), 2 coveralls (total: 596 pieces), 3 aprons (total: 894 pieces) and 2 glove packs (total: 596 boxes containing 59600 pieces).⁶³⁰</p> <p>Despite the above successes in meeting target group needs, the following project's challenges were noted:</p> <ul style="list-style-type: none"> • The project sometimes struggled to secure enough places for people with disabilities.⁶³¹ • Sometimes it was difficult to avoid scaring away potential clients. It is normally a challenge to build trust with these groups, but with COVID, when people were scared and not sure what was happening, that task was even harder. In order to mitigate these issues, streetworkers limited the amount of data collected or offered anonymity to those engaged.⁶³²
<p>Key challenges and facts</p>	<p>The CRII and CRII+ flexibility enabled a rapid response to the challenges arising for the homeless and the people at risk of homelessness. As the respondents emphasised, the project's target group's needs were much higher than many ESF participants and many more people required support.</p> <p>The flexibilities provided meant that the original project could be quickly expanded from simply providing training for street workers to include more complex initiatives targeting the specific needs of homeless people resulting from the new situation. Instead of setting up a new project, these interventions could be incorporated into a running project making the whole procedure a lot faster.⁶³³ The Ministry's agreement to adjust the project also helped secure funds for the support and protection of the staff who helped the homeless.</p> <p>As respondents explained, it was not easy to recruit cities to participate initially, but as the pandemic took hold, more and more cities wanted to join the project.⁶³⁴ Due to the experience and reputation of the St. Brother Albert's Society, the project was planned smoothly, securing partners among city</p>

⁶²⁸ Ibid.

⁶²⁹ Interview conducted with representatives of the Managing Authority responsible for ESF on the national level and an implementing non-governmental organisation in Poland, September 2022.

⁶³⁰ Jaskulski. P. at. al. (2020). „Wypracowanie i przetestowanie procedur pracy streetworkerów i świadczenia przez nich pomocy osobom bezdomnym przebywającym w przestrzeni publicznej w sytuacji kryzysowej, w tym pandemii wirusowej COVID-19”. Available at: https://www.bratalbert.org/files/brat_albert/ogloszenia/przetargi/akademia%20streetworkingu/Pozostale/raport_covid-19.pdf

⁶³¹ Interview conducted with representatives of an implementing non-governmental organisation in Poland, September 2022.

⁶³² Interview conducted with representatives of an implementing non-governmental organisation in Poland, September 2022.

⁶³³ Interviews conducted with representatives of the Intermediate Body responsible for the selected project on a national level and an implementing non-governmental organisation in Poland in August and September 2022.

⁶³⁴ Interview conducted with representatives of an implementing non-governmental organisation in Poland, September 2022.

	<p>authorities and obtaining additional funding to purchase or rent the necessary infrastructure - without those factors, the project would not have succeeded.⁶³⁵</p> <p>As one interviewee explained, the CRII and CRII+ flexibility helped in smooth project adjustment and later approval, mainly the rapid re-direction of unspent resources to where they were most needed, simplified application procedures and rules for project implementers.⁶³⁶ The association was thus able to collaborate with its local partners without signing and arranging official partnerships and was able to easily commission tasks and manage finances more easily. Despite simplifying procedures, it was noted however that inspections and audits are still quite challenging for the St. Brother Albert Society. The project has been controlled several times by different public institutions, and the institutions have had inconsistent comments and recommendations. One interviewee thus requested that the administrative burden be further reduced in future.⁶³⁷</p> <p>The main challenge cited was to organise the infrastructure in the context of COVID restrictions, including the location of the emergency shelter containers provided. Unfortunately, people often did not want the containers for the homeless to be near their homes or the overnight accommodation to be organised in a sports hall.</p>
<p>Access to funding</p>	<p>Overall, the CRII flexibilities were assessed as suitable, transparent, well-designed and relevant in terms of their role in facilitating access to funding.⁶³⁸ Respondents cited that funding could be secured and deployed exceptionally quickly. It was also noted that without establishing the CRII and CRII+ mechanisms, it would not have been possible to implement the adjusted Street work Academy project. Thus, it would have been difficult to guarantee assistance to more than 4,200 homeless people. This perspective was consistent across the Managing Authority, the implementing authority and the St. Brother Albert Aid Society, which runs the project.</p> <p>Following initial project development, support for the homeless was proposed in the next versions of the Anti-Crisis Shields (2.0 and upwards).⁶³⁹ Thus, public funds from the ESF were among the first to be used to help vulnerable social groups like the homeless and people at risk of homelessness. An essential element in project funding was EU funds' eligibility and retroactive eligibility, which could be incurred before the project was actually approved and then reimbursed. According to respondents from NGO and the implementing authority, this approach helped organise aid immediately.</p> <p>Unfortunately, respondents from both the managing and implementing authorities found it difficult to compare the crisis caused by the COVID pandemic with the economic crisis of 2008-2009.</p>
<p>Monitoring and evaluation</p>	<p>According to information collected from the respondents and the data analysis, three new indicators were introduced for national and regional OPs. The European Commission proposed and subsequently introduced indicators that corresponded/matched with the Polish proposal. The indicators introduced were</p> <ul style="list-style-type: none"> • CV31 - Number of participants supported in combating or counteracting the effects of the COVID-19 pandemic, • CV30 - Value of ESF actions to combat or counteract the effects of the COVID-19 pandemic (total public cost) and • CV33 - Number of entities supported in combating or counteracting the effects of the COVID-19 pandemic.⁶⁴⁰

⁶³⁵ Interview conducted with a representative of the Intermediate Body responsible for the selected project on a national level in Poland, August 2022.

⁶³⁶ Interviews conducted with representatives of an implementing non-governmental organisation in Poland, September 2022.

⁶³⁷ Interviews conducted with representatives of an implementing non-governmental organisation in Poland, September 2022.

⁶³⁸ Interviews conducted with representatives of the Intermediate Body responsible for the selected project on a national level and the Managing Authority responsible for ESF on the national level in Poland in August and September 2022.

⁶³⁹ Chłoń-Domińczak A., Sowa-Kofta A., Szarfenberg R., (2021). Social protection and inclusion policy responses to the COVID-19 crisis. Poland. Available at: <https://ec.europa.eu/social/BlobServlet?docId=24618&langId=en>

⁶⁴⁰ European Commission, (2021). NON-PAPER: List of programme specific indicators related to the cohesion policy direct response to the COVID-19 pandemic. Available at: https://ec.europa.eu/regional_policy/sources/docgener/informat/indicators_covid19_response_en.pdf

	<p>The data shows that under the ESF:</p> <ul style="list-style-type: none"> • Number of participants supported in combating or counteracting the effects of the COVID-19 pandemic across Poland – 1 988 600, of which 9i – 9 423 people, of which the Street working Academy project – 4 232 people; • Number of entities supported in combating or counteracting the effects of the COVID-19 pandemic – 77 797, of which 9i – 2 188 entities, of which the project – 54 entities; • Value of ESF actions to combat or counteract the effects of the COVID-19 pandemic (total public cost) - PLN 4 282 710 457, including 9i - PLN 40 731 061, of which PLN _5 571 373,48 were allocated to the project.⁶⁴¹ <p>According to interviewees from the implementing and managing authorities, the indicators were sufficient to monitor the progress and scale of the assistance and support provided.⁶⁴² From the perspective of St. Brother Albert's Society, the field data collection system could be improved. They did not have a proper reporting system, and data collection was a challenge for staff, street workers, and the project manager.⁶⁴³</p>
<p>Overall assessment</p>	<p>The CRII and CRII+ package made it possible to provide support in an area that was not previously required on such a scale in Poland. The EU funds made it possible to implement a pilot project that tested street workers' previously acquired knowledge and experience. The project was unique in the country, and its results exceeded the expectations of both the project providers and the public administration. Thanks to the CRII and CRII+ flexibility, it was possible to design, test and implement a practical aid tool including successful delivery of public services in extreme pandemic conditions. The collaboration established within the cities during project implementation allowed the municipal authorities to continue the project's activities after its end.⁶⁴⁴ This fact helps to evidence effective project implementation while also showing that further measures to support the homeless are needed. This latter aspect is reflected in the report <i>Analiza społeczno-gospodarcza wraz z diagnozą obszarów interwencji EFS</i> prepared for the Ministry of Funds and Regional Policy. The authors recommend that measures to reduce homelessness, poverty and social exclusion have to be further strengthened under the ESF in Poland.⁶⁴⁵</p> <p>In respondents' opinion, assistance from national funds would not be possible on such a scale. The project provided aid to a group of people who were left without basic livelihood support during the first months of the pandemic.⁶⁴⁶ The project's experience was also felt to be instructive in respect of the humanitarian crisis caused by the Russian invasion in Ukraine, where displaced / homeless people may require support.⁶⁴⁷</p>
<p>Efficiency</p>	
<p>Efficiency in enabling a rapid response</p>	<p>It is apparent from the interviews that the managing and implementing institutions have a positive opinion of the implementation of the CRII and CRII+ in Poland as efficient, timely, and transparent. Reallocation of funds, reprogramming of the OP, the possibility of adjusting projects, simplifying procedures and paths for approving projects, etc., contributed to a quick response to the crisis caused by the COVID-19 pandemic and the preparation</p>

⁶⁴¹ Data provided by the Ministry of Funds and Regional Development and during the interviews conducted with the Managing Authority responsible for ESF on the national level in Poland in August and September 2022.

⁶⁴² Interviews conducted with representatives of the Managing Authority responsible for ESF on the national level and the Intermediate Body responsible for the selected project on a national level in Poland, August and September 2022.

⁶⁴³ Interview conducted with representatives of an implementing non-governmental organisation in Poland, September 2022

⁶⁴⁴ Interview conducted with a representative of the Intermediate Body responsible for the selected project on a national level in Poland, August 2022.

⁶⁴⁵ Ministerstwo Funduszy i Rozwoju Regionalnego, (2020) report *Analiza społeczno-gospodarcza wraz z diagnozą obszarów interwencji EFS*, available at: https://www.funduszeuropejskie.gov.pl/media/98143/Analiza_spolgosp.pdf (Accessed on: 22.09.2022)

⁶⁴⁶ Interviews conducted with representatives of the Intermediate Body responsible for the selected project on a national and an implementing non-governmental organisation in Poland, August and September 2022.

⁶⁴⁷ Interview conducted with a representative of an implementing non-governmental organisation in Poland, September 2022

<p>to the COVID-19 crisis through ESF</p>	<p>of ESF funds - such as the support for the homeless.⁶⁴⁸ The Ministry of Funds and Regional Policy also recognised that the CRII and CRII+ mechanisms enabled an instant reaction. Appropriate legislation could easily be introduced, and funds didn't have to be approved in a long process prior to the intervention, but could simply be reimbursed after.⁶⁴⁹</p> <p>Respondents reported that a cost-benefit analysis including non-monetary and monetary costs for the Street work academy project had not been carried out. Also, no evaluation study or impact assessment was carried out. An evaluation study, including PI.9i will be commissioned by the end of 2022.⁶⁵⁰ However, the respondents indicated that the project, taking into account the scope and scale, was unusual for Polish conditions. Therefore they acknowledge that it would be challenging to develop a cost-benefit analysis as they would not have detailed data for the non-monetary and monetary costs assumptions of the project.</p> <p>Accepting the above limitations, both the Managing Authority and Intermediary Body representatives emphasized that the project was worth the investment and that, in broad terms, the benefits could be judged to have exceeded the funds invested. They emphasized the importance of over 4,000 people being supported and assisted compared to the originally planned 250. When analysing the achieved values of indicators in the project, it can be concluded that the cost-effectiveness of the implemented project was much higher than initially planned. The cost per 1 participant was approximately PLN 1,300. The funds invested can also be assessed in the context of helping to implement activities that can be delivered in future, as the municipal authorities are continuing the project in each of the five cities.⁶⁵¹ It was noted, for example, that additional financial resources were crucial, especially during the first phase when the infrastructure was being set up. After the project kicked off, it was relatively easy to keep it running.⁶⁵²</p>
<p>Relevance</p>	
<p>Relevance of objectives and measures to needs on the ground</p>	<p>Respondents indicated that the objectives and measures taken by the project were relevant to the needs of the project's target groups on the ground. According to the Ministry of Funds, the operations were relevant, the CRII and CRII+ mechanisms enabled a rapid response from institutions providing social services, and the planned intervention (Akademia Streetworkingu) was successful in helping a significant number of people from a key target group requiring support. It was thus a much-needed and relevant response to the crisis caused by the outbreak of COVID-19.⁶⁵³ Likewise, the organisations involved in delivery felt that the project was extremely relevant. Unfortunately, due to the limited financial ESF sources, the project was only implemented in 5 cities, so the gaps in addressing needs were geographical. However, once the project gained publicity more municipalities expressed interest in joining.⁶⁵⁴</p>
<p>Relevance to priority target groups and economic sectors</p>	<p>The project was and is relevant to the needs of the targeted groups (homeless people and people at risk of homelessness). These social groups suffered greatly during the pandemic and are not always among the priority support groups for governments. Additionally, homeless people were particularly negatively affected by the lockdown, as many institutions and public spaces were closed, so those people faced a complicated and difficult situation overnight. The COVID-19 pandemic showed that Polish shelters and institutions for homeless people and people at risk of homelessness were not adapted to the social crisis, the pandemic and coronavirus restrictions. The authors of analysis stated that "Poland's response to the crisis was rather mediocre. Numerous measures were introduced to ensure safety within shelter and institutions offering buffering zones, but in the first</p>

⁶⁴⁸ Interviews conducted with representatives of the Intermediate Body responsible for the selected project on a national level and the Managing Authority responsible for ESF on the national level in Poland, August and September 2022.

⁶⁴⁹ Interview conducted with a representative of the Managing Authority responsible for ESF on the national level in Poland, September 2022.

⁶⁵⁰ Interview conducted with a representative of the Intermediate Body responsible for the selected project on a national level in Poland, August 2022.

⁶⁵¹ Interviews conducted with representatives of the Intermediate Body responsible for the selected project on a national level and the Managing Authority responsible for ESF on the national level in Poland, August and September 2022.

⁶⁵² Interview conducted with representatives of an implementing non-governmental organisation in Poland, September 2022.

⁶⁵³ Interview conducted with a representative of the Intermediate Body responsible for the selected project on a national level in Poland, September 2022.

⁶⁵⁴ Interview conducted with representatives of an implementing non-governmental organisation in Poland, September 2022.

	weeks of the epidemic, the supply of personal protective equipment and disinfectants was a serious issue". ⁶⁵⁵ The support provided was thus highly relevant and needed.
Coherence	
Coherence with ESF initiatives implemented before the COVID-19 crisis	<p>The original project and the adjusted one were consistent with the ESF's objectives. As already indicated, the Managing Authority did not need to reprogram the OP in the area of PI 9i - social inclusion. The initial version of the project was in line with the training and educational activities that were programmed for the ESF in the OP. According to the Managing Authority, the extension added to the Street work Academy project as a response to COVID-19 was coherent with the previous activities and interventions carried out. Previous interventions planned included providing workshops and training to street workers.⁶⁵⁶ According to the organisation responsible for implementing the project, the newly trained staff were in turn important for carrying out the second part of the project, especially street work done to reach people living on the streets.</p> <p>However, adapting the project to the coronavirus restrictions and established lockdown rules required designing a pilot with a package of activities that had not been implemented in Poland before. The adjusted project was the first of its kind in the country and on such a scale. Compared to other European countries, Poland had no experience creating such spaces, e.g., for refugees.</p>
Coherence with national and regional measures during the COVID-19 pandemic	<p>The actions under IP 9i. and the project Street work Academy were coherent and complementary to other activities implemented by national, regional or local authorities. Resources from both ESF and national budgets were focused on providing the broadest possible support to homeless people and those at risk of homelessness.</p> <p>The St. Brother Albert Aid Society (Towarzystwo Św. Brata Alberta) project also benefited from the resources of a government institution - the Government Strategic Reserve Agency (Rządowe Centrum Rezerw Startegicznych) - which had access to PPE, disinfectants, beds, respirators or other necessary items and infrastructure needed to protect health and life. This support was vital as demand exceeded supply.⁶⁵⁷</p> <p>At the beginning of the pandemic, the municipal authorities in Gdańsk were planning on implementing a similar intervention. Thanks to the CRII and CRII+ mechanisms, the St. Brother Albert Aid Society (Towarzystwo Św. Brata Alberta) could expand these original plans and activities.⁶⁵⁸ As indicated above, the authorities of Gdansk, as well as the other four cities, contributed from their own budgets for the purchase and rental of infrastructure.</p> <p>As indicated in previous sections, projects and actions of this scale and scope could not have been fully implemented with national funds alone. Actions implemented at the national, regional or city levels were coherent and complementary.</p>
Coherence with other EU funding mechanisms	<p>The desk research shows that the operation under IP9i was coherent with other EU funding as for instance, REACT-EU and FEAD. Total REACT-EU allocation for Poland was €1,912,742,575.⁶⁵⁹ Allocation to OP Knowledge, Education, and Growth under the REACT-EU initiative was increased by €310.5 million to help mitigate the COVID-19 pandemic.⁶⁶⁰ In addition, all 16 regional OPs received additional funding, so the financial aid from FEAD were managed both at the national and regional level⁶⁶¹. The additional resources were devoted primarily to providing assistance to the most vulnerable</p>

⁶⁵⁵ FEANTSA, Homeless in Europe (2020). The impact of COVID-19 on Homeless people and services. Available at:

https://www.feantsa.org/public/user/Resources/magazine/2020/Full_Magazine_Autumn_2020.pdf

⁶⁵⁶ Interview conducted with a representative of the Intermediate Body responsible for the selected project on a national level in Poland, August 2022.

⁶⁵⁷ Interview conducted with representatives of an implementing non-governmental organisation in Poland, September 2022.

⁶⁵⁸ Interview conducted with representatives of an implementing non-governmental organisation in Poland, September 2022.

⁶⁵⁹ REACT-EU Fostering crisis rapid and resilience, available at: <https://cohesiondata.ec.europa.eu/stories/s/REACT-EU-Fostering-crisis-repair-and-resilience/26d9-dqzy/> (Accessed: 28.11.2022)

⁶⁶⁰ Komisja Europejska, Polityka spójności UE: 310,5 mln euro dla Polski available at: https://poland.representation.ec.europa.eu/news/polityka-spojnosci-ue-3105-mln-euro-dla-polski-2021-06-02_pl (Accessed: 29.11.2022)

⁶⁶¹ Komisja Europejska Przedstawicielstwo w Polsce (2021). Skuteczna pomoc dla regionów i miast. Available at: https://poland.representation.ec.europa.eu/news/skuteczna-pomoc-dla-regionow-i-miast-2021-10-11_pl

during the COVID-19 pandemic	<p>social groups, job retention and job creation, to support measures for youth employment and skills development and to increase access to social services⁶⁶². What is more, the funds provide support to primary health care and other entities with stationary and round-the-clock health services.⁶⁶³ The Polish government also implemented necessary support by changing the FEAD rules for buying, providing and distributing food to the needy. The change in FEAD did not require reprogramming the OP, only an adjustment to the public health and lockdown regime in Poland.⁶⁶⁴ This was likewise seen as complementary to the selected ESF operation by the consulted stakeholders.</p> <p>The financial support for social welfare homes (PL: DPS: domy pomocy społecznej) and other care institutions was noted as another coherent initiative within the ESF on the country level. The government decided that the voivodship Marshals⁶⁶⁵ would receive up to PLN 1 billion (approximately € 213 million) from ESF funds. The aid was part of the Fund Antivirus Package, which was developed by the Ministry of Funds and Regional Policy.⁶⁶⁶ Each OP implemented activities and projects that supported the protection and life of the homeless.</p>
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Contribution of ESF and FEAD under CRII and CRII+ to the crisis reaction

Assessment of contribution of ESF and FEAD under CRII and CRII+ to the crisis reaction	<p>As discussed above, the flexibility of CRII and CRII+ enabled rapid support to be provided to those in need at a crucial point and responded to significant needs on the ground. The support provided by the project's activities far exceeded the initial objectives (over 4000 homeless people were supported, relative to the 250 targeted initially).</p> <p>Activities to support institutions assisting the most vulnerable social groups like the homeless and people at risk of poverty were implemented at different levels and with different funding sources. ESF funds were provided under both IP 9i and TO9 social inclusion or TO11 - institutional capacities of public administration, public services and stakeholders. The new measures enabled by the CRII and CRII+ flexibilities were relevant to the general objectives of the ESF of allowing NGOs and other social economy entities to support and provide aid to homeless people and people at risk of homelessness.</p> <p>In addition, the funds allocated for pandemic mitigation reached 100% co-financing, which significantly increased the availability of funds in Poland to counteract the effects of the COVID-19 pandemic.</p> <p>Furthermore, because the project was tested and implemented under extreme crisis conditions during the COVID-19 pandemic in different cities and parts of Poland and the St. Brother Albert Aid Society (Towarzystwo Św. Brata Alberta) has 54 offices across Poland, it was easier to share the project's gained experience during the vast humanitarian crisis which Poland faced in a result of the Russian war in Ukraine. The learnings from the ESF project were highly relevant in view of the unexpected and high number of Ukrainians entering Poland. The already organised infrastructure and accumulated knowledge during the COVID-19 pandemic on how to create spaces for those in need and provide safe conditions were used to address the additional emerging needs during. The project's trained street workers could also facilitate the required aid and support and coach volunteers.</p>
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Overview of early results/ impact on organisations and participants & Stories of change

Overview of early results/	<p>Early results are evident from the project examined by the case study. In terms of quantifiable outputs, the number of supported people far exceeded those planned - over 4,000 compared to the 250 planned within the project's budget. More broadly, it was noted that a very important indicator is the</p>
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⁶⁶² Parlament Europejski (2022). Wsparcie na rzecz odbudowy służącej spójności oraz terytoriom Europy (REACT-EU). Available at: <https://www.europarl.europa.eu/factsheets/pl/sheet/215/wsparcie-na-rzecz-odbudowy-sluzacej-spojnosci-oraz-terytoriom-europy-react-eu>

⁶⁶³ Komisja Europejska Przedstawicielstwo w Polsce (2021). Skuteczna pomoc dla regionów i miast. Available at: https://poland.representation.ec.europa.eu/news/skuteczna-pomoc-dla-regionow-i-miast-2021-10-11_pl

⁶⁶⁴ FEANTSA, Homeless in Europe (2020). The impact of COVID-19 on Homeless people and services. Available at: https://www.feantsa.org/public/user/Resources/magazine/2020/Full_Magazine_Autumn_2020.pdf

⁶⁶⁵ Marshall Offices are the authorities in Polish regions (NUTS2) responsible for regional operational programmes.

⁶⁶⁶ Portal Funduszy Europejskich (2020). Funduszowy Pakiet Antywirusowy - sprawdź jak to działa!. Available at: <https://www.funduszeuropejskie.gov.pl/Strony/Wiadomosci/Funduszowy-Pakiet-Antywirusowy-sprawdz-jak-to-dziala>

impact on organisations and participants and stories of change

fact that there was not a single COVID19 infection among homeless people and staff during the implementation of the support.⁶⁶⁷ Another key early result of the project is that it is being sustained in terms of delivery by the municipalities. The public services developed were also cited as being helpful when refugees from Ukraine arrived in Poland in February-April 2022. In addition, it was reported that other municipalities not involved in the original project are interested in the solutions and are open to receiving guidance and/or training. The pilot project was tested to help groups most vulnerable to system neglect due to the epidemiological crisis. The implemented activities and public services have passed the test, and the project is being successfully continued and enhanced by city public authorities. The project is being scaled up, i.e., adapted in other cities. The solutions implemented - the Street bus or the SOS bus - have successfully reached people on the street who could not benefit from institutional support in shelters. Throughout the project period of testing (June-September 2020) the buses served 90 268 meals, and 8 729 items of clothing for 75 571 people (an average of 259 people per day). This means almost 100,000 fewer situations where there could potentially be a contagion in a public space.⁶⁶⁸ It is also worth noting that the paramedics working on board the buses provided first aid several times a day and provided pre-medical first aid to people coming for support.

Lessons learnt

Lessons learnt

Key lessons include:

- The administration tested a new ESF management and implementation model, which proved itself in the COVID-19 emergency and was successfully adapted during the humanitarian crisis triggered by the war in Ukraine, as the ESF was also aligned with the expenditure for this new target group. This has helped evidence the key role that crisis-response funding can play.
- The advantage of the European Commission's proposed CRII and CRII+ mechanisms was their high level of flexibility and broad coverage. Their 'eventual successors' should be designed similarly to be easily adapted in each Member State.
- In general managing the financial and administrative side of the project remained a burden for delivery organisations, sometimes seen as being too big to handle, though it was acknowledged that some of the facilitations introduced by the CRII and CRII+ mechanisms really helped particularly: simplified application and quicker payment procedures, access to existing financial resources and rapid re-direction of unspent EU funds to where they were most needed, simplification of procedures and rules for the project implementers (beneficiaries). This suggests that the positive reductions in burdens can be, and need to be, further expanded.
- From the delivery organisation perspective, it was noted that the focus on evaluation and monitoring through indicators sometimes overlooks people being supported and their needs or capabilities; from this view projects should not be focused so much on indicators and should not lose sight of the actual human it is set to help.
- Being able to combine 'soft' and infrastructural projects was very much appreciated by the St. Brother Albert Aid Society (Towarzystwo Św. Brata Alberta). They also mentioned that an opportunity to network and exchange experiences with partners/sister organisations abroad brought valuable insights and enabled organisations to better plan implementing some solutions at home. This took place outside the framework of the project but was deemed to be an important activity which supported the exchange of good practices and learnings.
- Training and workshops are still an unsaturated market and there are still needs especially among groups working with difficult clients (like street workers) for training and learning.

⁶⁶⁷ Interview conducted with representatives of an implementing non-governmental organisation in Poland, September 2022; and Jaskulski. P. et. al. (2020). „Wypracowanie i przetestowanie procedur pracy streetworkerów i świadczenia przez nich pomocy osobom bezdomnym przebywającym w przestrzeni publicznej w sytuacji kryzysowej, w tym pandemii wirusowej COVID-19”. Available at: https://www.bratalbert.org/files/brat_albert/ogloszenia/przetargi/akademia%20streetworkingu/Pozostale/raport_covid-19.pdf

⁶⁶⁸ Interviews conducted with representatives of an implementing non-governmental organisation in Poland and the Intermediate Body responsible for the selected project on a national level in Poland in August and September 2022; and Jaskulski. P. et. al. (2020). „Wypracowanie i przetestowanie procedur pracy streetworkerów i świadczenia przez nich pomocy osobom bezdomnym przebywającym w przestrzeni publicznej w sytuacji kryzysowej, w tym pandemii wirusowej COVID-19”. Available at: https://www.bratalbert.org/files/brat_albert/ogloszenia/przetargi/akademia%20streetworkingu/Pozostale/raport_covid-19.pdf

- Auditing – the organisation recognised that because of the large scope of this project they had to undergo multiple audits, all of which used different indicators and focused on different things. This was seen as exhausting and while they recognise the need for audits, they suggest those should be done by one entity.⁶⁶⁹

Annexes

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⁶⁶⁹ Interviews conducted with representatives of an implementing non-governmental organisation in Poland, September 2022.

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<p>II: Stakeholder consultations</p>	<p>Stakeholders consulted as part of this case study included representatives of the Ministry of Family and Social Policy and the Ministry of Development Funds and Regional Policy in Poland and implementing organisations (St. Brother Albert Aid Society).</p>

Romania – Human Capital - ESF/YEI (2014RO05M9OP001)

Qualitative case study: **Support for vulnerable people in the context of the COVID-19 epidemic** (Persoane vulnerabile aflate în situații de dependență sau în risc de excluziune socială)

National context

Overview of the COVID-19 situation in the Member State

At the start of the pandemic, the Romanian government promptly took measures to spread and limit the impact of the disease. Authorities followed WHO recommendations, implementing similar measures to other countries affected by coronavirus. However, challenges were faced at various stages of pandemic control, due in large part to an inadequate healthcare system infrastructure, and sociocultural determinants. Furthermore, as the country has a sizeable diaspora, major difficulties were faced when large numbers of individuals from highly affected areas in other parts of the world returned to Romania

In light of the evolution of the international situation, on 11.03.2020, by Decree of the President of Romania no. 195 of March 16, 2020, the state of emergency was established on the territory of Romania, being extended, by the Decree of the President of Romania no. 240/14.04. 2020 up to and including May 14, 2020 and until June 2021, in order to mitigate the effects generated by the risk of infection with the SARS-Cov-2 virus, a state of alert was established throughout Romania. The establishment of the state of alert and the measures taken to prevent the risk of infection generated a series of economic imbalances with direct effects on the labour market.

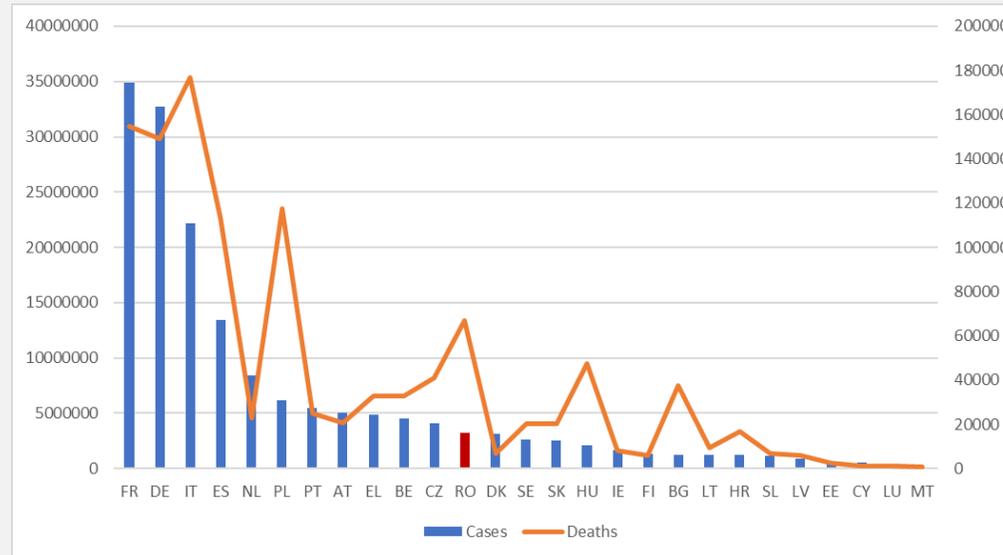
Like in Central and Eastern European countries, the second and third waves of the pandemic hit Romania hard. The pandemic put the healthcare system under huge pressure, due to past under-investment, shortages of health professionals, and lack of adequate protective and medical equipment⁶⁷⁰. In response to the virus surge, strict containment measures were put in place, including a national lockdown in spring 2020, and substantial resources were allocated to hospitals for the purchase of equipment and the expansion of capacity.

A catastrophic fourth wave of the COVID-19 pandemic in Romania raised international concern due to a rapid surge in the number of infections and the high associated mortality. A country of approximately 19 million inhabitants, Romania recorded close to 20,000 daily infections, with more than 500 daily deaths, by mid-October 2021.⁶⁷¹ In total, from January 2020 to September 2022, there have been 3,219,274 confirmed cases of COVID-19 with 66,951 deaths, reported to the European Centre for Disease Prevention and Control.

⁶⁷⁰ Dascalu S. (2020). The Successes and Failures of the Initial COVID-19 Pandemic Response in Romania. *Front. Public Health* 8:344. doi: 10.3389/fpubh.2020.00344

⁶⁷¹ BBC (2021). Covid: Romania's health system torn apart by pandemic. Available at: <https://www.bbc.co.uk/news/world-europe-58992090>

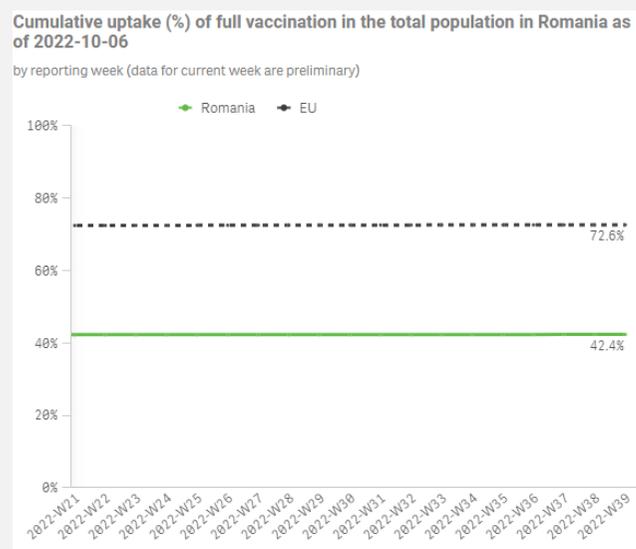
Figure A 49: Reported cumulative COVID-19 cases and deaths EU-27



Source: Research team based on data from European Centre for Disease Prevention and Control⁶⁷²

After a good start on 27 December 2020,⁶⁷³ the vaccine rollout slowed down dramatically between May and September 2021, with the number of daily doses administered standing well below the EU average. Despite initiatives to encourage vaccine uptake, the government's objective of vaccinating more than half the population by September 2021⁶⁷⁴ has still not been reached (42.4% compared to the EU average of 72.6%).

Figure A 50: Cumulative uptake (%) of full vaccination in the total population in Romania as of October 2022



Source: Research team based on data from European Centre for Disease Prevention and Control⁶⁷⁵

Many European countries, including Romania, share the ongoing challenge of vaccination hesitancy among some population groups. Research suggests that there is a social gradient in COVID-19 vaccination intention along the dimensions of gender, education, household income, race, and ethnicity. There are also a number of other relevant factors that are related to potential vaccination uptake, such as occupational groups, individuals' levels of religiosity and nationalism, trust in media and the government, individuals' risk perception, etc.

Despite strong economic performance, Romania still faces significant challenges to ensuring a faster and more inclusive economic convergence. Regional development has been uneven across the country, with regional disparities, in terms of GDP per capita, much higher than in the OECD on average (Figure 36, Panel A). Strong economic growth has benefitted mostly urban centres, notably Bucharest, Cluj, Timisoara and Sibiu, with Southern and North-Eastern regions remaining among the poorest in the EU. Urban/rural disparities reflect uneven access to jobs and infrastructure (education, healthcare, and transport). Around a third of the population in these regions were at-risk of poverty in 2020 (figure below, Panel B).

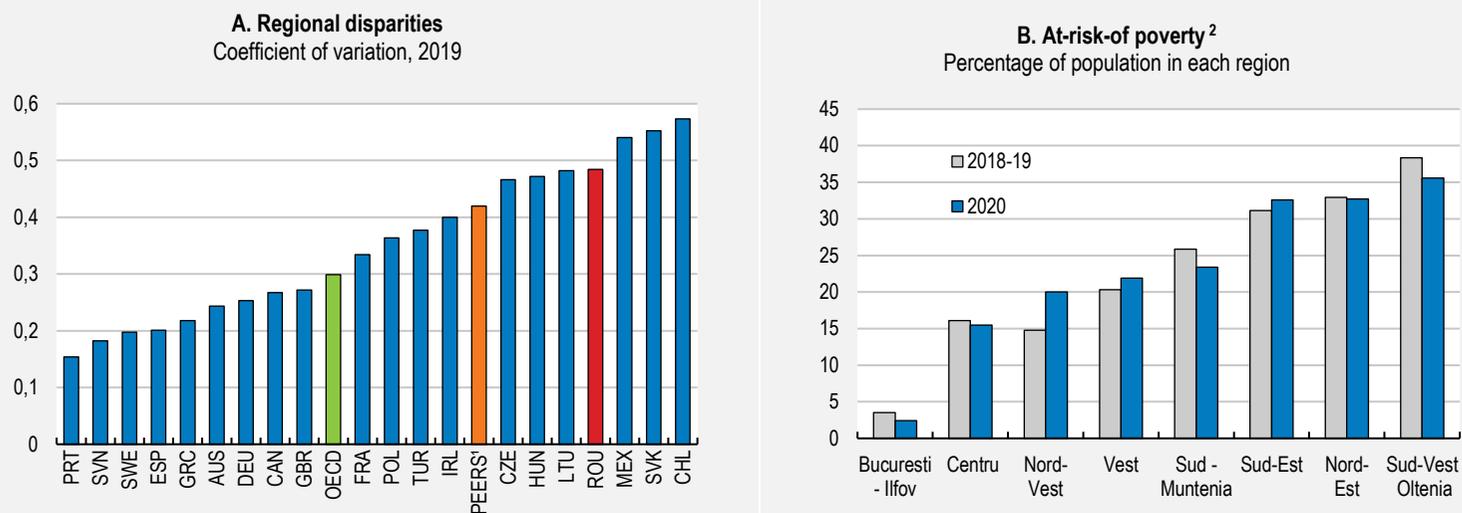
⁶⁷² European Centre for Disease Prevention and Control (n.d.). COVID-19 situation update for the EU/EEA. Available at: <https://www.ecdc.europa.eu/en/cases-2019-ncov-eueea>.

⁶⁷³ Romanian Government (2020), Press Release of 27 December 2020. Available at: https://vaccinare-covid.gov.ro/wp-content/uploads/2020/12/Comunicat-presa_situatie-vaccinari_final.pdf

⁶⁷⁴ Digi24 (2021). 'My objective is to have 10.4 million people vaccinated in September'. Available at: <https://www.digi24.ro/stiri/actualitate/politica/florin-citu-obiectivul-meu-este-de-a-avea-104-milioane-de-persoane-vaccinate-in-septembrie-1433408>

⁶⁷⁵ European Centre for Disease Prevention and Control (n.d.). COVID-19 Vaccine Tracker. Available at: <https://vaccinetracker.ecdc.europa.eu/public/extensions/COVID-19/vaccine-tracker.html#uptake-tab>.

Figure A 51: Regional disparities are high with pockets of poverty in rural areas

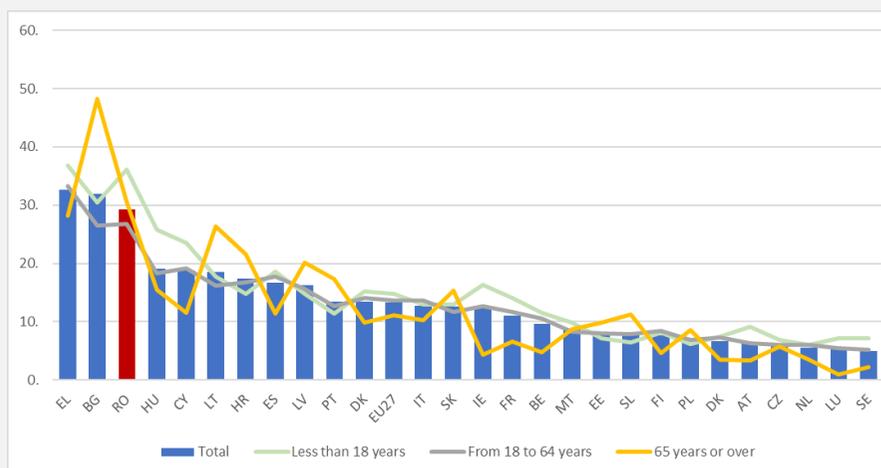


Source: OECD Regional Economy database; and Eurostat⁶⁷⁶.

The risk of poverty is particularly high for families with children, people with low work intensity, low education level, or with disabilities, and Roma. The prevalence of poverty among the Roma is exacerbated by their relatively high geographical concentration in deprived areas where high-quality public services are missing. The Fundamental Rights Agency Report (2020) found that measures taken as a response to the pandemic disproportionately impacted marginalised and socially excluded groups (Roma and Travellers), who are particularly sensitive to changes in the labour market.

People living in more socio-economically disadvantaged neighbourhoods and minority ethnic groups also have higher rates of almost all of the known underlying clinical risk factors that increase the severity and mortality of COVID-19. The pandemic has amplified pre-existing inequalities in, for example, access to health care and other areas (work, housing, etc.). COVID-19 has also interacted with and exacerbated existing social inequalities in chronic disease and the social determinants of health.⁶⁷⁷ Based on Eurostat data from 2020, Romania has some of the highest material deprivation rates among the EU countries, including the second highest among the elderly (65 years and above).

Figure A 52: Material Deprivation rate by age group in 2020



Source: Eurostat⁶⁷⁸

In this context, private initiatives such as *Telefonul Vârșnicului*⁶⁷⁹, the only national, free and confidential telephone line dedicated to seniors in Romania, recorded double the number of daily calls from the elderly between March 16 and April 6, 2020, reaching up to 100 interactions with elderly people on some days. The number of new callers, who request support for the first time through the special telephone line, had progressively increased.

Educational performance has stagnated over the past years at a low level and risks deteriorating with the COVID-19 crisis. In 2018, 41% of 15-year-old students were unable to achieve a minimum level of proficiency in reading. Illiteracy could significantly rise after 2020, as school closures have deepened learning gaps. Poverty hit disproportionately those with low educational attainment levels. Half of the low educated were at-risk of poverty in 2018, while only 1.3% of tertiary educated lived with less than 60% of the median income, the highest gap in the EU.

The shift to online learning due to the restrictions imposed by the COVID-19 pandemic has exacerbated existing inequalities, leaving behind disadvantaged and vulnerable students, increasing the degree of risk of social exclusion in all sectors of education. From a study carried out by IRES⁶⁸⁰, launched in May 2020, it emerges that approximately 900,000 children do not have access to their own device to access online education, which proves that accessibility is one of the main problems facing the pre-university education system in Romania in the context of the COVID-19 pandemic. According to the same study, 12% of children in Romania do not have a stable Internet connection that would allow them to participate in these learning

⁶⁷⁶ OECD (2022). OECD Economic Surveys: Romania 2022. OECD Publishing, Paris. Available at: <https://doi.org/10.1787/e2174606-en>.

⁶⁷⁷ Bamba C, Riordan R, Ford J, et al. (2020). The COVID-19 pandemic and health inequalities, *J Epidemiol Community Health*, 74:964-968.

⁶⁷⁸ Eurostat (2022). Material Deprivation rate by age group EU-SILC survey. Available at: https://ec.europa.eu/eurostat/databrowser/view/tessi082/settings_1/table?lang=en [Accessed 20.09.2022]

⁶⁷⁹ Fundatia Regala Margareta a Romaniei (n.d.). Telefonul Vârșnicului înregistrează un număr record de solicitări în perioada pandemiei. Available at: <https://www.fmr.ro/telefonul-varstnicului-inregistreaza-un-numar-record-de-solicitari-in-perioada-pandemiei/>

⁶⁸⁰ Institutul Roman pentru Evaluare si Strategie (2020). Accesul Copiilor Școlari din România la Educație Online. <https://ires.ro/articol/394/accesul-copiilor--colari-din-romania-la-educa%C8%9Bie-online--> [Accessed 25.09.2022]

	<p>activities. Until October 5, 2020, the student without internet lost approximately 300 hours of school, so we can estimate that this number of school hours has increased considerably in recent months, against the background of keeping schools closed throughout Romania.</p> <p>The Romanian labour market benefited from the strong economic growth of the past years before the outbreak of the Covid-19 pandemic. The employment rate is approaching the EU average (71% vs 72% in 2020) and the unemployment rate of 5% is not substantially higher than its pre-pandemic level of 4% - the lowest in 20 years. Across the EU, employment dropped by 1.5% and 1.6% in the Euro area after a period of continuous growth that resulted in record numbers of employment in 2019.⁶⁸¹ There were clear signs of a substantial recovery between January 2021 and January 2022, with the unemployment rate dropping substantially in almost all Member States, with only Romania and Latvia showing small drops.⁶⁸² However, youth unemployment topped 20% in 2021 and inactivity remains one of the highest in the EU especially for women (female inactivity rate of 41% vs. EU average of 32%, 2020). The gender employment gap stands at over 19%, one of the highest in the EU.</p> <p>A key remaining challenge for social policies from before the pandemic is the rising inequality, exacerbated by the pandemic. Income inequality has been increasing for years and is among the highest in the EU, while the redistributive effect of taxes and benefits is below the EU average.</p>
<p>National and regional measures to mitigate the crisis</p>	<p>Among the main measures adopted to mitigate the initial impact of the COVID-19 pandemic, Decree no.195/2020 established the state of emergency in Romania in the field of health and aimed to grant immediate access to medical services and medicines whilst ensuring the safety of patients and doctors. These included granting and validating medical services without the use of the national health and social insurance card, the non-mandatory submission of health insurance within 3 days of receiving services or care, the possibility of giving medical prescriptions by family doctors without the need for new reassessments by a specialist, the establishment of remote consultations and care as well as the possibility to receive electronic prescriptions. In terms of social inclusion measures, Decree no. 95/2020 created the possibility of submitting electronic requests for social benefits and created provisions related to the extension of the accreditation and licences of social services providers. Emergency Ordinance no. 30/2020 came with a series of clarifications regarding social assistance benefits:</p> <ul style="list-style-type: none"> • The social benefits which were previously conditional on children and young people attending education courses, continued to be provided regardless of whether they participated in the activities of online education or not; • The daily food allowance that children with special educational requirements benefit from was granted without being conditioned by the number of days of tuition and school attendance; • Education incentives provided by Law no.248/2015 encouraging participation in preschool education of children from disadvantaged families were not conditional on regular attendance in kindergartens; • The support given to parents returning to work before the end of parental leave was continued for a period of 90 days as well as the allowance for raising a child with disabilities; • Similarly, the benefits granted to parents raising a child beyond 2 years old (3 years old for children with disabilities) were continued during the state of emergency. <p>By Emergency Ordinance no. 32/2020 it was established during the state of emergency that carrying out work for the local authority by people who received the guaranteed minimum income was suspended. The Ordinance also provided the continuation of the grants given to Romanian associations and foundations administering social assistance units.</p>

⁶⁸¹ European Commission (2021). Employment and Social Developments in Europe (ESDE) 2021: towards a strong social Europe in the aftermath of the COVID-19 crisis: reducing disparities and addressing distributional impacts: annual review. p.26. Available at: <https://data.europa.eu/doi/10.2767/57771>

⁶⁸² Eurostat, series on unemployment [une_rt_m]. Data seasonally adjusted.

Finally, Military Ordinance no. 8/9.04.2020 provided measures for the organisation and operation of social services in residential care, including a prohibition on terminating or suspending social services in residential centres for the elderly as well as for children, and adults with or without disabilities and other vulnerable categories, preventative isolation measures, mandatory insurance for the centres' staff and necessary protection and equipment.

A new 'National Strategy on social inclusion and poverty reduction for the period 2022-2027'⁶⁸³ was adopted by the Romanian government. The strategy provides a general intervention framework for achieving social cohesion and combating the challenges generated by poverty and social exclusion which were accentuated by the economic crisis and in the context of the COVID-19 pandemic. The main objective is reducing the number of people exposed to the risk of poverty or social exclusion by at least 7% until 2027. The government has also approved four strategic objectives: ensuring decent living standards for all and combating transitory situations of poverty, so that they do not turn into structural problems of poverty and social exclusion;

- social investments, direct interventions on the main causes of poverty transmission across several generations;
- modernisation of the social protection system;
- improving the administrative capacity to coordinate these measures;

The financing of the objectives and measures provided for in the action plan will be supported, mainly, from European funds, but also from the national budget. Pending approval from the European Commission, the funding will be provided through the ESF Operational Program Inclusion and Social Dignity (2021-2027), Operational Program Education and Employment (2021-2027), as well as through investments of the National Recovery and Resilience Plan (NRRP). A total of 0.2 billion EUR (approx. 0.7% of the NRRP) has been devoted to Component 13 -Social Reforms under Pillar 5: Health and economic and social resilience.⁶⁸⁴

Overview of identified ESF/FEAD interventions implemented in response to the COVID-19 crisis

Overview of key information about the ESF/FEAD interventions implemented in response to COVID-19

The ESF interventions linked to the CRII and CRII+ package in Romania focused on addressing the immediate impact of the COVID-19 pandemic in the area of employment, education and training, social inclusion and healthcare. Actions were implemented under the Operational Programme Human Capital, thematic objectives TO8, TO9 and TO10 and targeted both more developed and less developed regions in Romania. Four of the operations were changes to existing measures, adapting them to better respond to the epidemic whilst three were new measures, introduced specifically to mitigate the COVID-19 effects.

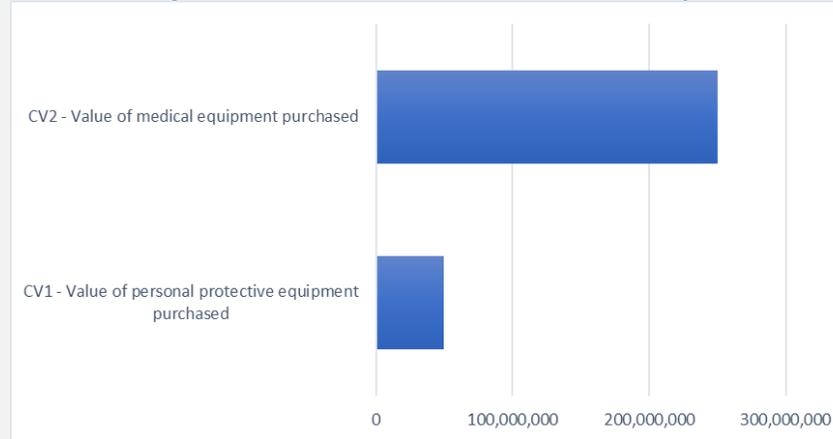
The ESF has been the primary Fund used to support social services, retention of employment, support to vulnerable groups and others in Romania. Based on the data available on the Coronavirus dashboard, a total of 111,500 ESF participants are targeted as part of operations aimed at combating the effects of the pandemic.

To mitigate the effects of the virus on social inclusion, actions were taken to ensure access to services for the elderly and people with disabilities who were dependant or at risk of social exclusion. The coronavirus response initiatives also contributed to supporting operations supporting other vulnerable groups during the pandemic (e.g. supporting refugees through funding to a dedicated priority axis which allowed for the implementation of measures supporting them through actions covering transport, food, hygiene, clothes, etc.). In the area of employment, the main measures taken aimed to provide support to workers by facilitating labour market participation, providing coaching and upskilling opportunities, as well as supporting employers by providing grants for the creation of new employment opportunities, for the organisation of internship and apprenticeship schemes and mobility bonuses. Finally, ESF interventions were used in the healthcare area, to increase the number of people benefiting from health programs and services aimed at prevention, early detection (screening), diagnosis and early treatment for the main pathologies. Moreover as Figure A 53: illustrates, a total of 250,000 EUR was allocated for medical equipment and a total of 50,000 EUR to purchase personal protective equipment.

⁶⁸³ Ministry of Labour (2022). Available at: http://mmuncii.ro/i33/images/Documente/MMSS/Anexa_HG_440_2022_MO_Parte_a_I_359Bis.pdf

⁶⁸⁴ European Parliament (2022), EPRS. Available at : [https://www.europarl.europa.eu/RegData/etudes/BRIE/2022/733641/EPRS_BRI\(2022\)733641_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2022/733641/EPRS_BRI(2022)733641_EN.pdf)

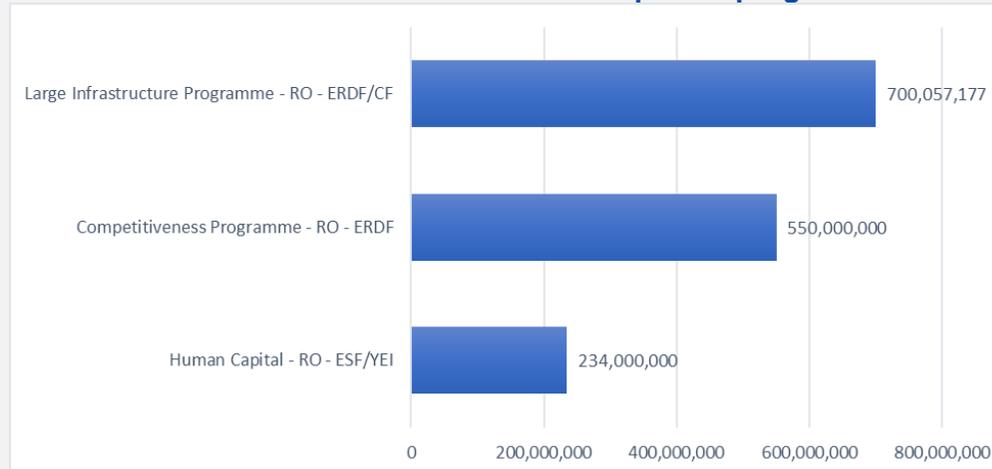
Figure A 53: COVID-19 / CRII : Financial Support to the health sector to combat the COVID-19 pandemic (total public cost - ERDF/ESF - CV1-2-3-4-5)



Source: Coronavirus dashboard

Finally, three programmes received ERDF and ESF reinforcement under REACT-EU, as illustrated by the Figure below. This included a total of 700,057,177 EUR for the Large Infrastructure Programme, 550,000,00 EUR for the Competitiveness Programme and 234,000,000 for Operational Programme Human Capital.

Figure A 54: REACT-EU - EU fund allocations to specific programmes in Romania



Source: REACT-EU Dashboard⁶⁸⁵

Brief description of the selected operation

The operation 'Support for vulnerable people in the context of the COVID-19 epidemic' is an adjusted operation under Priority axis 4 'Social inclusion and combating poverty' and was implemented in 2020. The specific objective 4.4 aimed to reduce the number of people belonging to vulnerable groups by providing social, medical, socio-professional services, and/or professional training (as appropriate to the specific needs for socio-professional integration).

The general objective of the adjusted operation was to increase the quality of life and combat situations of risk and vulnerability for elderly and people with disabilities isolated at home or institutionalised by directly allocating funding to social workers and vulnerable people affected by the pandemic, for the purchase of protective materials, covering the costs of transport and accommodation for social workers who travelled in the community to support people with disabilities or the elderly, as well as to subsidise the incomes of the social workers involved.

The operation also had two specific objectives:

- Increasing the quality of life and combating situations of risk and social exclusion for at least 100,000 elderly people and people with disabilities, in the context of the COVID-19 pandemic.
- Increasing the capacity of at least 1,000 public authorities (social assistance institutions) to respond to the needs of vulnerable people in the context of the COVID-19 epidemic. The target group were territorial administrative units (UAT),⁶⁸⁶ that were supported through the operation.

Eligible institutions included the Ministry of Labour and Social Protection. In practice, the Ministry was the lead body implementing the operation, in partnership with actors operating in the area of social assistance, respectively actors providing community medical assistance with national representation.

The operation aimed to support more than 100,000 elderly and people with disabilities, affected by the isolation imposed by the pandemic, by hiring 1,000 social workers within the selected public authorities. The selection of social workers was done through an open call of the Ministry of Labour and Social Protection. The operation also included the setting up of a national call centre that coordinated and monitored requests from vulnerable people who needed support, as well as the mapping and analysis of social needs at the national level. The implementation was undertaken by the Ministry of Labour and Social Protection, in partnership with the Non-Governmental Professional Association of Social Assistance (ASSOC).

The Call Centre service, included as an activity in the operation, provided the following types of measures:

- offering advice and information in order to direct people from the target group to public authorities or to civil society structures or to public or private providers who can support them in order to overcome the situation of vulnerability in the context of the measures taken by the authorities in order to limit the spread of the COVID-19 virus;
- contacting the responsible public authorities at the local or central level or the relevant social actors (civil society or social service providers) in order to identify specific support measures for people in a vulnerable situation;
- monitoring the implementation of the necessary support measures for people in the target group in order to monitor the exit from the state of vulnerability in the context of the measures taken by the authorities;
- the identification of elderly people and people with disabilities and the problems and needs these people face in the context of the pandemic;

⁶⁸⁵ cohesiondata.ec.europa.eu (n.d.). REACT-EU Dashboard. REACT-EU - EU fund allocations to specific programmes. <https://cohesiondata.ec.europa.eu/2014-2020-Categorisation/REACT-EU-EU-fund-allocations-to-specific-programme/9dui-aysw>

⁶⁸⁶ Municipalities and towns in Romania are basic administrative-territorial units.

STUDY SUPPORTING THE PRELIMINARY EVALUATION OF THE SUPPORT PROVIDED BY ESF AND FEAD UNDER THE CORONAVIRUS RESPONSE
INVESTMENT INITIATIVES (CRII AND CRII+)

	<ul style="list-style-type: none"> the creation of a permanent database with the cases of people in difficulty and its transmission to the local or central public authorities in order to substantiate the necessary actions to improve the vulnerability situation. <p>The total budget of the project was 18,000,000.00 EUR (EU contribution + national contribution). The budget allocation was dedicated to both the less developed regions (North-East, North-West, West, South-West Oltenia, Centre, South-East and South-Muntenia), as well as the developed region of the capital (Bucharest Ilfov).</p>
Effectiveness	
Priority target groups and economic sectors	<p>The priority target group consisted of:</p> <ul style="list-style-type: none"> Vulnerable persons, respectively elderly persons in isolation at home or with restrictions of travel, people with disabilities and families who take care of people with disabilities during the period of the epidemic with COVID-19 Staff of public/private authorities/agencies that provide social services and employment of vulnerable groups <p>The measures aimed to mitigate the impact of the COVID-19 virus which disproportionately affected people in a vulnerable situation, especially the elderly and people with disabilities. In addition to the vulnerability given by advanced age and pre-existing physical or mental disabilities respectively, restrictions on movement due to lockdown made it more challenging for these vulnerable groups to meet their primary needs: food, care needs, the need for medication, etc.</p> <p>In this context, "elderly persons" were defined as persons who have reached the age of 65 years.⁶⁸⁷ "Vulnerable group" designated individuals or families who were at risk of losing their ability to meet their daily living needs due a situation of illness, disability, poverty, drug or alcohol addiction or other situations that lead to economic and social vulnerability.⁶⁸⁸</p>
Key challenges and factors	<p>The management authority monitored the existing needs at the national level and the possibilities to finance the measures that Romania carried out immediately in response to COVID-19 crisis. The institution also contributed and had permanent discussions with the relevant ministries regarding the measures developed at the national level, and they accommodated these strategies with the existing programs and operations, ensuring a correlation between the measures carried out at the national level and technical and financial possibilities. The interviews suggested that a greater financial allocation would have been useful, as the needs were high.</p>
Access to funding	<p>The process for the beneficiary organisations was the standard ESF process, and it was not different from the existing procedures before the pandemic. The Authority did not encounter any problems, delays or impediments that would have required a different approach, a change of procedures or modifying the documents necessary for the project call. The management authority also did not consider that there were barriers in the programming or implementation phase. The call was based on the operational program and the procedures already in place, ensuring a correlation between identified needs and financing potential. When the applicant's guidelines were developed, they were put up for public consultation so that all the structures and entities interested in the financed priorities could share their view regarding the proposal. Any modification of the programs, including the creation of a new axis for REACT-EU, is subject to the approval of the Monitoring Committee which has 40% of the social partners in its composition, which ensured that social partners were consulted.</p>
Monitoring and evaluation	<p>Limited information is available in this area. The authority followed the standard ESF monitoring arrangements already in place. For this operation, the managing authority only used Article 25a (1): 100% co-financing rate for the 2020-2021 accounting period. The COVID-19 specific indicators used were: CV30 Value of ESF actions to combat or counteract the effects of the COVID-19 pandemic (total public cost), CV31 Number of participants supported in combating or counteracting the effects of the COVID-19 pandemic and CV33 Number of entities supported.</p>

⁶⁸⁷ In accordance with the provisions of art. 6. lit. bb) from Law no. 292/2011 – Social assistance law, with amendments and additions.

⁶⁸⁸ Source: Law 292/2011 with subsequent amendments and additions.

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<p>Overall assessment</p>	<p>With the exception of 100% co-financing and reallocations, no other flexibility was used in Romania. The reallocations were done between priority axes and investment priorities within the same program to support measures related to furlough and social welfare for the elderly. No funds were transferred from other operational programs or between regions.</p> <p>Overall, the flexibilities enabled by the coronavirus response initiatives were considered effective in supporting the Managing Authority to deploy funds during the COVID-19 pandemic. To a large extent, the 100% EU co-financing flexibility contributed to the institution's rapid and flexible reaction to the crisis situation and it was considered very useful. A larger fund allocation would have helped in the implementation of the measures responding to the epidemic.</p>
<p>Efficiency</p>	
<p>Efficiency in enabling a rapid response to the COVID-19 crisis through ESF</p>	<p>The evaluation of the program has not yet been carried out, nor did the Managing Authority or other organisations formally assessed any changes in the non-monetary and monetary costs stemming from the amendments under CRII and CRII+ in comparison with ESF programming and implementation without the coronavirus response initiatives. Overall, however, stakeholders consulted for this study indicated that the flexibility and simplification measures introduced through CRII and CRII+ were useful and led to the implementation of a more rapid process to tackle the immediate effects of the pandemic. This enabled time savings that resulted in an accelerated implementation of the operation and support offered to individuals in need.</p>
<p>Relevance</p>	
<p>Relevance of objectives and measures to needs on the ground</p>	<p>While no formal evaluation has been carried out to date, there are indications that the objectives and activities of the selected operation were relevant to the needs on the ground to a large extent. The Managing Authority of the Human Capital Operational Programme within the Ministry of European Funds launched a public consultation in April 2020 for the preparation of the project call which would support vulnerable people in the context of COVID-19. The consultation invited proposals and suggestions to the applicant's guide.</p> <p>Furthermore, financing for social protection in Romania was 15.2% of GDP in 2019 according to Eurostat data,⁶⁸⁹ of which only a very small amount is allocated to social services (below 0.3% of GDP). This lack of funding means that many of the necessary social services are not provided to potential beneficiaries, including the elderly. The COVID-19 pandemic, through the imposed restrictions, has affected all aspects of people's lives and especially access to health services, social services and social participation. Being at an increased risk of contracting the virus, the elderly had to substantially reduce their interactions with both family and public institutions, which limited their access to social and medical-social services. The lack of participation of the elderly in group activities presents a number of risks for the quality of their life, such as: social isolation, aggravation of the feeling of loneliness and physical and mental health problems⁶⁹⁰.</p> <p>The COVID-19 epidemic has also created a situation of heightened risk for people with disabilities institutionalized. Thus, the data from September 25, 2020, regarding the exposure of people from centres for the elderly or residential centres for children or adults with disabilities showed that from 55,000 beneficiaries, 1,017 residents were infected and 325 residents who died as a result of infection with the new virus.⁶⁹¹ The risk for institutionalized people with disabilities to contract the virus was higher as a result of living in the extended group of residents of these institutions, and the risk of extreme consequences was accentuated by pre-existing health problems in many cases⁶⁹².</p>

⁶⁸⁹ Eurostat (2019). Social protection receipts relative to GDP. Available at: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Social_protection_statistics_-_financing

⁶⁹⁰ Quality of Life Research Institute (2021). The quality of life of the elderly. Trends and risks in context the pandemic. Available at: <https://www.iccv.ro/wp-content/uploads/2021/04/Raport-CV-varstnici-.pdf>

⁶⁹¹ ANPDCA (2020). The situation of the COVID-19 spread at the level of social services for categories vulnerable. Available at: <https://copii.gov.ro/1/situatia-raspandirii-covid-19-la-nivelul-serviciilor-sociale-rezidentiale-pentru-categorii-vulnerabile-10-aprilie-2020/>

⁶⁹² Ministry of Labour and Social Protection and the World Bank (2020). Diagnosis of the situation of people with disabilities in Romania. Available at: <http://anpd.gov.ro/web/wp-content/uploads/2021/01/Diagnoza-situatiei-persoanelor-cu-dizabilitati-in-Romania-2020-RO.pdf>

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INVESTMENT INITIATIVES (CRII AND CRII+)

	Given the limited financing available in Romania for social protection and the negative impact of the pandemic on the elderly and their access to health and social services, the operation analysed in this case study aimed to increase the provision of relevant services to this vulnerable group in the context of COVID-19.
Relevance to priority target groups and economic sectors	The elderly and people with disabilities often face significant challenges, material deprivation and limited access to key services, challenges which were all amplified by the pandemic and required immediate support. Romania has some of the highest material deprivation rates among the EU countries, including the second highest rate among the elderly (65 years and above). 51% of elderly people (65 years and above) say they have difficulty or great difficulty meeting basic needs compared to 22% in the young population. ⁶⁹³ Compared to other EU countries, Romania has the highest proportion of elderly people in difficulty. Moreover, people with severe functional limitations have a higher risk of poverty than other people. In 2018, if the poverty rate is 21% for people without limitations, it is 32% for people with severe limitations. ⁶⁹⁴ In this context, the operation selected for this case study is very relevant due to the support provided to elderly people in isolation but also to people with disabilities.
Coherence	
Coherence with ESF initiatives implemented before the COVID-19 crisis	<p>The operation selected for this case study was considered coherent to a large extent with pre-existing ESF operations. The adjusted operation was developed under the previous objective of reducing the number of people belonging to vulnerable groups. Similar measures supporting vulnerable groups, including the elderly and people with disabilities, were already being implemented under ESF (and FEAD). However, the management authority adapted the selected operation based on the new and increasing needs identified in the context of COVID-19. The initiative intended to support vulnerable people who were already supported before COVID-19, but the flexibilities introduced allowed for more targeted support to be offered, as well as enabled more individuals to be reached.</p> <p>For example, similar ESF projects have been implemented during the 2014-2020 programming period to promote social inclusion and address poverty in marginalised communities. In the community of Vizantea-Livezi, a total of 252 people were supported through an ESF funded project by providing them with integrated support services, including health care for elderly people living alone or without family support. Similarly, in the City of Isaccea an ESF project provided social assistance to 145 people over 65 years old helping them carry out basic tasks within their homes as well as engaging them at the community level through social events in order for them to overcome the situation of vulnerability.</p> <p>The selected operation has also been coherent with other measures financed during the pandemic, which offered personal protective materials and educational activities targeting vulnerable people including students from disadvantaged backgrounds which could not access online classes during lockdown.</p>
Coherence with national and regional measures during the COVID-19 pandemic	The selected operation is also to a large extent coherent with national measures as they were part of strategic measures at the national level which were being implemented by the Central Government. This includes the projects already under implementation at the level of the Ministry of Labour and Social Protection, respectively the 'Creation and implementation of integrated community services to combat poverty and social exclusion and the Development of the System of Social Assistance for Combating Poverty and Social Exclusion'. These projects are aimed at developing integrated services at the level of disadvantaged communities and are co-financed through the ESF Operational Programme Human Capital, Priority Axis 4.
Coherence with other EU	The selected operation was also coherent with actions implemented through other EU funding mechanisms. In the area of social inclusion, Romania was allocated through REACT-EU 94,000,000 EUR for ESF measures enhancing access to services and 30,000,000 EUR for promoting social entrepreneurship through the ESF projects. Overall, REACT-EU allocated a total of 978,896,299 EUR in the area of active inclusion and 3,833,009

⁶⁹³ European Quality of Life Survey (2016). Living standards and deprivation - Is your household able to make ends meet? Available at: <https://www.eurofound.europa.eu/data/european-quality-of-life-survey>

⁶⁹⁴ Ministry of Labour and Social Protection and the World Bank (2020). Diagnosis of the situation of people with disabilities in Romania. Available at: <http://anpd.gov.ro/web/wp-content/uploads/2021/01/Diagnoza-situatiei-persoanelor-cu-dizabilitati-in-Romania-2020-RO.pdf>

<p>funding mechanisms during the COVID-19 pandemic</p>	<p>EUR for active and healthy aging interventions in Romania. Moreover, the investment in social inclusion actions targeting the elderly will be continued in the 2021-2027 ESF programming period, through actions programmed under an Operational Program dedicated to combating poverty and care for the elderly, worth 1 billion EUR.</p> <p>Romania was also a recipient of the loans available under the Temporary Support to Mitigate Unemployment Risks in an Emergency (SURE), which reinforced Member States' capacity to tackle the negative economic and social consequences of the COVID-19 outbreak. Under this instrument, Romania received a loan of 3 billion EUR. The loan was used mostly for employment and health related measures, including preserving employment and supporting employees during the crisis, and health related expenditure such as bonuses for healthcare workers, protective gear and medicines and vaccines.</p>
<p>Contribution of ESF and FEAD under CRII and CRII+ to the crisis reaction</p>	
<p>Assessment of contribution of ESF and FEAD under CRII and CRII+ to the crisis reaction</p>	<p>Operations under ESF under CRII and CRII+ contributed to extending the target group of pre-existing operations aimed at supporting the elderly and social workers, and the process that went into the reprogramming process also fed into the development of the national strategy on social policies, as well as the development of national strategies aiming to strengthen social assistance capacity at the national level. The flexibilities introduced also led to reinforcing collaborations between government institutions and other organisations in the process of deciding which operations should be implemented during the pandemic and which groups were most in need. The need to analyse legislative changes in order to respond as promptly as possible to the CRII/ CRII+ flexibilities and to modify programs was also highlighted as having impacted the dynamics of decisions made at the institutional level, driving more efficient processes.</p>
<p>Overview of early results/ impact on organisations and participants & Stories of change</p>	
<p>Overview of early results/ impact on organisations and participants and stories of change</p>	<p>Overall, the selected operation reached its target of providing support to 100,000 of elderly persons and hiring 1,000 social care staff, as stated by a report on good practices in the Romanian central public administration.⁶⁹⁵ No information is available at the time of writing of this report about how many people with disabilities were reached under the selected operation. One of the immediate effects of implementing this type of services was reducing the effects of the COVID-19 coronavirus epidemic on the vulnerable elderly persons. Beyond the operationalisation of a single national centre that centralises the needs of people affected by the state of emergency and alert, and the qualified support they receive from the 1,000 assistants at the national level, the operation provided a first mapping and analysis of social needs in Romania. The project also allows for the first time the national analysis of real social needs, for the efficient planning of the future Operational Program funded under ESF+. Starting with the 2021-2027, Romania will for the first time have an Operational Program dedicated to combating poverty and care for the elderly, worth 1 billion EUR.</p>
<p>Lessons learnt</p>	
<p>Lessons learnt</p>	<p>The ESF provided substantial support to mitigating the negative effects of the pandemic in Romania, in particular in relation to some of the most vulnerable groups, including the elderly and the persons with disabilities. The pandemic increased the risks facing individuals in these groups, alongside children from disadvantaged communities, including their already limited access to social and medical services, poverty, and isolation. Resources mobilised from the ESF under the coronavirus response initiatives contributed to expanding financial assistance for vulnerable individuals and providing support during the pandemic. Through the operation, the elderly and people with disabilities were offered advice and information on support measures available and were directed to public authorities, civil society structures or public/private providers. The established call centre supported the identification of elderly people and people with disabilities and the problems and needs these people face in the context of the pandemic and led to the creation of a permanent database with the cases of people in difficulty which was shared with local or central public authorities in order to substantiate the necessary actions.</p>

⁶⁹⁵ General Secretariat of the Government (2020). Report on good practices in the central and local public administration in the transmission of public information and in cooperation with non-governmental organisations to fight COVID-19 in 2020. Available at: <http://sgg.gov.ro/1/wp-content/uploads/2021/03/1-Raport-ADMINISTRATIE-COVID-19-00000003.pdf>

The flexibilities enabled the Managing Authority to use unspent funds to implement the selected operation, and in the process to also reinforce coordination with other organisations as well as build its staff capacity. The quick reactions from all parties involved as well as the coordination and clear steering from the Ministry of Labour and Social Protection resulted in an efficient coordination and decision-making process and represented a key factor that contributed to the effectiveness of the operation. The contribution of CRII and CRII+ mechanisms was their high level of flexibility and broad coverage.

The process that led to the decision to programme the activities included in the selected operation also contributed to broader policy thinking related to national social inclusion strategies and the programming of enhanced social inclusion activities targeting the elderly under ESF+ in the 2021-2027 period. The operation provided the first mapping and analysis of the social needs of the most vulnerable groups in Romania.

Annexes

I: Bibliography

The list of the main data / literature sources consulted as part of this case study includes:

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4. European Commission (2021). Employment and Social Developments in Europe (ESDE) 2021: towards a strong social Europe in the aftermath of the COVID-19 crisis: reducing disparities and addressing distributional impacts: annual review. p.26. Available at: <https://data.europa.eu/doi/10.2767/57771>
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12. World Bank (2020a) Simulating the Potential Impacts of COVID-19 School Closures on Schooling and Learning Outcomes: A Set of Global Estimates (English). Washington, D.C.: World Bank Group

II: Stakeholder consultations

Stakeholders consulted as part of this case study included representatives of the ESF Managing Authority in Romania (The Ministry of European Investments and Projects).

Spain – Youth Employment ESF/YEI (2014ES05M9OP001)

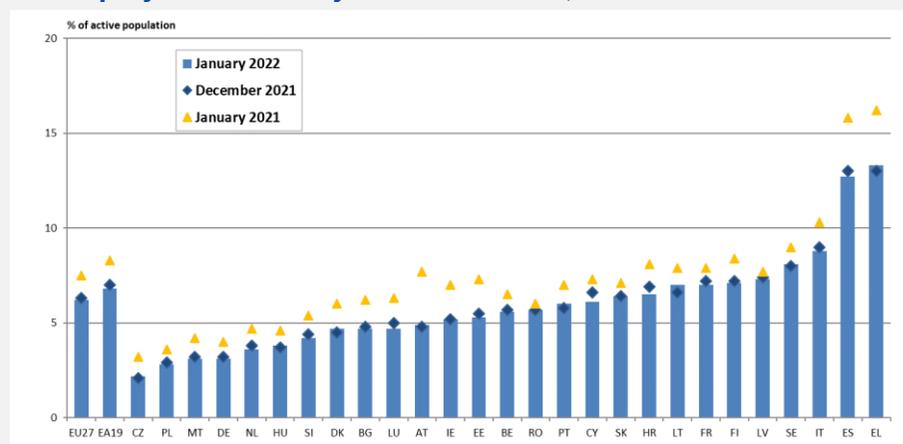
Qualitative case study: **Actions aimed at preserving employment during the COVID-19 crisis of young workers (ERTE)** (Acciones encaminadas a preservar el empleo durante la crisis del COVID-19 de los trabajadores jóvenes)

National context

Overview of the COVID-19 situation in the Member State

The declaration of the pandemic by the World Health Organization in March 2020 caused an unprecedented economic shock in the Spanish economy. As the figure below shows, Spain had by far the highest unemployment rates in the EU both prior to and following the COVID-19 crisis. While almost all Member States suffered a fall in the rate of employment following the pandemic, Spain was among the countries where the steepest drops were observed (-2.3%).⁶⁹⁶

Figure A 55: Unemployment rates by Member States, % of labour force from 15 to 74 years



Source: Eurostat, series on unemployment [une_rt_m]. Data seasonally adjusted (Ecorys, Interim Report)

In 2020, employment dropped by 1.5% in the EU and 1.6% in the Euro area after a period of continuous growth that resulted in record numbers of employment in 2019,⁶⁹⁷ with specific groups more clearly impacted (such as young people, low-skilled workers, people in poor living conditions, older people and persons with disabilities).⁶⁹⁸ In particular, the pandemic worsened the already delicate situation of Spanish youth, still recovering from the consequences of the 2008-2009 economic crisis.⁶⁹⁹ The effects of the new unprecedented economic recession on youth were highlighted by the Bank

⁶⁹⁶ Ecorys (2022), Interim Report.

⁶⁹⁷ Employment and Social Developments in Europe (ESDE) (2021). p.26

⁶⁹⁸ Ecorys (2023). Study supporting the preliminary evaluation of the support provided by ESF and FEAD under the Coronavirus Response Investment Initiatives (CRII and CRII+)

⁶⁹⁹ Ministerio de Trabajo y Economía Social (2020). Impacto Del Covid-19 Sobre Las Estadísticas Del Ministerio De Trabajo Y Economía Social. Available at : https://www.mites.gob.es/ficheros/ministerio/estadisticas/documentos/Nota_impacto_COVID_Octubre-2020.pdf

	<p>of Spain in its report '<i>The crisis of covid-19 and its impact on the economic conditions of young generations</i>','⁷⁰⁰ revealing that one in three under 30 years of age (35%) had no income, a figure that increased five points since before the pandemic began.</p> <p>The COVID-19 crisis had a more severe impact on non-essential, low productivity sectors, which are traditionally associated with high levels of youth employment. As highlighted by the OECD, youth tended to be more likely to work in sectors most affected by lockdown and social distancing measures such as accommodation and food services, sectors experiencing net job destruction in both the second and third quarters of 2020 due to the COVID-19 pandemic.⁷⁰¹ In its report, the Bank of Spain also drew attention to the fact that the sectors most affected by the pandemic were in the so-called "social industries" (referring to services such as restaurants, tourism, leisure, commerce, artistic activities, etc.), which are also those where there is a greater presence of young workers, and incomes are lower. As reported by the Bank of Spain, in the first quarter of 2020 33% of the employed youth population were employed in commerce and hospitality, two of the sectors of activity most at risk due to the fall in demand. In general, in Spain, the unemployment rate of young people 15 to 24 years old surged at the onset of the pandemic by over 10 pp. in just four months to reach 40.4 % (more than three times the increase observed for those aged 25 and over). The strong increase was driven by new entrants who, in the context of limited hiring, were not able to get their first job, in particular in the tourism sector.⁷⁰²</p>
<p>National and regional measures to mitigate the crisis</p>	<p>Following the Royal Decree 463/2020 of March 14, which declared a state of alarm in Spain, and the consequent health crisis caused by COVID-19, the Spanish government adopted a series of urgent measures to support economic reactivation and employment in the context of the new scenario defined by the pandemic.</p> <p>By October 2020, eight pieces of legislation at the national level provided initial measures to address the COVID-19 crisis: Royal Decree-Law 6/2020,⁷⁰³ Royal Decree-Law 7/2020,⁷⁰⁴ Royal Decree 463/2020,⁷⁰⁵ Royal Decree-Law 8/2020,⁷⁰⁶ Royal Decree 465/2020,⁷⁰⁷ Royal Decree-Law 9/2020,⁷⁰⁸ Royal Decree-Law 10/2020,⁷⁰⁹ and Royal Decree-Law 11/2020.⁷¹⁰ These included measures that address health and the economy at large, with a particular emphasis on the tourism industry, small and medium size enterprises (SMEs), and the self-employed, as well as persons affected by the lockdown measures.⁷¹¹</p>

⁷⁰⁰ Banco de España (2021). Economic and financial developments in Spain over the COVID-19 crisis. Available at: <https://www.bde.es/ffweb/bde/GAP/Secciones/SalaPrensa/IntervencionesPublicas/DirectoresGenerales/economia/Arc/Fic/arce110221en.pdf>

⁷⁰¹ OECD (2021). Tackling the cost-of-living crisis. Available at: <https://www.oecd.org/employment-outlook/2022/>

⁷⁰² European Parliament (2021). Youth in Europe: Effects of COVID-19 on their economic and social situation. Available at: [https://www.europarl.europa.eu/RegData/etudes/STUD/2021/662942/IPOL_STU\(2021\)662942_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2021/662942/IPOL_STU(2021)662942_EN.pdf)

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⁷⁰⁸ Boletín Oficial del Estado (BOE) (2020). Real Decreto-ley 9/2020, de 27 de marzo, por el que se adoptan medidas complementarias, en el ámbito laboral, para paliar los efectos derivados del COVID-19. Available at: <https://www.boe.es/buscar/act.php?id=BOE-A-2020-4152>

⁷⁰⁹ Boletín Oficial del Estado (BOE)(2020). Real Decreto-ley 10/2020, de 29 de marzo, por el que se regula un permiso retribuido recuperable para las personas trabajadoras por cuenta ajena que no presten servicios esenciales, con el fin de reducir la movilidad de la población en el contexto de la lucha contra el COVID-19. Available at: <https://www.boe.es/buscar/doc.php?id=BOE-A-2020-4166>

⁷¹⁰ Boletín Oficial del Estado (BOE)(2020). Real Decreto-ley 11/2020, de 31 de marzo, por el que se adoptan medidas urgentes complementarias en el ámbito social y económico para hacer frente al COVID-19. Available at: <https://www.boe.es/buscar/act.php?id=BOE-A-2020-4208>

⁷¹¹ KPMG (2020). Government and institution measures in response to COVID-19. Available at: <https://home.kpmg/xx/en/home/insights/2020/04/spain-government-and-institution-measures-in-response-to-covid.html>

In general, the social and economic impact of the COVID-19 pandemic was mitigated, in large part, by income maintenance measures for families, workers and self-employed, together with liquidity guarantee instruments provided for companies.⁷¹² With regards to the effects on the labour market, the Bank of Spain reported that extensive use of furlough schemes (ERTE by their Spanish acronym), a form of short-time working arrangement (STWA), significantly mitigated the impact of the crisis on workers' incomes, helping contain the increase in the unemployment rate. For example, after the peak recorded employment suspensions in April (3.5 million people on average for the month), by end-January 2021 the suspensions of employment had dropped to almost 740,000 workers, or 3.9% of total employees.⁷¹³ The subject of this case study, the use of ERTE to preserve the employment of young people through the ESF/YEI, is one example of the use of STWAs in this context.

The Temporary Employment Regulation Scheme (Expedientes de Regulación Temporal de Empleo - ERTE) was regulated through Royal Decree-Law 8/2020⁷¹⁴ during the COVID-19 crisis, as a labour flexibility measure that would enable companies to reduce or suspend employment contracts. ERTE in general were already regulated by the 1980 Workers' Statute. However, Spain did not have a tradition of using ERTE as a measure to deal with crisis situations. Therefore, through the regulation of ERTE, Spain joined the European model of response to crises, with a formula typical of reduction systems of working time (STWAs).

Within the framework of European Union initiatives, the Regulations (EU) No. 460/2020 and No. 558/2020 were approved to make the use of the European Structural and Investment Funds, including the European Social Fund, more flexible in response to the COVID-19 outbreak. In general, these measures allowed Spain to re-allocate 2.5 billion EUR of cohesion policy funds to respond to the COVID-19 crisis, making it the highest amount to be invested in the coronavirus response in the EU. The bulk of support was used to strengthen the response capacity of the health system in all the regions, to purchase medical equipment, increase hospital capacity and hire additional medical staff. ERDF has financed the purchase of 2,100 ventilators, the creation of more than 3,700 additional hospital beds and 9 laboratories for tests, as well as the acquisition of protective equipment for healthcare staff. At the same time, more than 5,500 SMEs received support from ERDF for working capital, through grants and financial instruments to help them to overcome low activity during the lockdown (in Cataluña, Castilla y Leon, Andalusia, Murcia, etc). ERDF also financed the digitalization of the education and public administration sectors, to face the challenges of the necessary increase in on-line activities (the national programme "*Educa en digital*"). Spain also benefited from the 100% EU co-financing rate in all the programmes until the end of June 2021.⁷¹⁵ In the area of employment of the ESF, new actions were launched and there was a considerable increase in certain expenses, in particular those related to benefits for young people affected by Temporary Employment Regulation Scheme.

Overview of identified ESF/FEAD interventions implemented in response to the COVID-19 crisis

Overview of key information about the ESF/FEAD interventions implemented in response to COVID-19

Based on the mapping conducted for this study, there were 15 CRII/ CRII+ ESF interventions identified that were newly introduced or adjusted in Spain at national and regional level as follows:

- eight interventions in the area of employment (TO_8) aimed at preserving or improving access to employment;
- five interventions in the area of health (TO_9.iv) aimed at improving access to health services;
- one intervention in the area of social exclusion (TO_9.i) aimed at preserving employment during the crisis, specifically of people belonging to groups in a vulnerable situation or at risk of social exclusion;

⁷¹² MITES (2020). Impacto Del Covid-19 Sobre Las Estadísticas Del Ministerio De Trabajo Y Economía Social. Available at: https://www.mites.gob.es/ficheros/ministerio/estadisticas/documentos/Nota_impacto_COVID_Octubre-2020.pdf

⁷¹³ Banco de España, (2021). Economic and financial developments in Spain over the COVID-19 Crisis. Available at: <https://www.bde.es/f/webbde/GAP/Secciones/SalaPrensa/IntervencionesPublicas/DirectoresGenerales/economia/Arc/Fic/arce110221en.pdf>

⁷¹⁴ Boletín Oficial del Estado (BOE) (2020). Real Decreto-ley 8/2020, de 17 de marzo, de medidas urgentes extraordinarias para hacer frente al impacto económico y social del COVID-19. (2020) https://www.boe.es/diario_boe/txt.php?id=BOE-A-2020-3824

⁷¹⁵ European Commission (n.d.). Cohesion policy action against coronavirus. Available at: https://ec.europa.eu/regional_policy/en/newsroom/coronavirus-response/#26

- and one intervention in the area of education (TO_10), aimed at reinforcing teaching in schools supported by public funds.

Brief description of the selected operation

Within the area of employment, the co-financing percentage of 100% was applied in the accounting year 2020-2021 to all the Axes of the Operational Programme (OP) - Youth Employment - ES - ESF/YEI Operational programme (*Programa Operacional Empleo Juvenil - POEJ*)- as provided in article 25 of Regulation (EU) No. 2020/558, of April 23, 2020, in order to ease the burden on public budgets and improve the response to public health crisis. In general, this option of 100% European co-financing was one of the most popular measures with the majority of modified programmes. As highlighted in the Coronavirus Dashboard data, Spain took up the option of 100% EU co-financing to change most of its programmes (41 out of 45)⁷¹⁶.

The increase in the 100% co-financing rate contributes to providing the State with the necessary resources to guarantee that the objectives of the Europe 2020 Strategy are met to achieve smart, sustainable and inclusive growth, in addition to those objectives specific to the Operative Program.⁷¹⁷ Moreover, the increased budgetary contribution in the 2020-2021 year favours a greater absorption and reaction capacity to achieve the objectives of the Programme, among them, responding to the common needs of the regional and national Operational Programs financed by ESF and supporting the authorities and intermediate bodies of the ESF for the implementation and development of measures that maximize the effectiveness and efficiency in the management of co-financed operations.⁷¹⁸

More specifically, CRII/CRII+ allowed to finance new measures to facilitate businesses with ERTE, to make sure that workers continued to receive, at least 70% of their salary while removing the obligation from businesses of having to make social contributions which according to the review of the Programme was 20,000 million EUR.⁷¹⁹

The operation selected for the case study in the area of employment - the Youth Employment - ES - ESF/YEI Operational programme (*Programa Operacional Empleo Juvenil - POEJ*) - was adapted to include new specific objectives within Axis 1 and Axis 5:

- Axis 1: SO 8.2.5 “Preserve employment during the COVID-19 crisis” was created to help mitigate the effects of the crisis on the labour market in Spain through measures to finance temporary mechanisms to make employment more flexible, ERTE, for young workers under 30 years of age, so as to avoid the destruction of employment. For this specific objective, there were 284,204,824 EUR allocated from the financial allocation of the Administrative Unit of the Spanish Public Employment Services (SEPE) of Axis 1 and Axis 8 in its entirety.⁷²⁰
- Axis 5: SO 8.2.5 “Preserve employment during the COVID-19 crisis of young people not employed and not integrated in education or training systems” was created to protect young people, specifically: those not integrated in the education systems or training, as well as those that are at risk of social exclusion and from vulnerable communities, who were beneficiaries of the Youth Guarantee (Sistema Nacional de Garantía Juvenil – SNGJ) from within ERTE mechanism. An amount of 98,507,450 EUR from the Spanish Public Employment Services (SEPE) were allocated to this specific objective from Axis 5.⁷²¹

As reported by the Managing Authority responsible for the OP - the Administrative Unit of the European Social Fund in Spain (UAFSE)- when interviewed for the case study, the restructuring of Axis 1 allowed ERTE to be granted to employed youth while the reorganisation of Axis 5 also allowed unemployed young people covered by Youth Guarantee to continue to receive the aid.

⁷¹⁶ As of 30/06/2022. European Commission. Coronavirus Dashboard: EU Cohesion Policy Response to the crisis. (2022) <https://cohesiondata.ec.europa.eu/stories/s/CORONAVIRUS-DASHBOARD-COHESION-POLICY-RESPONSE/4e2z-pw8r/>

⁷¹⁷ Spanish Ministry of Labor and Social Economy. Reprogramming Report of the 2014-2020 ESF Operational Programme for Youth employment (September 2020)

⁷¹⁸ Ibid.

⁷¹⁹ Ibid.

⁷²⁰ Ibid.

⁷²¹ Ibid.

A review of relevant documents shows ESF aid was redistributed between axis 8 and axis 1 of the OP, with the aim of provide a financial allocation to the new specific objective created to deal with the effects of the COVID-19 crisis at the request of intermediate bodies.⁷²² In order to allocate funds to the new specific objectives, a redistribution of the financial allocation was proposed from Axis 8 to Axis 1 of the intermediate body – the Spanish Public Employment Services (SEPE). The proposed distribution of funds across Axis looked as follows:

2020 Programme	EUR
Axis 5	528.380.741,00
Youth Employment Initiative	264.190.370,50
Total most developed regions	164.061.653,50
Total transition regions	96.588.747,00
Total less developed regions	3.539.970,00
Axis 1	284.204.824,00
Total most developed regions	63.439.096,00
Total transition regions	204.876.190,00
Total less developed regions	15.889.538,00
Axis 8	0,00
TOTAL ESF	548.395.194,50
Total most developed regions	227.500.749,50
Total transition regions	301.464.937,00
Total less developed regions	19.429.508,00
Intermediate body: Spanish Public Employment Services (SEPE)	812.585.565,00

Source: *Reprogramming Report of the 2014-2020 ESF Operational Programme for Youth employment (September 2020)*, p.10

⁷²² Spanish Operational Programme, Youth Employment - ES - ESF/YEI Operational programme (Programa Operacional Empleo Juvenil – POEJ (v7, p61))

Furthermore, corresponding funds were reallocated in 2020 between Operational Programs, at the request of the intermediate bodies of the Valencian Community, Catalonia and Cantabria.⁷²³ This was motivated by the level of absorption of their financial allocation in axis 1 of the POEJ and the increase in the need for additional resources in these Regional Operational Programs arising from the COVID-19 health crisis. Concretely, a total amount of 8,167,349 EUR was reallocated from the 2020 budget to assign it to the Regional Operational Programs in of Valencia, Catalonia and Cantabria in response to the new needs arising from the COVID-19 pandemic. The following changes were proposed:

Operational Programme	Axis 1	Axis 8	TOTAL
CANTABRIA	-498.585,00	0,00	-498.585,00
VALENCIAN COMMUNITY	-4.007.032,00	-959.747,00	-4.966.779,00
CATALONIA	-2.701.985,00	0,00	-2.701.985,00
TOTAL	-7.207.602,00	-959.747,00	-8.167.349,00

Source: *Reprogramming Report of the 2014-2020 ESF Operational Programme for Youth employment (September 2020)*, p11.

The review of the OP shows that additional Youth Employment Initiative (YEI) allocation for Spain was incorporated for the 2020 annuity approved by Regulation 2020/1041, of July 15, 2020, which modified Regulation (EU) No. 1303/2013 regarding the increase in financial allocation from the Youth Employment Initiative. In accordance with the provisions of the said Regulation and following article 30 of regulation 1303/2013, the transfer to the ESF of 50% of the additional resources for the specific allocation of the Youth Employment Initiative was requested, in order to constitute the corresponding specific investment of the ESF required.⁷²⁴ As a result, 50% of the additional amount for the year 2020 from the Youth Employment Initiative (13,832,141 EUR) was assigned to Axis 5, in order to preserve employment during the COVID-19 crisis through benefits for workers affected by ERTE.

Effectiveness

Priority target groups and economic sectors

Given the negative youth unemployment trends in Spain following the 2008-2009 economic crisis and the overrepresentation of youth in sectors that were not essential, yet they were hit by the health crisis, this group was a likely candidate for support through the ERTE short time working schemes introduced by state measures and enabled through the CRII and CRII+ flexibilities, to alleviate the negative effects of the COVID-19 pandemic.

The case study interviews revealed that given the available funds in the ESF Youth Programme, youth was a target group reached thanks to the new measures enabled by the Commission, which allowed the release of these funds for their use in the new context of the COVID-19 pandemic.⁷²⁵

The modification of the Youth Employment OP through adding new specific objectives, thanks to the CRII and CRII+ flexibilities, enabled the financing of ERTE specifically for youth in all economic sectors given that the consequences of the health crisis affected all economic sectors within the first stages of the state of emergency lock-down measures. Case study evidence indicates that this effectively mitigated the pandemic's immediate negative effects for youth by enabling a high number of employment relations to be maintained during the early stages of the COVID-19 pandemic. As reported by an interviewee, if the financial support from the EU had not been received via the CRII/CRII+ flexibilities, the ERTE measures would have been

⁷²³ Ibid (v7, p.72))

⁷²⁴ Spanish Ministry of Labor and Social Economy. *Reprogramming Report of the 2014-2020 ESF Operational Programme for Youth employment (September 2020)*

⁷²⁵ Approved by Regulation 2020/1041, of July 15, 2020, which modified Regulation (EU) No. 1303/2013 regarding the increase in financial allocation from the Youth Employment Initiative

applied in a much more limited way, and companies would have laid off workers, and the recovery would have been much slower, as happened in the previous crisis. Access to an ERTE through the OP was made available to youth from all sectors that had activity difficulties due to COVID-related reasons and to all employees (including nonstandard workers).⁷²⁶ The review of the OP shows that it targets young people not in employment, education or training (NEET), inactive or unemployed. The OP specified also supporting the inactive because in certain cases, one had to be registered in the SNGJ to obtain a job that granted ERTE. The interviewee explained that in certain cases the requirement of being registered in the SNGJ is required prior to obtaining the job that has allowed them to be in ERTE. One of the reasons that led the government to create the SNGJ, instead of directly using existing jobseeker databases, was that it tried to attract inactive young people. However, young people in ERTE as such are not inactive, at the moment prior to its application, since in order to benefit from ERTE, young people had to be working.

Both women and men up to 29 years old including from multiple disadvantaged groups were targeted the same. As reported by stakeholders, this was an effective measure that allowed the Spanish Public Employment Services (as the main implementing institution) to access the funds needed to deliver the support to youth groups affected by the COVID-19 through ERTE in a relatively short period of time after the declaration of the state of alarm in Spain.

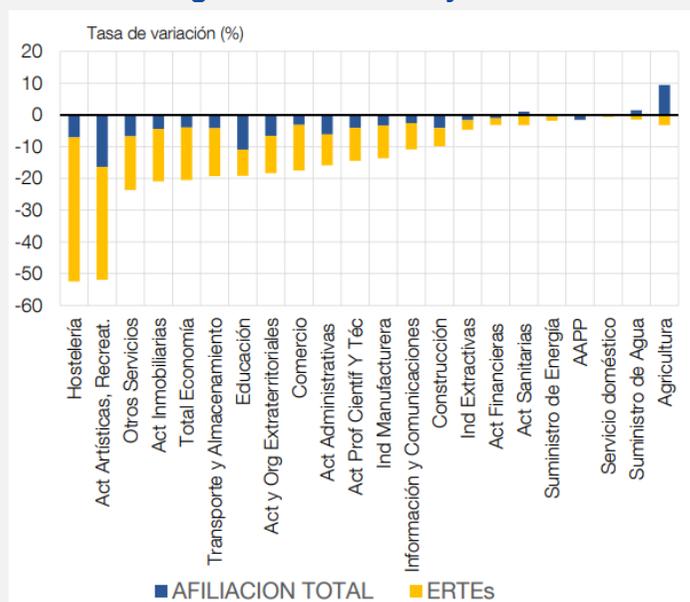
Stakeholders interviewed for the case study from both the implementing institution and the MA responsible for the OP highlighted that, as the pandemic progressed and lockdown measures continued, sectoral differences in the allocation of ERTE started to become evident. This was confirmed by evidence collected through desk research. For example, data from the Spanish Public Employment Service (SEPE) shows that the hospitality and catering industry (food and beverage services), which accounted for 36% of companies and 33% of workers on ERTE, had been the worst affected.⁷²⁷ Moreover, another source showed that between February and June 2020, the sectors that benefited from the largest share of ERTE were on the sectors of hospitality, artistic and recreational activities.⁷²⁸

⁷²⁶ European Social Policy Network (ESPN) (2022). Social protection and inclusion policy responses to the COVID-19 crisis.

⁷²⁷ MITES (2020). Impacto Del Covid-19 Sobre Las Estadísticas Del Ministerio De Trabajo Y Economía Social. Available at: https://www.mites.gob.es/ficheros/ministerio/estadisticas/documentos/Nota_impacto_COVID_Octubre-2020.pdf

⁷²⁸ Banco de España (2020). El Impacto de la crisis del COVID-19 sobre el empleo de los jóvenes y las mujeres. Available at: <https://www.bde.es/f/webbde/GAP/Secciones/SalaPrensa/IntervencionesPublicas/DirectoresGenerales/economia/Arc/arce080720.pdf>

Figure A 56: ERTE by sector



Source: Ministry of Inclusion, Social Security and Migration, and Bank of Spain.

Based on internal data based on 65,000 beneficiaries until 31 December 2022, a government stakeholder interviewed for the case study reported observing some differences in the profiles of beneficiaries, e.g. that half of the participants had lower education levels, that there are regions where there are more recipients with migrant background (Canarias), and that there are regions where there are specific sectors where support was concentrated (Andalucía, Murcia).

Notwithstanding the observed differences in the characteristics of the recipients of ERTE, the interviewees reported the CRII flexibilities were an effective measure that helped to fund ERTE for youth where support was needed by not limiting it to specific sectors, but being widely available to youth so that it could be used on a needed basis based on the developments of effects of the COVID-19 pandemic.

Key challenges and factors

CRII and CRII+ flexibilities enabled a rapid response to the COVID-19 crisis by enabling ESF funds to be made available to support actions aimed at preserving employment of young workers (ERTE) during the crisis. This was confirmed by both the MA and implementing institution interviewed.

Both the interviewees from the implementing institution and from the MA responsible for the OP stated the new regulation of ERTE was a key factor that was necessary prior to reprogramming the funds through CRII/CRII+ flexibilities. Although ERTE existed prior to the pandemic, the adaptation of the measure to the crisis through the new Regulation was necessary to be able to grant support in the context of the pandemic. Evidence from desk research shows the new ERTE 2020 regulation (due to COVID-19) included a relaxation of the requirements by reducing the processing time to grant ERTE (from 15 days to 5 or 12, depending on the type of ERTE) and simplifying the procedure by making it optional to have an implementation report by the labour inspectorate.⁷²⁹ This, together with the newly available ESF funds, enabled through the CRII/CRII+ package, “allowed for the process of

⁷²⁹ European Social Policy Network (ESPN) (2022). Social protection and inclusion policy responses to the COVID-19 crisis, p. 25

	<p>granting ERTE to be more agile and provided a softer landing into the crisis, implementing measures with more rationality”, as reported by the interviewed implementing institution.</p> <p>With regards to the challenges, the interviewee from the implementing institution - Spanish Public Employment Services (SEPE) - highlighted the main challenge was dealing with a significant increase of end recipients. As reported by an interviewee, there were triple or quadruple the number of end recipient requests within the context of the crisis, while there were fewer employees and less capacity to deal with requests internally in the institution.</p>
<p>Access to funding</p>	<p>The CRII and CRII+ flexibilities enabled financing of the new measure of ERTE for youth, which were not previously ESF-funded measures. The evidence collected through desk research and case study interviews shows that reprogramming of the OP and additional specific objectives enabled through these flexibilities were key in providing access to funding during early stages of the crisis, following the declaration of the state of alarm in March 2020.</p> <p>As reported by both interviewees from the implementing institution and MA responsible for the OP consulted for the case study, the funding reallocation and adjustment of measures enabled by the CRII flexibilities allowed to finance the ERTE to youth, which would not have been possible to efficiently finance with national funds alone in such a short period of time otherwise. The interviewee from the implementing institution indicated government funding sources would not have had the financial capacity to finance the increased number of ERTE, or at least not during such an extended period which was needed under the health crisis caused by COVID-19.</p> <p>Evidence shows there were some delays in disbursing the funds to beneficiaries through this measure. The review of relevant documents shows that the ERTE regulation (Royal Decree-Law 8/2020⁷³⁰) was adopted in March 2020 and ERTE for youth through the OP started to be implemented in October 2020. The interviewee from the implementing institution reported end recipients had to experience some months delays in their payments. This was due to the unavoidable need to adapt the aforementioned regulation, the reallocation of ESF funds following CRII and CRII+ flexibilities, as well as the increased number of requests (ERTE) due to the impact of the COVID-19 pandemic. At the same time, there were alternative solutions found to cover the delays in payments, such as signing an agreement between the implementing institution and the banks to advance payments to end recipients. Overall, both interviewees, from the implementing institution and MA, agreed that access to funding enabled through CRII/CRII+ was relatively quick and the response to the new pandemic context was done in a rapid manner, considering the bureaucratic work needed to co-finance ERTE measure under ESF.</p> <p>To avoid payment delays to beneficiaries, the interviewee mentioned it would have been useful to have available a global fund financed by businesses that would allow to pay beneficiaries while there was the delay from the Spanish Public Employment Services (SEPE) to disburse the ESF additional funds due to the unavoidable administrative process to set up the ERTE scheme through the ESF Youth OP. The interviewee added the RED mechanism (mecanismo RED), which is a flexibility measure to stabilise employment activated by the Council of Ministers for a specific economic sector for a specific time cycle, will be the new procedure to maintain the employment in a period of economic crisis and with this mechanism the lesson learnt in ERTES COVID will be put in practice.</p> <p>Evidence collected through desk research confirmed that the State is looking at these types of measures as part of the labour reform included in the Spanish Recovery and Resilience Plan^{731,732} (reform 6,⁷³³ Chapter 23),⁷³⁴ influenced by the experience of the CRII operation. As laid out in the plan,</p>

⁷³⁰ Boletín Oficial del Estado (BOE) (2020). Real Decreto-ley 8/2020, de 17 de marzo, de medidas urgentes extraordinarias para hacer frente al impacto económico y social del COVID-19.

Available at: https://www.boe.es/diario_boe/txt.php?id=BOE-A-2020-3824

⁷³¹ Gobierno de España (n.d.). Plan de Recuperación, Transformación y Resiliencia – Políticas Palanca y componentes. Available at: <https://planderecuperacion.gob.es/politicas-y-componentes>

⁷³² European Commission (n.d.). Spain’s recovery and resilience plan. Available at: https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/spains-recovery-and-resilience-plan_en

⁷³³ “Reform of the Law that regulates the Training System Professional for employment in the workplace to adapt it to the actions of the National Plan for Active Employment Policies and the new needs detected”

⁷³⁴ Gobierno de España (n.d.). Plan de Recuperación, Transformación y Resiliencia. Componente 23: Nuevas políticas públicas para un mercado de trabajo dinámico, resiliente e inclusivo.

Available at: https://planderecuperacion.gob.es/politicas_y_componentes/componente-23-nuevas-politicas-publicas-para-un-mercado-de-trabajo-dinamico-resiliente-e-inclusivo

one of the strengths that is envisaged from the labour reform is in the regulation and financing of structural ERTE, to change the current ordinary rule—not the extraordinary ones approved during the pandemic—to promote the development of this tool of internal flexibility in companies, that was very little used until COVID-19 arrived. The labour reform lays out plans for financing ERTE through a tripartite fund in which companies, workers and the Administration will make their contributions. In the case of the first two, it points to the use of the surplus collection for unemployment insurance during good times; the contribution by the State would come in the form of exemptions in contributions. The reform also points out that for its initial deployment it would resort to credits from the European Recovery Fund.⁷³⁵

The implementing institution interviewed for the case study also stressed the access to funding enabled through the CRII and CRII+ flexibilities was an unprecedented novel measure. Not only did it allow access to funding, but it also provided, for the first time, a general European response towards a global crisis which was not the case during the 2008–2009 economic crisis.

Monitoring and evaluation

As stated in the Reprogramming Report of the 2014-2020 ESF Operational Programme for Youth employment (2020), the changes in the financial allocations after the 2020 CRII-related reprogramming gave rise to the modification in the values of the targets of the performance indicators. In general, these were decreased for all the Specific Objectives in proportion to the decrease in financial allocation, except for the Specific Objective 8.2.5, which received the financial endowment and for which a new output indicator (CVST “Number of participants who have benefited from an ERTE”) and new result indicator (CVR1 “Number of participants who maintain their employment 6 months after the end of the ERTE”) were created. The values of the indicators that were modified were those collected in Axis 1 and Axis 5.

For the financial framework of axis 1A, the following indicators were used:

- **Financial indicator:** A target of 100% of the financial allocation in total cost of the corresponding axis has been established, equivalent to 160,669,356 EUR.
- **Output Indicators:**

Indicator	Men (Target Value)	Women (Target Value)	Total (Target Value)	Data source
A 8.2 CO01 “Unemployed – including long term unemployed”	19.623 (more developed)	19.623 (more developed)	39.246 (more developed)	<i>Information system FSE2014</i>
A 8.5 CVST “Employed people affected by ERTE”	27.746 (more developed)	27.745 (more developed)	55.491 (more developed)	<i>ERTE Beneficiary data May 2020</i>

⁷³⁵ El País (2021). Los ERTE estructurales se financiarán con un fondo que pagarán los trabajadores, las empresas y la Administración. Available at: <https://elpais.com/economia/2021-05-05/los-erte-estructurales-se-financiaran-con-un-fondo-que-pagaran-los-trabajadores-las-empresas-y-la-administracion.html>

Source: *Reprogramming Report of the 2014-2020 ESF Operational Programme for Youth employment (September 2020)*,p.17

- **Result indicator:**

Indicator	Men (reference / target value)	Women (reference / target value)	Total (reference / target value)	Data source
CVR 1 “Participants who maintain their employment 6 months after the end of the ERTE”	45%/45%	55%/55%	66%/66%	<i>ERTE Beneficiaries May 2020</i>

Source: *Reprogramming Report of the 2014-2020 ESF Operational Programme for Youth employment (September 2020)*,p.18

For the financial framework of axis 5, the following indicators were used:

- **Financial indicator:** A target of 100% of the financial allocation in total cost of the corresponding axis has been established, equivalent to 3,030,231,074 EUR.
- **Output indicators:**

Indicator	Men (Target Value)	Women (Target Value)	Total (Target Value)	Data Source
Axis 5 CO01 “Unemployed – including long term unemployed”	494.527	514.713	1.009.240	<i>Information system FSE2014</i>
Axis 5 CVST “Employed persons affected by ERTE”	46.167	46.167	92.334	<i>Information system FSE2014</i>

- **Result indicator:**

Indicator	Men (reference /	Women (reference	Total (reference	Data source
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STUDY SUPPORTING THE PRELIMINARY EVALUATION OF THE SUPPORT PROVIDED BY ESF AND FEAD UNDER THE CORONAVIRUS RESPONSE INVESTMENT INITIATIVES (CRII AND CRII+)

	target value)	/ target value)	/ target value)	
CVR 1 “Participants who maintain their employment 6 months after the end of the ERTE”	45%/45%	55%/55%	66%/66%	<i>ERTE Beneficiaries May 2020</i>
	<p>The interviewees reported that Covid programme-specific indicators⁷³⁶ were used however, they were also considered not to be very relevant in the context of ERTE as the indicator on employment after 6 months included employed people and those in ERTE (without caveat on ERTE beneficiaries as a different category). The interviewee from the implementing institution consulted for the case study stated the information was adapted to inform the type of indicators needed to be reported. The required data for the ESF annual report was collected, as well as more in-depth analysis to justify the financing under REACT EU.</p> <p>The review of the Annual Implementation Report indicates that more than 98,256 young people were supported by Temporary Employment Regulation Files (ERTES) (44.8% women and 55.2% men) implemented under the POEJ within the specific objectives (Axis 1 and 5) . From these, 4,232 young people (46.1% women and 53.9% men) have a job 6 months later. The report does not clarify whether these show the targets of output indicators have been achieved. At the same time, the report clarifies that the results are underrepresented since there is a gap between the number of participants and the results obtained. The true effect in terms of the result of the POEJ will have to be estimated at its completion on December 31, 2023, when all the actions that are in progress have been completed.⁷³⁷</p>			
Overall assessment	<p>Drawing from the evidence collected for the case study, the CRII and CRII+ package was considered an effective measure to avoid fast raising unemployment levels for this group, as a consequence of the economic inactivity due to the COVID-19 pandemic crisis. Firstly, it enabled a more rapid and flexible process to respond to the COVID-19 crisis by making funds available through ESF to fund newly regulated ERTE for young people. Secondly, the CRII flexibilities allowed to make early use of funds to finance ERTE for youth in the sectors where it was immediately needed. Given the global nature of the pandemic with lockdown measures affecting all parts of society, the measures were widely available to the target group regardless of the economic sector, which was an effective way to reach the target group. Finally, given the negative effects of unemployment for youth, the CRII flexibilities were considered effective to mitigate the early effects of the pandemic on the labour market by making more funds available for use for the target group.</p>			
Efficiency				
Efficiency in enabling a rapid response to the COVID-19 crisis through ESF / FEAD	<p>Considering the provisions of the European Commission, the Administrative Unit of the European Social Fund (UAFSE) in Spain was able to implement exceptional measures that allowed the adjustment of ESF operations.</p> <p>Overall, although there have not been any official cost-benefit assessments conducted so far, evidence from the interviews suggest the flexibility to reallocate funds for new measures introduced through the OP enabled to support the immediate crisis response following the declaration of state of alarm and accelerated the reprogramming process that allowed to finance ERTE for youth under the OP more rapidly. The implementing institution interviewed described it as being a good measure in terms of cost/benefit given that the additional specific objective was implemented within the same administrative structures of the Operational Programme; hence no additional administrative costs were accrued.</p>			

⁷³⁶ European Commission (2022). Cohesion Open Data Platform - Programme: Youth Employment - ES - ESF/YEI. Available at: <https://cohesiondata.ec.europa.eu/programmes/2014ES05M9OP001>

⁷³⁷ Annual Implementation Report 2021 – Anexo I: Informe para la ciudadanía (2022).

Relevance	
Relevance of objectives and measures to needs on the ground	<p>Within the field of intervention of the ESF, the crisis derived from the pandemic caused the need to launch new actions, as well as a considerable increase in certain expenses, in particular those related to benefits for young people affected by Temporary Employment Regulation Files (ERTES).</p> <p>The objectives and new measures were relevant to the needs on the ground of young people, most likely to be in precarious jobs and working among the economic sectors most affected by the COVID-19 pandemic as described in previous sections. The CRII and CRII+ flexibilities allowed to create two new specific objectives relevant to support the needs of the target group derived from the COVID-19 crisis (8.2.5 of Axis 1 and Axis 5) while remaining relevant to the general objectives of the ESF of supporting access to employment and supporting young students in the transition to the labour market through relevant training.</p> <p>The CRII flexibilities enabled the reallocation of funds in support of the two new specific objectives of the ESF Youth Employment OP in Spain, aiming to support youth employment in Spain. In that way, being able to finance ERTE through the OP helped to maintain youth in employment (Axis 1), including those that were benefiting from the Youth Guarantee (Axis 5).</p>
Relevance to priority target groups and economic sectors	<p>The reduction of youth unemployment was one of the main challenges of the EU for the ESF period 2014-2020 and specifically in Spain. Therefore, the additional ESF measures enabled by the CRII and CRII+ can be considered relevant given that they aimed to avoid rising unemployment levels amongst a key ESF target group – young people - who were particularly affected by the negative effects of the pandemic.</p> <p>Evidence collected through desk research shows that young people were particularly affected by the crisis. An analysis published by a thinktank⁷³⁸ (Funcas, 2020) confirmed that young people were among those who have been most affected by the slowdown in economic activity from the pandemic, particularly those people with the lowest incomes, who carry out their work activity in economic sectors specifically affected by the COVID-19 pandemic. In addition, the report highlighted the newly unemployed young people also have less accumulated seniority, which leads to few contributory benefits and concluded that, if it were not for public containment measures such as ERTE, the impact on these groups would have been much greater.⁷³⁹ Likewise, the first Emergency Report on Youth⁷⁴⁰ highlighted how job insecurity threatened young people in the short term (they will be the first to be fired at the end of the ERTE) and in the medium term (those who keep their jobs potentially being the most exposed to dismissal if the threat of economic crisis materializes (in part) as a result of coronavirus).</p> <p>The measure was considered relevant by both interviewees from the Managing Authorities responsible for the Youth Employment OP, and implementing institution from the Public Employment Services, as a way to deal with the immediate socio-economic effects of the COVID-19 crisis affecting the young population. Given the global nature of the crisis, the new measures enabled through the flexibilities also were considered relevant by the interviewees as they enabled the use of ERTE for young people irrespective of the economic sector in which they work, while also providing support in particular to those sectors most affected. As reported by the Bank of Spain, 33.0% of the young employed population in the first quarter of 2020 was dedicated to commerce and hospitality, two of the sectors of activity at greatest risk due to the drop in demand.⁷⁴¹ <i>“There was no minimum or maximum target number of people to reach since everyone who needed it and had the right could access it”</i>.</p>
Coherence	
Coherence with ESF initiatives	<p>The new specific objective of the Youth Employment Spanish OP enabled by the CRII/CRII+ package was coherent with the ESF objectives in Spain of reducing youth unemployment as well as the objectives of the OP with regards to promoting employment of youth. The OP is the main instrument</p>

⁷³⁸ Funcas (2020), El plan NGEU en España: retos estructurales y revisión de propuestas. Available at: <https://www.funcas.es/wp-content/uploads/2020/11/Xifr%C3%A9.pdf>

⁷³⁹ Comunidad de Madrid (2022). Estudio sobre el impacto socio-economico del COVID-19 en la población joven de la Comunidad de Madrid, p154. Available at: <https://www.comunidad.madrid/sites/default/files/doc/juventud/cd-estudio-impacto-covid-juventud.pdf>.

⁷⁴⁰ Gobierno de España (2021). Presentación del Informe Juventud en España 2020. Available at: <http://www.injuve.es/prensa/noticia/presentacion-del-informe-juventud-en-espana-2020>

⁷⁴¹ Comunidad de Madrid (2022). Estudio sobre el impacto socio-economico del COVID-19 en la población joven de la Comunidad de Madrid. Available at: <https://www.comunidad.madrid/sites/default/files/doc/juventud/cd-estudio-impacto-covid-juventud.pdf>

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implemented before the COVID-19 crisis	through which the Youth Employment Initiative is implemented and Youth Guarantee systems are launched in Spain, seeking to reduce the youth unemployment rate in Spain through an improvement in qualifications and the promotion of hiring and self-employment of the population of young people over 16 years of age and under 30, who are not employed or integrated into the social security systems, education or training, regardless of their educational level. Therefore, by linking the ERTE scheme under the ESF OP, it was possible to offer more coherent and more specific support to youth.
Coherence with national and regional measures during the COVID-19 pandemic	<p>The new operation was coherent with the national and regional measures during the COVID-19 pandemic, particularly the new state regulation on ERTE adapting previous ERTE regulation to the needs following the pandemic (inactivity across economic sectors due to the state of lock-down). The new measures enabled through CRII and CRII+, allowed to finance ERTE through ESF, aimed at enabling companies the maintenance of employment, thus alleviating the destruction of jobs taking place due to the COVID-19 pandemic. In addition, ERTE measures were also financed from other sources, including the Operational Programme for Social Inclusion and Social Economy (POISES) and the Operational Programme for Employment, Training and Education (POEFE) programmes of the ESF which allowed to extend it to other target groups (people with disabilities, and older than 30 years old).</p> <p>In Spain, many of the initiatives and strategies to mitigate the negative effects on employment were aimed at mitigating the situation of those groups who, because of the reduction of the activity, from the closure of businesses and industries, or because they involved a high risk to health because they involved direct contact between people, were compelled to reduce or cease their economic activity, such as youth.⁷⁴²</p> <p>A new package of economic and social measures (articulated through Royal Decree-law) was approved to continue supporting companies and workers that reinforced, complemented, and extended the decisions adopted earlier to counteract the impact of COVID-19.</p>
Coherence with other EU funding mechanisms during the COVID-19 pandemic	The operation was coherent with other EU funding mechanisms such as REACT-EU, the Youth Guarantee, and temporary Support to mitigate Unemployment Risks in an Emergency (SURE) funds, which were also used in the Spain to respond to the COVID-19 crisis. For instance, SURE covered the cost of ERTE not financed through ESF, in virtue of the available funds. ⁷⁴³ The new operation allowed to make use of immediate available resources to implement measures targeted at vulnerable persons to support employment, specifically young people in this case, while these additional funding mechanisms became available aiming to continue and extend the crisis response and crisis recovery measures delivered through the CRII and CRII+ packages.
Contribution of ESF and FEAD under CRII and CRII+ to the crisis reaction	
Assessment of contribution of ESF and FEAD under CRII and CRII+ to the crisis reaction	The flexibilities allowed unutilised and available funds in the Youth Employment OP programme to be reallocated to finance ERTE, specifically for the youth target population during early states of the pandemic in 2020. This contributed to a faster release of funds, while additional new funds became available through the REACT-EU package. Overall, the CRII and CRII+ flexibilities contributed to provide rapid support to a key target group, which was heavily affected by the pandemic due to the precarious nature of employment contracts amongst the target group and the nature of the sectors most affected by the pandemic (which employed high numbers of young people). The CRII and CRII+ flexibilities for ESF contributed to the Member State's capacity to provide a more rapid response to mitigate fast-rising levels of youth unemployment through ERTE, which the state alone would not have been able to provide, given the numbers of people affected by the pandemic, the duration of the state of urgency, and the wide-ranging consequences of the pandemic. SEPE reported that out of the total spend of ERTES (18.264 million EUR) corresponding to 5,894,021 people, it is estimated that the Youth Employment OP will cover around 2% (384,5 million EUR of the total spend in ERTES at national level). Data until December 2022 shows SEPE had certified 192 million EUR corresponding to 97,934 people through ERTES financed by the Youth Employment OP through ESF.

⁷⁴² CIELO (2021). La pandemia COVID-19, mercado de trabajo y medidas laborales en España. Available at: https://www.cielolaboral.com/wp-content/uploads/2021/04/fita_noticias_cielo_n3_2021.pdf

⁷⁴³ Reprogramming Report of the 2014-2020 ESF Operational Programme for Youth employment (September 2020)

Overview of early results/ impact on organisations and participants & Stories of change

Overview of early results/ impact on organisations and participants and stories of change

The review of the desk research and qualitative evidence from interviews shows that the new measure enabled through the CRII and CRII+ package had an overall positive impact by making funds available to finance ERTE, and a bit under 100,000 participants reached with the new measure as part of the OP as described in the Monitoring and Evaluation section.

The CRII/CRII+ flexibility measures made it possible to re-programme part of the funding aid that was allocated from the ESF in such a way that a substantial part of the expenses incurred to alleviate the socioeconomic effects of the pandemic could be co-financed. Moreover, it enabled Member States to obtain a European co-financing rate of 100% for ESF expenses declared to the European Commission during the accounting year between July 1, 2020 and June 30, 2021, allowing greater liquidity in this situation of increased spending due to the pandemic.

Furthermore, as reported by the implementing institution interviewed, the measure contributed to a “mentality change” with respect to the Short-Time Working Arrangements which in other Member States (Germany) were already used as a measure to cover temporary suspension of contracts. Likewise, this helped to set in motion the reform of implementing processes to continue to offer the measure in future in crisis situations. The specific measure of ERTE was not a measure traditionally used in Spain but based on the experience during the pandemic, the interviewee from the implementing institution reported it is being considered for the new funding period.

Both interviewees consulted for the case study indicated the new measures enabled the mitigation of the crisis in terms of youth unemployment, allowing to maintain youth in employment in the immediate term. Evidence collected through desk research from the Bank of Spain,⁷⁴⁴ however, also warned that their suitability for safeguarding sustainable employment may be limited [in the long term] and restructuring is required at the sector and/or firm level. In such cases the Bank of Spain also suggested such workers should be considered as a priority group for access to training. The interview from the implementing institution commented this is being explored for future measures.

Lessons learnt

Lessons learnt

The research highlighted a number of lessons learnt. The specific regulation enabling ERTE could be implemented for youth, through the immediate available funds, thanks to the reallocation enabled through the CRII and CRII+ packages while additional new funds became available through the REACT-EU. The new measures through the OP enabled by the CRII and CRII+ package were found useful to mitigate the negative effects of the pandemic on young people, helping to avoid the very high unemployment levels that would likely have occurred otherwise for this group due to their precarious situation in the sectors of activity most affected by the COVID-19 health crisis (e.g. hospitality)

It would be important to consider the administrative capacity needed to implement the measure in a crisis situation so that delays in payments to beneficiaries can be avoided by increasing human resources if necessary. The global approach to combat the COVID-19 pandemic through temporary work schemes to preserve employment was unprecedented. In the context of future potential crises (that are not as widely spread), it may be useful to consider these types of temporary work schemes in a more targeted way, for example targeting specific economic sectors or sub-sets of target groups depending on the nature of the crisis.

The temporary work schemes or similar interventions may be needed as a result stemming from the Ukrainian war or other future crises, therefore the flexibility to change priorities and reprogramme the ESF to meet immediate needs and objectives was seen in very positive terms by government representatives.

Annexes

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STUDY SUPPORTING THE PRELIMINARY EVALUATION OF THE SUPPORT PROVIDED BY ESF AND FEAD UNDER THE CORONAVIRUS RESPONSE INVESTMENT INITIATIVES (CRII AND CRII+)

	<ol style="list-style-type: none">4. https://www.comunidad.madrid/sites/default/files/doc/juventud/cd-estudio-impacto-covid-juventud.pdf5. https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/spains-recovery-and-resilience-plan_en6. https://planderecuperacion.gob.es/politicas-y-componentes7. https://www.heraldo.es/noticias/economia/2021/05/03/la-pandemia-agudiza-la-crisis-de-los-jovenes-y-uno-de-cada-tres-menores-de-30-anos-no-tiene-ingresos-1489155.html8. https://www.lamoncloa.gob.es/temas/fondos-recuperacion/Documents/16062021-Componente23.pdf
II: Stakeholder consultations	Stakeholders consulted as part of this case study included representatives of Managing Authority in charge of Youth Employment OP (POEJ) and the implementing institutions (the Public Employment Services (SEPE)) in Spain.

Sweden – Investments in growth and employment – ESF/YEI (2014SE05M9OP001)

Qualitative case study: Competence development for laid-off and employed personnel in economically vulnerable sectors

National context

Overview of the COVID-19 situation in the Member State

Despite social distancing measures and swift government action, the pandemic triggered a severe recession in Sweden that interrupted several years of economic growth and caused sharp increases in unemployment.⁷⁴⁵ The pandemic exacerbated pre-existing labour market issues, notably unfilled vacancies for highly qualified workers and high unemployment for low-skilled workers and immigrants.⁷⁴⁶

However, GDP in Sweden fell less than in many other economies in Europe partly due to reinforced short-time work which provided support for firms that became temporarily unprofitable. Under the short-time work scheme, financed by the government, employers lowered labour costs by reducing employees' working hours and employees received most of their regular salary.⁷⁴⁷ For the year of 2020, the Swedish Agency for Growth Analysis estimates that over 100 000 Swedish jobs were saved as a result of the short-time work scheme.⁷⁴⁸ Looking forward, OECD (2021) recommends a strengthening of public employment services to better support jobseekers, in particular immigrants and women, and ensuring that labour market policies support businesses and workers in ways that facilitate the transition away from declining businesses towards growing sectors.⁷⁴⁹

Unlike many other European countries, Sweden mainly based its COVID-restrictions on individual responsibility and recommendations without implementing a full societal lockdown. Schools remained open for children aged under 17 and higher education institutions were largely closed and went online.⁷⁵⁰ Sweden's health policy did also not include mandatory restriction measures to limit the number of people in public places, and face mask usage in public was not recommended. In contrast, Denmark, Finland Norway had stricter measures (including lockdowns) in place as early as March 2020.⁷⁵¹ Compared to other Nordic countries, Sweden was hardest hit by the pandemic in terms of number of people getting the virus (see figure below).⁷⁵²

⁷⁴⁵ OECD (2022). Sweden: invest in skills and the digital economy to bolster the recovery from COVID-19, says OECD. Available [here](#).

⁷⁴⁶ Ibid.

⁷⁴⁷ [tillvaxtanalys.se](https://www.tillvaxtanalys.se) (n.d.). Effects of short-time work – lessons from the financial crisis. Available at: <https://www.tillvaxtanalys.se/in-english/publications/pm/pm/2021-06-15-effects-of-short-time-work---lessons-from-the-financial-crisis.html>.

⁷⁴⁸ Ibid.

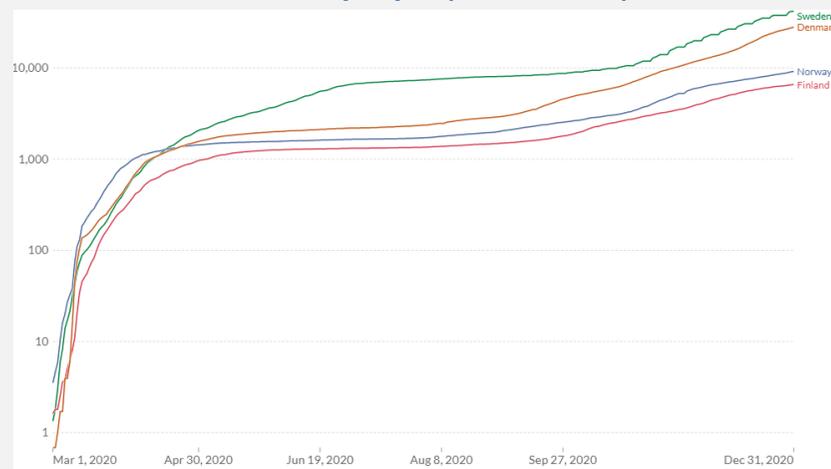
⁷⁴⁹ Ibid.

⁷⁵⁰ Hallin, A. E., Danielsson, H., Nordström, T., & Fälth, L. (2022). No learning loss in Sweden during the pandemic evidence from primary school reading assessments. *International Journal of Educational Research*, 114, 102011.

⁷⁵¹ Irfan, F. B., et al. (2022). Coronavirus pandemic in the Nordic countries: Health policy and economy trade-off. *Journal of Global Health*, p.12.

⁷⁵² Saunes, I. S. et al. (2022). Nordic responses to Covid-19: Governance and policy measures in the early phases of the pandemic. *Health Policy*, 126(5), 418-426.

Figure A 57: 2020, Distribution of cumulative reported cases in the first COVID-19 wave per million people (vertical axis)



Source: Johns Hopkins University CSSE COVID-19 Data⁷⁵³

National and regional measures to mitigate the crisis

The economic national response to mitigate the impact of the pandemic was substantial and consisted of a set of flexible measures, estimated to be worth around 24 billion EUR (240 billion SEK).⁷⁵⁴ The most expensive measure were short-time work schemes, accounting for 9.5 billion EUR (95 billion SEK), described by some scholars as being “very generous”⁷⁵⁵, which by May 2020 was used by 9 % of the total labour force and 15% of all firms.⁷⁵⁶ With the government as the guarantor, the scheme allowed firms to reduce the amount of time their employees had to work by 20, 40 or 60% (May to July also 80%). After 1 January 2021, there were slightly less generous arrangements in place that granted firms access to short-time work under more restrictive conditions.⁷⁵⁷

At the beginning of 2021, the Swedish government also decided on a decree that provided employers, benefitting from the short-time work scheme, compensation for expenses related to skills activities aimed at improving or validating the skills of employees. The government reimbursed 60% of the costs for skills activities carried out during time freed up under the short-time work scheme.⁷⁵⁸ The skills activities can be for employees of different education levels, young employees as well as

⁷⁵³ ourworldindata.org (n.d.). Coronavirus (COVID-19) Cases. Available at: <https://ourworldindata.org/covid-cases>.

⁷⁵⁴ Hensvik, L., & Skans, O. (2020). Covid-19 crisis response monitoring: Sweden. IZA Country Report.

⁷⁵⁵ Ibid.

⁷⁵⁶ Ibid.

⁷⁵⁷ Ibid.

⁷⁵⁸ Swedish Government (2022). Ersättning för kostnader för kompetensinstaser vid korttidsarbete, Available [here](#).

those with long working experience, as well as for large, medium and small-sized employers. For this broad target group, both general and company-specific training/validation can be organised.⁷⁵⁹⁷⁶⁰

Other **national support measures** for the private sector included⁷⁶¹:

- **Adjustment support grant for companies** (available March 2020- September 2021, reinstated for December 2021, January 2022 and February 2022): Depending on the time period the company applied, the grant could be used by companies that had a turnover loss of at least 30, 40 or 50%. The maximum subsidy rate, i.e. the amount of financial aid, was between 70% - 90% of the company's fixed costs.
- **Subsidies for sole traders and partnerships** (available March 2020-September 2021): Sole traders and partnerships benefited from special subsidies. Sole traders experiencing a turnover loss of at least 30, 40 or 50% (depending on the period they applied), benefited with financial compensation worth 75 or 90% of their losses. Partnerships benefited from a similar subsidy that offered support worth 90% of turnover losses.
- **Support for employers coping with high sick leave costs** (available 30 September 2021 and again for the period December 2021 to March 2022): The state reimbursed employers for sick-leave costs that were higher than normal. The amount of compensation was determined partly by the cost of sick pay and partly by the employer's total salary expenditures. The compensation was higher for smaller companies.
- **Deferral of tax payments for employers** (available until 30 September 2021 and again for the period December 2021 to March 2022): In addition to the above measure, the state supports employers facing 'unusually' high sick-leave costs by deferring tax payments. The amount of support was determined partly by the cost of sick-leave and partly by the employer's overall salary costs. The compensation was higher for SMEs.
- **Reduced employer and social security taxes for young people (ongoing)**: To counteract the negative consequences of the pandemic for young people in the labour market, employer taxes for 19–23 year olds is reduced from 31% to 19% between January 2021 and March 2023. The measure makes it easier for companies to retain and hire staff while supporting some of the worst affected industries that employ a high share of young people. During June, July and August 2021, employer taxes for young people were reduced again.
- **Support for companies in case of lockdown**: In case of a lock-down, the government has prepared a lockdown support that can be used by companies that are forced to close their operations. The support would cover up to 100% of the companies' fixed costs, including salary expenditures.

At a regional level

While having limited influence of labour market conditions and taxes, regional governments play a central role in managing health care, including taking care of disease prevention and control and stocking medical equipment (e.g., testing equipment).⁷⁶² Many regional governments were criticised during the spring of 2020 for not having prepared for a pandemic

⁷⁵⁹ Ibid.

⁷⁶⁰ Swedish Tax Agency (2022). Tax guidance. Available here: <https://www4.skatteverket.se/rattsligvagledning/edition/2022.10/408008.html>

⁷⁶¹ Swedish Government (2022). För företagare med anledning av covid-19. Available [here](#).

⁷⁶² Tegnell, A. (2021). The Swedish public health response to COVID-19. *Apmis*, 129(7), 320-323.

and having relied too heavily on a 'just in time' philosophy that proved inadequate for the pandemic.⁷⁶³ Throughout the health crisis, discrepancies between the regions became clear as they adopted different policies for healthcare services, procurement of material, and vaccination of priority groups among other areas. The regional differences sparked a public debate on whether health care should be managed at a regional level and a nationwide survey published found that 7 out of 10 Swedes were in favour of making healthcare a national competency.⁷⁶⁴

Overview of identified ESF/FEAD interventions implemented in response to the COVID-19 crisis

Overview of key information about the ESF/ FEAD interventions implemented in response to COVID-19

The COVID-19 crisis response was limited to the ESF-call "*competence development for laid-off and employed personnel in economically vulnerable sectors*" which was announced on April 17 2020 and stayed open until May 5 2020 (typically, ESF-calls in Sweden stay open for 2 months). Applications were then processed within 3 weeks (typically, processing takes 8 weeks).⁷⁶⁵ Involved stakeholders reported that this was unusually quick, and that there was a sense of urgency and determination at the time to make a positive difference in a difficult time.⁷⁶⁶

The Ministry of Labour and the Swedish ESF Council (the managing authority) used article 30.5 to transfer unallocated resources available under CRII to enable the call. No other CRII flexibility e.g. Article 25a (1) were used. Instead, the CRII call did not require co-financing due to the fact that the programme area 1 otherwise had, on average, a higher co-financing than 50%.⁷⁶⁷

In order to speed up the process, the ESF Council gathered available funds to make one single joint call for both the national and regional levels. Deviating from the normal procedure, where regional sub-committees gather to award projects, a new constellation was formed with the chairwoman/man of each regional ESF-region. This new regional committee was in charge of awarding 80% of the projects across all regions. In parallel, a national decision board awarded projects with funds available at the national level, awarding 20% of the available funds.

Accordingly, CRII permitted a swift reallocation of funds that enabled the prioritisation of vulnerable individuals on the labour market, allowing the ESF Council to make a call for proposal in a timely and targeted manner. The Ministry further highlighted that the reprogramming of ESF under CRII resulted in the fastest use of ESF-funding to date and that the most significant difference was the possibility to make programme changes through notifying the European Commission, typically requiring an approval.⁷⁶⁸

Brief description of the selected operation

More specifically, the aim of the call was to stimulate skills development in industries that were hit the hardest by the pandemic. The expected results were that individuals taking part in skills development would strengthen their position in the labour market within their employment or be better equipped for taking up jobs in other companies or parts of the economy.

⁷⁶³ Pierre, J. (2020). Nudges against Pandemics: Sweden's COVID-19 Containment Strategy in Perspective. *Policy and Society* 39 (3): 478–493. doi:10.1080/14494035.2020.1783787.

⁷⁶⁴ lakartidningen.se (2022). Sju av tio vill att staten tar över ansvaret för vården. Available at: <https://lakartidningen.se/aktuellt/nyheter/2022/05/sju-av-tio-vill-att-staten-tar-over-ansvaret-for-varden/>.

⁷⁶⁵ Interview conducted with representative of Swedish ESF Council, September 2022.

⁷⁶⁶ Interview conducted with representatives of the Ministry of Labour, the Swedish ESF Council and an organisation involved in the implementation of the action (August – September 2022). []

⁷⁶⁷ See Article 120.1 of EU Regulation 1303/2013, where it is stated that the co-financing rate is determined for each intervention area (i.e. programme area in the Swedish case).

⁷⁶⁸ Interview conducted with representatives of the Ministry of Labour, September 2022.

Within the framework of the call, the ESF Council financed 22 projects with a total value of 30 million EUR, starting at the earliest in June 2020 and continuing until the end of December 2022. The project beneficiaries that were granted funding were education providers (7,49 million EUR) followed by regions (7,38 million EUR), universities (3,18 million EUR), trade unions (2,9 million EUR) and municipalities (2,61 million EUR), among other stakeholders.⁷⁶⁹

Below follows an overview of the 22 operations enabled by CRII, sorted by geographical nodes and regions as categorised by the Swedish ESF-Council.

Northern node

Northern Norrland:

1. 'Coming together for jobs and future' with a value of approx. 458 471 EUR (SEK 5 001 184)
2. 'Prenotification of unemployment in Västerbotten' with a value of 458 362 EUR (SEK 5 000 000)
3. 'The Hive' with a value of 1 666 48 EUR (SEK 1 817 866)

Central Norrland:

4. 'Commercial power' with a value of 733 121 EUR (SEK 7 997 180)

Central node

Northern central Sweden:

5. 'Lifting power in Dalarna' with a value of 494 153 EUR (SEK 5 390 419)
6. 'Transition in Gävleborg' with a value of 550 052 EUR (SEK 6 000 190)
7. 'Competence matching IRV Corona' with a value of 526 334 EUR (SEK 5 741 460)

Central Sweden:

8. 'Competence for the future' with a value of 511 150 EUR (SEK 5 575 831)
9. 'Action for competence in the hospitality sector' with a value of 1 123 221 EUR (SEK 12 252 546)
10. 'CompCor (competitive competence in Corona Times)' with a value of 810 757 EUR (SEK 8 844 064)
11. 'E-courses the hospitality industry Sörmland' with a value of 360 203 EUR (SEK 3 929 237)
12. 'Ace competences' with a value of 210 507 EUR (SEK 2 296 290)

Southern node

⁷⁶⁹ Ramboll. (2022). Klusterutvärdering av ESF-rådets utlysning Kompetensutveckling för permitterad, varslad och anställd personal inom ekonomiskt utsatta branscher.

Småland and the islands:

- 13. 'Future proof industry with a value of 1 058 496 EUR (SEK 11 546 496)
- 14. 'STORK with a value of 680 512 EUR (SEK 7 423 303)

Southern Sweden:

- 15. 'CoSkill with a value of 2 933 519 EUR (SEK 32 000 000)
- 16. 'GR Competence transition with a value of 2 674 810 EUR (SEK 29 177 901)
- 17. 'Kompa Halland' with a value of 1 410 300 EUR (SEK 15 384 118)

Stockholm:

- 18. 'A step in the right direction' with a value of 1 833 493 EUR (SEK 20 000 484)
- 19. 'Growth power' with a value of 1 669 539 EUR (SEK 18 212 001)

Nationally awarded projects

- 20. 'Competence for competitiveness' with a value of 6 869 341 EUR (SEK 74 933 530)
- 21. 're:Skills Textile & Fashion' with a value of 1 508 173 EUR (SEK 16 451 762) 'Professional language in the transport industry' with a value of 447 204 EUR (SEK 4 878 285)

Effectiveness

Priority target groups and economic sectors

Prior to announcing the call for conducting ESF-funded projects during the pandemic, the ESF Council discussed with the Regional Partnerships⁷⁷⁰ (influencing decisions to fund projects) whether the call should specify and make direct references to sectors particularly impacted by the crisis. These discussions eventually led to *not* including such references as it was observed that the most vulnerable sectors may change rapidly over the course of the pandemic. As it transpired, the call attracted applications from a wide range of sectors, especially among those hardest hit by the pandemic including retail (37%)⁷⁷¹, hotel and restaurants (15%), manufacturing (14%), business and legal sectors (11%).⁷⁷² Against this background, the ESF Council makes the assessment that the call was effective in reaching stakeholders in most need of support.⁷⁷³

Considering target groups, the call was aimed at 1) employees in sectors suffering from the pandemic 2) employees enrolled in short-term work schemes, and 3) individuals who had been notified that they might lose their employment. However there seems to have an imbalance among the target groups benefitting from the scheme, considering that projects became more

⁷⁷⁰ Sweden make use of structural fund partnerships to ensure regional influence in the allocation of EU funds, where key regional and local actors participate.

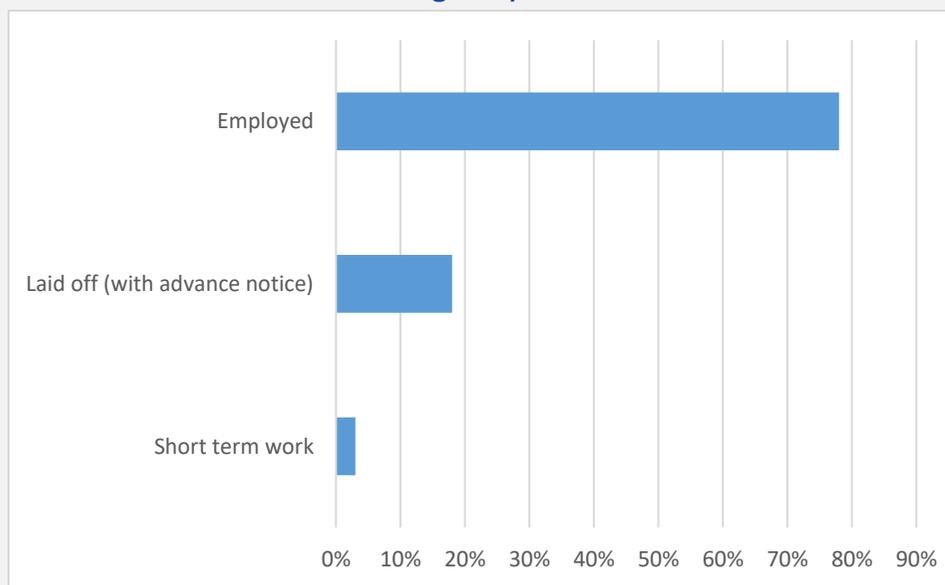
⁷⁷¹ As share of all applications received by sector.

⁷⁷² Ramboll. (2022). Klusterutvärdering av ESF-rådets utlysning Kompetensutveckling för permitterad, varslad och anställd personal inom ekonomiskt utsatta branscher.

⁷⁷³ Interview conducted with representative of Swedish ESF Council, September 2022.

relevant for companies and employees (group 1), and less relevant for individuals using the short-term scheme and those had been laid-off (see figure below).⁷⁷⁴ According to one interviewee, these two groups are hard to reach as they are 'out of office' temporarily or permanently.⁷⁷⁵ Outreach efforts are further made complex by GDPR regulations, which prevent the sharing of personal contact details without their consent.⁷⁷⁶ It is also possible to imagine that employers may be reluctant to let workers who are already working restricted hours engage in training rather than work.

Figure A 58: Participants reached in the ESF call competence development for laid-off and employed personnel in economically vulnerable sectors by February 2022 (latest available figures):⁷⁷⁷



Key challenges and factors

At a national level, many projects had difficulty to get started after they were granted funds, which may have been a consequence of the short call period (April 17-May 5, 2020). This meant that there was limited time for preparatory analysis and planning, and many projects found it challenging to move into operational and implementation phases.⁷⁷⁸ An external

⁷⁷⁴ Ramboll. (2022). Klusterutvärdering av ESF-rådets utlysning Kompetensutveckling för permitterad, varslad och anställd personal inom ekonomiskt utsatta branscher.

⁷⁷⁵ Interview conducted with representative of Science Park Borås [Sweden] [01.09.2022]

⁷⁷⁶ Ibid.

⁷⁷⁷ Ibid.

⁷⁷⁸ Ramboll. (2022). Klusterutvärdering av ESF-rådets utlysning Kompetensutveckling för permitterad, varslad och anställd personal inom ekonomiskt utsatta branscher.

evaluation also found that the ESF Council's urgent processing of applications resulted in projects receiving grants despite 'ambiguities' in their applications.⁷⁷⁹

In conversation with project representatives, a number of additional challenges became apparent – tied to how the ESF-funding was set up and administrated. At odds with trends throughout society where digital services are available 'anytime and anywhere', course participants were obliged to notify their participation well in advance, which made the training inflexible. Course participants were also requested to provide signatures when taking the courses, log their hours, and provide a signature of the responsible person at the HR department of their company. A project representative voiced concern that these requirements may have prevented participants from enrolling and completing their courses.⁷⁸⁰

At an administrative level, projects were requested to report on indicators such as the number of individuals participating, time they were in classes, and the number of courses they had taken. A project representative argued further that it would be more effective if the projects reported on the impact achieved instead (e.g. how/if learnt skills are used). In an anecdotal way, the representative also commented that there were more efficient ways to spend time and money than 'tracking down' the right colleagues at HR departments or sending several reminders to participants to ensure that they provide their signatories in time.⁷⁸¹

"Digitalisation should not only be about making content digital, but also about making reporting more flexible. There are several participants who have completed courses without providing a signature (being an obligation) and as a result they are not awarded a diploma. – Project representative⁷⁸²

The rigid procedures and rules attached to ESF-funding also meant that the project had to spend significant resources to ensure compliance. As the project developed and updates in the original project plan were made (e.g. a new company joining), the project plan had to be revised and formally *reapproved* by the ESF Council, which was another process taking up valuable resources.

Another final factor highlighted by interviewed stakeholders was that it would have been rewarding to include big companies in their activities, which are currently prevented by the EU state-aid rule to participate. Involving larger firms would have created knowledge spill overs between them and SMEs and created an 'interesting dynamic' at group level. Importantly, it may also have helped to reach more participants.⁷⁸³

Stakeholders involved in programming CRII operations point out that this type of feedback is recurrent across several of the funded projects. They argue, however, that there are good reasons for having strict procedures and rules (regarding participation, for example) in place as it ensures that funds are used for what they are intended to in a transparent and purposeful way. Acknowledging the need to constantly improve existing funding-mechanisms and procedures, stakeholders also stressed that there is a balance to be struck between being flexible and adhering to legal requirements.

Access to funding

Interviewees consulted highlight that funding was sufficient and accessible. The availability of funding made it convenient to use ESF under CRII following the outbreak of COVID-19, when the numbers of lay-offs and short term workers were quickly

⁷⁷⁹ Ibid.

⁷⁸⁰ Interview conducted with representatives of an organisation involved in the implementation of the action (September 2022).

⁷⁸¹ Ibid.

⁷⁸² Ibid.

⁷⁸³ Ibid.

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	<p>rising. The region of Stockholm did not have enough projects under the call, which led to funds being shifted to the national level.</p>
<p>Monitoring and evaluation</p>	<p>According to the ministry, operations under CRII are included in programme area 1 (related to upskilling), using the same result indicator as other measures in the same area: "<i>Proportion of participants with an improved labor market situation six months after the end of the operation</i>" (with a target value of 28%). No outcome for CRII operations has yet been reported (it will probably be available this spring). For programme area 1 as a whole, the outcome so far is 41%.</p> <p>Additionally, the ESF Council also uses its own indicator asking participants directly after their completion in an operation if their position on the labour market has improved. Their findings suggest that 55% of the participants in CRII-operations, directly after completed participation, state that their situation on the labour market situation has improved. This suggests that CRII provides good results.</p> <p>The Swedish Monitoring Committee (ÖK) has the task of monitoring the implementation of the Social Fund Programme in agreement with the Swedish ESF Council and has been established in accordance with Council Regulation (EU) No. 1303/2013 on common provisions for the Structural Funds.⁷⁸⁴ The government appoints the parties to be part of the monitoring committee and appoints the chairman of the ÖK. The organisations, in turn, appoint their representatives as full members and alternate members of the Monitoring Committee. Organisations include a range of stakeholders including public universities and public agencies (of employment, employers, migration and insurance among other areas). To facilitate the ESF-call announced, the Monitoring Committee held an ad-hoc meeting in order to approve programme changes shifting funds between priority categories.⁷⁸⁵</p> <p>To ensure monitoring for projects under the call, follow-ups are carried out by ESF-coordinators who ensure that rules and requirements are followed. The coordinators perform desktop research on a monthly basis as projects receive payment and on-site visits take place once per project cycle. When projects come to an end, a final report is requested and needs approval by the ESF Council.⁷⁸⁶</p> <p>As an example among the operations that received funding, the reskilling project <i>re:skill Text & Fashion</i>, gathered data by requesting participants to fill in a short survey directly after having completed their training/course. Interviews with course participants were also carried out by an external evaluator.⁷⁸⁷</p>
<p>Overall assessment</p>	<p>Drawing on the above, CRII flexibilities were effective in helping Sweden respond to the COVID-19 crisis. Despite representing a comparatively small measure financially, the call provided efficient and targeted support that complemented the overall Swedish COVID-19 response. According to a survey (by the Monitoring Committee), 52% of participants claimed that they had improved their position on the labour market thanks to projects under the call.⁷⁸⁸ For supported projects, the funds arrived quickly, which under regular conditions would have taken 7-8 weeks longer.⁷⁸⁹ Over the course of the call, project owners had less time to write applications and to conduct initial analysis and planning, and followed a simplified</p>

⁷⁸⁴ Arbetsordning för Övervakningskommittén för det nationella socialfondsprogrammet 2014–2020. Swedish ESF Council. 2014 (revised 2017). Available [here](#).

⁷⁸⁵ Ibid.

⁷⁸⁶ Interview conducted with representative of Swedish ESF Council (September 2022).

⁷⁸⁷ Interview conducted with representative of an organisation involved in the implementation of the action (September 2022).

⁷⁸⁸ Figure mentioned in an interview conducted with representatives of the Ministry of labour (August 2022) . Survey publication not yet published.

⁷⁸⁹ Interview conducted with representative of Swedish ESF Council (September 2022).]

application procedure.⁷⁹⁰ The short tender process meant that some operations struggled moving from the planning to implementation phase due to insufficient preparations.⁷⁹¹ Consulted government stakeholders were involved in the reprogramming of ESF under CRII indicated that it was a strong measure that helped the government handle the type of crisis situation that COVID-19 caused, and that a similar measure may be used again in the future if needed.⁷⁹² Several EU funding opportunities issued in a short time frame (CRII, CRII+, REACT etc.) were deemed important to support anti-crisis response at national level and enabling a quick access to funding in times of crisis, notwithstanding the time investment needed to process the different options.

Project representatives also appreciated the quick processing, and the level of flexibility they were given in developing the project as it evolved, noting that further flexibility in funding and implementation rules and indicators that are more outcome-based (see section on *Key challenges and factors*).⁷⁹³

Efficiency

Efficiency in enabling a rapid response to the COVID-19 crisis through ESF

At the time of writing⁷⁹⁴, the general perception shared by stakeholders that contributed to the study is that funds have been used efficiently. Overall, CRII flexibilities simplified and accelerated the support given to employees working in vulnerable sectors, laid off individuals, and individuals using the short-term work scheme. No assessments were made at institutional or organisational level about any changes in monetary or non-monetary costs and benefits arising from the implementation of ESF during the pandemic relative to pre-pandemic times.⁷⁹⁵

Stakeholders are in agreement that CRII enabled a quicker reprogramming process relative to standard processing times, which allowed the government authorities to respond to the quickly evolving situation on the ground and direct funding where it was needed. It is further worth noting that the projects experienced difficulties in reaching laid off workers. While a final evaluation has not been issued yet, an interim evaluation found that until November 2021, when 59% of the project cycle had been completed, only 22% of the participants targeted by the projects had been reached.⁷⁹⁶ Among those reached there further seems to be an overrepresentation among employed staff, while employees enrolled in short-term work schemes, and individuals who had been notified they may lose their employment, seemed to have benefitted much less. This may be due to these groups being 'out of office' temporarily or permanently.⁷⁹⁷ GDPR regulations are further making outreach efforts more complicated, preventing the sharing of personal contact details without consent.⁷⁹⁸ It was also reported that that employees in short-term work schemes sometimes do not receive the approval of their employers to engage in trainings during their restricted working hours.⁷⁹⁹ Overall, a relatively quick economic recovery may have impacted the extent to which the project reached intended beneficiaries.

⁷⁹⁰ Interview conducted with a representative of an organisation involved in the implementation of the action (September 2022).

⁷⁹¹ Ramboll. (2022). Klusterutvärdering av ESF-rådets utlysning Kompetensutveckling för permitterad, varslad och anställd personal inom ekonomiskt utsatta branscher.

⁷⁹² Interview conducted with representatives of the Ministry of Labour (September 2022).

⁷⁹³ Ibid.

⁷⁹⁴ A final report analysing the efficiency of the call is under production reports the Swedish ESF Council.

⁷⁹⁵ Interview conducted with representatives of the Ministry of Labour and ESF-Council (August – September 2022).

⁷⁹⁶ The call did not make any specific mentioning of targets related to the number of participants. These figures were generated by adding the numbers indicated in the project applications compared with how many participants the projects reported to have reached. Source: Ramboll (2022).

⁷⁹⁷ Interview conducted with an organisation involved in the implementation of the action (September 2022).]

⁷⁹⁸ Ibid.

⁷⁹⁹ Interview conducted with an organisation involved in the implementation of the action (September 2022).

Relevance	
Relevance of objectives and measures to needs on the ground	<p>Regarding relevance to existing needs, the Swedish government has made it a national priority to address the skills shortage and tackle high unemployment.⁸⁰⁰ The pandemic made the economy slow down, which resulted in reduced production, freed up time among employees and increased risks for layoffs. This situation therefore provided rationale and impetus for the ESF call on <i>competence development for laid-off and employed personnel in economically vulnerable sectors</i>. However, as the pandemic has gradually become less serious, the call seems to have become less relevant as individuals have found it more difficult to set aside time for the project's skills development efforts.⁸⁰¹</p> <p>Considering the needs on the ground, the call may have had more limited relevance for laid-off individuals and those using the short-term scheme, despite them being included in the target group. Yet, in other ways, projects seemed to have taken the interest of vulnerable groups on the labour market, including migrants and women, into account. Reflecting the horizontal ESF principles⁸⁰², funded projects have been found to prioritise, for example, target female-dominated sectors and digital accessibility. Moreover, most of the awarded projects are in line with established and widely recommended practices for gender mainstreaming.⁸⁰³</p>
Relevance to priority target groups and economic sectors	<p>While the call financed projects primarily aimed at employed individuals, it was often in the hands of companies to allow their employees to participate in the scheme. The reason for this was that projects often recruited via interested companies, and employees often needed the approval of their employers to participate in skills development activities offered. Reaching individuals therefore became more difficult than reaching employers. The call also became more relevant to employed individuals and less relevant for laid off individuals and employees enrolled in short-term work schemes. This would suggest a skewed relevance depending on the target group.</p> <p>With regards to sectors, those with the highest shares of applications were retail (37%), hotel and restaurants (15%), manufacturing (14%), business and legal sectors (11%). Stakeholders from other sectors such as real estate (4%), culture (3%), construction (3%) and transport (3%) applied to a much lesser degree.⁸⁰⁴ This suggest that the call was far more relevant to some sectors than others but also suggests that sectors in need benefitted from the projects support.</p>
Coherence	
Coherence with ESF initiatives implemented before the COVID-19 crisis	<p>Operations implemented under CRII did not represent a considerable change, but are a continuation of previous operations. Even prior to the pandemic, the ESF Council had a mandate to finance projects that involve skills development, employment measures and integration initiatives under 'programme area 1'. The objectives remain to reduce unemployment and exclusion, to strengthen Sweden's long-term supply of skills and growth and to increase cohesion within the EU.⁸⁰⁵</p>

⁸⁰⁰ The Swedish Government (2021). Partnerships produce solid results for the labour market of the future. Available [here](#).

⁸⁰¹ Ramboll. (2022). Klusterutvärdering av ESF-rådets utlysning Kompetensutveckling för permitterad, varslad och anställd personal inom ekonomiskt utsatta branscher.

⁸⁰² Gender equality, respect for fundamental rights, equal opportunities and non-discrimination.

⁸⁰³ Ramboll. (2022). Klusterutvärdering av ESF-rådets utlysning Kompetensutveckling för permitterad, varslad och anställd personal inom ekonomiskt utsatta branscher.

⁸⁰⁴ Ibid.

⁸⁰⁵ esf.se (n.d.). English - Swedish ESF Council. Available at: <https://www.esf.se/en/>.

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<p>Coherence with national and regional measures during the COVID-19 pandemic</p>	<p>The ESF call aimed at competence development, enabled by CRII flexibilities, was complementary to national measures considering the rising unemployment and high number of individuals under the short-term work scheme. As has been noted, the short-term scheme was one of the most significant and used measures in the Government's toolbox to tackle the pandemic. Eichhorst (2022)⁸⁰⁶ makes the assessment that the short-term scheme was broadly successful in stabilising incomes of large groups of workers and the Swedish Agency for Growth Analysis estimates that over 100 000 Swedish jobs were saved as a result of the short-time work scheme. An ESF Council report due to be published before the end of 2022 analysing the call will likely bring further insight into the alignment of CRII operations with other national measures.</p>
<p>Coherence with other EU funding mechanisms during the COVID-19 pandemic</p>	<p>Sweden has continued to prioritise skills development in other strands of the ESF, including REACT-EU and CARE.</p> <p>Within REACT-EU (in Sweden, with a larger budget than CRII of 293 million EUR⁸⁰⁷), the target groups remain women and men who have become unemployed during the pandemic and who need to strengthen their position in the labour market. The REACT-EU funds in Sweden will primarily finance initiatives for the unemployed, such as young people or foreign-born people, who need support to get into work or formal education, or who need skills development for the transition to work. Similar to the CRII-call no co-financing is required.⁸⁰⁸</p> <p>In the framework of CARE, the objective is to support Ukrainian refugees with language support or training helping them to participate in the society and the labour market. Similar to the CRII-call no co-financing is required.⁸⁰⁹ Examples of measures include labour market matching interventions, skills mapping, re- and upskilling measures and provision of social information and advice.</p>
<p>Contribution of ESF and FEAD under CRII and CRII+ to the crisis reaction</p>	
<p>Assessment of contribution of ESF and FEAD under CRII and CRII+ to the crisis reaction</p>	<p>In light of the national measures listed above (total worth of 24 billion EUR), the support offered by CRII⁸¹⁰ (30 million EUR) can be considered comparatively small. Yet among consulted stakeholders, it was highlighted that CRII had provided targeted and smart support at a precarious time for vulnerable groups in the private sector.⁸¹¹</p> <p style="text-align: center;"><i>“Skills development may not be first priority in times of crisis. However, without the ESF-call large numbers of organisations and employees in great need for skills development would have been without it” – Employee at the Swedish ESF Council⁸¹²</i></p> <p>Despite the high relevance of the announcement initially, there are indications that the relevance of the call has decreased over time. As the pandemic became less severe and economic activity picked up, skills development has become a lower priority. Many companies quickly moved from focusing on competence development to facing an increased demand again and focusing on hiring new staff instead.⁸¹³ For the announcement to remain relevant, ongoing adjustments would be needed that meet the evolving needs on the ground. Nonetheless, governments' stakeholders indicated that CRII flexibilities enabled</p>

⁸⁰⁶ Eichhorst, W., Marx, P., Rinne, U., & Brunner, J. (2022). Job Retention Schemes during COVID-19: A Review of Policy Responses. IZA Policy Paper No. 187. IZA Institute of Labor Economics.

⁸⁰⁷ Figure provided by the Ministry of Labour.

⁸⁰⁸ esf.se (2022). React-EU – insatser för att motverka ekonomiska konsekvenser under pandemin. Available at: <https://www.esf.se/vara-fonder/react-eu/>.

⁸⁰⁹ esf.se (2022). Care – digitalt informationsmöte. Available at: <https://www.esf.se/kalender/care-digitalt-informationsmote/>.

⁸¹⁰ CRII+ was not used by Sweden.

⁸¹¹ Interview conducted with representatives of the Ministry of labour, an organisation involved in the implementation of the action and the Swedish ESF Council (August – September 2022).

⁸¹² Ramboll. (2022). Klusterutvärdering av ESF-rådets utlysning Kompetensutveckling för permitterad, varslad och anställd personal inom ekonomiskt utsatta branscher.

⁸¹³ ibid.

	<p>quick decisions and deployment of ESF funds based on emerging needs, which is essential in a crisis situation. Flexibility was not perceived as interfering with objectives being achieved, but as enabling a higher degree of complementarity with national policies.</p>
<p>Overview of early results/ impact on organisations and participants & Stories of change</p>	
<p>Overview of early results/ impact on organisations and participants and stories of change</p>	<p>According to the Ministry of labour, the number of participants in CRII operations is aimed to be 22,600. In September 2022, the number of reported participants amounted to 8 300 (37% of the target).⁸¹⁴</p> <p>Early results suggest that CRII-operations have generated good results among participants. While the results for the indicator "<i>Proportion of participants with an improved labour market situation six months after the end of the operation</i>" is not yet available, 55% of the participants in CRII operations, directly after completed participation, state that their situation on the labour market situation has improved.</p> <p>At operational level, the project <i>re:skill Textile and Fashion</i>, aimed at equipping workers in the textile and fashion industry with new skills, further reported that participants were very positive about the distance courses the project offered, saying that these these were timely, relevant and of high quality. Some participants, however, expressed disappointment that the courses were only being offered in a digital format, wishing to participate and exchanging with people physically.⁸¹⁵ The target of the project of involving 100 organisations was exceeded as 250 companies (among these many entrepreneurs) joined the project. The target of 1000 workers was, however, not reached. At the end of September 2022 around 500 participants had been reached and project representatives estimated that 600-700 will have been reached by the end of the project (in December 2022). When asked the question why they did not reach their targets in terms of participants, project owners consulted for this study explained that the primary reason was that the crisis did not turn out as severe as it was originally expected (see more under <i>Key challenges and factors</i>).⁸¹⁶</p>
<p>Lessons learnt</p>	
<p>Lessons learnt</p>	<p>A first lesson learned was that there is a flexibility among key government institutions, demonstrated by their quick response to emerging needs during the COVID-19 pandemic. The ESF Council developed a new working model that coordinated national and regional levels of decision-making, and at record speeds a new call was announced and project applications were processed. The accelerated process brought both benefits and disadvantages. On the one hand, it meant quick access to funding for project owners and less 'red tape', with less time having to be spent on writing applications and conducting initial analysis and planning. On the other hand, it meant that some projects struggled to move from planning to the implementation due to insufficient preparations.</p> <p>It can also be observed that calls in times of crisis may have difficulty to remain relevant. The ESF-call gradually lost some of its relevance as the pandemic faded and needs on the ground evolved. In times of economic recovery, skills development became less of a priority compared to returning to the workforce.</p> <p>For individuals the call seemed to have had an uneven impact, benefitting mainly those who remained employees in vulnerable sectors, but less those who were in most need i.e., individuals using the short-term work scheme and those who had been notified that they would lose their employment. For these two groups, this might be a consequence of the difficulty</p>

⁸¹⁴ Interview conducted with representatives of the Ministry of Labour (September 2022).

⁸¹⁵ Interview conducted with an organisation involved in the implementation of the action (September 2022).

⁸¹⁶ Ibid.

the projects had in reaching individuals with information on the initiative and making the skill activities compatible with existing work-schedules (in the case of individuals using the short-term work scheme). For future calls and projects, reflection is needed on how to better communicate with these groups and how to facilitate their participation.

Reflection is further needed on how outcomes of the projects are reported. In the current framework, examples of outcomes reported include who and how many participated, as well as the number of hours they logged when taking the courses, and so on. Consulted stakeholders at project level suggest instead measuring some aspect of short-term impact in addition to standard common indicators (i.e. to what extent participants used their newly learned skills and the extent to which it improved any skills or employment outcomes).

Considering the economic sectors that participated, it became clear that some sectors applied more than other (e.g. retail making up 37% of the application and construction 3%). This may be a result of some sectors being harder hit by the pandemic. However, it may also be a consequence of lacking awareness of ESF-funding opportunities in these sectors, which if so, would require more targeted communication. More research would be needed to find out why some sectors tend to participate more than other.

Finally, it is not surprising that a unique and unprecedented type of call brought a range of challenges. Stakeholders consulted are, however, largely positive about the call that was enabled by the reprogramming of ESF under CRII and report they would be positive about similar measures being taken in the future.

Annexes

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INVESTMENT INITIATIVES (CRII AND CRII+)

	<p>17. Turnover support for partnerships with at least one natural person as a partner - Regeringen.se 18. Website of selected operation: www.reskill.nu (accessed 30.09.2022)</p>
II: Stakeholder consultations	Stakeholders consulted as part of this case study included representatives of the Ministry of Labour, the ESF Council and an implementing organisation in Sweden.

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