



# **FEAD Community**

## **FEAD Case Studies:**

# **Adapting FEAD-funded measures during the Coronavirus pandemic**

November 2020



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## **FEAD Case Studies: Adapting FEAD-funded measures during the Coronavirus pandemic**

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*FEAD Community – FEAD Case Studies:  
Adapting FEAD-funded measures during the Coronavirus pandemic*

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## **1 Introduction**

This document provides a brief description of eight case studies from the Czech Republic, France, Greece, Italy, Lithuania, Portugal and Sweden. The case studies show how FEAD practices have been adapted in the COVID-19 crisis. They were asked to consult with the people responsible for developing and monitoring programmes involved.

## **2 FEAD Case studies: adapting FEAD practices in the COVID-19 crisis**

### **2.1 Czech Republic**

**Name of the organisation:** Silesian Diaconia

**Country:** Czechia

**Name of the practice:** Food and humanitarian aid

**How is the practice normally implemented?**

The aim of the programme is to provide food assistance and social counselling (assistance to families, accommodation, etc.) to the most deprived individuals, including homeless people, people with disabilities, people at risk of social exclusion, low-income families and seniors at risk of poverty.

**What were the main challenges to the implementation created by the COVID-19 crisis?**

The main challenges were to continue the provision of food and counselling services during the national lockdown. While the food dispensing centres were closed, the organisation had to find new ways to effectively supply food to those in need.

**How has the practice/initiative been adapted during the COVID-19 crisis?**

During the COVID-19 related crisis, Silesian Diaconia focused mainly on food distribution, as that was the most urgent need. The operations were re-structured as follows:

- The procedures for dispensing food aid at shelters have been changed to comply with hygiene measures;
- Field services have been used to a greater extent, focusing on home deliveries and small collection points, to reduce social interactions;
- People that were most in need and at higher risks were prioritised, to make sure they have food supplies;
- Additional budget from the FEAD funding has been allocated to cover the extra delivery costs;
- As the country is facing a second wave of COVID-19 cases, Silesian Diaconia already started adjusting their operational processes, in anticipation of another national lock down. Arrangements are being made to ensure that they will have the capacity to make home deliveries and provide food assistance to those in need.

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## 2.2 France

**Name of the organisation:** *Les Restos du Coeur*

**Country:** France

**Name of the practice:** *Food aid*

**How is the practice normally implemented?**

The association *Les Restos du Coeur* provides free meals to those in need, encouraging social inclusion as well as any action against poverty in all its forms.

**What were the main challenges to the implementation created by the COVID-19 crisis?**

The main challenges to the implementation created by the COVID-19 crisis included the following:

- The distribution had to be reorganised in order to respect physical distancing;
- Most of the volunteers are over 60 years old, and therefore had to stay home;
- All the accompanying measures supporting social inclusion (e.g. recreational activities, assistance in job search, access to healthcare, access to justice, etc.) were suspended.

**How had the practice/initiative been adapted during the COVID-19 crisis?**

Due to the COVID-19 crisis, the mode of distribution was reorganised, with specific features depending on the region:

- A "drive-in" distribution mode was set up, with the volunteers putting together packages in advance;
- Use of plexiglass panels, masks and protective visors for the staff1;
- Distribution of masks to the beneficiaries as well;
- Increase of the number of home-deliveries for isolate people (in some regions);
- Operation in small teams of volunteers;
- New calls for volunteers were launched. Many people (mostly students or workers that were in temporary or partial unemployment) joined the teams to help the most in need;
- Many of the volunteers over 60 years old kept contributing to the initiatives remotely, actively calling the beneficiaries in order to maintain the bond during the lockdown period.

**Which adaptations will be maintained after the COVID-19 related crisis?**

*Les Restos du Coeur* is working to maintain the new volunteers that joined the teams during the crisis, in order to extend their engagement.

The adaptations adopted will not be maintained. As food aid is considered a steppingstone to further social inclusion, the "drive-in" distribution mode does not correspond to the model of *Les restos du coeur*.

The above described actions are the **accompanying measures** to the delivery of food aid by the partner organisation, as required by the FEAD Regulation. In addition to the mere distribution of meals/packages, food aid is indeed also an opportunity for Partner Organisations to establish contact with the end recipients and offer them more comprehensive personalised support for a process of social and professional integration: in the above case, the FEAD is funding the purchase of food, transport and storage only, not the accompanying measures.

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## 2.3 Greece

**Name of the organisation:** Managing Authority of FEAD and 57 Partner Organisations

**Country:** Greece

**Name of the practice:** Operational Programme of FEAD in Greece

**How is the practice normally implemented?**

The aim of the programme is to facilitate distribution of food and basic material assistance, as well as to implement accompanying measures.

**What were the main challenges to the implementation created by the COVID-19 crisis?**

The main challenge was to continue the distribution of food and basic material assistance and the provision of accompanying measures, while complying with the new social distancing and safety regulations while progressively amending the National Regulation of Implementation, in line with the frequently changing restrictions.

**How has the practice/initiative been adapted during the COVID-19 crisis?**

**Changes related to accompanying measures:**

- All stakeholders had to adapt their services to comply with the social distancing regulations.
- Social tutorials, group counselling sessions, conferences and other information sessions have been organised virtually. Personal counselling services took place via telephone.
- Several accompanying services have been amended to address the particular challenges brought by the COVID-19 pandemic, namely:
- Information sessions about the methods of distance learning have been organised for pupils;
- General advice about COVID -19 has been sent by messenger or phone calls to Roma people;
- Virtual communication between partner organizations and end recipients also took place, on several subjects (e.g. management of stress caused by COVID-19);
- Furthermore, psychological support has been provided to end recipients, in order to help them build resilience during the COVID-19.

**Changes related to the distribution of food and basic material assistance:**

- The Managing Authority, in collaboration with the General Secretariat of Commerce and Consumer's Protection - the competent authority for defining the technical specifications of products - elaborated such specifications for face masks, sanitizing lotion, hand disinfectant gel, pure alcohol and antiseptic hand wipes. These technical specifications are posted on the website of FEAD in Greece, to be used by the Partner Organisations who want to purchase such products.
- The Managing Authority allowed the purchase of personal protective material for staff (such as gloves and masks) from the administrative flat rate budget.
- Partner organisations purchased the same protective material for end recipients, from the budget of basic material assistance.
- Several changes have been made in relation to the distribution methods, including:
  - Door-to-door distribution (especially during the period in which restrictions of circulation were imposed);

- Drive through distribution (the end recipients proceed to the distribution points in their own vehicles and the parcels are placed in the vehicle, without direct contact with the staff);
- Distribution at distribution centres by personal appointments.

**Which adaptations will be maintained after the COVID-19 related crisis?**

Stakeholders are free to maintain any of the adapted measures after the pandemic has passed, in relation to the distribution methods and the methods of providing accompanying measures (e.g. virtual implementation), if they consider that it benefits the end recipients (e.g. more dignified distributions, easiest access to accompanying measures).

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## 2.4 Italy

**Name of the organisation:** Società della Salute Zona Pisana<sup>1</sup>

**Country:** Italy

**Name of the practice:** Homeless Services System

**How is the practice normally implemented?**

*Società della Salute Zona Pisana* provides different categories of services for people in a situation of homelessness, including shelters, listening clinics and day centres, outreach activities, as well as supported housing and community work.

**What were the main challenges to the implementation created by the COVID-19 crisis?**

The main challenges were to guarantee threshold emergency services for all people in a situation of homelessness, while respecting the security measures and encouraging people accommodated within the 'Housing First' project to stay indoors.

**How has the practice/initiative been adapted during the COVID-19 crisis?**

Due to the COVID-19 crisis activities/interventions and measures were increased and adjusted as follows:

- In order to ensure social distance, the Società della Salute invested additional resources (almost EUR 100 000), coming from the municipality and from donations, in the 'Housing First' initiative, in order to rent two apartments (with 8 beds and 4 beds), reserved to most vulnerable groups (e.g. women, people with mental health issues, drug users)<sup>1</sup>.
- The number of users in the emergency shelter for people experiencing homelessness was decreased from 30 to 20.
- During the lockdown, the local police have collaborated with social workers and other staff in order to monitor the situation in the shelter and on the street and to offer solutions to homeless people.
- Protecting equipment was provided to homeless persons, both on the street and guests in the facilities, using funds linked to FEAD.
- The 'Housing First' team continue supporting the people housed by visiting them in outdoor locations. Direct telephone lines were activated between them and social workers in order to guarantee listening activities, psychological support and to give updates about the lockdown. A lot of telephone contact was dedicated to convincing people to stay at home.
- Disposable packages were prepared to distribute meals both on the street and in the various structures, using funds linked to FEAD.
- The working hours of the staff dedicated to the project were increased through the use of funds linked to the ESF National Operational Programme on Social inclusion.
- The activities of the street units were enhanced (i.e. additional trips) through the use of funds linked to the ESF National Operational Programme.
- The staff was equipped with personal protective equipment and every social worker and volunteer was tested for COVID-19.

**Which adaptations will be maintained after the COVID-19 related crisis?**

The collaboration with the municipal police will continue.

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## 2.5 Lithuania

**Name of the organisation:** Maisto Bankas (Lithuanian Food Bank) and the Lithuanian Red Cross

**Country:** Lithuania

**Name of the practice:** Food and hygiene products support

**How is the practice normally implemented?**

The aim of the programme is to provide food assistance and accompanying measures to people in poverty through collaboration with various organisations that help the most deprived. The Food Bank and the Red Cross redistribute food and material products to people in need through their regional branches in Lithuania.

**What were the main challenges to the implementation created by the COVID-19 crisis?**

The main challenge was ensuring that the most deprived people could receive FEAD food aid, while protecting municipal and local staff of partner organisations, volunteers involved in the food delivery process, as well as end recipients themselves from COVID-19.

**How has the practice/initiative been adapted during the COVID-19 crisis?**

All partner organisations involved in the distribution of FEAD food support adapted their operations and processes to address the various challenges brought by the COVID-19 pandemic. The following main changes were implemented:

- The Ministry of Social Security and Labour, in consultation with the Ministry of Health, ensured that social workers and volunteers (almost 4,500 people) from partner organisations were provided with essential protective equipment: disposable gloves, respirators, plastic face shields, disinfectant hand wash liquid and bags for individual packages of food.
- Beneficiaries received support not only for food, but also for hygiene products suitable for the whole family: soap, shampoo, washing liquid, toothpaste and toothbrush. Particular attention was paid to ensure that the hygiene products provided were safe to use (i.e. did not cause allergic reactions and environmentally friendly).
- To protect both the beneficiaries and the staff of the NGOs and municipalities, food and hygiene products were pre-packaged and ready to take away, so there was no need for people to bring personal bags or baskets.

Other measures introduced by the partner organisation Maisto Bankas (Lithuanian Food Bank) include:

- In the busiest FEAD distribution points (Vilnius, Klaipeda, Marijampole and other cities), Food Bank found additional partners, including a security service company, para-military civil organization, public policy officers or specially trained volunteers teams to ensure that everyone kept safe distance and was wearing masks.
- School buses were borrowed from schools, which were closed due to quarantine, to deliver FEAD food packages directly to people's yards in various cities or rural areas (Šiauliai, Kauno district, Klaipedos district and other municipalities).
- Half of all food packages (around 30 thousand) were delivered to people's doors in a contactless way. For this activity the Food Bank mobilised a huge number of volunteers and volunteering companies. Partnerships have been established with:
  - Local taxi company (in Vilnius);
  - Car sharing company (in Vilnius);

- Lithuanian post office and its mobile postmen in rural areas in Marijampole and Šakiai municipalities;
- Car's and bikers' clubs (in Kaunas)
- Mobile FEAD support distribution points were introduced. Food Bank's vans with FEAD support went to the most densely populated city areas to come closer to people and serve them.

**Which adaptations will be maintained after the COVID-19 related crisis?**

Mobile distribution points for FEAD support will be maintained.

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## **2.6 Portugal**

**Name of the organisations:** Centro Paroquial de Bem-Estar Social da Arrentela / Banco Alimentar

**Country:** Portugal

**Name of the practice:** The Operational Programme to Support the Most Deprived People (POAPMC).

**How is the practice normally implemented?**

The main aim of the programme is to help combat poverty and social exclusion in Portugal by providing the most vulnerable families and individuals with food parcels and other basic consumer goods, as well as by developing accompanying measures to promote social cohesion.

**Which challenges emerged due to the COVID-19 related crisis?**

The main challenges were to continue providing food support and carry out other project operations while adapting to the changes imposed by the General Directorate of Health.

**How was the practice/initiative adapted during the COVID-19 related crisis?**

The following changes were introduced:

- Personal protection equipment was introduced to mitigate the risk of spreading the virus (masks, face shields, protective gloves and hand sanitiser);
- Appointments made by telephone are necessary to schedule food pick-ups at exact times, in order to avoid people overlapping;
- Home deliveries are made for those diagnosed with COVID-19 and for those with reduced mobility;
- Certain operational and administrative procedures have been changed in order to limit social interaction, e.g. recipients no longer need to sign the otherwise mandatory 'credential forms';
- POAPMC has requested additional FEAD funding for the period July 2020 – April 2021, nearly doubling the number of people they are able to support (156 families; 413 individuals).

**Which adaptations will be maintained after the COVID-19 related crisis?**

The measures have been implemented in line with the government guidelines and will stay in place until further notice.

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## 2.7 Sweden

**Name of the organisations:** City of Gothenburg and Salvation army

**Country:** Sweden

**Name of the practice:** Better health II

**How is the practice normally implemented?**

The objective of the practice is to provide information related to health and about Swedish society to (mainly) women in vulnerable situations from other EU countries. The practice was normally implemented through group sessions, in which information was provided and activities related to sexual health, pregnancy, healthy nutrition and society (e.g. cooking sessions on the preparation of healthy food) were carried out, in addition to individual counselling and outreach activities in the street.

**Which challenges emerged due to the COVID-19 related crisis?**

With the COVID-19 related crisis the following challenges emerged:

- It is no longer possible to have group information and activities.
- The target group (e.g. women in vulnerable situations) do not have a place to self-isolate in case of infection.

**How was the practice/initiative adapted during the COVID-19 related crisis?**

The following changes were introduced:

- Enhanced hygiene measures were introduced (i.e. use of more detergent and alcohol, use of protective gloves);
- Information about health is now provided only on an individual basis;
- More outreach activities are carried out in the street in order to meet the target group;
- The information provided is mostly on COVID-19. This includes both prevention and general updates on what is happening in other countries;
- The target group has the possibility to be quarantined in a shelter in Gothenburg and be provided with meals;
- A deeper cooperation was developed with NGOs active in the sector in order to reach a more effective staff coordination and to better reach the target group.

**Which adaptations will be maintained after the COVID-19 related crisis?**

- The extension of the outreach activities will be maintained.
- The collaboration with other NGOs active in the sector will continue.

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## 2.8 Sweden

**Name of the organisation:** Räddningsmissionen (Gothenburg Rescue Mission)

**Country:** Sweden

**Name of the practice:** Po Drom 2020

**How is the practice normally implemented?**

The practice is implemented through the work of mobile teams in the street and in temporary settlements of where Roma citizens live, in Gothenburg, Malmö and Jönköping.

The mobile teams establish dialogues with vulnerable EU citizens and inform them of their rights and obligations in the Swedish society. They also put them in contact with other social actors, support them with information on safety and security issues.

**What were the main challenges to the implementation created by the COVID-19 crisis?**

The main challenges encountered during the COVID-19 crisis include the following:

- The target group (i.e. people experiencing homelessness and Roma citizens) might have difficulties to read information about COVID-19, as illiteracy is quite common;
- Rumours and disinformation about COVID-19 spread easily among the target group;

It is difficult for people living in the street or in temporary settlements to abide by the voluntary distancing and quarantine policies adopted in Sweden.

**How had the practice/initiative been adapted during the COVID-19 crisis?**

Due to the COVID-19 crisis activities/interventions and measures were incremented and adjusted as follows:

- Group activities involving a large number of participants have been put on hold. A new registration system and a new layout featuring small groups is being put in place for some activities (e.g. language courses and information on Swedish society);
- Unnecessary private meetings are avoided, and physical distance is maintained;
- In cooperation with the municipality, the organisation has prepared separate shelters to host people experiencing homelessness in case of symptoms or disease;
- The organisation has provided the mobile teams with hygiene equipment, such as hand sanitiser.
- Awareness-raising activities about Covid-19 were carried out, mainly between February and April. Health professionals and social workers organised meeting with the target group to provide information about Covid-19 and about safety measures. This was done mainly orally, and when necessary with the help of interpreters, in order to reach users that are illiterate or that cannot read/speak Swedish.

**Which adaptations will be maintained after the COVID-19 related crisis?**

None

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