OBJECTIVE 1

Support and Strengthen the Public Health Response

Sub-Objective 1.1: Mitigate COVID-19 transmission, including through Risk Communication and Community Engagement (RCCE) and infection prevention and control (IPC)

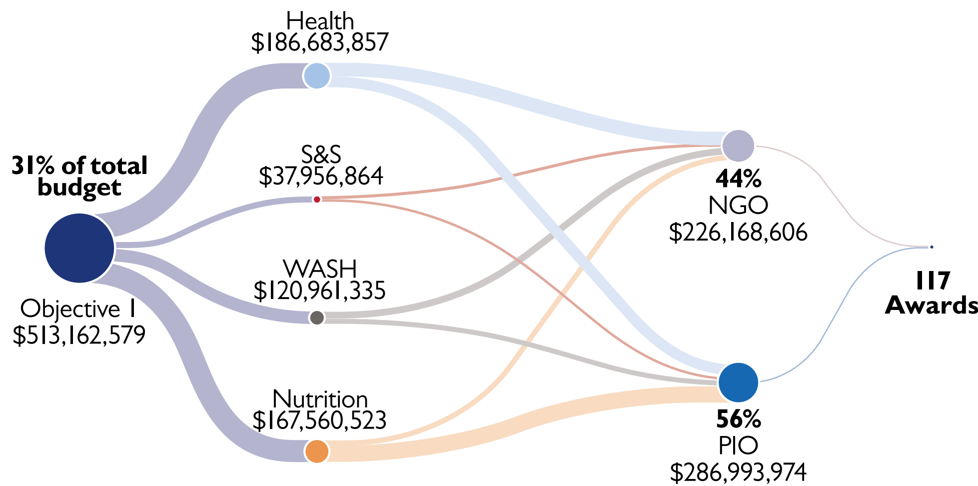
Sub-Objective 1.2: Maintain primary/community level healthcare and child nutrition services

Sectors: Health, Water, Sanitation and Hygiene (WASH), Nutrition, Shelter & Settlements (S&S)

KEY FINDINGS

- Indicator achievement was mixed where possible to compare for NGO and PIO awards: more PIO awards missed targets than NGOs for Health and Nutrition. Both reached targets (>80%) for hygiene promotion and WASH in health facilities, but missed other WASH indicators
- The few S&S indicators showed high achievement
- Multi-sectoral activities were key drivers of outcomes
- Maintaining and re-establishing basic Health, S&S, and WASH services helped mitigate the spread of COVID-19 and other diseases

OVERVIEW OF AWARDS



Afghanistan, Syria, and Sudan were the top funding recipients across the three BHA regions

KEY RESULTS

- 117.4 million reached with RCCE
- 5.1 million individuals screened for malnutrition
- 25,091 health workers received capacity building
- 31,000 households provided shelters to support spacing during the pandemic
- 1.7 million received WASH kits
  1.1 million reached with hygiene promotion
- **Outcomes:** increased availability and quality of care/services, increased health seeking behavior

PROMISING PRACTICES

Effective community engagement, through context-based designs, partnerships with local stakeholders, and diverse communication methods, was critical to the adoption of COVID-19 and other disease prevention practices

The two-pronged approach of providing community-based health/hygiene promotion combined with improving access to services was crucial for changing behavior or knowledge

Capacity building with government, where possible, is key to pandemic system capacity even in fragile settings

PROGRAMMING CONSIDERATIONS

1. Community engagement-focused and multi-sectoral approaches for health/hygiene/nutrition promotion should continue in all humanitarian health initiatives. BHA and IPs can support community-based mechanisms for meaningful engagement with key cross-sector stakeholders (e.g., community leaders, health promoters, health/water committees, staff trained in social listening, etc.).
2. Maintaining the established Health/Nutrition community level services and supporting health worker and facility capacities are essential for improving access to care for humanitarian populations and readiness for future shocks or pandemics. BHA and IPs should continue to support these capacities.
3. Infrastructure durability (Health, Shelter, and WASH) and outcome sustainability after project close-out were key concerns. BHA and IP commitment to sustaining these inputs and results are important for contexts facing numerous outbreaks and recurrent shocks.

Background

The global burden of COVID-19 morbidity and mortality remains staggering, with over seven million confirmed cases and nearly 800,000 deaths worldwide as of March 2024 (World Health Organization, 2024). Overburdened health systems, compounded by the secondary effects of the pandemic, led to significant disruptions in essential health services globally (WHO, 2021a; WHO, 2021b; Ravi et al., 2021). WHO estimates that in early 2021, 93 percent of reporting countries experienced disruptions to an average of 41 percent of key health services (WHO, 2021a). These disruptions were particularly acute in humanitarian contexts. In response, BHA prioritized supporting disease control and preventing the collapse of health systems during public health emergencies (USAID/BHA, 2021).

Objective 1 aimed to address the impact of COVID-19 on humanitarian health systems by strengthening the public health response for preventing ongoing transmission and maintaining essential services. The disruption of essential health services highlighted a critical need for targeted interventions to mitigate the spread of COVID-19 and address its secondary impacts on vulnerable populations (UNHCR, n.d.; USGLC, 2021). BHA's focus on Objective 1 reflects a strategic response to the pandemic's multifaceted challenges, emphasizing the importance of maintaining primary and community-level healthcare and basic services while adapting programs to meet increased demand (USAID/BHA, 2021). Objective 1 sectors (Health, Nutrition, WASH, S&S) comprised one-third of the total funding (34%) across 30 countries. While a larger number of awards for each sector were allocated to NGOs, PIOs received a higher amount of funding across all sectors except for WASH. Awards in Syria received the most funding across Health, WASH, and S&S sectors, but IPs in Yemen received the most funding for Nutrition. Only output indicators are presented for S&S because the evaluation did not collect evidence for outcome-level results.

The primary data sources used for Objective 1 include over 34 KIIs with IPs and BHA managers (over 40 respondents) across 15 awards, IP E-survey results for related sectors, the health worker survey, and other field perspectives from Honduras/Northern Triangle, Syria, and South Sudan.

Indicator Results (Outputs)

PIO Key Finding: Across PIO awards, Objective 1 sectors focused on access to essential services and community health promotion, as well as meeting S&S targets. Output results fell short of reported targets across many common sector indicators (Table 1; a list of all reviewed indicators is available in Annex E.1). Of the 28 PIO Health awards, key indicators included providing primary and referral healthcare services, supporting health facilities and health worker capacities, and reaching communities through mass RCCE activities (Tables 3,5,7,9: Annex E.1). Most PIO reports did not include targets for health activities, and of the five common health indicators reported with targets, none were achieved at the 80 percent level or above. Nonetheless, PIOs provided 615.5 million people with basic health consultations. For the 14 PIO WASH awards, common indicators included WASH non-food item (NFI) distribution and hygiene messaging, and for each of those activities, PIOs reached approximately one million individuals. Half of the PIO awards achieved targets for providing access to safe water sources and hand-washing facilities. For the Nutrition sector, PIOs provided screening, as well as treatment of moderate and severe acute malnutrition (MAM/SAM) to 1.1 million individuals. WFP did not provide consistent nutrition indicators in reports to BHA, limiting the results to only non-WFP PIOs.[1] Across six awards, the S&S sector achieved all targets (4/4 indicators) providing shelter solutions.

1 WFP alone received 61% of the total Nutrition sector funding ($103,882,253) across 14 awards in 12 countries. The WFP reporting to BHA did not consistently report nutrition sector indicator targets and results.

Table 1. Select Output Indicator Target Achievement by % of PIO/NGO awards

Sector	Common indicator across PIO and NGO awards	% of PIO awards	% of NGO awards
Health	Number of individuals reached with RCCE activities	30%	64%
	Number of health workers trained	67%	81%
WASH	Number of WASH NFI kits distributed	60%	71%
	Number of individuals reached with hygiene promotion	83%	83%
	Number of individuals directly utilizing improved water services	51%	72%
	PIO: Any WASH support to health facilities/ NGO: Percent of hand washing stations built/rehabilitated in health facilities that are functional	83%	90%
Nutrition	Number of individuals screened for malnutrition (non-WFP)	66%	80%
S&S	Number of households provided shelter support	100%	100%
These represent all output indicators similarly reported across PIO and NGO awards and with reported targets for Objective 1 sectors.			

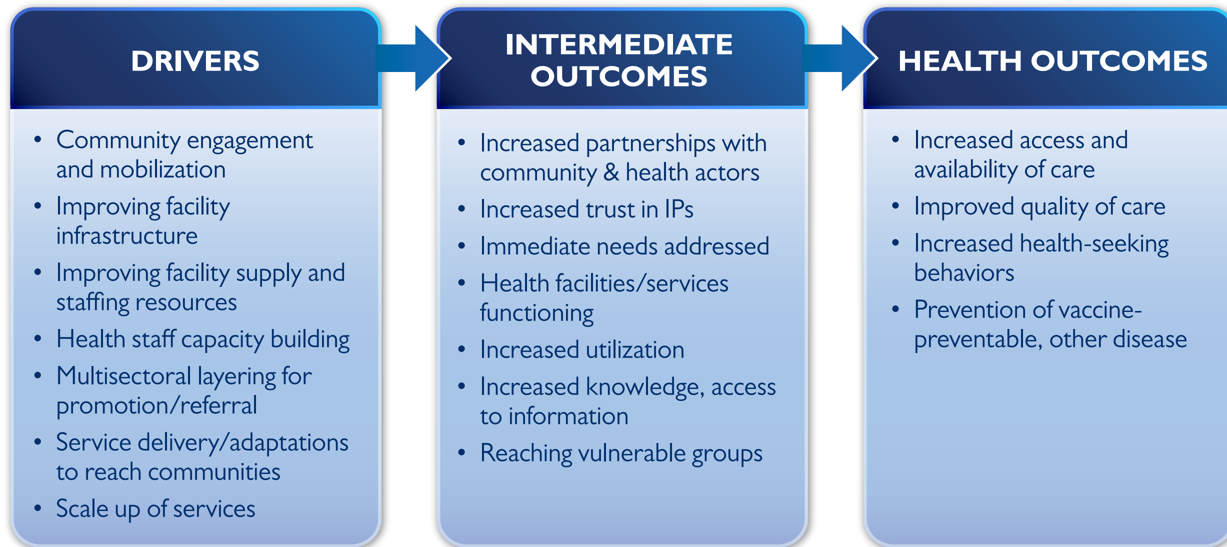
NGO Key Finding: NGOs awards[2] met targets for select indicators across each sector. Awards emphasized various health facility supports and hygiene promotion (Table 1). Within Health, NGOs excelled in training health facility staff and ensuring health facilities submitted weekly surveillance reports, with IPs meeting targets for supporting 1,091 health facilities. Many awards supported Community Health Workers (CHWs) as well; 67 percent met their targets. Half of NGO WASH indicators were achieved. As with PIOs, NGO awards underachieved on individuals directly utilizing improved (non-drinking) water sources (72% met targets), with a higher level of target achievement for individuals gaining access to basic drinking water services (83%). Nutrition sector NGO awards achieved targets set for malnutrition screening of Children Under-Five (CU5) but did not meet targets in reaching CU5 with interventions. In S&S, NGOs also exhibited success, meeting targets for 4/5 indicators (See indicator tables in Annex E.1).

Key Outcomes and Drivers

Health Sector Key Finding: The main drivers of outcomes included capacity building for health workers, initiatives that enhanced health service quality and supply management, community engagement, and locally-led multi-sectoral response (Figure 4 below; Figure 1: Annex E.1). These drivers played a pivotal role in improving access to health services, facilitating increased consultations, and extending healthcare services to underserved or hard-to-access populations. These supported important health outcomes.

2 NGO indicator results for all sectors using standard BHA indicators submitted through BHA's Award Reporting Tool (ART) and all values cross-checked with final or FY 2022 annual reports.

Figure 4. Health outcome pathway for drivers of success



Training and support for health workers was the strongest driver of achievements, highlighted across interviews and the health worker survey (Box 1). The IP final reports, E-survey, and KIIs also discuss how renovating healthcare facilities resulted in increased consultations, referrals, and routine vaccine adherence. Efforts to increase availability of care and improve service quality have improved trust and credibility within communities, particularly through capacity building and resource support to health facilities, according to outcome pathways analyses. Confirmed by fieldwork in Honduras, increasing community linkages to health facilities, including CHW/health committees, led to strengthened health centers and improved multisector layering across WASH, Protection, and Nutrition activities. The Health-Protection sector linkages for mental health, sexual and reproductive health, and other protection services were critical in disaster- and violence-affected communities.

Box 1. Health Worker (HW) Survey

Approximately 60% of the HWs surveyed across Honduras, Syria, and South Sudan are in clinical roles at a primary healthcare facility, and the others serve in the facility in a range of non-clinical positions such as CHW or other cleaning or administrative staff. All respondents worked at the community or primary level at the time of the awards (2021-2022).

61% of HWs report the facility/organization met the basic health needs of the most vulnerable populations affected by COVID-19 in 2021-2022

46% of HWs are satisfied and 38% very satisfied with training received related to COVID-19

92% of HWs rate their current level of knowledge of IPC-related training topics as high or very high

90% of HWs rate their current level of skills and confidence to apply IPC-related knowledge to other disease risks as high or very high

Community mobilizers and mobile clinics were instrumental in reaching remote areas, ensuring healthcare access and improving health-seeking behavior for isolated communities. Examples of this included: CHWs with smart phones in Guatemala, to door-to-door outreach in South Sudan, Malawi, and Vietnam which were also highlighted in literature as good practice for effective health crisis management and RCCE (Dube et al., 2020; Ruszczyk et al., 2022). This was apparent in the Syria case study, where diverse communication methods reached a larger audience and were perceived as effective in ensuring the retention of crucial health information. From NGO outcome data, this result of effective RCCE is evident in 82 percent of awards that met targets for the indicator "population recalls two or more protective measures (against COVID-19)."

"[The Supplemental Award] was able to revitalize the facility and provide the best possible essential healthcare package to the hard-to-reach population, including migrants." – IP KII OA

Nutrition Sector Key Finding: Nutrition outcomes are more achievable when integrated with Health and WASH activities, but available outcome indicators to measure progress were limited. A multisectoral approach was discussed by IPs in final reports and remote and field interviews as a key driver of achievements. It included coupling Nutrition sector activities with COVID-19 health or hygiene messaging, health services, and improved WASH facilities. This was highlighted by grey literature as a strategy that could simultaneously mitigate the primary and secondary impacts of COVID-19 while enhancing nutrition services and outcomes (USAID, 2023). Examples from KIIs and the Honduras case study include initiatives such as changing the timing and place of nutrition screening and services to be combined with other sector assistance or based out of health facilities, and scaling the practice of family middle upper arm circumference (MUAC). These approaches have contributed to positive outcomes, including reaching vulnerable populations, improved access to nutrition services, and promoting nutrition and health-seeking behavior among those hesitant to access services during the pandemic due to fear or restrictions (Nutrition driver/outcome pathway available in Figure 2: Annex E.1). All PIO indicators available for Moderate/Severe Acute Malnutrition (MAM and SAM) recovery surpassed targets (100%) (Table 7: Annex E.1). Yet, only about half (10/22) of the NGO awards reported reaching their targets for Minimum Dietary Diversity (MDD). Of the WFP awards reporting Minimum Acceptable Diet (MAD), only 36 percent achieved targets, which may be partially attributed to challenges WFP faced implementing nutrition programming during the pandemic according to KIIs.

"The [award] strengthened our multi-sectoral interventions, enhanced targeting for interventions with special focus on nutrition and WASH sectors coupled with the COVID-19 risk communication." ~ IP E-survey OA

WASH Sector Key Finding: Improved hygiene behaviors were reported, supported by improved access to handwashing facilities and community-based health/hygiene promotion. Health facility WASH supports were limited (Figure 3: Annex E.1). Multi-sectoral layering with Health, Nutrition, and Protection initiatives, primarily through RCCE and community hygiene promotion, emerged as a significant driver of behavior change outcomes—when combined with improved WASH facilities (International Federation of Red Cross and Red Crescent Societies & Turkish Red Crescent Society, 2021). Evidence from Honduras and Syria strengthened this finding, and global literature supported these trends (Ali, 2020; Gyaltshen, 2021; Howard et al., 2020; Ramalingam, 2020; USAID, PRO-WASH, Save the Children ACDI VOCA, 2021).

"People really responded to hand washing and the facilities that were placed, you could physically see they were being used, and we hoped we had a breakthrough for this tough challenge where hand washing behavior could be adopted." – IP KII OA

A key focus of the funding strategy, both PIO and NGO awards provided health facility WASH services rehabilitation or support, yet the penetration of this activity was low overall: 44 of 72 WASH awards included both WASH and Health funding, and of those, just 16 awards provided WASH support to health facilities. The evaluation was unable to gather evidence if this was due to low performance or demand for these services. Table 1 above shows that target achievements for hand washing station or other WASH facilities built or rehabilitated in health facilities was relatively high for PIO awards (83%) and NGO awards (90%). KIIs and case study fieldwork in South Sudan suggested that, overall, hygiene has improved in communities from the projects, and handwashing stations as well as clean water are more widely available in health centers, with plans to increase local procurement to maintain these facilities (e.g., soap, sanitizer).

Box 2. Promising Practices

Community engagement for health results: Across interviews, IPs perceived community and stakeholder engagement as pivotal for addressing Health, WASH, and Nutrition challenges during the pandemic. In activities perceived as most successful across evidence sources, robust efforts were made to both reach vulnerable groups and reestablish access to healthcare facilities and basic services. Some effective engagement tactics included: contextually-adapted messaging, utilizing local promoters or community leaders, and diverse communication methods, such as WhatsApp. Community engagement strategies included: mobile medical units, hotlines, and posters and mobile teams in Syria, while local health committees and water boards in Honduras effectively fostered trust and increased receptiveness to health messaging and receiving services, including vaccination. Coordination between local health committees supported by the national Red Cross and health centers enabled the alignment of community health priorities with healthcare service delivery, leading to more effective and targeted interventions.

"Do not leave the house except when necessary, yes, we did this because of trust in the mobile health teams" – FGD Syria

Challenges and Durability

The main challenges mentioned by Objective 1 awardees included reputational issues with program starts and stops, limited time for sufficient handover, and uncertainties surrounding the maintenance and rehabilitation of Health, S&S, and WASH inputs after the award end. The limited durability of inputs often related to the types of hand-washing stations installed or to the cut-off of supplies to health facilities, but in some cases, related to the overall functioning of health and nutrition centers supported. Across the Objective 1 sectors, concerns were voiced about sustaining outcomes over time and the possibility of "falling back" on progress made in decreasing the prevalence and incidence of various morbidities and undernutrition. Where possible and despite the short-term nature of the funding, IPs took measures to ensure the durability of initiatives. In Health, sustained partnerships with local government-run clinics and local staff facilitated ongoing access to healthcare services, attributed by KIIs and E-survey responses to award achievements. Using durable materials to construct or repair healthcare or WASH facilities ensured longer-term physical infrastructure durability. The sustainability of results for maintaining services and responding to outbreaks is further discussed in the Thematic studies.

"One of the most important achievements the program made was the reactivation of community based or community organized groups that continue to this day working with the health facilities." – IP KII ALAC

Relevance to Needs

Evidence shows overall for Objective 1 sectors a high level of relevance to participant and target community needs, in particular expanding and integrating basic services affected by the pandemic, as well as other emergencies from hurricane response in Honduras to flooding in South Sudan. For more specific examples from case studies, see Annex G.

Programming considerations

1. Effective community-based engagement with leaders and health promotors was critical to adopting COVID-19 and other disease prevention practices. Multisector activity layering between Health, Nutrition, Protection, and WASH was also an important approach to ensure relevance to needs. BHA and IPs can continue to support community-based mechanisms for meaningful engagement with key cross-sector stakeholders (e.g., community leaders, health promoters, health/water committees, staff trained in social listening, etc.).
2. Key drivers of the outcomes for improved access to services and health-seeking behavior were related to re-establishing or expanding quality services and building health worker and health facility level capacities. BHA and humanitarian partners have an important role to play in facility- and system-level health system resilience to shocks and future pandemics even in fragile settings (USAID/BGH, 2021). BHA and IPs should continue to support these capacities.
3. BHA and IPs should consider durability of infrastructure and inputs for protracted and chronic emergency settings (e.g., Health, S&S, and WASH facilities) to support sustainability of disease prevention practices after project close-out.