

COVID-19 PERFORMANCE EVALUATION

The Epilogue is The Prologue



EVALUATION QUESTION 2 BRIEF

To what extent did the awards achieve relevant and expected results, and what were the successes and challenges across the main funded sectors and global awards?

This **Performance Evaluation Brief 2** is one in a three-part series of evaluation results for the BHA FY 2021 COVID-19 Supplemental assistance (hereafter: the Supplemental). The evaluation purpose is to assess the portfolio-level performance of activities funded through the Supplemental and progress toward the achievement of BHA's funding objectives. This Brief 2 is outlined around the results by objective and sector, covering effectiveness, relevance, efficiency/timeliness, and coordination:

- **Overview (Section 1)** – Overview of methods; overall funding snapshot by sector, objective, region, and comparison with the FY 2020 Supplemental
- **Results by Objective 1-5 (Section 2)** – Infographic snapshot of key indicator and other results, key findings, promising practices, and sector-specific programming considerations (see accompanying objective sub-briefs for further discussion of key drivers of outcomes, appropriateness to needs, and challenges)
- **Efficiency/Timeliness (Section 3)** – Internal and external factors affecting results, including national actor coordination

I. OVERVIEW

On March 11, 2021, the United States Congress passed the American Rescue Plan Act (ARPA) to continue the COVID-19 pandemic response, comprised of Economic Support Funds (ESF) USD \$1.3 billion and Title II USD \$800 million. This was a follow-on to the March 2020 COVID-19 Supplemental assistance of \$558 million in International Disaster Assistance (IDA).

BHA commissioned an independent evaluation team (ET) from Technical Assistance to Non-Governmental Organizations (TANGO) International and Tulane University through the LASER PULSE funding mechanism (Long-term Assistance and Services for Research Partners for University-Led Solutions Engine of Purdue Applied Research Institute).¹ This ET also conducted BHA's FY 2020 COVID-19 Evaluation² and refers to both. The evaluation includes an overall performance evaluation of the FY 2021 Supplemental as well as two thematic evaluation studies that examine specific topics across the FY 2020-2022 COVID-19 response. A summary of topics covered across the evaluation activities is provided at the end of this brief.

The methodology for examining results included a staggered and multi-pronged approach triangulating across numerous data sources (Figure 1).

Figure 1. Performance Evaluation Data Sources

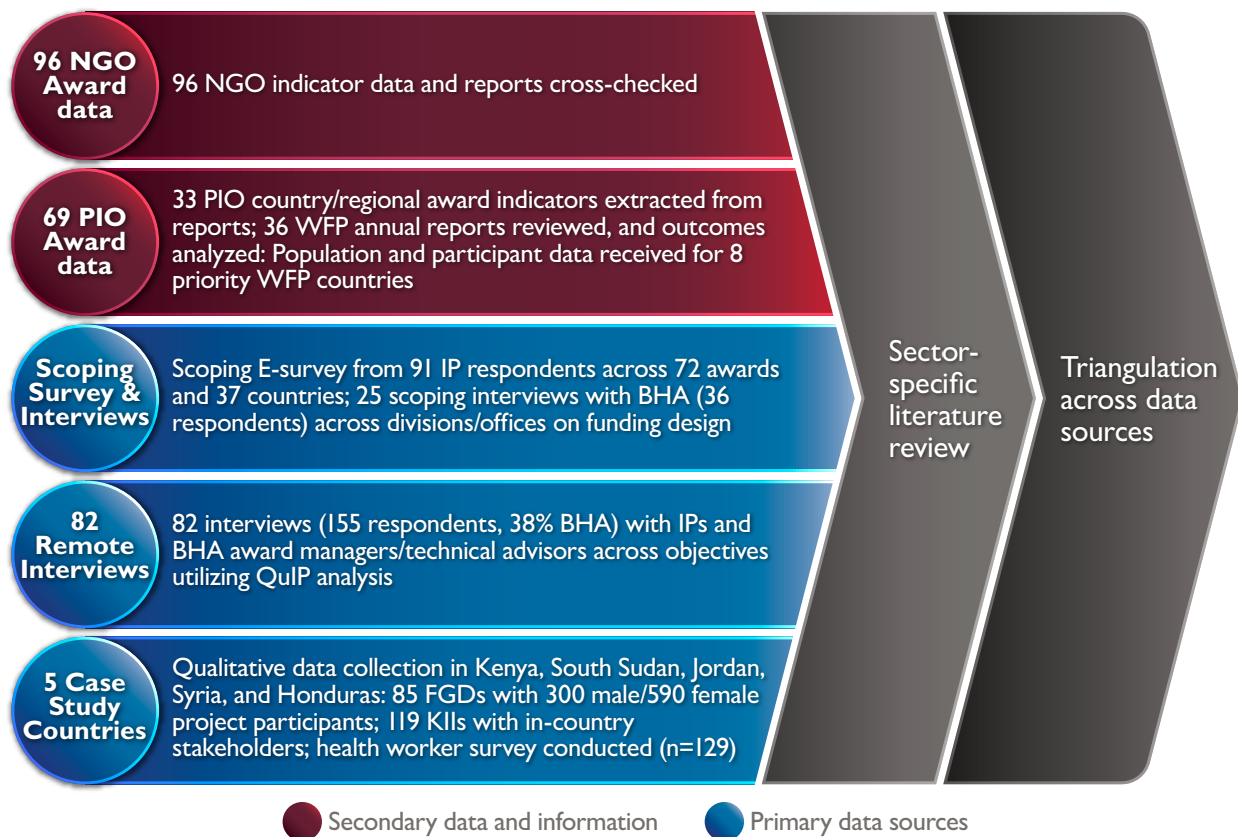


Figure acronyms: Non-Governmental Organization (NGO), Public International Organization (PIO), World Food Programme (WFP), Qualitative Impact Protocol (QuIP), Key Informant Interview (KII), Focus Group Discussion (FGD)

¹ Commissioned by USAID/BHA/TPQ/M&E and funded through the LASER buy-in mechanism. LASER is a cooperative agreement between USAID/IPI/ITR and Purdue Applied Research Institute, LLC. <https://laserpulse.org/portfolio/evaluation-of-bhas-covid-19-response/>

² <https://www.fsnnetwork.org/resource/hindsight-2020-key-lessons-and-reflections-bhas-fy20-response-covid-19>

First, the extensive Inception Phase, soon after the closure of most awards, included collecting award data and reports, conducting scoping interviews with BHA, and an Implementing Partner (IP) E-survey to identify the key issues and questions. The evaluation then focused on analyzing available secondary award data, with different approaches for extracting and cleaning indicator values for Non-Governmental Organization (NGO) and Public International Organization (PIO) reports due to different reporting requirements. Recognizing that most indicator results are output level, the evaluation prioritized extensive remote Key Informant Interviews (KII) with BHA and IPs using the Qualitative Impact Protocol (QulP) that develops sector-specific codes around outcome-level results, key driver pathways, and perceptions of funding contribution to results. A literature review of best practices and other external assessments for each sector in the context of COVID-19 in 2021 provided a foundation for the analyses. Case study data collection in each BHA region was used to further confirm and explain preliminary findings and outcomes for each sector and provide participant-level perspectives through Focus Group Discussions (FGDs). See Annex A for Methods and Annex B for Interviews lists.

Supplemental Funding Award Summary

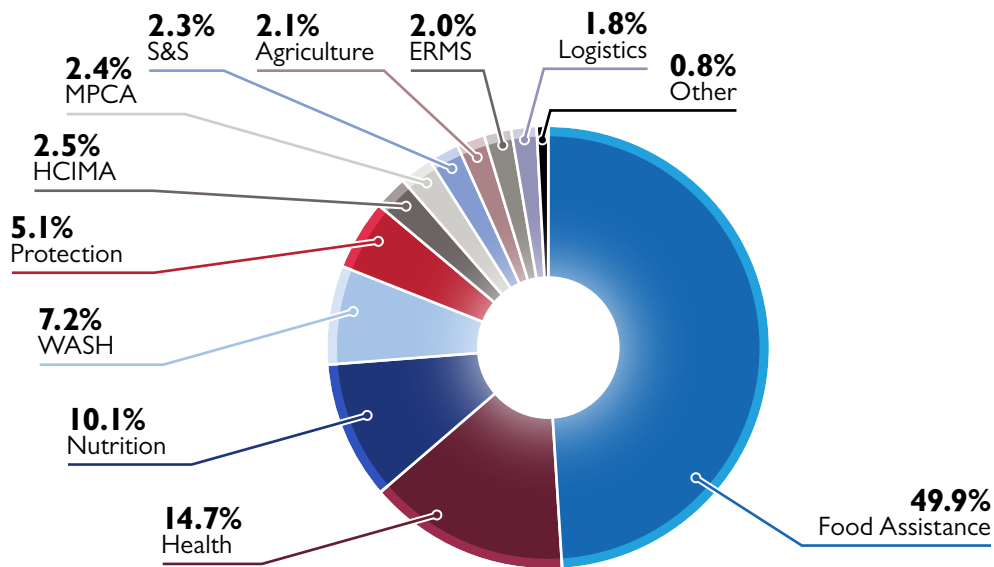
Through the Supplemental, BHA funded 187 awards spanning 46 countries (160 awards), as well as nine macro or regional awards and 18 global awards. Stand-alone ESF awards represented 119 awards and 67 were added to existing IDA. Across the BHA regional offices, Asia, Latin America, and the Caribbean (ALAC) and Middle East, North Africa, and Europe (MENAE) regions each received 20 percent; and the Office of Africa (OA) over half (54%). A total of 41 Non-Governmental Organizations (NGOs) (95 awards) and nine PIOs (92 awards) received the funding ('Other' recipients such as universities and other USAID offices received 0.4%) (see Annex C).

Supplemental Funding Sector Overview

The Supplemental was distributed across 18 sectors. Of the total funds (ESF and IDA), 27 percent (66 awards) were single sector and 73 percent (121 awards) were multi-sectoral. The larger sum and proportion of funds dedicated to food assistance (FA) in FY 2021 (49%) illustrates an emphasis placed on food insecurity and addressing secondary effects of the pandemic, followed by Health, Nutrition, Water, Sanitation and Hygiene (WASH), and Protection, respectively (Figure 2). Small sectors, each representing less than three percent of funding included Humanitarian Coordination, Information Management, and Assessments (HCIMA), Multipurpose Cash Assistance (MPCA), Shelter and Settlements (S&S), Agriculture, Economic Recovery and Market Systems (ERMS), and Logistics.

In comparison, the FY 2020 Supplemental funded 178 awards, with the top funded sectors: Food Assistance and Nutrition Security (33%), Health (25%), and WASH (22%). Additionally, the proportion of funds distributed to PIOs increased from approximately 59 percent in FY 2020 to 74 percent of the ESF funds in FY 2021.

Figure 2. Distribution of funding total (IDA+ESF) by sector



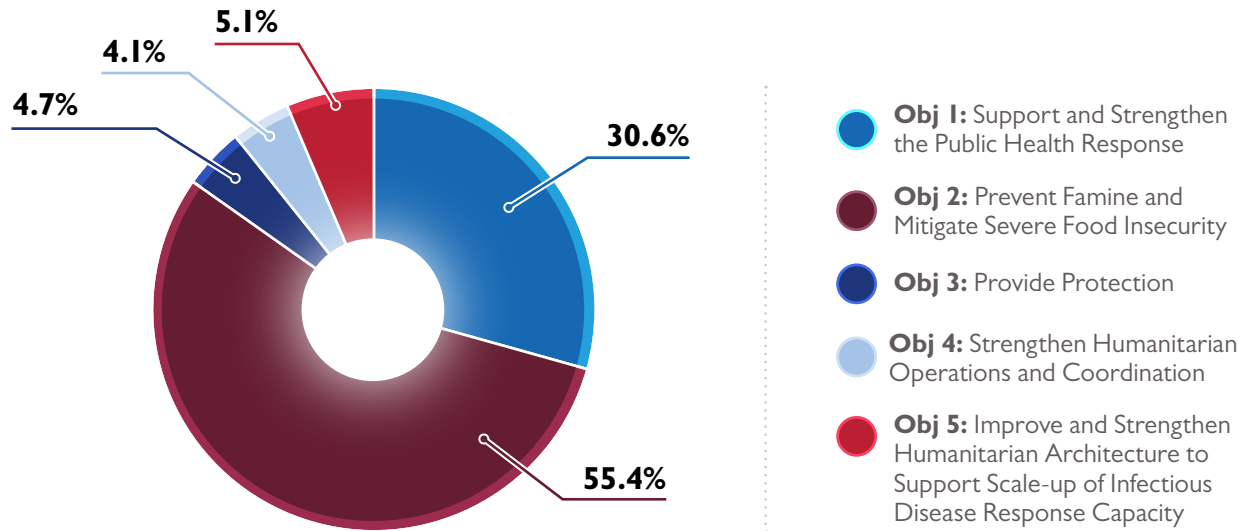
Supplemental Funding Objective Overview

The funding was guided by five strategic objectives. Objective 2 (comprising FA, Ag, ERMS, and MPCA sectors)—prevent famine and mitigate severe food insecurity—received the largest proportion of funds (55%). Objective 1 (Health, WASH, Nutrition, S&S)—support and strengthen the public health response—received the second largest proportion of funds (31%). Objective 3—provide protection, Objective 4 including HCIMA and Logistics—strengthen humanitarian operations and coordination, and Objective 5³—improve and strengthen humanitarian architecture to support scale-up of infectious disease response capacity, each received about 4-5 percent of total funding (Figure 3). Annex E provides a listing of sectors and BHA indicators by funding objective.

For all objectives except the third, PIOs received proportionally more funds than NGOs. This difference in funding proportions between PIOs and NGOs was of special note for Objective 2, where PIOs (i.e., World Food Programme (WFP)) received 81 percent of the funding. This award analysis has informed the ET's methods, including an emphasis on collecting PIO award data and documents.

³ Funding Objective 5 was divided into 5.1: funds for NGO and PIO global awards in the Nutrition, Health, HCIMA (only multisectoral funding), HPSAA, and Protection sector; and 5.2: funds for M&E and research programming, and 5.2 was not within the evaluation scope.

Figure 3. Distribution of funding total percentages by BHA funding objective



2. SNAPSHOT OF RESULTS BY OBJECTIVE

Each funding objective is presented as a summary infographic with key indicator and other results provided (as available), key findings, promising practices, and programming considerations. See separate [sub-briefs](#) for further discussion of results by each funding objective.

OBJECTIVE I

Support and Strengthen the Public Health Response

Sub-Objective I.1: Mitigate COVID-19 transmission, including through Risk Communication and Community Engagement (RCCE) and infection prevention and control (IPC)

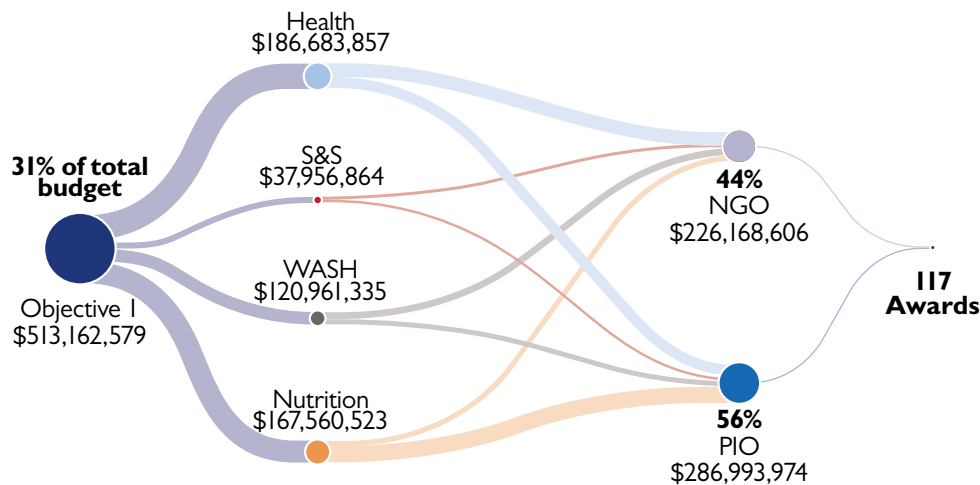
Sub-Objective I.2: Maintain primary/community level healthcare and child nutrition services

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

- 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.).
- 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.
- 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 I. 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%
<i>These represent all output indicators similarly reported across PIO and NGO awards and with reported targets for Objective 1 sectors.</i>			

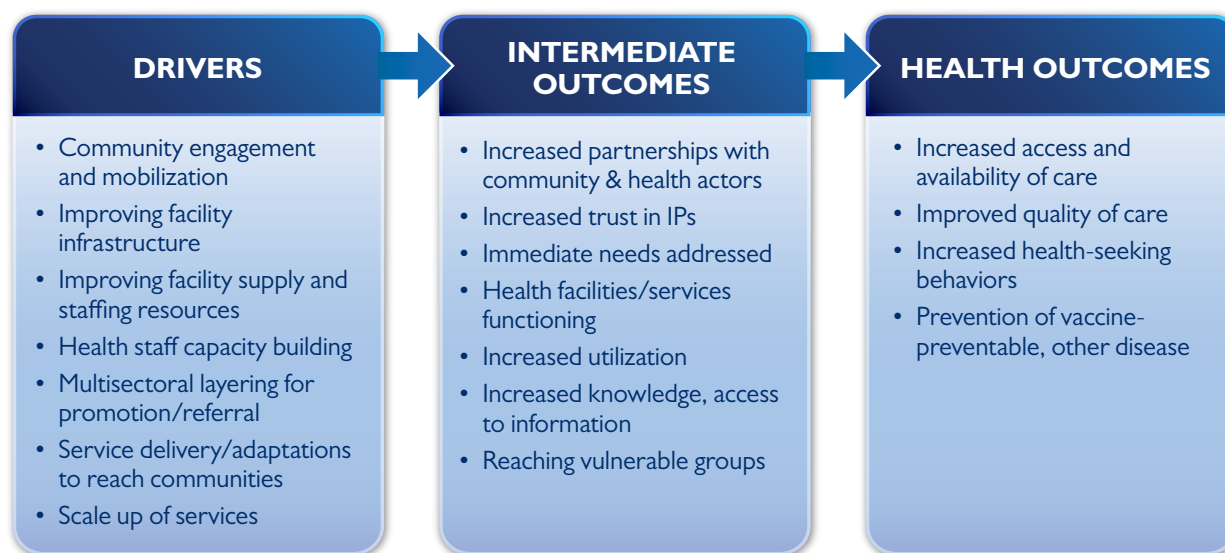
NGO Key Finding: NGOs awards² met targets for select indicators across each sector. Awards emphasized various health facility supports and hygiene promotion (Table I). Within Health, NGOs excelled in training health facility staff and ensuring health facilities submitted weekly surveillance reports, 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.I).

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.I). 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 promoters 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.

OBJECTIVE 2

Prevent Famine and Mitigate Severe Food Insecurity

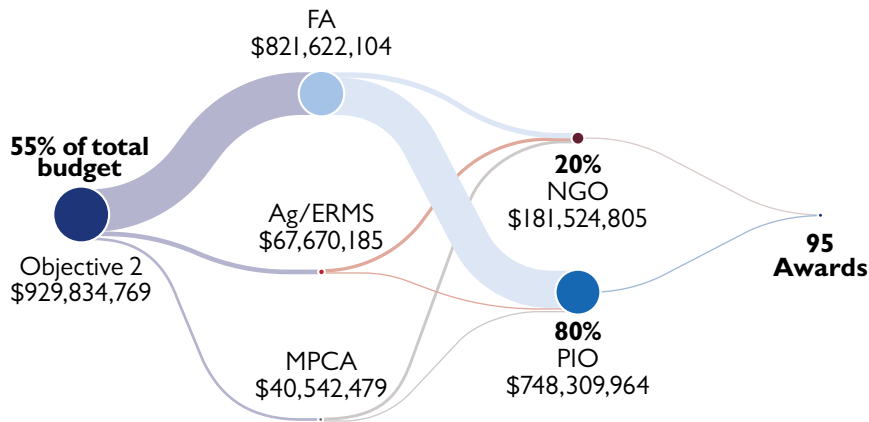
Sub-Objective 2.1: Provide emergency food and/or nutrition security (2.1a) and livelihoods programming (2.1b) for needs exacerbated by pandemic effects

Sectors: Food Assistance (FA), Agriculture (Ag), Economic Recovery and Market Systems (ERMS), Multipurpose Cash Assistance (MPCA)

KEY FINDINGS

- Expanded cash-based assistance reached new populations and minimized exposure to COVID-19
- Lack of recovery activities limited the ability to revive livelihoods
- BHA allowed IPs to adapt to changing conditions and needs
- Complex emergencies degraded Food Consumption Scores (FCS) and worsened Coping Strategies Index (CSI) scores in 2022; some countries showed small improvement in CSI but less in FCS (see map)

OVERVIEW OF AWARDS



KEY RESULTS (WFP)



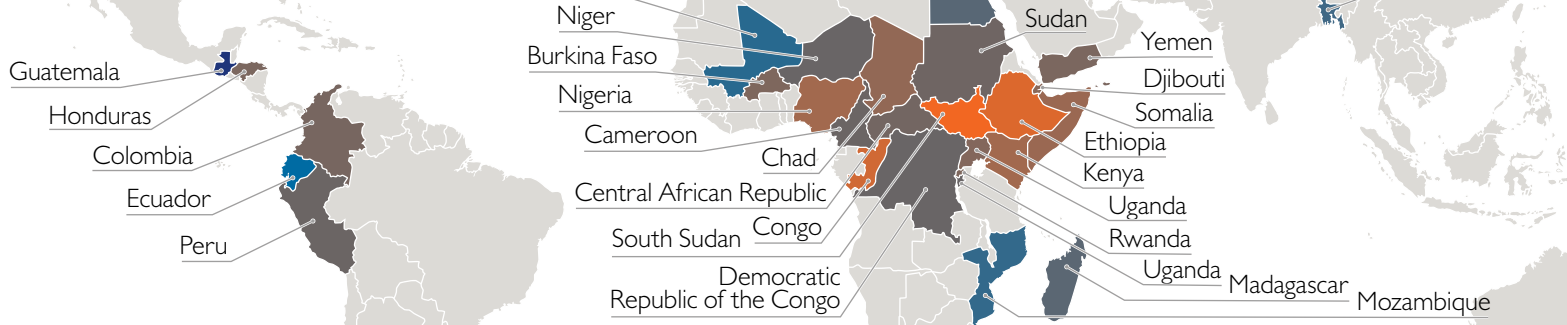
>6.6 million participants reached



198,170 metric tons of food delivered

The percent of households with acceptable FCS improved in 13 out of 33 WFP countries from 2021 to 2022 (17 of 33 reported improved CSI)

>0 Percent change shown in blue gradient
<0 Percent change shown in orange gradient



PROMISING PRACTICES

- Strategic planning, community engagement, and clear communication for effective scaling down
- Functional cross-training of staff to respond to emergency funding surges
- Expanding coverage to reach newly vulnerable populations, e.g., urban and peri-urban areas, the older persons, refugees
- Ongoing government capacity strengthening at all levels

PROGRAMMING CONSIDERATIONS

- Cash and voucher assistance through remote or digital modalities was highly effective for rapid response in areas with existing communication infrastructure and services, but alternative modalities or additional funding is needed where these are lacking.
- Enhancing capacity at national and local levels boosts program effectiveness, efficiency, and sustainability, including capacity for multi-sectoral programming essential to maintain food security outcomes.
- While large-scale emergency funding is crucial for immediate needs, its withdrawal should be gradual to prevent erosion of results, BHA and IPs should work together on recovery and scale-down planning. **See the Thematic 2 study for more on this issue.**

Background

The downstream economic impacts of many national responses to COVID-19 interrupted livelihoods and threatened food and nutrition security. Globally, food security deteriorated as a result of the pandemic and its related impacts (FSIN and GNAFC, 2021). This was particularly evident in urban and peri-urban areas, refugee and displacement settings, and among people whose livelihoods depended on the informal sector (FSIN and GNAFC, 2021 & 2022). As a result, WFP, among other food security actors, expanded their caseloads, including to urban and peri-urban areas and new vulnerable populations; for example, in the Democratic Republic of Congo (DRC), Djibouti, Kenya, Honduras, Madagascar, and Colombia.

Objective 2 of the Supplemental aimed to mitigate severe food security impacts resulting from the COVID-19 pandemic in humanitarian settings. Priority was given to investments in emergency food assistance and livelihoods interventions. Awards incorporated other sectors, such as nutrition, health, and/or WASH. Given the scale of the response and need for quick mobilization, over 50 percent of the total funding and 79 percent of Objective 2 funding was allocated to WFP for the capacity to quickly respond to crises with humanitarian food assistance.

There were 58 FA awards implemented across 38 countries (37 WFP and 1 FAO). PIO awards tended to receive considerably larger sector totals on average than NGOs: \$19.3 million versus \$4.3 million. Objective 2 included 41 awards for Agriculture and ERMS and 23 awards for MPCA. In terms of geographic spread, Office of Africa region received half of the FA funding; Ethiopia was the largest recipient. Then split between MENAE and ALAC, with Syria and Afghanistan the single largest recipients, respectively. The primary data sources used for Objective 2 included 23 KIs with WFP and BHA award managers (44 respondents) complemented by field level perspectives of BHA, IPs, Government and other stakeholders, and participants in Kenya, South Sudan, Jordan, and Honduras.

Outcomes and Key Drivers

Note on Indicator Results and Data Sources: Award-level output results are unavailable due to different reporting requirements for WFP. The output results provided on the first page of this objective section were derived based on the WFP annual country reporting, which is calculated from the proportion of the award to the country program budget. The NGO indicator data can be found in Annex E.2. Thus, this objective's results focus on outcome level results using various methodologies to estimate these results from WFP data sources triangulated with IP and BHA KIs; evaluation case study country findings; as well as award reports and external literature. The main WFP data sources analyzed for outcome results include: a) WFP Annual Reports 2020-2022 FCS and CSI Results for the 38 WFP-award countries showing food security trends across the pandemic years; and b) WFP Outcome Monitoring Data for select WFP priority countries for which analysis of population-based versus participant food security data could be conducted. See Annex A (Methods) and E.2 (Objective 2).

WFP Annual Reports 2020-2022 FCS and CSI Results – across country awards

Key Finding: Complex emergencies continued to degrade FCS and CSI in 2022; some countries showed small improvement in CSI but less in FCS. Agreement across IP and BHA interviews representing 16 awards shows food security outcomes in numerous countries temporarily improved – or at least did not deteriorate significantly – over the timeframe in which the Supplemental was implemented. This can be seen in an analysis of change in households with acceptable FCS between 2021 and 2022 by country (Figure 5). However, key food security indicators returned to their pre-FY 2021 levels or lower – once funding stopped (Annex E.2). By 2022, WFP-funded countries with ongoing and worsening crises continued to see degradation in both indicators, as reported through annual reports. WFP-funded countries where Food Consumption Score (FCS) and Coping Strategies Index (CSI)

indicator targets were not met across targeted subgroups through 2022 included Burkina Faso, Cameroon, Congo, Ethiopia, Jordan, Nigeria, Somalia, and Uganda.

The percentage change in households with acceptable FCS between FYs 2020-2021 (Annex E.2) compared with FYs 2021-2022 (figure in infographic above) illustrates the shift in food security over time. The largest positive FCS and CSI changes occurred in Guatemala and Ecuador. Food consumption improved in some countries (e.g., Egypt, Mali, Syria) but deteriorated in others (e.g., Colombia, Ethiopia, Kenya, South Sudan, DRC, Uganda, Afghanistan). This is consistent with findings from the 2022 Global Report on Food Crises which shows the degree to which WFP’s country targeting supported through the FY 2021 Supplemental was aligned with countries identified as having high food insecurity in 2021 (GNAFC, 2022). Of the 12 highest funded countries with Supplemental awards, seven¹ are considered in crisis or worse (Integrated Phase Classification–Cadre Harmonisé (IPC-CH) Phase 3 or above). Similar shifts between FYs 2020-2021 and FYs 2021-2022 occurred relative to coping strategies; CSI deteriorated over time in DRC, Ethiopia, Niger, Nigeria and Afghanistan (Annex E.2) but improved in other countries (e.g., Egypt, Turkey, Jordan, Sudan, CAR, Kenya). In some of the most fragile countries (e.g., Syria, Yemen), there was strong agreement among those interviewed that the “no regrets approach” supported through the Supplemental reached more people and helped prevent famine, though did not sustain food security outcomes post-award (see Thematic 2 for more information on this topic).

Figure 4. Change in CSI score between 2021 and 2022:WFP Countries

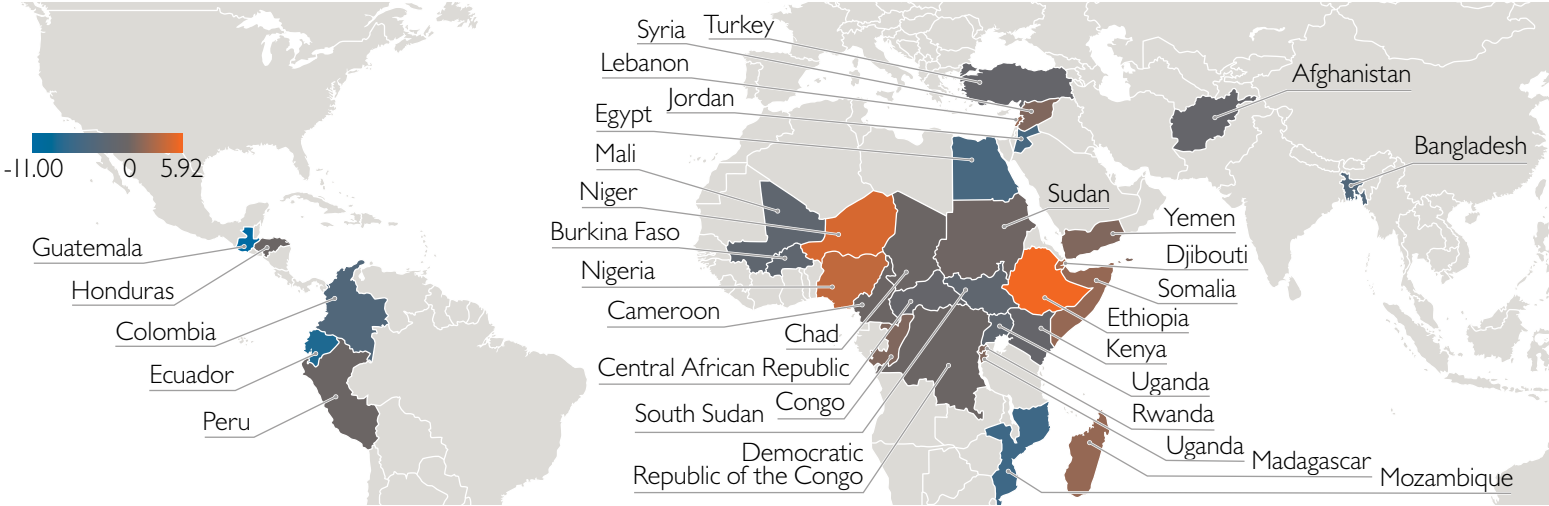


Table 3. Average changes in percent acceptable FCS and CSI scores between 2021 and 2022 in WFP countries supported with the Supplemental, by BHA region and overall

BHA Region	Change in % HHs w/ acceptable FCS	Change in CSI score
Africa	-5.39	0.29
ALAC	13.80	-4.00
MENAE	3.16	-1.50
Global	0.23	-0.94

¹ Ethiopia, Yemen, Somalia, DRC, Afghanistan, Nigeria, and South Sudan.

During the Supplemental, countries in ALAC and MENAE on average had more improved food security and less reliance on coping strategies than countries in OA (Table 3). It is important to note that because of the evaluation type—performance rather than impact evaluation, and the available data from WFP it is not possible to determine the extent of change that is attributed to the Supplemental.

Although more people received food assistance as a result of the Supplemental, there was widespread agreement among BHA KIs that the quality of response often declined due to reductions in the size of the rations (e.g., kilocalories (kcal), transfer amount) or the number of transfers because the need vastly outstripped available resources. This may, in part, help explain the mixed results in terms of positive versus negative change in food security indicators discussed above. However, they also felt this varied slightly between PIOs and NGOs in some countries. For example, price increases, supply chain issues, and other access challenges often resulted in WFP reducing rations (e.g., Syria, Yemen, DRC). NGOs who received the Supplemental were perceived by some BHA KIs as better able to maintain ration sizes; they felt that the PIO response was somewhat “diluted” compared to the NGO response.

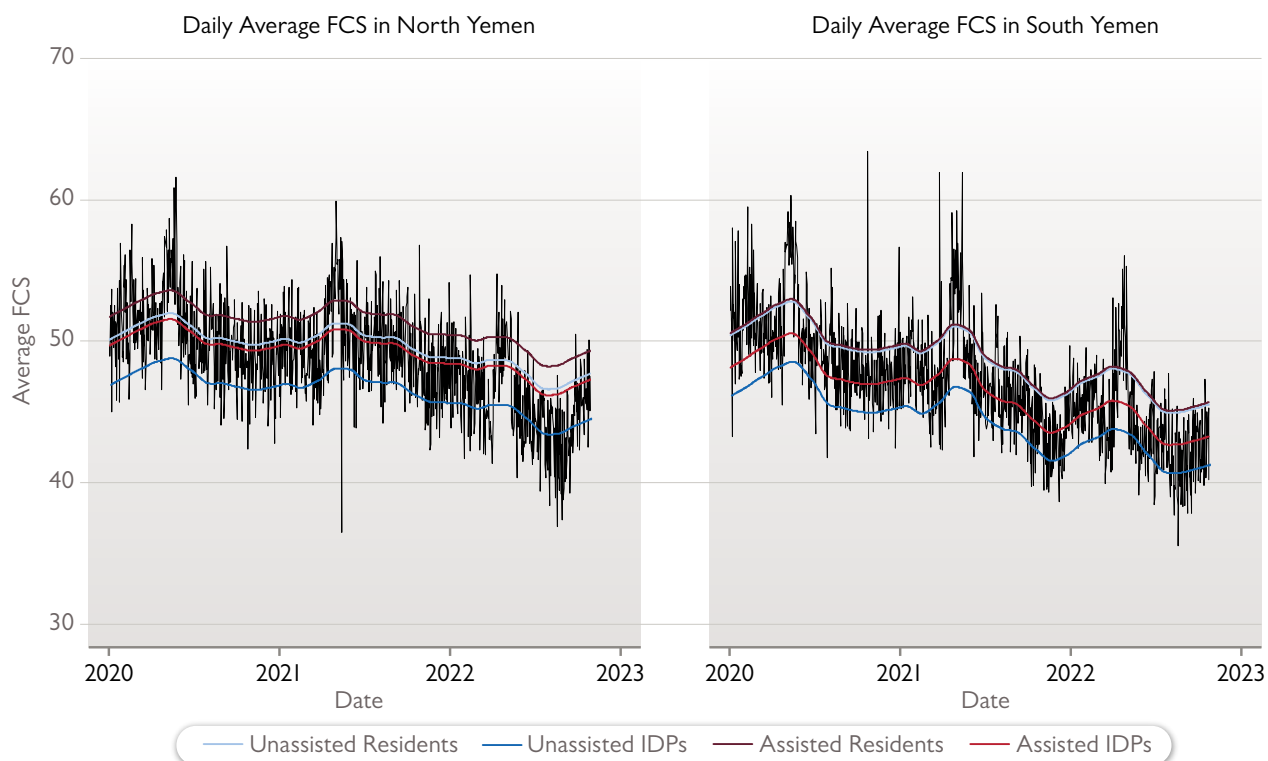
“NGOs were much more strategic [than WFP] in the way that they handled resources.” ~ BHA MENAE

For example, one interviewee in Colombia felt that it was easier for BHA to provide funding through large PIOs but indicated that there are also local NGOs with good capacity for large-scale humanitarian response and that a better balance between awards to PIOs and NGOs could improve effectiveness and efficiency of response. Regardless of partner type, interviewees all agreed that the Supplemental helped targeted populations survive the economic impacts of the pandemic over the short-term but failed to put them on better footing in its aftermath. The consensus among all interviewees was that it had little or no effect on food security even though it helped people in the near term and likely helped prevent starvation in some of the worst contexts (e.g., Somalia, Yemen). The lingering effects of COVID-19 and its economic repercussions were still being felt globally through 2022.

WFP Outcomes Analysis – for select awards

WFP partners with Geopoll and other agencies monitored national food security across countries with active assistance programs through daily phone-based surveys of randomly-selected households. While these surveys are not specifically intended to assess the impact of assistance, in several countries the questionnaires ask respondents whether they currently receive food assistance. A question of interest for the evaluation was whether the average food security level of recipients (e.g., using standard indicators like FCS and rCSI during 2020-2022) was significantly different from that of non-participants. Analysis from Yemen shows improved consumption for assisted households co-occurring with a decline in national food security (Figure 5). Recognizing the importance of regional differences, further analysis was conducted by region (i.e., North vs. South). In the North, there was no significant impact of assistance for all households, although there was a significant impact for internally displaced persons (IDPs) (who had far worse outcomes in the absence of assistance). With respect to rCSI, the total population surveyed appears to significantly benefit, regardless of IDP status, while IDPs remained worse off overall. In the South, there was considerable regional variation (Hadramaut had much better FCS scores, while Al Janad had worse). Assistance improved FCS for all households, but IDPs had lower scores regardless of assistance. This was also true for rCSI, with assistance helping overall, but IDPs had significantly higher coping scores than non-IDPs. The evaluation interprets these results as assistance in Northern Yemen may have more effectively assisted IDPs by improving consumption, whereas in the South, assistance improved food security for all recipients. Despite this, IDPs were more disadvantaged than non-IDPs.

Figure 5. Average FCS of WFP Yemen assisted households compared to unassisted from 2020-2022



Source: WFP Yemen mVAM datasets provided to the evaluation.

Additional Drivers and Promising Practices

Key Finding: Across KIIs, interviewees mentioned the importance of early action and recovery activities in emergency programming, which were not prioritized in the Supplemental. Examples include Honduras, Niger, Madagascar, Jordan, Colombia, and Kenya, where early recovery activities (e.g., livelihoods support) were implemented, although to a much smaller degree than food assistance. PIOs also stressed the importance of pre-positioning in-kind assistance (including the need for roads with year-round accessibility, sufficient warehousing, and transport), notably in Syria and South Sudan, where humanitarian access is often limited due to conflict and other safety concerns. In Somalia, WFP combined money from other donors to implement anticipatory actions, though not early recovery.

Several IP and BHA KIIs in South Sudan noted the need to “move beyond emergencies” and consider what comes after saving lives. According to them (and others), there are “too many emergencies” and people barely have time to recover from one shock before the next. The IP’s ability to implement any recovery activities varied across countries.² Findings from a BHA-commissioned livelihoods evaluation in the Northern Triangle, including Honduras and several Supplemental awards, noted implementation periods of at least 18 to 24 months should be the norm for humanitarian activities that include a livelihood recovery component.³ This would help ensure IPs have adequate time to: i) provide consistent support, ii) leverage technical assistance from partnering governmental agencies or NGOs, and iii) assess the sustained ability of livelihood interventions to meet basic needs.

² Government restrictions in some countries, such as Syria, may limit the types of activities that can be implemented.

³ EnCompass, L.L.C., 2024

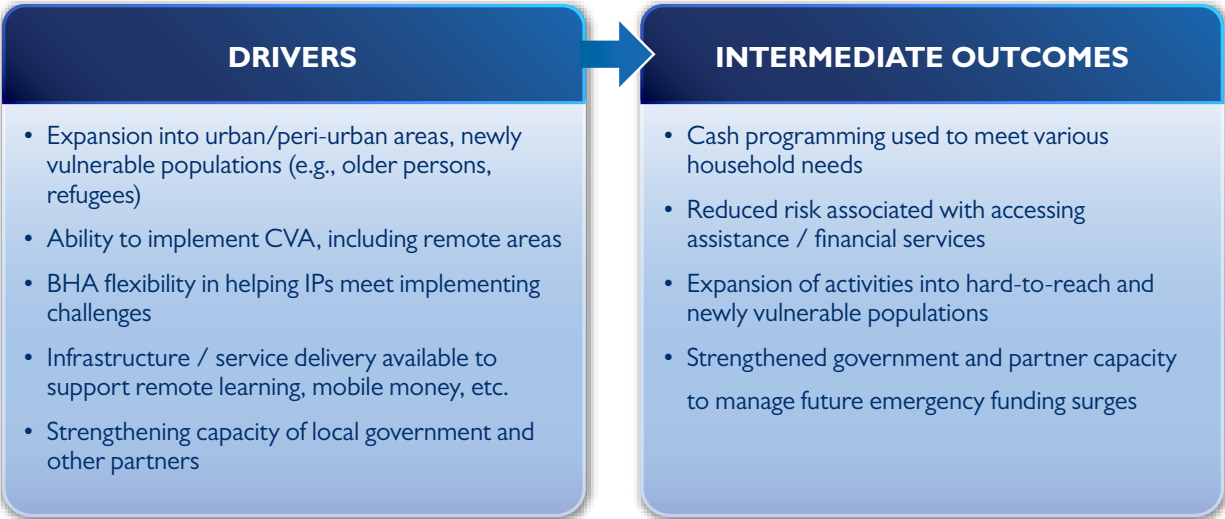
Key Finding: According to insights across KIIs and case studies, key drivers include the use of cash and voucher assistance (CVA) and expanding into new areas for targeting and implementation—supported by BHA flexibility to do so (Figure 6).

All WFP awards but five included cash or vouchers, according to BHA's award data, with the cash component over \$210 million. The prominence of this modality in the pandemic was due to the ease and rapidity with which CVA could be implemented compared to other modalities and the better fit with social distancing and other restrictions, often making them a preferential modality by IPs and participants. IP KIIs stressed the importance of cash transfers, and particularly mobile money approaches, which met participant needs while simultaneously providing a sense of control over how, when, and where cash was spent. CVA also provided less risk of exposure to COVID-19 for IPs, service providers, and participants. As noted in the After-Action Review of WFP's urban response in Kenya, cash allowed households "choice and flexibility in spending" (WFP, 2021). WFP Kenya staff perceived their urban CVA response to have contributed to a reduction in violence, such as petty theft in informal settlements and refugee camps. Good practices across Syria, Honduras, South Sudan and Kenya combined cash with training, community engagement, and feedback mechanisms.

As indicated in the Kenya case above, new areas for targeting under the Supplemental included urban and peri-urban populations such as informal settlements, slums, and among refugees. Urban response required development of new targeting criteria or adaptation of existing participant lists to include those individuals made vulnerable by the pandemic. KIIs with PIOs (33) and NGOs (20) showed a general appreciation of BHA's flexibility in expanding to new areas (e.g., urban, peri-urban) and generally adapting to changing contextual factors (e.g., inflation, supply chain disruptions, COVID-19 related guidance). In Jordan, non-Syrian refugees, who had not previously received WFP support, were identified as most vulnerable to food and economic insecurity and were targeted for cash transfers (WFP 2022a). In Colombia, caseloads from COVID-19 were well under any expectation, and BHA supported the government's request to expand targeting for those with reduced food access, even after restrictions were lifted, including Venezuelan migrants, Colombian returnees, and several Indigenous and Afro-descendent communities (WFP 2022b). This is discussed further in the Thematic 2 study.

In South Sudan, among other locations, IPs praised BHA for their flexibility in adapting programming to account for COVID-19 guidelines and protocols, changes in modality (e.g., shifting from a hand pump to solar pump), and flexibility to use savings from activities that could not be implemented (e.g., due to COVID restrictions) to fill funding gaps elsewhere (e.g., shortage of fishing and seed kits).

Figure 6. Outcome pathway for drivers of success



Key Finding: System capacities and infrastructure investments are critical for scale up of responses. In countries that had previously invested in building government capacity (e.g., Colombia, South Sudan, Kenya), IPs reported that capacity strengthening of and/or coordination with government partners was key to the success of the Supplemental. Funding provided by BHA's predecessors (legacy Offices of U.S. Foreign Disaster Assistance (OFDA) and Food for Peace (FFP) as well as other donors, that supported capacity building with national and local governments in humanitarian response, disaster risk reduction (DRR), nutrition/health, and WASH in particular, provided a solid foundation for continued collaboration, coordination, and training under the Supplemental. This was particularly evident in South Sudan, where pre-pandemic funds provided through FFP and OFDA supported establishment of an Ebola coordination mechanism that was in place and utilized during the COVID-19 response. According to IPs in South Sudan, even though the COVID-19 caseload and number of deaths were much lighter than feared, the Ebola response mechanism greatly improved the efficiency and multi-sectoral effectiveness of the response under the Supplemental. Finally, investments in infrastructure and service providers are necessary elements of successful implementation for numerous types of activities, including food assistance. For WFP CVA activities, telecommunications services (e.g., mobile phone and internet coverage for remote payments) and financial service providers with mobile money/banking applications were critical (e.g., Kenya, Somalia).

Challenges

BHA and IP KIIs agreed that COVID-19 created numerous challenges around food security and livelihoods assistance, some of which were new, and others simply exacerbated those often associated with humanitarian responses. Overall, they underscored the importance of flexibility, preparedness, and the ability to quickly adapt to changing circumstances as key components of effective response strategies. See Annex E.2 for additional discussion of these challenges.

Box 4. Challenges Summary



Layered shocks: Nearly all interviewees in South Sudan, Somalia, Kenya, and Honduras noted the multi-shock context of their implementing areas, over which COVID-19 was layered but not necessarily of most immediate concern for targeted populations.



Logistical and operational challenges: Delays in imported nutrition commodities and market shortages were just a few of the many issues WFP and IPs faced.



Scaling down: The Supplemental required significant scaling-up of IP programming capacity at the country level with a swift scaling-down. Learning on this challenge is captured in the Thematic 2 study.



Limited accountability for WFP funds: Reliance on WFP contributed to timeliness of response but also to a lack visibility on funding outputs and outcomes.

Relevance to Needs

Insights from KIIs and FGDs in Kenya, Honduras, Syria, and South Sudan suggest that i) targeting was widely perceived as appropriate, though some cases of exclusion error were reported, and ii) the assistance provided through the Supplemental helped mitigate the economic effects of the pandemic on people's livelihoods and to mitigate some severe food insecurity, though it was not enough to cover all needs. FGD participants and KIIs acknowledged community participation in the targeting process, helping to ensure alignment of interventions with the most immediate and pressing needs of communities, particularly acute food shortages. For example, in Honduras, communities were personally visited by IPs to learn about their needs as part of the process. Across the case studies, community leaders assisted in the targeting process, ensuring inclusion of households that were initially missed

(e.g., with other targeting approaches). Changes to the composition of food baskets based on community feedback and logistical capabilities was another innovative approach implemented in Syria to accommodate and adapt to local needs.

“The assistance was very important because we are displaced and have lost everything we own... and do not have the money to buy food.” ~ FGD Northern Syria

Interviewees from BHA, PIOs, and NGOs consistently indicated that the Supplemental was critical for meeting the immediate needs of people adversely affected by the socio-economic impacts of COVID-19. KIIs felt that generally more people were helped as a result of the Supplemental than if it had not happened – even with its challenges. The Supplemental allowed IPs to expand caseloads by focusing on new geographic areas and types of participants as well as “topping-up” previously reduced rations (e.g., due to price increases) in some cases (e.g., Niger). As such, they felt that the Supplemental was instrumental in reaching output targets even if it did not improve food security measures.

Programming Considerations

1. CVA through remote payment is effective and efficient modality for rapid humanitarian response, especially where communications infrastructure and service provision exist. In their absence, programs may consider other modalities or include funding to develop or upgrade required support services (e.g., financial services, internet connectivity).
2. Local capacity at the national and local levels significantly improves effectiveness and efficiency of programming and contributes to longer-term sustainability of improved outcomes. Capacity building for multi-sectoral programming is crucial to sustain food security outcomes (i.e., in DRR, early action/early response, early recovery, health/nutrition, and WASH systems) and should be programmed through BHA’s ESF and IDA funding streams as much as possible.
3. Although large-scale emergency, or surge, funding is primarily meant to meet immediate needs of vulnerable populations, its ultimate withdrawal should not be precipitous such that backsliding occurs and people are potentially worse off than before. BHA and IPs agreed that “going big at the beginning” may be necessary in order to help as many people as possible with immediate needs but that some recovery is also needed, at least for a subset of people. BHA should help IPs plan for and layer other USG funding sources for recovery, and for responsible scale-down. See the Thematic 2 study.

OBJECTIVE 3

Provide Protection

Sub-Objective 3.1: Increase access to protection services

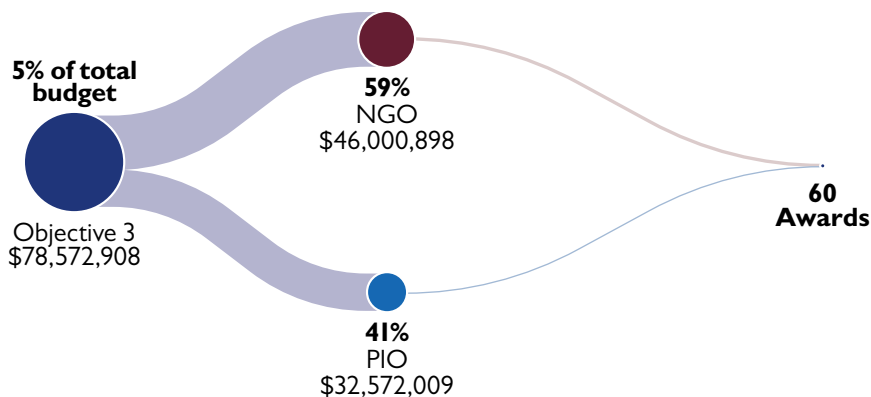
Sub-Objective 3.2: All programming must address COVID-19-specific gender and protection issues

Sectors: Protection, Gender, Age, Social Inclusion (GASI)

KEY FINDINGS

- Indicator achievement was mostly high, though results were often lower for PIOs than NGOs, with the exception of GBV services, where 75 percent of PIOs and 73 percent of NGOs met at least 90 percent of their targets
- IPs that did not receive the Supplemental in FY 2020 were re-integrated in FY 2021 after administration changes with high perceived success
- Awards had a heavy focus on GBV prevention and referral
- Fewer than half of awards focused on older populations who were at higher risk due to COVID-19-related vulnerability
- Protection activities reached a large number of people and were considered 'lifesaving'

OVERVIEW OF AWARDS



Office of Africa received the most Supplemental funding. **Syria** was the top-funded country, followed by **South Sudan** and **Venezuela**

KEY RESULTS



907,399 individuals accessed prevention and referral services



435,753 individuals participated in child protection (CP) services



571,893 individuals participated in Mental Health and Psychosocial Support Services (MHPSS)



83,619 individuals participated in protection training

PROMISING PRACTICES + OUTCOMES

- Remote modalities expanded services to hard-to-reach populations
- High uptake and expansion of virtual safe spaces
- Reduced risk through remote service modalities
- Expanded coverage allowed for broader reach, including into contexts and populations that were novel to some IPs.
- More individuals were trained to address protection concerns, which improved screening and service referral
- Protection activities were critical in contexts with covariate shocks
- Integration of protection in other sectors provided entry points to identify vulnerable individuals and provide referral pathways

PROGRAMMING CONSIDERATIONS

1. BHA should continue supporting IPs to expand coverage to populations and contexts highly vulnerable to protection concerns. Localization and efficient local subcontracts to partners is critical for this.
2. Polycrises and subsequent shocks exacerbated protection concerns. IPs should consider the multiplicative impacts of shocks during programming. BHA can support by sharing lessons and successful activities across partners.
3. IPs should consider expanding remote modalities where possible to improve reach, safety, and accessibility of protection services.
4. Sustainability/durability of protection-specific activities and outcomes should also be better supported through multi-year funding.

Background

COVID-19 restrictions, such as lockdowns and inhibited movement, coincided with covariate shocks such as conflict, and increased protection issues and vulnerability, particularly for women and children (Baranov et al., 2022). Protection concerns in FY 2021 mirrored those in FY 2020, including higher risks of violence (gender-based violence (GBV), child violence) and worsened mental health outcomes. In 2021, awareness of the 'shadow pandemic' of increased GBV grew, driven by gender inequity, overburdened essential services, barriers to women's income-generating activities, and movement restrictions that kept victims in close contact with perpetrators of violence (Sharma et al., 2021; Felten, 2023). Economic stress from COVID-19 is expected to have long-term effects on GBV, underscoring the need for durable protection programming (Baranov et al., 2022). Food insecurity, a known predictor of GBV (Ricks et al., 2016; Moraes et al., 2016), child maltreatment (Jackson et al., 2018; 2019; Helton et al., 2019), and poor mental health outcomes (Fang et al., 2021), was a significant secondary impact of COVID-19. Food assistance (see Objective 2), comprised the majority of the Supplemental and may have inadvertently mitigated some of these issues beyond protection mainstreaming and protection-specific programming.

A major shift from FY 2020 to FY 2021 is that the FY 2021 Supplemental elevated the Protection sector to a separate funding objective. FY 2021 Protection funding increased to approximately five percent, compared to four percent in FY 2020. More Protection sector awards were allocated to NGOs, but with less funding per award than PIOs. Across PIOs, UNICEF received the most awards (10), followed by IOM (7).

The main primary data sources used for Objective 3 include two Scoping Interviews with BHA, eight KIIs with IPs (n=13) and one BHA AOR KII (n=3) across nine awards, IP E-survey results, content analysis of all available Protection sector award reports, and field perspectives from Honduras/Northern Triangle, Syria, and South Sudan.

Protection awards were almost entirely multisectoral with only seven protection-only awards. Protection awards were largely coupled with Health (61%) and WASH awards (49%). Despite the established connection between food insecurity and protection, only six food assistance awards incorporated protection-specific activities, although many more incorporated gender and protection mainstreaming. Integration of Protection with other sectors provided an entry point to identify vulnerable individuals and provide referral pathways.

Indicator Results (Outputs)

Key Finding: There was high achievement for most award activities. In FY 2020, half of the protection indicators were met. In FY 2021, this varied by recipient and service (Annex E.3). Across NGO priority indicators, > 70 percent of awards achieved ≥90 percent of their Life of Award (LOA) targets (Annex E.3) Some key results are highlighted below (Table 4); see Annex E.3 for a full list of NGO and PIO Protection priority indicators. In most cases, at least half of targeted individuals received services, although there was less mainstreaming to support the needs of persons living with disabilities (PWD) and older individuals. This is discussed further in the last key finding of this objective section.

Key Finding: Re-integration of IPs that did not receive FY 2020 Supplemental with high perceived success. Some PIOs did not receive support from BHA in FY 2020 but were funded in FY 2021 after USG administration changes. Interviews with these organizations and communities where participants received services suggested a high level of perceived impact from their programmed protection activities.

Table 4. Common Protection output indicators across awards, by NGO and PIO percent met

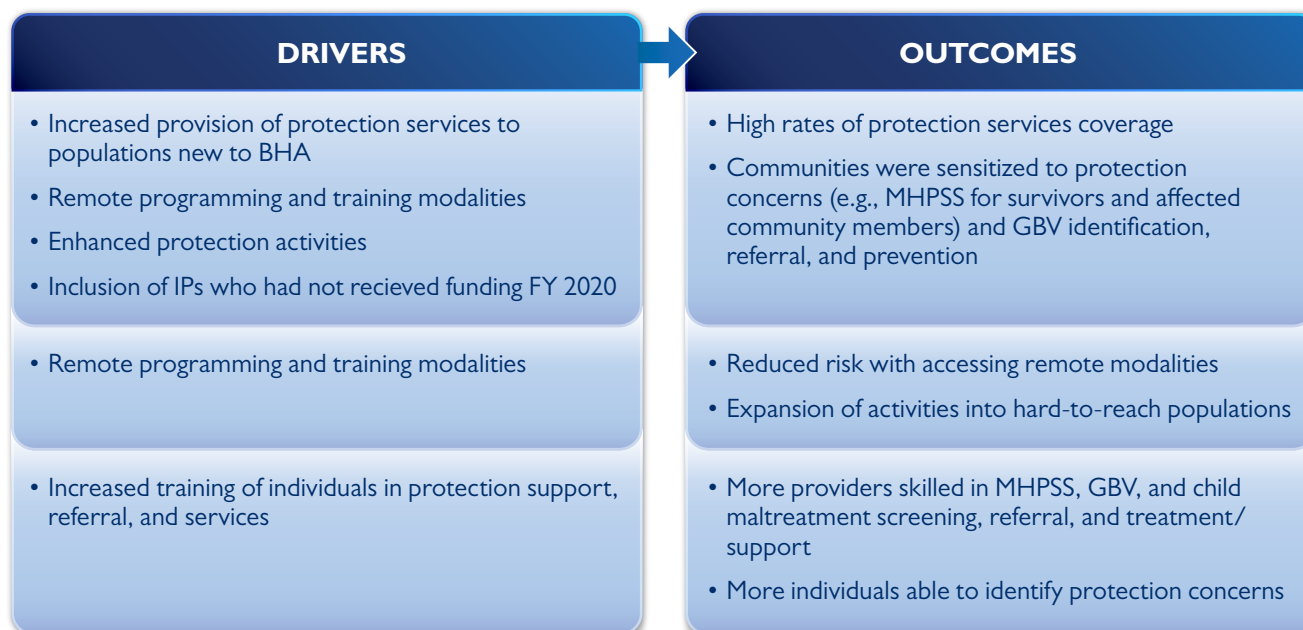
<p>907,399 Individuals accessed GBV services</p> <p>75% PIO met ≥90% targets</p> <p>73% NGO met ≥90% targets</p>	<p>435,753 Individuals participated in CP services</p> <p>50% PIO met ≥90% targets</p> <p>90% NGO met ≥90% targets</p>
<p>571,893 Participated in MHPSS</p> <p>78% PIO met ≥90% targets</p> <p>96% NGO met ≥90% targets</p>	<p>83,619 Individuals participated in training</p> <p>83% PIO met ≥90% targets</p> <p>79% NGO met ≥90% targets</p>

Key Outcomes and Drivers

Drivers of promising practices (Figure 7) included providing protection services to contexts and populations that were new to some IPs (e.g., Indigenous and urban communities, refugees), developing and refining remote modalities, enhanced protection activities (e.g., safe spaces, support groups), increased access to livelihood activities for affected populations, and training for staff working in the Protection sector.

Interventions resulted in high rates of coverage, expansion of activities into hard-to-reach populations, potential reduced risk of retribution for accessing some services (e.g., GBV protection), an increased number of individuals trained to identify the signs of child maltreatment and GBV, and more providers skilled in providing MHPSS, GBV screening and referral, and child case management services.

Figure 7. Key drivers and outcomes associated with Protection sector awards



Promising Practices

Protection awards with novel or promising approaches are outlined in detail for each of the sub-objectives in Annex E.3. A literature review and summary of best practices in providing protection support in the context of COVID (Annex E.3 –full search strategy and methodological approach) indicated expansion of protection services, especially for MHPSS, child protection, and GBV, introduction of novel remote modalities, and training individuals to provide protection services were effective strategies (Armijos et al., 2023; Banke-Thomas & Yaya, 2021; Pfitzner et al., 2022; UNICEF, 2021; Metzler et al., 2021; Williams & Pontali, 2021). This mostly aligned with Supplemental award activities, examples included:

- Virtual safe space smartphone app with a rapid close function (developed by an all-female IT team)
- Dignity kits that contained COVID-19 prevention materials
- Mobile teams provided remote MHPSS support
- Mobile clinics provided sexual and reproductive health services to hard-to-reach populations
- MHPSS helplines

In Honduras, GBV and domestic violence training was offered via Parent School Training, which was a novel venue that addressed protection concerns for women and children. In the Government of Syria controlled areas, mobile teams were critical to making services accessible.

“Mobile teams ensured access to all participants in rural areas, providing education and psychological support, demonstrating the organization’s adaptability and reach.” ~ IP KII
MENAE

Key Finding: In terms of mainstreaming across awards, there was a greater focus on supporting women and children, less focus on PWD and older populations. For Objective 3.2, addressing the COVID-19-specific gender and protection issues in addition to mainstreaming, the evaluation finds there was an increased focus on protection risks such as GBV, though less focus on older individuals, LGBTQIA+ populations, other vulnerable groups. From review of the Supplemental award reports, for example, there was less focus on PWD and older individuals (46/64 Protection sector awards compared with 59/64 with a focus on programming or referral for GBV). The evaluation estimates less than 10 awards globally including LGBTQIA+ participants, the majority in ALAC region. Although BHA award reporting guidelines ask that IPs report on all groups that received assistance, the reality is that this not always included in final and annual report documents. IP KIIs also explained that unless the project included targeting criteria and activities to specifically support these sub-groups, they may not have been adequately reached. One IP in the Northern Triangle specifically worked with LGBTQIA+ participants, who expressed that they feel left out of traditional humanitarian response. This IP also emphasized that collaboration with local partners was critical for reaching marginalized groups, a sentiment that was echoed by another IP who mentioned reaching people with disabilities by working with other IPs as a part of the localization agenda. IPs noted challenges with subcontracting local partners and the need for multi-year funding to gain trust of these communities.

Challenges and Durability

Durability is contingent on context and the extent that Protection is integrated with multi-sectoral programming, as noted in the other Objective sections. In South Sudan, a KII expressed the need for skills training and livelihood support for women, but that the IP working in the area was focused only on emergency needs, limiting sustainability. Additionally, due to cultural conceptions around GBV and lack of trust in government reporting structures, individuals may have been less likely to report GBV or engage in protection activities. The trust required for effective Protection programming requires long-term community engagement, a key finding also from the FY 2020 COVID-19 Supplemental evaluation.

Relevance To Needs

Key Finding: Overall, protection activities were able to reach a large number of participants and were perceived to be “lifesaving.” Sector activities were accomplished through: expansion of dedicated protection services into novel populations using remote service delivery; enhanced protection activities in contexts with covariate shocks or protracted crises; reintegration of IPs that provided lifesaving protection activities but that had not received assistance in 2020, with high perceived success; high achievement for most activities (excluding child protection among PIOs who underachieved targets); focus on supporting women and children; and integration of protection across sectors (i.e., mainstreaming), which sometimes allowed for an entry point from other sectors to identify vulnerable groups and provide services.

“...We’re often the only ones providing these types of [protection] services and just in and of itself, these are lifesaving. We’re saving lives just by having these interventions, especially with the amount of support through this grant.” ~IP KII PIO

Programming Considerations

1. BHA should continue to look beyond populations typically reached by IPs to include individuals and groups with high levels of vulnerability in humanitarian contexts (e.g., urban, indigenous, refugee, LGBTQIA). Close coordination and collaboration with local partners is crucial for building trust in order to access difficult-to-reach, vulnerable population groups to ensure service provision. BHA should encourage IPs to work with local and community partners as part of the localization agenda.
2. Protection concerns were exacerbated by polycrises and overlapping shocks, with the pandemic posing especially critical threats to women and girls (the ‘shadow pandemic’). IPs should consider the implications of multiplicative shocks on protection concerns to subsequently target and plan accordingly. BHA should generate and share lessons from successful activities across IPs and regions. This is especially critical as shocks increase in frequency and severity.
3. Remote modalities improved reach of award activities and in some cases bolstered the safety of accessing protection services. BHA should continue to make investments in IPs building remote interventions, especially when they expand into populations that are hard-to-reach.
4. Sustainability/durability of protection-specific activities and mainstreaming should be built into all activities, with a shock-protective lens. Evidence from this evaluation suggests that sufficient and multi-year funding streams are critical to maintain protection outcomes in protracted, multi-shock settings.

Note: the evaluation findings largely align with that of the USAID COVID-19 [Evaluation on Inequalities and Unintended Consequences](#) (2024).

OBJECTIVE 4

Strengthen Humanitarian Operations and Coordination

Sub-Objective 4.1: Enhance logistics platforms and common services

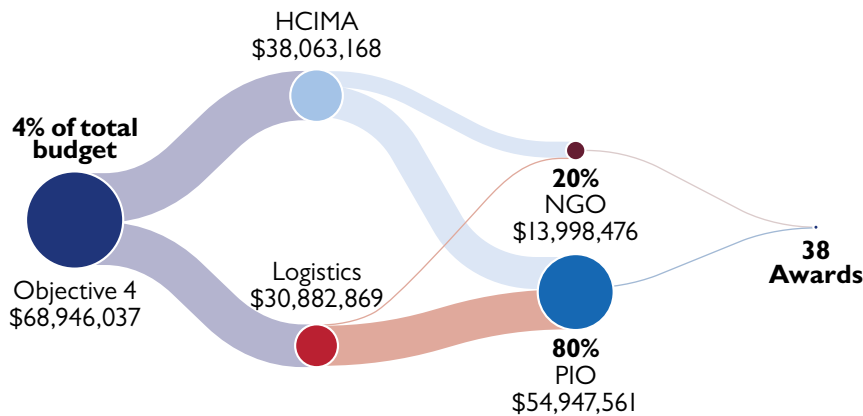
Sub-Objective 4.2: Improve humanitarian information management and coordination services

Sectors: Logistics, Humanitarian Coordination, Information Management, and Assessments (HCIMA)

KEY FINDINGS

- The Cluster system was strengthened in supported countries, with mixed results at sub-national levels
- The awards supported improvements and innovations in IMA
- Limited Office for the Coordination of Humanitarian Affairs (OCHA) capacity hindered coherence of the pandemic response
- HCIMA funds were generally used in line with BHA's objectives, yet, could have been more effectively distributed and used

OVERVIEW OF AWARDS



Note: Excludes two multisectoral HCIMA global awards reported in Obj 5 funding.

KEY RESULTS

- 72 percent of awards supported Clusters and coordination platforms
- 7,707 organizations used IM services of NGO HCIMA awards
- 9 awards: primarily to support United Nations Humanitarian Air Service (UNHAS) transport services centered in Ethiopia, South Sudan, and Nigeria
- 212,762 UNHAS passengers with 92 percent average satisfaction; 950 organizations served
- 30,855 Metric Tons of cargo shipped through Logistics Cluster

PROMISING PRACTICES (HCIMA)

- Innovations to better utilize secondary data (e.g., local media and social media) and adapting remote data collection methods
- Increasing joint and multi-sectoral assessments: 78 percent of the HCIMA awardees led, participated, or supported assessments
- Supporting Clusters with technical and cross-sectoral expertise
- Consolidating a shared evidence-base for advocacy such as around vaccines for vulnerable populations
- Expanding some coordination staffing and leadership at sub-national levels

PROGRAMMING CONSIDERATIONS

1. BHA's support for greater coherence within the humanitarian system such as funding joint assessments, sharing data, and multi-sectoral planning should be continued and strategically and transparently expanded. This includes donor support to strengthen OCHA's role in these components.
2. Continued donor support to the Cluster system is important but should be based on assessment of system and country-level gaps. Ongoing investments are needed to promote participation by local organizations and to strengthen sub-national mechanisms.
3. BHA should also increase funding to technical innovations of NGOs whose focus is data and information management.

Background

Effective humanitarian coordination and shared services are critical to ensure humanitarian actors work together efficiently to meet the needs of those impacted by crises. Humanitarian work requires real-time data and robust analysis to understand the needs of populations and prioritize assistance. To this end, BHA allocated about four percent of the Supplemental to Objective 4: HCIMA/ Logistics. This included multi-level plans to enhance logistics platforms and common services for the continuity of operations and improve humanitarian action with information management and coordination mechanisms.

HCIMA funding was distributed across 35 awards in 16 countries plus five global awards.¹ Over half (52%) went to awards in Africa. South Sudan received the most funding, followed by Syria. PIOs received more HCIMA awards (64%) than NGOs. Eight awards were stand-alone HCIMA; otherwise, HCIMA funds as a percentage of the multi-sectoral BHA awards ranged from less than one percent to 68 percent (average 17%). Further results on Logistics investments from the Supplemental are discussed in the Thematic I study. Objective 4 findings were developed by triangulating information from review of all available award reports, external grey literature, interviews with nine IPs (26% of HCIMA awards) and three BHA representatives.

Results: Including Key Drivers and Challenges

Note: Limited indicator results are reported for this sector. Table I in Annex E.4 provides the HCIMA indicator results for NGO awards. For PIOs, this funding was often added to other funding streams and with limited reporting on the sector, and there are no common indicators to aggregate.

Key Finding: The Cluster system was strengthened with country-level assistance but with mixed results at sub-national coordination levels. HCIMA funds went directly to support Clusters in 13 of 16 countries based on award reporting. More than 72 percent of awardees specifically reported support to Clusters' coordination, working groups, and other coordination platforms. BHA funded the HCIMA sector and clusters because data, digital technology, and humanitarian coordination can save lives. The evaluation finds the following key areas of support to coordination systems, through:

- Availability of improved data, information, and assessments
- Provision of technical assistance and expertise
- Consolidated evidence-base for advocacy
- Support to expand some coordination at sub-national levels

“The partners were out there, collecting data. [HCIMA] funds allowed us to get to places where partners were, re-establishing some of the rigor, ensuring standards, providing support, and making sure authorities were engaged.” IP KII OA

Clusters are heavily dependent on humanitarian actors to provide data and information, and despite many challenges and gaps, the Inter-Agency Standing Committee (IASC) Clusters played an important role in coordination at the global and country office levels during the pandemic (IAHE, 2022). This was critical due to movement and other restrictions, combined with the fragmented governance structures in some humanitarian contexts (IAHE, 2022; WHO, 2023). While Clusters bring their own technical expertise, they also rely heavily on the expertise of humanitarian actors in-country, which was particularly crucial for sector

¹ The OCHA award included five countries. Two multisectoral global awards were reviewed under Objective 5. It should be noted seven other HCIMA awards were masked by BHA, limiting in-depth review and interviews with these IPs.

responses to a novel disease, according to KIIs with IPs and BHA. HCIMA awards supported actors with strong technical expertise to support these platforms. In Niger, an IP worked with ten coordination bodies, including Clusters, on the agreed scope and indicators of a 2022 Multi-sectoral Needs Assessment. The supported Clusters also coordinated or participated in a variety of multi-sectoral and joint assessments according to KIIs and reports. Joint assessments with a strong methodology and transparent implementation are a way to reduce duplication, create a common understanding of needs, and build trust with crisis-affected communities.

Coordination platforms were also used to consolidate data and information to create a timely and reliable evidence-base critical for advocacy for vaccines and other issues. Award reports described how one coordination body in Syria used their joint information to advocate with authorities on issues ranging from border crossing closures to health facility support, and response to new conflict-driven displacement.

There is some evidence that the awards supported the expansion of coordination at sub-national levels, though with some mixed results around durability. Coordination systems at the national level are often removed from the specific coordination needs at sub-national levels, particularly in large responses, a challenge well documented; but the shift to virtual coordination during the pandemic allowed for wider participation (HygieneHub, 2023; IAHE, 2022). Humanitarian coordination is also heavily reliant on staff availability and not conducted in/nor translated to local languages, and thus, more difficult for meaningful participation by smaller or local NGOs (USAID READY, 2023; IAHE, 2022; WHO, 2023). According to IP interviews and reports, HCIMA funds were often used to support coordination platforms at the sub-national level. This allowed for coordination to be closer to the relevant populations, allowed for more decentralized decision-making, and created space for the participation of a wider range of local actors. For example, in South Sudan, IPs were supported to provide sub-cluster leadership and sub-national coordinator staffing support across various sectors. The Supplemental funded key humanitarian reporting that shows these sub-national structures supported during COVID-19 were often inadequate and with weak links established with the national mechanisms (WHO, 2023). More discussion of system-wide challenges affecting these results are provided in Annex E.4.

Key Finding: The awards supported improvements and innovations in IMA. Yet, gaps in OCHA's capacity to support effective coordination and planning during a global emergency, including data sharing mechanisms, limited the coherence of the pandemic response. Not only was data collection an issue in the first two years of the pandemic, but how data were shared, protected, and used became a central challenge within the HCIMA space (IAHE, 2022). In addition, inter-agency competition for funding exacerbates the tendency not to share data. The lack of a coherent "humanitarian data ecosystem" (Berens, J. et al, 2017) including minimum standards for data protection and ethical use, came into stark focus during this response (Bump, J. et al, 2021). Thus, the evaluation finds that any move in the direction of jointly gathering and sharing data should be considered one small step towards greater coherence. Humanitarian actors generally responded to the dearth of data in two ways depending on the country context: First, they relied more heavily on secondary data. Second, they found innovative ways to collect primary data.

The evaluation finds HCIMA supported better use of secondary and local data sources. One IP, whose primary mandate includes mining, analyzing, packaging, and disseminating existing sources of secondary data, said that the stakeholders receiving their information "often had no other sources of information than what we were providing." Another IP said they went back to their existing dataset and found untapped data that was used to develop their information products. Still another IP used BHA funds to create regional teams, comprised of staff from that region, to expand their ability to access secondary data and information in local languages. In addition, they broadened their data and information sources to include local media and social media. There were, however, concerns about secondary data usage. Data were rapidly expiring as knowledge of COVID-19 and its primary and secondary impacts evolved. IPs expressed concern that outdated secondary data were being used to project the likely impacts on affected populations, with very little new data coming in to inform the current situation.

The evaluation finds HCIMA also supported IPs to collect critical primary data despite challenges. As noted above, HCIMA funds encouraged joint assessments and multi-sectoral assessments, which reduced duplication. An estimated 78 percent of the HCIMA awardees led, participated in, or supported assessments, according to award reports. This was corroborated by more than half of awardees interviewed specifically discussing their roles in such assessments and the benefits in-country. These are notable as a contribution to the commitments of the Grand Bargain.² IPs often integrated new tools for remote data collection and monitoring such as through phones and other mapping techniques. IPs and BHA moved toward a “good enough” approach to use available or readily accessible data to make the best decisions at that time, approaches that are now more systematic and robust as a result of the pandemic; recognizing the limitations of excluding vulnerable groups (OCHA, 2021; IAHE, 2022).

“[HCIMA awardee] data feeds into our security analyses ahead of field missions. Sometimes, these security analyses can lead to a mission being cancelled or the itinerary being changed for security reasons.” ~IP KII MENAE

KIIs agreed that the Clusters did not adequately prioritize information management, data and analytics staff, tools, and deliverables to support the influx in information being processed. Given the multi-sectoral nature of the responses, another need that emerged was for IM staff that worked across clusters. KIIs noted a positive shift in recognizing the importance of IM overall for humanitarian response. Based on evidence and external literature, the evaluation finds it is unclear if existing IM gaps in staffing come from a lack of funding or a lack of will to prioritize these roles in the Cluster system (IASC, 2019; IAHE, 2022; WHO, 2023); nonetheless, the need is evident.

These challenges around collecting and sharing humanitarian information and data during the pandemic and prioritizing IMA have exposed weaknesses in the humanitarian coordination system and in OCHA's role. OCHA played a crucial role in coordinating the COVID-19 humanitarian response according to KIIs. It facilitated key meetings with Humanitarian Country Teams and Inter-Cluster groups, providing vital political negotiation where necessary, and it provided a platform for data consolidation (if data were available). Though evaluation evidence shows OCHA struggled to fulfill its mandate and was overwhelmed by the global emergency caused by the pandemic and its secondary effects. OCHA struggled due to inadequate resources for IM and technical roles, wide variation in country leadership capacities, and challenges in holding more powerful actors accountable to data sharing and coordination systems.

Key Finding: HCIMA funds were generally used in line with BHA's objectives, yet, could have been more effectively distributed and used. Overall, awardees used HCIMA funds in a way that met BHA's funding objective. These new ways of working have given humanitarian actors something to build on for future pandemics. The HCIMA global NGO awards were key to BHA's objective to improve humanitarian action through better data, timely needs analysis, information management services, and capacity building (ICVA, 2021). The evaluation finds that more NGOs with a clear IM mandate could have benefited from a larger share of the funds, particularly at country level. Funds directed to PIOs often supplemented existing programming or were used to top-up other sector funding, making it challenging for them to account for specific expenditure. Conversely, smaller actors as well as global NGOs particularly focused on data analysis and aiding humanitarian efforts and heavily relied on HCIMA funds. KIIs acknowledged the shortcomings of the current humanitarian coordination system and showed willingness and agility for new

2 Grand Bargain calls for needs assessments that are impartial, unbiased, comprehensive, context-sensitive, timely and up to date. The process must be coordinated, impartial, collaborative and fully transparent with a clear distinction between the analysis of data and the subsequent prioritization and decision-making. Independent reviews and evaluations can contribute to learning and improvement of practice. <https://interagencystandingcommittee.org/improve-joint-and-impartial-needs-assessments>

approaches. In addition, despite HCIMA forming a core objective of the funding, it is unclear how funding allocation decisions were made. Neither BHA COVID-19 emergency guidance nor internal funding criteria address HCIMA sector priorities. KIs reveal that HCIMA allocation was based on ad hoc requests rather than assessment of optimal and strategic global usage. The evaluation finds that enhanced transparency combined with stronger sector indicators and reporting³ could have diversified access to HCIMA across actors, fostering more innovative proposals and maximizing funding impact.

Programming Considerations

1. BHA's work towards greater coherence within the humanitarian system through funding joint assessments and multi-sectoral planning, data and information sharing, and harmonizing activities should be continued and strategically expanded. This includes increased transparency in HCIMA sector allocation decisions. Donor support is needed to strengthen OCHA's role in ensuring appropriate data protections and inter-agency data sharing mechanisms are in place before the next global emergency.
2. A strengthened Cluster system will help the push towards coherence, and continued donor support is important but should be based on assessment of system gaps for strategic allocation of country-level funding. In addition, BHA can further USAID's localization agenda (USAID, 2023) by earmarking funds for addressing issues that prevent local organizations from actively participating in the Cluster system and strengthening sub-national mechanisms.
3. For innovation, analysis, and cost-effective HCIMA results, BHA should increase funding to the nimble and creative technical NGOs whose focus is data and information management.

³ This is discussed in the BHA FY 2020 COVID-19 Supplemental Evaluation including a corresponding recommendation. This evaluation continues to agree with the previous findings around strengthening HCIMA reporting.

OBJECTIVE 5

Improve and Strengthen Humanitarian Architecture to Support Scale-up of Infectious Disease Response Capacity

Sub-Objective 5.1: Support humanitarian system and sector capacities to coordinate and respond to pandemics (Sub-Objective 5.2 not included in evaluation scope as the funding includes this evaluation)

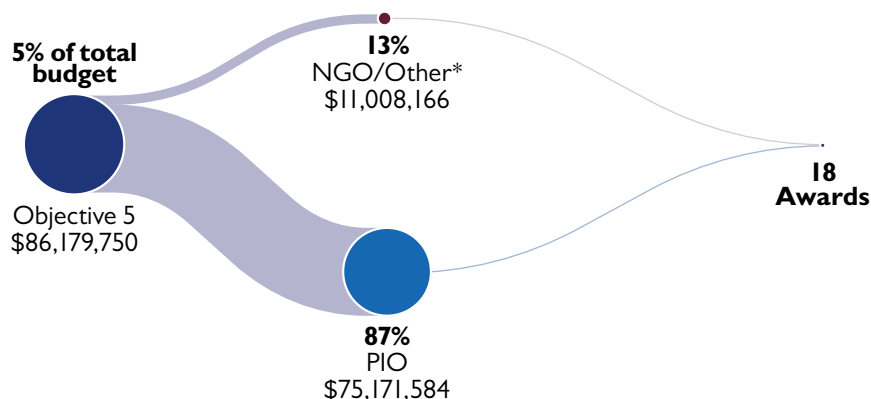
Sectors: Global awards for Health, Protection, Humanitarian Policy, Studies, Analysis, or Applications (HPSAA), Humanitarian Coordination, Information Management, and Assessments (HCIMA), and Nutrition

KEY FINDINGS

- Objective 5 funded documentation of lessons and case studies from the pandemic and award activities (6 awards produced 9 lessons learned reports and 44 case studies)
- Substantial global-level funding allowed some IPs to assume credible leadership roles as hubs of coordination and technical leaders in their respective sectors
- Building capacity in a short time-period proved difficult for global awards: 82 percent of awards received extensions
- Many IPs remain reliant on BHA funding to continue program operations that were started or expanded from the Supplemental

Note: Thematic 1 study builds on the findings of this objective.

OVERVIEW OF AWARDS



World Health Organization (WHO) was the top recipient for Objective 5

11 Global Awards were primarily investigated for this objective

*Other includes Obj 5.2 university and research awards (including this evaluation)

KEY CAPACITIES



Vaccine Capacity
2 Awards



RCCE/CEA/AAP
2 Awards



Situation/Service Monitoring
2 Awards



Surge Capacity
6 Awards



Medical Supply Chain
3 Awards



Training/Skill Building
9 Awards

PROMISING PRACTICES

- Global awards built surge and rapid response capacities for key sub-sector areas related to the impacts of the pandemic, including: Community Engagement and Accountability (CEA)/Accountability to Affected Populations (AAP), Gender Based Violence (GBV), Sexual and Reproductive Health (SRH), Mental Health and Psychosocial Support (MHPSS), and Nutrition
- Online and virtual modalities provided a platform for training and building capacities worldwide
- Translation of work products into multiple languages, with considerations for reading levels and accessibility, expanded access to key knowledge

PROGRAMMING CONSIDERATIONS

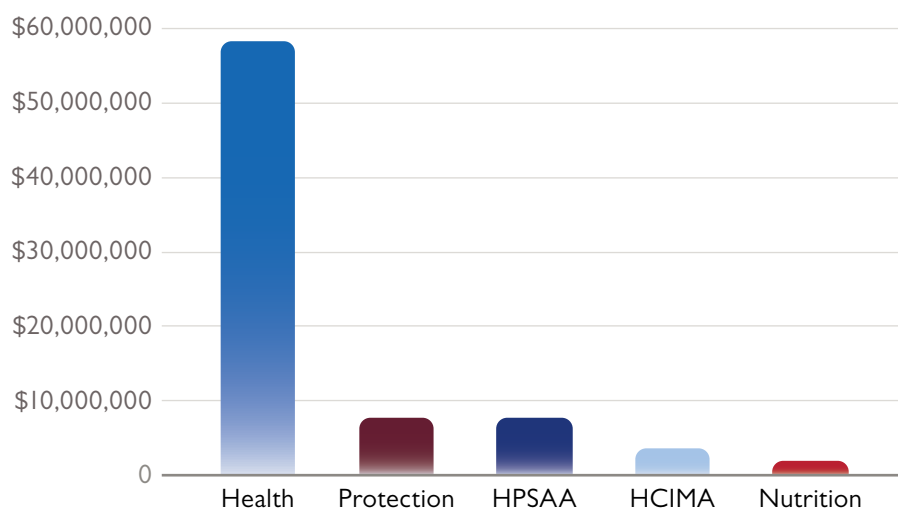
- BHA, in coordination with Bureau for Global Health, Centers for Disease Control and Prevention (CDC) and other major donors, should be prepared to inject additional funding towards this objective by developing a clear map of the capacity gaps in the international architecture and creating a strategic plan with outcome measures.
- BHA should work closely with Bureau for Global Health and CDC to ensure that investments by these organizations are synergistic and appropriate to the mission and structure of these organizations.
- BHA should work with IPs to develop clear outcome measures for multisectoral pandemic preparedness and response capacities and include them in concept note requirements.

Background

In 2014, the Global Health Security Agenda (GHSA) was developed to support progress and metrics for the 2005 International Health Regulation (IHR) (CDC, 2022). Despite this agenda and others designed for pandemic preparedness, the world was not ready for the COVID-19 pandemic (Frutos et al., 2021). It is widely agreed that additional widespread health emergencies will continue to occur in coming years (Meadows et al., 2023). The pandemic has spurred momentum for enhanced policies and investments in pandemic preparedness and response. Allocated in the second year of the pandemic, Objective 5 funding allowed global partners to build capacity in areas identified as weak during the initial onset of the pandemic, combat some of the lasting effects, among other achievements.

Objective 5 funding was primarily distributed across 11 global awards.¹ PIOs received 92 percent of the objective funding. The global awards span five sectors (Figure 8).² Three awards were multi-sectoral. The Health sector was the main focus of Objective 5, centered around building global and regional capacity for health emergencies and improving RCCE/CEA in humanitarian settings. Protection funding for global awards covered multiple aspects of the sector, including MHPSS, GBV, SRH, and Child Protection/Education. Humanitarian Policy, Studies, Analysis, or Applications (HPSAA) awards varied widely, from boosting training for outbreak response, to improving global coordination capacity and humanitarian situation monitoring. The singular Nutrition award focused on building technical capacity, research, and support for nutrition in emergencies. A review of award reports revealed that while all awards supported individual countries in some manner, four awards targeted country-level programming at a high level through implementing activities and training. The main primary data sources used for Objective 5 include over 20 KIs with global award IPs and BHA managers (over 30 respondents).

Figure 8. Obj 5 Funding by Sector



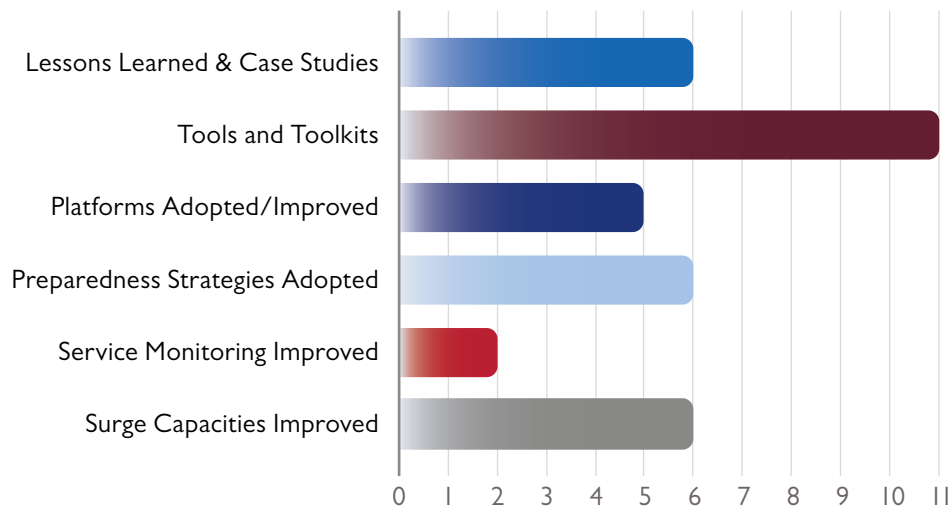
¹ For evaluation purposes, Objective 5 awards include 11 Global PIO and NGO awards which are not-solely designated under the HCIMA sector. Awards were selected via a review of global award alignment with the objective. While country level awards may have also supported pandemic capacities, this section of the brief focuses on the global level awards given the objective's humanitarian architecture emphasis.

² Evidence for the two Objective 5 HCIMA Awards overlaps with evidence used for the Objective 4 brief. Additionally, evidence for the Protection Award overlaps with evidence used for the Objective 3 brief.

Indicator Results (Outputs)

Key Finding: Obj 5 awards excelled at documenting key learning from COVID-19 and developing shared tools for global humanitarian actors: Given the multisectoral and new-to-BHA nature of the objective, indicators were not consistent across award reports. However, a review of final reports revealed that four of five completed awards met indicator targets, the remaining six ending in 2024 were making progress towards completing most targets.³ Through content analysis of award reports, key outputs related to humanitarian architecture and infectious disease preparedness and response capacity were identified (Figure 9). Collectively, six awards produced nine lessons learned reports and 44 case studies on COVID-19 and program implementation.⁴ All awards designed tools and toolkits, which served to support many targets including preparedness planning, to measure community trust and capacities, etc. Four awards built platforms, which facilitated virtual safe spaces, electronic referrals for GBV survivors, and information sharing with key partners. Six awards created new strategies and/or standard operating procedures that facilitated greater preparedness. Additionally, six awards sought to build or improve rapid response and/or surge capacity within respective sectors.

Figure 9. Obj 5 Indicators by Number of Awards



Outcomes and Key Drivers

Key Finding: Global awards were successful in meeting their objectives, however many awards lacked key outcome level indicator measurements. Interviewees across the awards stated that the funding allowed them to perform, expand, and scale-up program operations. Some interviewees mentioned that success led to greater levels of regional and country level investment and expansion of programs. Examples include implementation of guidance on MHPSS as country-level policies, nationwide expansion of the use of e-referral pathways for GBV, expansion of emergency education needs assessment capacities, and regional investment in the continued implementation of humanitarian leadership training. Many awards also made workforce improvements through training and filling gaps in key response positions. Outcomes in coordination include greater collaboration with partners on provision of services and technical support for humanitarian settings at all levels, including global, regional, country, and local. While most IP KIs indicated outcome level success, the majority of reported indicators are highly output focused. Some BHA award managers also had difficulty commenting on the tangible outcomes of the funded programs.

³ One award does not report traditional indicator data. Funding is based on milestones.

⁴ Outputs will likely increase as awards continue to finish.

“I think it was a huge opportunity to really inject capacity, and get us to think differently, and to apply what we had learned in COVID-19.” ~ IP KII Global

Key Finding: Obj 5 allowed IPs to strengthen a wide array of preparedness and response capacities across sectors. Eight awards sought to improve organizational or governmental capacity within their technical sector. Two awards built logistics and/or supply chain capabilities for epidemics and two augmented needs assessment capacities. There were also two awards which addressed RCCE/AAP/CEA. The nutrition award provided immediate help desk, surge support, and learning reports during the pandemic. Two awards that began in 2021 provided guidance on vaccine implementation in humanitarian settings and building community trust. KIs found that substantial funds allowed WHO and IFRC to assume credible roles as hubs of coordination and technical leaders. The WHO Country Business Model has started building staffing capacity among Priority 1 humanitarian countries and standardized WHO regional/country appeals.

Box 6. RCCE Collective Service Impact Study (IFRC et al., 2023)

The RCCE Collective Service was established in June 2020 to build collaboration between IFRC, UNICEF, WHO for the COVID-19 response.⁵ The BHA-funded impact evaluation provides insights on the impact of the program and implications for the future of the service. This study found that the service was successful in providing coordination and technical guidance for RCCE. However, a key theme is that the continuation of the service will require renewed vision and support. Potential future avenues included expanding the scope of the services to work on developing country-level capacities for RCCE preparedness and implementation, continued use of the service to respond to public health emergencies, or continued RCCE coordination at the regional level with support from individual partners outside of the formal collective service.

Promising Practices

Obj 5 bolstered coordination during the pandemic for surge and response capacity in the areas including CEA/AAP, GBV/SRH, MHPSS, and Nutrition. Though there was little indication that the coordination structures strengthened would be mobilized to respond to new threats. The development and deployment of digital technologies was also a key practice, including through remote and online training, remote situation monitoring, and information sharing of key sector knowledge to individuals worldwide, which is consistent with findings from the COVID Big Picture Reflection Lessons Learned Report (2024). For example, online MHPSS resources for COVID-19 (including toolkits, storybooks, etc.) reached an estimated 4.5 million readers, and the provision and improvement of Virtual Safe Spaces for multiple countries allowed for women to safely access culturally appropriate information about SRH and GBV. Translation of program tools into multiple languages, with considerations for reading levels and accessibility concerns in mind expanded access to key knowledge in program areas. In the area of community engagement and RCCE, two awards, though not explicitly designed that way, resulted in complementary approaches to bottom up and top-down capacity enhancements. One award worked with local and country-level partners to build trust for vaccine implementation, while the other focused on building global coordination and capacity through the provision of technical assistance, surge capacity, and guidance for collective feedback (Box 6).

⁵ Activities were funded by the Bill and Melinda Gates Foundation

Challenges and Durability

Key Finding: The short-term nature of funding led to difficulties in executing programs within proposed timeframes. One key challenge among program implementation was the short-term nature of the funding. Eighty-two percent of awards received extensions, pushing end dates into 2023 and 2024. Additional challenges mentioned in award reports and KIIs included delays due to hiring bureaucracy, difficulties hiring technical experts with appropriate expertise and language skills, and conflict or insecurity interfering with implementation.

Evidence related to the durability of infectious disease response capacities developed was mixed. While IPs felt that some capacities would be sustained, viewpoints from BHA and information related to financing and staffing indicated that sustainability of some aspects could be a challenge. Although all awardees that were interviewed indicated that their programs included durable components that will last after the funding ended. Types of durability mentioned included improvements in workforce training and readiness, continued provision of services, greater capacity to leverage funding for future projects, and the continued availability of tools, technical briefs, trainings, and job aids for use in future crises. However, BHA KIIs had varied points of view on program durability, some noting the programs remain reliant on continued BHA financial investments. This was echoed by half of IP KIIs that stated that they will remain highly reliant on BHA funding after the Supplemental ends.

“There is absolutely no alternative donor in the pipeline to fund the [program].” ~ IP KII Global

Programming Considerations

1. BHA/USAID, in coordination with Bureau for Global Health, CDC and other major donors, should be prepared to inject additional funding towards improving and strengthening humanitarian architecture to support scale-up of infectious disease response capacity by developing a clear map of the gaps in the international architecture and creating a strategic plan. This capacity map can guide investments that are outcome oriented (specific capacities to be developed and means of verification). Multi-year funding will be required.
2. BHA should work closely with Bureau for Global Health and CDC to ensure that investments by these organizations are synergistic and appropriate to the Mission and structure of these organizations. For example, Bureau for Global Health emphasizes the development of health systems, CDC has excellent and deep technical expertise, BHA can act rapidly and has substantial field experience in complex humanitarian emergencies.
3. BHA should work with IPs to develop clear outcome measures for multisectoral pandemic preparedness and response capacities and include them in concept note requirements. Outcomes should articulate the capacities that are needed such as IPC, surveillance systems, laboratory capacity, supply management systems, community engagement, as well as protection and nutrition secondary effects.. The sustainability of these capacities also should be addressed.

Efficiency/Timeliness

Key Finding: Partners faced various challenges implementing the Supplemental awards, with the most common delays and difficulties related to IP internal procedures followed by supply chain and procurement issues. (Table 5). This evidence comes from 120 excerpts across 33 KIIs with IPs and BHA activity managers and aligns with data from the IP e-survey. Internal IP procedural hurdles that impeded efficiency in implementation ranged from slow processes for grant start-up to inconsistent decision-making by program leadership. Similar to the FY 2020 programming, IPs also struggled with adequate human resources.

Additionally, the pandemic introduced multifaceted and novel challenges on a global scale that continued for years. These difficulties impacted resource availability, the prices of goods, disrupting medical and food commodity supply chains, and impeding or delaying standard procurement processes across sectors.

Key Finding: BHA requirements were less a factor in FY 2021 and conflict settings a larger hindrance to programming, as compared to FY 2020. Some delays were linked to BHA requirements and procedures, such as around pharmaceutical procurement, but this is not a key factor as it was in FY 2020. More than in the first year of the pandemic, IPs perceived challenges of complex emergency settings as affecting their implementation in FY 2021-2022, with conflict and insecurity leading to restricted access, high staff turnover, and obstacles building trust and capacity within communities.

Table 5. KII themes on reasons for delays by salience

Top factors hindering timely implementation	Mentions
IP internal procedures	26
IP capacity and/or personnel limitations	22
Procurement	16
Conflict-induced challenges	15
BHA requirements	15
COVID-19 protocols/restrictions	15

“Delay in procurement was one of the main challenges that we faced. During COVID-19 the supply chain management was disrupted and there was no way to purchase medicines as usual or equipment and supplies” - IP KII MENAE

Responses from the IP e-survey (n=78) echoed obstacles related to timely and efficient implementation. One-third (32%) reported encountering no major obstacles, while the remaining IPs discussed key themes aligning with the KII analysis. These included COVID-19 restrictions, increased prices for goods, and supply chain scarcity.

Key Finding: Factors facilitating efficient implementation mirror those from FY 2020. BHA support was identified as the most prominent enabling factor across KIIs. Working relationships with local actors was another common facilitating factor, in building capacity with municipal authorities, having preexisting relationships with the community, and building partnerships (consortium) with national organizations or health partners (i.e., Ministries of Health, MOH). See Box 7.

Box 7. Factors facilitating efficient implementation:

- BHA support and flexibility: technical, operational, and for coordination
- Relationships with local actors
- Use of technology, new virtual platforms
- Existing infrastructure and pre-positioned assets and supplies

“BHA is truly a partner in how we work together. And they’re not only a partner in terms of how you can come to them with the challenge, but they also have technical people who can add another head to the table...” – IP KII OA

Key Finding: Coordination and capacity building with government partners emerged as critical to the success of the COVID-19 response and humanitarian programming, an area for which some IPs desire more guidance. Governments are the duty bearers for disaster response, and while fragile or fragmented, play a critical role in many humanitarian contexts. Others, including the UN, and international and local actors provide support to the efforts to respond. During the COVID-19 response, the IASC Clusters played an important role in coordination at the global and country office levels, even though there were gaps and challenges (see Objective 4). The responses varied by country but provide learning for BHA and IPs. Across the IP e-survey responses on key challenges and successes of the awards, just three IP respondents described impediments from coordinating with local/national authorities, while 16 IP respondents described the importance of collaborating with government partners such as for RCCE, identifying needs, and health system supports. Some IPs asked for more guidance from BHA on this theme. The success of coordination for the COVID-19 responses was often tied to the effectiveness of governance in-country. As a relevant and timely learning from COVID-19 responses, Thematic 1 study covers this topic.

4. CONCLUSION

Here we presented high-level findings across each of the BHA Funding Objectives for the FY 2021 COVID-19 Supplemental. Across objectives, there were several areas of overlap between key findings and programming considerations. Those are outlined here. Note: Brief 3 details high-level conclusions and recommendations on the FY 2021 Supplemental's performance (see Box 8).

Cross-objective key findings included:

- Maintaining and re-establishing services across sectors helped lessen the direct and indirect impacts of the COVID-19 pandemic.
- Many contexts experienced covariate shocks and in some cases, COVID-19 was not the most pressing concern but exacerbated humanitarian populations' vulnerability.
- The sustainability of the investments and results documented here are a key concern across sectors.
- BHA provided a high level of flexibility to IPs to rapidly adapt to evolving needs and contexts (e.g., Ukraine, Mozambique), including reaching novel populations.

Cross-objective programming considerations included:

1. Greater coherence within the humanitarian system (e.g., data sharing, etc.) and multisectoral activity layering are conduits for sustainability/durability, identification of vulnerable populations, and better overall response.
2. Engaging local government and populations for capacity building and coordination is critical for durability.
3. Remote modalities offer promising solutions to meeting hard-to-reach populations.
4. Populations novel to some IPs, including refugees, LGBTQIA+, urban, and indigenous groups greatly benefitted from activities from the Supplemental and should be prioritized by BHA and IPs.

Box 8. Check out the other deliverables of this COVID-19 evaluation series:

- **Performance Evaluation Brief 1 (internal to BHA)—Funding design and management.** Addressing Evaluation Question 1: How did BHA manage the FY 2021 COVID-19 Supplemental assistance to ensure relevance, efficiency, and timeliness, and what are key shifts from the FY 2020 to FY 2021?
- **Performance Evaluation Brief 3—High-level conclusions on performance.** Addressing Evaluation Question 3: To what extent did the funding meet BHA's Goal to address the humanitarian needs of the most vulnerable populations arising from the COVID-19 pandemic? (includes overall recommendations)
- **Thematic 1 Evaluation Report:** Pandemic preparedness capacities in humanitarian settings
- **Thematic 2 Evaluation Report:** Lessons on BHA surge funding

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