

# COVID-19 PERFORMANCE EVALUATION

The Epilogue is The Prologue



## EVALUATION QUESTION 3 BRIEF

### High-level conclusions for the USAID/BHA FY 2021 COVID-19 Performance Evaluation

This brief is part of a series evaluating the performance of the BHA FY 2021 COVID-19 Supplemental assistance. This **Performance Evaluation Brief 3 is one in a three-part series** of evaluation results for the BHA FY 2021 COVID-19 Supplemental assistance (hereafter: the Supplemental). 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). This document answers the overarching question “To what extent did the funding meet BHA’s Goal: to address the humanitarian needs of the most vulnerable populations arising from and/or exacerbated by the COVID-19 pandemic?” This is addressed by determining the extent that the funding objectives (obj.) and sub-objectives were achieved based on determination criteria provided in Table 1. The high-level conclusions and recommendations are drawn from the evidence, key findings, and results presented in Brief 1 (internal to BHA) and Brief 2 (see Box 1 for all deliverables).

# OVERALL CONCLUSIONS

**Achievement:** The Performance Evaluation concludes the funding goal was mostly met, with the highest funded sectors largely meeting their funding objectives (1.2 primary health/nutrition services, and 2.1a emergency food assistance, representing 75 percent of the funding) (Table 1). The remaining sub-objectives were mostly or partially met. The lowest achievement for emergency livelihoods (referred to here as Obj 2.1b) was due to the lack of award focus and funding for this area. The Supplemental addressed the direct and indirect effects of the COVID-19 pandemic, with important achievements across the funding objectives (see Brief 2). The importance of timely and efficient award allocation resulted in heavy reliance on Public International Organizations (PIOs), which had inherent trade-offs for accountability. The coherence of the BHA-funded response around a global funding strategy can also be improved for future global emergencies (Brief 1 - internal to BHA).

Obj 1.1: Health, Water, Sanitation, Hygiene (WASH), Shelter	Partially met
Obj 1.2: Health, Nutrition services	Mostly met
Obj 2.1a: Food Assistance (FA)	Mostly met
Obj 2.1b: Livelihoods	Minimally met
Obj 3.1: Protection	Mostly met
Obj 3.2: Protection mainstreaming	Partially met
Obj 4.1: Logistics	Partially met
Obj 4.2: Humanitarian Coordination, Info Management, Assessments (HCIMA)	Partially met
Obj 5.1: Global pandemic capacity	Partially met

### Determination Criteria for Meeting Performance Evaluation Objectives

Not Met	Minimally Met	Partially Met	Mostly Met	Entirely Met
Insufficient evidence of progress, did not adequately address objective as stated	Minimal evidence of progress, minimally addressed objective as stated	Some evidence of progress, some evidence of addressing objective as stated	Good evidence of progress, good evidence of addressing objective as stated	Complete evidence of progress, complete evidence of addressing objective as stated

**Attribution and key approaches according to IPs:** Implementing Partner (IPs) in Key Informant Interviews (KIIs) stressed the importance of the funding to accomplish award objectives, many attributing key achievements to this additional funding. Most IPs indicated that it was essential for achieving impacts with their programming in FY 2021-2022, and/or that the award helped expand and support ongoing services. BHA's flexibility was critically important for IPs to adaptively manage in order to reach more vulnerable populations, respond to new and covariate shocks, and provide assistance relevant and timely to needs. The COVID-19 response shifted the mindset of humanitarian partners around what can be achieved in terms of durability or sustainability of results and capacity building, even in areas with immense fragility. BHA and IPs could better leverage Supplementals to promote recovery efforts and reduce vulnerability to future shocks, including future outbreaks or pandemics. Intensive community engagement, reliance on trusted local partners, and the need to coordinate with and strengthen local government capacities also emerged as approaches that were fundamental to achievements.

The COVID-19 response presented a critical inflection point where rapid deployment of humanitarian interventions yielded key insights for future global emergency response, especially in humanitarian contexts; these lessons have been outlined in additional studies by this evaluation. The Thematic 1 study highlights the future pandemic preparedness capacities and gaps at different levels identified through the COVID-19 response. The Thematic 2 study outlines the impacts of surge funding on BHA, partners, and communities, including insufficient scale-down and recovery planning, providing a framework for future surge funding decisions. See Box 1 for the links to these studies.

# CONCLUSIONS BY OBJECTIVE

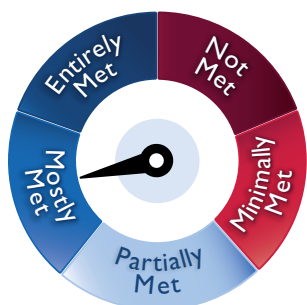
## Objective 1: Support and Strengthen the Public Health Response



### **1.1: Mitigate COVID-19 transmission, including through risk communication and community engagement (RCCE), and infection prevention and control (IPC)**

**Sub-Objective 1.1 was partially met.** Community knowledge and behavior change were associated with perceptions of reduced COVID-19 transmission (i.e., from qualitative interviews and NGO award data on participant recall of IPC protective measures and instances for hand washing). Yet, RCCE target achievement was low and WASH indicator achievement mixed. There was also insufficient COVID-19 transmission data in the operational contexts to fully support this association. However, qualitative evidence supported that RCCE, IPC, Shelter, WASH, and behavior

change interventions prevented the spread of various diseases such as Cholera or diarrheal diseases. Trained health workers reported improved competency implementing IPC guidelines. This suggests that some level of transmission and morbidity may have been prevented for COVID-19 and other diseases.



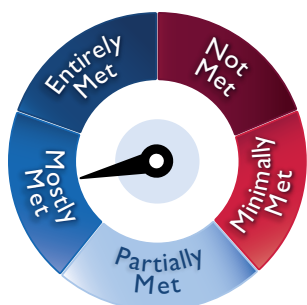
### **1.2: Maintain primary/community level healthcare and child nutrition services**

**Sub-Objective 1.2 was mostly met.** Maintaining or resuming primary healthcare was critically important in FY 2021. Where primary health and nutrition services were available or expanded, there was evidence of increased utilization of services and intensive community engagement leading to positive health and nutrition outcomes. Other impactful services included community management of acute malnutrition programs and use of family mid-upper arm circumference, integration of health/nutrition/protection services at health facilities, and uptake of COVID-19 vaccines along with routine immunizations. IPs' adaptations of basic services were crucial for

success and to reach isolated populations, such as through mobile units or new triage processes in health facilities, and health worker capacity building and support was another critical driver. PIOs played a key role in supporting weak public systems with wide reach. In many cases, these results will only be sustained through ongoing support by BHA to ensure ongoing access to basic health and nutrition services, including adequate staffing and supplies.

*“The BHA grant enabled us to provide the human resources to revitalize and, in some cases, develop from scratch primary healthcare. So, this is it in the targeted area.” – IP KII Office of Africa (OA) BHA Region*

## Objective 2: Prevent Famine and Mitigate Severe Food Insecurity



### **2.1a: Provide emergency food, and/or nutrition security programming for needs exacerbated by pandemic effects**

**Sub-Objective 2.1a was mostly met** for mitigating severe food insecurity impacts in the short-term preventing deterioration into famine, with many examples of consumption smoothing. In some countries, severe food insecurity as a secondary impact of COVID-19 and/or other complex emergencies was so widespread that food assistance could only prevent the situation from worsening but did not result in overall improvement (e.g., Yemen, Syria). Allocation of the Supplemental awards largely aligned with contexts that had severe food insecurity. Cash modalities

were crucial for meeting immediate needs because they could be used to cover food and sometimes non-food expenses (e.g., debts accumulated during COVID-19, rent, school fees). Pre-existing digital services and infrastructure and other mobile money modalities were critical for expanding coverage to populations in need. Targeting urban populations was particularly important to respond to the vulnerabilities that arose from COVID-19 closures and market deficits. The magnitude of funds allocated to this objective and overreliance on World Food Programme (WFP) for rapidly programming emergency food assistance resulted in overextension in some locations, limited nutrition security activities, and insufficient transparency that limited accountability. The evaluation team has demonstrated the potential for improved BHA monitoring of WFP food security outcomes with available data.



### 2.1b: Provide dedicated livelihoods programming for needs exacerbated by pandemic effects

*Note: Sub-objective 2.1 was assessed separately for food assistance (2.1a) and livelihoods (2.1b) components as they differ significantly in proportion of Objective 2 funding and by partner type.*

**Sub-Objective 2.1b was minimally met** for achieving livelihood recovery needs. There were mixed results for WFP country programs that were able to use the funding for livelihoods objectives. When cash could be provided in lump sums for multiple months, household livelihood recovery had more potential for success. NGOs were effective partners for livelihood recovery, but the small amount of funding in relation to need limited the impacts.

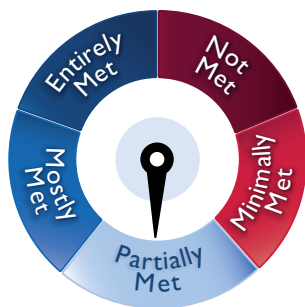
## Objective 3: Provide Protection



### 3.1: Increase access to protection services

**Sub-Objective 3.1 was mostly met.** The Supplemental was critical for increasing access to dedicated protection services. BHA KIIs reported that the focus on gender-based violence (GBV) was strategic given the overwhelming evidence that violence against women and girls was the 'shadow pandemic.' GBV referral and/or programming was incorporated into almost every protection award, highlighting the perceived importance during the award design process. Participants and IPs alike often indicated that services were 'life saving.' The Supplemental also increased child protection referral pathways, established safe spaces (including well-designed virtual safe spaces), and improved access to mental health and psychosocial support (MHPSS) services.

*"I don't think that we would have the virtual safe space [without the funding]." – IP KII OA*

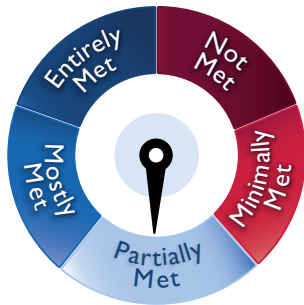


### 3.2: All programming must address COVID-19-specific gender and protection issues

**Sub-Objective 3.2 was partially met.** There were high levels of protection mainstreaming across Supplemental awards, in particular for multi-sectoral activities for women and children. Given the age- and isolation-specific vulnerabilities of COVID-19, one oversight across award design was the lack of focus on older populations and people living with disabilities, who were at high risk for both infection and the social and economic pandemic consequences. Accountability to Affected Populations or Community Engagement and Accountability was mixed, with

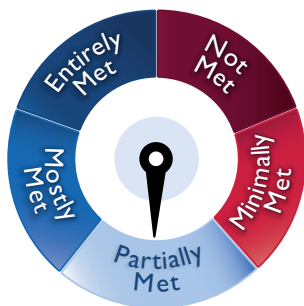
important focus through global awards (Obj 5), among others. Yet, in some country contexts, adequate systems were not in place or participants were unaware of reporting mechanisms, which are of particular importance for surge funding situations with new/expanded and short-term activities.

## Objective 4: Strengthen Humanitarian Operations and Coordination



### 4.1: Enhance logistics platforms and common services (including United Nations Humanitarian Air Service, UNHAS)

**Sub-Objective 4.1 was partially met.** Logistics funding primarily supported the key UNHAS hubs of BHA Africa region. According to IP and BHA KIs, they are a competent and reliable logistics partner. The awards were provided ad hoc based on country or regional requests and not aligned with a BHA Logistics overall strategy for improving this service. Medical logistics capacities are discussed further in the Thematic I study.

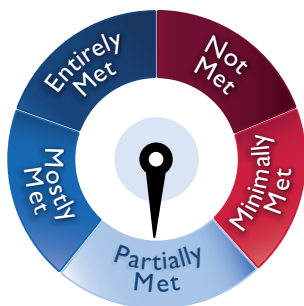


### 4.2: Improve humanitarian information management and coordination services

**Sub-Objective 4.2 was partially met.** Coordination achievements centered around supporting sub-national coordination, though with significant remaining gaps. Innovations and success in the information management and joint assessments components were particularly important. Global NGO awards were most cost-effective. Donor support is needed to strengthen the United Nations Office for the Coordination of Humanitarian Affairs (OCHA's) role in ensuring appropriate data protections and inter-agency data sharing mechanisms are in place before the next global emergency. Yet, similar to

logistics, the BHA strategy for HCIMA funds was ad hoc. There was also limited coordination within BHA among the HCIMA awards and the Objective 5 global awards that were both supporting humanitarian architecture, including cluster systems.

## Objective 5: Improve and Strengthen Humanitarian Architecture to Support Scale-up of Infectious Disease Response Capacity<sup>1</sup>



### 5.1: Support humanitarian system and sector capacities to coordinate and respond to pandemics

**Sub-Objective 5.1 was partially met.** The global awards supported key training, lessons and toolkit development, and cluster/technical surge capacities, among other results during the pandemic for Health (including RCCE and Community Engagement and Accountability, CEA), Nutrition, and to a lesser extent, Protection sectors. Although substantial resources from the Supplemental were dedicated to improving the readiness and preparedness of the humanitarian system and key PIOs, there are concerns about sustainability. Most of the humanitarian architecture supported was

entirely dependent on BHA resources for continuity. Coordination between BHA, Bureau of Global Health, and other US agencies around the funding strategy would have allowed for more strategic programming with sufficient technical support.

*“All the help was good, but the main thing was what was given for access to medicine and food, which was what we needed at that time.” – Honduras focus group participants*

*“We received messages through mobile medical teams and awareness sessions in schools, and it was very satisfactory.” – Syria focus group participants*

<sup>1</sup> Sub 5.2 was not included in the evaluation scope because it primarily included evaluation awards implemented by this ET.



# RECOMMENDATIONS

The following overall recommendations build upon the BHA FY 2020 COVID-19 Evaluation, see the FY 2020 summary recommendations in Annex F.

- 1. BHA Global Leadership Capacity:** BHA Front Office should develop strategic leadership capacity by encouraging participation and experiences in cross-agency, cross-sector coordination (Brief 1). This would ensure BHA has personnel to participate in inter-agency roles for future global emergencies, equipped to understand multi-sectoral strategy, and support humanitarian-development-peace (HDP) nexus programming. This includes headquarters and country level staff. Another aspect of this at award level is the need for consistent award management, which enables more engaged and strategic activity planning and implementation with IPs; staff rotations during surge funding periods should be reviewed to minimize award manager turnover.
- 2. Real-time Improved M&E Strategies:** BHA Division Leadership should consider the appropriate approach to promote coherence across BHA divisions toward a common goal or agreed impacts (Brief 1). Building on the FY 2020 COVID-19 M&E Recommendation #5, this should include:
  - a. Preparation to launch real-time evaluation at the start of major funding surges to enable real-time monitoring of indicators and promising practices and mitigate recall bias;
  - b. Real-time mechanisms for learning internally and with partners around the funding strategies (externally facilitated);
  - c. Simplification of current indicator and data management systems to support decision making; and
  - d. Continued negotiation of PIO reporting requirements to ensure accountability.
- 3. Sustaining Results is BHA's Business in Protracted Crises:** BHA emergency assistance guidance should include more focus on plans/systems in place to protect investments, and guidance should be consistent across humanitarian contexts—necessitating a BHA-wide strategy to shift this focus (Brief 1/Brief 2 and Thematic 2 study).
  - a. BHA guidance should consider early recovery wherever possible, and BHA should be proactive in identifying HDP opportunities in-country.
  - b. IPs should improve long-term planning in protracted crises to manage and layer humanitarian and other funding streams to ensure maintenance of what has been built, including local systems and relationships.
- 4. The Role of Humanitarian Funding for Capacity Building:** Effective community-led responses are critical to impact, especially for global health threats, and capacity building objectives should be incorporated into ongoing IDA (Brief 2 and Thematic 1 study), this includes:
  - a. BHA should provide clear and consistent guidance on how IPs (NGOs and PIOs) can engage with local government and system support even in failed and fragile states with the necessary accountability. This includes investing in country and local coordination structures (see FY 2020 COVID-19 Localization Recommendation #3 and Coordination Recommendation #2).
  - b. BHA, Bureau of Global Health, and Centers for Disease Control and Prevention (CDC) should develop a strategy and approach for strengthening the pandemic preparedness capacity of international humanitarian architecture. Focused and long-term funding is needed to achieve these capacities.

**5. Ensure Ongoing Use of Pandemic Innovations:** Consistent with other USAID [COVID-19 Lessons](#), some successful innovations that should continue to be supported:

- a. Technological innovations to be ready for quick response (e.g., mobile wallets, mobile applications), including infrastructure required to leverage technological solutions for reaching isolated/conflict-affected populations (e.g., BHA facilitating investments in satellites/cell towers that enable cash and voucher programming) (Brief 2).
- b. Adaptive management of BHA coordination funding allocation mechanisms (e.g., BHA Budget Evaluation Team) (Brief 1).

**Box 1. 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 2— Results by objective and sector.** Addressing Evaluation Question 2: 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?
- **Thematic 1 Evaluation Report:** Pandemic preparedness capacities in humanitarian settings
- **Thematic 2 Evaluation Report:** Lessons on BHA surge funding

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**CONTACT:**

Maryada Vallet, [maryada@tangointernational.com](mailto:maryada@tangointernational.com)

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**PHOTO CREDITS:**

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