

UNITED STATES AGENCY FOR INTERNATIONAL
DEVELOPMENT BUREAU FOR HUMANITARIAN
ASSISTANCE (USAID/BHA) COVID-19 EVALUATION

**THEMATIC EVALUATION STUDY 2:
LESSONS ON BHA
SURGE FUNDING**



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ACRONYMS

ACRONYM	DESCRIPTION
AOR	Agreement Officer's Representative
BET	BHA Budget Evaluation Team
BHA	Bureau for Humanitarian Assistance
CHW	Community Health Worker
ER4	Early Recovery, Risk Reduction, and Resilience
ESF	Economic Support Fund
ET	Evaluation Team
FFP	(legacy) Office of Food for Peace
FGD	Focus Group Discussion
FY	Fiscal Year
GBV	Gender-Based Violence
IDA	International Disaster Assistance
IDP	Internally Displaced Person
IP	Implementing Partner
KII	Key Informant Interview
LASER PULSE	Long-term Assistance and Services for Research Partners for University-Led Solutions Engine of Purdue Applied Research Institute
MEL	Monitoring, Evaluation & Learning
MHPSS	Mental Health and Psychosocial Support
MPCA	Multipurpose Cash Assistance
NGO	Non-Governmental Organization
OFDA	(legacy) Office of Foreign Disaster Assistance
OIG	Office of Inspector General
OMB	White House Office of Management and Budget
PIO	Public International Organization
RQ	Research Question
SHARP	Shock Agnostic Readiness and Response Portal
TANGO	Technical Assistance to Non-Governmental Organizations
USD	United States Dollar
USG	United States Government
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme

EXECUTIVE SUMMARY

Significance

In recent years, the global landscape has been characterized by an increase in large-scale or regional complex emergencies, driven by an unprecedented combination of conflict, climate-related disasters, epidemics/pandemics, and other crises. These challenges have necessitated a robust and flexible response from humanitarian organizations, particularly those tasked with delivering assistance to vulnerable populations. The USAID Bureau for Humanitarian Assistance (BHA) and predecessors—the legacy Office of Foreign Disaster Assistance (OFDA) and Food for Peace (FFP)—have been at the forefront of these efforts, often relying on mid-fiscal year (FY) supplemental funding to address the most severe and urgent needs. Drawing upon learning from USAID/BHA’s Coronavirus Disease 2019 (COVID-19) 2020–2022 response, this Thematic Evaluation study seeks to answer the question: **What are the benefits and unintended adverse consequences of surge funding for BHA, its Implementing Partners (IPs), and program participants?**

Methods

The evaluation was commissioned by USAID/BHA and conducted by an external evaluation team (ET) from Technical Assistance to Non-Governmental Organizations (TANGO) International and Tulane University. Methods included document review, review of all available data on multiple, overlapping supplemental awards from FY 2020 through FY 2022, 30 Key Informant Interviews (KIs) with 80 interviewees across BHA’s Implementing Partners (IPs) that had received more than one supplemental award, in-depth qualitative interviews with BHA, and focus group discussions (FGDs) with program participants and/or affected communities. Findings were triangulated across donor, IP, and program participants to yield insights. Kenya and Jordan were selected as case study countries to support the evidence base for Thematic 2 because World Food Programme (WFP) specifically expanded programming to urban refugee households in these countries. These findings were evaluated using pre-determined criteria to assess the potential risks (low, moderate, high) and benefits (low, moderate, and high) of allocation and programming decisions.

The research questions (RQ) included: RQ1) What was the extent of surge funding from FY 2020 through FY 2022, and what were the programming or operational impacts for BHA?; RQ2) What were the benefits and unintended consequences of surge funding for IPs?; RQ3) What were the benefits and unintended consequences of surge funding for communities that received assistance?; and RQ4) What were promising practices of the FY 2021 Supplemental that can guide future surge funding?

Results

Surge funding allowed BHA’s implementing partners to provide swift and effective responses to crises in the wake of COVID-19. The influx of supplemental funds allowed IPs to expand both scope and reach, and some IPs provided assistance in contexts and with populations that were novel to their organization. BHA’s flexibility played a pivotal role, allowing IPs to adjust programming to address the most pressing needs, despite obstacles such as staff turnover and logistical constraints.

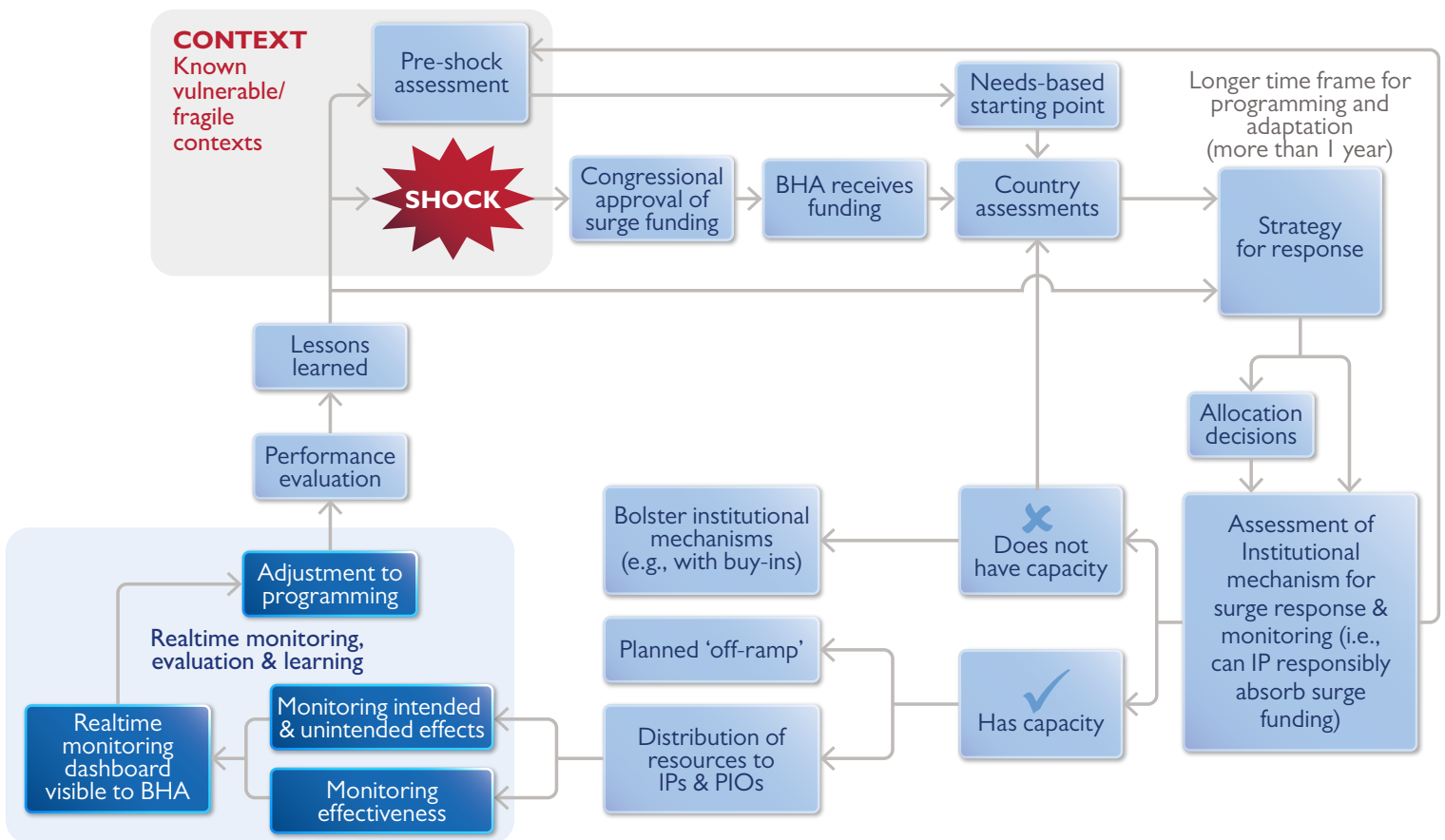
Despite the positive impacts, surge funding also revealed significant risks. The abrupt scale-down after multiple global supplementals ended led to rapid reductions in staffing and services, significant challenges and risks among affected populations and strained trust between IPs, local partners, and communities. Miscommunication about the scale-down process further compounded these issues, leaving program participants unprepared for the withdrawal of support. This decline in assistance not only endangered the well-being of vulnerable groups but also threatened the safety and reputation of IPs. A notable challenge

was the lack of pre-planned scale-down strategies. These challenges highlight the importance of integrating robust scale up/down planning and clear communication strategies into future surge funding efforts to sustain the benefits of emergency assistance and better prepare communities for subsequent shocks, with efforts such as early recovery.

Conclusion & Recommendations

The evaluation found that the FY 2021 Supplemental had overall net benefit for improving food security and protection outcomes, largely driven by strategic decision-making by the BHA Front Office, documented by the Performance Evaluation. Surge funding was found to be a useful tool for rapidly mobilizing funds to meet the needs of vulnerable populations following large-scale shocks. Despite its utility, some concerns arose, primarily that supplementals were largely allocated to large Public International Organizations (PIOs) who could quickly absorb and program funds but have opaque monitoring and reporting systems, which limited accountability to BHA. Additionally, insufficient scale-down resulted in immense challenges for BHA's partners and the communities they serve. Recommendations for future surge funding management have been included below, along with a Surge Funding Framework (Figure 1).

Figure 1. Surge Funding Framework



The Surge Funding Framework was developed through this evaluation study as a decision-making tool. It is referenced throughout the study report and proposed in the Conclusions and Recommendations section. See [Appendix D](#) for an overview of each of the outlined steps.

RECOMMENDATIONS FOR USAID/BHA:

Award management

Strategic thought leadership from BHA in FY 2021 yielded improved food security and reduced protection concerns. The ET recommends that strategic decision-making be used during award management, guided by the following:

1. Processes and tools, such as the Needs Based Starting Point, the BHA Budget Evaluation Team, and the Shock Agnostic Readiness and Response Portal (SHARP) should be used in conjunction with the Surge Funding Framework (Figure 1, on [page 5](#)) to guide strategic decision-making for award management.
2. Known context vulnerability and fragility should be incorporated into ongoing pre-shock assessments, along with lessons learned from prior responses, and assessment of institutional mechanisms to understand if partners can responsibly absorb surge funding.
3. BHA was lauded by IPs for its flexibility, especially in dynamic contexts with additional complexity (i.e., conflict, forced migration). However, BHA staff turnover was noted as a major challenge for ensuring continuity of programming strategies. The ET recommends that BHA maintain award management continuity for surge awards, especially those with short time frames for implementation, and ensure sufficient handover protocols when staff continuity is not possible.
4. Local partners were critical for ensuring programming was received by hard-to-reach populations. The ET recommends that capacity strengthening activities for local organizations be integrated into the overall award management approach. This is essential for rapid and successful development and implementation of activities and aligns with USAID's policy for localization.
5. Precipitous funding cliffs following surge awards presented challenges for BHA, IPs, and program participants. The ET recommends a longer time frame for future supplemental programming (i.e., at least 12 months).
6. Unavailable monitoring data were a major hindrance to evaluating the impacts of some partner activities as they ramped up and down from surge funding (e.g., large PIOs). The ET recommends that USAID deploy funding mechanisms with provisions that ensure that monitoring, evaluation, and learning (MEL) plans, recovery, and sufficient off-ramp planning are built into awards. This would improve due diligence and accountability.

RECOMMENDATIONS FOR HUMANITARIAN PARTNERS:

7. Agile programming resulted in more efficient scale-up/down following surge funding, and this study provides key examples. Partners should cross-train staff to be poised for rapid scale-up/down. BHA should support IP capacity strengthening that demonstrates well-functioning, lean staffing models for surge response.
8. Process monitoring has the potential to generate 'lessons learned' and improve accountability during current and subsequent responses. Partners should, when possible, collect high-frequency or real-time data (e.g., WFP's mobile vulnerability analysis and mapping-mVAM) and share data with BHA to inform programming decisions.
9. Early recovery activities were reported as promising ways of improving program participant wellbeing outcomes after surge funding subsides. Partners should incorporate early recovery, when possible, through other funding sources, into all surge activities.

BACKGROUND

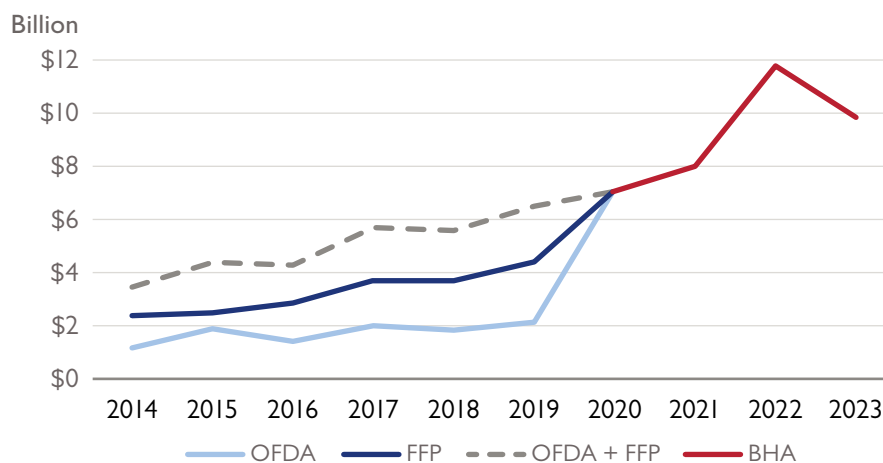
Funding and evaluation

In March 2020, the United States (U.S.) Congress approved assistance including USAID Bureau for Humanitarian Assistance Coronavirus Disease 2019 (COVID-19) Supplementals of \$558 million in International Disaster Assistance (IDA). On March 11, 2021, the follow-on American Rescue Plan Act continued the COVID-19 pandemic response, comprising Economic Support Fund (ESF) United States Dollar (USD) \$1.3 billion and Title II USD \$800 million. BHA committed to understanding the performance and key learning of this response, commissioning 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 Fiscal Year (FY) 2020 COVID-19 Evaluation. The evaluation includes a Performance Evaluation of the FY 2021 Supplemental with results [reported in three briefs](#), as well as two Thematic Evaluation studies that examine specific topics across the BHA FY 2020–2022 COVID-19 response. This study is Thematic Evaluation Study 2: Lessons on BHA Surge Funding.

Rationale for thematic selection and overview of supplemental funding

Emergency funding to BHA and legacy Office of Foreign Disaster Assistance (OFDA) and legacy Food for Peace (FFP) has proportionately increased in the past decade in response to global crises (USAID, 2014–2024a), including COVID-19, Ebola, conflict, and climate-related disasters, among others (Figure 2). Supplementals (e.g., through ESF, IDA, and other types) are one avenue by which congressionally appropriated funding can be rapidly mobilized to address some of the most severe humanitarian crises and bolster existing budgets. While supplemental funding is not new, the scale and magnitude of the COVID-19 Supplementals, combined with Ukraine Supplementals, were unprecedented. Further, as large-scale shocks increase in frequency, severity, and complexity, effective management of large-scale, global surge awards will continue to be a critical concern for BHA.

Figure 2. Legacy offices and BHA annual budget 2014-2023



¹ Commissioned by USAID/BHA/ Office of Technical and Program Quality/Monitoring & Evaluation and funded by the LASER PULSE buy-in mechanism. LASER PULSE is a cooperative agreement between USAID/IPI/ITR (Bureau for Inclusive Growth, Partnerships, and Innovation/ Innovation, Technology, and Research Hub) and Purdue Applied Research Institute, LLC. <https://laserpulse.org/portfolio/evaluation-of-bhas-covid-19-response/>

The implementation of ‘surge’ supplemental funding may have unanticipated benefits and consequences. Lessons learned from the COVID-19 response in FY 2020 and 2021 illustrated the necessity of considering vulnerable populations (e.g., Indigenous communities, urban refugees, persons with disabilities) that typically fall outside the scope of BHA Implementing Partner’s (IP) targeting and response. This theme arose from scoping interview findings during the evaluation Inception Phase. During this, BHA and IP interviews highlighted the challenges of allocating surge funding responsibly and expeditiously to meet the needs of populations most vulnerable to the secondary impacts of COVID-19, and other shocks. See [Appendix A](#) for a more detailed description of this thematic selection process.

Study objective and research questions

The purpose of the Thematic Evaluations was to conduct in-depth analyses into aspects of BHA’s COVID-19 response, with particular attention toward improved future management of large-scale infectious disease outbreaks and/or global emergencies. Focused in scope and forward-looking, the thematic studies draw upon but have a different purpose than the Performance Evaluation.

The objective of this thematic study was to incorporate learning from COVID-19 surge funding, while considering multiple emergency supplemental funds across sectors. The evaluation analyzed evidence to build a deeper understanding of how surge funding is absorbed by BHA and its IPs and the implications this has for crisis-affected communities that received assistance. The study includes recommendations for future programming surges. The analysis was framed around four specific research questions (RQs) that evolved iteratively in close coordination with BHA:

- RQ1: What was the extent of surge funding from FY 2020 through FY 2022, and what were the programming or operational impacts for BHA?
- RQ2: What are the benefits and unintended consequences of surge funding for IPs?
- RQ3: What are the benefits and unintended consequences of surge funding for communities that received assistance?
- RQ4: What are promising practices of the FY 2021 Supplemental that can guide future surge funding?

METHODS

Multiple streams of information were triangulated to address the Thematic 2 RQs. First, the ET conducted a review of all available data on multiple, overlapping supplementals across FY 2020–FY 2022. The ET then held 30 Key Informant Interviews (KIIs) with 80 interviewees across IPs that had received more than one supplemental. The purpose of these interviews was to assess the programming and operational impacts of surge funding (Table 1).

Second, the ET conducted in-depth qualitative interviews with BHA and IPs and held focus group discussions (FGDs) with program participants and/or affected communities. Interview guides were structured around understanding the risks and benefits of ‘do not harm’ and ‘no regrets’ programming, inquiring specifically about benefits and consequences of surge funding ([Appendix C](#)). Findings were triangulated across donor, IP, and program participants to yield insights. Kenya and Jordan were selected as case study countries to support the evidence base for Thematic 2, because WFP specifically expanded to novel populations, including urban households. WFP Jordan, for instance, received three supplementals in three years to support expanded caseloads. These findings

Table 1. Number (No.) of KIIs and interviewees across IPs that received multiple global supplementals

Assistance Received	No. of IPs Included	No. of KIIs	No. of Interviewees
Received FY20, FY21, and Ukraine Supplemental 2	11	12	48
Received FY21 and Ukraine Supplemental 2	6	7	14
Received FY20 and FY21 Supplementals	8	11	18
Total	25	30	80

were evaluated using pre-determined criteria to assess the potential risks (low, moderate, high) and benefits (low, moderate, and high) of allocation and programming decisions (description of the analysis framework may be found in [Appendix C](#)). Finally, the evidence gathered and most critical findings were used to develop a novel Surge Funding Framework (Figure 1) that can serve as a guiding tool to improve BHA's future management of surge funding. See [Appendix A](#) for more information on the methods and limitations.

RESULTS

I. Surge Funding from FY 2020–2022: Programmatic and Operational Impacts for BHA

Due to an unprecedented confluence of global emergencies, BHA has disbursed unparalleled amounts of surge funding over the past five years, which have been absorbed by many of the same partners and contexts. **The evaluation found that supplementals offered vital support for new and exacerbated humanitarian needs. They also strained BHA operationally, and their urgency challenged BHA's ability to make funding decisions that were strategic, data-driven, and needs-based, balanced in saving lives and livelihoods. It also required BHA to carefully consider IP absorptive capacity.** This provides an opportunity for learning. Some promising new tools have emerged in recent years, and this study's Surge Funding Framework (Figure 1) contributes to this. The ET suggests that supplemental awards allow for a longer time frame for implementation and an integrated 'off ramp,' which will be discussed later in this report.

Congressional supplemental appropriations process

KIIs with BHA and external reports outlined the process by which supplemental awards are approved and allocated (McCabe, E. M., 2023). A supplemental appropriation is often triggered by a request from the Administration for funding. BHA works within USAID and with the White House Office of Management and Budget (OMB) to draft a justification for the inclusion of humanitarian resources (e.g., Department of State, Foreign Operations and Related Programs, 2024). BHA actively engages Congress to provide updated evidence and education on the most pressing humanitarian concerns (e.g., risk of famine, outbreaks of conflict). Congress ultimately decides the funding levels for specific accounts and purposes and may include other earmarks, which can be driven by need or to promote diplomatic investments. If the supplemental includes IDA or Title II, BHA has discretion to allocate the resources across countries and IPs "in good faith" and according to the language in the supplemental appropriations bill. BHA coordinates with USAID and other interagency stakeholders, including OMB, on these decisions. The FY 2021 COVID-19 ESF was subject to legislative constraints that required the bill to be passed under reconciliation, which may not set a precedent for future supplementals. Several KIIs with BHA indicated that "IDA-like" language attached to the ESF allowed for the flexibility, such that the FY 2021 Supplemental was largely indistinguishable from IDA.

For this Thematic 2 study, we present analysis of three consecutive global supplementals: the FY 2020 Supplemental, the FY 2021 Supplemental, and the Ukraine 2 Supplemental.

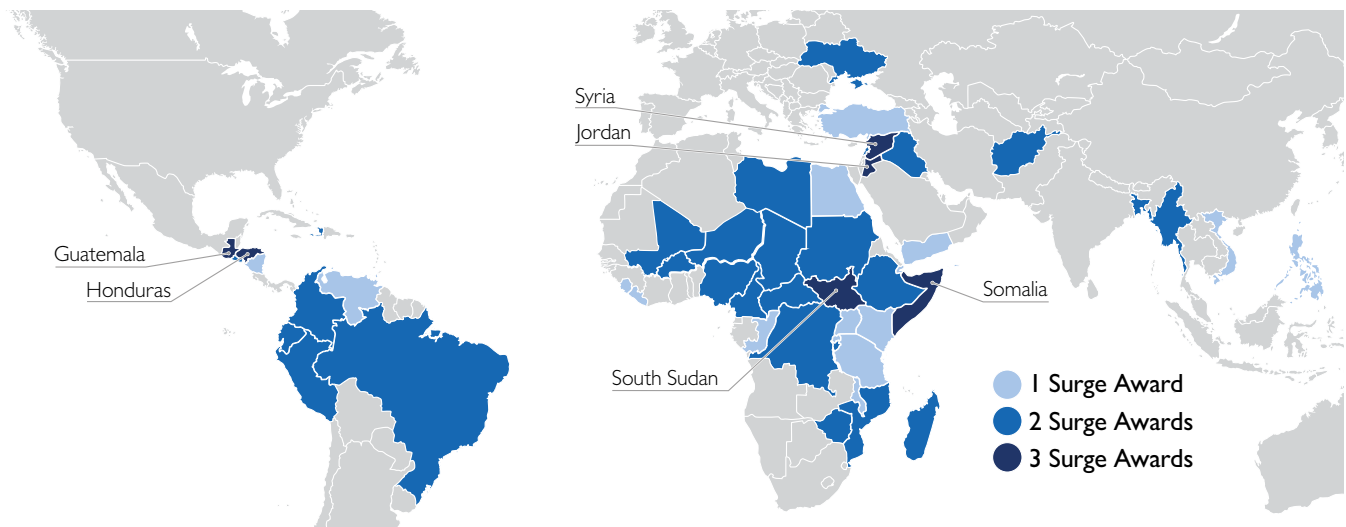
- The FY 2020 Supplemental was USD \$558 Million in IDA across 178 awards covering 42 countries. The FY 2020 COVID-19 Supplemental focused on the primary impacts of COVID-19. Awards largely emphasized bolstering Health and Water, Sanitation, and Hygiene (WASH) infrastructure and services; improving infection prevention and control practices; and developing remote modalities for Mental Health and Psychosocial Support (MHPSS) and Protection services.
- The FY 2021 Supplemental was USD \$1.3 Billion in ESF across 187 awards covering 46 countries. The FY 2021 Supplemental shifted to addressing the secondary impacts of COVID-19, with more attention toward food security, which made up 49 percent of the total funding (see Brief 2; [Objective 2](#)), and less attention to Health (15 percent of total funding in FY 2021 vs. 25 percent in FY 2020).

- The Ukraine Supplemental 2 was USD \$2.4 Billion in IDA funds across 83 awards covering 68 countries. The Ukraine 2 Supplemental addressed the looming concern of food insecurity as a downstream outcome of the ongoing conflict in Ukraine. Across the Ukraine Supplemental 2 awards, 54 (65 percent) provided food and/or nutrition assistance. The Ukraine 2 Supplemental scaled-up BHA's response to the global food security crisis in impacted countries during FY 2022 (i.e., following the FY 2021 COVID-19 Supplemental), and is therefore included in our analysis.
 - » There were two additional Ukraine Supplemental awards that were allocated by appropriations bills—the Ukraine 1 Supplemental in March 2022, and the Ukraine 3 Supplemental in 2023 (U.S. Government Accountability Office, 2024). The Ukraine Supplemental Appropriations Act in March 2022 (i.e., Ukraine 1 Supplemental) focused on scaling-up humanitarian assistance inside Ukraine in response to Russia's invasion, supplemented funding levels for crises in countries in Office of Africa and Middle East North Africa and Europe (MENA/E) regions after lower than expected base appropriations, and scaled-up assistance across the Horn of Africa in FY 2022 in response to drought in the region. The Ukraine 3 Supplemental provided humanitarian assistance to conflict-affected populations within Ukraine and provided global humanitarian assistance as part of BHA's regular annual budget process. These two awards were excluded from our analyses.
 - » In addition to the waves of surge funding discussed here, some countries, such as Syria, received FY 2020, FY 2021, the Ukraine Supplemental 2, and additional surge funding for earthquake response. Country- or crisis-specific surge funding is not discussed here.

Extent of surge funding

Across waves of surge funding, awards were largely allocated to the same countries and partners. Twenty-five awardees across 34 countries received both FY 2020 and FY 2021 COVID-19 supplementals, 29 awardees across 36 countries received the FY 2021 Supplemental and the Ukraine Supplemental 2, and 16 awardees across 29 countries received all three supplementals (FY 2020, FY 2021, and Ukraine 2) (Figure 3 and Table 2). For IPs that received all three supplementals, there was a mean of 112 days (~16 weeks) between the end of FY 2020 and onset of FY 2021 awards and 148 days (~21 weeks) between the end of FY 2021 and onset of the Ukraine Supplemental 2 awards. Fourteen awards had an overlap between the two FY 2020 and FY 2021 COVID-19 Supplementals for an average of 221 days (~32 weeks), and seven awards had overlap between FY 2021 COVID-19 and Ukraine 2 Supplementals for an average of 91 days (~13 weeks).

Figure 3. Map of countries that received FY 2020, FY 2021 and Ukraine 2 Emergency Supplemental Funding



Average award duration for FY 2021 awards was longer (12 months) than FY 2020 (6-9 months) and only seven percent of the FY 2021 awards received no-cost extensions (NCE) (compared with 71 percent in FY 2020). Overall, the longer implementation time frame allowed for more positive gains but may not have been sufficient to ensure programming sustainability.

Table 2. Overlap of supplemental awards across case study countries

Country (Awardee)	FY 2020 Supplemental		FY 2021 Supplemental		Ukraine Supplemental 2		Total
	Amount allocated	Dates	Amount allocated	Dates	Amount allocated	Start Date	
Honduras	\$700,001	7/1/20-3/31/21	\$4,500,000	11/27/20-01/26/22	\$2,500,000	11/17/22	\$7,700,001
Jordan	\$13,100,000	7/23/20-NA	\$21,800,000	4/9/21-4/8/22	\$55,000,000	11/7/22	\$89,900,000
Somalia	\$1,000,000	4/15/20-1/15/21	\$52,550,000	7/1/21-6/30/22	\$192,675,000	11/28/22	\$246,225,000
South Sudan (IP 1)	\$700,000	7/15/20-11/15/20	\$12,350,000	12/11/2020-11/1/23	\$17,206,056	11/9/22	\$30,256,056
South Sudan (IP 2)	\$8,289,521	6/15/20-12/15/20	\$27,500,000	7/1/21-6/30/22	\$150,000,000	12/6/22	\$185,789,521
Syria	\$5,900,000	4/15/20-1/15/21	\$9,911,538	9/15/21-9/14/22	\$241,900	12/13/22	\$16,053,438

BHA funding management

It should be acknowledged that there was a significant administrative and human resources burden on BHA to quickly obligate and allocate supplementals, which is not addressed in this study but was mentioned in KIIs and other reports (USAID, 2024b; McCabe, E.M., 2023). This evaluation found that the supplementals provided critical support for addressing pressing humanitarian needs but were disruptive to BHA’s ability to strategically manage funds. The pressure to quickly mobilize financial resources, coupled with the complexity of managing substantial amounts of funding created significant operational difficulties.

BHA has made efforts to leverage humanitarian needs data as the basis for funding decisions. Yet, sufficient assessment data on country and sectoral needs, along with in-country partner capacities, may be unavailable when a new supplemental award is initiated. These elements are outlined in the Surge Funding Framework (Figure 1). BHA KIIs were unable to identify existing processes or guidance for assessing the funding absorptive or institutional capacity of IPs when faced with making allocation decisions for supplemental awards. However, a recent USAID Office of Inspector General (OIG) report points to the Automatic Directives System (ADS) 308, which provides guidance on organizational capacity reviews (OCRs) prior to obligating awards to PIOs as a critical pre-award due diligence mechanism (Martin, 2024). BHA KIIs indicated that PIOs are often prioritized to receive supplemental awards because of their ability to rapidly absorb and program funds. This aligns with a key finding from the OIG report, which denotes that USAID’s obligations, disbursements, and in-kind contributions to PIOs increased by more than 200 percent from 2019 to 2022 (Martin, 2024), reflecting challenges across the organization. The disproportionate allocation to multilateral organizations carries inherent concerns, notably that they are not subject to the same reporting requirements as non-governmental organizations (NGOs), limiting USAID’s ability to ensure adequate stewardship of resources (Martin, 2024).

KIIs with BHA indicated that some capacity building and early recovery activities were built into all awards (USAID, 2024b). However, the ET found that, for the FY 2021 Supplemental, early recovery and IP capacity-building efforts were inadequate to mitigate the detrimental outcomes of rapid activity scale-up and -down. IPs and country-based BHA interviews indicated

that activities with an early recovery component were more successful, especially in protracted crises. According to a BHA KII, programming would benefit from better Early Recovery, Risk Reduction, and Resilience (ER4) positioning and multi-year planning and strategizing (USAID/BHA, 2022).

“The faster we have to spend money, the less likely we are to do capacity building.”
—KII BHA

Additionally, KIIs indicated that funding decisions were made balancing the need to “save lives” vs. “save livelihoods.” A promising approach toward improving funding decisions is the Needs Based Starting Point that BHA pioneered in 2023, which accounts for the magnitude and risk of crises, providing justification for award decisions based on humanitarian need. This process does not make allocation decisions, but rather complements tools and processes that already exist, including the Budget Evaluation Team (BET), (another successful mechanism developed by BHA as an outcome of FY 2021 COVID-19 decision-making (USAID OIG, 2021). The ET recommends the continued use and iteration of these processes, which can be used in conjunction with pathways/ steps outlined in the proposed Surge Funding Framework. Additionally, the Shock Agnostic Readiness and Response Portal (SHARP) is an internal Agency-wide tool that provides resources to strengthen crisis programming (USAID, 2024b). From KIIs, the SHARP, which consolidates available resources across USAID bureaus, has not yet been widely used by BHA but holds potential for future use.

2. Benefits and Unintended Adverse Consequences of Surge Funding for BHA’s Partners

For IPs, there were many benefits of surge funding, along with some unintended adverse consequences. Supplemental funding allowed both vertical and horizontal expansion to meet the needs of shock-affected communities, which was supported through BHA’s flexibility. A key issue was the absence of pre-planned activity scale-down measures/strategies, which stressed IPs’ relationships with staff, local partners, and communities.

BENEFITS

Expanded caseloads

A sudden increase in funding allowed for expanded caseloads that included populations made vulnerable by the COVID-19 pandemic. Most of this expansion was vertical, i.e., widening assistance to more individuals within the initial target population, but the ET also found evidence of at least 10 WFP awards that expanded horizontally, i.e., integrating previously unaided populations into caseloads.

“We definitely did target more people than we had initially planned... this award allowed us to resume AND expand assistance”—KII IP Somalia

These populations included internally displaced persons (IDPs), refugees, communities in urban areas, and Indigenous groups. Some IP’s strategically used awards to target populations outside of their typical scope (i.e., “novel”), highlighting the reality that populations are variable (and mobile), and that vulnerability may shift depending on the context and worsen following shocks.

Refugees

Refugee populations were targeted in 25 awards, primarily to enhance food assistance as a key strategy in FY 2021. This is unsurprising given that BHA is the United States Government (USG) lead for providing emergency food assistance to refugees. However, in some cases, caseloads were expanded to include populations that had not previously received assistance. For example, in Jordan, heightened vulnerability among urban refugees during the pandemic led to a WFP retargeting exercise that found extreme levels of vulnerability among non-Syrian refugees—a population that previously had not received assistance from WFP. Because of their visibility and trust in communities, WFP Jordan was able to quickly shift to provide assistance to individuals identified as most vulnerable via remote cash-based modalities. As a direct result of the FY 2020, FY 2021, and the Ukraine 2 Supplemental, WFP was able to expand its caseload to meet the needs of newly targeted vulnerable households.

Urban populations

COVID-19 disruptions led to immense economic stress in urban areas, and particularly among the informal sector, which resulted in a shift for many IPs toward reaching populations who were newly vulnerable due to the pandemic. While urban programming is not new to IPs or BHA, the scale of urban stress in so many contexts taxed BHA and IPs. However, the ET found some evidence of emerging promising practices in larger-scale urban programming. For example, in Kenya, WFP expanded to urban populations in Nairobi and Mombasa that experienced severe secondary repercussions from the pandemic with great perceived success. In Jordan, WFP was sometimes the primary source of income for urban refugee communities, their assistance was perceived to be lifesaving by program participants. As populations rapidly urbanize, there will be a continued need for BHA and IPs to address vulnerabilities and build resilience among groups experiencing humanitarian emergencies in urban contexts.

Indigenous communities

Indigenous communities in Brazil, Guatemala, and Peru, some of which were extremely isolated, were targeted for assistance during the FY 2021 Supplemental. This required comprehensive collaboration with stakeholders to gain access to secluded and previously unreachable (by BHA) communities and yielded critical successes. KIIs in Peru indicated that providing protection sensitization to Indigenous communities resulted in reductions in gender-based violence (GBV), for example.

Box 1: Kenya, a scale-down success

Although scaling-down had a generally negative effect on IPs and program participants, good community engagement and involving community leaders in messaging about the targeting and timeline for assistance helped create “smoother” scale-downs in Kenya, among other contexts. WFP Kenya stood out for its innovative and effective strategy for managing the FY 2021 Supplemental. Previous experience indicated to WFP Kenya management that the time and effort needed to bring new hires up to speed for an emergency would compromise their ability to launch a timely and effective response. That is, they saw benefit in planning ahead and being prepared.

Several years prior to the COVID-19 pandemic, WFP Kenya ran simulations to test their emergency response processes and systems (e.g., in response to drought). As a result of those simulations, they were prepared for future scenarios like the global pandemic. This included:

- Staff cross training in all aspects of emergency response (e.g., logistics, supply chains, M&E) so that “everyone knew what everyone else was doing”
- Development and strengthening of coordination mechanisms between different levels of government mechanisms between different levels of government were strengthened or developed
- Creation of public-private partnerships
- Service provider availability and capacity were assessed, and, in some cases, contracts developed

WFP Kenya utilized—and fine-tuned—this system on several occasions prior to the pandemic and relied on it to scale-up almost exclusively with existing staff to quickly and efficiently mobilize the FY 2021 surge funding. To enhance their learning, After Action Reviews are also conducted after every emergency response.

Communities experiencing violence as a covariate shock

In the Northern Triangle region of Central America, internal gang violence is a form of insecurity/shock that is a new context for BHA response and USAID focus area (USAID OIG, 2021). IP strategic planning with and reliance on local partners proved critical for building trust and providing programming among populations in this context.

Retargeting

In some contexts, retargeting allowed new populations to be reached, while other groups received less assistance or stopped receiving assistance altogether. Retargeting may have increased overall vulnerability, depending on the context, as caseloads were stretched thin to meet the needs of as many people as possible. A promising practice at the IP level can be drawn from WFP in Colombia, where the identified vulnerable population was one million people, but the feasible caseload was 62,000. In this case, WFP worked closely with the local government to iteratively retarget and provide assistance to the most severely food insecure individuals. This level of accountability, integration with local actors, and retargeting is an approach that could help focus limited funds where they are most needed.

BHA flexibility

BHA's flexibility was noted by IPs as a major benefit of the FY 2021 Supplemental. For example, USAID staff interviewed during case study fieldwork in South Sudan indicated that because most programs implemented by IPs were in conflict settings, USAID needed to be flexible. IPs in Mozambique, Ukraine, and other countries with outbreaks of conflict noted BHA's flexibility in supporting shifts into new contexts and populations as needs evolved. Given the immense challenges of staff turnover, supply chain shortages, and unanticipated shocks, BHA allowed IPs to reprogram activities to meet the most pressing needs. That BHA was flexible during planning and implementation of these supplementals was also indicated in other USAID COVID-19 reports (Nico et al., 2024; USAID, 2024b). From case studies, an illustrative example of BHA's flexibility is drawn from South Sudan, where an IP had planned to build boreholes, but shifted to a low-cost water filtration intervention due to the costs and logistical constraints of building WASH infrastructure during active conflict. Ultimately, this intervention was perceived to be more cost-effective with wider reach. In Ukraine, an IP rapidly restructured programming to meet the needs of an influx of IDPs in a region they had not previously worked in after the onset of conflict forced population migration.

“The global availability of adequate budgets to respond in a comprehensive way is strained... we are lucky that BHA is an incredibly flexible donor and understands the flexibility required in these types of responses...BHA is truly a partner in how we work together.”

—KII IP Mozambique

UNINTENDED NEGATIVE CONSEQUENCES

Staff turnover

Despite BHA's flexibility, staff turnover was mentioned by KIIs and documented in reports as complicating the implementation process (MCabe, E.M., 2023). Previous discussions or approaches agreed upon for supplementals with previous activity managers or Agreement Officer's Representative (AORs) may be lost in the transition to new award management. The ET recommends that BHA maintain continuity for surge and large-assistance awards and ensure sufficient handover protocols when staff continuity is not possible.

Insufficient scale-down planning

One critical gap for many supplemental recipients was the lack of inbuilt activity scale-down planning, which was driven by the short timeframe by which supplementals were awarded and managed. To effectively absorb and manage supplementals, significant scaling-up of IP programming capacity at the country level was needed. IPs hired new staff or cross-trained their existing staff to

implement activities quickly within the short funding timeframe. When funding ceased, this resulted in dramatic cutbacks in staff and programming if IPs were unable to secure other funding or partnerships to continue activities. This had deleterious impacts on participants, who were left without sufficient notice to anticipate and adapt to reductions in assistance (see RQ3). BHA should be aware of partner capacity to rapidly scale-up and -down in response to injections of large amounts of unanticipated funds, sometimes in the middle of the fiscal year; this includes recognition of the potential disruptions that surge funding could entail (McCabe, E.M., 2023). Insufficient scale-down planning is particularly important for IPs that do not regularly receive spikes in funding, or for whom the surge funding represents a significant proportion of their overall budgets. BHA should be prepared to guide the conversation early in award planning on how to scale-down appropriately before awards end.

Without a sufficient funding 'off ramp' and after multiple supplementals, IPs were left hoping they would receive additional supplemental awards, which led to rapid scale-up and subsequent scale-down without advance notice. An exception was among IPs that heavily involved local communities in communicating both the process of scaling down and which individuals would continue to receive assistance (e.g., Honduras and Nigeria). Most of the IPs interviewed rapidly scaled down programming or were required to retarget due to funding cliffs. Some awards scaled down after expanding into new areas without sufficient post-distribution monitoring (see quote below), highlighting the need for real-time monitoring to assess the impacts of rapid scale-down. Ongoing monitoring and reporting to BHA on surge funding has the potential to allow for more dynamic programming that takes vulnerability of program participants and the context into account.

“After the intervention we didn’t have post distribution monitoring” —KII IP Madagascar

Surge funding may have ultimately created or exacerbated vulnerabilities for populations that were reliant on assistance for survival. Irregular (but relatively frequent) supplementals may create a reliance by IPs on unsustainable funding streams to maintain expanded caseloads or activities.

IP safety and reputation threatened

It is notable that in contexts where assistance expanded or increased due to surge funding and then dramatically reduced, there were concerns for the safety of IP staff and ET researchers due to the anger and frustration of program participants. After years of subsequent supplementals often concentrated among the same partners and countries, described in RQ1, the halt (until recently) of surge funding felt abrupt for many partners. IPs in several countries reported that the sudden cessation led to increases in conflict, violence, distrust, and spread of misinformation. In Yemen, KIIs revealed that rumors, misinformation, and propaganda fueled a belief that the United Nations and USG stopped food assistance (i.e., due to funding cliffs) because they wanted to “starve” Yemenis. In Syria, rocks were regularly thrown at WFP vehicles when they drove through communities after multi-year supplemental food assistance ended, unfortunately coinciding with the end of the FY 2021 Supplemental. Irregular supplemental awards provided an unsustainable funding stream, which exacerbated the impacts of reduced assistance, an overall trend among donors globally. In Jordan, the end of the 2020–2022 supplementals led to a reduction in Multipurpose Cash Assistance (MPCA) to refugees not living in camps, which caused significant frustration for both the IP and refugee program participants. In Libya, an IP KII indicated that the end of the FY 2021 Supplemental eroded trust in communities that were reached by programming resulting from the FY 2021 Supplemental that had previously been inaccessible. Relationships that had been carefully built to meet the needs of the most vulnerable were strained, leading to considerable frustration for the IP.

Risks of overcommitting, underdelivering

There were examples from the FY 2021 Supplemental of staff layoffs, reduction or cessation of assistance, and worsening relationships between donors, governments, and program participants related to some IPs expanding too quickly and being unable to deliver due to lack of capacity, external circumstances, or other issues. As has been documented widely by news media, widespread diversion has major consequences for IPs and populations they serve. Although large PIOs were able to quickly absorb and program funding, this carried great cost because there was less accountability in reporting, insufficient oversight and due diligence, as noted by the OIG (Martin, 2024), and higher potential for diversion or waste (e.g., Ethiopia, Syria, Somalia) (Ghosh-Siminoff & Betare, 2022; Neville, 2023).

Development of new relationships and processes

In countries with urban responses, several challenges arose. Since humanitarian programming in urban contexts was a “new area” for some IPs/some contexts, it was important to develop appropriate targeting criteria and a mechanism for validation. In Kenya, WFP worked directly with the Kenyan government and “community chiefs” which smoothed the targeting process described above. Among Indigenous communities in the Amazon, building trust was critical for making in-roads to provide services. Open and regular communication with communities—including both targeted and non-targeted populations—was critical to ensure that the most vulnerable were served, risks were minimized, and concern by those not targeted for assistance was assuaged.

Additionally, serving new geographic areas sometimes required new service providers, facilities, and other infrastructure. For their urban response in Mombasa, WFP Kenya was able to rely on existing partners (e.g. transport, telecommunications, financial service providers) in Nairobi who also operated in Mombasa. Nonetheless, this still required time to negotiate or renegotiate contracts to cover a new area. In South Sudan, BHA assessed the capacity of their existing partners before looking to add new ones, which facilitated timely commencement of awards.

3. Benefits and Unintended Adverse Consequences of Surge Funding for Communities

Surge funding made major contributions to improved outcomes and was largely perceived to be lifesaving. IPs and communities that received assistance emphasized the importance of the funding for households and communities to meet short-term food security and protection needs. Yet, some unintended negative consequences for communities were felt.

BENEFITS

Food Assistance and Protection sector KIs specifically emphasized the critical role that the FY 2021 Supplemental played in averting famine and decreasing the risk of GBV, respectively. These two outcomes aligned specifically with the funding strategy of the FY 2021 Supplemental, which was focused on reducing harm from the secondary impacts of COVID-19. Integration of Protection into awards, specifically, was guided by a strategic directive by BHA’s Front Office and the Agency, with great success (USAID OIG, 2021). The many outcome-level achievements of the FY 2021 Supplemental can be found in the [Performance Evaluation briefs](#). Note: the [Thematic I study](#) focuses on pandemic preparedness capacities built across levels of the humanitarian system through the BHA COVID-19 response, providing more evidence on strategic impacts of health sector investments.



FGDs with communities who received assistance emphasized the importance of meeting short-term needs, especially for food security. Focus group discussants in Jordan shared that they used MPCA intended to address food insecurity to pay outstanding debts accumulated during COVID-19 lockdowns at the expense of dietary diversity and quality. Reports from WFP Jordan indicated that refugees took on ~\$1600 USD in debt during COVID-19 lockdowns and that WFP assistance was the sole income source for six percent of refugees and comprised 59 percent of refugee household income. Conversely, in Kenya, MPCA in urban and peri-urban areas was coupled with recovery activities which allowed program participants to initiate or revive small businesses, providing an economic buffer that limited backsliding in wellbeing outcomes after funding ended.

UNINTENDED NEGATIVE CONSEQUENCES

Miscommunication with participants

One critical gap was a lack of clear communication with participants about 'scale-down,' which resulted in program participants losing assistance after supplementals ended, often without sufficient notice to anticipate and adapt to shortages. In FGDs in Honduras, program participants noted that they were unaware of a timeline for when support would end, i.e.,

“...the drop [in assistance] is painful. It didn't do more harm but needs to be better anticipated [by participants] that it will be short-term.” —KII IP Yemen

'They [the IP] just left and didn't come back.' In Jordan, refugees who had previously received assistance now receive far less and with greater uncertainty. Because of the FY 2020, FY 2021, and Ukraine 2 Supplementals, WFP Jordan was able to reach many more refugees, but since the supplementals needed to be programmed quickly, there was a rapid scaling-back of operations once funding ended. This reduced the amount of assistance provided to all refugees, even those living in camps, evident at the time of the case study in February 2024, with limited opportunities for income generation. WFP communicated with refugees via social media and other platforms to broadcast messaging as clearly as possible, giving a one-month notice that funding would be reduced, but according to program participants this was insufficient to allow for contingency planning. This is largely due to an overall lack of transparency and unpredictability about the allocation of surge funding from Congress to BHA, from BHA to IPs, and from IPs to program participants (McCabe, E.M., 2023).

Post-funding decline in participant wellbeing

IP KIs in South Sudan noted the post-award decrease of accessible health and nutrition services due to insufficient funding meant that women had to walk long distances to find a clinic, often putting them at risk of kidnapping and GBV. Staff from two NGOs and FGDs with community health workers (CHWs) trained through the FY 2021 Supplemental in South Sudan shared that malnutrition and maternal mortality had increased in their areas of operation by 2023 because of a lack of continued donor or government support for CHWs.² Though polite, CHWs were incredulous to discuss programming that had ended two years prior when the communities they worked in were currently in such dire need of assistance. Additionally, large influxes of South Sudanese returnees and other refugees fleeing violence into northern South Sudan (e.g., Upper Nile) are exacerbated the vacuum in service provision resulting from the cessation of PIO and NGO assistance.

Field KIs and FGDs disclosed that after funding ended for 'newly reached' groups or contexts, there was mixed success in sustaining results. The opacity of surge funding availability had repercussions at all levels of funding receipt, with program participants ultimately bearing the consequences and coping in ways that compromised their ability to plan for and respond to future shocks. These included school truancy, (e.g., in Jordan, eldest male children were taken out of school to join the labor market) and dependence on assistance (e.g., in Syria).

² At least one NGO used other available funds—until they ran out – to continue supporting CHWs.

4. Promising Practices from the FY 2021 Supplemental

Summary of promising practices and approaches that can guide future surge funding:

Improved BHA processes

The BHA BET was developed during the FY 2021 Supplemental as a core group of individuals across BHA who collectively guide award allocation decisions. This process was perceived as very impactful and has continued even after the end of the FY 2021 Supplemental. The Needs Based Starting Point, which informs decision making based on the needs and vulnerability of communities for a given region or sub-region, is another promising practice that has been developed.

Ability to use funding over a longer duration

The FY 2021 Supplemental had a year-long timeframe for implementation (compared with six to nine months for FY 2020), which allowed for more strategic planning and engagement with populations that were vulnerable due to the secondary impacts of the pandemic.

Flexibility to meet multi-sectoral needs

The FY 2021 Supplemental provided more flexibility to meet humanitarian needs than the FY 2020 Supplemental, and KIIs with IPs indicated that BHA provided substantive support to award activities.

Expanded coverage

Some individuals who did not typically meet WFP food assistance targeting criteria became more vulnerable due to the economic impacts of COVID-19 restrictions on movement of people and goods. In response, WFP expanded geographic targeting to urban and peri-urban areas, and to new refugee groups or other vulnerable populations (see RQ3). The inclusion of newly vulnerable groups was considered to be largely beneficial, but simultaneously stretched caseloads too thin to be supported without additional supplemental funds in some contexts.

Community engagement and communication

Good communication and community participation in all stages of implementation were identified as critical to the overall success of the FY 2021 Supplemental by FGD participants and KIIs with PIO and NGO staff across case studies in Jordan, Syria, Honduras, South Sudan, and Kenya. Along with feedback and accountability mechanisms, community empowerment was further strengthened by community participation in identifying the most vulnerable and at-risk populations, during both scale-up and -down.

CONCLUSIONS AND RECOMMENDATIONS

Surge Funding Framework

Overall, the ET recommends engagement with the Surge Funding Framework (Figure 1), which has been developed and iterated through KIIs with BHA and IP staff ([Appendix D](#)). This heuristic tool illustrates the pathway from Congressional approval of surge funding through real-time monitoring by incorporating the ET's understanding of the award management process and provides guidance based on identified gaps for key funding decision-making concerns. Tools and processes such as the Needs Based Starting Point, the BET, and the Shock Agnostic Readiness and Response Portal (SHARP) should be used in conjunction with the Surge Funding Framework to guide strategic decision-making for award management. Additionally, the framework highlights the critical need for BHA to include pre-shock assessments (i.e., assessment of context vulnerability and fragility before a shock occurs), using data drawn from sources in addition to FEWS-NET, such as national early warning systems (e.g., in Kenya, Nepal, and others). Pre-shock assessment should also incorporate an evaluation of IP absorptive capacity and build on lessons learned from prior responses to allocate awards.

Further, BHA should also support IPs to scale down appropriately with sufficient accountability. A notable component of this framework is real-time monitoring, which has been identified previously as an approach that could inform implementation and support flexibility as crises evolve (Nico et al., 2024). Real-time monitoring could reveal a need to scale-up or -down response, retarget resources, etc., and provide guidance on how to slowly taper programming following surge awards. BHA should also consider adding conditionality into awards by making the release of funding to IPs contingent on sufficient monitoring and evaluation, meeting milestones, providing progress updates, building in recovery efforts (where possible), and incorporating sufficient off-ramp planning. This would provide one mechanism by which BHA could more consistently monitor accountability and enforce due diligence (Martin, 2024).

Strategic thought leadership

Strategic thought leadership during the FY 2021 Supplemental led to BHA funding strategies that yielded significant results. For example, guidance to incorporate Protection mainstreaming across FY 2021 awards resulted in over half of awards (56 percent) including referral, screening, and prevention activities, 58 percent of awards training or sensitizing community members or IP staff about protection concerns, and 81 percent of awards disaggregating results of programming by gender. This progress was also noted in a 2024 USAID COVID-19 Inequalities and Unintended Outcomes Assessment Report, where gender equity and inclusive development were highlighted as key drivers of programming that addressed the needs of vulnerable women, girls, and marginalized groups (Nico et al., 2024). This was partially a result of the incorporation of the USAID 2020 Gender Equality in Women's Empowerment Policy into programming (Nico et al. 2024).

Capacity building with local actors

Strengthening local capacity is integral for long-term sustainability of award activities and to ensure that surge funding will not cause more harm than benefit. A USAID report on unanticipated outcomes from COVID-19 assistance indicated that USAID staff in-country and IPs with existing local networks were able to engage local stakeholders to meet the emerging needs of marginalized groups (Nico et al., 2024). The ET recommends that capacity strengthening activities for local organizations be integrated into the overall award management approach, as they are essential to rapid and successful development and implementation of activities.

Flexibility and turnover

IP KIs indicated that BHA flexibility was a crucial component that ensured successful targeting and programming. However, BHA turnover was noted as a challenge to ensuring programming continuity. BHA should maintain programming continuity, especially for larger awards and ensure sufficient handover protocols when staff continuity is not possible (McCabe, E.M., 2023).

Agility

This Thematic Evaluation 2 study finds that incorporating agility into systems by cross-training IP staff (i.e., logisticians who are equipped with monitoring and evaluation skills, drivers that can collect data, etc.) yields a more effective model for rapidly scaling-up while maintaining a lean staffing model. This approach reduces the need for hiring during staffing surges and build a more flexible organization with the capacity to responsibly absorb, allocate, and monitor the impacts of surge funding. IPs should continue to incorporate this into their approach when possible, and BHA should support capacity strengthening that demonstrates well-functioning lean staffing models.

Process monitoring

Tracking implementation of activities and building debriefings, meetings, and Hot Washes/After Action Reports into implementation has the potential to generate 'lessons learned' and improve accountability during current and subsequent responses.

Early recovery

KIIs with some IPs indicated that through additional funding sources, they were able to implement Early Recovery, Risk Reduction, and Resilience activities (ER4) with perceived improved outcomes for program participants well after surge funding subsided. ER4 is also a strategic area for BHA (USAID BHA, 2022) that has the potential to reduce future investments. A USAID report in 2018 projected that for every \$1 USD spent on safety net or resilience programming, ~\$2 USD in humanitarian assistance costs were offset, and when avoided losses were incorporated, ~\$3 USD was saved (Cabot Venton, 2018). Integrating ER4 programming may also decrease the decline in program participant wellbeing that can occur after surge funding ends and potentially prevent backsliding of progress gained by interventions.

Recommendations for USAID/BHA:

Award management

Strategic thought leadership in FY 2021 yielded significant impacts for improving food security and reducing protection concerns ([Performance Evaluation Brief 2](#)). The ET recommends that strategic decision-making be used during award management.

1. Processes and tools, such as the Needs Based Starting Point, the BET, and the Shock Agnostic Readiness and Response Portal (SHARP) should be used along with the Surge Funding Framework (Figure 1) to guide strategic decision-making for award allocation and management.
2. Known context vulnerability and fragility should be incorporated into ongoing pre-shock assessments in conjunction with lessons learned from prior activities and adequate assessment of institutional mechanisms to understand if partners in the space can responsibly absorb surge funding.
3. BHA was lauded by IPs for its flexibility, especially in dynamic contexts with additional complexity (i.e., conflict, forced migration). However, BHA staff turnover was noted as a major challenge for ensuring continuity of programming strategies. The ET recommends that BHA maintain award management continuity for surge awards with short timeframes for implementation and ensure sufficient handover protocols when staff continuity is not possible.
4. Local organizations were critical for ensuring programming was received by hard-to-reach populations. The ET recommends that capacity strengthening activities for local organizations are integrated into the overall award management approach. This is essential for rapid and successful development and implementation of activities, and it aligns with USAID's policy for localization.
5. Precipitous funding cliffs following surge awards have presented challenges for BHA, IPs, and program participants. The ET recommends a longer time frame for future supplemental programming (i.e., at least 12 months).
6. Unavailable monitoring data were a major hindrance to evaluating the impacts of some partner activities, in particular the impacts on participants of rapidly scaling up and down activities (e.g., large PIOs). The ET recommends that USAID deploy funding mechanisms with provisions that ensure that monitoring, evaluation, and learning (MEL) plans, recovery, and sufficient off-ramp planning is built into awards. This would improve due diligence and accountability.

Recommendations for Humanitarian Partners:

7. Agile programming resulted in more efficient scale-up/down following surge funding, with WFP in Kenya and Jordan providing key examples. Partners should cross-train staff to be poised for rapid scale-up/down. BHA should support capacity strengthening that demonstrates well-functioning lean staffing models.
8. Process monitoring has the potential to generate 'lessons learned' and improve accountability during current and subsequent responses. Partners should, when possible, collect high-frequency or real-time data (e.g., WFP's mobile vulnerability analysis and mapping-mVAM) and share this information with BHA to inform programming decisions.
9. Early recovery activities were reported as promising ways of improving program participant wellbeing outcomes after surge funding subsided. Partners should incorporate early recovery, when possible through diverse funding sources, into all surge activities.

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ACKNOWLEDGEMENTS:

This brief was drafted by Shalean Collins, Tim Frankenberger, Suzanne Nelson, Maryada Vallet, Nancy Mock, Tommaso Russo, and others on the TANGO/Tulane University team. We wish to thank the evaluation activity managers for their review and guidance: Nancy Peek (BHA), Jaclyn Brennen-McLean (BHA), Melissa Bressner (ITR), and Leulseged Kasa (LASER PULSE). We are also grateful for the extensive feedback and reflections provided by BHA and IP stakeholders that made this study possible.

Suggested citation: S. Collins; T. Frankenberger; S. Nelson; M. Vallet; N. Mock & T. Russo. (2024). USAID/BHA COVID-19 Thematic Evaluation Study 2: Lessons on BHA Surge Funding. West Lafayette, IN: Long-term Assistance and Services for Research - Partners for University-Led Solutions Engine (LASER PULSE).

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APPENDIX

A. Additional Background and Methods

Methods for this evaluation draw from multiple sources, including reviews of award reports/data, case studies, and evidence collected from the Performance evaluation (BHA Scoping Interviews, a scoping IP e-survey, and KIIs with IPs across sectors). Case studies were conducted via in-person fieldwork utilizing KIIs and FGDs in Honduras, Jordan, Kenya, Syria,³ and South Sudan (Table 1). Key findings were identified via rapid qualitative analysis of KII and FGD notes and transcripts in Excel. This brief uses KII and FGD findings from all case study countries, however Kenya and Jordan were selected as cases for Thematic 2, as they represent both refugees/urban refugees (Jordan) and a new urban response (Kenya). See the [Performance Evaluation Annex](#) for further details on all individual case studies completed. Additionally, three KIIs were conducted with key BHA points of contact at the HQ and country level to validate the surge framework (Table 2).

Table 1. Evidence by Case Study

Country/Case Study	Number of KIIs (total respondents)	Number of FGDs
Honduras	13 (21 respondents)	22
Jordan	11 (20 respondents)	8
Kenya	30 (57 respondents)	14
South Sudan	20 (24 respondents)	11
Syria	45 (76 respondents)	30
Total	119 (198 respondents)	85

Table 2. List of KIIs

Date	Organization	# of Attendees
5/25/24	BHA HQ	1
6/27/24	BHA HQ	1
7/8/24	BHA Jordan-Syria Desk	2
Total		4

Limitations

Limitations to this study include recall bias of key informants and survey respondents, which was mitigated through the triangulation of evidence across different stakeholders and data sources. BHA turnover also presented a challenge for collecting qualitative evidence through interviews and FGDs. However, the ET sought to mitigate this through award reviews and selecting awards based on considerations of IPs' abilities to respond. Social desirability and courtesy bias were also mitigated by assuring respondents that data are anonymized and aggregated before reporting. For case studies this was mitigated by hiring local consultants who could relate to communities and conduct effective probing for direct interviews with participants. Anonymization also helped to address the common issue that program participants may be inclined to over-state the benefits of a project or negative outcomes hoping it could lead to more assistance. Additionally, the qualitative sample of interviews was not intended to be representative of the award beneficiaries. However, evidence from case studies served to amplify and explain the other data sources and findings. Case study sampling was conducted in line with qualitative research standards for reaching thematic saturation.

³ Field work in Syria was conducted in the North of Syria and Government-controlled areas.

B. Interview Guides

The following questions were used as a general outline of questions to be adapted for KIIs with USAID/BHA and IPs (at country and field office levels).

USAID/BHA AND OTHER USG KII GUIDE:

Thematic 2

1. Did you work with the IPs to reach novel populations, or make other adjustments because of the FY20 or FY21 funding? (new vulnerability criteria, etc.)
 - a. What happened after funding ended for these new groups?
2. Did you work with the IPs to improve their monitoring systems with the new funding, why or why not?
3. Do you work with IPs to put into place anticipatory action plans, assess their capacity to scale quickly pre-shock? (funding mechanisms, etc.)
4. How well do you feel the IPs communicate with communities about funding ending or activities ending/changing. Good practices and lessons?
5. Were there any concerns or unintended impacts from the supplementals or surge funding to the IPs? To beneficiaries? Were unintended effects adequately monitored?
6. Do you feel the funds were allocated responsibly? If there is anything you would change if you were able to program a mid-year supplemental again?

Overall—promising practices (Both Thematics)

7. Were there any practices, methods, or technologies developed during the COVID-19 supplementals that you think would be useful for how BHA or organizations handled surge funding?
8. Any promising practices in building and maintaining future pandemic capacities?

IP KII GUIDE

Capacity to absorb surge funding (Thematic 2)

1. Can you tell me a little about the award: Did you feel you had capacity to mobilize award activities once funding was allocated? Did you have enough time to program the funds in the way that your organization intended? Was the purpose of the award communicated to you by BHA?
 - a. For UN/larger organizations probe on whether the funds were allocated to the general pool of funding to support ongoing activities or if they supported new activities.
2. If you hired staff after receiving the supplemental in 2021, how much did this increase your overall staffing (probe 5%, 10%, etc.)? Of the staff that were hired with this additional BHA funding, how many are still with your organization? (Were hires mostly local staff? International staff?)
 - a. If staff were hired, how many of these individuals are still working for your organization? If individuals were let go, what was the process and timeline for scaling down? How much time was there between hiring and scaling down?
3. When you received the BHA supplemental award in 2021, did your organization understand/communicate to staff when

the award would end, how long the duration of the award was for?

4. If you received another emergency supplemental after the 2021 (e.g., Ukraine supplemental), how did these funds contribute to your organizational capacity, hiring, and programming of activities?
5. Has/have (if multiple funding surges received) supplementals contributed to enhanced capacity to respond to future crises?

Monitoring (Thematic 2)

6. Were any changes made to your organization's monitoring & evaluation systems with the supplemental funding? (If no, why not? If yes, what changes?)
 - a. Was your M&E sufficient to determine if activities were effective or not? Reaching the people most in need?
7. Which M&E activities that were implemented in 2021–2022 do you feel were most effective? Why?

Adjustments to programming (Thematic 2)

8. Did your organization make any adjustments to programming linked to/or because of the supplemental award? If so, what adjustments and reasoning? (Probe on affected population feedback, BHA feedback, internal policies, etc.)
9. Did your organization's overall funding streams/funding structure influence adjustments you made to programming? Ability of the programming to have sustained results? (Probe on ability to layer humanitarian and development funds, ability to supplement BHA funding with other USAID or other donors)

Pre-shock assessment (Thematic 2)

10. Does your organization have any 'anticipatory action' measures in place for pre-shock risk assessment of your organization's ability to scale up quickly for another emergency? If so, what/and when were these put into place? (funding mechanisms?)

Novel populations (Thematic 2)

11. If you expanded to new contexts or populations with this BHA funding, how did you establish vulnerability criteria? (probe: were the most vulnerable populations reached?)
 - a. Any challenges or key learning from developing that criteria?
12. Once the funding ended, how did you ensure that the most vulnerable populations from these 'novel groups' (e.g., those reached with funding expansion in FY2020–22) were reached with programming? What measures did you have in place to communicate any activity scale backs with beneficiaries?
 - a. Any good practices from these communications on major activity changes/or activity ending?
 - b. Any improved community feedback mechanisms put into place?
 - c. Any challenges or key learning?

Unintended effects (Thematic 2)

13. Were there any concerns about unintended impacts for your organization after receiving emergency supplemental funding?
 - a. If so, how did you monitor unintended effects? Were systems in place prior to the supplemental award or were they put into place after receiving the award?
14. Were there any concerns about unintended impacts for beneficiaries after receiving emergency supplemental funding?

- a. If so, how did you monitor unintended effects? Were systems in place prior to the supplemental award or were they put into place after receiving the award?
15. Do you feel the funds were allocated responsibly? If there is anything you would change if you were able to program the award again?
16. When the FY21 COVID-19 supplemental ended, what were the procedures (if any) for scaling down activities? Were beneficiaries informed prior to scaling down? How much time elapsed between receiving the award and scaling back activities? Were there any gaps in services due to scaling-down?

Promising practices (Both Thematics)

17. What recommendations would you have for BHA to improve:
- a. Design process
 - b. Strategy formation
 - c. Implementation management
 - d. Evaluation

In order to improve readiness outcomes in your organization for both surge funding and pandemic preparedness/response?

C. Risk Benefit Analysis Matrix

This analysis matrix was used to analyze findings from in-depth interviews and Focus Group Discussions and guided the understanding of the potential benefit and harm of using 'no regrets' and 'do no harm' programming.

Table 3. Risk Benefit Analysis Matrix with examples included for relevant categories

RISK BENEFIT MATRIX		BENEFIT CATEGORY		
		Little to no benefit (few or no benefits reported)	Moderate benefit (some reported benefits)	High benefit (many reported benefits)
RISK CATEGORY	Low to no risk (few or no reported repercussions)			<ul style="list-style-type: none"> • BHA flexibility • Building new relationships/processes
	Moderate risk (some reported repercussions)	<ul style="list-style-type: none"> • BHA turnover 	<ul style="list-style-type: none"> • Early recovery activities coupled with MPCA 	<ul style="list-style-type: none"> • Expanded caseloads and retargeting • IP participant reliance on assistance from supplemental awards to meet basic needs
	High risk (many reported repercussions)	<ul style="list-style-type: none"> • Insufficient scale-down • Miscommunication with beneficiaries • IP reputation/safety threatened • Post-assistance decline in wellbeing 		

D. Surge Funding Framework Overview

- **Pre-shock assessments:** Pre-shock assessments should be ongoing and incorporate knowledge about the known vulnerability and fragility of contexts. Ultimately, lessons learned from prior activities and an assessment of institutional mechanisms (e.g., ability to rapidly absorb and allocate funds) should be incorporated into pre-shock assessments. Pre-shock assessments can also feed into the BHA Needs Based Starting Point process as evidence to support management of funds if a shock occurs. KII with BHA indicated the need to support early recovery activities, this is a precursor to building that into surge programming.
- **Congressional approval of surge funding:** Based on KIIs with BHA, we have detailed in this Brief (see RQ1, Congressional supplemental allocation process) the process for Congressional allocation of surge funding and BHA's role in educating Congress on the most pressing humanitarian needs.
- **BHA receives funding:** After BHA has received surge funding from Congress, a cascade of decisions are made before funds are allocated. Among these are the BET process and the Needs Based Starting Point, which lead into Country Assessments, Strategy for Response, and Allocation Decisions. From KIIs with BHA, at the AOR level, it may be unclear what the purpose of the surge funds are for, especially if they are IDA or ESF but with IDA-like flexibility. Therefore, we recommend more coherence between decision-making and management so that the goals of surge funding align with the response.
- **Strategy for Response:** Response strategies, even for surge funding should be strategic and focused on the overall mission of BHA. Additionally, evidence from FY 2020 to FY 2021 Supplementals suggest that a longer time frame for programming allows for better overall outcomes with less pressure on BHA to allocate funds or for IPs to plan and implement activities quickly. Overall, we recommend a longer time frame for allocation decisions and programming.
- **Assessment of institutional mechanisms:** Assessment of institutional capacity to absorb and program funding should be considered during the strategy for response and in making allocation decisions. If institutions, and especially local actors, do not have capacity, it should be bolstered through other mechanisms, (i.e., buy-ins). If institutions have capacity to absorb surge funding, resources can then be allocated accordingly. However, evidence from this evaluation supports the critical need for an in-built off-ramp that is planned prior to IP receipt of awards. Off-ramp planning would demonstrate responsible scale-down of award activities after surge funding had ended.
- **Monitoring (real-time) for effectiveness and intended/unintended effects:** After distribution of resources, real-time monitoring, evaluation, and learning that monitors effectiveness, intended, and unintended effects, and provides feedback to BHA so that programming can be flexibly adjusted is critical for improving outcomes and limiting diversion and waste. Real-time monitoring can also allow for expanding and retracting caseloads to meet the needs of the most vulnerable populations while being mindful of the end of surge funding (e.g., RQ2, evidence from WFP Colombia).
- **Performance evaluation:** Real-time monitoring, evaluation, and learning should lead into a rapid After Action Report or Performance Evaluation (or a hotwash at the minimum) that harvests promising practices and **lessons learned** that can be incorporated into future responses.

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