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UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT BUREAU
FOR HUMANITARIAN ASSISTANCE (USAID/BHA) FISCAL YEAR (FY) 2021

COVID-19 PERFORMANCE EVALUATION: OVERVIEW OF RESULTS

The Epilogue is The Prologue
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OUTLINE

- EVALUATION BACKGROUND
- PERFORMANCE EVALUATION FINDINGS BY OBJECTIVE
- CONFIRMATORY FINDINGS FROM CASE STUDIES
- EVALUATION CONCLUSION AND RECOMMENDATIONS

Photo credit: TANGO/Jordan





EVALUATION BACKGROUND

Purpose: Improve USAID's and humanitarian actors' understanding of the performance of the BHA-funded response to Coronavirus Disease 2019 (COVID-19) in humanitarian settings to improve future pandemic or outbreak response.

Performance Evaluation Objective: Evaluate the overall portfolio-level performance of activities funded through BHA's FY 2021 Economic Security Funds (ESF) COVID-19 Supplemental assistance (or 'Supplemental') and progress toward the achievement of BHA's funding objectives.

Through the \$1.3 billion Supplemental, BHA funded 187 implementing partner (IP) awards spanning: 46 countries plus 9 macro or regional awards and 18 global awards. A total of 41 Non-Governmental Organizations (NGOs) (95 awards) and 9 Public International Organizations (PIOs) (92 awards) received the funding ('Other' recipients 0.4%)

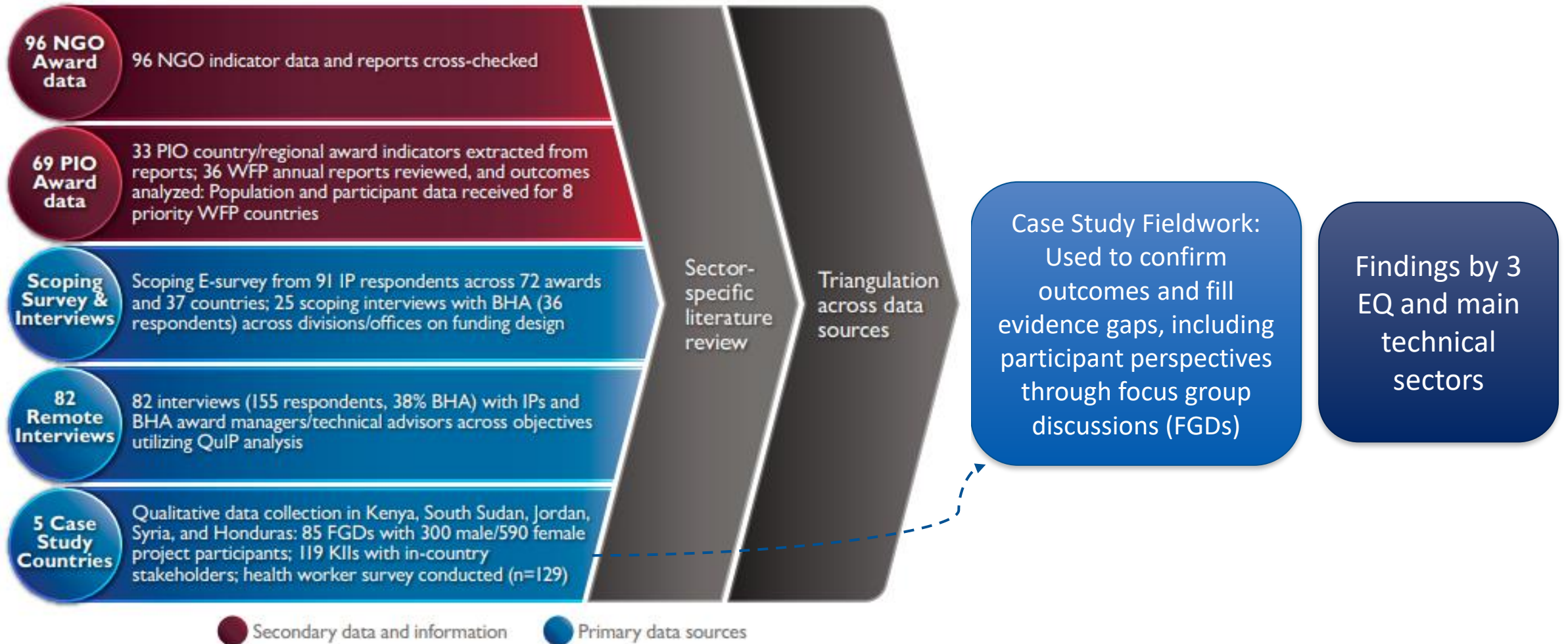
EVALUATION PURPOSE AND OBJECTIVE

EVALUATION QUESTIONS (EQ)

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? (Brief 1 – internal to BHA)
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? ([Brief 2](#))
3. To what extent did awards contribute to BHA's Objectives including the funding Goal? ([Brief 3](#))

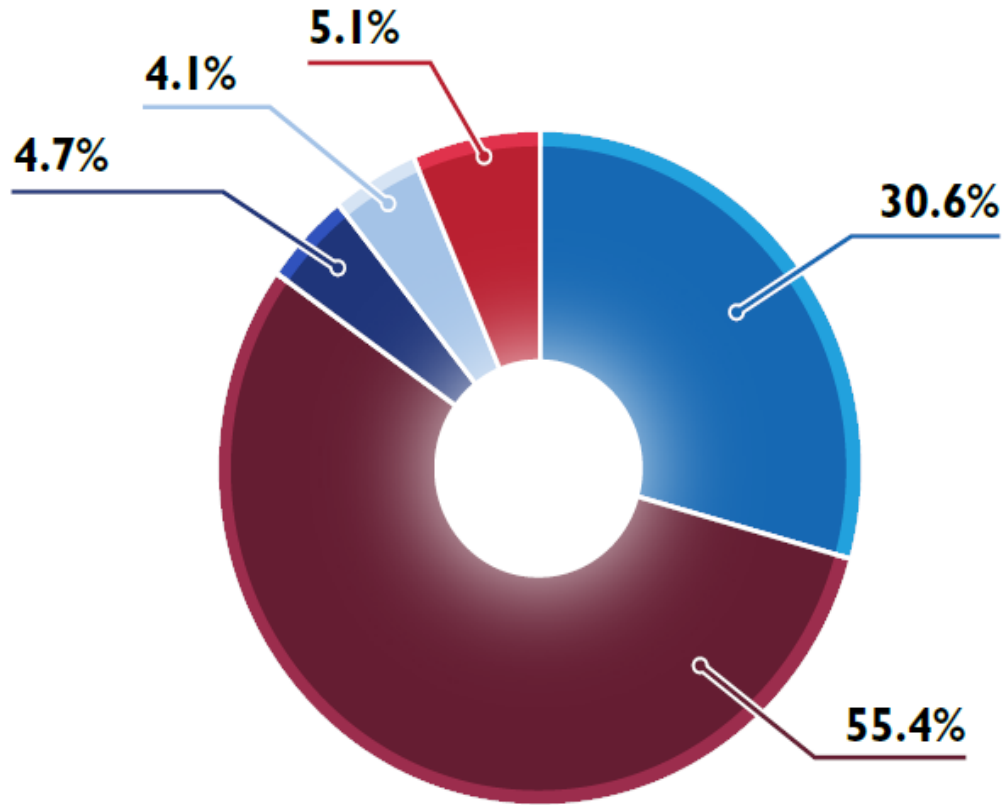


METHODS/DATA SOURCES



Methods summary: Secondary data sources include NGO and PIO indicator data and reports and working with World Food Programme (WFP) to collect and analyze existing outcome monitoring data. Primary data sources included Key Informant Interviews (KII), IP scoping e-survey, and case studies analyzed through the Qualitative Impact Protocol (QuiP) approach. These data sources, along with sector literature review, were triangulated for EQ findings.

OVERVIEW BY OBJECTIVE (OBJ)

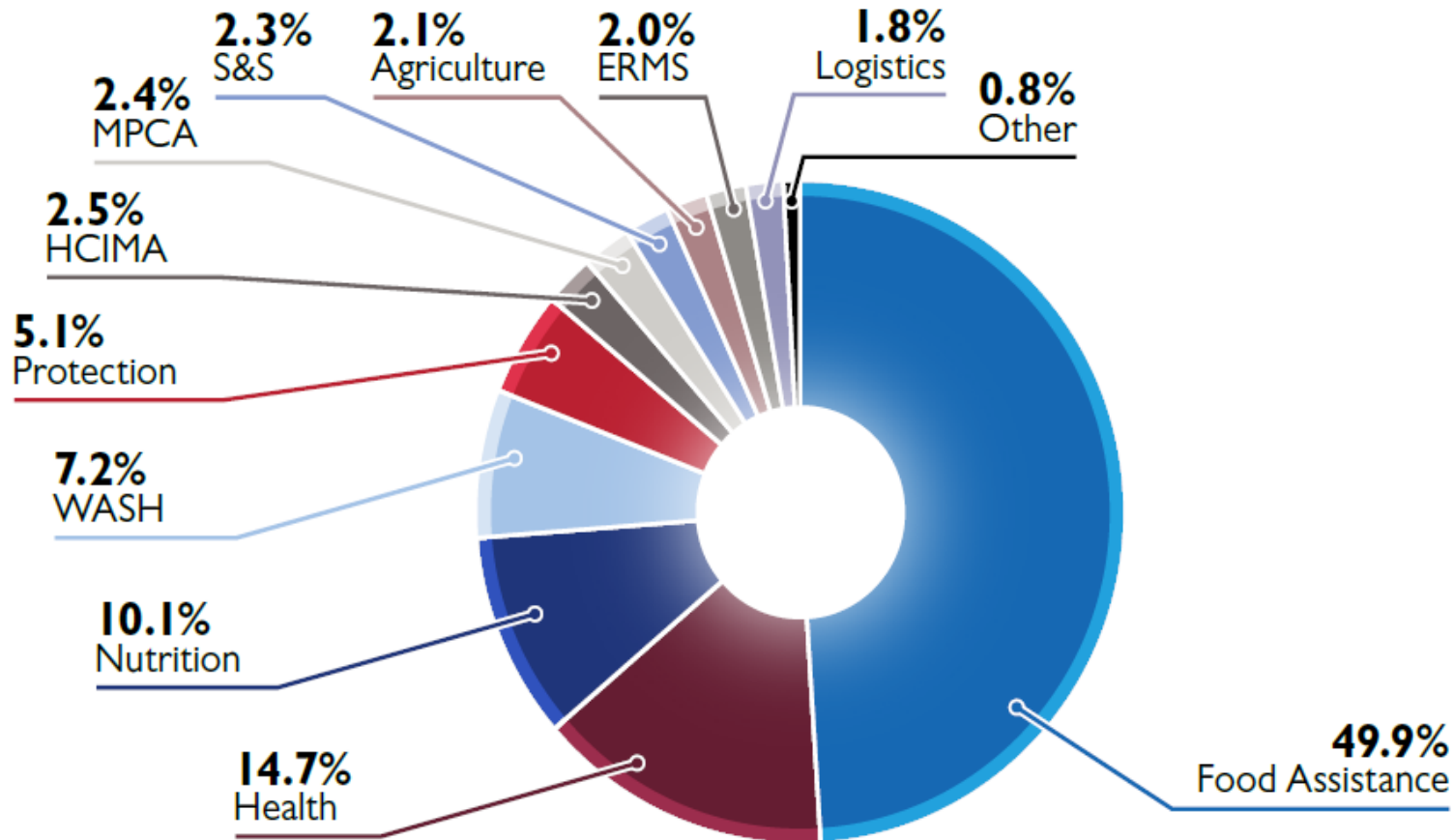


- Obj 1:** Support and Strengthen the Public Health Response
- Obj 2:** Prevent Famine and Mitigate Severe Food Insecurity
- Obj 3:** Provide Protection
- Obj 4:** Strengthen Humanitarian Operations and Coordination
- Obj 5:** Improve and Strengthen Humanitarian Architecture to Support Scale-up of Infectious Disease Response Capacity

FY20→FY21 Shifts

- Focus on pandemic secondary effects and global system capacities
- Modified awards and 1+ year duration
- Time pressures; high reliance on PIOs

SECTORS & FUNDING OVERVIEW



- Half of funding for food assistance (50%) – Obj 2
- One-third (32%) of funding for Health, Nutrition, Water, Sanitation and Hygiene (WASH), Shelter and Settlements (S&S) services – Obj 1
- Protection sector received 5% - Obj 3
- Humanitarian Coordination, Information Management, and Assessments (HCIMA) and Logistics funded at 4% - Obj 4
- Livelihoods sectors (7%): Multi-Purpose Cash Assistance (MPCA), Agriculture, and Economic Recovery and Market Systems (ERMS) – Obj 2



PERFORMANCE
EVALUATION FINDINGS BY
OBJECTIVE

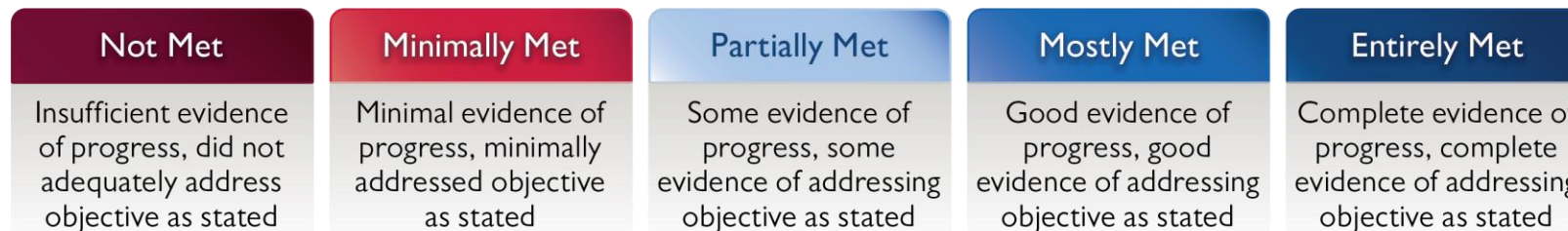
PREVIEW OF OBJECTIVE CONCLUSIONS

Funding goal was **mostly met**, with the highest funded sectors representing **75% of the funding** largely meeting their funding objectives (2.1a & 1.2). Protection services (3.1) was also mostly met.

Remaining sub-objectives were partially met, with the lowest achievement for emergency livelihoods (Obj 2.1b) due to the lack of award focus and funding for this area.

The Supplemental addressed direct and indirect effects of the COVID-19 pandemic, with important achievements across the funding objectives (EQ3/Brief 3).

Level of Sub-Objective Achievement	
Obj 1.1: Health, WASH, S&S	Partially met
Obj 1.2: Health, Nutrition services	Mostly met
Obj 2.1a: Food Assistance (FA)	Mostly met
Obj 2.1b: Livelihoods: MPCA, Agriculture, ERMS	Minimally met
Obj 3.1: Protection	Mostly met
Obj 3.2: Protection mainstreaming	Partially met
Obj 4.1: Logistics	Partially met
Obj 4.2: HCIMA	Partially met
Obj 5.1: Global pandemic capacity	Partially met



5-level Determination Criteria for Meeting Funding Objectives from Not Met to Entirely Met

[Click for
Obj 1 Brief](#)

OBJ 1: KEY RESULTS



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



Objective 1.2 Mostly Met: Maintain primary/ community level healthcare and child nutrition services



117.4 million reached with RCCE (30% of PIO awards reached targets/64% of NGOs)



1.7 million received WASH kits (60% PIOs/71% NGOs met targets)



1.1 million reached with hygiene promotion (83% PIOs/NGOs met targets)



31,000 households provided shelters to support spacing during the pandemic (100% PIOs/NGOs met targets)



5.1 million screened for malnutrition (66% PIOs/ 80% NGOs met targets)



25,091 health workers received capacity building (67% PIOs/ 81% NGOs met targets)

90% of Health Workers surveyed across Honduras, Syria, and South Sudan rate their skills and confidence to apply IPC-related knowledge to other disease risks as high to very high

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

OBJ 1: KEY FINDINGS

Indicator achievement was mixed (where possible to compare for NGO and PIO awards): more PIO awards missed targets than NGOs for Health and Nutrition

Both IP types reached targets (>80%) for hygiene promotion and WASH in health facilities, but missed other WASH and RCCE indicators

The few S&S indicators showed high achievement

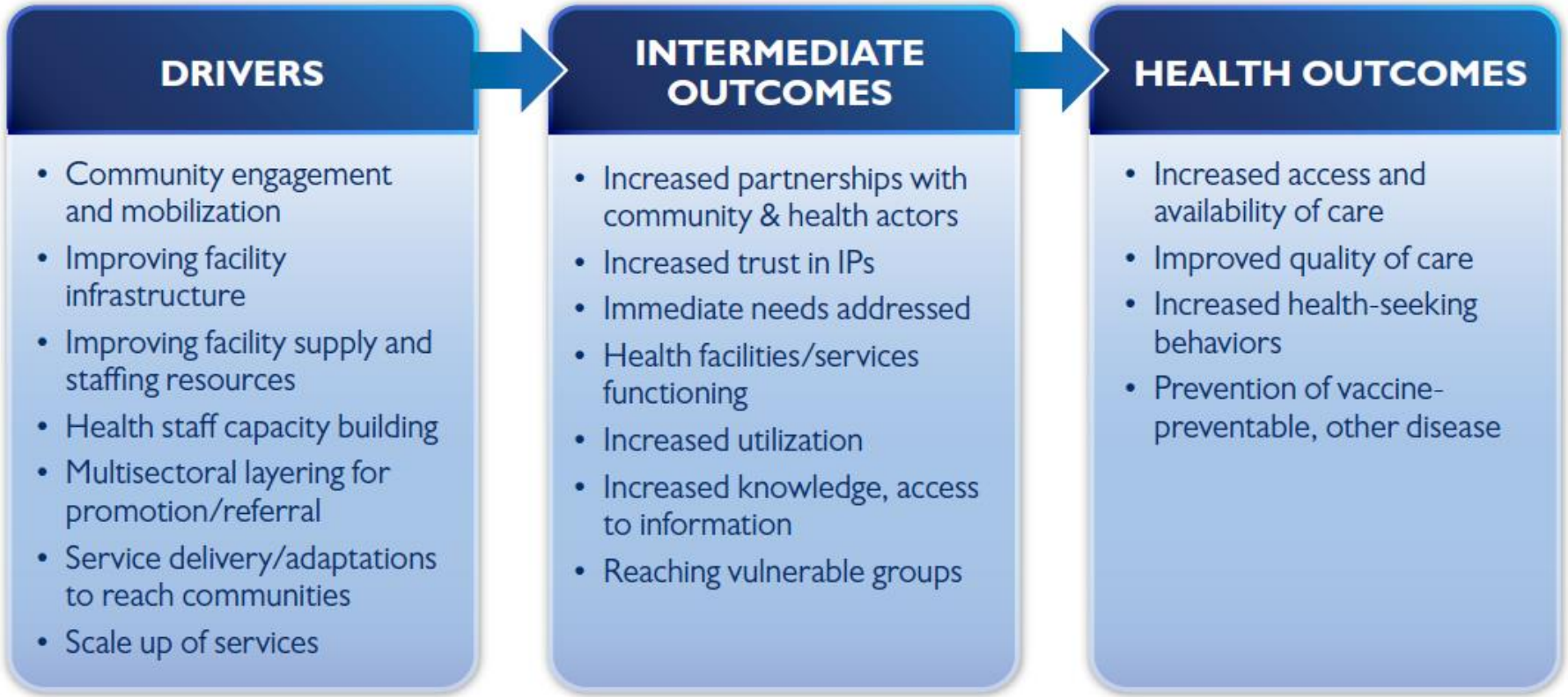
Multi-sectoral activities were key drivers of outcomes

Maintaining and re-establishing basic Health and WASH services helped mitigate the spread of COVID-19 and other diseases

“[The Supplemental Award] was able to revitalize the facility and provide the best possible essential healthcare package to the hard-to-reach population, including migrants.”

– IP Office of Africa Region

OBJ 1: DRIVERS/OUTCOMES PATHWAYS



Analysis from 39 IP KII respondents (across 15 awards) + confirmed by case studies

Chart summary: Strengthening community engagement, facility infrastructure, adaptations to scale services, and staff capacity [drivers] has fostered community partnerships, increased trust and knowledge, improved services and utilization [intermediate outcomes]. These improved health outcomes of access to quality care, health-seeking and preventative behaviors among humanitarian populations.

OBJ 1: PROGRAMMING CONSIDERATIONS

1. Community engagement-focused and multi-sectoral approaches for health/hygiene/nutrition promotion should continue in all humanitarian health initiatives.
2. BHA and IPs should maintain community health and nutrition services, as supporting health workers and facilities is key to improving access and readiness for future shocks.
3. Infrastructure durability (Health, WASH, Shelter) and outcome sustainability after project close-out need commitment for maintained inputs.



[Click for
Obj 2 Brief](#)

OBJ 2: KEY RESULTS



Objective 2.1a Mostly Met: Provide emergency food and/or nutrition security programming for needs exacerbated by pandemic effects



Objective 2.1b Minimally Met: Provide dedicated livelihoods programming for needs exacerbated by pandemic effects



>6.6 million participants reached (WFP)



292,745 participants received MPCA & 42,079 restored livelihoods (NGOs, 79%/73% met targets)



198,170 metric tons of food delivered (WFP)



473,195 participants benefited from agricultural and food security activities (NGOs, 86% met target)

WFP-focused Results

- Nearly 90% of Obj. 2 funding was allocated to WFP across 36 countries
- Pandemic significantly worsened food security globally, which led WFP to expand and adjust emergency assistance to mitigate impacts
- Most of the Supplemental supported cash and voucher assistance, which was quicker to implement and not as impacted by COVID-19 restrictions

OBJ 2: KEY FINDINGS

Expanded cash-based assistance reached new populations and minimized exposure to COVID-19

Lack of recovery activities limited the ability to revive livelihoods

BHA allowed IPs to adapt to changing conditions and needs

Complex emergencies degraded Food Consumption Scores (FCS) and worsened Coping Strategies Index (CSI) scores in 2022; some countries showed small improvement in CSI but less in FCS (see map in slide to come)

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

OBJ 2: DRIVERS/OUTCOMES PATHWAYS

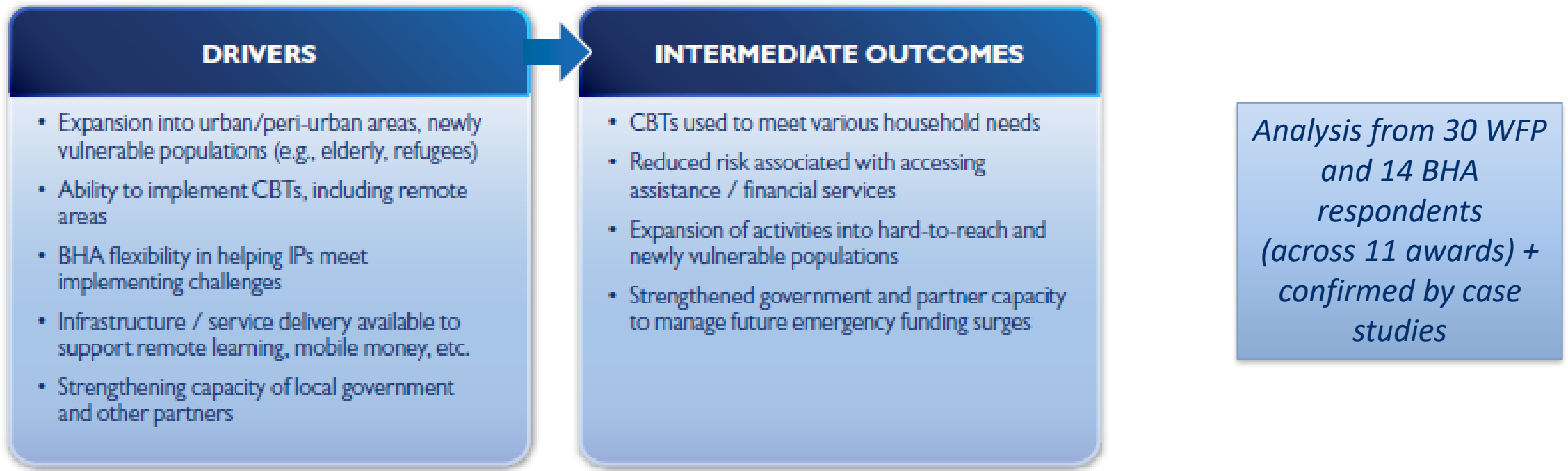
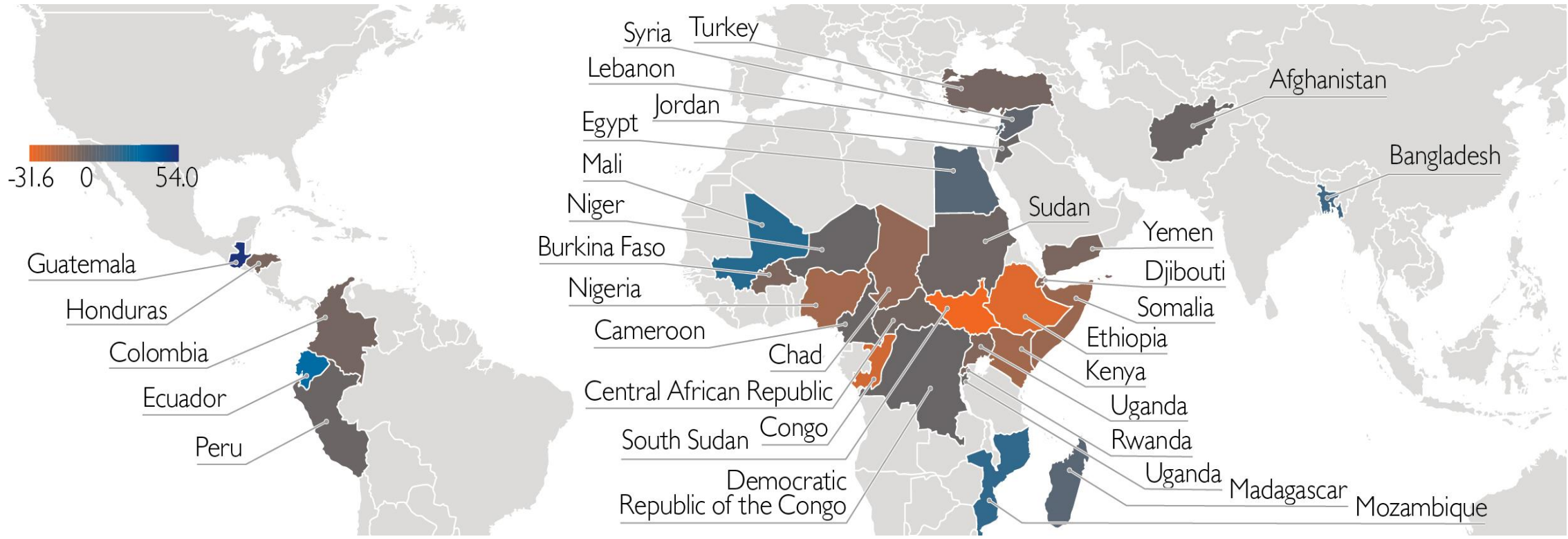


Chart summary: Expanding into urban areas and reaching newly vulnerable populations through flexible cash-based transfers (CBT) and strengthened local capacity of government and partners [drivers] has reduced risks, improved access to services, and enhanced preparedness for future emergency funding surges [intermediate outcomes]

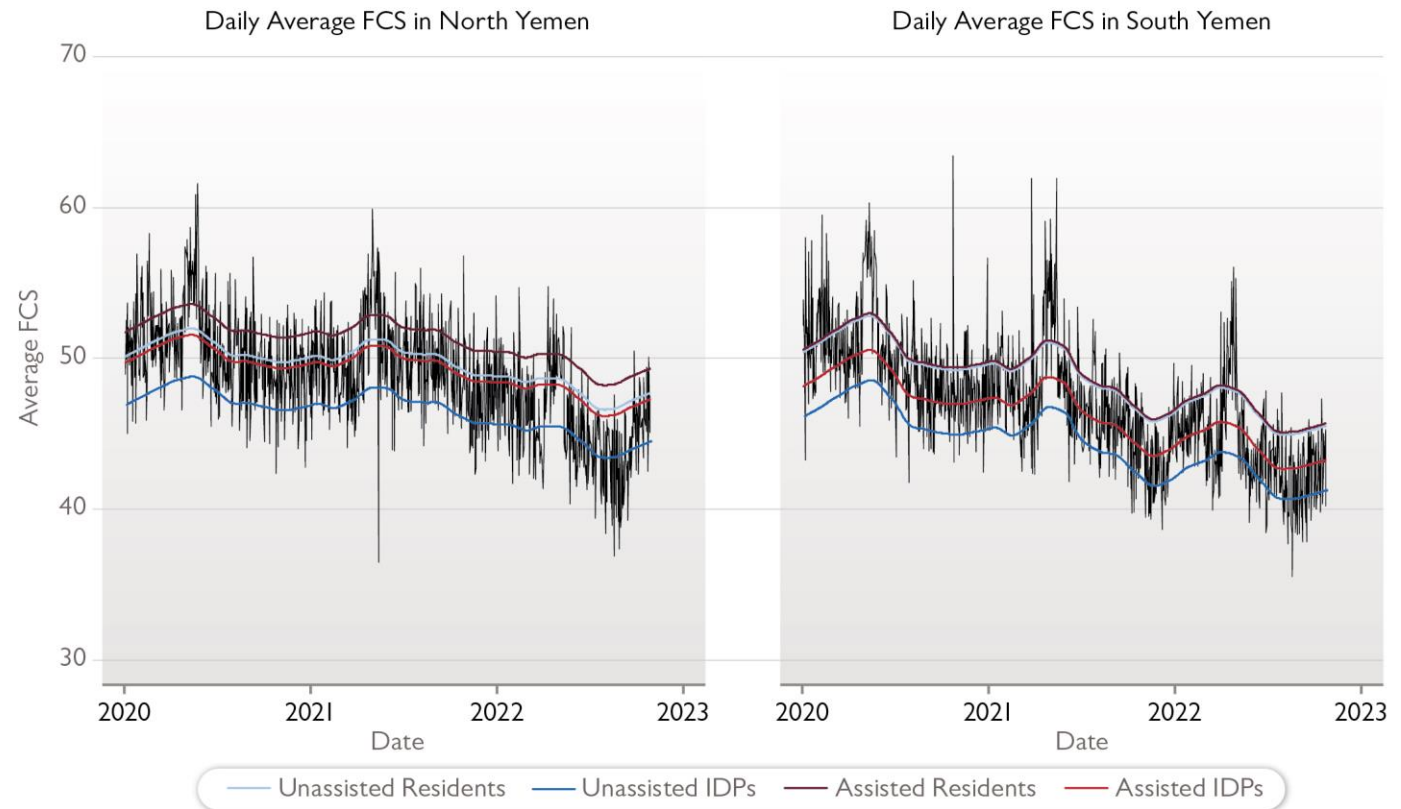
OBJ 2: OUTCOMES

The percent of households with acceptable FCS improved in 13 out of 33 WFP countries from 2021 to 2022 – see map below (and 17 of 33 WFP-funded countries reported improved CSI, not shown)



OBJ 2: YEMEN HOUSEHOLD-LEVEL mVAM DATA

- Assistance improved FCS for all households, but internally displaced persons (IDPs) had lower scores regardless of assistance
- Assistance in Northern Yemen may have more effectively assisted IDPs by improving consumption, whereas in the South, assistance improved food security for all recipients
- Despite this, IDPs were more disadvantaged than non-IDPs
- This is an example of what BHA and evaluation partners can achieve with sufficient outcome monitoring data



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

OBJ 2: PROGRAMMING CONSIDERATIONS

1. Cash and voucher assistance is effective for rapid response in areas with existing infrastructure and services, but alternative modalities or funding is needed where these are lacking.
2. Enhancing capacity at national and local levels boosts program effectiveness, efficiency, and sustainability, including capacity for multi-sectoral programming.
3. While large-scale emergency funding is crucial for immediate needs, its withdrawal should be gradual to prevent erosion of results. See the Thematic 2 Evaluation Study.



[Click for Obj 3 Brief](#)

OBJ 3: KEY RESULTS



Objective 3.1 Mostly Met: Increase access to protection services



435,753 individuals participated in child protection (CP) services (50% of PIO awards reached targets/90% of NGOs)



571,893 individuals participated in Mental Health and Psychosocial Support Services (MHPSS) (78% PIOs/96% NGOs met targets)



907,399 individuals accessed Gender-based Violence (GBV) prevention and referral services (75% PIOs/73% NGOs met targets)



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



83,619 individuals participated in protection training



46/64 Protection sector awards had a focus on people living with disabilities (PWD) and older individuals

10 awards total included LGBTQIA+* participants, the majority in ALAC region

*Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual plus

OBJ 3: KEY FINDINGS

Indicator achievement was mostly high, though results were often lower for PIOs than NGOs, with the exception of GBV service

IPs that did not receive the Supplemental in FY 2020 were re-integrated in FY 2021 after administration changes with high perceived success

Awards had a heavy focus on GBV prevention and referral

Fewer than half of awards focused on older populations who were at higher risk due to COVID-19-related vulnerability

Protection activities reached a large number of people and were considered 'lifesaving'

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

OBJ 3: DRIVERS/OUTCOMES PATHWAYS



Analysis from 8 KIIs and 3 BHA respondents (across 9 awards) + confirmed by case studies

Chart summary: Expanding protection services to new populations through remote programming, enhanced activities, and inclusive partnerships [drivers] has improved service coverage, reduced access barriers and risks, and strengthened provider and community-based skills for addressing critical protection concerns [outcomes].

OBJ 3: PROGRAMMING CONSIDERATIONS

1. BHA should continue expanding coverage to populations and contexts highly vulnerable to protection concerns. Localization is critical for this.
2. IPs should consider the multiplicative impacts of polycrises during programming, and BHA can support sharing of lessons across activities/partners.
3. IPs should consider expanding remote modalities where possible to improve reach, safety, and accessibility of protection services.
4. Sustainability/durability of protection-specific activities and outcomes, especially for reaching marginalized groups, IPs should be better supported through multi-year funding.



[Click for
Obj 4 Brief](#)

OBJ 4: KEY RESULTS



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



Objective 4.2 Partially Met: Improve humanitarian information management and coordination services



UNHAS transport services centered in Ethiopia, South Sudan, and Nigeria (9 awards)



212,762 UNHAS passengers with 92 percent average satisfaction; 950 organizations served



30,855 Metric Tons of cargo shipped through Logistics Cluster



72 percent of awards supported Clusters and coordination platforms



7,707 organizations used information management services of NGO HCIMA awards

78% of the HCIMA awardees led, participated, or supported multisectoral and joint assessments

OBJ 4: KEY FINDINGS

The Cluster system was strengthened in supported countries, with mixed results at sub-national levels

The awards supported improvements and innovations in information management and assessments

Limited Office for the Coordination of Humanitarian Affairs (OCHA) capacity hindered coherence of the pandemic response

HCIMA funds were generally used in line with BHA's objectives, yet, could have been more effectively distributed and used

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

OBJ 4: PROGRAMMING CONSIDERATIONS

1. BHA's support for greater coherence within the humanitarian system such as funding joint assessments, sharing data, and multi-sectoral planning should be continued and strategically and transparently expanded. This includes donor support to strengthen OCHA's role in these components.
2. Continued donor support should address system and country-level gaps, with investments to boost local participation and strengthen sub-national mechanisms.
3. BHA should increase funding to technical innovations of NGOs focusing on data and information management.



[Click for
Obj 5 Brief](#)

OBJ 5: KEY CAPACITIES DEVELOPED



Objective 5.1 Partially Met: Support humanitarian system and sector capacities to coordinate and respond to pandemics

(Sub-Objective 5.2 not included in evaluation scope as the funding includes this evaluation)



Vaccine Capacity (2 awards)



Situation/Service Monitoring (2 awards)



Medical Supply Chain (3 awards)



RCCE/CEA/AAP(2 awards)



Surge Capacity (6 awards)



Training Skill Building (9 awards)

Global awards built surge and rapid response capacities for key sub-sector areas related to the impacts of the pandemic, including: Community Engagement and Accountability (CEA)/ Accountability to Affected Populations (AAP), GBV, Sexual and Reproductive Health (SRH), MHPSS, and Nutrition

OBJ 5: KEY FINDINGS*

Objective 5 funded development of numerous tools and new platforms, and documentation of lessons and case studies from the pandemic and award activities (6 awards produced 9 lessons learned reports and 44 case studies)

Substantial global-level funding allowed some IPs to assume credible leadership roles as hubs of coordination and technical leaders in their respective sectors

Building capacity in a short time-period proved difficult for global awards: 82% of awards received extensions

Many IPs remain reliant on BHA funding to continue program operations that were started or expanded from the Supplemental

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

OBJ 5: PROGRAMMING CONSIDERATIONS

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





EVALUATION CASE STUDIES

DATA COLLECTION: REGIONAL CLUSTERS

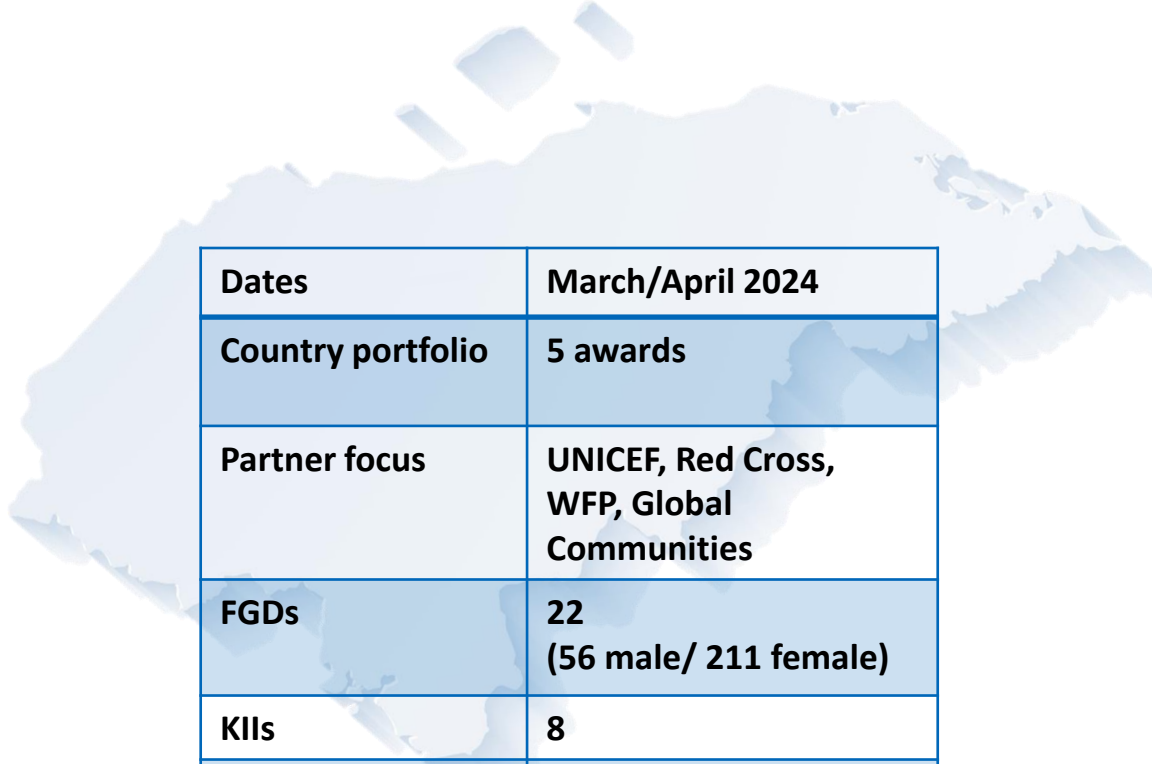


Map summary: Case study data collection occurred across three sub-regions (Central America, Eastern Africa, and Syrian regional response with a focus on five countries)

HONDURAS CASE STUDY

Key takeaways:

- **Health & Nutrition:** Integrating nutrition services and community health committees with health centers significantly improved health outcomes during the crisis and empowered communities.
- **WASH & Shelter:** For the simultaneous hurricane response, water systems were restored and temporary shelters met immediate needs, but lacked long-term solutions.
- **Protection:** MHPSS support reduced emotional distress, and GBV training empowered women to recognize and address violence.
- **Food Security & Livelihoods:** Cash assistance and training helped farmers increase crop production and supported business recovery, though long-term support was limited.




Dates	March/April 2024
Country portfolio	5 awards
Partner focus	UNICEF, Red Cross, WFP, Global Communities
FGDs	22 (56 male/ 211 female)
KIIs	8
Health Worker (HW) surveys	32
Sectors	Health, Nutrition, WASH, S&S, MPCA, FA, Livelihoods, Protection

JORDAN CASE STUDY

Key takeaways:

- Food Security & MPCA: Cash assistance was critical for survival, but often insufficient to cover all needs, especially with rising inflation. The Supplemental supported expanded support to urban refugees, including non-Syrian refugees.
- Refugees relied on cash for basic essentials, with many reducing purchases of meat and vegetables.
- Flexibility & Trust: WFP's mobile e-wallet system and responsive help desk improved accessibility and community satisfaction.

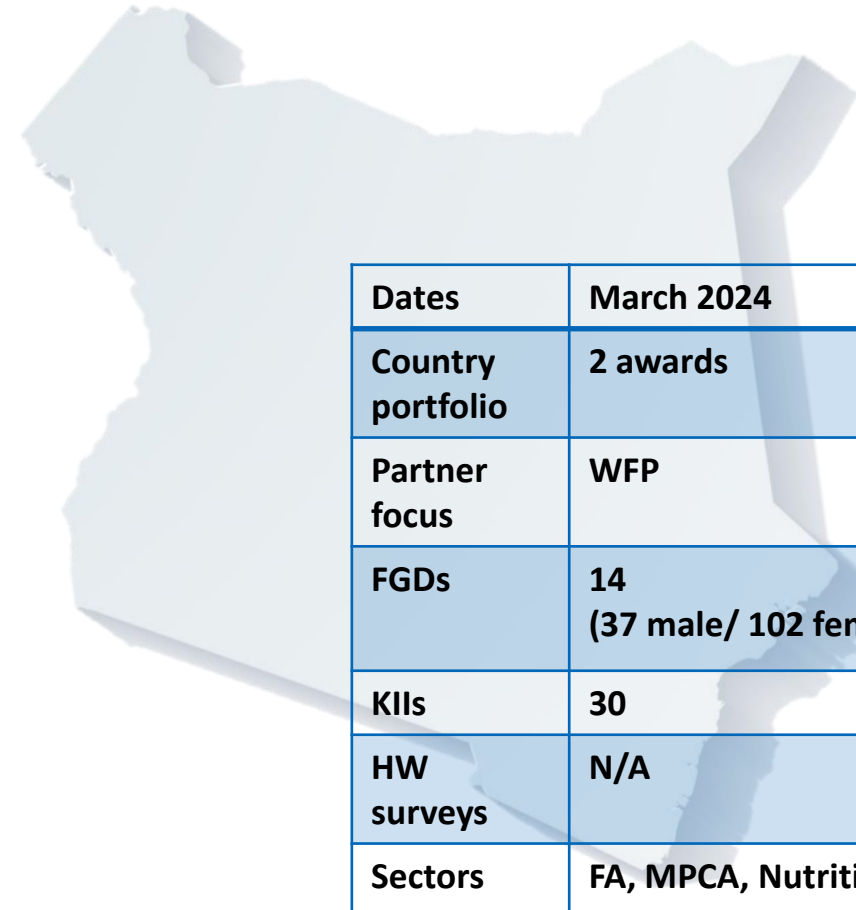


Dates	March 2024
Country portfolio	1 award
Partner focus	WFP
FGDs	8 (42 male/ 26 female)
KIIs	11
HW surveys	N/A
Sectors	FA, MPCA

KENYA CASE STUDY

Key takeaways:

- **Nutrition:** Nutritional supports reduced malnutrition among children, older persons, PWD, and the chronically ill, with no reported stockouts or shipment delays.
- **Food Security & Livelihoods:** Cash and voucher assistance mitigated food insecurity in urban areas, revived small businesses, and provided flexible financial support.
- **Social Protection:** Collaboration with local government and banks enabled effective and transparent cash transfers, safeguarding beneficiaries from loan deductions.

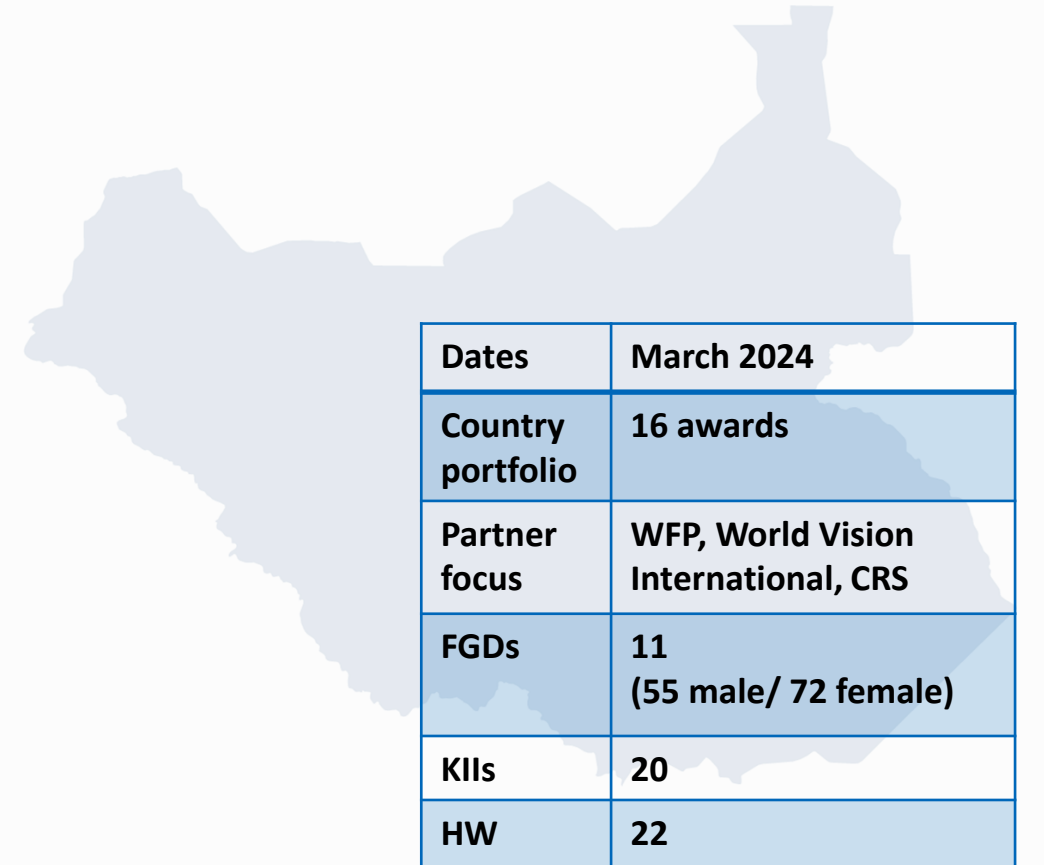


Dates	March 2024
Country portfolio	2 awards
Partner focus	WFP
FGDs	14 (37 male/ 102 female)
KIIs	30
HW surveys	N/A
Sectors	FA, MPCA, Nutrition

SOUTH SUDAN CASE STUDY

Key takeaways:

- Health, WASH, Nutrition: Health messaging reduced COVID-19 spread and misinformation, while mobile clinics and WASH facilities improved hygiene and access to care; though lack of sustained maintenance of these facilities and services remains a challenge.
- Food Security & Livelihoods: Cash assistance and agricultural inputs improved food security and livelihoods, but recovery eroded once the Supplemental ended.
- Protection: GBV and protection services empowered women and girls, but long-term prevention and support remain insufficient.

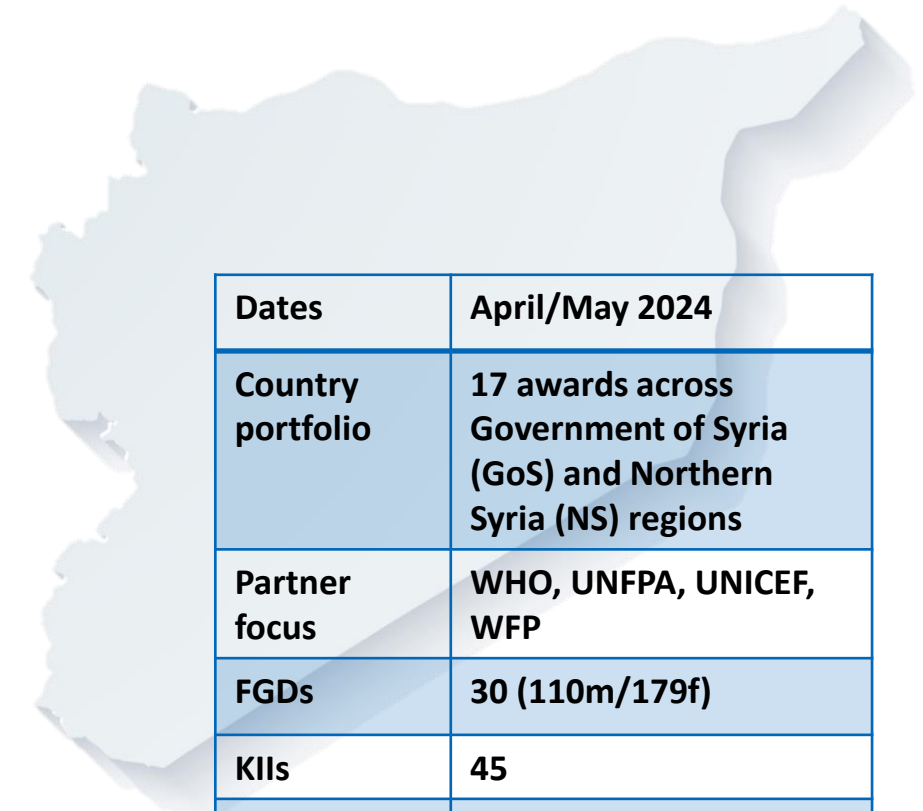


Dates	March 2024
Country portfolio	16 awards
Partner focus	WFP, World Vision International, CRS
FGDs	11 (55 male/ 72 female)
KIIs	20
HW surveys	22
Sectors	FA, MPCA, Health, WASH, Nutrition, Protection

SYRIA CASE STUDY

Key takeaways:

- Health, WASH, Nutrition: COVID-19 prevention efforts improved hygiene and health awareness and practices, including ongoing cholera and other outbreaks, while nutrition interventions improved child nutrition. Though water quality issues remained (GoS).
- Food Security & Livelihoods: Targeted assistance improved food security for camp-based populations, but the long-term impact is tenuous due to major reductions in assistance since the pandemic.
- Protection: Services addressed early marriage and child labor, with mobile teams providing critical psychosocial support in remote areas (GoS). Mental health awareness and resilience improved through psychological support for displaced populations facing stress from displacement and COVID-19 (NS).



Dates	April/May 2024
Country portfolio	17 awards across Government of Syria (GoS) and Northern Syria (NS) regions
Partner focus	WHO, UNFPA, UNICEF, WFP
FGDs	30 (110m/179f)
KIIs	45
HW surveys	75
Sectors	Protection, Health, and WASH, FA



EVALUATION
CONCLUSIONS &
RECOMMENDATIONS

PERFORMANCE EVALUATION CONCLUSIONS

- Supplemental addressed **direct and indirect effects** of the ongoing pandemic, with **achievements** across the funding objectives
 - Unintended effects: new populations reached, non-emergency partners funded, and pandemic preparedness across levels (examples)
 - QuIP – attribution to BHA: Most IP KIIs say the funding was essential to impacts or helped expand and support ongoing services (21/24)
- BHA made key **funding design decisions** to ensure timeliness and efficiency, with some trade-offs around accountability and alignment with funding strategy
 - BHA coherence of response around a **global funding strategy** can be improved
- COVID-19 response has shifted the **mindset of humanitarian partners** around what should be achieved even in a humanitarian context (i.e., durability, capacity)

EVALUATION RECOMMENDATIONS

1. **BHA Global Leadership Capacity:** inter-agency, cross-sector coordination roles developed
2. **Real-time Improved M&E Strategies*:** real-time evaluation and learning launched for surge funding; continued improvement of indicator and data management and of PIO reporting
3. **Sustaining Results is BHA's Business in Protracted Crises:** plans and systems in place with partners to protect and maintain investments
4. **The Role of Humanitarian Funding for Capacity Building*:** guidance needed on capacity strengthening with local government, investment needed in local coordination structures, and developing strategy for pandemic capacities
5. **Ensure Ongoing Use of Pandemic Innovations:** technological and infrastructure investments to leverage quick and remote responses; and BHA continuing effective internal processes

*This recommendation builds upon the BHA FY 2020 COVID-19 Evaluation. See the FY 2020 summary recommendations in Annex F.

THANK YOU!

[Check out the ANNEX for case study reports, indicator tables by objective, and other supplementary information](#)

Find other deliverables of this COVID-19 evaluation series here:

- [Thematic 1 Evaluation Report](#): Pandemic preparedness capacities in humanitarian settings
- [Thematic 2 Evaluation Report](#): Lessons on BHA surge funding

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