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HINDSIGHT 2020:
Key Lessons and Reflections from BHA's FY20 Response to COVID-19

COVID-19 Evaluation Brief – September 2022

Evaluation Background

USAID/Bureau for Humanitarian Assistance (BHA) commissioned this performance evaluation to focus on the results, key successes and learning from the response of BHA and its implementing partners (IPs) to the COVID-19 pandemic in humanitarian contexts. Specifically, this evaluation looked at response efforts supported by the $558 million COVID-19 supplemental funding distributed in fiscal year (FY) 2020.

These supplemental funds were distributed through 178 awards to 62 IPs, across 40 countries, the Pacific Islands, and West Bank Gaza, and included global and macro awards (multi-country). These funds were distributed March to August 2020 by the legacy Office of US Foreign Disaster Assistance (L-OFDA) and legacy Office of Food for Peace (L-FFP), which transitioned to BHA during this period.

This evaluation includes specific analysis of the following BHA sectors, listed here by percent of total funding: Nutrition and Food Assistance (NFA, 33%, mostly through L-FFP to World Food Program (WFP)); Health (25%); Water, Sanitation, and Hygiene (WASH, 21%); Protection (4%); Multi-Purpose Cash Assistance (MPCA, 3%); Humanitarian Coordination and Information Management (HCIM, 2%); Economic Recovery and Market Systems (ERMS) and Agriculture and Food Security (AgFS, 1% for both).

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IDEAL

KEY BHA FY20 RESULTS

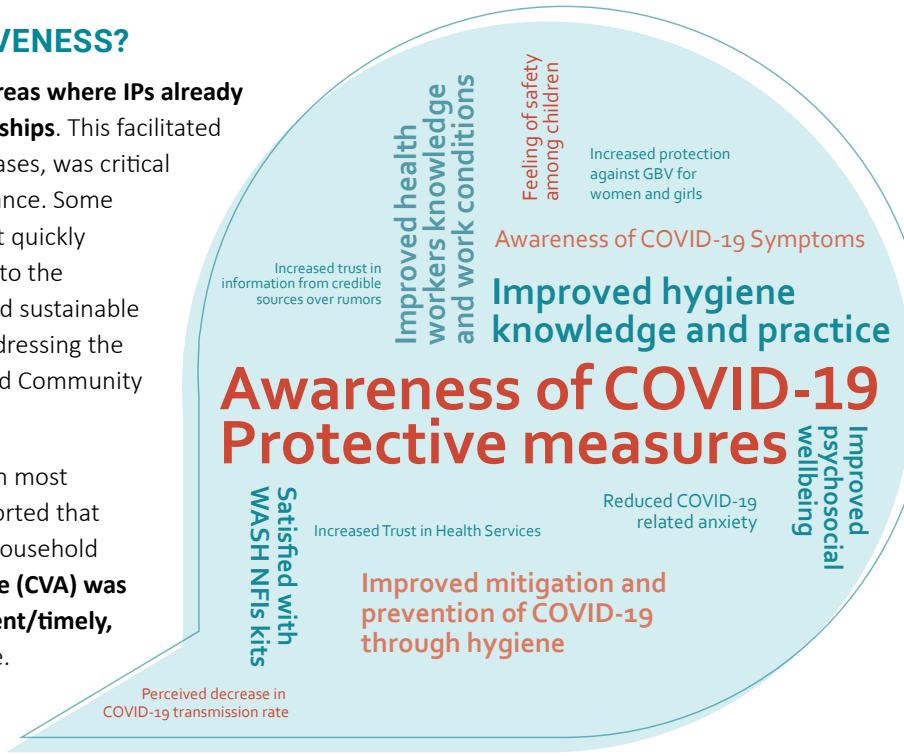
- **Over 137 million** participants reached with health and hygiene messaging
- **Over 2.5 million** participants received food assistance through 29 WFP country programs[1]
- **20% point increase** (on average) in participants' knowledge of 2+ COVID-19 protective measures
- **Nearly 6.8 million** participants were screened for COVID-19
- **80,401 participants** accessed gender-based violence (GBV) services

1 This is an estimate calculated by the evaluation using the proportion the BHA supplemental award represented of the total 2020 budget for each WFP country program, and that proportion was applied to WFP's total participants reached for 2020, then summed across the 29 countries. This total does not include WFP global or logistics awards.

Overall Evaluation Findings

WHAT FACTORS SUPPORTED EFFECTIVENESS?

Response efforts were found to be **more effective in areas where IPs already maintained infrastructure, staffing, and local relationships**. This facilitated more appropriate targeting of activities, and in many cases, was critical for the relevance, timeliness, and success of the assistance. Some sector activities were particularly difficult to implement quickly in new geographic areas or with new populations, due to the capacities or local trust necessary to provide quality and sustainable interventions- such as for Protection, WASH, and in addressing the uncertainty about COVID-19 in Risk Communication and Community Engagement (RCCE) activities.



Given the severe economic impacts of the lockdowns in most humanitarian settings, project participants and IPs reported that the greatest pandemic-related needs were related to household income and food security. **Cash and voucher assistance (CVA) was seen in multiple contexts as the most relevant, efficient/timely, and effective form of assistance** for the FY20 response. CVA programming was especially useful to reach newly vulnerable groups.

Layering activities from multiple sectors leveraged complementary forms of benefits. Examples include:

- WASH support to health facilities
- CVA with WASH Non-Food Item (NFI) hygiene kits, or combining CVA with protection services
- Combining protection, NFA/livelihoods, and RCCE/hygiene promotion. For example, engaging women in local mask or soap-making activities

Promising Practices on Adoption of Remote Data and Monitoring Technologies

Pandemic restrictions necessitated a shift to remote implementation, such as for Protection and Health activities, as well as monitoring and evaluation through the adoption of various technologies and online tools. One example in remote monitoring is the use of QR codes for participant satisfaction surveys, and another provided in the quote below:

"This award triggered the digitalization of our M&E processes through the implementation of software use (KOBO) to capture information in tablets that were distributed to all PHCs. Other innovations, such as the use of Power BI for data analysis and digital tracking tools, were more widely adopted by all teams. Readily available health data was key for decision making for Crisis Management Teams ..." – IP e-survey

The evaluation notes that the full view of the funding's performance is limited by gaps in the indicator and participant data submitted to BHA's monitoring system by IPs, and the limited outcome-level indicators for most sectors.

Photo Credit: Apsatou Bagay/Save the Children

WAS PROGRAMMING RELEVANT TO THOSE MOST VULNERABLE TO COVID-19 AND ITS IMPACTS?

Most IPs undertook general context or rapid needs assessments to determine their target populations' most precedent needs, yet engagement with local staff and communities was critical in the design. Time constraints and movement restrictions limited community consultation on the original award design: only **36% of IP e-survey respondents indicated extensive consultation in the design phase**. During implementation however, IPs were able to gather community feedback through various mechanisms, some remote, and made adjustments where possible: 44 of 45 focus groups with project participants in Nigeria reported that IPs gathered feedback, and half felt IPs acted on this feedback. Prime examples of adapting programming based on needs include incorporating COVID-19 infection, prevention, and control (IPC)/Hygiene Protocols into programming, as well as community-tailored RCCE.

Most partners felt they **targeted the right people** for their award scope (64 of 74 IP e-survey responses). In terms of addressing evolving pandemic needs of participants, IPs indicated that awards that were narrower in focus (e.g., Health and WASH only) **left out other unmet needs** that were clear by mid-2020, including the severe secondary impacts. Some IPs attempted to address this through other donor funding or layering with other actors in the area (see also: Coordination). A key suggestion from IPs is increasing flexibility of award sectors and activities, and better utilizing BHA-supported CVA programming (i.e., MPCA) as noted above, in particular for NGO partners.

WAS THE FY20 RESPONSE EFFICIENT AND TIMELY?

Despite some start-up delays in contracting and the significant challenges of the pandemic operating environment, BHA and IPs overall acted swiftly to deliver the assistance. **Maintaining strong communication with BHA focal points** allowed for quicker program adjustments where needed and this direct communication ensured award alignment with BHA policies and guidance. The main external factors that hindered efficient delivery of assistance included national lockdowns or other restrictions, and global supply chain issues.

Considering that **80% of all awards required a no-cost extension**, and 30% required an extension of at least six months, a more realistic timeline would help IPs to plan appropriately and meet their goals and the funding objectives. Operating under a compressed timeline within the context of a protracted pandemic led some IPs to select different activities than they would have if given more time from the start, and in some instances, limited adequate handover of activities or sustainability of project results.

HOW WELL DID PARTNERS AND HUMANITARIAN ACTORS COORDINATE?

Coordination within a given sector was extensive and predominantly managed through cluster mechanisms and technical working groups, which allowed IPs to avoid duplication of related activities. However, cross-sector coordination was less systematic and regular, though some positive examples emerged in formal camp settings and municipalities, and through COVID-19 task forces. There was limited coordination specifically among BHA awardees of this funding in the same context.

IPs consistently attributed the successful implementation of their awards to the existing **community groups and local institutions** with whom they worked. This included local governments, community groups and organizations, community leaders and influencers, and faith-based groups or leaders. Yet, formal partnerships with local or national organizations as direct recipients or through sub-awards were limited.

HCIM-focused awards contributed to improved cross-sector coordination and supported the involvement of local and national actors in coordinating mechanisms, though activities varied across funded IPs, and often lacked strategic direction guided by results-oriented indicators.

> **"BHA needs to improve some of its systems and regulatory processes to operationally allow what we know works, that is, eliminating barriers to localization."**
>
> — IP INTERVIEW

Sector-Specific Award Approaches

Photo Credit: ICSA Agency

HEALTH

Critical factors contributing to achieving health award objectives included coordination with local and national health systems and clinics (government and private/non-profit), extensive engagement with community members, and support of community health workers (CHWs).

Successful Approaches

- Strengthening capacities of CHWs and frontline health workforce i.e., in infection prevention and control (IPC) and triage practices.
- Supporting primary health centers (PHCs) through IPC training and protocols, handwashing inputs, COVID-19 screening, and disseminating information to help communities overcome hesitancy in seeking services.
- Mobilizing telehealth, mobile community health, or rapid-response teams to support home-based case management of mild cases.
- In contexts where partnering with the Ministry of Health was possible, supporting hospitals to prevent health system collapse, by providing equipment, medicines, and screening or isolation systems.
- Including layering CVA with programming that promotes child nutrition and household dietary diversity.

> **The training of the health workers was one of the most successful activities, and we still see its impact today [for vaccine roll-out].**
>
> — IP INTERVIEW

Successful Approaches in RCCE

RCCE communication campaigns with strong community participation and tailored messaging were effective at encouraging COVID-19 prevention through mask-wearing and handwashing, and reduced misinformation and fear. This was crucial, given the uncertainty surrounding this novel disease.

Coordinating RCCE, surveillance, contact tracing, and referral systems with Ministries of Health, cluster mechanisms, and other health actors prevented duplication of efforts and allowed for integration with other ongoing surveillance systems - such as for Malaria.

Community-based RCCE, combined with IPC support at PHCs, and CHW-led case management were key to combating rumors, stigma, and fear of seeking care.

IPs specialized in tracking the spread of rumors and misinformation helped tailor messaging via various media platforms, such as by addressing community concerns through local influencers on social media.

LESSONS LEARNED

- IPs experienced major challenges in obtaining and delivering supplies and in hiring the medical staff needed to deliver effective health services. Because of this, it was especially relevant to coordinate with actors who could secure supplies and to strengthen capacities of CHWs and local health systems. Working together to secure personal protective equipment (PPE) was also critical with BHA's initial restrictions.
- Isolation units were underutilized in many contexts for various reasons; therefore, the appropriateness of this intervention should be reviewed in greater depth for future responses to novel disease outbreaks.
- Supporting the mental health of frontline workers was important to help cope with the intensive stress and fear during the initial phase of the pandemic. Where implemented, support came late, as it often required developing new programming or online curriculums.

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WASH

Effective and relevant WASH programming aimed to support health facilities, was centered on community capacity and existing WASH assets, was adjusted to community feedback or guidance, and/or linked CVA with WASH NFI hygiene kits.

Successful Approaches

- Providing WASH supports such as handwashing stations and water supply at Health and Nutrition facilities for effective layering of sectors that simultaneously targets areas at higher risk of COVID-19 exposure.
- Purchasing WASH NFI from local suppliers to overcome border closures and support local businesses. Adjusting WASH programming to community feedback such as including menstrual hygiene items in household kits and modifying handwashing stations to cultural preferences.
- Combining cash transfers with WASH NFI to decrease selling of NFI to cover other household needs, thereby ensuring NFI may help reduce the risk of COVID-19.

> **The provision of WASH NFIs was linked to the provision of multi-purpose cash assistance to prevent them from selling the items.**
>
> — IP E-SURVEY COMMENT

LESSONS LEARNED

- Community WASH infrastructure investments require sustainability plans and capacity development activities, which were difficult to achieve in the original six-month awards. In some instances, a more durable WASH infrastructure would have been possible to support sustained results (ex: ceramic instead of plastic handwashing stations in PHCs).
- The sector activities maintained a focus on handwashing and surface sanitation as a key preventative measure, despite Center for Disease Control (CDC) COVID-19 guidance of May 2020 indicating the low risk of surface transmission.

Photo Credits: Delfhin Mugo/Save the Children

PROTECTION

Protection activities that incorporated remote services, layered with other sectors, and strengthened local capacities to respond to increased demands were found to be both effective, and more relevant to newly vulnerable populations, such as women and children facing increased protection risks due to lockdowns.

Successful Approaches

- Incorporating remote services, or virtual approaches to psychosocial support (PSS) activities, referrals (e.g., hotlines), and community sensitization activities. In some cases, use of digital platforms like WhatsApp and online "bot" services provided an opportunity to reach a broader audience.
- Integrating protection activities with Health/RCCE, by delivering RCCE and GBV messaging together, or by including social workers with mobile community health teams.
- Integrating protection activities with food assistance activities, such as by providing CVA or income generation support for women survivors of GBV, or to at-risk households as a means of alleviating domestic tensions during lockdowns.
- Increasing the number of PSS sessions or shifting focus to psychological first aid (PFA) when the level of loss increased in a community.
- Strengthening civil institutions' abilities to deliver services, by training lay counselors to support a mobile clinic, or by instituting a Help Desk to continue after the award.

LESSONS LEARNED

- Adequate levels of trained professionals to meet the increased case management and other service demands was a big challenge for the sector, necessitating shifts to community sensitization activities.
- Protection activities in new areas or with new populations faced challenges, as these activities require time to build trust and develop community relationships to be effective.

Photo Credits: Daniela Goto/Save the Children; Miguel Arreátegui/Save the Children

FOOD AND CASH PROGRAMMING (NFA AND MPCA)

Overall, the need for food assistance was much larger than what the awards could deliver. Food assistance, including cash and vouchers as discussed above, generally improved living conditions and countered the negative effects on food insecurity caused by lockdowns.

Successful Approaches and Key Learning

- The ability to top-up or add distributions to MPCA programming was critical for effectively addressing participants' needs, and in some contexts helped to combat inflation.
- Pivoting to CVA improved the efficiency of distributions and the ability to reach those experiencing economic vulnerability from the pandemic's secondary impacts.
- Layering food assistance with health case management services, e.g., providing food baskets to COVID-19 patients helped reinforce isolation and reduce transmission.
- Where the modality was not remote, adapting delivery protocols to make distributions safer, such as:
  - » Staggering, or increasing the number of distribution points.
  - » Ensuring handwashing and face coverings for those who assemble in public spaces.
  - » Enforcing social distancing.

> **We are thankful for the assistance we received at our moment of need. That we were not forgotten.**
>
> — COLOMBIA WFP PARTICIPANT

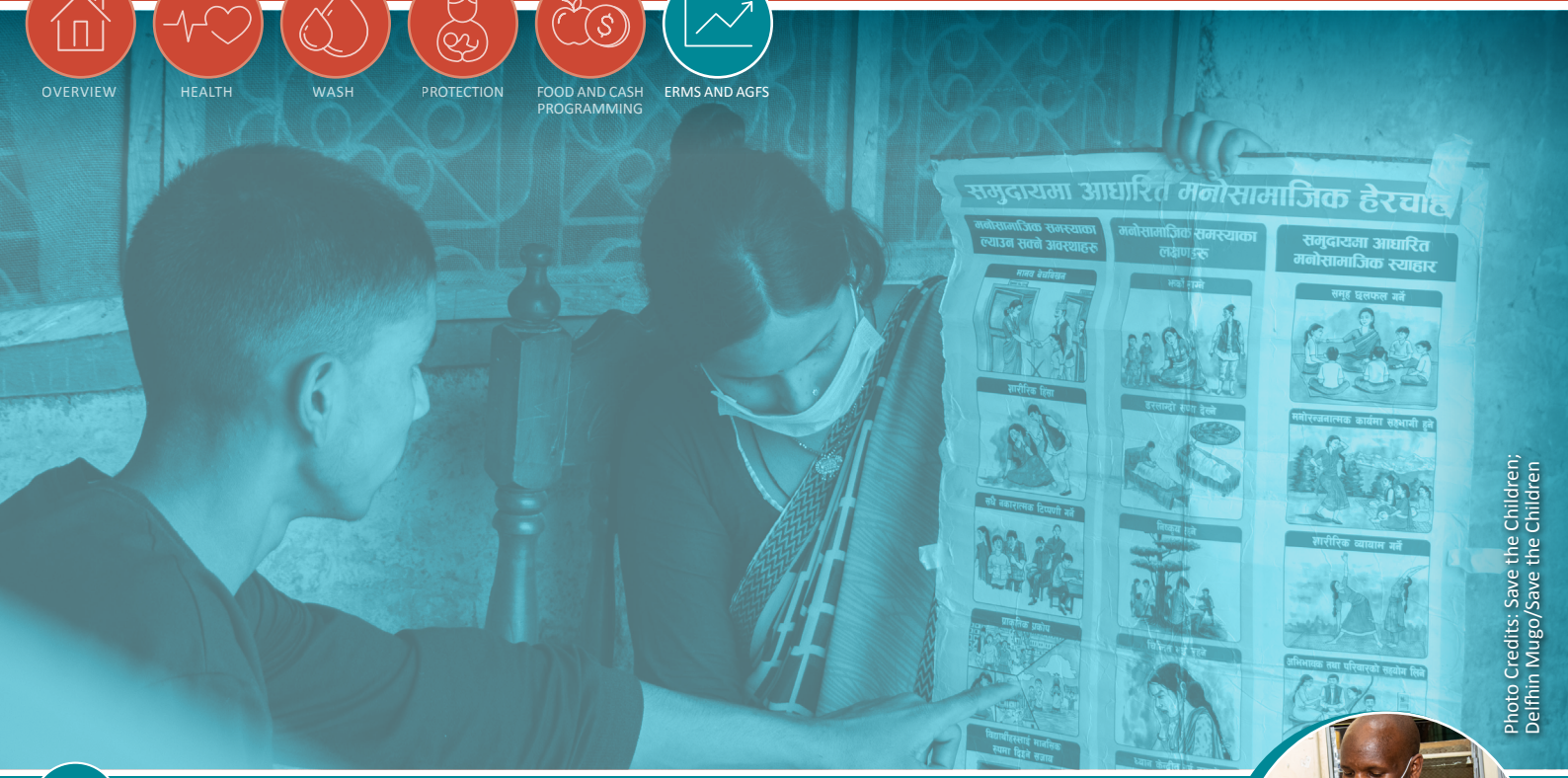

Photo Credits: Save the Children; Delfhin Mugo/Save the Children

ERMS AND AGFS

The most relevant ERMS activities involved trainings on producing WASH NFI and PPE with participants at the local level. AgFS activities that directly supported essential agriculture service providers effectively addressed the secondary impacts created by the pandemic. ERMS activities requiring longer timeframes faced challenges with the sustainability of their results or failed to be completed on time.

Successful Approaches

- For ERMS: Hand sanitizer-, mask-, or soap-making trainings with women or local tailors to support immediate hygiene/health and livelihood needs, and layering trainings with protection activities.
- Highly localized efforts rooted in community engagement to increase relevancy and decrease protection risks (noted below), including coordination through neighborhoods or community leaders.
- For AgFS: Integrating COVID-19 awareness and/or PPE support (including hygiene messaging) into agricultural trainings, value chains or market activities.
- Direct support to essential agricultural value chains and service providers affected by the pandemic.
- Implementing measures to reduce COVID-19 transmission and promote the safe functioning of markets, distribution centers, and key points in food value chains.

> **"Since Coronavirus and now we are suffering greatly, work has stopped, and material resources are very little or non-existent…it has challenged us more economically than the disease itself."**
>
> — IRAQ FGD PARTICIPANT

LESSONS LEARNED

- The importance of a resilience lens – even in emergency response to a pandemic – needs to be emphasized, as it simultaneously addresses the secondary impacts while serving as the foundation for future development efforts.
- Broad efforts beyond mask/soap-making training, such as forming formalized cooperative groups, were perceived to be not as feasible within a short-term response.
- ERMS activities had diverse effects on cohesion. In some households, increased income led to a decrease in household tensions, violence, or survival sex coping mechanisms, while others experienced household tensions regarding control of the funds. There were reports of community tensions due to the limited number of participants.
- Market strengthening activities were less successful, or failed to be completed on time, as they generally require a long development process. Examples here included business expansion or formation of linkages between income-generating activities and government social investment programming.

Conclusions and Recommendations

The evidence illustrates both the challenges and capacity of BHA and its partners to rapidly respond to a global emergency and novel disease. IPs leveraged their supplemental awards with other donor assistance to meet participant needs and fill gaps during the dynamic and challenging first year of the global pandemic. IPs programmed the short-term funds efficiently and adapted approaches where possible to address community feedback. The BHA funding shift in mid-2020 to support food assistance was critical. The results of this evaluation show awards were effective in building awareness for COVID-19 prevention and supporting local health systems in humanitarian contexts, with engagement of community and local partnerships being critical to their success.

As part of the evaluation's function for accountability and learning, it is important for BHA partners to be aware of the following **recommendation areas for BHA with accompanying partner programming considerations.**

Recommendation 1: Cash coherence

- **For BHA:** Develop cross-sector cash (MPCA and CVA) guidance and related outcome indicators within BHA to widely promote and expand this activity as a critical tool in emergency response, particularly for NGO partner awards.
- **Partner programming considerations:** Partners can support cash coherence by including MPCA/CVA in multi-sectoral project designs, and better measuring food security and intermediate outcomes related to cash activities.

Recommendation 2: Localization momentum

- **For BHA:** Invest in the local organizations that respond to ongoing shocks, to be included as formal partners in future pandemics. One step in this direction is to promote more sub-awards to local organizations.
- **Partner programming considerations:** Partners can support localization by developing the capacity of local institutions ahead of emergencies and including them in future emergency sub-award partnerships.

Recommendation 3: Strategic investments in coordination

- **For BHA:** Develop a strategic coordination strategy for pandemic and global emergencies, in particular to provide clarity for HCIM sector investments and to promote cross-sector coordination.
- **Partner programming considerations:** Partners can support strategic coordination by improving cross-sector coordination mechanisms, which include pandemic preparedness planning with governments and other actors.

Recommendation 4: Valued Guidance through BHA-IP relationships

- **For BHA:** Continue to support BHA's direct communications with IPs through award managers/field contacts, promoting award alignment with BHA priorities without issuing lengthy technical guidance in addition to those IPs utilized most (from governments or clusters).
- **Partner programming considerations:** Partners can support BHA-IP relations by continuing regular and direct communication channels, and by initiating discussion of ongoing project results with award managers/field contacts to support adaptive management.

Recommendation 5: M&E for humanitarian decision-making

- **For BHA:** Strengthen the award data quality and monitoring system to improve its utilization for decision-making within BHA and learning for partners.
- **Partner programming considerations:** Partners can support BHA M&E by ensuring correct submission of final reports and indicator values, and by discussing project results with BHA field contacts for adaptive management.

Recommendation 6: Novel pandemics always involve great uncertainty – design awards accordingly

- **For BHA:** Propose a directive that would allow for longer award timeframes and greater flexibility for future funding of this nature.
- **Partner Programming considerations:** Partners can support novel pandemic response by ensuring readiness to pivot across sectors and to sustain results as understanding/or waves of the disease progress.

Evaluation Methods

This performance evaluation focused on mixed methods and multi-level data collection. This approach drew data from multiple sources – both primary and secondary, quantitative and qualitative – to assess the evaluation questions. Results from the various methods were then triangulated, either through agreement or lack of agreement/mixed results, where key findings listed are largely supported by at least three of the data sources summarized below.

1. **IP E-survey:** Qualitative and quantitative data for both general and sector-specific programming.
2. **Country Case Studies:** In-depth examination of all awards and field-level experiences in Nigeria, Iraq, and Colombia, representing each BHA region.
3. **Deep Dive:** Reviewed all documents for 30 purposively sampled awards, followed up by interviews with IPs and BHA activity managers/representatives group.
4. **Shallow Dive:** Reviewed remaining 81 award's final reports for outcome level themes and missing indicator values.
5. **Award Data Analysis:** Data for 45 priority indicators compiled from award monitoring data.

DATA COLLECTION BY METHOD

E-SURVEY (# OF AWARDS)	DEEP DIVES (# OF DOCS)	DEEP DIVES (# OF KIIS)	SHALLOW DIVES (# OF DOCS)	INDICATOR ANALYSIS (# OF VALUES)	CASE STUDIES (# OF KIIS)	CASE STUDIES (# OF FGD PARTICIPANTS)
74	535	26	81	933	178	724 female/ 564 male

Acknowledgements

This brief draws from the final evaluation report that was drafted by the TANGO International team: Maryada Vallet (Team Leader), Tim Frankenberger and Nancy Mock (Senior Advisors), Charles Brands and David Tellez (TANGO Research Associates), and Peter Horjus and Darren Hedley (TANGO Consultants); many other consultants and in-country research partners supported the comprehensive data collection and analysis. We would like to acknowledge Save the Children IDEAL for their project management, technical expertise, and partnership, and in particular, Katherine Pons (Advisor Knowledge, Learning, and Communications) for her support on this brief and other dissemination activities. The success and timeliness of the study is attributed to the close collaboration with USAID/BHA and their commitment to this learning opportunity. Our special thanks to the BHA evaluation management: Lenora Zina, Eunice Wavomba, Alison Simerly, and Allison White for their support and guidance. We also extend gratitude to the many other BHA and IP staff who provided inputs and engaged with the evaluation in many different ways. Heartfelt gratitude also goes to the households and communities which welcomed the case study teams. In the midst of the ongoing pandemic and other emergencies, all of these stakeholders have provided invaluable information, and the evaluation team is profoundly impressed by your efforts and reflection.

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This brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the Implementer-led Design, Evidence, Analysis and Learning (IDEAL) Activity and do not necessarily reflect the views of USAID or the United States Government.