

COVID-19 PERFORMANCE EVALUATION

The Epilogue is The Prologue



EVALUATION QUESTION I BRIEF

INTERNAL: 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?

This **Performance Evaluation Brief I (internal to BHA)** is one in a three-part series of evaluation results for the BHA FY 2021 COVID-19 Supplemental assistance (hereafter: the Supplemental). The evaluation purpose is to assess the portfolio-level performance of activities funded through the Supplemental and progress toward the achievement of BHA's funding objectives. This Brief I is outlined around the following sub-questions that were co-created with BHA:

- **BHA Funding Process (Section 2)** – What BHA funding decisions, allocation processes, internal and agency-wide coordination structures, or policies supported efficiency and timeliness?
- **Relevance to Pandemic Need (Section 3)** – Did BHA's funding strategy support awards to address the pandemic's secondary effects, and how did shifts in strategies from FY 2020 to FY 2021 support this?
- **BHA Guidance on Funding Strategy (Section 4)** – How did BHA guide Implementing Partners (IPs) with the funding strategies, and to what extent did IPs implement this guidance in their awards?

I. OVERVIEW

On March 11, 2021, the United States Congress passed the American Rescue Plan Act (ARPA) to continue the COVID-19 pandemic response, comprised of Economic Support Funds (ESF) USD \$1.3 billion and Title II USD \$800 million. BHA funded 187 awards across 46 countries plus global and regional awards with the ESF FY 2021 Supplemental. This was a follow-on to the March 2020 COVID-19 Supplemental assistance of \$558 million in International Disaster Assistance (IDA). The FY 2021 funding goal was: to address the humanitarian needs of the most vulnerable populations arising from and/or exacerbated by the COVID-19 pandemic.

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

Brief I Main Data Sources:

- 36 BHA scoping interviewees
- IP E-survey with 91 respondents across 72 awards
- 82 key informant interviews (KIIs) with 155 IP and BHA respondents
- Review of over 300 award applications and reports

See Annex A for more on the Methods

Brief I Key Findings

- » Overall, BHA innovated its technical and organizational processes significantly in response to the Supplemental.
- » The FY 2021 COVID-19 BHA and USAID-wide coordination structures functioned effectively to achieve bidirectional communication on evolving COVID-19 strategies; supporting BHA staff to lead such processes was critical.
- » The Budget Evaluation Team (BET) was an effective budget allocation process that BHA should continue to use and refine.
- » Key funding design decisions supported timeliness and efficiency, including modifying existing applications and average one-year duration; yet, the potential of ESF to support early recovery where appropriate was not fully leveraged.
- » The strategic shifts from FY 2020 to FY 2021 to support food security, protection, and global system capacities were relevant to ongoing and future pandemic needs.
- » The reliance on Public International Organizations (PIOs) to absorb the funding supported timeliness but limited accountability.
- » The primary and secondary effects of COVID-19 heightened vulnerabilities across emergency contexts and humanitarian needs emerged in non-traditional populations and settings—BHA leveraged the funding to address this significant need.
- » While the funding was used to meet critical humanitarian needs, there was not a cohesive approach across BHA to communicate (to partners) and monitor progress of the funding strategy and objectives.
- » BHA played a crucial role in ensuring that awards aligned with the objectives to address the secondary impacts of the pandemic.

Note: Overall recommendations for the Performance Evaluation are provided in Brief 3.

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

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

2. BHA FUNDING PROCESS



KEY FINDING: Overall, BHA innovated its technical and organizational processes significantly in response to the Supplemental.

While this evaluation is focused on performance, BHA's funding strategies and allocations process was a key determinant of performance. Additionally, BHA's approach, management, and coordination structures evolved and matured from FY 2020 to FY 2021. Across BHA interviews, respondents indicated that the FY 2021 Supplemental had a more clearly articulated and cohesive strategy, and allocations followed a needs-based approach informed by BHA in-country teams and partners. The Supplemental context drastically changed from FY 2020 to FY 2021, and BHA had more control over funding decisions. There was less influence from the Administration and State Department; the White House Task Force from 2020 stood down, and funding tranches were not announced by the State Department. The primary request from the current Administration was support for the India air bridge, which did not come from BHA's ESF. BHA developed a FY 2021 COVID-19 Council, Working Group, and BET to communicate and respond to ongoing pandemic needs and strategies within and external to the Bureau; these are discussed below.



KEY FINDING: The FY 2021 COVID-19 BHA and USAID-wide coordination structures functioned effectively to achieve bidirectional communication on evolving COVID-19 strategies; supporting BHA staff to lead such processes was critical.

In March 2021, a new agency-wide COVID-19 Task Force was developed, with key advantages noted in the finding above. Two additional structures established by the BHA Front Office, the BHA COVID-19 Working Group and the BHA COVID-19 Council, contributed to timely and effective decision-making for the Supplemental. The Council was established at the end of 2020 with approximately 15 staff selected based on capacity and seniority across divisions. The Council's primary role was to liaise between the BHA Assistant to the Administrator and the Task Force to channel information and guidance on topics ranging from staffing and remote work to vaccines and the humanitarian buffer. The Working Group was comprised of five coordinators including the Council Lead who also reported to the Task Force. The Working Group supported the development of a Strategic Framework and Determination Criteria (USAID/BHA, 2021a-b) for the Supplemental, which BHA KIs considered clear and an improvement from the strategy development in FY 2020. This group also revised COVID-19 emergency guidance to partners (USAID/BHA, 2020). They used guidelines established in conjunction with the Global Health Bureau to identify respective mandate areas for the ESF, and they determined Title II allocations. BHA KIs agreed this structure worked efficiently.

The evaluation finds that the BHA coordination mechanisms that stood-up to support the Supplemental promoted effective two-way communication between BHA and other organizations within the agency. The United States Government (USG)-wide coordination around pandemic preparedness and response is further discussed in the Thematic I study. BHA KIs perceived that the level of engagement, within BHA and cross-agency, and productivity of the Council varied by the Council Lead's leadership style and capacity to perform this role. The ability of BHA senior staff to collaborate strategically at an agency-wide level is a critical professional capacity for global emergency response that BHA should continue to strengthen. There is more to learn about the adequacy of internal BHA and intra- and inter-agency coordination mechanisms during COVID-19 to understand such mechanisms for future global responses. However, this is not within the scope of this performance evaluation.



KEY FINDING: The BET was an effective budget allocation process that BHA should continue to use and refine.

In 2021, BHA established the first concept of the BET that reviewed funding proposals to ensure that funding request justifications fit with the Supplemental objectives and projected amount. BET and Council members worked together but did not overlap. BET members (eight total) were selected based on seniority and their full-time availability for up to three weeks to make

funding decisions. Although the Council communicated information to the BET, the BET were final arbiters of how the Supplemental was allocated. The BET approach was retained as the model for annual budgeting for BHA post-2021. They reviewed all funding requests country-by-country and presented their decisions to the Council and Front Office, but their decisions were not beholden to changes suggested by these entities. The clear structure and role established for the BET were critical to allow it to function effectively. The evaluation finds the BET activities reduced internal competition for funds and improved transparency.

“The [BET] process brought people together...what is usually divisive is now a cohesive process. The COVID Supplemental changed the way BHA budgets for the better.” – BHA BET KII



KEY FINDING: Key funding design decisions supported timeliness and efficiency, including modifying existing applications and average one-year duration; yet, the potential of ESF to support early recovery where appropriate was not fully leveraged.

The main decisions involved: the ESF following the BHA Emergency Application Guidelines; comingling ESF with IDA and layered with Title II; and award duration. For 36 percent of awards, the ESF was comingled with IDA, and where possible (at least 20% of awards), modifications were made to existing awards to expedite the process. In practice, IPs saw no difference in the ESF versus traditional IDA via the non-competitive emergency application. This was appropriate given the focus on the secondary effects of the pandemic and allowed IPs (in some cases) to mainstream ongoing COVID-19 activities within other emergency responses, even if this meant the sector-specific results of the ESF could not be reported. BHA’s strategic decision to not use ESF for Early Recovery, Risk Reduction, and Resilience (ER4) at country-level led to indirect consequences that are addressed in the Thematic 2 study. ESF as a funding type is flexible to support ER4-type activities and this was needed in many locations. It should be noted that while this was not a strategic priority of the Supplemental, many awards incorporated ER4 approaches if they had the facilitating environment and manageable humanitarian caseload to do so.

Average award duration was approximately 12 months (Table 1), compared to 6-9 months in FY 2020. This substantially reduced the number of no-cost extensions (NCE) required: just seven percent of FY 2021 awards had an NCE compared to 71 percent of FY 2020. The evaluation finds that a minimum one-year award was necessary for efficient and effective implementation. An even longer duration was also important for many awards, particularly those procuring substantial in-kind assistance or supplies and to ensure adequate handover or scale down for activities that ended after the Supplemental.

Mean	377
Median	364
Minimum	152
Maximum	729

About 78 percent of the awards had started by the end of FY 2021, complying with the funding strategy. Some IP e-survey respondents cited challenges that surfaced during the awarding phase, such as delays in contracting, signing agreements, and disbursing funds; IP and BHA KIIs explained that in some cases this was due to funding partners that were not previously funded in FY 2020 (e.g., Pan American Health Organization (PAHO), United Nation’s Population Fund (UNFPA)). Though, other IPs indicated they received funds quickly, and in some cases, more quickly than in FY 2020. BHA Geographic or in-country (GEO) team interviews indicated a preference for more time to review and refine awards, and the BHA staffing challenges to adequately handle supplemental funding is an ongoing challenge. BHA interviewees also noted the persistent challenge of chronic understaffing, which limited and added stress to the contracting process.

“I just remember the backlash for programming it slowly, and feeling like anything that happened with the funding, the pressure and responsibility, was felt the most by people at the ground level...” – BHA GEO KII

The scope of this evaluation does not include the ARPA Title II but does assess if and how layering decisions were made across funding types to contribute to the common objectives. About 36 percent of Supplemental Title II (across 14 awards) was layered with the ESF in the same IP and country (see Annex D). The layered ESF/Title II top-funded countries were Ethiopia and Yemen. The evaluation finds this allowed different modalities of assistance to reach populations within countries; for example, reaching northern Yemen with Title II where cash-based assistance is not possible was a life-saving approach. BHA interviews explained Title II was prioritized in locations with significantly cut FY 2021 budgets. The country teams worked with partners to negotiate the requests for ESF versus Title II.

3. RELEVANCE TO PANDEMIC NEED



KEY FINDING: The strategic shifts to support food security, protection, and global system capacities were relevant to ongoing and future pandemic needs.

Key sectoral shifts from FY 2020 to FY 2021 focused on the secondary effects of the pandemic and increased the funding allocated to food assistance and protection sectors (Table 2). The strategy recognized the deteriorating food security situation globally and the increased protection needs due to the “shadow pandemic” (i.e., increases in child protection concerns and gender-based violence due to lockdowns, economic stress, etc.). For this reason, there was a separate funding objective addressing protection services and mainstreaming gender and social inclusion (Annex C). BHA stakeholders, as with the rest of the world, had a better understanding of COVID-19 as a novel disease as compared to 2020 and could make evidence-based decisions based on knowledge of transmission risk, effective public health strategies to address COVID-19 concerns, and the impacts of the pandemic in humanitarian settings. Indeed, over half (57 percent) of IP e-survey respondents indicated their COVID-19-related programming shifted moderately or very much in 2021-2022 compared to the first year of the pandemic (see table in Annex E). As such, the BHA strategy and BHA scoping interviews reflect the fundamental programming shift away from infectious disease response (i.e., larger proportions of Health and WASH funding in FY 2020) and toward addressing secondary impacts.

The Supplemental also focused on strengthening humanitarian architecture and improving system-wide and sectoral capacities for future infectious disease threats. This was a shift from FY 2020, where this was not a priority area. Five percent of the funding (18 awards) in FY 2021 was allocated to global and regional/macro awards, primarily for health sector, as well as coordination and other sectors. The evaluation finds the decision to include an investment to “build infectious disease outbreak and pandemic readiness within the humanitarian ecosystem” (Strategic Framework) shows critical strategic foresight by BHA to use additional funding for longer term and future pandemic response. The results of this are described in Brief 2 (Objective 5) and Thematic I study.

Table 2. Technical sector percentage of Supplemental funding from 2020 to 2021

SECTOR:	% OF FY20	% OF FY21
Food Assistance	33	49
Protection	4	5
Health	25	15
WASH	22	7



KEY FINDING: The reliance on PIOs to absorb the funding supported timeliness but limited accountability.

BHA interviews confirmed the perceived pressure from Congress to rapidly disburse awards, which led to decisions to grant large awards to PIOs who could quickly absorb the funds. A total of 41 Non-Governmental Organizations (NGOs) and 9 PIOs received funding. PIOs received 74 percent of the Supplemental across 92 awards, and NGOs received 26 percent across 95 awards.³ For all funding objectives except the third (Protection), PIOs received proportionally more funds than NGOs: e.g., WFP received 90 percent of food assistance sector funding and 49 percent of Title II.⁴ While this decision certainly contributed to the timeliness of funding allocation, it came at the expense of accountability, driven by limited reporting requirements for PIOs. BHA interviews with GEO team members consistently mentioned the concern of limited visibility for funds that fed into the general PIO country programs. PIOs, unlike NGOs, are not required to report BHA indicators, and their semi-annual, annual or final reports are less likely to be submitted into BHA's reporting database. By the end of the extended evaluation Inception Phase that included gathering secondary data (March 2023), 42 endline reports for closed awards were still missing (74 percent PIO awards).⁵

Allocating large awards to trusted IPs reduced the administrative burden of providing smaller awards to NGOs, but it precluded more direct funding of national NGOs per the localization agenda. It also limited BHA visibility of national NGOs subcontracted to implement the funding because PIOs do not report this award information: from BHA's subawardee dataset, only 18 awards included local partners. A recommendation of the FY 2020 COVID-19 Evaluation is applicable here: strategically enhance the ability of local partners to receive awards and sub-awards, enabling their eligibility for future Supplementals and improving BHA's monitoring of this metric. BHA KII's considered the 'balancing act' of allocating to trusted partners that could absorb funding quickly, manage liability concerns, and meet the most critical needs.

"I would say a lot went to WFP because of their ability to program it quickly." – BHA GEO KII



KEY FINDING: The primary and secondary effects of COVID-19 heightened vulnerabilities across emergency contexts and humanitarian needs emerged in non-traditional populations and settings—BHA leveraged the funding to address this significant need.

The Supplemental prioritized humanitarian emergencies (or rapidly deteriorating contexts) and for non-global awards a disaster declaration was required: 15 percent of the funding for new declarations, and 83 percent allocated to complex emergencies. Across BHA and IP interviews, the evaluation finds that in protracted emergency contexts and settings with many shocks, COVID-19 was often not a primary concern. The Supplemental ultimately addressed secondary impacts of the pandemic that exacerbated humanitarian need.

Defining populations with emergent or exacerbated humanitarian needs in existing or new settings was another key focus. The strategy explicitly cites food assistance for refugees as a focus, and this necessitated programming in urban areas for numerous awards (8 of 11 WFP awards prioritized in this evaluation) among 38 other applications noting new reach to urban areas. Moreover, it required a careful examination of emerging humanitarian needs among groups traditionally outside the scope of BHA-funded activities, such as indigenous communities and disaster-affected populations in low and middle-income countries like Brazil, Peru, Vietnam, and Turkey. This was a novel experience for BHA but one that is likely to repeat. The evaluation will continue to expand this learning in the Thematic 2 study.

3 'Other' recipients received 0.4 percent of the ESF funds (universities, other USAID departments, and a masked awardee).

4 Based on ARP Title II action data provided to the evaluation, which accounts for approximately \$585 million of the Title II Supplemental.

5 On July 14, 2023, the ET compiled and presented the following to BHA as an additional resource on data gap learning from this evaluation: "BHA Indicator Data Gap Analysis: Summary of key issues from BHA FY21 COVID-19 Evaluation."

4. BHA GUIDANCE ON FUNDING STRATEGY



KEY FINDING: While the funding was used to meet critical humanitarian needs, there was not a cohesive approach across BHA to communicate (to partners) and monitor progress of the funding strategy and objectives. According

to IP e-survey results (see Annex E), BHA and IP interviews, IPs were not consistently aware that the funding was from a COVID-19 Supplemental nor that it was intended to address humanitarian challenges related to the secondary effects of the pandemic.

This was also illustrated by the ET's document review: i.e., award applications and reports with the term "COVID-19" absent. Even among global awards intended to build pandemic system capacity, IPs were not always aware the award was contributing to this larger objective of the donor. The ET identified several reasons for this. The first is that the funding strategy was kept as an internal-to-BHA document and not provided to IPs during the drafting of the emergency applications. Secondly, in some contexts where the effects of COVID-19 were perceived by IPs and BHA to be less concerning and humanitarian gaps from the IDA budget were extreme, the funding addressed more pressing needs. Finally, BHA did not have a defined approach to socialize the strategy within BHA or to monitor overall progress toward the funding objectives post-allocation such as through real-time methods. In the absence of a clear BHA approach for strategy dissemination, it was not consistently communicated to or shared directly with awardees. In all, the evaluation finds that BHA developed a clear and relevant strategy for the Supplemental but did not have a plan to build cohesion within BHA (and with partners) to implement the funding around the objectives and to monitor its progress.



"I don't think it was ever communicated to us that the funding from BHA came from a COVID-19 allocation." – IP KII



KEY FINDING: BHA played a crucial role in ensuring that awards generally aligned with the objectives to address the secondary impacts of the pandemic. Although there was inconsistent communication from BHA to IPs on the funding objectives, the evaluation finds IP activities largely aligned with the intent to address the secondary impacts of COVID-19. According to KIIs, in some cases, BHA communicated with IPs about necessary edits to award applications during the granting process to ensure the awards met criteria established for the Supplemental, even if the specific rationale was not articulated.

"I recall that there was a process where we put forward an initial proposal and then the BHA colleagues came back and said 'We have access to additional COVID funding. Can you weave in some activities that allow us to use those COVID funds?' – IP KII

This is the first time that BHA had specific objectives for global funding, which presents key learning opportunities through this evaluation around how BHA and IPs can improve coordination to reach a common funding goal.

CONCLUSION

The evaluation determines that BHA managed the FY 2021 COVID-19 Supplemental with moderate effectiveness, with key improvements compared to FY 2020, although certain process and strategy-related issues posed constraints. This brief highlights BHA's rapid adaptations in both technical and organizational processes to support a timely, relevant, and effective response. Successful FY 2021 COVID-19 coordination structures, particularly in navigating evolving USG/USAID COVID-19 strategies, underscore the importance of empowering BHA staff in both cross-agency leadership roles and in building a unified internal approach around a global strategy. This would help BHA fully realize opportunities for early recovery and pandemic preparedness across all levels, safeguarding the results of its investments. BHA's focus on rapid award allocation was warranted and necessitated some trade-offs in outcome monitoring. Overall, amidst the exceptional challenges of the pandemic's second year, BHA effectively directed funds to address pandemic impacts and substantial global humanitarian needs.

Box 1. Check out the other deliverables of this COVID-19 evaluation series:

- **Performance Evaluation Brief 2—Results by objective and sector.** Addressing Evaluation Question 2: To what extent did the awards achieve relevant and expected results, and what were the successes and challenges across the main funded sectors and global awards?
- **Performance Evaluation Brief 3—High-level conclusions on performance.** Addressing Evaluation Question 3: To what extent did the funding meet BHA's Goal to address the humanitarian needs of the most vulnerable populations arising from the COVID-19 pandemic? (includes overall recommendations)
- **Thematic 1 Evaluation Report:** Pandemic preparedness capacities in humanitarian settings
- **Thematic 2 Evaluation Report:** Lessons on BHA surge funding

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