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# SUMMARY

## SECOND PERFORMANCE EVALUATION OF USAID EBOLA PILLAR II ACTIVITIES (PE2)

PE2 EXECUTIVE SUMMARY: EXCERPT



Guinean farmer

Photo by USAID

*At the request of the United States Agency for International Development (USAID), this publication was prepared independently by International Business and Technical Consultants, Inc. (IBTCI).*

## Evaluation Purpose and Questions

The United States Government (USG), with the United States Agency for International Development (USAID) as the lead, mounted a multisectoral response to the 2014–2016 outbreak of Ebola virus disease (EVD). Pillar I activities sought to contain the outbreak. Pillar II activities, designed in collaboration with the governments of Guinea, Liberia, and Sierra Leone, are the focus of the present evaluation. Pillar II centered on post-EVD recovery response activities with the goal to ensure that countries build back economic and social systems better than before the outbreak. In this way, they become better prepared for other future disease outbreaks or crises. Pillar II aimed to: (Objective 1) prevent the loss of development gains; (Objective 2) recover and strengthen existing institutions and infrastructures; and (Objective 3) build sustainable systems through public-private partnerships (PPPs), innovation, and capacity building.

In October 2016, USAID awarded International Business & Technical Consultants, Inc. (IBTCI) a three-year contract to

conduct monitoring, evaluation, and learning (MEL) activities in support of Ebola Pillar II work. Between December 2017 and February 2018, IBTCI conducted the first of the two Performance Evaluations (PE1) (Moore et al, 2019). This document is the second Performance Evaluation (PE2), conducted between December 2018 and June 2019. The evaluation was designed to answer the following general questions, the details of which are described in Table 1 of the full document.

- **EQ1. Which Pillar II activities contributed to the achievement of one or more of Pillar II's three overarching objectives? What were the factors that contributed to the effectiveness of activities?**
- **EQ2. What Pillar II activities facilitated partner country self-reliance? What were the salient factors and/or determinants that positioned these activities to advance a country's journey to self-reliance?**

## Evaluation Design and Methods

Unlike PE1, which aimed to examine whether or not Pillar II activities were effective, the goal of this evaluation is an in-depth understanding of the factors leading to or hindering success. Therefore, a multiple case study approach was taken for this evaluation. Cases spanning all three countries in four sectors were selected and explored: Health; Agriculture and Food Security; Governance and Economic Crisis Mitigation; and

Innovation, Communication, and Technology. For this evaluation, the PE2 evaluation team conducted 104 key informant interviews, 41 focus group discussions, reviewed over 800 documents, and conducted site visits to service delivery areas and communities in the catchment area. Fifteen (15) activities under Pillar II are discussed in this report (see Table 1) and appear in full in Annex A.

## Findings

It is important to note that the findings in this report cannot be generalized to all Pillar II activities but are rather generated from the 15 case studies developed for this evaluation. Details and examples of findings are contained in the report and its annexes.

**With respect to the first question above (EQ1), the evaluation team observes that several factors contributed to successful outcomes in activities examined for this report:**

- Taking an **evidence-based, participatory approach** to activity design to ensure the needs of people are met and creating a **common understanding of the priority of needs** as well as ownership among all actors through a variety of mechanisms such as joint assessments;
- In many cases, **boosting ongoing projects** with prevailing relationships and **leveraging existing community or institutional structures** and processes to enable quick and effective mobilization;
- Addressing the **interconnected parts of the health system** (e.g., top/bottom and supply/demand of health system); this was especially relevant for different activities working together to address a common goal;
- Putting processes and structures in place to **build trust and relationships** between implementers, their government counterparts, and communities during implementation (e.g., embedding staff in government offices); and
- Taking **different approaches for different contexts**, especially in the case of governance activities, where national politics create different realities.

For the second question (EQ2), the evaluation team examined the two main drivers of self-reliance—capacities and commitment—as articulated in the USAID journey to self-reliance framework. Nearly all the activities featured in the case studies sought to strengthen country *capacity*, to a small or large degree, in one or more areas, including:

- Building **workforce capacities and improving organizational processes** to efficiently communicate, budget, procure, and deploy (*government*);
- Strengthening media-related civic groups to **ensure protection of civil liberties and to hold government accountable** for resource allocation (*civil society*);
- Enabling community members participation in health promotion or quality-of-care activities, to assure their **engagement in their communities’ development solutions** (*citizen capacities*); and
- **Reinforcing local businesses** by injecting cash (rather than goods) into the local economy as well as enabling farmers to increase their harvests (*economic capacities*).

Table 1. Listing of cases reviewed for the Second Performance Evaluation, by sector and dimension

Sector/ Dimension	Country	Case #/Featured IP/Activity
<i>EQ1 Effectiveness: Factors that contributed to the achievement of Pillar II’s objectives</i>		
Health	Guinea	1. Management Sciences for Health (MSH)/Systems for Improved Access to Pharmaceuticals and Services (SIAPS)
	Liberia	2. MSH/Collaborative Support for Health (CSH)
	Sierra Leone	3. MSH/SIAPS
	Regional	4. Jhpiego/Restoration of Health Services (RHS)
Governance	Guinea	5. National Democratic Institute (NDI)/Consortium for Elections and Political Process Strengthening (CEPPS)
	Liberia	6. IREX/Civil Society and Media Leadership (CSML)
Agriculture & Food Security	Guinea	7. Catholic Relief Services (CRS)/Emergency Access to Food for EVD-Affected Guineans Program
	Liberia	8. Mercy Corps/Economic Recovery from Ebola for Liberia (EREL)
	Sierra Leone	9. All Food for Peace (FFP) Cash Transfer IPs (ACDI/VOCA, Care, CRS, Save the Children, World Vision)
Innovation, Communication, & Technology	Regional	10. Fighting Ebola: A Grand Challenge for Development
	Regional	11. IntraHealth/mHero
<i>EQ2 Self-Reliance: Determinants in country’s journey to self-reliance</i>		
Capacity	Sierra Leone	12. John Snow International/Advancing Partners & Communities (JSI/ APC)/Post-Ebola Recovery of Health Services (PERHS), International Organization of Migration (IOM)/Infection Prevention and Control (IPC)
	Regional	13. Johns Hopkins University Center for Communication Programs (JHU CCP)/Health Communications Collaborative (HC3)
Commitment	Liberia	14. International Rescue Committee (IRC)/Partnership for Advancing Community Based Services (PACS)
	Guinea	15. Abt Associates/Health Finance and Governance (HFG)

The team found that the Pillar II activities examined leveraged the urgency for change resulting from the devastating effects of the epidemic to contribute to a foundation for enduring **commitment**, including:

- **Development and/or revision of policies and plans**, technical standards, institutional arrangements, and/or **clarified priorities, roles, and responsibilities** in relation to key issues highlighted as shortcomings when EVD struck (*policies, strategies, and plans*);
- In one case, a substantial **increase in one government health expenditure** rates (*finance*); and

- Establishment of **processes and structures in multiple sectors to improve accountability** between government institutions and different sectors of society (*mutual accountability*).

The evaluation also identified key challenges that prevented the full potential of some of these successes from coming to fruition, including workforce attrition, inadequate infrastructures, missed opportunities for private sector engagement, and the lack of long-term funding to sustain activities. Regardless, even though there is more to be done, the evaluation found that there has been significant progress to self-reliance with respect to withstanding future disasters in all three countries.

## Recommendations

Based on findings from the 15 case studies in this report, the evaluation team offers the following recommendations for supporting partner countries' response to emergencies while building self-reliance:

1. **Build on and/or optimize ongoing activities and local structures and processes** as program implementation "infrastructure" to expedite mobilization, ground recovery activities in local contextual understanding and leverage counterpart/partner trust and cooperation;
2. **Adopt the successful Pillar II systems approach** for designing activities that are complementary across sectors, geographical

locations, and technical areas to maximize the potential to build sustained systems;

3. In collaboration with local and external stakeholders, **develop a clear exit strategy for reducing program funding/technical inputs and increasing long-term funding** and local counterpart responsibilities that leads to sustainability and self-reliance; and
4. **Create strategies to engage the local private sector** in post-crisis recovery efforts, as well as in national-level preparedness plans, to bridge implementation and infrastructure gaps often present during emergencies.



Michael Duff for USAID

### Second Performance Evaluation of USAID Ebola Pillar II Activities: Final Report : Executive Summary

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