# STRATEGIC JOINT EVALUATION OF THE COLLECTIVE INTERNATIONAL DEVELOPMENT AND HUMANITARIAN ASSISTANCE RESPONSE TO THE COVID-19 PANDEMIC

FINAL INCEPTION REPORT



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COVID-19 GLOBAL Evaluation Coalition

OECD BETTER POLICIES FOR BETTER LIVES

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## List of Acronyms

| | |
|---|---|
| ACT-A | Access to COVID-19 Tools - Accelerator |
| ADB | Asian Development Bank |
| AFENET | African Field Epidemiology Network |
| AIS | Atlantic, Indian Ocean, and South China Sea |
| ALNAP | Active Learning Network for Accountability and Performance in Humanitarian Action |
| CABEI | Central American Bank for Economic Integration |
| CEPI | Coalition for Epidemic Preparedness Innovations |
| COVAX | COVID-19 Vaccines Global Access |
| COVID-19 | Coronavirus Disease 2019 |
| CRS | Creditor Reporting Systems |
| CSO | Civil Society Organisation |
| DAC | Development Assistance Committee |
| EBRD | European Bank for Reconstruction and Development |
| EU | European Union |
| EvalNet | OECD DAC Network on Development Evaluation |
| FAO | Food and Agriculture Organization |
| FCDO | Foreign, Commonwealth and Development Office |
| FSD | Financing for Sustainable Development |
| GAVI | Global Alliance for Vaccines and Immunisation |
| GBV | Gender Based Violence |
| GEF | Global Environment Facility |
| GEI | Global Evaluation Initiative |
| GHRP | Global Humanitarian Response Plan |
| GNI | Gross National Income |
| IADB | Inter-American Development Bank |
| IFRC | International Federation of Red Cross |
| ILO | International Labour Organisation |
| IMF | International Monetary Fund |
| INCAF | International Network on Conflict and Fragility |
| IOM | International Organization for Migration |
| LAC | Latin America and the Caribbean |
| LDC | Least Developed Country |
| MENA | Middle East and North Africa |
| MOPAN | Multilateral Organisation Performance Assessment Network |
| MPTF | Multi-Partner Trust Fund |
| NetFWD | Network of Foundations Working for Development |
| NORAD | Norwegian Agency for Development Cooperation |
| OCHA | United Nations Office for the Coordination of Humanitarian Affairs |
| ODA | Official Development Assistance |
| OECD | Organisation for Economic Cooperation and Development |
| OHCHR | Office of the United Nations High Commissioner for Human Rights |
| OOF | Other Official Flows |
| RG | Reference Group |
| SARS | Severe Acute Respiratory Syndrome |
| SERP | Socio-Economic Response Plan |
| SIDS | Small Island Developing States |
| TBC | To Be Confirmed |
| ToR | Terms of Reference |

| | |
|---|---|
| UK | United Kingdom |
| UN | United Nations |
| UNDP | United Nations Development Programme |
| UNDS | United Nations Development System |
| UNECA | United Nations Economic Commission for Africa |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNFPA | United Nations Population Fund |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations International Children's Emergency Fund |
| UNIDO | United Nations Industrial Development Organization |
| UNOCT | United Nations Office of Counterterrorism |
| UNSDG | United Nations Sustainable Development Group |
| USAID | United States Agency for International Development |
| USD | United States Dollar |
| WFP | World Food Programme |
| WHO | World Health Organisation |

# 1. Introduction

1. The COVID-19 pandemic is an unprecedented test of both governments' and development co-operation's ability to react quickly, adapt to shifting priorities, mobilise and reallocate resources, and co-ordinate at scale (Gaynor & King, 2020). Understanding the role of international development co-operation and humanitarian assistance in supporting national response efforts is crucial to learning lessons and informing future co-ordination and crisis preparedness. This Strategic Joint Evaluation of the Collective International Development and Humanitarian Assistance Response to the COVID-19 Pandemic is being conducted under the auspices of the COVID-19 Global Evaluation Coalition (hereafter referred to as the 'Coalition'). While led by the OECD Development Assistance Committee (DAC) Network on Development Evaluation (EvalNet) Secretariat, the evaluation is a joint and collaborative effort, drawing on the work, experiences, and networks of the Coalition's diverse participants.

2. This inception report is the first of three key deliverables identified in the Terms of Reference (ToR) approved by Coalition participants in November 2022. It describes how the Evaluation Team will fulfil the ToR and lays the foundation for the remainder of the evaluation through contextual analysis and detailed information about the proposed evaluation approach, methods, tools, and timelines.

## 1.1 The COVID-19 Global Evaluation Coalition

3. In 2020, the COVID-19 Global Evaluation Coalition was established to provide credible evidence to inform international co-operation supporting responses to, and recovery from, the COVID-19 pandemic. Its purpose is to help ensure that lessons are learned, and that the global development community delivers on its promises. As of July 2023, the Coalition is comprised of more than 65 participants, spanning the central and independent evaluation units of governments (OECD and non-OECD), UN agencies, and multilateral organisations. A list of participating organisations can be found in Annex 1.

4. This evaluation responds to a strong interest in a high-level evaluation of the overall global response to COVID-19, which was initially expressed by Coalition participants in 2020 and was confirmed during a series of learning and planning workshops held in November 2021. The timing of the evaluation is both strategic and opportune in that several institutional, thematic, and global evaluations are now complete and can be drawn upon to inform the evaluation. In line with the Coalition's core values of credibility, usefulness, and partnership, the evaluation will be a joint initiative, conducted in a collaborative manner that capitalises on the capacities and experiences of the Coalition's diverse participants. It will complement the completed and ongoing evaluative work of Coalition participants and beyond.

## 1.2 Relevant studies

5. Individual governments and organisations have conducted a variety of evaluations and internal reviews of their respective international response efforts. Several global evaluations have focused on different aspects of the international response to COVID-19, including thematic topics or particular response mechanisms.

6. The Evaluation Team identified a total of 178 publications for review in Module 1, which was completed in late 2022 (Schwensen, C. & L. Scheibel Smed (2023). These evaluations and studies focus on international co-operation related to the pandemic. They have been categorised below according to the commissioner (Table 1). In addition to identifying studies focused on the development and humanitarian assistance COVID-19 response, specific emphasis was placed on the identification of publications related to COVID-19 vaccinations, in line with the evaluation's coverage of COVID-19 vaccines and equitable access. A full list is available in the Module 1 report (Schwensen, C. & L. Scheibel Smed (2023)).

**Table 1. Publications identified by category**

| Type of organisation/document | # Of publications identified |
|---|---|
| Bilateral | 19 |
| Multilateral | 102 |
| CSOs | 29 |
| Research/other | 28 |
| **Total** | **178** |

7. Significant international evaluations of relevance include the Inter-Agency Evaluation of the COVID-19 Humanitarian Response (Inter-Agency Humanitarian Evaluation, 2021), evaluations of the World Bank Group (The World Bank Group , 2022) and International Monetary Fund (IMF) responses (IMF, 2022) and the System-Wide Evaluation of the UNDS Response to COVID-19 (United Nations Sustainable Development Group, 2022). MOPAN's Assessment of the Multilateral System and COVID-19 (MOPAN, 2022) also contains relevant insights.

8. Studies have also been completed, or are underway, with a focus on vaccines and equitable access. This includes an evaluation of COVAX by GAVI (GAVI, 2022), the WHO's ACT-Accelerator Strategic Review (WHO, 2022) the Evaluation of CEPI's COVID-19 Vaccine Development Agreements (CEPI, 2022) and the Evaluation of GAVI's Response to COVID-19 (GAVI, 2022). In addition, several real-time assessments of UNICEF's support to the COVID-19 vaccine roll out and immunisation programme strengthening (UNICEF, 2021) have been conducted.

9. Less has been done to examine the response of bilateral providers or national governments, despite the latter being the primary drivers of response efforts. Through 2020-2021, OECD Development Assistance Committee peer reviews and peer learning exercises supporting exchange of experience and early lessons learned. The COVID-19 Global Evaluation Coalition drew on initial reviews and evaluations in its 2021 study "The COVID-19 pandemic: How are humanitarian and development co-operation actors doing so far? How could we do better?" (Johnson and Kennedy-Chouane, 2021), which focused on the institutional aspects of the early response to identify emerging lessons.

10. Importantly, no evaluation has examined the collective effort across development actors– leaving gaps in knowledge regarding critical questions of overall relevance, coherence, effectiveness, and efficiency – and overall outcomes of this unprecedented effort.

## 1.3 Evaluation background

11. The subject and scope of this evaluation were decided by participants of the Coalition and the OECD's Development Co-operation Directorate over a series of meetings held in 2021 and 2022 and were based on review of ongoing evaluative work and needs. Notably, planning drew on the United Nations system-wide evaluation and COVAX monitoring and evaluation plans, the Coalition's 2021 synthesis of early lessons and emerging evidence on initial COVID-19 response efforts (The COVID-19 Global Evaluation Coalition, 2021), a mapping of evaluation plans (Johnson & Gamarra, 2021), and a scoping paper on coherence (Drew, 2021).

12. As outlined in the ToR (Annex 3), the evaluation will assess the collective international development and humanitarian assistance response to the COVID-19 pandemic. The term 'collective response' will be used throughout this report to refer to the entirety of actions undertaken by development and humanitarian actors including bilateral development agencies (hereafter referred to as 'bilateral providers'), United Nations agencies, multilateral institutions, and non-governmental actors in responding to the COVID-19 pandemic in partner countries. The term 'partner countries' will be used to refer to countries and territories eligible to receive official development assistance (ODA) in 2020-21 (OECD, 2021). These consist of all low- and middle-income countries based on gross national income (GNI) per capita, including all Least Developed Countries (LDCs).

13. While included in the evaluation as integral actors involved in COVID-19 response and recovery efforts, the actions of national governments will not be assessed. Instead, they will form the basis upon which issues of relevance and coherence will be examined at the country level, when assessing international efforts.

## 1.4 Evaluation purpose and objectives

***Evaluation purpose***

14. The overall purpose of the evaluation is to document and assess the collective response of national and international development and humanitarian actors to the COVID-19 pandemic in partner countries, including efforts to support equitable access to vaccines and vaccination rollouts.

15. The evaluation seeks to address a gap in evaluative evidence on the *overall* response and provide a system-wide perspective not covered by other analyses. Through its focus on learning, the evaluation responds to a joint commitment of the OECD Development Assistance Committee to "learn lessons from the crisis and use our experience to inform policy choices during the recovery to fortify efforts to achieve the 2030 Agenda for Sustainable Development" (OECD DAC, 2020)

***Key users and expected impact***

16. The primary anticipated users of the evaluation are the policy and decision makers of humanitarian and development agencies and national governments working to improve the effectiveness and impacts of development co-operation. This includes the civil society organisations, local communities, and governments of partner countries, as well as staff and management of multilateral organisations, UN agencies, bilateral providers and other actors providing critical support to partner countries during the COVID-19 pandemic. Additionally, the evaluation will inform the public, thereby strengthening accountability for results. The evaluation will engage these users through the Evaluation Steering Committee and via the Development Assistance Committee.

17. By covering the responses of multiple actors, and in multiple contexts, the evaluation will enable a more nuanced (and useful) drawing of lessons that can guide both individual and collective action. The results and findings from the evaluation will advance learning, contribute to informed decision-making, and support policy development and programme delivery.

***Evaluation objectives***

18. The overarching goal of the evaluation is to generate credible evidence and draw lessons to support development co-operation and humanitarian partners in ongoing and future crisis response and recovery efforts. This overarching goal encompasses three more specific objectives:

a. Document the COVID-19 pandemic response efforts in partner countries, including support to equitable access to COVID-19 vaccines and vaccinations.
b. Answer evaluative questions of relevance, coherence, efficiency, and effectiveness about the overall response effort.
c. Generate useful lessons and good practices for governments, communities, development agencies and others, which will ultimately improve effectiveness and impact.

## 1.5 Overview of the inception phase

19. The inception phase of the evaluation took place from November 2022 until the completion of the final Inception Report in June 2023. During this phase the Evaluation Team gained a deeper understanding of the evaluation context, evaluand, and scope, and completed work planning. The inception phase highlighted several themes, lessons, and opportunities that informed the Evaluation Team's understanding of the evaluation and its parameters, supporting the development of the approach and methodology set out in this report. Key activities undertaken during this period include the following:

- Establishing and convening the Evaluation Steering Group.
- Developing of a modular approach for the conduct of the Evaluation, designed around four key stakeholder groups involved in funding and implementing the collective response to COVID-19: partner countries, bilateral providers, multilateral organisations, and private philanthropic foundations.
- Conducting preliminary desk-based research and developing a database of national and international evaluations of COVID-19 response and recovery efforts in partner countries.
- Conducting a pilot study analysing the OECD Creditor Reporting System (CRS) Aid Activities database to help identify design issues and evaluate feasibility and practicality, determining what the data can and cannot say about the overall response to COVID-19. This included preliminary analysis at the provider, recipient, and sectoral levels.
- Completing the data collection mission (hybrid virtual and in-person), analysis, and reporting for a pilot partner country case study of Georgia.
- Consulting with Coalition participants to identify linkages with ongoing evaluative efforts. This includes several meetings with the German Institute for Development Evaluation (DEval), which is conducting an evaluation of their response to COVID-19. The Evaluation Team will partner with DEval in survey development and administration for its perception-based survey.
- Identifying synergies with the Department of Planning, Monitoring and Evaluation, South Africa; the Evaluation Unit of the Ministry of Foreign Affairs, European Union and Cooperation (MAEC) of Spain; and the German Development Evaluation Institute (DEval), Germany, who have each launched evaluations of the respective responses to the COVID-19 pandemic. These evaluations

will serve the dual purpose of fulfilling their individual mandates as well as being provider case studies for the Strategic Joint Evaluation.

- Identifying synergies with the Independent Development Evaluation Unit at the African Development Bank who have completed the evaluation of the groups COVID-19 response. This evaluation utilised a case-based approach, as is planned for this evaluation, and conducted a case study of the Bank's COVID-19 support in Kenya, which has been identified as a case study for the Strategic Joint Evaluation.
- Meeting with Coalition participants and external partners to seek guidance on relevant approaches, methodologies, and data. Several consultations were held with evaluation teams from other global, thematic, or system-wide evaluations to inform the case study design. Notably, meetings held with the evaluation team for the Evaluation of the United Nations Development System's (UNDS) Socio-Economic Response to COVID-19 deepened the Evaluation Team's understanding of how large-scale evaluations direct their case study selection and approach. Review of documents from the Tsunami Evaluation Coalition and pandemic evaluations to understand approaches to answering effectiveness questions.
- Holding consultations with staff from various divisions across the OECD, notably across the Development Co-operation Directorate. This includes consultations with colleagues working with the International Network on Conflict and Fragility (INCAF) and the DAC Network on Gender Equality (GenderNet), the OECD Centre on Philanthropy, and staff working in multilateral aid effectiveness, localisation, and governance.
- Co-ordinating with Development Co-operation Directorate staff to develop an 'opportunistic primary data collection' strategy in parallel to the main collection methodologies to capitalise on existing research and data collection and reduce evaluative burden. This approach is being piloted as part of the ongoing peer review of The Netherlands.
- Convening Coalition participants to explore findings and lessons from completed evaluations to reflect on gaps, strengths, and weaknesses in the evidence base, inform methodology and approach, and to develop a common understanding of key concepts associated with COVID-19 response efforts.

# 2. Context

20. This section presents the Evaluation Team's understanding of the context of the evaluation, including the roles and actions of key national and international stakeholders in responding to the direct health and secondary socio-economic consequences of the COVID-19 pandemic.

## 2.1 Global impacts of the COVID-19 pandemic

21. As of 3 February 2023, over 754 million cases of COVID-19 have been confirmed globally, with most cases reported in Europe, the Western Pacific, and the Americas (WHO, 2023). This figure includes nearly 7 million reported deaths, though WHO estimates that the full death toll associated (directly or indirectly) with the pandemic is much higher, sitting in the range of 13.3 to 16.6 million in 2020-2021 alone (WHO, 2021) As of February 2023, the observed case-fatality ratio was highest in Peru (4.9%), Mexico (4.5%), and China (2.2%) (Johns Hopkins, 2023).

22. Both the SARS-CoV-2 virus and the associated containment and mitigation measures had profound impacts on the health and well-being of populations worldwide. The pandemic overwhelmed many national health systems and had profound impacts on primary healthcare. By the end of 2021, essential health services had been disrupted in nearly every country. In the 2022 Sustainable Development Goals Report, the United Nations revealed that COVID-19 had led to a decrease in immunisation coverage and an increase in the overall number of deaths from tuberculosis and malaria (UN, 2022).

23. The COVID-19 pandemic put significant pressures on social protection nets and economies at large and resulted in negative socio-economic fallout. It is well documented that progress towards the achievement of the sustainable development goals (SDGs) has slowed, and in some cases reversed course. Severe disruptions in education systems worldwide deepened a global learning crisis, and progress towards poverty reduction reversed, particularly in Sub-Saharan Africa and Latin America and the Caribbean (World Bank Group, 2021).

24. The pandemic exacerbated inequalities within and between countries, affecting the world's poorest and most vulnerable people most. Women were disproportionately impacted, comprising an estimated 70% of global health and social care workers (UN Women, 2021). Barriers in access to financial resources and healthcare, mobility options, and decision-making spaces further exacerbated the disproportionate impact of the pandemic on women (CBi, 2021). Women also faced job losses to a greater extent than men, and it is estimated that gender gaps in employment-to population ratios will remain slightly greater than their pre-pandemic levels (ILO, 2021). Moreover, a 30% increase in reported cases of gender-based violence (GBV) was observed, attributable directly or indirectly to the pandemic. (UNFPA, 2022) The gendered impacts of the pandemic are said to have far-reaching consequences that are only further amplified in contexts of fragility, conflict, and emergencies (UN Women, 2021).

## 2.2 COVID-19 vaccines and vaccinations

25. The rapid development of vaccines against COVID-19 is widely seen as an extraordinary and unprecedented achievement. Global vaccination was a priority solution to ending the pandemic from early on. Doing so successfully presented many challenges, "from production to distribution, deployment, and importantly, acceptance" (OECD, 2021). Ensuring equitable access quickly became a key concern. This extends beyond equitable distribution of vaccine doses to also consider the extent to which national governments had the necessary infrastructure in place (i.e., the supply chains, cold storage facilities, trained healthcare workers, and data systems) to effectively rollout vaccinations and address demand-side barriers (OECD, 2020).

26. The United Nations defined vaccine equity as meaning "that all people, wherever they are in the world, should have equal access to a vaccine which offers protection against the COVID-19 infection" (UN, 2021)In September 2021, the World Health Organization (WHO) called for 70% of the global population to be vaccinated by June 2022, with an interim milestone of 40% by the end of 2021. These targets were not met, significant inequities in the accessibility and affordability of vaccines between countries prevented many (notably low-income countries) from reaching these goals (UNDP, 2022). In the African Region, for example, just over 17% of the population were fully vaccinated by the end of June 2022, with only two countries (Seychelles and Mauritius) achieving the 70% target. Nine countries were yet to surpass 10% of people fully vaccinated (Burundi, the Democratic Republic of the Congo, Cameroon, Madagascar, Malawi, Mali, Senegal, Burkina Faso, and the United Republic of Tanzania) (WHO, 2022).

27. Vaccine (and vaccination) inequity had significant health and socio-economic consequences. It left people in lower-income countries vulnerable to the virus and provided an environment conducive to the emergence and spreading of more variants. According to the United Nations, vaccine inequity will have "a lasting and profound impact on welfare, jobs, public debt, and possibilities for human development, setting back the 2030 Agenda for Sustainable Development, the SDGs, and the pledge to leave no one behind" (UNDP, 2020a).

## 2.3 National responses to the COVID-19 pandemic

***Government responses to COVID-19***

28. A range of measures were adopted by all governments, both national and sub-national, in responding to the COVID-19 pandemic. Policy measures were taken across governments, reflecting the myriad of negative impacts cascading from the pandemic and its secondary effects.

29. In countries that receive significant international assistance (and in scope for this evaluation), government responses were articulated through national response plans, policies, or strategies, often through, UN-led COVID-19 Socio-Economic Response Plans (SERPs) and sometimes also humanitarian response plans, which provided recommendations for addressing the short and long-term challenges created by the pandemic, as well as a starting point to align international support.

30. SERPs were often a result of collaboration across national governments, UN agencies and private sector and civil society representatives. Even with plans in place, however, response efforts in many countries were constrained by pre-existing structural challenges. Weak healthcare systems, challenging containment conditions, larger informal economies, and smaller scope for fiscal and monetary policy restricted the ability of many countries to respond to the multifaceted challenges caused by COVID-19.

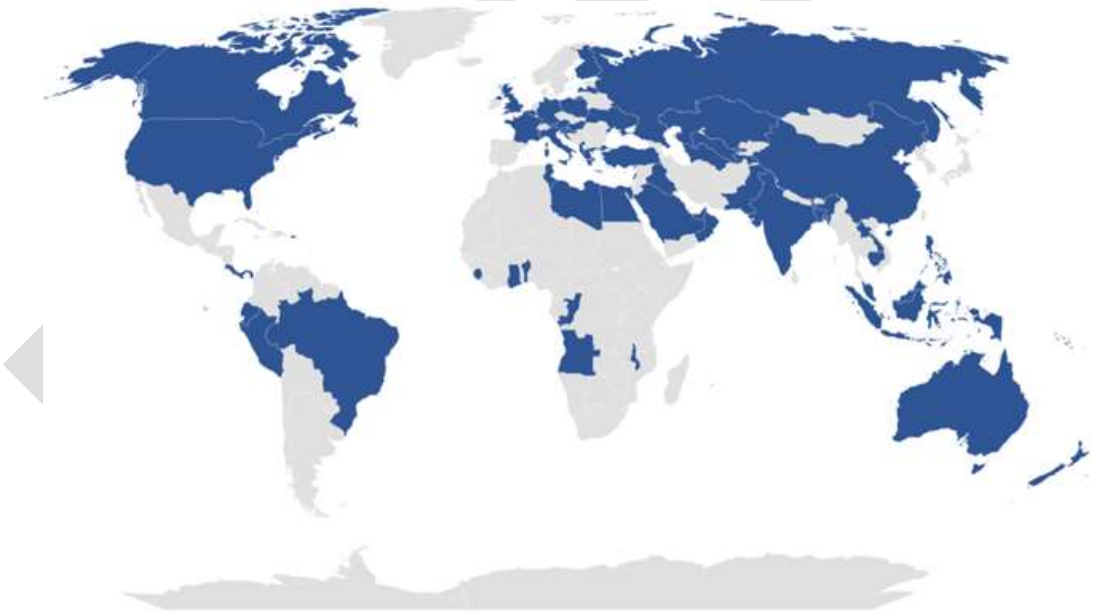
31. According to the Oxford Covid-19 Government Response Tracker, common response measures included closure and containment policies (i.e., school closures, lockdowns, travel bans and forms of

social distancing), health policies (i.e., contact tracing, testing, and facial coverings), and economic support policies to address the direct health and socio-economic impacts of the pandemic.

32. Since 2021, governments have also implemented policies to prioritise and incentivise vaccination (Hale et al., 2022). Government policies towards vaccination are said to have focused on varying levels of prioritisation, encouragement, incentivisation, and mandates (Hale et al., 2022). The Oxford Covid-19 Government Response Tracker identified two types of policy incentives applied by governments to vaccinate a sufficient share of their population. The first differentiated restrictions based on vaccination status, specifically targeting the unvaccinated and limiting their access to public places. In 2022, this type of policy had been implemented in 107 countries with varying levels of stringency. Most variation in policies related to workplace closures, public events, public transport, and internal movement (Hale et al., 2022).

33. The second policy incentive was to mandate vaccination of either full populations or certain categories of people. A reported 62 countries employed such policies, including Indonesia, Tajikistan, and Turkmenistan, where vaccination was made mandatory for the entire adult population. In Costa Rica (BBC, 2021) and Ecuador (BBC, 2021) mandates were extended to include minors, with vaccination required for all children five years of age and older, barring medical exemptions. In most countries mandating vaccination, however, policies targeted select groups of people, with mandates mostly focused on government officials and public sector workers, healthcare workers, and teachers (Hale et al., 2022).

**Figure 1. Countries/Regions that have/had mandatory vaccinations by category**



Source: (Blavatnik School of Government: University of Oxford , 2020)

34. Countries are also taking unprecedented measures to address and reduce the pandemic's negative secondary effects on a range of social indicators, including education support, food security interventions, presenting and responding to violence, enhancing social safety nets, providing cash transfers, and a multitude of other measures. Efforts also focus on jobs, businesses, and the most vulnerable members of society. The policies implemented in 188 different countries and territories have been captured by the International Labour Organisation (ILO) and are presented around four key pillars:

Stimulating the economy (Pillar 1); supporting enterprises, employment, and incomes (Pillar 2); protecting workers in the workplace (Pillar 3); and using social dialogue between government, workers and employers to find solutions (ILO, 2023).

## 2.4 The international response to the COVID-19 pandemic

35. The international community was called on to support and complement national measures to address COVID-19 in partner countries. The pandemic tested the limits and ingenuity of development co-operation and humanitarian systems. It affected nearly all aspects of previously established ways of working, partnerships, and business models, and put an extraordinary strain on public finances, including development assistance budgets (Gaynor & King, 2020). Development co-operation agencies and humanitarian organisations responded through bilateral and multilateral channels, including through CSOs. They took efforts to disburse new funds quickly and exercise flexibility in reprograming existing funds to address emerging needs in the early phases of the pandemic.

### *Bilateral donors and official development assistance (DAC members and other providers)*

36. In April 2020, OECD DAC members issued a joint statement on COVID-19 wherein they expressed their support for the response of UN agencies, multilateral development banks and civil society, and welcomed calls by G20 and G7 leaders to focus on the impacts of the pandemic on partner countries. Their statement emphasised, among others, the importance of protecting ODA budgets, supporting LDCs, and considering the role of women and girls, children, youth, and vulnerable groups (OECD DAC, 2020). DAC members and other providers adopted different approaches in responding to the pandemic. Support was provided bilaterally, from donor to recipient country (including through multi-bi support at the country level), and through core and earmarked contributions to multilateral institutions and funds. This includes United Nations agencies, the IMF, the World Bank Group, and regional multilateral development banks.

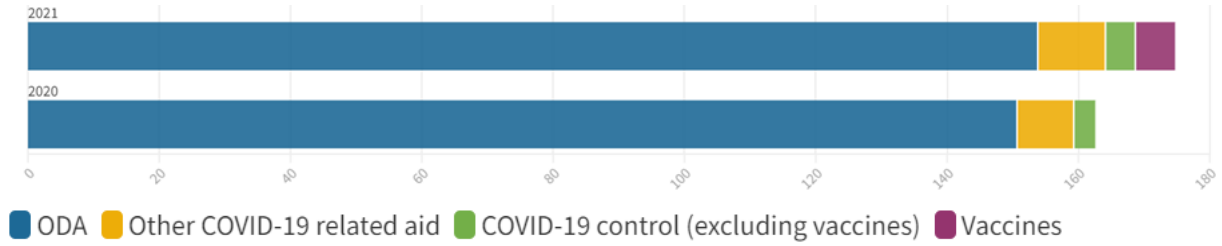
37. While overall development co-operation rose in 16 DAC member countries in 2020, it fell in 13. Some members were able to substantially increase their budgets, rapidly mobilising additional funding to support partner countries to face COVID-19. These increases were able to offset cuts from other countries, and total support reached USD 162.2 billion in 2020. In 2021, assistance increased again, reaching a record high USD 185.9 billion. This increase has been largely attributable to support to partner countries to respond to the COVID-19 pandemic (OECD, 2021).

### *Support for COVID-19 related activities*

38. In 2020-21, USD 32.8 billion of bilateral ODA[1] (of USD 337.3 billion total) was allocated for COVID-19 responses, most of which was additional. In 2021, DAC members spent USD 21.9 billion (current prices) on COVID-19 related activities, USD 11.1 billion (current prices) of which was spent on support related to COVID-19 control (i.e., prevention, treatment, and care) and vaccine donations, while the rest was spent on humanitarian aid and macro-economic support.

[1] Constant 2020 prices, grant equivalent basis.

**Figure 1. DAC countries' bilateral ODA allocation for COVID-19 response (2020-2021)**



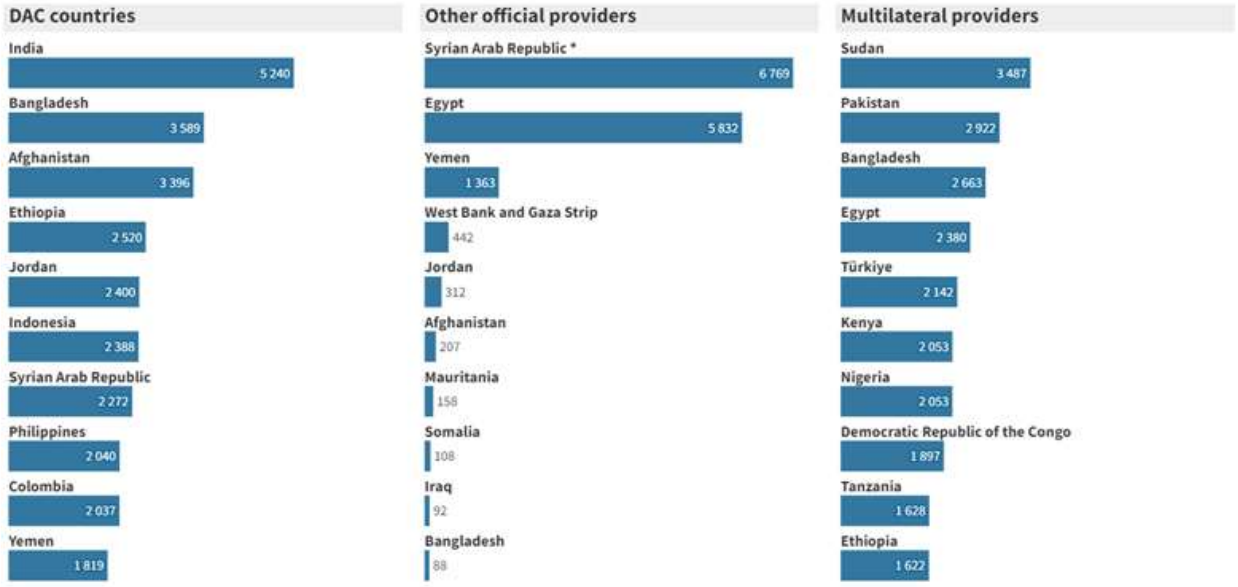

Note: USD billion, grant equivalent, constant 2020 prices

Source: OECD CRS Aid Activities database (2023) https://public.flourish.studio/story/1759356/

39. Total ODA for COVID-19 vaccine donations amounted to USD 6.3 billion in 2021: USD 2.3 billion for donations of doses in excess from domestic supply, USD 3.5 billion for donations of doses specifically purchased for partner countries, and USD 0.5 billion in ancillary costs (OECD, 2022). In addition, development and humanitarian partners worked with national leaders and local communities to support equitable and effective vaccine roll-out in various other ways, including through support to health systems, combating mis- and dis-information, and training and deploying health workers.

40. Several other providers also played an important role in financing COVID-19 response efforts, and development co-operation more broadly including through south-south and trilateral/triangular co-operation. In 2020, ODA reported by non- DAC countries totalled 13.7 billion, decreasing to 11.1 billion in 2021 (constant 2020 prices, grant equivalent). Efforts were focused predominately in three recipient countries: Syrian Arab Republic, Egypt, and Yemen. A total of USD 495 million in 2020 and 449 million in 2021 was reported as aid for COVID-19 related activities (grant equivalent basis, 2020 prices).

**Figure 2. Top 10 recipient countries of ODA, categories of development co-operation providers (2021)**




Note: Gross disbursements, USD million, current prices
Source: OECD CRS Aid Activities database (2023) https://public.flourish.studio/story/1759356/

***Multilateral official development assistance***

41. Almost thirty percent (29.4%) of total ODA (USD 47.8 billion) was channelled through multilateral organisations in 2020; 30% (USD 52.4 billion) in 2021 (grant equivalent, 2020 prices). Thirty multilateral providers reported ODA amounts committed to COVID-19 related activities, which totalled USD 9.4 billion in 2020 and 8.4 billion in 2021. The multilateral system has been an integral part of the international response to COVID-19, channelling significant resources to partner countries to help mitigate and manage the impacts of the pandemic. Described below are a few of the key international initiatives.

***UN COVID-19 Response and Recovery Fund***

42. The UN Secretary-General launched in early 2020 the UN COVID-19 Response and Recovery Trust Fund (MPTF), an inter-agency funding mechanism established to support low- and middle- income countries overcome the health and development crisis caused by COVID-19 (UNSDP, 2020). The Fund complements the World Health Organisation's Strategic Preparedness Response Plan and the UN Office for the Coordination of Humanitarian Affairs' (OCHA) Consolidated Global Humanitarian Appeal for COVID-19.

***Global Humanitarian Response Plan: COVID-19***

43. The COVID-19 Global Humanitarian Response Plan (GHRP) is a joint effort of the Inter-Agency Standing Committee co-ordinated by UN OCHA. It aggregates relevant COVID-19 appeals from various UN agencies and NGOs and complements plans developed by the International Red Cross and Red Crescent Movement. The GHRP builds on a joint analysis of the immediate needs (health and non-health) of vulnerable populations and offers multi-partner, multi-sectoral responses to the pandemic. GHRP accounts for one of the major forms of international humanitarian aid for COVID-19. Total tracked funding in 2021 was over USD 20 billion, which represents 53.7% of the total funding required. Contributions were made by 611 donor organisations, with the top five donors being the United States, Germany, the European Commission, the United Kingdom, and Canada (OCHA Services Financial Tracking Service, 2022)

***Access to COVID-19 Tools Accelerator Partnership and COVAX***

44. The Access to COVID-19 Tools Accelerator (ACT-A) is a framework for collaboration, bringing together governments, health organisations, scientists, businesses, civil society, and philanthropists. It was set up in response to a call from G20 Leaders in March 2020 and was launched by the WHO, European Commission, France, and the Bill & Melinda Gates Foundation in April 2020. The goal of the ACT Accelerator is to end the COVID-19 pandemic as quickly as possible by reducing COVID-19 mortality and severe disease through the accelerated development, equitable allocation, and scaled-up delivery of vaccines, therapeutics, and diagnostics to reduce mortality and severe disease. Donors contributed USD 17.8 billion towards the 2020—October 2021 budget, which had a funding gap of USD 15.4 billion. In early 2022, more than 86% of all contributions to ACT-A pledged (and 90% of contributions to COVAX) were reported to have come from DAC members (OECD, 2022).

45. The ACT Accelerator comprises four pillars: Diagnostics, Therapeutics, Vaccines, and the Health Systems Connector pillar. The Vaccines pillar (COVAX) is co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, and WHO, alongside its key delivery partner, UNICEF. The role of COVAX is to ensure that vaccines are safely developed as rapidly as possible, manufactured at the right volumes, and delivered to those that need them most.

***Private philanthropy for development***

46. Private philanthropy was also called on to support COVID-19 response and recovery efforts. According to OECD statistics, private philanthropy for development totalled USD 10.6 billion and USD 10.7 billion in commitments in 2020 and 2021, respectively. Most philanthropic aid targeted regional projects/programmes (57% of total commitments - i.e., aid mainly focused facilitation of logistics), followed by aid targeting LMICs (15%), UMICs (15%) and LDCs (13%). Regions of South of Saharan Africa concentrated the bulk of the targeted aid (32% of the total), followed by South America (11%), and Southeast Asia (8%).

47. Results from a survey conducted by the OECD's Development Co-operation Directorate revealed that by the end of April 2020, foundations had committed approximately USD 1 billion as an immediate response to COVID-19 in partner countries, mainly targeting the health, education, and other social sectors. Surveyed foundations also reported providing non-financial support, including increased flexibility, continuation of usual pay-out, technical assistance, large-scale fundraising, and in-kind contributions (OECD, 2020). With respect to equitable access to COVID-19 vaccines, philanthropy played an important role financially in addition to their broader support to facilitate vaccination rollouts. They provided direct financial support to the COVID-19 Therapeutics Accelerator, CEPI, and the WHO Solidarity Response Fund.

***Civil society organisation responses***

48. Civil society organisations (CSOs) are uniquely placed to reach vulnerable populations, influence public policy, support resource mobilisation, and hold governments, donors, and other actors to account. As such, they played an instrumental role in supporting government efforts to deliver effective responses to the direct health and socio-economic consequences of COVID-19. According to GAVI, CSOs are key health service providers in many countries and are instrumental in vaccine delivery. They are said to have provided up to 60% of immunisation services in some countries prior to the pandemic (GAVI, 2020).

49. As outlined by the Asian Development Bank in early 2021, CSOs were well placed to help address demand-side barriers of COVID-19 vaccinations (i.e., vaccine hesitancy), support the implementation of immunisation programs, influence resource mobilisation, advocate for equitable access and encourage transparency and accountability (Bhargava, 2021). In recognition of their crucial role in past public health campaigns, CSO representatives were appointed to key COVAX working groups in late 2020 (GAVI, 2020b). CSOs were also recognised as "key partners in tackling COVID-19 and its damaging socioeconomic consequences" by OECD DAC members, who acknowledged their unique and critical role in reaching vulnerable people and stressed the importance of enabling them to do (OECD DAC, 2020).

# 3. Evaluation scope

50. This section describes the substantive, temporal, and geographic scope of the evaluation.

51. The primary focus of the evaluation is the *collective* response of the international development and humanitarian community to the COVID-19 pandemic. This is a global, system-wide evaluation, filling a unique niche and complementing individual evaluations. It prioritises breadth over depth to support its focus on learning and the sharing of lessons and good practices. It builds on a vast amount of already completed evaluations. The individual evaluations of Coalition participants, by contrast, prioritise depth over breadth, assessing support at the project, programme, and institution levels. Those studies will be valuable sources of evidence for this evaluation.

52. While documentation of national responses represents a key component of the evaluation, the effectiveness of these efforts will not themselves be evaluated. Instead, they will be used to understand the context, needs, and priorities of countries, forming the basis upon which the relevance, coherence, effectiveness, and efficiency of international efforts will be assessed at the country-level.

## 3.1 Substantive scope

53. The evaluation will assess the collective international development and humanitarian assistance response to the COVID-19 pandemic. This includes support to fight the pandemic and invest in recovery by addressing both the direct and indirect impacts of COVID-19. All multilateral and bilateral ODA (i.e., grants and concessional loans) and Other Official Flows ((OOF), i.e., non-concessional loans, financing) is in scope. This includes, but is not limited to, assistance that has been labelled as "COVID-19 related" or has COVID-specific objectives. Examples of interventions that are in scope include:

- Investments in health systems: support to health administrations, hospital capacities to treat COVID-19 patients, laboratories
- Activities related to COVID-19 control: public information, education and communication
- Humanitarian responses: food related assistance, education
- Social protection programmes to help protect and rebuild people's livelihoods

54. Included is all support for equitable access to COVID-19 vaccines and vaccination rollouts. This includes, but is not limited to, contributions to ACT-A, manufacturing and donations of COVID-19 vaccine doses, and support to address issues related to manufacturing and supply, delivery, health system capacities, communication, and combating mis- or disinformation.

55. In recognition of the all-encompassing socio-economic impacts of the pandemic, the evaluation will look beyond support identified as 'COVID-19 specific', examining all development co-operation and humanitarian assistance provided in 2020-2022 to gain a more holistic understanding of the overall response to the pandemic. Given constraints, support to economic recovery is not covered in-depth The

evaluation cannot feasibly examine all interventions of interest but will look at specific projects or programmes – particularly for case studies – when feasible and relevant.

56. All development co-operation (including multilateral, bilateral, south-south or trilateral/triangular forms of collaboration) and humanitarian assistance are in scope. To gain a holistic understanding of the collective response, the evaluation will examine efforts of national governments and non-governmental actors – notably, private philanthropy.

57. Emphasis in data collection will be placed on bilateral responses (DAC members and other providers) because these are relatively under-evaluated compared to the responses of UN agencies and multilateral institutions and there is therefore less evaluative material on which to draw.

## 3.2 Geographic scope

58. The evaluation is global in scope, covering all efforts in countries and territories eligible to receive ODA.[2] Due to the global nature of the pandemic, the evaluation cannot feasibly assess in-depth, the collective response in all ODA-recipient countries and territories. (See Section 5 on country case studies).

## 3.3 Temporal scope

59. The evaluation will focus on the emergency phase of the pandemic (as defined by the WHO) covering the period from 1 January 2020 to 31 December 2022.

60. Due to data availability and capacity limitations, longer-term effects will not be covered in depth. While the evaluation cannot ascertain the trajectory of development assistance in the absence of COVID-19, an analysis of OECD development finance data between 2016 and 2022 will be undertaken to explore trends and support a deeper understanding of the overall prioritisation of certain activities in response to COVID-19, and the potential de-prioritisation of others.

## 3.4 Evaluation questions and sub-questions

61. Below are the main evaluation questions to be answered, based on the Coalition's Shared Evaluation Framework (Annex 2). While some sub-questions were updated for clarity during the inception phase, the questions and issues outlined in the ToR remain. The evaluation matrix (Annex 4) lists each question and sub-question, indicators, and identified data collection methods.

**Table 2. Evaluation questions and sub-question**

| | Evaluation questions | Sub-questions |
|---|---|---|
| Descriptive | Q1. How did national governments, and | Q1.1. What were the identified needs and priorities of partner countries in addressing COVID-19? How did partner countries respond?[3] |

[2] Consult the full list of ODA recipient countries and territories: https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/daclist.htm

[3] The evaluation recognises that needs rose/fell at different times in different countries, over the course of the evaluation period. When using terms such as "immediate" or "urgent" these will refer to the needs in the specific country at a given moment in time.

| | | |
|---|---|---|
| | development and humanitarian actors respond to the COVID-19 pandemic? | Q1.2. Who funded the international response to the COVID-19 pandemic, what was funded, and where were efforts focused? |
| | | Q1.3. How and where did international development and humanitarian actors support equitable access to vaccines and vaccination rollouts? |
| Relevance | Q2. To what extent did COVID-19 support meet partner country needs and priorities? | Q2.1. To what extent was funding and programming responsive to partner country needs and priorities, including those of the most vulnerable? |
| | | Q2.2. To what extent were providers flexible and adaptive in responding to changing needs and priorities as the pandemic evolved? |
| Coherence | Q3. To what extent did responses align to ensure coherent approaches at global and country levels? | Q3.1. To what extent did the collective international response complement national efforts to address COVID-19 related needs and priorities? |
| | | Q3.2. To what extent, and in what ways, was the collective response coherent at global level? At country level? |
| | | Q2D. To what extent were efforts focused on equitable access to vaccines and vaccinations co-ordinated and aligned? |
| Effectiveness | Q4. What are the early results of the collective response to COVID-19? | Q4.1. To what extent did DAC members deliver on joint commitments regarding support for COVID-19 responses and equitable access to vaccines in partner countries? |
| | | Q4.2. To what extent, and in what ways, did development co-operation and humanitarian assistance contribute to alleviating the immediate public health crisis stemming from the COVID-19 pandemic? What factors contributed to more successful results? |
| | | Q4.3. To what extent, and in what ways, did development co-operation and humanitarian assistance contribute to interventions alleviating the secondary social and economic effects of the crisis? What factors contributed to more successful results? |
| | | Q4.4. To what extent, and in what ways, did vaccine-related support result in equitable access and greater coverage? |
| | | Q4.5 What were the unintended effects of the development and humanitarian support provided for COVID-19 response efforts? |
| Efficiency | Q5. To what extent were funding and programming decisions and interventions timely and informed? | Q5.1. To what extent were providers successful in mobilising timely and flexible funding to respond to COVID-19? |
| | | Q5.2. To what extent can the different dimensions of the development co-operation and humanitarian response be considered good value for money? |
| Forward looking | Q6. What good practices, innovations and lessons learned emerged from the collective response to COVID-19? | Q6.1. What good practices and innovations emerged that can inform ongoing or future responses? |
| | | Q6.2. What are the key lessons learned and how can these inform future co-ordination and crisis preparedness? |

# 4. Evaluation approach

## 4.1 Overarching approach

***Modular and case-based approach***

62. A case-based, modular approach (Table 2) has been designed for the evaluation in view of the global scope of the pandemic, the extent of evaluative work already conducted, and the range of actors involved. The approach is focused on the systematic generation and analysis of specific cases that support learning for future crises. In addition to dividing the evaluation into smaller (and more manageable) components, this modular approach lends itself to multiple smaller deliverables that may be published in real time, supporting input into relevant policy windows, events, and meetings.

63. Module 1 lays the foundation for the rest of the evaluation by taking stock of completed evaluation work. Modules 2, 3 and 4 are independent and nonsequential, each focused on the relevant efforts of a specific group of actors. These modules will gather descriptive evidence, with cross-cutting focus on the cases selected, which will be used to answer the evaluation questions.

64. The fifth module will synthesise and triangulate evidence from the previous modules to generate findings and draw conclusions about the collective response, inclusive of both national and international efforts.

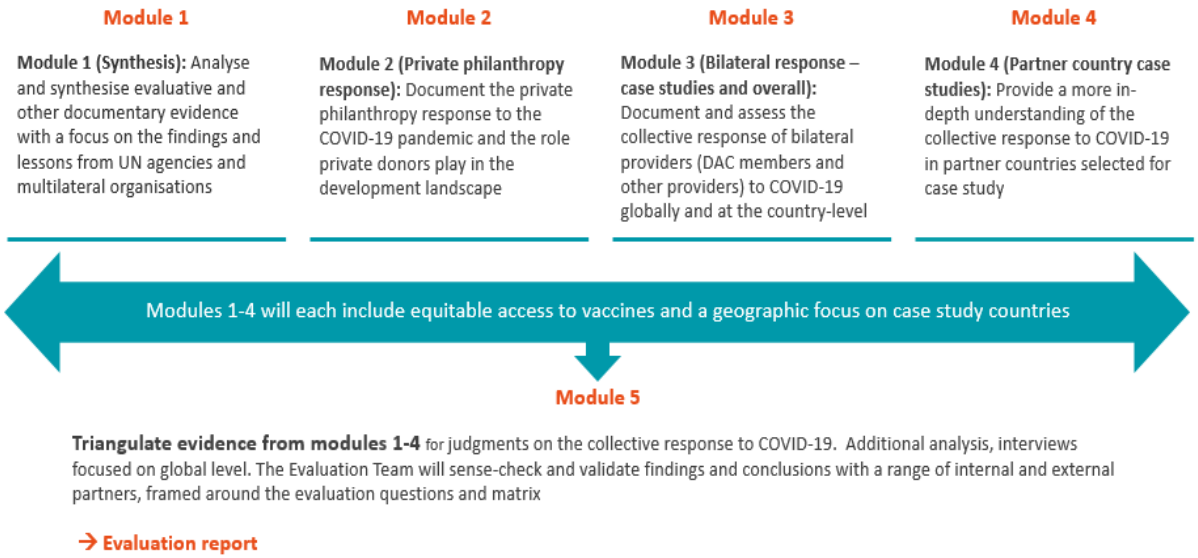


**Table 3. Overview of the five modules of the Strategic Joint Evaluation**

| |
|---|
| **Module 1 (Synthesis):** Analyse and synthesise evaluative and other documentary evidence with a focus on the findings and lessons from **UN agencies and multilateral organisations**. This module aims to document the response to COVID-19 of key partners in the international development community, notably the UN, the WHO, the IMF, the World Bank Group, and regional multilateral development banks. It will synthesise findings on sub-questions specifically those related to relevance, effectiveness, and efficiency, and to some extent coherence. The synthesis will support in establishing the global context within which the development and humanitarian response occurred, helping answer questions of overall relevance and coherence at global and country level. The synthesis will be supplemented by primary data collection where needed to sufficiently document the multilateral response and answer relevant evaluation questions.<br><br>**Output:** Report (synthesis) |
| **Module 2 (Private philanthropy response):** Document the **private philanthropy** response to the COVID-19 pandemic and the role private donors play in the development landscape. This module supports a broader understanding of resource flows to partner countries and aims to describe the geographic and sectoral focus of private philanthropy contributions. This information will help answer evaluation questions about the collective response and support partnerships between the different actors moving forward, including for future crisis preparedness.<br><br>In addition to a global analysis of OECD data on private philanthropy, interviews and document review for a set of case study philanthropies will provide additional depth to the analysis.<br><br>**Output:** Report (documentation of the private philanthropy response to COVID-19) |
| **Module 3 (Bilateral response):** Document and assess the response of **bilateral providers** (DAC members and other providers) to COVID-19 globally and at the country-level. This module will examine priorities, commitments, funding and programming. It will help identify internal factors (positive or negative) affecting responsiveness and adaptability of programming, as well as mechanisms in place to co-ordinate efforts with other actors. In addition to an aggregate analysis, descriptive case studies of bilateral providers will be undertaken.<br><br>**Output:** Report (documentation of the bilateral response, and early findings and lessons structured around the evaluation questions) |
| **Module 4 (Partner country case studies):** Provide a more in-depth understanding of the collective response to COVID-19 in partner countries selected for case study. They will document country-specific contextual information and the COVID-19 responses of **national governments**, thereby forming the basis upon which questions of relevance and coherence will be assessed when evaluating international response efforts. Case studies will examine alignment with national strategies and priorities, and coherence across development partners and with other sustainable development efforts. Case studies will also draw conclusions about early results in each respective country.<br><br>A total of ten case studies will be conducted. This includes a global case study on the Large Ocean States/Small Island Developing States (SIDS) group (with three countries covered). Additional details on case studies, including the selection of partner countries, can be found in Section 5 of this report.<br><br>**Output:** Summaries of each case study, with key findings integrated into the evaluation report as appropriate. |
| **Module 5 (Collective response):** Triangulate evidence from modules 1-4 for judgments on the collective response to COVID-19. The Evaluation Team will sense-check and validate findings and conclusions with a range of internal and external partners, framed around the evaluation questions and matrix.<br><br>**Output:** Final evaluation report |

***Utilisation focus and application of principles of appreciative inquiry***

65. The evaluation will be utilisation-focused, planned and conducted in a manner that enhances the anticipated use of evaluation findings and lessons by engaging key audiences during the evaluation process.

66. In recognition of the unprecedented and complex circumstances surrounding COVID-19 response efforts, the evaluation will apply principles of appreciative inquiry to identify, consolidate, and enhance the positive potential of individual and collective action throughout all modules of the evaluation. These principles will enable the systematic discovery and appreciation of what worked well, in which contexts, and why. In addition to supporting future-oriented learning for co-ordination and crises preparedness, this approach will allow for the identification of gaps or challenges in response efforts without specifically focusing on weakness or deficiencies.

## 4.2 COVID-19 vaccines and equitable access

67. Support for COVID-19 vaccines and vaccinations was an integral part of the collective response to COVID-19. Given the prominence and global importance of such efforts, the evaluation will include assessment of how, and the extent to which, international co-operation contributed to equitable access to vaccines and effective vaccination rollouts. This entails looking beyond support to COVAX/ACT-A to include the bilateral supply of doses and efforts to address the underlying barriers (supply and demand side) and challenges to effectively rolling out vaccines at the country-level.

68. Vaccine-specific sub-questions have been included under each evaluation question and are reflected in data collection and analysis tools for all modules. This theme will be examined at the country and organisation levels through both partner country and provider case studies. Key areas for exploration include alignment of support with partner country needs and priorities, funding decisions and re-prioritisation of aid for vaccine and vaccination-related efforts (including potential trade-offs), and the coherence of bilateral efforts with multilateral initiatives (including COVAX).

## 4.3 Inclusion and gender equality and women's empowerment as key considerations

69. In recognition of the unequal and gendered impacts of the pandemic – and the emphasis on inclusion in many pandemic response commitments (including the joint statement of the DAC), inclusion, gender equality and women's empowerment will be key considerations throughout all modules. The evaluation will explore whether, and the extent to which, issues of gender equality – and other relevant dimensions of inclusion and equity – were considered in response planning and implementation, as well as examining differential results where possible.

70. In looking at adequacy of the response and the unintended consequences of COVID-19 response efforts, the evaluation will explore whether ODA was reprioritised away from gender equality objectives in 2020-2021, looking at trends pre-pandemic to draw inferences. These lines of enquiry will draw on ODA data tagged with the 'gender marker', allowing for insights at recipient and provider levels, and 'purpose' codes for ODA targeting gender-related objectives. This includes support for local women's rights organisations and movements and ending violence against women and girls. Data analysis will be complemented by the inclusion of relevant questions in surveys and other data collection tools.

### 4.4 Evaluating the coherence of the collective response to COVID-19

71. Answering strategic questions of coherence is a key focus, given long standing commitments of DAC members and others to enhance co-ordination. As a strategic joint evaluation, this evaluation is uniquely placed to answer key questions of external coherence and overall coherence.[4] The 'coherence' criterion – as defined by the OECD DAC– emphasises the importance of evaluating an intervention's fit and provides a useful delineation of internal versus external coherence. The COVID-19 Global Evaluation Coalition's Shared Evaluation Framework includes this question: To what extent are responses aligning to ensure coherent approaches at global and country levels?

72. In 2021, the Coalition published a scoping study on evaluating the coherence of the international response to COVID-19 (Drew, 2021). The study highlighted several challenges associated with the evaluation of coherence, notably when the evaluand is loosely structured (as for this global evaluation). The study suggested relevant concepts and ways of thinking that are applicable to multiple contexts. This informed this evaluation's understanding of, and approach to, coherence.

73. The evaluation will assess, to varying degrees, the extent to which responses aligned to ensure coherent approaches during planning and implementation. Notably, it will assess coherence:

- **At the country-level:** the evaluation will look at coherence between development partners and assess the coherence of external efforts with partner country policies and responses, including exploring the effects, positive or negative, that COVID-19 responses had on other efforts, such as education, and gender equality and women's empowerment.
- **At the global level:** assessing the coherence of overall efforts of bilateral providers, partner countries (national governments and CSOs), multilateral institutions, UN agencies, and private philanthropy, with a focus on identifying gaps and overlaps.
- **At the provider level:** to the extent possible, the evaluation will look at the internal coherence of providers' pandemic responses when doing so can support drawing lessons about co-ordination, communication, and crisis response mechanisms.



[4] An area for potential further study is the internal coherence of different ministries, government departments and implementing agencies of provider countries (DAC members and other providers).

# 5. Case studies

74. The evaluation uses case-based analysis to generate insights that will support learning. Two individual sets of case studies have been identified for this evaluation. The first set, which cuts across the first three modules, is focused on the collective response to COVID-19 in select partner countries (country-level). Module 3 is focused on the individual responses of select bilateral providers (organisation-level). Likewise, several philanthropic organisations will be analysed in Module 2. Across all modules, case studies will be used to help identify explanatory factors, add realism, and provide in-depth examples. Additionally, case studies will support the identification of commonalities and differences across contexts thereby supporting a deeper understanding of what worked, where, and why.

## 5.1 Partner country case studies

75. Partner country studies will address all evaluation questions, including those on COVID-19 vaccines and equitable access. They will examine alignment of international support with national strategies and priorities, and with perceived COVID-19 risks and needs. Case studies will also examine coherence across development partners and with other sustainable development efforts (Agenda 2030), timeliness, and the early results of the collective effort.

76. Partner country case studies serve the essential purpose of illustrating the collective response to COVID-19 at the country-level in a variety of contexts, inclusive of both national and international response efforts. Summary reports for each partner country will be developed, with key findings integrated, as appropriate, into the overall evaluation report.

***Case study selection***

77. A purposive sampling method was used for the selection of case studies. This is in line with relevant literature which suggests that purposive sampling is appropriate in three instances: "(1) when a researcher wants to select unique cases that are especially informative, (2) when a researcher would like to select members of a difficult-to-reach, specialised population, and (3) when a researcher wants to identify particular types of cases for in-depth investigation" (Ishak, Bakar, & Yazid, 2014). The third justification was the most relevant, and the Evaluation sought to ensure adequate differences across types of countries in relation to development co-operation. This sampling strategy is useful given the evaluation's focus on understanding how the various factors that constitute a country's operating context affect how the response to COVID-19 was rolled out. By emphasising variation, this sampling strategy allows the evaluation to delve deeply into the particularities of each case.

78. A sample of ten case studies was established for this evaluation. This includes a global case study on the Large Ocean States/Small Island Developing States (SIDS) group, in recognition of the unique social, economic, and environmental vulnerabilities these countries face.

79. Individually, these case studies will provide voice to the first-hand experiences of people involved in responding to the pandemic and identify real-life evidence and examples of the response. Such examples will be used to identify lessons for development co-operation. As a group, the cases will support the identification of commonalities and differences across contexts thereby supporting a deeper understanding of what worked, where, and why. Findings from these analyses will be used to help answer evaluation questions, derive conclusions, and draw lessons for future co-ordination and crisis preparedness. Summary reports for each partner country will be developed, with key findings and lessons integrated, as appropriate, into the overall evaluation report.

80. The decision to undertake ten case studies reflects the need for evidence across a diverse range of contexts, while attending to feasibility, given available resources and the time frame to conduct this evaluation. The sample drew from a preliminary list of twenty-seven countries identified for further study by Coalition participants in late 2021. During the inception phase, the Evaluation Team applied an updated screen of four criteria (Table 4).

**Table 4. Criteria for the selection of partner country case studies**

| | |
|---|---|
| **1. Country characteristics**<br>*These criteria respond to the need for a geographic balance, a mix of smaller, mid-size and larger countries by population size, adequate representation across different national income levels, and a range of fragility statuses.* | 1.1 Geographic location |
| | 1.2 Population size |
| | 1.3 Income level and LDC classification |
| | 1.4 Fragility context |
| **2. ODA landscape**<br>*These criteria respond to the need for representation of support from a variety of providers, aid channels, priority sectors and receipt volumes.* | 2.1 Total ODA + OOF volumes for 2020 and 2021 |
| | 2.2 Total COVID-related ODA + OOF volumes for 2020 and 2021 |
| | 2.3 Top donors and sectors focus |
| **3. COVID-19 contexts**<br>*These criteria respond to the need for inclusion of countries affected in varying intensities by COVID-19 and different vaccination rates.* | 3.1 COVID-19 prevalence (confirmed cases per million) |
| | 3.2 Confirmed deaths per million |
| | 3.3 Vaccination rate (% of population with one and two doses) |
| **4. Practical Considerations**<br>*These considerations reflect the shared values of the COVID-19 Global Evaluation Coalition. Notably, they take into account potential synergies, strategic collaborative opportunities, and efforts to avoid duplication.* | 4.1 Data availability, prior relevant research identified |
| | 4.2 Ongoing or planned work by participants of the COVID-19 Global Evaluation Coalition |

***Partner countries selected for case study***

81. Together, the nine countries selected for case study provide a useful mix across the four criteria described above. The selected countries are **Burkina Faso**, **Cabo Verde**, **Kenya**, and **Mozambique** (Sub-Saharan Africa); **Bangladesh** and **Cambodia** (Asia-Pacific); **Nicaragua** (Latin America and the Caribbean); **Lebanon** (Middle East and North Africa); and **Georgia** (Europe). The global case study on the SIDS group of countries complements this list, and will include data collection in Saint Lucia, Kiribati, and Cabo Verde, representing all SIDS regions: the Caribbean Ocean; the Pacific Ocean; and the Atlantic, Indian Ocean and South China Sea (AIS), respectively.

82. The full sample of countries examined in this evaluation provides a balance in terms of geography and population size. Countries from various geographic regions that received COVID-19 support are included in the sample, as well as a mix of large, medium, and small countries. It includes an adequate

combination of low (two), lower-middle (eight), and upper-middle (two) income countries, of which five are also categorised as LDCs. Half the countries selected are considered fragile, as defined in the OECD's multidimensional fragility framework (OECD, 2022).

83. There is also diversity in terms of the cumulative number of confirmed COVID-19 cases and related deaths per country, bearing in mind that these figures may not accurately represent the true number of cases or deaths due to limited testing in some countries and varying protocols and challenges, notably related to the attribution of the cause of death. Similarly, there is great variance in terms of the total share of people in each country either fully or partially vaccinated against COVID-19, an important consideration given the evaluation's thematic focus on COVID-19 vaccines and equitable access. Finally, the selected countries differ in terms of the main donors, and the overall volume of ODA received in 2020 and 2021 (both overall assistance, and that tagged using the COVID-19 markers developed by the OECD).

84. Practical considerations were also included in the selection of cases. There are linkages with provider case studies – some of the partner countries selected are key recipients of aid from the providers selected for case study in Module 3. Moreover, the Burkina Faso case study will be conducted as part of a broader country-led evaluation of Burkina Faso's national response to COVID-19, which includes questions on the role of international development and humanitarian assistance in supporting national efforts. The OECD and the Global Evaluation Initiative (GEI) are working in partnership with the Evaluation Unit of Burkina Faso's Ministry of Economy, Finances and Foresight in conducting this case study.

85. Case studies will all have the same scope, will focus on the same questions, and adopt the same approach, while adjusting to the country context particularities. To the extent possible, the evaluation will rely on existing evaluative work in the country and will capitalize on existing data collection and analysis. There will be variation in the extent to which each case can draw on existing data and evaluations, as well as in who is conducting the case study and accessibility to key stakeholders. While some case studies will be conducted in-house, using OECD DAC EvalNet Secretariat resources, others will be conducted (fully or partially) by individual Coalition participants. Case studies have been classified below as being country-led, secretariat-led (OECD DAC EvalNet Secretariat), or partner-led (COVID-19 Global Evaluation Coalition participant).

| Country | Type |
|---|---|
| Bangladesh | Secretariat-led |
| Burkina Faso | Country-led |
| Cabo Verde | Country-led |
| Cambodia | Secretariat-led |
| Georgia | Pilot – Secretariat-led |
| Kenya | Partner-led (AFDB) |
| Lebanon | Partner-led (Global Affairs Canada) |
| Nicaragua | Secretariat-led |
| Mozambique | Secretariat-led |
| SIDS | Secretariat-led |

## 5.2 Provider case studies (Module 3)

86. Descriptive case studies will examine the priorities, commitments, funding, and programming decisions of the providers of official development assistance selected for case study in Module 3. They will help identify the internal factors (positive or negative) affecting responsiveness and adaptability of programming through different phases of the pandemic, as well as the mechanisms in place to co-ordinate efforts with other actors.

87. Twelve providers have been identified for case study. This includes seven DAC members and five other providers: **Czech Republic**, **Germany**, **Korea**, **Netherlands, New Zealand**, **Spain**, **United States of America**, **Mexico**, **People's Republic of China**, **Kingdom of Saudi Arabia**, **South Africa**, and the **United Arab Emirates**. The purposive sampling strategy selected providers based on interest and four criteria: (1) type of co-operation / ODA landscape; (2) diversity of recipient countries; (3) vaccines and other cross-cutting issues; and (4) practical considerations.

88. The group of providers identified for case study offers an adequate representation of small, midsize, and large donors from all geographic regions. Selection reflects a variety of aid channels, priority sectors and disbursed volumes, including volumes of support specifically focused on COVID-19 related activities.

89. The selection also reflects synergies, collaborative opportunities, and avoids duplication. Notably, parallel evaluations of three providers selected for case study: Germany, South Africa and Spain. The United States has also conducted a major learning exercise related to the pandemic, which will feed into that case study. Synergies between each of these evaluations and this Strategic Joint Evaluation are reflected in the collection and analysis of data. It is important to note that the efforts of providers not included as case studies will still be reflected in the evaluation through survey data (perception-based), document review, and ad hoc interview opportunities.

**Table 1. Criteria for the selection of provider country case studies**

| | |
|---|---|
| **1. ODA Landscape**<br>*These criteria respond to the need for representation of a variety of ODA providers (including a non-DAC provider), aid channels, priority sectors and disbursed volumes.* | 1.1 Total ODA + OOF volumes for 2020 and 2021 |
| | 1.2 Total COVID-related ODA + OOF volumes for 2020 and 2021 |
| | 1.3 Main aid channels (share of bilateral and multilateral aid as a proportion of total ODA) |
| | 1.4 Priority sectors |
| **2. Recipients**<br>*These criteria respond to the need for inclusion of ODA providers with a diverse set of ODA-recipients. Due consideration is also given to the possibilities of cross-case (provider and partner country) referencing and analysis.* | 2.1 Top 5 recipients of bilateral aid |
| | 2.2 Top 5 recipients of multilateral aid (UN Institutions) |
| **3. Vaccines and Other Cross-Cutting Issues**<br>*These criteria reflect the importance of striking a balance between providers with varying levels of effort and volume of ODA committed to enabling equitable access to vaccines, gender equality and working in fragile contexts.* | 3.1 COVID-19 vaccine donations |
| | 3.2 Efforts targeting vaccine equity |
| | 3.3 Share of total ODA targeting gender, fragility, and localisation. |
| **4. Practical Considerations**<br>*These considerations reflect the shared values of the COVID-19 Global Evaluation Coalition. Notably, they consider potential synergies, strategic collaborative opportunities, and efforts to avoid duplication.* | 4.1 Data availability |
| | 4.2 Provider engagement level |
| | 4.3 Relevant evaluative work |

# 6. Data collection and analysis

90. The evaluation will adopt a mixed-methods approach, combining elements of qualitative and quantitative research to help answer the evaluation questions and generate findings. Five main methods for data collection have been identified for the evaluation and will be described in detail in sections 6.1 and 6.2. These include: (1) Semi-structured key informant interviews; (2) Survey; (3) Document and literature review; (4) Review of quantitative data; and (5) Case studies. Each module of the evaluation will draw on a combination of these methods. Naturally, some will be relied upon more heavily than others, depending on the module. An outline of the data sources identified for each module is outlined below.

**Table 2. Identified data sources by module**

| Module | Data sources |
|---|---|
| Module 1: Synthesis | Document and literature review<br>Perception-based survey (multilateral) |
| Module 2: Private philanthropy response | Document and literature review<br>Review of quantitative data |
| Module 3: Bilateral response | Key informant interviews<br>Analysis of quantitative data and financial survey<br>Perception-based survey (bilateral)<br>Document and literature review<br>Case studies (bilateral providers) |
| Module 4: Partner country case studies | Key informant interviews<br>Review of quantitative data<br>Document and literature review<br>Perception-based survey (partner country) |
| Module 5: Collective response | Validation exercises<br>Supplementary data collection where necessary to fill gaps in knowledge |

## 6.1. Primary data collection

***Semi-structured key informant interviews***

91. Semi-structured interviews will be conducted with key stakeholders as part of both provider (Module 3) and partner country (Module 4) case studies to gather in-depth information about

experiences, insights, and perspectives to support both global and country-level analysis. Targeted protocols will be developed and tested for each stakeholder group to guide interviews. Most interviews will be conducted remotely, though efforts will be taken to ensure in-person interviews are conducted where feasible, capitalising on planned country visits by OECD staff and Coalition participants. Tailored interview guides aligned with the evaluation matrix have been developed for interviews with representatives from national governments, bilateral and multilateral partners, CSO/NGO representatives, and representative from private philanthropic foundations.

92. Though not exhaustive, the key stakeholder groups identified for interview include:

- ***Partner country government officials:*** Interviews with partner country government officials from countries selected for case study will be conducted as part of Module 4. The document review will identify relevant ministries and stakeholders, which will vary across countries. While not an exhaustive list, interviewees could include representatives from the ministries/departments responsible for donor co-ordination, COVID-19 task force members, COVID-19 focal points from relevant ministries (i.e., ministries of health, economy, planning, etc.), and COVID-19 task force or crisis response teams.
- ***Bilateral providers:*** Interviews will be conducted with representatives from the national aid agencies or ministries selected for case study in Module 3. This includes staff at headquarters and those posted abroad (embassy staff) in partner countries of focus (partner country case studies) in 2020-2021. Potential interviewees include COVID-19 focal points, heads of co-operation, desk officers, and members of COVID-19 task forces. The Evaluation Team will consult the OECD's Development Co-operation Directorate and Coalition participants from each respective organisation selected for case study in identifying the appropriate interviewees.
- ***Multilateral organisations:*** Staff and management from UN agencies, World Bank, IMF, multilateral development banks, global initiatives and other institutions.
- ***Others****:* Interviews may be conducted with other key actors involved in COVID-19 response efforts. This includes academics, staff and management from private philanthropy (Module 2), CSOs (Module 4) and others.

***Analysis of OECD development co-operation finance data and financial survey***

93. The OECD's Financing for Sustainable Development (FSD) Division administered two surveys in 2020 (April and October) in response to a high demand for real-time information on how much ODA (and support beyond ODA) was being allocated to COVID-19 responses, and for more granular information about the priority sectors and countries as well as main channels being used. An additional survey of development finance experts in national aid agencies or ministries will be administered with a focus on: amounts pledged, committed, and disbursed; information on additional and reprogrammed funding; information on discontinued programmes or processes due to COVID-19; top recipients (countries, organisations, and sectors); and information on support for COVID-19 vaccines and vaccinations; etc. This survey will collect data and information not captured by the OECD Creditor Reporting System Aid Activities database, which is described in Section 6.2 below.

***Perceptions-based survey***

94. A perception-based survey will measure awareness of and perceptions towards the collective response to COVID-19 in all partner countries. The survey will be administered on three-levels (partner countries, bilateral providers, and multilateral organisations), with questions varying depending on the audience surveyed. The target audience at all three levels will include individuals with particular knowledge of, or experience, with development co-operation and their respective COVID-19 response

efforts (i.e., donor co-ordination or COVID-19 focal points, COVID-19 task force members, heads of co-operation, etc.). The survey aims reach a maximum number of respondents and will be developed and administered in partnership with the German Institute for Development Evaluation (DEval), a main participant and champion of the COVID-19 Global Evaluation Coalition. The survey will serve two key purposes, as outlined below:

- The survey will inform the evaluation's understanding of the relevance, coherence, efficiency, and early results of the collective response from the perspectives of various key stakeholders.
- In addition to identifying areas of success to inform learning and next practices, the survey will facilitate the identification of areas of concern to stakeholders thus supporting learning to inform future co-ordination, engagement, and crisis preparedness.

***Complementary data***

95. The evaluation is being conducted as a collaborative effort that aims to maximise on synergies and opportunities for co-ordination. The Evaluation Team will thus run an 'opportunistic primary data collection strategy' in parallel to the main collection methodologies. This entails interviews based on a generic information-harvesting interview protocol conducted by OECD staff or Coalition participants in conjunction with their own ongoing/planned work. This approach was piloted in Uganda, as part of the DAC peer-review of The Netherlands. Where necessary, follow-up engagements will be planned and undertaken by the Evaluation Team.

## 6.2 Secondary data collection

***Document and literature review***

96. The evaluation will draw on the large body of existing evaluative work and other relevant available literature. Each of the first four modules of the evaluation will include a review of relevant documents and literature:

- **Module 1 (Synthesis):** This module follows up on the 2021 early synthesis (The COVID-19 Global Evaluation Coalition, 2021), and analyses and synthesises evaluative evidence to help answer the evaluation questions, focusing on findings, conclusions, and lessons of available COVID-related evaluations from Coalition participants. In addition to evaluative evidence, relevant academic literature on the international development and humanitarian assistance response to COVID-19, including equitable access to COVID-19 vaccines and vaccinations will be included.
- **Module 2 (Private philanthropy response):** As part of this module, the Evaluation Team will review key documents of relevance to the COVID-19 response efforts of private philanthropic foundations. Potential documents for review include results from the 2020 OECD DAC Survey on Providers' Response to COVID-19, OECD profiles of philanthropic providers, and annual reports and statements from the three foundations selected for in-depth review. Additional documents for review may be identified through consultations with the OECD Network of Foundations Working for Development (netFWD).
- **Module 3 (bilateral response):** This module is focused on the bilateral response to COVID-19 (how individual countries or institutions responded to the pandemic, including their funding of multilateral organisations, country programmable assistance, in-kind support, loans, policy measures, etc.). In addition to a review of relevant evaluative work (Table 5), Coalition participants will provide relevant financial, policy and programming information from the providers selected for case study. This will be complemented by a document review by the OECD, including:

- ***OECD DAC Peer Reviews***, which provide in-depth examinations of development systems and policies in all DAC member countries. These Reviews will be used to understand the broader policy landscape in which providers were operating, how they generally manage their development programs, and what institutional mechanisms are in place that were mobilised (or repurposed) during the COVID-19 pandemic.
- ***OECD Development co-operation profiles***, which compile and analyse verified statistics on development assistance including policy, institutional set up and geographic and sector allocations, as well as cross-cutting priorities such as gender equality and women's economic empowerment. The profiles cover official and philanthropic providers of aid, official development assistance (ODA) and development finance. These profiles will be used to understand status quo versus crisis programme decisions.

**Table 3. Evaluations of bilateral COVID-19 responses identified for review in Module 3**

| Country | Title | Type | Year |
|---|---|---|---|
| Australia | Partnerships for Recovery: Australia's COVID-19 Development Response | Internal | 2020 |
| Belgium | Evaluation of Enabel's Response to the COVID-19 Pandemic | Semi-external | 2020 |
| Canada | Report to Parliament on the Government of Canada's International Assistance | Internal | 2022 |
| China | Whose Knowledge? Whose Influence? Changing Dynamics at China's Development Cooperation Policy and Practice. | Research | 2021 |
| European Union | EU Initial Response to the COVID-19 Crisis in Partner Countries and Regions | External | 2022 |
| Finland | Assessment of the Response of Finnish Development Policy and Cooperation to the COVID-19 Pandemic | External | 2022 |
| Ireland | Beyond the Crisis: Irish Aid's Approach to Nutrition in Tanzania during the COVID-19 Pandemic | External | 2021 |
| Japan | Japan's ODA to Developing Countries in the Health Sector: Overall Trend and Future Prospects | Research | 2022 |
| Norway | Responding to the COVID-19 Pandemic - Early Norwegian Development Aid Support | External | 2020 |
| OECD | First lessons from government evaluations of COVID-19 responses: A synthesis | Research | 2022 |
| Qatar | Qatar's Development Cooperation and Least Developed Countries (LDCs) | Research | 2022 |
| Scotland | Summary Report on the Review of Scottish Government's International Development Programme in light of COVID-19 | Internal | 2021 |
| South Africa | Can cash transfers aid labour market recovery? Evidence from South Africa's special COVID-19 grant | Research | 2021 |
| Sweden | Swedish Aid in the Time of the Pandemic | External | 2022 |
| Sweden, Canada and Switzerland | Process evaluation of three donor agencies' responses to the COVID-19 pandemic in Bolivia during the period March-December 2020 | External | 2022 |
| Türkiye | Foreign aid during the COVID-19 pandemic evidence from Turkey | Research | 2021 |
| United Kingdom | The UK aid response to COVID-19 | Internal | 2021 |
| | The UK's Humanitarian Response to COVID-19 | External | 2022 |

Source: Nordic Consulting Group

- **Module 4 (Partner country case studies):** The document review for this module will consist of identifying, reviewing, and deriving useful information from relevant documents and reports to comprehensively describe the COVID-19 responses of national governments in partner countries selected for case study, including the role of the development co-operation and humanitarian assistance in supporting said efforts. The document review component of this module aims to outline in detail the mechanisms of response (including institutional arrangements, co-ordination mechanisms and donor/government relations) and the content (policies and strategies, sector focus, SERP, etc.). It will also provide an overall summary of key elements of the response. It will also include evaluative work relating to the response (project, programme, and strategy evaluations).

***Review of quantitative data***

97. The Evaluation Team will undertake a review of development assistance provided since the onset of the pandemic in 2020. This will include analysis of the data housed in the OECD Creditor Reporting System (CRS) Aid Activities database, and a review of the OECD's Development Co-operation Profiles and DAC peer reviews, to compile and analyse information and trends on how development assistance is allocated geographically, to sectors, and to multilateral and civil society organisations. The CRS data analysis will provide disaggregated information as set out below, focused on the evaluation reference-period (2020-2022) and touching briefly on the years preceding the pandemic to establish trends (2016-2019).

- Module 2 will include a review of statistics housed in the Private Philanthropy for Development database of the CRS, which includes information for more than 40 of the largest private philanthropic foundations working for development. Data reported by these philanthropies are standardised using the same statistical standards and definitions as ODA.
- For Module 3 (bilateral providers): total ODA and OOF flows, main recipients, sector coverage, aid types, and the prioritised channels and instruments. It will include COVID-19 vaccine data, both vaccine support reported as ODA and additional information on vaccine support where available to provide a more complete picture of the providers' activities. Where relevant, each case will also include a review of monitoring and reporting data and DAC peer reviews. Drawing on Coalition member DEval's approach to portfolio analysis, additional analysis of individual providers may also be carried out drawing on their own data systems (Module 3).
- For Module 4 (partner countries): country-level statistical analysis setting out, among others, total receipts and ODA flows, main donors, sector coverage, aid types, and the prioritised channels and instruments. The analysis includes, but is not limited to, COVID-19 eligible activities in official development finance. To the extent possible, partner country case studies (Module 4) will also assess country-specific data from national governments and development co-operation actors to assess relevance, coherence, and effectiveness at the country-level. The Team will also construct an integrated dataset that combines country-level COVID-19 impact, development and economic indicators for a more in-depth analysis on the relevance and effectiveness of international the COVID-19 response.

## 6.3 Data analysis

98. The first four modules of the evaluation serve both descriptive and analytical functions and drawing on existing evaluative analysis to varying degrees. Module 5 provides the primary evaluative

analysis for this evaluation, triangulating and analysing the qualitative and quantitative data collected in the other modules to generate findings and conclusions.

99. In-depth case analysis of the responses of bilateral providers and on overall efforts in partner countries in an in-depth manner, supplementing data gathered through other sources and informing the overarching global analysis. Each set of case studies (modules 3 and 4) will undergo two levels of analysis: within-case analysis and cross-case analysis. Every individual case study, once drafted, will be shared with relevant stakeholders for comment and discussion on their findings. Generic matrices/templates built around the evaluation matrix have been developed for both interview and document analysis as well as an NViVo codebook that reflects the evaluation matrix.

***Module 3 (bilateral response) analysis***

100. Module 3 will assess the overall bilateral response (support of countries to low- and middle-income countries) to the pandemic, using case studies. Within-case analysis of bilateral providers selected for case study will support the identification of key internal factors (positive or negative) affecting responsiveness and adaptability of programming through different phases of the pandemic. Using appreciative inquiry, the cross-case analysis will use typologies of common institutional mechanisms, forms of co-ordination, and individual capabilities that facilitated providers' COVID-19 responses that were shown to be especially useful to identified positive drivers. Triangulated data will be read to inductively identify emergent drivers of, and barriers to, responsiveness and adaptability.

101. The analysis undertaken in this module will utilise the framework analysis approach adopted for analysis in Module 5 (described below) to answer evaluation questions of relevance, coherence, effectiveness, and efficiency from the bilateral perspective, which will then inform the global analysis. The final deliverable for Module 3 is an evaluation report of the bilateral response to the pandemic.

***Module 4 (partner country case studies) analysis***

- ***Within-case analysis (partner country case studies):*** Within-case analysis aims to generate findings and conclusions from each partner country case study and to identify lessons learned. Analysis will be undertaken to better understand what happened in the country, when, why, by whom, and the early results. The overall aim of the case studies is to gain a comprehensive and holistic understanding of how response efforts played out at the country level, including support for equitable access to vaccines. This will include a thorough review of the country context (pre- and during the pandemic), its national response, the international development and humanitarian pre-pandemic landscape and the details of the international response to the pandemic. Within-case analysis will support an in-depth understanding of how countries' contextual variables, such as country characteristics (i.e., geographic location or fragility, ODA landscape, COVID-19 contexts, donor relations) had a bearing on the international support received and the alignment of said support with national efforts.
- ***Cross-case analysis (partner country case studies):*** Cross-case analysis will identify and describe similarities and differences across contexts and approaches. The Evaluation Team will seek to identify themes common to the whole dataset (and subsets of it) inductively, coding the data carefully to recognise what important, recurring issues emerge from the cases. These themes will then be used as categories for comparative cross-case analysis, with the Team examining countries' shared or divergent experiences and approaches to each one respectively. The Team intends to cluster cases according to their shared approach to, or experience of, any given theme. Clustering will take place by mapping similarities or dissimilarities among cases. In doing so, the evaluation will be able to arrange and disseminate lessons and practices as they relate to each cluster, to best serve the interests of this utilisation-focused evaluation.

- Cross-case analysis will underpin analysis of Module 5, which will draw on all preceding modules to make global level judgements on the collective response of all development and humanitarian actors in partner countries. The Evaluation Team will not cross-analyse the sets of case studies as the framework used for data collection will be inherently different. However, where relevant, the Team will identify linkages between provider and partner country case studies and highlight them in the global analysis.

***Module 5 (Collective response) analysis***

102. Module 5 will be the final phase of the evaluation, where all data collected in previous modules will be triangulated and synthesised to form a coherent and comprehensive understanding of the collective response to the pandemic. The Evaluation Matrix (Annex 4) is the main analytical framework and will be used to map data against the evaluation questions and generate findings, as follows:

- **Data familiarisation** – The Team will gain purposeful insights into the data collected and analysis conducted across modules 1-4 and will draw out emerging patterns, recurring and intersecting themes, and key contradictions related to the evaluation questions/matrix. The case-study analyses, CRS data analysis, and the synthesis will be particularly helpful in this regard.
- **Framework juxtaposition** – The Team will cross-reference identified patterns, themes, and contradictions against the evaluation matrix, identifying and documenting interrelations, sub-components and overlaps to iteratively develop a framework for final analysis. This 'bottom-up' analytic strategy will allow the Team to note and code concepts as they emerge and, after an initial pass and refinement process, develop a code book to organise these data[5].
- **Indexing** – Once the evaluation framework is final and deemed representative of the themes identified across the first 4 modules, the Team will apply the framework to all the data collected. This step usually involves drawing links and comparing data within the framework along common units of analysis. In Module 5, the Team anticipates the units of analysis to be the different stakeholder groups involved in the global response, namely – partner countries, bilateral providers, multilateral organisations, and private philanthropy. For Module 3 (bilateral response), the unit of analysis will be the different ministries and actors who form part of the bilateral response mechanism.
- **Charting** – This step is critical to the evaluation's global scope as it will involve the Team abstracting and aggregating data to draw systematic global-level conclusions. Apart from the global level aggregation (and total bilateral level for Module 3), other levels of aggregation can be multiple (i.e., regional or thematic). These will be determined once the Evaluation Team has concluded the data collection phase and can make a feasible and realistic assessment on what might be possible. This step is also important to ensure that the findings generated in the subsequent steps speak to the identified needs of key audiences and avoid duplication.
- **Mapping and interpretation** – In the final step of the analysis, the Team will combine key learnings from previous steps and modules, answer the evaluation questions and draw lessons. Notably, this step will include validation exercises with partner countries and providers selected for case study to confirm or challenge findings and lessons. The outcomes of these exercises will strengthen and lend credibility to the overall analysis, support accuracy in the Team's interpretation of data, and stimulate the uptake of lessons by the different audiences.

[5] The Evaluation Team intends to use Airtable, an online, cloud base spreadsheet-database hybrid, to code the data according to the code book. Airtable has the benefit of being able to create 'tags' that can be attributed to manually entered data points, thereby allowing them to be classified, filtered, and counted to identify aspects such as predominance and density, and to perform simple descriptive statistics on the dataset.

# 7. Limitations, ethical considerations, and quality assurance

## 7.1 Limitations and risks

103. An evaluation of this magnitude bears certain risks and limitations for which the Evaluation Team will put in place measures to best mitigate. The major risks, and proposed mitigation measures, are outlined below (Table 6). While efforts will be made to mitigate risks to the extent possible, it is understood that the process will be imperfect – both politically and technically – and that this is nonetheless a valuable learning exercise.

**Table 4. Risk management approach**

| Risk | Mitigation |
|---|---|
| Primary data collection will be undertaken mostly remotely due to time, travel, and budget constraints. This may influence the depth of insight and quality of data collected. In-person interviews are often associated with a higher level of engagement, trust, and confidentiality.<br><br>In-person interviews and country visits, moreover, are often a venue for obtaining information, insights, and input beyond that which was planned. They allow evaluators to better understand and appreciate the specific context within which programs operate and are delivered. | To ensure depth of insight, even when developed from afar, the Evaluation Team will develop clear interview protocols and communication materials. The focus will be on building an environment of trust so that respondents can share frankly. Additionally, the Team will connect with local actors in partner countries and, where necessary, identify any barriers to participation to primary data collection and devise contextually relevant solutions to avoid sample selection bias.<br><br>The Evaluation Team will take efforts to draw, wherever possible, on the planned and ongoing data collection trips of OECD staff and Coalition participants.<br><br>For quality assurance, the evaluation trajectory includes time for validation events to close the feedback loop so that stakeholders are involved in sense-making from the data and refining preliminary observations and findings to support better learning. |
| The politically sensitive nature of the information sourced via primary data collection methods may risk incomplete disclosures, on both the parts of provider organisations and partner countries. | The Evaluation Team will emphasise (in all of its correspondence and dealings with stakeholders from provider organisations and partner countries) the appreciative inquiry lens the evaluation takes and that the purpose of data |

| | |
|---|---|
| | collection is to understand what went well, for the benefit of shared learning across a cohort.<br>When analysing and discussing findings, attributions will be made to generic job names in the text of modules, rather than to individuals. |
| The evaluation will opportunistically leverage illustrative insights gleaned through processes outside of the formal, planned interview campaign. This may risk bias/ skewed data collection. | The Evaluation Team will brief colleagues who collect qualitative insights from partner countries, as part of their own engagement with them, on relevant evaluation questions from the Evaluation Matrix to standardise collection to the best extent possible. These insights will only ever be used as illustration and will be labelled as such in the writing of modules and will not form part of the within or cross-case analysis. |
| The ambitious scope of the evaluation puts great impost on the small evaluation team. As a result, the team may need to make choices to limit scope to feasibly deliver on time with the resources available. | The Evaluation Team has increased its staffing to best meet the demands of the evaluation's expansive scope. Opportunities to draw on OECD colleagues, Coalition participants, and Steering Group members are also being leveraged to provide in-kind support and resources throughout all phases of the evaluation. |
| The evaluation uses purposive sampling as its methodological approach to case study selection. This risks the generalisability of its findings and recommendations. | The evaluation is utilisation-focused, undertaken in the tradition of appreciative inquiry, that strives to understand and situate bilateral and collective responses to COVID-19 in context. It also has a particular interest in innovation and, thus, 'learning from the edge'. Given its focus and purpose, establishing strict cause-effect relationships and high external validity is not necessarily its primary goal.<br>Rather, it is to describe and document responses well, elucidate innovative and good practices, and drive cross-jurisdictional learning. Bilateral providers and partner countries selected for case study will have discretion over which recommendations to adopt, and how, according to which are most practicable and useful to strengthen their respective crises responses. |

## 7.2 Ethical considerations and quality assurance

104. The DAC Quality Standards for Development Evaluation (OECD, 2010) will be applied throughout the evaluation process to improve the quality of the evaluation, facilitate comparisons, support partnerships and collaborations, and increase use of the evaluation findings. The evaluation will uphold the principle of "do no harm" and consider gender roles, ethnicity, ability, age, sexual orientation, language, and other differences when designing and carrying out the evaluation. All interviewees will remain anonymous, conducted with the interviewees' explicit and informed consent and their personal data will be stored and managed in line with OECD's data protection policy.

105. As a joint effort, the evaluation presents opportunities for the participation of a variety of actors who, based on their comparative advantages, can enrich the design and methodological rigor of the evaluation, as well as provide additional data. Additionally, the input of a diverse range of evaluation and subject matter experts has informed, and will continue to support, the effective integration of various stakeholder perspectives and thematic considerations, such as vaccinations and gender equality and the empowerment of women and girls.

106. Quality control will be exercised throughout the evaluation process through the establishment of an Evaluation Steering Group and continuous feedback from COVID-19 Global Evaluation Coalition participants. In addition, a peer review of all major deliverables will be undertaken by COVID-19 Global Evaluation Coalition participants and OECD staff sitting on the COVID-19 Task Force.

***Evaluation steering group***

107. An Evaluation Steering Group has been established for this evaluation. The purpose of the group is to support the Evaluation Team and act as an advisory body for the Strategic Joint Evaluation, supporting a credible, transparent, inclusive, and quality evaluation process. Members helped inform the evaluation's scope and will support in the generation of findings and recommendations. They will also play a key role in helping amplify and implement the evaluation's results and recommendations. The Steering Group may also support the development of a communications strategy for the evaluation's results and recommendations.

108. The Group is comprised of individuals representing the diverse participants in the Coalition and includes a wide base of expertise. Individuals will participate in the group in a personal capacity. The terms of reference for the group, including a full list of members, can be found in Annex 6.

# 8. Evaluation planning and management

## 8.1 Workplan and deliverables

110. The evaluation has emerged from the collaborative process of the COVID-19 Global Evaluation Coalition over the past 3 years, with initial discussion of evaluation questions beginning as early as May 2020. Following the official launch in June 2022, the bulk of the evaluative work to be carried out in 2023, concluding in 2024.


**Table 5. Evaluation workplan**

| Phases | Activities | Timeline |
|---|---|---|
| Planning & Inception (Nov 2022 – April 2023) | Final Terms of Reference | 14 November 2022 |
| | Preliminary document review, data analysis, and consultations | November 2022 – February 2023 |
| | First convening of the Steering Group | 15 December 2022 |
| | Draft Inception Report | 13 February 2023 |
| | Final Inception Report | 6 March 2023 |
| Data collection (May - October 2023) | Perception-based survey<br>Module 1 (Synthesis)<br>Document review (Synthesis)<br>Multilateral data analysis<br>Interviews<br>Module 2 (Country profiles)<br>Document review<br>Country level data analysis<br>Interviews<br>Module 3 (Private philanthropy)<br>Document review<br>Data analysis of private philanthropy for development<br>Interviews<br>Module 4 (Bilateral response)<br>Document review<br>Data analysis<br>Interviews | March – October 2023 |

| | | |
|---|---|---|
| Data analysis and validation | Module 5: Analysis and synthesis of data from all modules | October – November 2023 |
| | Remote validation workshops | Late-October 2023 |
| | Presentation of key findings to Evaluation Steering Group | December 2023 |
| Report drafting and finalisation | Draft evaluation report | February 2024 |
| | Presentation to Evaluation Steering Group | March 2024 |
| | Final evaluation report | April 2024 |
| Dissemination and management response | Presentation(s) to key stakeholders | May 2024 |
| | Communication materials | June 2024 |

***Deliverables***

111. Three key deliverables have been established for this evaluation:

- **Deliverable 1: Inception report *(complete)*.** The Evaluation Team will produce an inception report setting out, at a minimum: a methodological approach for the evaluation, an evaluation matrix, data collection and proposed analysis tools, a list of the limitations of the evaluation and potential mitigation measures, and a list of case study subjects. An Evaluation Steering Group will provide detailed feedback on the proposed methodology and approach, which will be incorporated in the final inception report.
- **Deliverable 2: Case study reports.** Partner country case study reports are planned to complement the evaluation report, providing in-depth examples of how the response played out in practice. These reports will serve as part of the overall data collection to support findings on the collective response. Case study reports will not be evaluations of particular country responses (development agencies nor partner countries) and will not produce recommendations for local action. Instead, they will be used to inform recommendations targeting development co-operation more broadly.
- **Deliverable 3: Evaluation report.** The final evaluation report will represent the main deliverable for the evaluation. The report will be written in a clear and concise manner, linking findings, recommendations and conclusions, and identifying responsibility and a timeline for follow-up where relevant. The final report will contain a supplemental section consolidating all key lessons learned from collective response and any notable innovations. The draft report will be reviewed by the Evaluation Steering Group, and the final report will be cleared by both the Steering Group and the broader COVID-19 Global Evaluation Coalition prior to dissemination.

112. As outlined in Section 4.1, the evaluation's modular approach lends itself to smaller, module-specific reports that may be published as the work is completed, supporting input into relevant policy windows, events, and meetings. These can be considered as 'working papers' in terms of their styles and are expected in Module 1 (synthesis report), Module 2 (documentation of the private philanthropy response), and Module 3 (documentation of the bilateral response, and early findings and lessons structured around the evaluation questions)**.** Other evaluation and learning products may be proposed, including presentations, briefs, and factsheets.

113. The final report will be translated into French. Evaluation products may be translated into other languages – particularly for case study countries – depending on available resources.

## 8.2 Dissemination and uptake

114. The Evaluation Team will implement a strategic engagement and communications plan to disseminate findings and encourage meaningful consideration, and uptake, of its recommendations. The

plan will distinguish between engagement (concerned with exchange and learning among target audiences) and communication (concerned with disseminating to target readerships). This plan will be shared with the Coalition, at appropriate junctures, for feedback. Key elements include:

***Engagement***

*Internal and external dissemination events*

115. The Evaluation Team will present the evaluation and disseminate its key findings to target audiences. The focus of these engagement events is to provide an overview of the evaluation, its utilisation-focused and appreciative inquiry purposes, and to explore ways of adopting its recommendations among the target audiences who have the imprimatur to take them forward. These events might include (but are not limited to):

- High-level evaluation launch event(s) targeting policy and decision-makers from DAC member countries and those from other countries providing official development assistance. Notably, preliminary findings could be presented at the June 2023 Tidewater meeting, which convenes Development Ministers, heads of aid agencies, and other senior officials
- Presentations to government officials from partner countries, conducted regionally
- Presentation(s) to the COVID-19 Global Evaluation Coalition and the OECD DAC Network on Development Evaluation (EvalNet)
- Presentation(s) to the OECD DAC Network on Gender Equality (GenderNet)
- Presentation(s) to the International Network on Conflict and Fragility (INCAF)
- Presentation(s) to the Network of Foundations Working for Development (netFWD)
- Presentation(s) to the OECD DAC-CSO Reference Group
- Webinar events targeting a non-specialist, policy audience to help them reflect on how to institutionalise or leverage lessons and innovation from the evaluation in an ongoing way or, where relevant, to share this information with other parts of their organisation.

***Communications***

116. The Evaluation Team will work with various participants of the Coalition in preparing a suite of communication materials that present the key findings and lessons generated through the evaluation. In line with the Coalition's overall strategy, and working with the OECD Communications team, the Evaluation Team will prepare a communication campaign to inform about the evaluation process, including data collection and country visits and disseminate outputs (module documents, reports, communications materials that summarise findings for technical audiences, and products such as blogs for generalist audiences). To drive downloads, a suite of social media posts (using pull quotes/ infographics/ images/ blurbs) across Coalition and OECD owned channels (Twitter, LinkedIn, Newsletter) will be prepared.

117. In line with the Coalition's approach and the joint evaluation, participants will be closely engaged in carrying out the communication and engagement strategies.

## 8.3 Evaluation management

***Evaluation Team composition and budget***

118. The evaluation will be conducted by the OECD DAC EvalNet Secretariat. The core evaluation team will be enhanced through the support of Coalition participants throughout the evaluation process, where and as needed. Additionally, other OECD Development Co-operation Directorate staff, two external consultants, and a quality advisor will provide ongoing support. Coalition participants will identify survey respondents and stakeholders for interviews, schedule and conduct interviews, and provide relevant data and insights, where relevant.

119. A budget of approximately 700 KEUR has been set for the OECD to conduct and disseminate the evaluation in 2023-24. This figure includes contracts for external consultants and staff time, as well as costs for translation, editing and publication. This includes the Burkina Faso case study, which is being conducted in partnership with the Government of Burkina Faso and the Global Evaluation Initiative.

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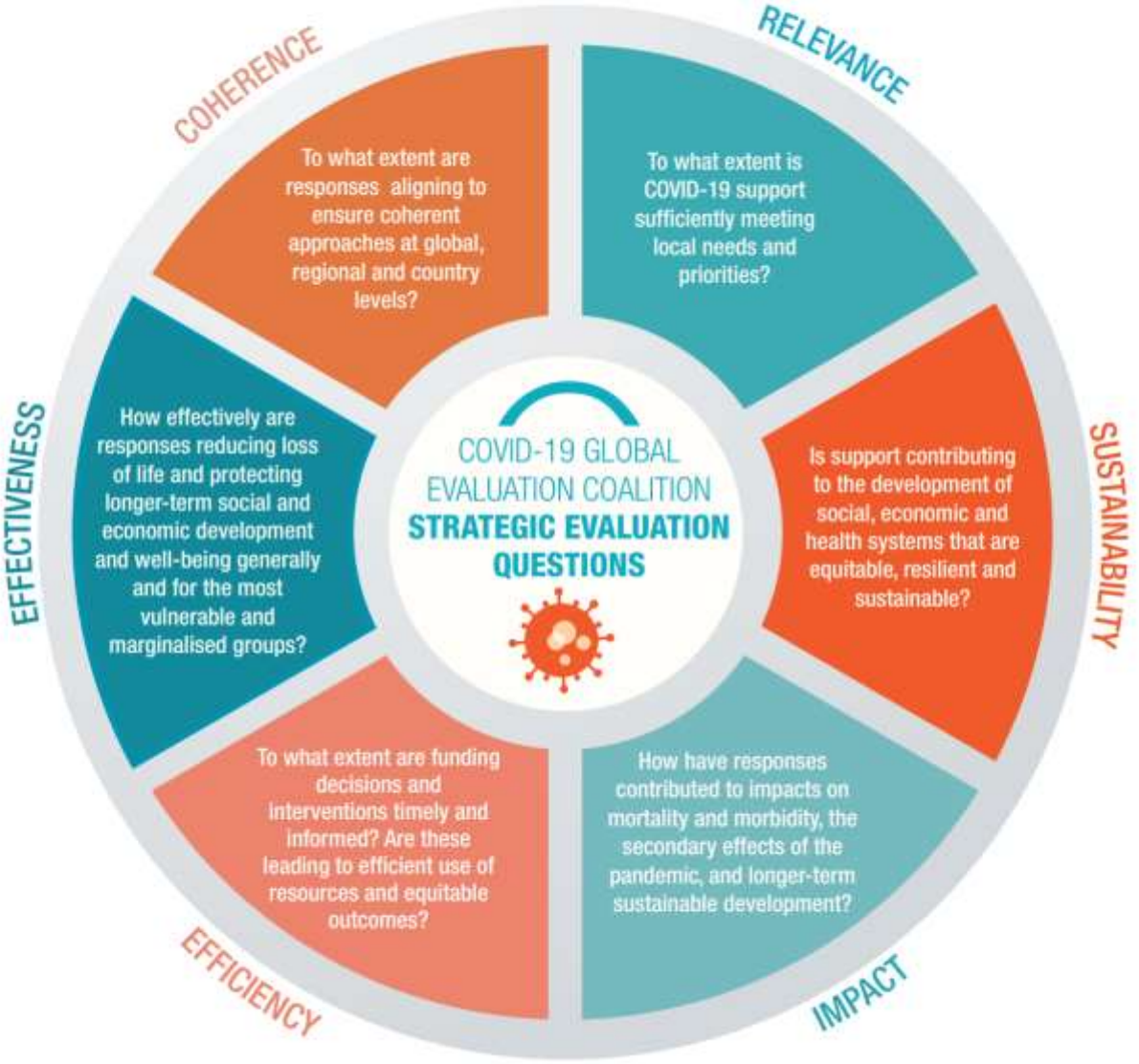
## Annex 1. List of participants

The below organisations participate in the COVID-19 Global Evaluation Coalition, including work on specific initiatives and collaborating on an *ad hoc* basis.

Australia
Bangladesh
Belgium
Benin
Burkina Faso
Cabo Verde
Canada
Colombia
Czech Republic
Denmark
European Commission
Finland
France
Gabon
Germany
Ghana
Iceland
Ireland
Italy
Japan
Luxembourg
Madagascar
Malawi
Mexico
Netherlands
New Zealand
Norway
South Africa
Spain
Sweden
Switzerland
Togo
Uganda
United Kingdom
United States

African Development Bank
ALNAP
Asian Development Bank
Asian Infrastructure Investment Bank
CABEI
CEPI
Council of Europe
EBRD
FAO
GAVI
GEF
IADB
ILO
IMF
IFRC
IOM
Islamic Development Bank
OHCHR
UNESCO
UNDP
UNFPA
UNICEF
UNIDO
UNOCT
UN ECA
UN Women
UNHCR
WFP
World Bank Independent Evaluation Group
WHO

## Annex 2. COVID-19 Global Evaluation Coalition's Shared Evaluation Questions Framework



## Annex 3. Evaluation terms of reference (ToR)

The final terms of reference (published in December 2022) is available on the Coalition's website:

https://www.covid19-evaluation-coalition.org/documents/Final%20TOR%20Strategic%20Joint%20Evaluation%20-%20Nov%202022.pdf

## Annex 4. Evaluation Matrix

| Evaluation Question | Indicators | Level of Analysis | | | Data Sources |
|---|---|---|---|---|---|
| | | Partner Country | Provider: Bilat, Multi, Phil | Global | |
| **EQ1. How did national governments, and development and humanitarian actors respond to COVID-19? (Descriptive)** | | | | | |
| EQ1.1: What were the identified needs and priorities of partner countries in addressing COVID-19?<br>How did partner countries respond? | **National government responses** | | | | |
| | 1. Documentation of the country context as it relates to the pre-existing health, social, economic, and political contexts. | C | | G | Document review (contextual analyses) |
| | 2. Documentation of the country context as it relates to the national vaccination landscape (including details on pre-existing national capacities on cold-storage chains, immunisation infrastructure, transport, trust, and public perceptions etc.) | C | | | Document review (contextual analyses)<br>UNICEF evaluation |
| | 3. Documentation of the country context as it relates to direct health and socio-economic impacts of the COVID-19 pandemic in partner countries selected for case study | C | | G | Document review (contextual analyses), data analyses (drawing on World Bank evaluation, and other data) |
| | 4. Documentation of implications for SDG progress in partner countries (aggregate/main trends) | C | | G | CRS database, SDG tracker.org<br>UNDP formative evaluation of the covid response |
| | 5. Documentation (SERPs, national response plans and/or other relevant strategies, policies, and activities) of the identified needs and priorities of partner countries selected for case study as they relate to COVID-19 response, including those of women and girls, and vulnerable and marginalised groups. | C | | | Document review (contextual analyses) |

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| | 6. Documentation of national efforts related to COVID-19 in partner countries selected for case study including major policy measures and programmes. | C | | | Document review (contextual analyses) |
| | 7. Documentation of national efforts related to COVID-19 vaccinations in partner countries selected for case study including around infrastructure, procurement, distribution, and uptake of vaccines. | C | | | Document review (contextual analyses)) |
| | **CSO/NGO responses** | | | | |
| | 8. Documentation of the (response of) major civil society organisations (CSOs) / non-governmental organisations (NGOs) active in the country that contributed to COVID-19 response efforts. | C | | | Document review (contextual analyses) |
| EQ1.2: Who funded the international response to COVID-19, what was funded, and where were efforts focused? | **Bilateral Responses** | | | | |
| | 9. Evidence of bilateral providers' objectives and priorities regarding support for COVID-19 response and recovery efforts in partner countries | | P | | Interviews, document review (strategy documents, mid-term review, peer review) |
| | 10. Profile of OOF and ODA flows (DAC and non-DAC providers), disaggregated by year (2020-2022), geographically (regionally and country-levels), by sector, by aid type, by recipient, by provider, channel, and instrument, etc. | | P | G | CRS data |
| | 11. ODA for COVID-19 eligible activities disaggregated by donor, recipient, activity type, purpose codes and keywords, etc. | | P | G | CRS data |
| | 12. Evidence of institutional readiness or preparedness (i.e., emergency preparedness plans, information that guided funding and programming decisions) | | P | | Interviews, document review (strategy documents, mid-term review, peer review) |
| | 13. Evidence of decision-making mechanisms, information management, and planning and reporting systems and processes (existing or created in response to COVID-19) and their role in facilitating or hindering flexibility or adaptability of the COVID-19 response | | P | | Interviews, document review (strategy documents, mid-term review, peer review) |

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| | **Multilateral and UN responses** | | | | |
| | 14. Documentation of multilateral response efforts globally and in partner countries selected for case study | C | P | | Interviews, document review (evaluations, institutional reviews, reports, studies) |
| | 15. Profile of multilateral ODA and OOF flows, disaggregated by year (2020-2022), geographically (regionally and country-levels), by sector, by aid type, by recipient, by provider, channel and instrument, etc. | | P | G | CRS data |
| | **Private philanthropy responses** | | | | |
| | 16. Private philanthropy aid disaggregated by recipient, sector, flow, channel and instrument, etc. | C | P | G | CRS data |
| | 17. Evidence of private philanthropy responses to COVID-19 (global and partner country case study countries) | C | P | G | Interviews, document review (evaluations, institutional reviews, reports, studies) |
| | 18. Evidence of institutional readiness or preparedness (i.e., emergency preparedness plans, information that guided funding and programming decisions) | | P | | Interviews, document review (evaluations, institutional reviews, reports, studies) |
| EQ 1.3: How and where did international development and humanitarian actors support equitable access to vaccines and vaccination rollouts? | **Bilateral responses** | | | | |
| | 19. Profile of vaccine donations (and vaccine-related ODA), disaggregated by case study providers and recipient countries. | C | P | | CRS data, Interviews, document review (evaluations, institutional reviews, reports, studies)<br>Bridge data |
| | 20. Documentation of the direct COVID-19 vaccination-related funding landscape (this includes ODA and OOF for COVID-19 related research, and contributions to the Access to COVID-19 Tools (ACT) Accelerator, GAVI, COVAX AMC, WHO, UNICEF, CEPI, etc.) | C | P | G | CRS data, Interviews, document review (evaluations, institutional reviews, reports, studies)<br>Bridge data<br>UNICEF evaluation<br>COVAX evaluation |

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| | 21. Documentation of holistic whole-of-system vaccine-related support (i.e., in storage and transportation, distribution and manufacturing, information, uptake) beyond dose donations/supply) | C | P | | CRS data, Interviews, document review (evaluations, institutional reviews, reports, studies)<br>UNICEF evaluation |
| | **Multilateral and UN responses** | | | | |
| | 22. Documentation of multilateral response efforts focused on COVID-19 vaccinations and equitable access at global and country levels. | C | | G | CRS data, Interviews, document review (evaluations, institutional reviews, reports, studies)<br>UNICEF evaluation<br>COVAX evaluation |
| | 23. Profile of multilateral responses as they relate to COVID-19 vaccines/vaccinations, disaggregated by year (2020-2022), geographically (regionally and country-levels), by recipient, by provider. | C | | G | CRS data |
| | 24. Profile of multilateral COVID-19 vaccines/vaccinations support, disaggregated by year (2020-2022), geographically (regionally and country-levels), by recipient, by provider. | C | | G | CRS data |
| | **Private philanthropy responses** | | | | |
| | 25. Private philanthropy aid focused on COVID-19 vaccines/vaccinations, disaggregated by year (2020-2022), geographically (regionally and country-levels), by recipient, by provider, etc. | | P | G | CRS data |
| | 26. Documentation of private philanthropy responses to COVID-19 focused on vaccines and equitable access (global and partner country case study countries) | C | P | G | CRS data, Interviews, document review (evaluations, institutional reviews, reports, studies) |
| **EQ2. To what extent did COVID-19 support meet partner country needs and priorities? (Relevance)** | | | | | |

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|---|---|---|---|---|---|
| EQ2.1: To what extent was bilateral funding and programming responsive to partner country needs and priorities, including those of the most vulnerable? | 27. Extent to which funding and programming was concentrated in the most vulnerable countries (prior to the COVID-19 pandemic)[6] | | | G | WB early response evaluation<br>WB dataset<br>CRS data |
| | 28. Extent to which funding and programming was concentrated in the most health-affected countries[7] | | P | G | WB early response evaluation<br>CRS data<br>Documentation of strategies, portfolios of provider case studies |
| | 29. Extent to which funding and programming was concentrated in the most economically affected countries[8] | | | G | WB early response evaluation<br>WB dataset<br>CRS data |
| | 30. Evidence of COVID-19 specific needs assessments conducted by development co-operation actors in partner countries | C | P | | Interviews, document review (evaluations, institutional reviews, reports, studies) |
| | 31. Evidence of alignment between identified needs and priorities in partner countries and international support provided (including vaccine-related support) | C | | | Interviews, document review (evaluations, institutional reviews, reports, studies) |
| | 32. Evidence of funding and programming taking into account the specific needs of women and girls, and vulnerable and marginalised groups at the partner country level | C | | | CRS data<br>Interviews, document review (evaluations, institutional reviews, reports, studies) |
| | 33. Evidence of alignment of funding and programming with partner country response plans and activities | C | | | Interviews, document review (evaluations, institutional reviews, reports, studies) |

[6] Under this indicator, country vulnerability (before the COVID-19 pandemic) has been determined drawing on the World Bank Group's country situation analysis. Country baseline needs and subsequent categorisation of countries based on these needs into 1st (most vulnerable) and 2nd, 3rd and 4th (least vulnerable) quartiles form the tiers against which relevance can be evaluated.**Invalid source specified.**

[7] Under this indicator, data on the most health-affected countries will draw on the World Bank Group's country situation analysis, specifically on the data set created using WHO data on the country indicator on Disease Situation. **Invalid source specified.**

[8] Under this indicator, data on the most health-affected countries will draw on the World Bank Group's country situation analysis, specifically on the data set created using WHO data on the country indicator on Social Situation.**Invalid source specified.**

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| | 34. Extent to which funding and programming was sensitive to the economic, environmental, equity, social, political economy, and capacity conditions of partner countries | C | | | Interviews, document review (evaluations, institutional reviews, reports, studies) |
| EQ2.2: To what extent were bilateral providers flexible and adaptive[9] in responding to changing needs and priorities as the pandemic evolved? | 35. Evidence of changes to policies, regulations or practices to enable flexible and adaptive funding and programming (i.e., multi-year, un-earmarked, reallocations) | | P | | Interviews, document review (evaluations, institutional reviews, reports, studies)<br>Module 1 report |
| | 36. Evidence of shifts or reprioritisation in funding or programming and how these affected outcomes in provider and country case studies | C | P | | Sectoral trend analysis at partner country and provider levels. Interviews, document review (evaluations, institutional reviews, reports, studies)<br>Module 1 report |
| | 37. Identification of factors (internal or external; positive or negative) affecting flexibility and adaptability of programming through different phases of the pandemic (i.e., policy priorities, investment tools and mechanisms, organisational processes, HRM strategies) | | P | | Interviews, document review (evaluations, institutional reviews, reports, studies)<br>Module 1 report |
| **EQ3. To what extent did responses align to ensure coherent approaches at global and country levels? (Coherence[10])** | | | | | |
| EQ3.1. To what extent did the collective international | 38. Evidence of shifts in the involvement of national governments and CSOs/NGOs in development and humanitarian response strategies by all development partners during the COVID-19 pandemic | C | P | | Interviews, document review (evaluations, institutional reviews, reports, studies) |

[9] Being adaptive is an intentional approach to making decisions and adjustments in response to new information and changes in context. It is a pragmatic and flexible approach to allowing implementing partners' changing methods of work if considered necessary in the given context. It can be considered a set of management practices that enable changing the path being used to achieve objectives in response to changing circumstances.

Flexibility is understood as allocating more responsibility towards implementing partners, and thus a reduction of strict regulations and rigid terms for reporting implementing partners have to adhere to. Instead, the financial providers will have a more facilitating role within a given framework and focus less on compliance. **Invalid source specified.**

[10] Coherence is about both the internal coherence (synergies and interlinkages with other interventions supported by same country or institution) and the external coherence (complementarity with other actors' interventions). **Invalid source specified.**. For this evaluation, the focus is on external coherence. "Complementarity" is understood as a situation in which the efforts of two or more providers improve or emphasize one another's qualities, or align with other efforts in ways that lead to an overall improved outcome.

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| response complement and align with national efforts and leadership to address COVID-19 related needs and priorities? | 39. Evidence of existing or newly established co-ordination[11] mechanisms between national governments and CSOs/NGOs and other development partners (including evidence on the types, regularity and quality of communication through these mechanisms) | C | P | | Interviews, document review (evaluations, institutional reviews, reports, studies)<br>Module 1 report<br>MOPAN study |
| | 40. Identification of factors (internal or external; positive or negative) affecting coherence | C | P | | Interviews, document review (evaluations, institutional reviews, reports, studies)<br>Module 1 report |
| EQ3.2. To what extent was the collective response consistent and complementary across all actors (bilateral, multilateral humanitarian, development, and philanthropic actors) at global and country levels? | 41. Complementarity of funding (geographically, by sector, by channel) across different providers | C | P | G | Interviews, document review (evaluations, institutional reviews, reports, studies)<br>CRS data |
| | 42. Evidence of gaps or overlaps in COVID-19 related funding (geographic, sectoral, etc.) | C | | G | CRS data<br>Interviews |
| | 43. Evidence of bilateral response plans adopting or prioritising a humanitarian-development-peace nexus approach in fragile and conflict contexts (whole of government) | C | P | | Interviews, document review (evaluations, institutional reviews, reports, studies)<br>IAHE evaluation |
| | 44. Identification of factors (internal or external; positive or negative) affecting coherence | C | P | | Interviews, document review (evaluations, institutional reviews, reports, studies)<br>Findings on EQ3<br>Module 1 report |
| | 45. Identification of factors (internal or external; positive or negative) affecting co-ordination | C | P | | Interviews, document review (evaluations, institutional reviews, reports, studies)<br>Findings on EQ3<br>Module 1 report |
| | 46. Perceptions on the coherence of the collective response to COVID-19 in partner countries including views on how well co-ordination worked, gaps or overlaps, co-ordinated actions where different partners provided distinct support to meet needs in aligned way. | C | | | Interviews, document review (institutional reviews, reports, studies)<br>Perception survey |

[11] Coordination refers to mutually supporting actions and initiatives across countries, sectors and institutions that result in greater coherence. **Invalid source specified.**

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| | 47. Evidence and types of co-ordination channels and mechanisms across development partners (existing and leveraged, or created) to co-ordinate development co-operation during the pandemic response | C | P | | Interviews, document review (evaluations, institutional reviews, reports, studies)<br>MOPAN study<br>Module 1 report |
| | 48. Perceptions on the coherence of the collective response to COVID-19 in partner countries | C | P | | Interviews, document review (institutional reviews, reports, studies)<br>Perception survey |
| EQ3.3. To what extent were efforts focused on equitable access to vaccines and vaccinations co-ordinated and coherent? | 49. Evidence of complementarity across international response efforts on vaccine equity and vaccination-specific support | | | G | Interviews, document review (evaluations, institutional reviews, reports, studies)<br>CRS data |
| | 50. Evidence of channels in place to support the sharing of information across organisations as they relate to vaccine and vaccination-specific support | C | P | | Interviews, document review (evaluations, institutional reviews, reports, studies) |
| | 51. Evidence of complementarity (or lack thereof) in bilateral vaccine donations with multilateral efforts (COVAX and related mechanisms) | C | P | G | Interviews, document review (evaluations, institutional reviews, reports, studies)<br>CRS data |
| **EQ4. What are the early results of the collective (national and international) response to COVID-19? (Effectiveness)** | | | | | |
| EQ4.1. To what extent did DAC members deliver on joint commitments regarding support for COVID-19 responses and equitable access to | 52. Evidence of bilateral providers "supporting the response efforts of the UN, WHO, IMF, WBG and regional multilateral development banks" | | | G | Interviews, document review (evaluations, institutional reviews, reports, studies)<br>CRS data |
| | 53. Evidence of providers "responding to immediate needs"[12] | | P | | Interviews, document review (evaluations, institutional reviews, reports, studies) |

[12] Bilateral providers and recipient countries defined 'immediate needs' in their response plans and strategies, often reflecting WHO guidance at the time. This indicator will assess effectiveness against self-defined parameters per provider. Where undefined, immediate needs are defined as: Investments in partner countries' health systems, activities related to COVID-19 control, and humanitarian responses to mitigate the impact of COVID-19 and to help protect livelihoods during COVID-related closures / control measures.

| | | | | | |
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| vaccines in partner countries? | 54. Evidence of bilateral providers "supporting and enabling the efforts of CSOs/NGOs to tackle COVID-19 and its socioeconomic consequences" | C | P | | Interviews<br>CRS data |
| | 55. Evidence of development finance "mobilised from all sources" (This includes evidence of bilateral providers "encouraging other financial flows (such as mobilising private finance) to support governments and communities in partner countries, and influencing other development co-operation partners to do the same") | C | P | G | CRS data |
| | 56. Evidence of DAC members "protecting ODA budgets" (additionality of COVID support/reductions) | C | P | G | CRS data |
| | 57. Evidence of "support for Least Developed Countries" (aggregate support by income group; comparison with other groups and trends) | C | | G | CRS data |
| | 58. Evidence of adequate support to SIDS considering its group of countries' specific vulnerabilities and needs[13] | C | P | G | Interviews, document review<br>CRS data |
| | 59. Evidence of support in fragile and conflict contexts "via a coherent and co-ordinated humanitarian-development-peace response" | | | G | Interviews, document review<br>IAHE evaluation |
| | 60. Evidence of adequate coverage of humanitarian needs (including fulfilment of appeals) | C | | G | Interviews, document review<br>IAHE evaluation<br>OCHA FTS tracker |
| | 61. Evidence of financing global equitable access to vaccines; adequacy of financing and coverage | C | | G | Conclusions from indicators 19-21 |

[13] These specific vulnerabilities and needs include vulnerability to climate and natural disasters, over-reliance on one or two economic sectors, high fiscal deficits and public debt levels, significant constraints to the mobilisation of both public and private finance., geographical remoteness, and high dependency of many SIDS on international relationships.

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| EQ4.2. To what extent, and in what ways, did development co-operation and humanitarian assistance contribute to alleviating the immediate public health crisis stemming from the COVID-19 pandemic? What factors contributed to more successful results? | 62. Evidence of achievement of stated objectives for development co-operation and humanitarian assistance in 2020-2022, including COVID-19 objectives such as reducing spread, increasing access to testing, PPE provision, public health communication, and increasing the capacity of healthcare systems to respond to the COVID-19 pandemic. | C | P | | Completed evaluations<br>Results information reported for pandemic response programmes and assistance<br>Results reports, internal reviews<br>Interviews<br>Document review<br>CRS<br>Module 1 |
| EQ4.3. To what extent, and in what ways, did development co-operation and humanitarian assistance contribute to interventions alleviating the secondary social and economic effects of the crisis? What factors contributed to more successful results? | 63. Evidence of achieving objectives related to secondary effects, including:<br>• Prioritisation of gender equality and the empowerment of women and girls during the COVID-19 pandemic. Evidence of addressing the gendered impacts of the pandemic, specifically girls' education and gender-based violence.<br>• Food insecurity (nutrition effects) in partner countries. This includes for example reported results of major national school feeding programmes, emergency food assistance or similar interventions in country case studies.<br>• Contributions to job/livelihoods. This includes examining support to SME's or unemployment insurance schemes.<br>• Contributions to (national) social protection programmes and cash transfers for vulnerable groups in the context of the pandemic (including expansion of existing programmes).<br>• Use of budget support and related efforts to support government fiscal needs (debt may be included, but not in-depth) | | | | |
| | | C | P | G | Public statements, strategy documents<br>Completed evaluations<br>Reported results<br>Economic analysis<br>Government budget information<br>Completed evaluations<br>Internal reports<br>Document review<br>Interviews ILO WFC FAO evaluations<br>Results from ILO WFP and FAOs flagship projects<br>CRS data<br>Interviews |

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| EQ4.4. To what extent did vaccine-related support result in greater coverage? | 64. Evidence of vaccine-related support resulting in more equitable access and greater coverage[14] of the population in partner countries selected for case studies. | C | | | Country level health data on vaccinations<br>Document review<br>Interviews |
| | 65. Evidence of varying coverage of COVID-19 vaccines for women and girls, and other most vulnerable and marginalised groups (positive or negative) | C | | | Country level health data on vaccinations<br>Document review<br>Interviews |
| | 66. Factors that influenced vaccine outcomes | C | P | G | Interviews |
| EQ 4.5 What were the unintended effects of the development and humanitarian support provided for COVID-19 response efforts? | 67. Perceptions of opportunity costs of repurposing funding to focus on COVID-19, unintended effects and the (de-) prioritization of other priorities. | C | P | | Perception survey<br>Interviews |
| | 68. Evidence of shifts or reprioritisation in funding or programming, including evidence of de-prioritisation of other diseases and primary healthcare support (e.g. sexual and reproductive health, routine childhood vaccines, Malaria, HIV/AIDS) | C | P | | CRS data<br>Interviews<br>Document review<br>National data, WHO, UNICEF |
| **EQ5. To what extent were funding and programming decisions and interventions timely[15] and informed? (Efficiency)** | | | | | |
| EQ5.1. To what extent were partners successful | 69. Evidence of new and additional funds mobilised for COVID-19 responses. | C | P | G | CRS data<br>Interviews |

[14] This includes a comparison of vaccination rate in the country against their national vaccination targets and/or WHO target of 70% of the population fully vaccinated against COVID-19.

[15] Timeliness is about checking if the sequencing of the intervention fits the challenges and not necessarily about being first. It is about deciding what are the most appropriate measures at a given point in time, and within a given context. Therefore, timeliness is closely related to the *relevance* of specific interventions and development and humanitarian partners' response in each context. **Invalid source specified.**

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| in mobilising timely and flexible funding to respond to COVID-19? | 70. Evidence of funds reallocated[16] in response to COVID-19 (from where to where?) | C | P | | Bilateral interviews<br>Evaluation reports |
| | 71. Evidence of the funding channels and instruments used in responding to COVID-19 enabling a timely[17] response. Use of channels that have more flexibility or speed (ex. humanitarian, general budget support, core funding) and how these related to timeliness | | | | Interviews<br>Evaluation reports |
| | 72. Perception of timelines of commitments, allocations, and disbursements in relation to waves and stages of the pandemic | C | | | Perception survey<br>Interviews |
| EQ5.2. To what extent can the different dimensions of the development co-operation and humanitarian response be considered cost effective? (efficiency) | 73. Descriptions of how value for money considerations informed decision making, funding and programming in 2020-2022 (such as selection of multilateral channels vs. bilateral action; use of pooled funds) | C | P | | Document review<br>Interviews |
| | 74. Evidence on operational efficiency and suitability of procurement policies and practices (including adjustments made for the emergency), and measures taken to support efficient use of resources, particularly personal protective equipment (PPE) and vaccines. | C | P | | Document review<br>Interviews |
| | 75. Evidence and perceptions on cost effectiveness of actions and efficiency of processes | | P | | Internal documents<br>Financial reports and audits<br>Interviews with staff and management<br>Document review |
| **EQ6. What good practices, innovations and lessons learned emerged from the collective response to COVID-19? How might they inform future crisis preparedness? (Forward Looking)** | | | | | |

[16] Reallocation of funds are an indication of provider flexibility. It can also include flexibility within programming, for example to allow for different expenditures.

[17] Issues associated with the speed and uncertainty of the operating context, and the lack of benchmarks against which timeliness can be assessed, present challenges in developing a common understanding of what "timeliness" of COVID-19 response efforts entails. For the purpose of this evaluation, "timely" is understood as efforts delivered in a timeframe reasonably adjusted to the demands of the evolving context.

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| EQ6.1. What good practices and innovations[18] emerged that can inform ongoing or future responses? | 76. Evidence of good/next practices identified through COVID-19 response efforts focussed on but not limited to the following themes:<br>• Organisational strategy (in particular, staff wellbeing and human resource management)<br>• Locally-led development<br>• Gender equality and women's empowerment<br>• Focus on LNOB<br>• Channels and instruments used to disburse funds<br>• Crisis co-ordination mechanisms | C | P | G | Findings from EQs1-5<br>Interviews<br>Evaluations |
| | 77. Evidence of effective innovative approaches, solutions and new ways of working identified through COVID-19 response efforts focussed on but not limited to the following themes:<br>• Organisational strategy (in particular, staff wellbeing and human resource management)<br>• Locally-led development[19]<br>• Gender equality and women's empowerment and a focus on LNOB<br>• Channels and instruments used to disburse funds (including multilateral vs. bilateral and multi-bi channels; and humanitarian vs. development funding streams)<br>• Crisis co-ordination mechanisms (management and decision making) | C | P | G | Findings from EQs1-5<br>Interviews<br>Evaluations |
| EQ6.2 What are the key lessons learned that can inform future co-ordination and crisis preparedness? | 78. Drawing from EQs above. | C | P | G | Findings from EQs1-5<br>Interviews<br>Evaluations |

[18] Innovations can be clustered according to the following overall types of innovation: i) systems innovation; ii) technological/digital innovation; and iii) innovative financing. **Invalid source specified.**

[19] For the purpose of this evaluation the team uses the following working definition: *Development co-operation is locally led when local stakeholders have as much agency as possible in decision making, delivery and accountability in given local and operating contexts.*

## Annex 5: Partner Country Case Study Selection

| Country | Justification |
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| Bangladesh | With a population exceeding 169 million, Bangladesh offers an important landscape for assessing the international COVID-19 response on a large scale in a country in the South Asian region. Bangladesh appears as on the OECD fragility list, with higher-than-average vulnerability to social exclusion and limited social protection coverage. It is classified as a Least Developed Country (LDC).<br><br>Bangladesh's ODF landscape (commitment basis) showcases notable contributors in 2021, including Japan, the International Development Association, the Asian Development Bank, the Asian Infrastructure Development Bank, the Islamic Development Bank, France, the United States, Germany, Korea and the EU institutions featuring in the top 10 donors. This donor composition opens opportunities to examine the dynamics and linkages between providers and partner-country case studies. The prioritization of health as the top sector for ODA allocation demonstrates a focus on strengthening healthcare infrastructure. Notably, 60% of DAC members' sector allocable ODA targets gender, highlighting national and international commitment to addressing gender disparities and promoting inclusivity in the country.<br><br>Bangladesh's relevance as a case study country is reinforced by its status as a focus country for many DAC donors. It was the second highest recipient of ODA in 2021. The Rohingya crisis in 2020 signals a pre-existing humanitarian response system in place preceding the pandemic and provides an important lens through which to analyse the pandemic response, amidst an ongoing humanitarian crisis. The country's ranking as the 16th highest recipient of private philanthropic flows in 2021, amounting to USD 81.5 million, signifies its attractiveness for private donors as well.<br><br>Examining the COVID-19 context, Bangladesh experienced a significant impact with confirmed cases of 11,900 per million people and 172 deaths per million people between March 2020 and December 2022. However, the country has made notable progress in vaccination, with 73.41% of the population fully vaccinated against COVID-19 and 87.12% receiving at least one dose. Corroborated by OECD analysis, Bangladesh demonstrates a lower risk of poor access to immunization services compared to other fragile contexts, making it an intriguing focus for vaccine-related analysis in the context of the COVID-19 pandemic.<br><br>Finally, the significant body of literature already identified in refugee rights evaluation provides a solid foundation for understanding the complexities of the context and existing evaluative evidence. |
| Burkina Faso | With a population of approximately 21 million, Burkina Faso presents an important landscape for assessing the international response to COVID-19 in a country facing multiple challenges in the West African region. Burkina Faso's fragility status is notable, particularly in the security dimension. The country's high poverty rate of 43% (on less than USD 1.9 a day at the 2011 Purchasing Power Parity as on 2019) and negative foreign direct investment in 2020 underscore the socioeconomic |

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| | challenges exacerbated by the pandemic. Given that the country exhibits low social protection coverage, as per OECD analysis, the vulnerability of its population during the pandemic was acute, thereby warranting an evaluation of the international support received by Burkina Faso in 2020-2021.<br>Burkina Faso has received substantial ODF commitment support from the International Development Association, the Islamic Development Bank, the EU institutions, France, the United States, Germany, the Global Fund, Canada, Denmark and the OPEC Fund in 2021. These contributions highlight the commitment of both bilateral and multilateral actors in addressing the healthcare system and pandemic response in Burkina Faso. In 2021 the top sectors for ODA (grants and concessional loans) allocation in Burkina Faso were agriculture, government and civil society, health and general budget support indicating the prioritization of food security and healthcare infrastructure and supporting community-based initiatives. The allocation of 68% of DAC members' sector allocable ODA towards gender-targeted initiatives in 2021 demonstrates the commitment of national and international actors to address gender disparities and promote inclusivity in Burkina Faso's pandemic response.<br><br>Examining the COVID-19 context, Burkina Faso has reported approximately 971 confirmed cases and 17 deaths per million people between March 2020 and December 2022. The country exhibits the lowest recorded and reported vaccination rate amongst all case study countries, with approximately 14.71% of the population fully vaccinated against COVID-19 and 19.26% receiving at least one dose.<br><br>Burkina Faso's case study has been combined with its ongoing country-led evaluation. Established contacts with national stakeholders and country-led knowledge and perspectives significantly enhance the SJE's representativeness, comprehensiveness, and accuracy. |
| Cabo Verde | With a population of approximately 587,000 and classified as an LMIC, Cabo Verde presents an interesting landscape for assessing the international response to COVID-19 in a large ocean state, in the Africa, Indian Ocean, and South China Sea (AIS) region.<br><br>Top ODF providers during 2020-21 (commitment basis) were the International Development Association, Portugal, the African Development Bank, Luxembourg, the International Monetary Fund, and the EU institutions. Additionally, the involvement of Saudi Arabia as a significant donor adds an interesting dimension to the analysis, considering the potential linkages between provider and recipient cases. Top sectors to receive concessional (ODA-like) flows during 2020-21 were general budget support, health, and communications.<br><br>Examining the COVID-19 context, Cabo Verde reported approximately 106,588 confirmed cases and 694 deaths per million people between March 2020 and December 2022. With 52.05% of the population fully vaccinated against COVID-19 and 60% having received at least one dose, Cabo Verde provides a comparable vaccination landscape as other case study countries, offering additional opportunities for cross-case analysis. |
| Cambodia | With a population of almost 17 million and classified as an LDC, Cambodia's social, political and ODF landscape offers valuable insights into the dynamics of support |

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| | during the pandemic in the South-East Asian region. Classified as a fragile country, Cambodia faces vulnerabilities related to social exclusion, political stability, and social protection coverage. Understanding how aid interventions address these vulnerabilities can provide valuable insights into the effectiveness and relevance of support in mitigating the impact of COVID-19.<br><br>Top ODF donors in 2020-21 (commitment basis) included Japan, the Asian Development Bank, Japan, Korea, IDA, the United States and France. This donor composition opens opportunities to examine the dynamics and linkages between providers and partner-country case studies. Top sectors to receive concessional flows (ODA) between 2020-21 were economic infrastructure (transport and storage, energy, water and communications), health and government and civil society; 47% of sector allocable ODA from bilateral donors targeted gender-related initiatives. A significant portion of Cambodia's ODA is channelled through the public sector, followed by NGOs and multilateral organisations. Examining the allocation and effectiveness of aid through these channels provides an opportunity to assess the co-ordination and impact of different funding mechanisms in addressing the challenges posed by COVID-19.<br><br>Cambodia reported approximately 8,262 confirmed cases and 182 deaths per million people between March 2020 and December 2022. Compared to other case study countries, Cambodia has a high vaccination rate, with 87.08% of the population fully vaccinated and 90.86% having received at least one dose.<br><br>Limited existing evaluative work has been identified thus far highlighting a knowledge gap and providing an opportunity to contribute new insights and understandings regarding the COVID-19 development co-operation and humanitarian response in the country. |
| Georgia | With a population of approximately 3.7 million, Georgia provides a focused landscape for assessing the international response to COVID-19 within a smaller-scale setting, in a country on the European continent. In terms of income levels and fragility, Georgia falls within the middle-income category and is not listed as a fragile context.<br><br>Georgia's ODF landscape in 2020-2021 includes significant contributions from the European Bank for Reconstruction and Development, the Asian Development Bank, Germany, the EU institutions, France, the EBRD and the AIIB (commitment basis). Top sectors that received concessional contributions (ODA flows) were social infrastructure, economic infrastructure, and education, offering an interesting point of analysis where the health sector was not the topmost provider priority as opposed to many other case study countries.<br><br>Georgia reported a significant COVID-19 incidence rate globally, with approximately 483.661 confirmed cases per million people and 4515 deaths per million people between March 2020 and December 2022. In Georgia, 34.28% of the population is fully vaccinated against COVID-19 and 43.25% have received at least one dose. |
| Lebanon | With a population of 6.7 million and classified as an LMIC, Lebanon presents as an interesting case study in the West Asian region. |

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| | Lebanon's ODF top donors in 2020-21 (commitment basis) included the United States, Germany, the European Union, the IBRD and France. Additionally, two non-DAC donors, Kuwait and the Arab Fund for Economic and Social Development, feature as important donors. This donor composition opens opportunities for analyzing the dynamics between traditional and non-traditional donors and their respective priorities and alignment with Lebanon's COVID-19 response. Lebanon primarily received funding in the humanitarian sector in 2020-21, with a focus on social protection, gender-based violence, and refugees. The subsequent top sectors to receive ODA in 2020-21 were education and social infrastructure and services.<br><br>In terms of the COVID-19 context, Lebanon has reported approximately 223,510 confirmed cases and 1,962 deaths per million people between March 2020 and December 2022. Vaccination coverage in Lebanon presents an interesting point of analysis and comparison. While Lebanon's population is similar to Nicaragua, with both countries' populations around 6.7 million people, Lebanon's first dose vaccination rate is significantly lower, standing at less than half of Nicaragua's rate. This disparity in vaccination coverage opens opportunities to examine the factors contributing to the differential performance and identify potential lessons for future public health crises.<br><br>Given Germany's status as the second largest donor in Lebanon, and the inclusion of Lebanon as a case study in Germany's COVID-19 evaluation, the SJE's focus on Lebanon builds on existing evaluative evidence and facilitates a synergistic model of co-operation. Additionally, civil society organisations and international NGOs play active roles in Lebanon, providing further avenues for engagement and data collection, should this be necessary.<br><br>The explosion at the port of Beirut in August 2020 and the end of an unofficial fuel subsidy in 2021 (which led to a fuel crisis in the country) provide an opportunity to assess how ODA responded to the crises and its implications for COVID-related aid, contributing to the evaluation's coherence and relevance analyses. |
| Kenya | With a population exceeding 54 million and classified as a LMIC, Kenya provides a significant landscape for assessing the international response to COVID-19 within a large-scale setting. Kenya's fragility status in 2022 was categorized as fragile, with vulnerabilities ranging from severe to high risks in general government gross debt and human inequality. This fragility context provides an opportunity to explore the intersection of fragility and pandemic response, identifying lessons for resilience-building and equitable recovery. With 43% of sector allocable bilateral ODA targeted towards gender in 2021, providers demonstrate a moderate commitment to addressing gender disparities and promoting inclusivity within its COVID-19 response efforts.<br><br>Kenya's top ODF donors in 2020-21 (commitment basis) include the International Development Association, the United States, the International Monetary Fund, the African Development Bank, France and Japan. High donor proliferation, particularly in the health sector, presents an interesting opportunity for analysing alignment and coherence among various donors' interventions. Furthermore, Kenya's ranking as the |

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| | 6th highest recipient of private philanthropic flows in 2021, amounting to USD 235.7 million, signifies its attractiveness to private donors. This aspect, combined with an active civil society in the country, potentially could offer insights into the role of non-state actors in supporting the pandemic response.<br><br>A noteworthy characteristic of Kenya's ODA landscape is the majority of funds being channelled through public systems, offering an avenue for examining localization efforts by providers during the pandemic (where localization can be understood as an increased reliance on national and/or local actors). Top sectors receiving concessional flows (ODA) in 2020-21 were economic infrastructure and government and civil society. Budget support was also privileged.<br><br>Examining the COVID-19 context, Kenya has reported approximately 6,339 confirmed cases and 105 deaths per million people between March 2020 and December 2022. With approximately 20.05% of the population fully vaccinated against COVID-19 and 26.31% receiving at least one dose, Kenya presents a lower vaccination rate compared to other case study countries.<br><br>High concentration of HIV/AIDS funding in the country offers another intriguing angle for analysis, drawing lessons from previous pandemic response efforts, such as the HIV pandemic. This perspective adds a health system strengthening lens and the potential for cross-learning between different health emergencies.<br><br>The inclusion of Kenya as a case study in the COVID-19 evaluation by the African Development Bank and their co-operation in continuing the research in Kenya enhances the evaluation's synergies with other actors in the field facilitating comprehensive research and a deeper understanding of the international COVID-19 response in Kenya. |
| Mozambique | With a population exceeding 31 million, and classified as an LDC, Mozambique provides a unique context to assess the international response to COVID-19 in the southern African region. Classified as a fragile country, Mozambique's vulnerability along human inequality and social protection dimensions necessitates an examination of the international pandemic response and the commitment of ODA providers to leaving no one behind. However, as per OECD analysis, the country exhibits relatively lower vulnerability along indicators related to gender-based violence (GBV), offering an opportunity to explore GBV prevention and response within the context of the pandemic.<br><br>Top ODF donors in Mozambique in 2020-21 (commitment basis) were the International Development Association, the United States, the Global Fund, the African Development Bank, the European Union, the IMF and Germany. This donor composition opens opportunities to examine the dynamics and linkages between providers and partner-country case studies.<br><br>The top sectors for concessional flows (ODA) allocation in Mozambique were health, education and other social infrastructure, and energy. This sectoral focus underscores national and international commitment to strengthening healthcare systems and ensuring access to essential services during the pandemic. Mozambique has the |

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| | highest HIV prevalence in Africa, offering another angle for analysis, drawing lessons from previous pandemic response efforts. Like for Kenya, this perspective adds a health system strengthening lens and the potential for cross-learning between different health emergencies.<br><br>A significant proportion of ODA in Mozambique is channeled through public systems, offering an opportunity to evaluate the effect of these investments on the country's response capacity. Approximately 50% of Mozambique's sector allocable bilateral ODA targeted gender-related initiatives.<br><br>In terms of the COVID-19 context, Mozambique reported approximately 7,006 confirmed cases and 68 deaths per million people between March 2020 and December 2022. 53.82% of the population is fully vaccinated against COVID-19 and 56.67% has received at least one dose. |
| Nicaragua | As a lower-middle-income country with a population of approximately 6.7 million, Nicaragua offers an interesting landscape to assess the international response to COVID-19 in the Latin America and Caribbean region. While Nicaragua is on the fragile list, its most prominent vulnerability compared to other fragile states lies in gender dimensions. In 2020-21, approximately 53% of sector allocable ODA from bilateral donors targets gender-related initiatives, highlighting the importance placed on addressing gender disparities and promoting inclusivity within the COVID-19 response.<br><br>The top ODF donors to Nicaragua in 2020-21 were the Central American Bank for Economic Integration, the EU institutions, Germany, IDA and the Inter-American Development Bank. This donor composition opens opportunities to examine the dynamics and linkages between providers and partner-country case studies**.** Most of the ODF in Nicaragua is channeled through public systems, providing insights the effect of these investments on the country's response capacity. NGOs are also an important channel to canalize assistance. Top sectors that received concessional finance (ODA) in 2020-21 were social infrastructure, health, agriculture, and humanitarian sectors.<br><br>Reports of widespread state-sponsored human rights violations, deterioration of civic and democratic space and large-scale emigration in 2020 are important contextual factors that influenced the assistance received by the country and its pandemic response. Additionally, Nicaragua experienced a massive fall in foreign direct investment in 2020. Both these factors could be relevant externalities to consider when evaluating the relevance and the coherence of ODF it received, considering the country's specific needs and circumstances compared to other recipients.<br><br>In terms of the COVID-19 context, Nicaragua's response has been widely criticized and there are concerns about underreporting of cases. Nicaragua reported approximately 2,211 confirmed cases and 35 deaths per million people between March 2020 and December 2022. Several DAC countries have strained relationships with the GoN. During the pandemic, México provided support despite strained diplomatic relations. China provided significant pandemic-related support to Nicaragua. Nicaragua has made notable progress in vaccination, with approximately 85.36% of the population |

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| | fully vaccinated against COVID-19 and 88.76% receiving at least one dose. This high vaccination coverage provides an opportunity to analyse the factors contributing to successful vaccine rollout and access to immunization services, especially when comparing it with countries with lower vaccination rates.<br><br>Nicaragua is a focus country in the forthcoming evaluation of Spain's COVID-19 response. Besides this, that no significant evaluative work has been identified in Nicaragua, highlighting a knowledge gap and providing an opportunity to contribute new insights and understandings regarding the COVID-19 development co-operation and humanitarian response in the country. |
| **SIDS** | This case study in being conducted in recognition of the unique social, economic, structural, and environmental vulnerabilities this group of countries face. Though the development imperatives of SIDS[20] are similar to those of other countries, unique characteristics[21] necessitate exceptional responses.[22] DAC members committed to coherent support for countries with specific needs in their April 2020 statement on the pandemic response,[23] making this global case study particularly valuable in generating lessons to inform future development co-operation efforts.<br><br>SIDS have been among the countries worst hit by the pandemic in economic and fiscal terms. According to the OECD, their GDP dropped in 2020 by 6.9% versus 4.8% in all other developing countries, largely due to reductions coastal tourism and fisheries. As described by the OECD, "The crisis is amplified by SIDS' structural vulnerabilities, such as over-reliance on one or two economic sectors, high fiscal deficits and public debt levels, and significant constraints to the mobilisation of both public and private finance."[24] Geographical remoteness and small economies, among other factors, can hamper rapid responses to emergencies and the high dependency of many SIDS on |

[20] In 2023 the DAC/OECD recognises 31 ODA-eligible SIDS. These are: Belize, Cabo Verde, Comoros, Cuba, Dominica, Dominican Republic, Fiji, Grenada, Guinea-Bissau, Guyana, Haiti, Jamaica, Kiribati, Maldives, Marshall Islands, Mauritius, Micronesia, Montserrat, Nauru, Niue, Palau, Papua New Guinea, St. Lucia. St. Vincent and the Grenadines, Samoa, Sao Tomé and Principe, Solomon Islands, Suriname, Timor-Leste, Tonga, Tuvalu, and Vanuatu. However, in order to retain valuable information, and although graduated in 2022 from the DAC list of ODA recipients, Antigua and Barbuda is included in this note, as the DAC has complete data for the country over the years 2020-21, the period of analysis of this analysis.

[21] "The future we want," adopted at the UN Conference on Sustainable Development in 2012 described the following peculiar vulnerabilities and challenges: "their small size, remoteness, narrow resource and export base, and exposure to global environmental challenges and external economic shocks, including to a large range of impacts from climate change and potentially more frequent and intense natural disasters." UN (2012), *The Future we want outcome document*, https://sustainabledevelopment.un.org/content/documents/733FutureWeWant.pdf

[22] UN (2023), *Small Island Developing States*, https://sdgs.un.org/topics/small-island-developing-states

[23] OECD (2020), "COVID-19 GLOBAL PANDEMIC: Joint Statement by the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD)" https://www.oecd.org/dac/development-assistance-committee/DAC-Joint-Statement-COVID-19.pdf

24 OECD (2021), COVID-19 pandemic: Towards a blue recovery in small island developing states, https://www.oecd.org/coronavirus/policy-responses/covid-19-pandemic-towards-a-blue-recovery-in-small-island-developing-states-241271b7/#section-d1e839

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| | international relationships made residents particularly vulnerable to malnutrition and food insecurity during the COVID-19 pandemic.[25]<br><br>The top ODF donors to SIDS in 2020-21 (commitment basis) were Australia, IDA, the Asian Development Bank, the Inter-American Development Bank and the United States. This donor composition opens opportunities to examine the dynamics and linkages between providers and partner-country case studies/regional responses.<br><br>Most of concessional flows (ODA) targeting SIDS in 2020-21 was delivered in the form of budget support. The health, economic infrastructure and social infrastructure sectors were also prioritised. |



[25] WHO (2021), *SIDS Summit for Health*, https://www.who.int/news-room/events/detail/2021/06/28/default-calendar/sids-summit-for-health

## Annex 6. Evaluation Steering Group Terms of Reference

**Context:** Under the auspices of the COVID-19 Global Evaluation Coalition, the OECD DAC EvalNet Secretariat is conducting a Strategic Joint Evaluation of the Collective International Development and Humanitarian Assistance Response to the COVID-19 Pandemic. The evaluation will document the collective response to the COVID-19 pandemic, inclusive of both national and international efforts, with a focus on the role of development co-operation and humanitarian assistance. It will include case studies of select responses. Th evaluation will answer questions of relevance, coherence, effectiveness, and efficiency, including vaccination efforts. The evaluation will generate useful lessons and good practices to inform future co-operation and crisis preparedness for governments and development agencies.

**Purpose:** The purpose of the Evaluation Steering Group is to advise and support the management and conduct of the evaluation. The Group will support a credible, transparent, inclusive, and quality evaluation process in line with the shared values and approach of the Coalition. Members will provide advice on the evaluation's scope and design, and support uptake of findings and response to the recommendations across their respective institutions and networks.

**Tasks and time commitment:** Main tasks will be reviewing and providing feedback on four major deliverables: the terms of reference, inception report, preliminary findings, and the final evaluation report. Steering Group members are asked to participate in approximately monthly meetings to discuss feedback on the deliverables and to guide the overall process. Additional optional support includes review of individual case studies, participation in learning events and participation in launch events and discussions.

An estimated total time commitment of **six (6) person days** is expected of Steering Group members from the planning phase through the dissemination phase:


**Process:** The OECD DAC EvalNet Secretariat will notify members of the time and agenda of meetings with sufficient notice, sharing the participation link and any relevant background materials. Documents will be shared on a dedicated MS Teams space. Group members will provide feedback electronically. The Secretariat will ensure that the evaluation team responds to comments, whether by incorporating them in the reports or providing rationale where feedback is not incorporated. Comments on the inception report and final report will be recorded in a comments matrix to help ensure a transparent and credible process.

**Steering Group member tasks by evaluation phase**

| Status | Phases and tasks | Effort | Meetings |
|---|---|---|---|
| **Complete** | **Planning** (January - November 2022)<br>• Review and comment on the Terms of Reference (TOR)<br>• Meeting to discuss TOR and emerging plans *(first meeting)* | 1 day | 15 December 2022 |
| **Complete** | **Inception** (December 2022 – June 2023)<br>• Review and comment on the draft Inception Report<br>• Bilateral discussion of feedback and modifications | 1 day | February 2023 |
| **Ongoing** | **Data Collection, Learning and Analysis**<br>• Feedback on work plans and case studies<br>• Feedback on emerging themes and findings | 1 day | 24 August<br>28 September |

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| | • Participate in thematic learning events (optional) | | 26 October |
| | **Report drafting** (October - February 2024)<br>• Review and comment on the draft evaluation report, focusing on accuracy, quality and comprehensiveness of findings, and links to conclusions and recommendations. | 2 days | 23 November<br>25 Jan 2024<br>22 February |
| | **Dissemination and response** (January – June 2024)<br>• Disseminate report internally and externally<br>• Support lessons learned wrap up | 1 day | **Q1-2 2024** (TBC) |

**Composition:** The Group is comprised of individuals representing the diverse participants in the Coalition and includes a necessary base of expertise.

### Members (confirmed and invited):

- **Winston ALLEN**, Agency Evaluation Officer, Bureau for Policy, Planning and Learning, USAID
- **Kevin ANDREWS,** FCDO, UK
- **Angelina BAZUGBA**, Director, National Transformational Leadership Institute, University of Juba, South Sudan
- **Eva Jakobsen BROEGAARD**, Chief Adviser - Evaluation, Learning & Quality, Ministry of Foreign Affairs of Denmark
- **Alexandra CHAMBEL,** Senior Evaluation Officer, WFP
- **Jenny GOLD**, Senior Evaluation Officer, World Bank
- **Ivo HOOGHE**, Evaluation Coordinator, Special Evaluation Office, Belgium
- **Richard JONES**, Senior Evaluation Advisor, UNDP
- **Frank KIRWAN**, Development Specialist, Evaluation and Audit Unit, Department of Foreign Affairs, Ireland
- **Ida LINDKVIST**, Senior Advisor, NORAD
- **Timothy LUBANGA,** Office of the Prime Minister, Uganda (TBC)
- **David MAKHADO**, Chief Director for Research and Knowledge Management, Department of Planning Monitoring and Evaluation, South Africa
- **Isabelle MERCIER**, Director, Evaluation, Global Affairs Canada
- **Leslie MORELAND,** Senior Programme Officer, GAVI
- **Nana OPARE DJAN**, Director General, Monitoring and Evaluation Division, National Development Planning Commission, Ghana
- **Magdalena ORTH**, Senior evaluator and team leader, Deval, Germany
- **Stephen PORTER**, Senior Monitoring and Evaluation Specialist, World Bank
- **Sanna PULKKINEN**, Senior Evaluation Officer, Ministry for Foreign Affairs of Finland
- **Véronique SALZE-LOZAC'H**, Chief Evaluator, EBRD
- **Anand SIVASANKARA KURUP**, Evaluation Officer, WHO
- **Carlos TARAZONA**, Senior Evaluation Officer, FAO
- **Albert TUYISHIME,** Medical doctor, Head of HIV/AIDS, Diseases Prevention and Control Department, Rwanda Biomedical
- **Patricia VIDAL**, Evaluation Officer, ILO
- **Ndadilnasiya Endie WAZIRI**, National Coordinator, African Field Epidemiology Network, Nigeria

## Annex 7. Evaluation Team roles and responsibilities

| Team member/role | Responsibilities |
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| Coalition participants (evaluation units) | Through their own work and in collaboration with the Secretariat and each other: share insights, support data collection, the design of the evaluation and uptake of the findings:<br>• Link with their respective institutions to raise visibility of the evaluation and share insights.<br>• Participate in or host learning events<br>• Provide contacts for country visits and interviewees<br>• Share documents and data to support analysis of the COVID-19 response<br>• Share experiences and tools that can be used for the evaluation, such as analytical tools, protocols, typologies<br>• Identify synergies with their own work, and conduct interviewees or other data collection activities in conjunction with their travel whenever possible<br>• To the extent possible, share primary data (notes from interviews, results of analyses etc.)<br>• Identify learning priorities and areas of interest to inform design of the evaluation |
| Megan KENNEDY-CHOUANE (Team lead) | Overall responsibility for the project, ensuring that it is delivered on time and to the expected high quality<br>• Assuring the robustness of the methodology and approach<br>• Managing the budget and fundraising for the project<br>• Managing stakeholder engagement and partnership aspects, including ensuring buy-in to the collaborative evaluation<br>• Working closely with the Evaluation Manager to identify and address any quality issues to ensure the project progresses<br>• Overseeing the establishment and convening of the Evaluation Steering Group<br>• Overseeing publication and external presentations, consultations, and meetings |
| Jenna SMITH-KOUASSI (Evaluation manager) | Overall responsibility for the design and conduct of the evaluation<br>• Managing all contractual matters for the evaluation, working in close co-ordination with the Team Lead<br>• Leading the detailed design of the evaluation and setting out a robust methodology and approach in the Inception Report<br>• Managing and conducting the evaluation: allocating work to team members and guiding them in implementation. It also involves ensuring the project progresses and that all outputs and deliverables are of the expected high quality<br>• Managing and participating in the data collection and analysis across all five modules<br>• Triangulating evidence and conducting validation workshops<br>• Working closely with the Team Lead on all matters related to the Evaluation Steering Group. This includes tracking and responding to member feedback on key deliverables<br>• Leading the drafting of the evaluation report and all partner country case study reports<br>• Leading on presentations of evaluation findings and recommendations, and supporting others (i.e., through the development of presentations and/or communication materials) to present findings as appropriate<br>• Co-ordinating and leading on all deliverables, including the consolidation of key lessons and notable innovations, development of various communication products, and learning events |

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| Rebecca SANTOS (Analyst) | Inputting into the development of deliverables as requested by the Evaluation Manager<br>• Technical support on methodology, data collection and analysis<br>• Support on the development of the case study design, inclusive of data collection and analysis tools and templates, as well as the final case study report template<br>• Develop work plan for module on private philanthropy, identify interviewees and conduct desk review<br>• Design a learning product template for the consolidation of all key lessons learned from the collective response and any notable innovations<br>• Support on the development of a survey instruments |
| Mayanka VIJ (Analyst) | Inputting into the development of deliverables as requested by the Evaluation Manager<br>• Support on the detailed design of the evaluation and drafting of the Inception Report<br>• Develop data collection and analysis tools<br>• Lead on five partner country case studies, including case study reports<br>• Work with the evaluation manager to design and conduct Module 4 (bilateral response); lead on three provider case studies<br>• Collect and analyse data, and support triangulation (Module 5); support in the planning and conduct of validation exercises<br>• Support the drafting of the final evaluation report<br>• Support on presentations of evaluation findings and recommendations, and support others (i.e., through the development of presentations and/or communication materials) to present findings as appropriate |
| Cécilia PIEMONTE (Policy & Data Analyst) | Provision of data analysis for the evaluation team, including specific support for the identification of data sources and disaggregation<br>• Lead case studies of non-DAC providers, and Nicaragua country study, carrying out primary data collection and data analysis<br>• Support the development of the Evaluation Matrix through guidance on what the data can and cannot answer. This will also include helping identify the limitations of the data and potential mitigation measures<br>• Support for analysis and manipulation of CRS data<br>• Support for survey development, analysis, and data visualization for the survey of DAC members and other bilateral providers |
| OECD staff from the Development Co-operation Directorate | The evaluation will draw on the diverse knowledge, experience, and networks of staff across the OECD Development Co-operation Directorate with specific input on multilateral effectiveness, gender equality, fragility, CSOs, humanitarian assistance, and DAC development co-operation systems (peer review):<br>• Conducting country visits, meetings, and interviews, and supporting with other data collection, including in partner countries<br>• Sharing information on COVID-19 response efforts of key stakeholders<br>• Provide feedback on survey instruments and other data collection tools<br>• Participating in consultations and brainstorming sessions with the Evaluation Team to assist in interpreting and drawing conclusions from the data.<br>• Reviewing and providing feedback on outputs and key deliverables |
| Nelson AMAYA (OECD Development Centre) | • Lead Philanthropy module<br>• Conduct interviews, analyse data and draft report |
| Colton Brydges | • Conducting country visits, meetings, and interviews, and supporting with other data collection for the USAID and Lebanon case studies. |

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| (Staff on Loan from Global Affairs Canada) | • Conceptualise, organise and report on a learning event on a topic based on emerging findings. |
| Nordic Consulting Group (External consultant) | Support for Module 1 (Synthesis)<br>• Produce a comprehensive document review structured around the evaluation questions that provides an aggregate view of the collective response to COVID-19, with particular focus placed on multilateral responses |
| Abhirup Bunia (External consultant) | Research, data collection and analysis<br>• Produce descriptive country-level reports for partner countries selected for case study.<br>• Construct an integrated dataset for each partner country selected for case study covering select economic and development indicators, COVID-19 indicators and national baseline situation pre-pandemic.<br>• Gather and analyse data to support the evaluation conduct |
| Ole WINCKLER ANDERSEN (Methodological advisor) | The methodological advisor will support quality assurance and guidance on:<br>• Ensuring the scope of the evaluation is relevant and feasible.<br>• Ensuring an appropriate and defensible evaluation design.<br>• Ensuring the evaluation draws on reliable primary and secondary data, and that limitations and weaknesses are explained and addressed.<br>• Ensuring that data analysis is appropriate and systematic, and that triangulation takes place across all lines of evidence.<br>• Ensuring that evaluation findings are credible, logical, and justified by the data analysis.<br>• Ensuring the development of useful recommendations that are clearly linked to findings and conclusions.<br>• Ensuring the final report is comprehensive, clear, and logical. |
| Nelson TORBAY-HOLGUIN (Project Assistant) | Working with the Evaluation Manager, perform administrative tasks and support communication between the core evaluation team and external stakeholders.<br>• Support in scheduling meetings and key stakeholder interviews<br>• Support in the preparation, translation, conduct, and follow-up of meetings and presentations<br>• Managing contact lists and communications<br>• Support the planning and delivery of the events for the evaluation report<br>• Managing all contractual and scheduling matters for the evaluation, working in close co-ordination with the Evaluation Manager<br>• In close co-ordination with the Team Lead and Evaluation Manager, supporting all contractual and scheduling matters for the evaluation |