



Evaluation of Enabel's response to the
COVID-19 pandemic

Executive summary of the overall analysis

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1.1 Introduction

The COVID-19 crisis is a recent unprecedented global crisis. Every country where Enabel is operational, albeit on a varied scale, is affected by COVID-19. Enabel has adapted and intensified its interventions, either to respond directly to the health crisis or to mitigate the secondary impacts.

The aim of this evaluation, conducted by Cota¹ and covering the 14 partner countries of Belgian development cooperation during the period from March to August 2020, is to document Enabel's response to the COVID-19 pandemic in real time and to understand the HOW and WHY of this response. The evaluation of Enabel's response to COVID-19 has the following objectives: (1) to assess the effects of the COVID-19 pandemic on partner countries and Enabel's interventions; (2) to document how Enabel has adapted its interventions, on the one hand to respond to the health crisis caused by COVID-19 and on the other hand to mitigate the impact of side effects ; (3) assess the relevance and coherence of Enabel's response (alignment with the needs, strategies and priorities of countries, partner organisations and beneficiaries; coordination with external actors and internally between the Brussels headquarters and country offices, and between its different sectors of expertise, countries of intervention and programmes).

1.2 Effects of the COVID-19 pandemic on the 14 partner countries of the Belgian governmental cooperation

Partner countries have reacted differently in response to COVID-19, but in general countries had prepared themselves in advance to deal with a pandemic. The experiences of partner countries in rapidly implementing epidemic detection, prevention, and control measures on the one hand, the characteristics of a young population on the other, and possible cross-immunity, among other things, contributed to a slower progression of the epidemic compared to the rest of the world.

The partner countries have rapidly put in place prevention and control measures (border closures, more or less strict confinement, prohibition of groupings, closure of schools, etc.) with different levels of intensity depending on the country.

In the large majority of responding countries, the state has prepared a national plan in response to COVID-19.

Generally speaking, national prevention and containment measures have had significant socio-economic effects (reduced accessibility to health care, cancellation of vaccination campaigns, interruption of sexual and reproductive health care, reduction in purchasing power, job losses, significant disruptions in the normal functioning of markets, significant agricultural impacts, food insecurity of the poorest households, etc.).

1.3 Effects of the COVID-19 pandemic on Enabel

The effects of the pandemic vary from country to country. Especially for countries where there have been fairly extensive national prevention and control measures, mobility has been limited for all beneficiaries/partner institutions/implementing partners, reducing their work activities and income opportunities. In general, vulnerable populations were more affected.

¹ Cota asbl-Collectif d'Échanges pour la Technologie Appropriée (www.cota.be)

As regards the implementation of interventions, none of them have been stopped or significantly slowed down in their entirety, but in the majority of the countries the crisis and especially the national prevention and containment measures have caused delays in implementation.

Taking into account whether or not borders were closed, particularly air borders (the case for most of the intervention countries) and also taking into account the strain on suppliers (particularly of medical equipment), the implementation of certain public procurement contracts has been delayed.

Although it is too early to confirm this, all respondents stress that these delays can be addressed, but that the socio-economic impact of national measures may also need to be taken into account, as well as the evolution of the pandemic in the rest of the world.

1.4 Adaptations and flexibility of internal operating procedures

In general, there is a good flexibility/agility in the various adaptations relating to operating procedures: crisis unit, contingency plan, teleworking, use of Teams, strong mobilisation/involvement of all staff (both at headquarters and country level) in the approaches/activities linked to the response to COVID-19, good availability of the headquarters staff in Brussels for organisational issues linked to the response (in particular security issues via the crisis unit at headquarters), various adaptations relating to the way in which operations are run (in particular readjustments to the training courses and workshops).

In the area of public procurement, simplified emergency procedures have been activated and improved in the context of the crisis (the negotiated procedure without prior publication could be applied to public contracts that had to be launched urgently to deal with the current health situation). According to our interviews, this simplification of procedures facilitates a quicker response.

1.5 Adaptations and new interventions to respond to COVID-19

There is evidence of good response capacity at the intervention level: almost half of the interventions currently being implemented have been adapted as part of the response to COVID-19, including three new interventions with the specific objective of responding to COVID-19 as well as one ongoing intervention that has been adapted by adding a new COVID-19 component. In addition, there are: (i) two new interventions in the digitisation sector being formulated with the specific objective of responding to COVID-19; (ii) three ongoing interventions in the process of having their activities reoriented to respond to COVID-19; (iii) ongoing discussions on major adaptations relating to three interventions.

Overall, health programmes have adapted most, with adaptations in almost all health interventions (emergency health response). In addition, the new specific COVID-19 interventions are all in the health sector. These adaptations and new interventions were intended to have both (1) immediate effects and (2) more sustainable support for health system strengthening.

The synergies between Enabel's different areas of expertise have made it possible to support the health response while mitigating the adverse socio-economic effects of the pandemic (such as professional training for mask manufacturing, or the organisation of hackathons to stimulate innovations in response to COVID-19).

In specific support to the private sector/socio-economic resilience, other adaptations have also been made, including facilitation of access to markets for producers, facilitation of the management of cash flow problems of partner enterprises, etc.

Enabel's expertise in the digitalisation sector has been strengthened through the response; almost half of the adapted interventions have used digitalisation in their implementation.

The majority of the interventions adapted by Enabel as part of the response are implemented within the framework of Belgian government cooperation. New interventions are financed by donors other than Belgium (the European Union, AFD, Lux-Dev, Flemish Government).

1.6 Relevance of the response

In general, the different adaptations are relevant to the needs of the beneficiaries. Particularly in the health sector, the majority of activities focus on more structural elements of the health system that will have a direct impact on improving the quality of care in general for the populations in the intervention areas.

Enabel has been able to readjust its emergency health response to strengthen health systems resilience (see in particular the new interventions in the health sector).

All the adaptations were in line with requests of the national partners (in particular the Ministry of Health). The proximity to these partners facilitates the contextual and participatory approach. Furthermore, the good anchoring of Enabel within partner institutions, both at the central and decentralised levels (in the health districts for example), clearly influenced the strength of the response (other donors approached Enabel because of its proximity to national partners).

Formulation of new interventions or adaptation of interventions has not been subject to in-depth gender analysis, and gender markers have not been used. On the other hand, in some countries there have been awareness-raising actions aimed at preventing an increase in violence against women during confinement and concerning inclusivity, in some countries Enabel has proposed actions aimed at guaranteeing access to information for all, without any discrimination.

Enabel has been able to keep pace with the changing needs of the countries and, over time, to direct its response towards socio-economic resilience (see new formulations in progress, new adaptations in progress).

1.7 Consistency of Enabel's response

Where OneTeam Belgium was already strong, the response to COVID-19 strengthened it further. In some cases, the strength of OneTeam Belgium clearly influenced the capacity of the response.

Generally speaking, Belgium's position as a key player in the coordination of health TFPs at the level of the Ministry of Health has facilitated the response.

Where there have been new interventions funded by the EU and/or other TFPs, OneTeam Europe has been strengthened through the response.

In all the countries of intervention, Enabel's response has been complementary to that of the other TFPs (this complementarity is all the more effective when there is good coordination between the different TFPs in the response).

1.8 Key lessons learned

- **Long-term programming (particularly in health systems strengthening and food security) has proved to be relevant for adaptations in a crisis context.** It is mainly because these programmes are primarily aimed at building the resilience of health or food systems over the long term and generally work within a fairly flexible results framework, that they have been able to be agile in the face of a health emergency. They provide sufficient flexibility to respond to changing contexts, and teams have a thorough understanding of the relationships between all stakeholders and the functioning of the systems as a whole.
- **Enabel's response to COVID-19 has mainly involved adapting existing interventions to ensure their continuity.** Support was provided to the most vulnerable people when they were targeted in the initial interventions. In order to respond to the needs of the most vulnerable in times of crisis, if they are other groups than those initially targeted, it is necessary to consider new interventions, or major adaptations, for example with an additional outcome allowing a broadening of the target/beneficiary groups. This would ensure greater relevance to needs.
- **While it seems appropriate to align with national response plans, it is essential to do so critically and to further analyse the effects of interventions on beneficiaries.** Most sexual and reproductive health interventions have been partially reoriented to respond to the emergency health situation due to COVID-19. However, good practices and guidance shared since the beginning of the crisis highlight the need to preserve essential health services, such as family planning. The risk of increased gender-based violence also exists in times of crisis, so access to services must remain constant.
- **Very close collaboration with central and decentralised institutional partners has been essential to ensure rapid implementation of the response to direct needs.** In such moments of stress and uncertainty, trust is the key to moving forward. This is Enabel's working approach of "dual anchoring" within the country's institutions with immediate availability of field staff at central and decentralised levels, and the capacity to monitor the changing needs of partner countries and to guide the strengthening of socio-economic resilience over time.
- **Good relations between donors and development agencies** at country level (representations) are essential to **facilitate an agile response**. (1) Generally speaking, during the COVID-19 crisis, Enabel was sought by donors other than the Belgian Government, more so than in non-crisis times (64% of the overall response budget comes from these other donors); (2) in general, Belgium's position as a key player in the coordination of technical and financial partners (TFPs) at the level of the Ministry of Health has facilitated the response; (3) a strong OneTeam Belgium has had a positive impact on the capacity of the response (coherence, better coordination, greater visibility for Belgium).
- In general, **relevant innovations** have been implemented as part of the response (digitalisation tools, private sector support initiatives, other innovations in the framework of interventions) but they are still **insufficient** taking into account several factors: (i) the emergency does not leave much time to test new ideas, it is easier to start from what we know and apply it to other contexts without specifically seeking to innovate and risking failure; (ii) not enough capitalisation available on good practices already implemented in the face of a crisis; (iii) legal framework which limits innovations in terms of partnership or contractualisation, for example with private structures.

- **The simpler the processes, the quicker the response, provided they are accompanied by clear communication.** Procedures and measures adapted to a crisis context already existed within Enabel. Minor adaptations made it possible to quickly reactivate them and strengthen their use (e.g., digitisation of administrative and financial procedures, direct assignment procedure to meet urgent staff needs, shorter procedure for public procurement, teleworking and use of Teams).
- **Donors' pandemic strategy guidance notes for COVID-19 while including indications of the need for adaptations in the medium term, should also include adjustments to procedures for greater flexibility** (these indications are not always compatible with existing procedures for making changes such as adaption of the country strategy). In crisis-prone contexts, it would be advisable to build provision for a portion of the budget reserve to be available for allocation to crisis response in the event of major change in the context into portfolio formulation.
- **Agile management of operating modes has made it possible to maintain a close-knit and motivated team despite the distances between headquarters and the field and the uncertainty about the evolution of the pandemic.** Enabel's teams, both at headquarters and country level, have been fully engaged in the response to COVID-19. This mobilization was manifested through the establishment of crisis units, contingency plans, teleworking, the use of Teams, the setting up of Communities of Practice and the reformulation of activities following budget reallocations and the formulation of new interventions.
- **In general, thanks to the response, the "learning organisation" component of Enabel has been strengthened by the dynamics of the Communities of Practice.** These have enabled the different countries to share their experiences. Countries found inspiration for the response, co-creating solutions that might not have been considered individually at the scale of the intervention. In addition, these communities of practice allowed for better synergy between headquarters, the field, and the different departments of Enabel.