

# INFORMATION BRIEF

USAID Office of Inspector General

December 2020



## USAID COVID-19 Activity Update

January – November 2020

### INTRODUCTION

The novel coronavirus SARS-CoV-2 (COVID-19) outbreak, which began spreading internationally earlier this year, was declared a Public Health Emergency of International Concern (PHEIC) on January 30 and a pandemic on March 11 by the World Health Organization (WHO).<sup>1</sup> On October 29, the WHO emergency committee stated that the COVID-19 pandemic remained a PHEIC that posed a public health risk to countries through international spread and required a coordinated international response.<sup>2</sup> USAID, as a key player in the United States' international efforts to prevent, prepare for, and respond to the COVID-19 pandemic, reported approximately \$1.3 billion in obligations and \$454.1 million in disbursements toward COVID-19 efforts, as of November 30.<sup>3</sup>

COVID-19 cases and deaths continued to increase worldwide from September 1 to November 30, with nearly 37.8 million additional confirmed cases and 617,328 new deaths, according to data compiled by the Johns Hopkins University Center for Systems Science and Engineering.<sup>4</sup> This brought the overall total number of reported confirmed COVID-19 cases worldwide since the beginning of the pandemic to approximately 63.2 million and the fatality count to 1.5 million, as of November 30.<sup>5</sup>

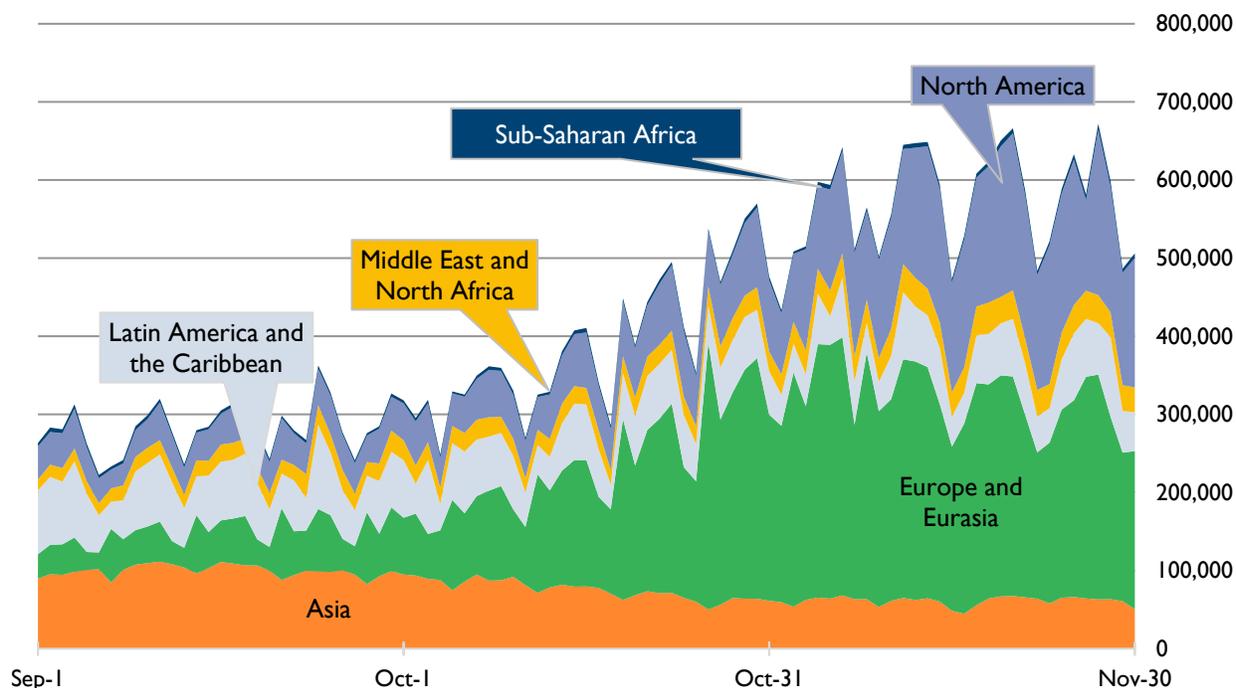
#### *About This Brief*

This brief provides information on USAID's response to the COVID-19 pandemic and associated challenges, as well as related oversight plans and activities. The brief also covers three other U.S. foreign assistance agencies that USAID OIG oversees: the Millennium Challenge Corporation (MCC), U.S. African Development Foundation (USADF), and Inter-American Foundation (IAF). OIG prepared this informational brief to increase stakeholder knowledge and public transparency regarding these efforts. This brief reports on activities from the start of the pandemic through November 30, but has a particular emphasis on activities since September 1, when the reporting period for the [previous brief](#) ended.

To produce this brief, OIG gathered data and information from Agency documents and interviews as well as from public sources. The sources of information contained in this document are cited in endnotes, tables, and figures.

To provide timely reporting, OIG has not audited or verified all of the underlying data and information that forms the basis for this brief. OIG has provided USAID, MCC, USADF, and IAF with opportunities to comment on the contents.

**Figure I. New Confirmed COVID-19 Cases by Region, September - November 2020**



Source: Created by OIG using data from USAID and Johns Hopkins University.

As figure I illustrates, COVID-19 cases increased worldwide with some regions experiencing a resurgence of new cases. New daily cases peaked in the Asia region in September and have declined since then. However, in Europe and Eurasia, new cases have continued to increase since July and by October, the region accounted for the largest proportion of new cases worldwide. In Latin America and the Caribbean, new daily cases peaked in late September, slightly declined thereafter, and then gradually increased again starting in October. Countries in the Middle East and North Africa have reported a gradual increase in new cases since August, with weekly incidence reaching their highest levels in November. In sub-Saharan Africa, new reported cases declined from their peak in July but have gradually increased since September.

## USAID RESPONSE TO COVID-19

To coordinate the Agency's COVID-19 response, USAID stood up its COVID-19 Task Force for approximately 6 months from March 3 to September 9.<sup>6</sup> According to Agency policy, a task force is intended to be short term in duration as a crisis situation warrants.<sup>7</sup> USAID reported using the following criteria for standing down its COVID-19 Task Force:

- The pace of interagency international COVID-19 response meetings was declining;
- Most (97 percent) of the available COVID-19 supplemental funds had been obligated, and there was uncertainty about future supplemental funding; and
- Bureaus and independent offices were increasingly ready to absorb the functions being performed by the Task Force.<sup>8</sup>

In preparing for the Task Force's deactivation, the Agency reported that the Task Force documented its functions and processes, consulted with the bureaus and independent offices that would be receiving continuing functions, and developed a transition plan that was approved by the Acting Administrator.<sup>9</sup> An updated step-by-step guide for activating, managing, and deactivating task forces was also proposed by the COVID-19 Task Force for the future, according to the Agency.<sup>10</sup> In addition, the Task Force submitted an after-action report, which was in the clearance stage at the time of this reporting.<sup>11</sup>

USAID reported that, during the transition of Task Force functions, most of the requests for additional resources by bureaus and independent offices were for staffing and that the most significant challenge during the transition was insufficient time for bureaus and independent offices receiving Task Force functions to hire additional staff to perform those functions.<sup>12</sup> In response, USAID reported that the Agency's Front Office directed some Task Force volunteers to be detailed to bureaus and independent offices as a stopgap measure.<sup>13</sup>

When the Task Force was deactivated on September 9, its core responsibilities transitioned to standing bureaus, independent offices, and a new COVID-19 Readiness Unit that was established on September 10 to manage USAID's safety, security, and continuity of operations functions in response to the pandemic.<sup>14</sup> The Agency plans to transition Readiness Unit functions to the Management (M) Bureau by December 31.<sup>15</sup>

The Task Force deactivation also prompted the Agency to transform the Command Center, which was established by the Task Force to continually monitor and coordinate issues impacting personnel, travel, and facilities during the pandemic, into a USAID Command Center under the operational oversight of the Office of Security (SEC) with permanent staff to provide the same services, operations synchronization, and leadership situational awareness.<sup>16</sup> In addition, an Operations Steering Group was established by the M Bureau, the Office of Human Capital and Talent Management (HCTM), and SEC on September 14 to refine coordination and synchronization of key operational functions across the Agency.<sup>17</sup>

### **Over the Horizon Strategic Review**

To inform how USAID should invest and adapt moving forward, on June 17 the Agency initiated the Over the Horizon (OTH) Strategic Review to position USAID for a post-COVID-19 world.<sup>18</sup> The Agency reported that the OTH Strategic Review was intended to support USAID's Journey to Self-Reliance and Transformation efforts, align with the National Security Strategy and the USAID/State Department Joint Strategic Plan, and position USAID to meet the challenges and opportunities in a development and humanitarian landscape altered by the pandemic.<sup>19</sup> According to Agency documents, the OTH Strategic Review Planning Cell identified emerging trends in the global landscape, summarized plausible future scenarios, consulted with mission staff and senior Agency leaders, and conducted external outreach with participants representing approximately 75 organizations.<sup>20</sup> The five major development and humanitarian trends the Agency identified were (1) a new U.S. national security imperative; (2) a health crisis of enormous scale; (3) rising pressures on governance, democracy, and stability; (4) shocks to mobility and the economy; and (5) devastating impacts on households.<sup>21</sup>

**Figure 2. Over the Horizon Goal, Strategic Objectives, and Strategic Principles**

<p><b>Goal:</b> USAID advances U.S. national security and foreign policy objectives by leading the U.S. Government’s international development and disaster assistance for a world altered by COVID-19, so that partner countries continue to build self-reliance and progress beyond assistance.</p>		
<p><b>Strategic Objective 1</b></p> <p>Build more stable, resilient systems in countries that are increasingly fragile due to COVID-19.</p>	<p><b>Strategic Objective 2</b></p> <p>Respond to dramatic increases in food insecurity, extreme poverty, and loss of educational opportunities in communities most impacted by COVID-19.</p>	<p><b>Strategic Objective 3</b></p> <p>Strengthen public and private health systems strained by COVID-19 in partner countries critical to global health security.</p>
<p><b>Strategic Principles:</b> Continue to deliver life-saving humanitarian assistance, protect hard-won development gains, and counter the negative impact of malign actors in areas of significant USAID investment and partnership.</p>		

Source: USAID, “Over the Horizon Planning for a World Altered by COVID-19: Snapshot,” October 2020, p. 4.

The OTH Strategic Review concluded in October, and the OTH goal, strategic objectives, and strategic principles, as shown in figure 2, underpinned the 32 recommendations that aimed to improve USAID’s medium- and long-term response to COVID-19, according to Agency documents.<sup>22</sup> Of the 32 recommendations, 16 related to policy and programs and the other 16 were cross-cutting and operational.<sup>23</sup> According to the Agency, the programmatic recommendations align with the three OTH strategic objectives and will be implemented by a set of focus country missions<sup>i</sup> identified by USAID as having the greatest humanitarian and development need, opportunity for impact, and U.S. national security interests.<sup>24</sup> As for the operational recommendations, the Agency reported that operational units, such as the M Bureau, HCTM, and the Bureau for Policy, Planning, and Learning (PPL), will be primarily responsible for implementation.<sup>25</sup> The Agency reported plans to establish an OTH Senior Coordinating Committee composed of Agency leadership and an OTH secretariat housed in PPL to support and coordinate implementation of the recommendations.<sup>26</sup> The Acting Administrator approved all the recommendations on October 29, according to the Agency.<sup>27</sup>

### USAID International Operating Status

The Agency reported that the pandemic has had profound implications for its workforce and operations across the globe.<sup>28</sup> In accordance with State Department guidance for global authorized departure issued on March 14 that USAID missions followed, Agency staff at higher risk from COVID-19 were allowed to leave their posts with approval and return to the United States and telework.<sup>29</sup> According to the Agency, more than 800 staff left their overseas posts on authorized departure.<sup>30</sup>

On September 25, the State Department announced that global authorized departure would be terminated on December 9, or when a post reached conditions as outlined in the State Department’s Diplomacy Strong Framework, whichever occurred first.<sup>31</sup> Subsequently, the Agency announced on October 2 that all employees and personal service contractors on global authorized departure were expected to arrive at their assigned posts no later than

<sup>i</sup> On December 21, USAID announced the following 14 focus countries for OTH: Bangladesh, Burkina Faso, Colombia, El Salvador, Guatemala, Honduras, Kenya, Mali, Mozambique, Niger, Nigeria, Peru, Ukraine, and Venezuela.

December 9.<sup>32</sup> The Acting Administrator also rescinded the extraordinary travel requirements and policies installed due to the COVID-19 pandemic, such as for temporary-duty travel, permanent changes of station, and rest and recuperation, on October 16.<sup>33</sup>

According to the Agency, the Readiness Unit coordinates with HCTM and the M Bureau in overseeing the return of staff to posts, and USAID has not encountered any extraordinary logistics challenges for the return of staff to posts.<sup>34</sup> The Agency communicated guidance on returning to posts and addressed questions and concerns through Agency Notices, frequently asked questions documents, and three town halls.<sup>35</sup> USAID also reported that the October 2 announcement provided 2 months for Foreign Service employees to prepare for their return to posts, or to request a reasonable accommodation, a review of their medical clearance, or cancellation of their onward assignment.<sup>36</sup>

To protect the health and safety of its overseas workforce, USAID reported that missions implemented various precautionary measures, such as enhanced cleaning, provision of personal protective equipment, and access restrictions to facilities.<sup>37</sup> According to an Agency survey of 34 mission executive officers on workplace policies and procedures conducted in October, almost all officers reported addressing employee health and safety and making masks and hand sanitizers available, but 9 percent reported a lack of communication to returning staff, and 6 percent reported no signage promoting social distancing.<sup>38</sup> In addition, 20 percent reported no enhanced cleaning, and 12 percent had no procedures for reporting positive cases.<sup>39</sup>

The Agency also reported supporting telework capabilities by ensuring staff receive necessary equipment and official devices for telework, providing additional training on remote access and productivity tools, and reimbursing internet service for local staff to connect to the network.<sup>40</sup> Moreover, some missions adapted by expanding the use of technology.<sup>41</sup> For example, the Agency reported that USAID/Liberia released a phone-based version of its performance monitoring database that enabled data to be entered from phones, while USAID/Nigeria supported the use of video to verify data in primary source documents and to limit the sharing of sensitive documents electronically.<sup>42</sup>

USAID has not surveyed its implementers to identify and understand new or ongoing operational challenges since May, but the Agency reported continual engagement and communication with implementers through its agreement officer's representatives and contracting officer's representatives, Industry Liaison newsletter, webinars with major associations representing implementers, outreach calls, regular updates to its frequently asked questions, and a partners resources hub on its website.<sup>43</sup> According to the Agency, implementers did not raise any additional operational challenges since the May survey up until September, when the end of global authorized departure was announced.<sup>44</sup> Implementers raised questions and concerns about how the end of the global authorized departure would impact their employees, such as when their employees would be required to return to posts, what costs would be considered allowable, and whether dependents would be permitted to return, according to Agency documents.<sup>45</sup> The Agency guidance to implementers was that the return to overseas missions was post-specific and dependent on approval by mission directors, but implementers would be asked to return to post by the end of the global authorized departure on December 9, and for implementers to consider USAID and State Department policies for reasonableness and allowability in allowances for their employees.<sup>46</sup>

Humanitarian assistance implementers have made programmatic adjustments to continue and maintain operations in response to COVID-19 obstacles, such as border closures and movement restrictions, according to the Bureau for Humanitarian Assistance (BHA).<sup>47</sup> For instance, implementers prepositioned supplies; conducted meetings, monitoring, and project verification visits remotely; enforced social distancing during distributions; provided staff with adequate personal protective equipment; and limited physical contact between staff and beneficiaries.<sup>48</sup>

### **The U.S. Government's Withdrawal From WHO and the Impact on USAID**

On April 14, USAID reported ceasing all new obligations to WHO when the President announced a pause in funding to the organization pending a review by the Administration.<sup>49</sup> The President later announced on May 29 that the U.S. Government would terminate its relationship with WHO.<sup>50</sup> On September 3, the State Department announced the U.S. Government would decrease its engagement with WHO and that its participation in WHO technical meetings and events would be determined on a case-by-case basis through July 2021.<sup>51</sup>

Prior to the pause on new obligations to WHO, the Bureau for Global Health (GH) obligated \$30.3 million and \$3.9 million in prior-year Emergency Reserve Fund for Contagious Infectious Diseases Outbreaks (ERF) resources to WHO and the Pan American Health Organization (PAHO), respectively, for their response to the COVID-19 pandemic, according to the Agency.<sup>52</sup> Overall, USAID reported its funding to WHO and PAHO fell from \$226 million in fiscal year 2019 to \$74 million in fiscal year 2020.<sup>53</sup> While funds obligated prior to the pause were not affected, USAID reported that it identified alternative partners for humanitarian and health activities being carried out by WHO that had not yet been obligated.<sup>54</sup>

According to BHA, WHO plays a unique role as the provider of last resort in humanitarian settings with limited health programming options.<sup>55</sup> BHA noted that in many countries, WHO was the primary organization for coordinating with local and national authorities, WHO was granted special authorities by governments due to its role as the health cluster lead for the United Nations, and that there was no implementer that could match WHO's capacity.<sup>56</sup> For example in Iraq, WHO was the primary or sole importer of pharmaceuticals for the humanitarian response and that inadequate funding for WHO would impact the overall humanitarian health response, according to BHA.<sup>57</sup> As previously planned funds for WHO were being shifted, BHA reported delays in identifying alternative implementers with the right levels of capacity to take on the activities.<sup>58</sup> According to the Agency, BHA had to restart negotiations with implementers and review their proposals to determine their capacity to take on the activities.<sup>59</sup>

One of WHO's comparative advantages is its global expertise in disease and polio surveillance, according to the Agency, and the pause on funding to WHO could affect USAID's disease and polio surveillance activities in some countries.<sup>60</sup> For example, in Afghanistan, the USAID-funded Disease Early Warning System (DEWS) project supports WHO in collecting disease outbreak information and was instrumental in providing surveillance, laboratory support, and response resources to the COVID-19 outbreak.<sup>61</sup> In September 2019, USAID obligated \$1.6 million for DEWS and expected this funding to last through March 2021, according to the Agency.<sup>62</sup> However, USAID reported that if the U.S. Government did not reach an agreement with WHO, then options for transitioning the project to other mechanisms and implementers would

be explored.<sup>63</sup> USAID will also advocate for other donors to cover its previously funded portion for polio surveillance in order to avoid lapses in services, according to the Agency.<sup>64</sup> In Pakistan, USAID supports polio eradication efforts through WHO, and the curtailment of support will impact polio surveillance coverage and case detection, according to the Agency.<sup>65</sup> USAID reported its current funding would only cover costs until the end of fiscal year 2021 and that its WHO agreement for Pakistan's polio program was scheduled to end on September 30, 2022.<sup>66</sup>

## STATUS OF USAID COVID-19 FUNDING

Congress appropriated approximately \$1.34 billion in supplemental funding for USAID's programming and operations related to COVID-19, including \$250 million in Economic Support Fund (ESF) comanaged with the State Department, through the Coronavirus Preparedness and Response Supplemental Appropriations Act (Public Law 116-123, March 6, 2020) and the Coronavirus Aid, Relief, and Economic Security Act (P.L. 116-136, March 27, 2020).<sup>67</sup> Congress also appropriated \$1 million for USAID Office of Inspector General (OIG) oversight.<sup>68</sup> In addition to the supplemental funds, the Agency reported that \$100 million in prior-year funding from ERF was also transferred to fund COVID-19 efforts and that \$425.3 million from existing development programs were redirected to support the COVID-19 response efforts, as of November 30.<sup>69</sup>

**Table I. USAID COVID-19 Fund Status**

In millions and percentage of appropriated amount, as of November 30, 2020

Account		Appropriated	Obligated	Disbursed
Economic Support Fund (ESF) <sup>a</sup>	P.L. 116-123	\$250.0	\$218.1 (87%)	\$63.4 (25%)
Global Health Programs (GHP) <sup>b</sup>	P.L. 116-123	\$435.0	\$347.3 (80%)	\$146.7 (34%)
	Prior Year Funding (transferred to ERF)	\$63.0	\$62.0 (98%)	\$47.3 (75%)
International Disaster Assistance (IDA)	P.L. 116-123	\$300.0	\$300.0 (100%)	\$76.7 (26%)
	P.L. 116-136	\$258.0	\$258.0 (100%)	\$71.5 (28%)
	Prior Year Funding (transferred to ERF)	\$37.0	\$37.0 (100%)	\$13.3 (36%)
Operating Expenses	P.L. 116-136	\$95.0	\$55.5 (58%)	\$35.2 (37%)
<b>Total, all accounts<sup>c</sup></b>		<b>\$1,438.0</b>	<b>\$1,277.9 (89%)</b>	<b>\$454.1 (32%)</b>

<sup>a</sup> Of the \$250 million appropriated for ESF, \$7 million was to be transferred to USAID operating expenses. Of the \$7 million appropriated for USAID operating expenses, up to \$7 million had been obligated and \$5 million disbursed. Of the ESF amount, \$3.7 million was implemented directly by the State Department.

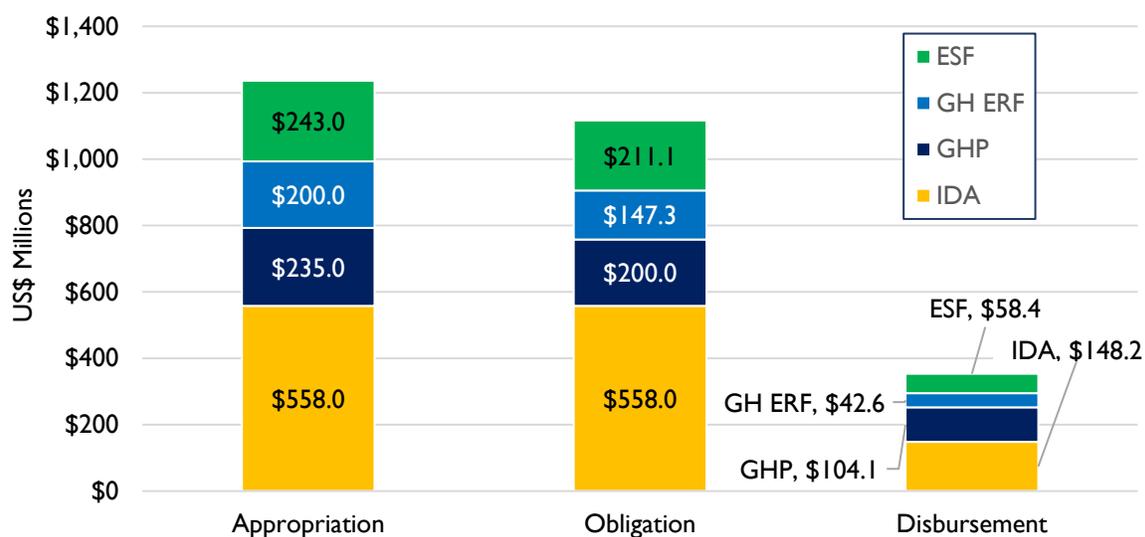
<sup>b</sup> Of the \$435 million appropriated for GHP, no less than \$200 million was to be transferred and merged with ERF. Of that \$200 million, \$147.3 million had been obligated and \$42.6 million disbursed.

<sup>c</sup> The total does not include \$425.3 million in reprogrammed or redirected funds within existing mechanisms to respond to the COVID-19 pandemic.

Source: Reported funding is based on information received from USAID and has not been audited by OIG.

As shown in table 1, the Agency reported obligating approximately \$1.3 billion (89 percent) in appropriated prior-year and supplemental funds—excluding reprogrammed or redirected funds—toward COVID-19 efforts, as of November 30. Of this total, approximately \$454.1 million (32 percent of the appropriated funds) had been disbursed. From September 1 to November 30, the Agency reported \$50.4 million in new obligations and \$285 million in new disbursements. The Agency clarified that the amount disbursed does not reflect progress at the field level as many BHA implementers have not been vouchered due to the letter of credit payment mechanism.<sup>70</sup>

**Figure 3. Status of USAID COVID-19 Supplemental ESF, ERF, GHP, and IDA Funding, by Account (in Millions)**



The figure does not include prior-year funds, redirected funds, COVID-19 supplemental operating expenses, and \$7 million in supplemental ESF transferred to operating expenses.

Source: Reported funding is based on information as of November 30, 2020, and has not been audited by OIG.

Figure 3 shows the breakdown of COVID-19 supplemental funds reported by account type, excluding prior-year and redirected funds and operating expenses. USAID obligated all of the \$558 million in COVID-19 supplemental IDA funds, while \$347.3 million had been obligated from the GHP account, including transfers to ERF. USAID also reported that \$211.1 million had been obligated in ESF, excluding the transfers to operating expenses and funds obligated by the State Department.

**Figure 4. Top 10 Implementers by Obligated Amount, as of November 30**

1. World Food Program
2. Chemonics
3. United Nations Children's Fund
4. International Organization for Migration
5. International Federation of Red Cross and Red Crescent
6. FHI 360
7. World Health Organization
8. Save the Children
9. Catholic Relief Services
10. International Medical Corps

Source: USAID COVID-19 Program Budget Dashboard.

The leading award recipients of the Agency's COVID-19 funds have been existing international implementers.<sup>71</sup> As figure 4 shows, the top 10 implementers by obligated amount as of November 30 were international implementers and multilateral organizations.<sup>72</sup> According to Agency records, \$1.1 billion, or 92.5 percent of the total obligations, went to existing international implementers, as of November 30.<sup>73</sup> The Agency reported plans to identify new implementers for COVID-19 efforts through its New Partnerships Initiative by simplifying its proposal process and asking implementers to mentor and build capacity with local partners through subawards.<sup>74</sup> USAID also noted that the lengthy process for bringing onboard new implementers that have never received U.S. Government funding would not have allowed the Agency to respond to the crisis on an appropriate timeline, and that its best practice in a health emergency would be to build on existing health programs with existing partners for rapid response.<sup>75</sup>

**Allocation and Approval Process for COVID-19 Supplemental Funds**

The standard process for allocating annually appropriated foreign assistance funds is led by the State Department, in coordination with USAID, and revolves around Section 653(a) of the Foreign Assistance Act of 1961, which mandates a report within 30 days to notify Congress of the funds to be allocated to countries and international organizations.<sup>76</sup> According to a U.S. Government Accountability Office (GAO) report on Section 653(a), the process is complex and time-consuming due to the need to take into consideration congressional requirements and directives, the priorities of the administration, and country-specific foreign assistance needs.<sup>77</sup> In addition, the Agency reported that program funds are approved by the State Department's Office of Foreign Assistance through operational plans, which describe how the funds align with country strategies, administration priorities, and congressional directives.<sup>78</sup> According to the Agency, both the processes for the Section 653(a) report and operational plans can take multiple months, and for most accounts, they must be completed prior to the obligation of funds.<sup>79</sup>

In order to get the COVID-19 supplemental funds to the field as quickly as possible, the State Department and USAID developed new guidance that compressed the timeline for allocations and approvals of program resources, but the funds were still subject to the same guidelines and requirements under the Section 653(a) reporting process and Agency policies, according to the Agency.<sup>80</sup> USAID also reported that the new guidance enabled supplemental funds to be allocated incrementally in tranches in order to respond to immediate and changing needs.<sup>81</sup> According to the Agency, in addition to overall U.S. Government interests and White House Coronavirus Task Force and National Security Council priorities, State Department and USAID leadership approved final allocations for each tranche based on the following factors: COVID-19 cases per capita; evidence of community transmission; vulnerability, stability, and societal factors; governance factors; geographic and political considerations; and the potential impact U.S. Government support would make.<sup>82</sup>

The Agency allocated and approved approximately \$1.2 billion in supplemental funds over nine tranches.<sup>83</sup> The first tranche of \$110 million in supplemental funds was approved by Agency leadership on March 26, or 20 days after the first COVID-19 supplemental legislation was signed by the President.<sup>84</sup> The latest tranche, totaling \$40 million in supplemental funds for IDA and ESF, was approved by Agency leadership on July 17 and 22, respectively.<sup>85</sup>

While the guidance for programming COVID-19 supplemental funds may have fostered interagency dialogue and coordination, there were layers of review and approval additional to the regular process, such as by the Agency's COVID-19 Task Force and the White House Coronavirus Task Force.<sup>86</sup> With the Agency's COVID-19 Task Force deactivated, USAID's Office of Budget and Resource Management is responsible for managing COVID-19 budget functions and coordination with the State Department's Office of Foreign Assistance.<sup>87</sup>

For BHA, whose standard processes are expedited in order to deliver disaster assistance in a timely manner, obtaining additional approvals for COVID-19 funds and the need to go through the process for each tranche took extra time.<sup>88</sup> The release of COVID-19 supplemental IDA funds in seven separate tranches drew out their release over a 4-month span from March to July.<sup>89</sup> BHA reported that it ultimately received COVID-19 IDA supplemental funding in only five of these tranches and its request for funding was removed in one tranche package before final Agency review.<sup>90</sup> BHA also stated that the tranche process hindered its ability to strategically plan, as final budget amounts were unknown for months which resulted in inefficient planning and delayed execution.<sup>91</sup> For instance, BHA reported that delayed approvals across multiple tranches affected its ability to rapidly plan with implementers and review applications.<sup>92</sup> Implementers accustomed to BHA's quick response during emergencies expressed concerns in a June 4 letter to the Acting Administrator over uncharacteristic delays in the obligation of supplemental funding.<sup>93</sup> In the same month, USAID reported accelerating its process for COVID-19 response awards by shortening application development and approval deadlines, and prioritizing COVID-19 applications for review and obligation.<sup>94</sup> By the end of July, the Agency reported obligating all \$558 million in supplemental COVID-19 IDA funds.<sup>95</sup>

## USAID HEALTH EFFORTS

With the deactivation of the COVID-19 Task Force, the GH Bureau is responsible for coordinating and communicating USAID's health assistance activities, according to the Agency.<sup>96</sup> USAID reported providing health assistance to more than 108 countries affected by and at-risk of COVID-19.<sup>97</sup> According to the Agency, its activities include the procurement of health commodities, the prevention and control of infections in critical health facilities, contact tracing, laboratory support, rapid case identification and management, risk communication and community engagement to raise awareness, global and regional coordination, oxygen support, and ventilator donations.<sup>98</sup>

The Agency is also planning to assist countries with the introduction and delivery of future COVID-19 vaccines through its existing support for immunization programs. Many USAID health projects have the capacity to provide technical support for COVID-19 vaccine introduction, according to the GH Bureau.<sup>99</sup> USAID also reported that its technical staff were engaged at the global and country levels in dialogue and planning for COVID-19 vaccine rollout.<sup>100</sup> However, USAID has not provided additional funds to finance efforts for COVID-19

vaccine introduction in countries and its engagement in COVID-19 vaccine planning discussions has been minimal, according to a GH official.<sup>101</sup>

The SARS-CoV-2 virus likely emerged from an animal source, according to available evidence by researchers.<sup>102</sup> To prevent, detect, and respond to emerging disease threats that jump from animals to humans, USAID announced on September 30 that a new \$100 million, 5-year project, the Strategies to Prevent Spillover (STOP Spillover) project, was awarded to a consortium led by Tufts University.<sup>103</sup> The Agency reported that the STOP Spillover project would research interventions to reduce zoonotic threats in animal and human populations in targeted countries, help implement the U.S. Government's Global Health Security Strategy, and support the Global Health Security Agenda.<sup>104</sup>

### **Oxygen Support and Ventilators**

USAID reported that it had prioritized improving COVID-19 case management, such as delivering oxygen to patients.<sup>105</sup> The Agency estimates that in low- and middle-income countries, 60 percent of health facilities do not have access to reliable oxygen.<sup>106</sup> The Agency reported that its oxygen ecosystem support included but was not limited to procuring oxygen equipment and associated medicines, commodities, and consumables; bolstering the reliability, supply, and distribution systems for medical-grade oxygen; training health workers; and improving health facility infrastructure and capacity to provide oxygen.<sup>107</sup>

Prior to September 1, USAID reported plans in May to deliver a total of 1,300 oxygen concentrators to clinics and facilities in Zambia through its District Coverage of Health Services (USAID DISCOVER-Health) project; in June, to install 24 oxygen outlets at a major hospital in Lima through its collaboration with Partners In Health in Peru; and in July, to provide \$3.5 million to assist South Africa with oxygen production and procurement.<sup>108</sup> On November 16, USAID announced it has obligated \$18 million to finance oxygen activities in Afghanistan, Bolivia, Ecuador, Ghana, Guatemala, Haiti, Honduras, Kenya, Mozambique, Peru, and Tajikistan.<sup>109</sup> Excluding Tajikistan and Zambia, these countries also received ventilators donated by USAID.

According to an update of ventilator donation commitments provided by USAID, the U.S. Government has committed to delivering 8,722 ventilators to 43 countries and the North Atlantic Treaty Organization (NATO), and USAID has obligated more than \$200 million to the ventilator donation efforts.<sup>110</sup> Agency documents show that by November 13, USAID had delivered 8,671 ventilators to 42 countries and NATO, as shown in table 2.<sup>111</sup>

**Table 2. Countries Receiving USAID-Funded Ventilators, as of November 13**

Country	Number of Ventilators	Date Delivered in 2020	Country	Number of Ventilators	Date Delivered in 2020
Afghanistan	100	August 4	Kiribati	10	August 24
Bangladesh	33	October 19	Kosovo	50	August 24
	67	October 17	Maldives	60	September 14
Bhutan	15	October 22	Mozambique	50	July 30
Bolivia	200	August 18	NATO	200	September 9
Brazil	200	June 30	Nauru	10	August 9
	200	July 31	Nepal	100	November 13
	200	September 4	Nigeria	200	July 29
	400	September 9	Pakistan	100	July 1
Colombia	200	July 1		100	July 27
Democratic Republic of the Congo	50	September 5	Panama	50	August 13
Dominican Republic	50	August 26		50	October 7
Ecuador	50	July 5	Papua New Guinea	40	July 25
	200	August 4	Paraguay	50	July 13
Egypt	250	August 4		200	August 10
El Salvador	250	May 21		30	September 24
	158	August 24	Peru	250	June 23
	189	September 3		250	October 2
	2	October 15	Philippines	100	August 23
Ethiopia	250	August 4	Russia	50	May 20
Fiji	30	July 24		150	June 1
Ghana	50	September 3	Rwanda	100	July 27
Guatemala	50	September 11	South Africa	50	May 11
Haiti	37	September 4		100	July 5
Honduras	50	June 24		235	August 29
	160	July 28		200	September 2
India	100	June 13		200	September 4
	100	July 27		200	September 7
Indonesia	100	July 21		15	October 12
	300	August 30	Sri Lanka	200	August 12
	200	August 31	St Kitts and Nevis	10	August 26
	250	September 2	Uzbekistan	200	September 15
	150	September 13	Vietnam	100	September 14
Italy	100	September 10	Zimbabwe	20	September 25
Kenya	200	September 3			

Source: USAID document.

While USAID did not select the countries to receive ventilators or the quantity, as U.S. Government decisions regarding USAID ventilator donations were determined, coordinated, and confirmed by the National Security Council, the Agency reported that its staff worked to conduct surveys and negotiations with ministries of health, identify country needs and ventilator specifications, and ensure a responsible handoff.<sup>112</sup> USAID also reported developing instruments to assist countries in assessing their internal capacity for safe and effective ventilator usage, such as the country capabilities checklist to validate that countries meet minimum requirements to receive ventilators.<sup>113</sup> There is also a facility-level assessment to evaluate the infrastructure and workforce of health facilities to use ventilators safely and appropriately.<sup>114</sup> Another instrument is the oxygen ecosystem survey to assess countrywide capacity and needs for medical oxygen supply and delivery, since the ventilators require an external source of oxygen.<sup>115</sup> These assessments, according to the Agency, help countries identify their capacity gaps as well as the commodities, services, and training needed to fill those gaps.<sup>116</sup>

## USAID HUMANITARIAN EFFORTS

BHA leads the Agency's humanitarian response to the COVID-19 pandemic in 41 priority countries.<sup>117</sup> From March 13 to October 31, BHA activated a Response Management Team (RMT) to coordinate its response to the global humanitarian consequences of the COVID-19 pandemic.<sup>118</sup> With the RMT deactivation, BHA reported plans to transition and integrate its COVID-19 response efforts into regular humanitarian programming and operations.<sup>119</sup>

In September 2020, BHA noted that its COVID-19 response programs continued to assist millions of vulnerable people in a variety of areas.<sup>120</sup> That month, BHA's COVID-19 response programs helped to address risks associated with COVID-19, including screening or triaging over 460,000 people and contacting more than 2.1 million people in order to communicate COVID-19 risks and to assist in community engagement activities.<sup>121</sup> Furthermore, BHA stated that, with its help, over 11,000 people received child protection services, and more than 72,000 people received sanitation and hygiene items in September.<sup>122</sup>

### Food Emergency

The BHA-funded Famine Early Warning Systems Network (FEWS NET), which monitors food security trends globally, estimates that 113 million people are in need of humanitarian food assistance this year, 25 percent more than anticipated before the COVID-19 pandemic.<sup>123</sup> The majority of the increased need is in urban and peri-urban areas, but most of the global population in need of food assistance is in rural areas, according to the Agency.<sup>124</sup>

**Table 3. USAID Emergency Food Assistance by Region and Amount**

Region	Number of Countries	Amount
Africa	17	\$123 million
Asia	1	\$7 million
Latin American and Caribbean	2	\$12 million
Middle East	4	\$44.3 million
<b>Total</b>	<b>24</b>	<b>\$186.3 million</b>

Source: Reported funding is based on information received from USAID and has not been audited by OIG.

As table 3 shows, BHA reported providing \$186.3 million of supplemental IDA funds toward COVID-19-related emergency food assistance activities in 24 countries.<sup>125</sup> The Agency reported distributing emergency food assistance to beneficiaries directly via general food distribution, cash transfers, and food vouchers, as well as through institutions that provide hot meals.<sup>126</sup> Though challenges vary by country and region, the Agency reported several common challenges in providing emergency food assistance, such as government movement restrictions that limited access to vulnerable populations and difficulties incorporating appropriate precautionary measures to limit COVID-19 transmission.<sup>127</sup>

According to FEWS NET's monitoring, food markets are operational within countries and across borders to ensure supply.<sup>128</sup> The Agency also noted that food supply chains have adapted and reconfigured to consumer demands for food safety, and that earlier protectionist measures on agricultural trade have mostly receded and food systems have stabilized.<sup>129</sup> Yet FEWS NET data indicate that some food producers experienced difficulty finding agricultural inputs, mainly seeds and fertilizer, before the growing season.<sup>130</sup> There are also barriers preventing households from accessing food, largely due to the pandemic's impact on the economy as job losses and declining incomes have significant impact on food affordability for households.<sup>131</sup> Moreover, BHA cited data that suggest remittance flows that could improve some households' purchasing power are tenuous.<sup>132</sup>

Amid these challenges, BHA reported being able to provide life-saving assistance to areas in need.<sup>133</sup> BHA referenced positive impacts in Iraq, Nigeria, and Ethiopia with the help of the implementer World Food Program (WFP).<sup>134</sup> According to reports in Iraq, WFP reached 354,700 intended beneficiaries in August through either cash-based transfers or direct food distribution.<sup>135</sup> Similarly, BHA funding helped WFP reach roughly 480,000 people facing food insecurity in northeast Nigeria through cash transfers and locally procured food assistance.<sup>136</sup> In Ethiopia, BHA noted that with its support, and with coordination from WFP and the Ethiopian Government, over 9,000 hot meals were provided to people in COVID-19 centers.<sup>137</sup>

## USAID EFFORTS TO MITIGATE SECOND-ORDER IMPACTS

The Agency reported that marginalized populations have been affected the hardest by COVID-19, making them more susceptible to the direct and secondary effects of the outbreak due to decreased economic and social resilience.<sup>138</sup> USAID reported that it invested ESF resources to support communities in countries to prepare for, mitigate, and address the second-order impacts of COVID-19 in the economic, civilian security, stabilization, democratic governance, and multisector areas, in order to maintain development gains.<sup>139</sup> Table 4 lists USAID's focused interventions to mitigate second-order impacts in countries:<sup>140</sup>

**Table 4. USAID Focus Areas and Countries for Mitigating Second-Order Impacts**

Focus Area	Countries
Agriculture	Cambodia
Basic Education	Democratic Republic of the Congo and Dominican Republic
Civil Society and Human Rights	Cambodia, Dominican Republic, Maldives, Philippines, and Zimbabwe
Disaster Readiness	Nepal
Environment	Dominican Republic
Global Health Security in Development	Dominican Republic and Italy
Good Governance	Libya and Philippines
Macroeconomic Foundation for Growth	Maldives
Private Sector Productivity	Armenia, Azerbaijan, Bhutan, Brazil, Djibouti, El Salvador, Ethiopia, Guatemala, India, Italy, Jamaica, Laos, Pakistan, Peru, Philippines, Sri Lanka, and Vietnam
Social Services and Assistance	Brazil, Djibouti, Dominican Republic, Jamaica, Morocco, Pakistan, Sri Lanka, and Sudan
Trade and Investment	Cabo Verde and El Salvador
Trafficking in Persons	Cambodia and Laos
Water Supply and Sanitation	Yemen
Workforce Development	Brazil, Cambodia, Guatemala, Jamaica, and Laos

Source: Information received from USAID.

### Children and Education

According to the United Nations, the COVID-19 pandemic has resulted in the largest disruption to education systems in history, impacting nearly 1.6 billion students in over 190 countries.<sup>141</sup> School closures have affected 94 percent of the global student population and up to 99 percent of students in low- and middle-income countries.<sup>142</sup> Moreover, school closures have impacted the delivery of essential services, including access to nutrition; affected the ability of parents to work; and increased the risks of gender-based violence, according to the United Nations.<sup>143</sup> USAID also reported that the disruption in education caused an increase in learning loss, social isolation, child and early forced marriages, youth unemployment, human trafficking, and the potential for youth to be drawn into violent crime or recruited by armed groups.<sup>144</sup>

While USAID education programs faced programmatic challenges due to school closures and increased protection risks, the Agency reported that over 20 of its education programs redirected existing resources in response to the outbreak while still working toward the Agency's Education Policy priorities.<sup>145</sup> To adapt programming, USAID reported utilizing multimodal distance learning approaches, preparing schools and educators to re-open with infection control and safety measures, and adjusting the academic calendar and curricula to include catch-up, remedial, and accelerated programming to address educational disparities faced by the most marginalized groups.<sup>146</sup> USAID also stated that it is providing immediate assistance to policymakers, in addition to resources and reports, such as a "Returning to Learning During Crises: Decision Making and Planning Tools for Education Leaders" toolkit.<sup>147</sup>

USAID reported partnerships with implementers to share knowledge on how to mitigate the impact of the pandemic on children's education. The Global Partnership for Education, funded

in part by USAID, provided \$8.8 million to UNICEF for emergency response planning to be used by Global Partnership for Education member countries to plan and coordinate their education systems' response, develop communications around safe school operations, and share knowledge and build capacity for the current COVID-19 outbreak and for future pandemics.<sup>148</sup> USAID's Office of Education obligated \$750,000 to the Interagency Network for Education in Emergencies (INEE) to establish a Distance Learning Reference Group, a Virtual Center for Distance Learning, and technical support for issues concerning education and COVID-19.<sup>149</sup> USAID also partnered with INEE to launch a Global Distance Learning Hub, which it plans will disseminate tools, resources, and guidance on education and COVID-19.<sup>150</sup>

## **OTHER U.S. FOREIGN ASSISTANCE AGENCIES**

USAID OIG also oversees three other U.S. foreign assistance agencies: the Millennium Challenge Corporation (MCC), U.S. African Development Foundation (USADF), and Inter-American Foundation (IAF). Although these agencies did not receive COVID-19 supplemental appropriations, they have adapted their programs and activities in response to challenges posed by the COVID-19 pandemic.

### **Millennium Challenge Corporation**

MCC focuses on investing in developing countries that demonstrate good governance and economic freedom, targeting constraints to economic growth and long-term development progress by promoting policy reforms alongside long-term investments.<sup>151</sup> In response to COVID-19, MCC reported taking early actions to provide assistance to partner countries based on their reported needs.<sup>152</sup> After communicating with the host government institutions responsible for managing MCC projects (also known as Millennium Challenge Accounts, or MCAs), MCC determined that key products like health supplies, safety-related equipment, cleaning products, and telecom equipment were in high demand in the market.<sup>153</sup> Subsequently in March, MCC's Program Procurement Group drafted a waiver to its Program Procurement Guidelines requirement for MCAs to obtain three quotations, which allowed MCAs to quickly make purchases of vital equipment related to COVID-19, such as those listed above.<sup>154</sup> This waiver was later extended in June.<sup>155</sup> According to MCC, this waiver was useful in East Timor, for example, where the Compact Development Team purchased telecommunications equipment to allow staff to work at home and to purchase cleaning and health supplies for the office, thereby enabling the team to telework and continuity of operations.<sup>156</sup>

Due to COVID-19 travel restrictions, MCC reported that its staff and contractors had to adapt to providing remote oversight and support to MCAs.<sup>157</sup> While sites may be monitored remotely, MCC reported that in some instances, programs require in-person site visits and visual inspections in order to perform due diligence.<sup>158</sup> MCC reported that it is currently evaluating the best way to conduct such inspections while still adhering to U.S. Government and local government guidance.<sup>159</sup> Meanwhile, MCC reported that its monitoring and evaluation (M&E) practice has adapted its work to adhere to safety protocols while remaining accountable for results and learning.<sup>160</sup> To address the associated risks and manage decision making, for example, MCC developed a COVID-19 risk assessment and mitigation template that requires evaluators to summarize their risk responses at all stages of training and data collection; this template guides MCC's decisions about whether, when, and how to move forward with face-to-face data collection activities during the pandemic.<sup>161</sup> M&E is also overseeing adaptations in the

timing of data collection and the questionnaires to account for the effect of COVID-19 on outcomes and to maintain the integrity of independent evaluation findings.<sup>162</sup>

MCC reported that its programs experienced delays in work schedules and deliverables because of COVID-19 travel restrictions, local lockdowns, and supply chain issues.<sup>163</sup> For instance, travel restrictions curtailed time in the field for MCA international staff and contractors to collect data, analyze, and plan for compact implementation in Cote d'Ivoire.<sup>164</sup> To adapt, MCC reported instituting a geospatial information platform that enables the project team to analyze ground conditions, analyze conflicts with the project and its surroundings using satellite imagery, and then make critical technical decisions.<sup>165</sup> MCC also reported working with MCAs to develop risk mitigation protocols to allow as much work to proceed as safely possible.<sup>166</sup> For instance, MCC developed policy and guidance to manage COVID-19 risks on construction sites that required every MCC-supported construction firm to develop and implement a risk management plan before restarting work.<sup>167</sup> However, the time required to develop and implement these protocols added work and has increased costs on some MCC-funded programs, according to MCC.<sup>168</sup> MCC is working with MCAs to identify and mitigate these additional costs and timeline delays.<sup>169</sup>

### **U.S. African Development Foundation**

USADF focuses on providing development assistance to African grassroots enterprises and social entrepreneurs.<sup>170</sup> COVID-19 has presented challenges to USADF programmatic operations, such as budgeting for personal protective equipment and grantee oversight and monitoring.<sup>171</sup> As a result of these challenges, USADF established the Capital for African Resilience Building and Enterprises Support (C.A.R.E.S.) initiative that rapidly deployed \$3 million in relief assistance to over 330 current and former grantees in 21 African countries by June 30.<sup>172</sup> USADF also reported \$2 million in commitments to fight the pandemic's effects in other sectors.<sup>173</sup> Overall, USADF committed more than \$5 million to more than 450 enterprises in 27 countries in Africa for COVID-19 response.<sup>174</sup>

USADF has been in communication with grantees to understand their changing needs.<sup>175</sup> In late April and early May, USADF contacted over 430 grantees to hear their COVID-19-related concerns and immediate operational needs, many of which were subsequently addressed through the C.A.R.E.S. initiative.<sup>176</sup> The foundation has also created a weekly COVID-19 country tracker for country program coordinators and local implementing partners to share updates on the pandemic's impact on their and USADF grantees' operations.<sup>177</sup>

According to USADF, grantees have used C.A.R.E.S. funds to manage increased transport costs, to mitigate decreased production capacity and insufficient storage for inputs and inventory, and to pivot their operations in response to market changes.<sup>178</sup> For example, USADF reported that some grantees pivoted their shea butter cosmetics-making operations to focus on producing bars of shea soap and hand sanitizer needed by their communities to help stop the transmission of COVID-19.<sup>179</sup> Another grantee used C.A.R.E.S. funding to better position itself in responding to the rising local demand for foodstuffs due to decreased imports.<sup>180</sup> Three agribusiness grantees in Liberia secured over \$4 million in government purchase orders for cassava, peas, and rice to increase the food security of vulnerable communities.<sup>181</sup>

USADF also reported amending some grant agreements to accommodate grantees' needs.<sup>182</sup> For example, the grantee Shining Hopes for Communities was approved for an amendment and additional funding of \$148,000 for COVID-19 activities and later installed nearly 200 handwashing stations across major entry points in 14 informal settlements, clean water kiosks, and community toilets.<sup>183</sup> According to USADF, it also supported grantees in providing off-grid energy solutions for rural health clinics and isolation and treatment centers in their communities.<sup>184</sup>

### **Inter-American Foundation**

IAF invests in community-led development in Latin America and the Caribbean.<sup>185</sup> In order to understand the impacts of COVID-19, IAF created teams that contributed to the foundation's plan for adapting its programming to meet the needs of grantees.<sup>186</sup> IAF's general strategy for responding to COVID-19 was to provide additional funds and reprogram existing grant agreements.<sup>187</sup> IAF reported prioritizing funding to new project candidates with roots in communities impacted by COVID-19, particularly for projects with the ability to immediately execute a humanitarian response, such as personal protective equipment production, food distribution, or similar activities.<sup>188</sup> According to IAF, the goal was to invest in short-term economic recovery and projects that would strengthen communities' medium- and long-term resilience to disasters and other health, environmental, and economic shocks.<sup>189</sup>

In mid-March, IAF used a structured needs assessment questionnaire across all of its grantees to understand how COVID-19 affected their organizations and communities and how they were responding to the pandemic.<sup>190</sup> According to IAF, the greatest challenges were shocks to communities and markets, the risk of in-person gatherings due to the community nature of many of the enterprises, and the issue of connectivity, both virtual and in-person.<sup>191</sup>

In response to these challenges, IAF has made programmatic changes, such as expanding its funding flexibility to allow grantees to either request additional funds or reprogram existing funds for critical humanitarian relief in their communities.<sup>192</sup> This funding flexibility also prompted IAF to streamline funding processes.<sup>193</sup> For instance, IAF created an email approval process for reprogramming that allowed nearly instant approvals to redirect funds already in grantees' accounts for emergency purposes.<sup>194</sup> These approvals were later formally approved in an amendment to the grant agreement.<sup>195</sup>

IAF also reported that its assistance helped grantees adjust their operations in response to COVID-19.<sup>196</sup> For example, the Cooperativa Agraria Ecológica y Solidaria Piura in Peru established a pilot program to turn low-quality sugar cane and sugar byproducts into disinfectant that can be used by project participants to halt COVID-19 spread.<sup>197</sup> Sales of the disinfectant also generate additional income for producers, because it is manufactured using a byproduct of brown sugar processing that is usually discarded.<sup>198</sup>

## OIG'S COVID-19 OVERSIGHT

### Oversight Activities

OIG has taken a three-part approach to COVID-19 oversight. In the first phase, OIG gained an understanding of USAID's COVID-19 response efforts and developed resources to assist the Agency in its response to the pandemic. For instance, OIG participated in an observer capacity in the Agency's COVID-19 Task Force. OIG also examined past work and observations to prepare an [advisory notice](#) with a series of key questions for USAID to consider when planning and implementing its COVID-19 response activities. OIG subsequently built upon the advisory to identify [top management challenges](#) USAID is likely to face in confronting the pandemic. OIG also developed a [COVID-19 fraud awareness and reporting fact sheet](#) for USAID and its implementers.

In the second phase, OIG consulted with Agency officials, stakeholders, and implementers to identify areas for COVID-19 oversight. OIG also coordinated with oversight counterparts like the Council of the Inspectors General on Integrity and Efficiency's Pandemic Response Accountability Committee and GAO. In September, USAID OIG, along with OIGs from the Department of Health and Human Services and the Global Fund, convened a Global Health Oversight virtual forum to discuss unique risks, challenges, opportunities, and best practices for oversight of international health programs with a special focus on oversight in the current remote and restricted environment. More than 120 participants from 13 agencies working in at least 6 countries participated remotely to listen to experts share their knowledge and experience to enhance cross-agency knowledge, develop data-driven insights, and identify ways to increase coordination and collaboration of the oversight of global health programs.

The final phase involves conducting new and ongoing audits and investigations on COVID-19-related matters and issuing advisories on time-sensitive issues as appropriate. In October, OIG published the [COVID-19 Oversight Plan](#) that outlines OIG's ongoing and planned oversight for fiscal years 2021-2022. OIG will update its corresponding plans and approach as needed in response to changing conditions and priorities.

### Ongoing Audits

OIG initiated two audits focused specifically on USAID's COVID-19 response:

- *Audit of the Role of Ventilators in USAID's COVID-19 Response.* The audit seeks to determine (1) USAID's practices for assessing needs and prioritizing interventions during public health emergencies and (2) to what extent, if any, the practices employed to determine the use and allocation of ventilators during the COVID-19 pandemic differ from these practices.
- *Audit of USAID Missions' Capacity To Monitor During COVID-19.* The objectives of this audit are to determine the extent to which (1) USAID missions' capacity to monitor has been impacted by COVID-19 and (2) USAID has taken steps to mitigate the effects of the pandemic on program monitoring.

In addition, OIG incorporated questions related to the effects of the pandemic into its audits of other USAID programs and activities.

- *Audit of Local Partner Participation Initiatives in USAID's PEPFAR Programs in Africa.* The audit will explore possible effects of the COVID-19 pandemic on USAID's ability to reach the U.S. Global AIDS Coordinator and Health Diplomacy's target goal of 70 percent local partner participation in U.S. President's Emergency Plan for AIDS Relief (PEPFAR) programs by 2020, and the extent to which USAID has identified financial and programmatic risks emanating from the pandemic.
- *Audit of Data Quality in Selected PEPFAR Programs in Africa.* One of the audit objectives is to assess the extent to which USAID has identified and mitigated the effects of the COVID-19 pandemic on its internal controls over PEPFAR data quality.
- *Audit of USAID's Branding and Marking Requirements.* This audit will consider the impact of COVID-19 by determining the extent to which USAID (1) has policies and procedures to ensure compliance with statutory branding and marking requirements and (2) has provided information and oversight to ensure implementers complied with branding and marking requirements.

### Investigations Updates

During this period, 192 USAID-funded ventilators, worth \$3.3 million, were stolen in Florida while en route to El Salvador to assist that country's response to COVID-19. A joint investigation, launched by OIG and conducted with other Federal, state, and local law enforcement agencies, led to the recovery of 191 of the ventilators and to date, the indictment of two individuals on Federal charges. In addition, the responsible implementer managing the Agency's Global Health Supply Chain Project improved its security measures to provide greater assurance that medical commodities reach intended beneficiaries. The recovered ventilators reached El Salvador in working condition, increasing the country's capacity to treat COVID-19 patients with respiratory distress.

OIG plans to continue monitoring USAID's actions in response to COVID-19; conduct additional audit, investigative, and other oversight work as appropriate; and engage with oversight partners to coordinate oversight efforts. OIG has highlighted how USAID staff and implementers can act on their responsibility to report COVID-19-related fraud, waste, and abuse on OIG's [website](#).

## END NOTES

- <sup>1</sup> World Health Organization (WHO), “Statement on the Second Meeting of the International Health Regulations (2005) Emergency Committee Regarding the Outbreak of Novel Coronavirus (2019-nCoV),” January 30, 2020.  
WHO, “WHO Director-General’s Opening Remarks at the Media Briefing on COVID-19,” March 11, 2020.
- <sup>2</sup> WHO, “Statement on the Fifth Meeting of the International Health Regulations (2005) Emergency Committee Regarding the Coronavirus Disease (COVID-19) Pandemic,” October 30, 2020.
- <sup>3</sup> State Department and USAID, “Strategy for Supplemental Funding to Prevent, Prepare for, and Respond to Coronavirus Abroad,” p. 1.  
USAID, response to USAID OIG request for information, December 4, 2020, p. 3.
- <sup>4</sup> Johns Hopkins University Center for Systems Science and Engineering, “COVID-19 Data Repository,” accessed December 1, 2020, at .
- <sup>5</sup> Ibid.
- <sup>6</sup> USAID, “New U.S. Agency for International Development Task Force on Coronavirus COVID-19,” Agency Notices, March 3, 2020.  
USAID, “Deactivation of the USAID COVID-19 Task Force and the Establishment of a COVID-19 Readiness Unit,” Agency Notices, September 10, 2020.
- <sup>7</sup> USAID, ADS chapter 112: “Standard Operating Procedures for Task Forces,” July 24, 2020, p. 13.
- <sup>8</sup> USAID, response to USAID OIG request for information, November 10, 2020, p. 1.
- <sup>9</sup> Ibid., pp. 1-2.
- <sup>10</sup> Ibid., p. 2.
- <sup>11</sup> Ibid., p. 3.
- <sup>12</sup> Ibid., pp. 1-2.
- <sup>13</sup> Ibid., p. 2.
- <sup>14</sup> USAID, “Deactivation of the USAID COVID-19 Task Force and the Establishment of a COVID-19 Readiness Unit,” Agency Notices, September 10, 2020.  
USAID, “New U.S. Agency for International Development COVID-19 Readiness Unit [COVID-19 Readiness Unit Update #2],” Agency Notices, September 16, 2020.
- <sup>15</sup> Ibid.
- <sup>16</sup> USAID, “[Office of Security] SEC Newsletter,” October 2020, Issue 13, p. 3.
- <sup>17</sup> USAID, “USAID Operations Steering Group (OSG) Established to Coordinate and Synchronize Operational Functions,” Agency Notices, September 14, 2020.  
USAID, “[Office of Security] SEC Newsletter,” October 2020, Issue 13, p. 1.
- <sup>18</sup> USAID, “Establishment of an Agency Planning Cell and Executive Steering Committee to Conduct an Over-the-Horizon Strategic Review to Position the U.S. Agency for International Development for a Post-COVID-19 World,” Agency Notices, June 17, 2020.
- <sup>19</sup> USAID, “Over the Horizon Strategic Review Talking Points,” October 20, 2020, pp. 1-2.
- <sup>20</sup> USAID, “Over the Horizon Planning for a World Altered by COVID-19: Snapshot,” October 2020, pp. 2-3.
- <sup>21</sup> Ibid., p. 3.
- <sup>22</sup> Ibid., pp. 2-4.
- <sup>23</sup> Ibid., pp. 2-4.
- <sup>24</sup> USAID, response to USAID OIG request for information, November 10, 2020, p. 4.  
USAID, “Over the Horizon Strategic Review Talking Points,” October 20, 2020, p. 5.  
USAID, “Over the Horizon: Focus Countries,” Agency Notices, December 21, 2020.
- <sup>25</sup> Ibid., p. 3.
- <sup>26</sup> USAID, “Over the Horizon Strategic Review Talking Points,” October 20, 2020, p. 4.
- <sup>27</sup> USAID, response to USAID OIG request for information, November 10, 2020, p. 3.
- <sup>28</sup> USAID, “Over the Horizon Planning for a World Altered by COVID-19: Snapshot,” October 2020, p. 1.
- <sup>29</sup> State Department, “Global Authorized Departure for Individuals at Higher Risk from COVID-19,” March 15, 2020.  
USAID, “Guidance for Missions on Ordered and Authorized Departure related to the COVID-19 Pandemic,” March 15, 2020.  
USAID, “Guidance on Returning from Global Authorized Departure and Permanent Change of Station,” July 6, 2020.
- <sup>30</sup> USAID, “Over the Horizon Planning for a World Altered by COVID-19: Snapshot,” October 2020, p. 1.

- 31 USAID, “Guidance on the Announcement of the Transition of Global Authorized Departure [COVID-19 Readiness Unit Update #5],” Agency Notices, September 28, 2020.
- 32 USAID, “Implementing Guidance on the End of the Global Authorized Departure,” Agency Notices, October 2, 2020.
- 33 USAID, “Rescinding Extraordinary Travel Requirements and Policies,” Agency Notices, October 16, 2020.
- 34 USAID, response to USAID OIG request for information, November 10, 2020, pp. 5-6.
- 35 USAID, “Guidance on the Announcement of the Transition of Global Authorized Departure [COVID-19 Readiness Unit Update #5],” Agency Notices, September 28, 2020.
- USAID, “Implementing Guidance on the End of the Global Authorized Departure,” Agency Notices, October 2, 2020.
- USAID, “FAQs for the End of Global Authorized Departure,” October 15, 2020.
- USAID, “FAQs for the End of Global Authorized Departure,” November 5, 2020.
- USAID, “Update: Town Hall on G/AD and PCS,” Agency Notices, October 6, 2020.
- 36 USAID, response to USAID OIG request for information, November 10, 2020, p. 5.
- 37 Ibid., p. 4.
- 38 USAID, “COVID-19 Readiness Unit Mission Directors Call Slide Deck,” October 28, 2020, p. 3.
- 39 Ibid.
- 40 USAID, response to USAID OIG request for information, November 10, 2020, p. 4.
- 41 Ibid., p. 4.
- 42 Ibid.
- 43 USAID, response to USAID OIG request for information, November 10, 2020, p. 6.
- 44 Ibid.
- 45 USAID, “COVID-19 Implementer Guidance: Frequently Asked Questions,” November 3, 2020, pp. 60-61, 64-65.
- 46 Ibid.
- 47 USAID BHA, response to USAID OIG request for information, September 10, 2020, p. 3. (Syria)
- USAID MEB, response to USAID OIG request for information, September 10, 2020, p. 2.
- USAID BHA, response to USAID OIG request for information, September 25, 2020, p. 1. (East Africa)
- 48 USAID BHA, response to USAID OIG request for information, September 10, 2020, p. 3. (Syria)
- USAID MEB, response to USAID OIG request for information, September 10, 2020, p. 2.
- USAID BHA, response to USAID OIG request for information, September 10, 2020, p. 6. (Iraq)
- USAID BHA, response to USAID OIG request for information, September 25, 2020, p. 1. (East Africa)
- 49 The White House, “Remarks by President Trump in Press Briefing,” April 14, 2020.
- USAID, “USAID Talking Points: World Health Organization – COVID-19,” June 2, 2020, p. 1.
- 50 The White House, “Remarks by President Trump on Actions Against China,” May 30, 2020.
- 51 State Department, “Update on U.S. Withdrawal from the World Health Organization,” Press Statement, September 3, 2020.
- 52 USAID, response to USAID OIG request for information, November 10, 2020, p. 7.
- 53 Ibid.
- 54 USAID, “COVID-19 Task Force Call with Field Leadership,” April 15, 2020, p. 3.
- USAID, response to USAID OIG request for information, November 10, 2020, p. 8.
- USAID/OAPA, response to USAID OIG request for information, September 18, 2020, p. 1.
- 55 USAID, response to USAID OIG request for comments, December 15, 2020, p. 6.
- 56 USAID, response to USAID OIG request for information, November 10, 2020, p. 9.
- 57 USAID, response to USAID OIG request for comments, December 15, 2020, p. 6.
- 58 USAID, response to USAID OIG request for information, November 10, 2020, p.8.
- USAID, “COVID-19 Task Force Call with Field Leadership,” April 15, 2020, p. 3.
- 59 USAID, response to USAID OIG request for information, November 10, 2020, p. 8.
- 60 Ibid., p. 9.
- 61 USAID/OAPA, response to USAID OIG request for information, September 18, 2020, p. 2.
- USAID, “Disease Surveillance and Prevention (DEWS),” June 2019.
- 62 USAID/OAPA, response to USAID OIG request for information, September 18, 2020, p. 1.
- 63 Ibid.
- 64 USAID, response to USAID OIG request for information, November 10, 2020, p. 9.
- 65 Ibid.
- 66 Ibid.

- <sup>67</sup> Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, P.L. 116-123, 134 Stat. 152-154. Coronavirus Aid, Relief, and Economic Security Act, P.L. 116-136, 134 Stat. 590-595.
- <sup>68</sup> Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, P.L. 116-123, 134 Stat. 152-154.
- <sup>69</sup> USAID, “COVID-19 Global Response Fact Sheet #1, Fiscal Year (FY) 2020,” April 21, 2020, p. 1.  
USAID, “COVID-19 Program Budget Dashboard - Summary Tables,” last updated November 30, 2020, accessed December 5, 2020.
- <sup>70</sup> USAID, response to USAID OIG request for comments, December 15, 2020, p. 7.
- <sup>71</sup> USAID, “COVID-19 Program Budget Dashboard – Local, New, and New and Underutilized Partners,” accessed November 12, 2020.
- <sup>72</sup> USAID, “COVID-19 Program Budget Dashboard – Operating Unit View,” last updated November 30, 2020, accessed December 5, 2020.
- <sup>73</sup> USAID, response to USAID OIG request for information, December 4, 2020.
- <sup>74</sup> USAID, “Announcing Four New Annual Program Statements under the New Partnerships Initiative (NPI) and Launching the Second Phase of NPI Action Plans,” Agency Notices, April 24, 2020.
- <sup>75</sup> USAID, response to USAID OIG request for comments, December 15, 2020, p. 8.
- <sup>76</sup> United States Government Accountability Office (GAO), “Foreign Assistance: State Department Should Take Steps to Improve Timeliness of Required Budgetary Reporting,” September 2019.  
USAID, response to USAID OIG request for information, November 10, 2020, p. 10.
- <sup>77</sup> GAO, “Foreign Assistance: State Department Should Take Steps to Improve Timeliness of Required Budgetary Reporting, September 2019,” p.19.
- <sup>78</sup> USAID, response to USAID OIG request for information, November 10, 2020, p. 10.
- <sup>79</sup> Ibid.
- <sup>80</sup> Ibid., pp. 10-11.  
State Department and USAID, “Guidance on the Process for Investing Supplemental Foreign Assistance Resources to Respond to the Pandemic of COVID-19,” April 1, 2020.
- <sup>81</sup> USAID, response to USAID OIG request for information, November 10, 2020, p. 10.  
State Department and USAID, “Guidance on the Process for Investing Supplemental Foreign Assistance Resources to Respond to the Pandemic of COVID-19,” April 1, 2020.
- <sup>82</sup> USAID, response to USAID OIG request for information, November 10, 2020, p. 10.  
State Department and USAID, “Guidance on the Process for Investing Supplemental Foreign Assistance Resources to Respond to the Pandemic of COVID-19,” April 1, 2020, p. 2.
- <sup>83</sup> USAID, response to USAID OIG request for information, November 10, 2020.
- <sup>84</sup> Ibid.  
USAID, “COVID-19 Global Response Fact Sheet #1, Fiscal Year (FY) 2020,” April 21, 2020, p. 1.
- <sup>85</sup> USAID, response to USAID OIG request for information, November 10, 2020.
- <sup>86</sup> State Department and USAID, “Guidance on the Process for Investing Supplemental Foreign Assistance Resources to Respond to the Pandemic of COVID-19,” April 1, 2020.  
USAID OIG interview with USAID officials (BHA), July 15, 2020.  
USAID BHA, response to USAID OIG request for information, July 15, 2020, p. 2.
- <sup>87</sup> USAID, “COVID-19 Task Force Call with Mission Directors,” September 9, 2020, pp. 9 and 11.
- <sup>88</sup> USAID, ADS chapter 251: “International Disaster Assistance,” July 21, 2020, p. 7.  
USAID OIG interview with USAID officials (BHA), July 15, 2020.  
USAID BHA, response to USAID OIG request for information, July 15, 2020, p. 2.
- <sup>89</sup> USAID, response to USAID OIG request for information, November 10, 2020.
- <sup>90</sup> USAID, response to USAID OIG request for comments, December 15, 2020, p. 9.
- <sup>91</sup> Ibid.
- <sup>92</sup> USAID BHA, response to USAID OIG request for information, July 15, 2020, p. 2.  
USAID OIG interview with USAID officials (BHA), July 15, 2020.
- <sup>93</sup> InterAction, Letter to USAID Acting Administrator John Barsa, June 4, 2020.
- <sup>94</sup> USAID, “Mission Directors Call,” June 17, 2020, p. 9.
- <sup>95</sup> USAID, “COVID-19 Task Force Call with Mission Directors,” August 5, 2020, p. 2.  
USAID, “COVID-19 Program Budget Dashboard – Summary Tables,” accessed August 4, 2020.
- <sup>96</sup> USAID, response to USAID OIG request for information, November 10, 2020, p. 3.  
USAID, “COVID-19 Task Force Mission Directors Call Slide Deck,” September 9, 2020, p. 17.
- <sup>97</sup> USAID, response to USAID OIG request for information, November 10, 2020, p. 11.

- <sup>98</sup> Ibid., pp. 11-12.
- <sup>99</sup> OIG correspondence with GH official, December 14, 2020.  
USAID GH, response to USAID OIG request for comments, December 15, 2020, p. 1.
- <sup>100</sup> USAID, response to USAID OIG request for information, November 10, 2020, p.12.
- <sup>101</sup> OIG correspondence with GH official, December 14, 2020.
- <sup>102</sup> WHO, “Coronavirus Disease 2019 (COVID-19) Situation Report – 94,” April 23, 2020, p. 1.  
World Organization for Animal Health, “Questions and Answers on the COVID-19,” June 9, 2020,  
<https://www.oie.int/scientific-expertise/specific-information-and-recommendations/questions-and-answers-on-2019novel-coronavirus/>, accessed November 11, 2020.
- <sup>103</sup> USAID, “USAID Announces New \$100 Million Project to Anticipate Threats Posed by Emerging Infectious Diseases,” Press Release, September 30, 2020.
- <sup>104</sup> Ibid.
- <sup>105</sup> USAID, response to USAID OIG request for information, November 10, 2020, p. 13.
- <sup>106</sup> Ibid.
- <sup>107</sup> Ibid.
- <sup>108</sup> USAID, “COVID-19 Global Response Fact Sheet #3, Fiscal Year (FY) 2020,” June 12, 2020, pp. 2-3.  
USAID, “The United States Provides Oxygen Support to South Africa,” Press Release, July 17, 2020.
- <sup>109</sup> USAID, “The United States provides \$18 million to Support Medical Oxygen Systems in Countries Affected by COVID-19,” Press Release, November 16, 2020.
- <sup>110</sup> USAID GH, response to USAID OIG request for comments, December 15, 2020, p.3.
- <sup>111</sup> USAID, “COVID-19 Program Budget Dashboard – Obligations and Disbursements,” accessed November 11, 2020.  
USAID, “PSM Ventilator Recipient Tracker,” accessed November 15, 2020.
- <sup>112</sup> USAID, “Ventilator Assistance Introduction and Reference,” July 30, 2020, pp. 6 and 9.  
USAID, “USAID Ventilator Assistance Country Team Information: What to Expect When You’re Expecting Ventilators,” June 8, 2020, pp. 2-7.
- <sup>113</sup> USAID, “USAID Ventilator Assistance Country Team Information: What to Expect When You’re Expecting Ventilators,” June 8, 2020, p. 8.  
USAID, “Ventilator and Survey Process Talking Points for Missions and Regional Bureaus,” May 16, 2020, p. 2.
- <sup>114</sup> USAID, “Ventilator Assistance Introduction and Reference,” July 30, 2020, p. 27.
- <sup>115</sup> USAID, “Ventilator Assistance Country Team Information: What to Expect When You’re Expecting Ventilators,” June 8, 2020, pp. 2-3.  
USAID, “Ventilator and Survey Process Talking Points for Missions and Regional Bureaus,” May 16, 2020, p. 2.
- <sup>116</sup> USAID, “Ventilator and Survey Process Talking Points for Missions and Regional Bureaus,” May 16, 2020, p. 2.
- <sup>117</sup> BHA, “Deactivation of USAID COVID-19 Management Response Team,” Agency Notices, November 3, 2020.
- <sup>118</sup> Ibid.
- <sup>119</sup> Ibid.
- <sup>120</sup> USAID, response to USAID OIG request for information, November 10, 2020, p. 15.
- <sup>121</sup> Ibid., p. 15.
- <sup>122</sup> Ibid., p. 15.
- <sup>123</sup> Ibid., p. 16.
- <sup>124</sup> Ibid., p. 16.
- <sup>125</sup> Ibid., p. 18.
- <sup>126</sup> Ibid., p. 18.
- <sup>127</sup> Ibid., p. 18.
- <sup>128</sup> Ibid., p. 16.
- <sup>129</sup> Ibid., p. 16.
- <sup>130</sup> Ibid., p. 17.
- <sup>131</sup> Ibid., p. 16.
- <sup>132</sup> Ibid., p. 16.
- <sup>133</sup> Ibid., p. 20.
- <sup>134</sup> Ibid., p. 20.
- <sup>135</sup> Ibid., p. 20.
- <sup>136</sup> Ibid., p. 20.
- <sup>137</sup> Ibid., p. 20.

- 
- <sup>138</sup> Ibid., p. 21.
- <sup>139</sup> Ibid., p. 21.
- <sup>140</sup> USAID, response to USAID OIG request for information, November 10, 2020, p.21.  
USAID, “USAID ESF-COVID by Operating Units (OU) and Standardized Program Structure and Definitions (SPSD),” last updated August 19, 2020.
- <sup>141</sup> U.N., “Policy Brief: Education During COVID-19 and Beyond,” August 1, 2020, p. 2.
- <sup>142</sup> Ibid., p. 2.
- <sup>143</sup> Ibid., p. 10.
- <sup>144</sup> USAID, response to USAID OIG request for information, November 10, 2020, p. 21.
- <sup>145</sup> Ibid., p. 23.
- <sup>146</sup> Ibid., p. 23.
- <sup>147</sup> Ibid., p. 22.
- <sup>148</sup> Ibid., p. 26.
- <sup>149</sup> Ibid., p. 24.
- <sup>150</sup> Ibid., p. 22.
- <sup>151</sup> MCC, response to USAID OIG request for information, October 29, 2020, p. 1.
- <sup>152</sup> Ibid., p. 3.
- <sup>153</sup> Ibid., p. 3.
- <sup>154</sup> Ibid., p. 3.
- <sup>155</sup> Ibid., p. 3.
- <sup>156</sup> Ibid., p. 3.
- <sup>157</sup> Ibid., p. 2.
- <sup>158</sup> Ibid., p. 2.
- <sup>159</sup> Ibid., p. 2.
- <sup>160</sup> Ibid., p. 5.
- <sup>161</sup> Ibid., p. 5.
- <sup>162</sup> Ibid., p. 5.
- <sup>163</sup> Ibid., p. 2.
- <sup>164</sup> Ibid., p. 5.
- <sup>165</sup> Ibid., p. 6.
- <sup>166</sup> Ibid., p. 2.
- <sup>167</sup> Ibid., p. 7.
- <sup>168</sup> Ibid., p. 2.
- <sup>169</sup> Ibid., p. 2.
- <sup>170</sup> USADF, response to USAID OIG request for information, October 20, 2020, p. 1.
- <sup>171</sup> Ibid., pp. 1-3.
- <sup>172</sup> Ibid., p. 2.
- <sup>173</sup> USADF, response to USAID OIG request for comments, December 16, 2020, p.16.
- <sup>174</sup> Ibid.
- <sup>175</sup> USADF, response to USAID OIG request for information, October 20, 2020, p. 4.
- <sup>176</sup> Ibid., p. 5.
- <sup>177</sup> Ibid., p. 5.
- <sup>178</sup> Ibid., p. 4.
- <sup>179</sup> Ibid., p. 4.
- <sup>180</sup> Ibid., p. 4.
- <sup>181</sup> Ibid., p. 4.
- <sup>182</sup> Ibid., p. 3.
- <sup>183</sup> Ibid., p. 6.
- <sup>184</sup> USADF, response to USAID OIG request for comments, December 16, 2020, p.16.
- <sup>185</sup> IAF, response to USAID OIG request for information, October 20, 2020, p. 1.
- <sup>186</sup> Ibid., p. 1.
- <sup>187</sup> Ibid., p. 1.
- <sup>188</sup> Ibid., p. 1.
- <sup>189</sup> Ibid., p. 1.
- <sup>190</sup> Ibid., p. 4.

- <sup>191</sup> *ibid.*, p. 2.
- <sup>192</sup> *ibid.*, p. 2.
- <sup>193</sup> *ibid.*, p. 3.
- <sup>194</sup> *ibid.*, p. 3.
- <sup>195</sup> *ibid.*, p. 3.
- <sup>196</sup> *ibid.*, p. 1.
- <sup>197</sup> *ibid.*, p. 4.
- <sup>198</sup> *ibid.*, p. 4.

**Office of Inspector General**  
**U.S. Agency for International Development**  
1300 Pennsylvania Avenue NW  
Washington, DC 20523  
<https://oig.usaid.gov>

