

INFORMATION BRIEF

USAID Office of Inspector General

June 2021



USAID COVID-19 Activity Update

December 2020 - March 2021

INTRODUCTION

More than a year after the novel coronavirus SARS-CoV-2 (COVID-19) outbreak began spreading internationally, the World Health Organization (WHO) stated in January 2021 that the pandemic remained a Public Health Emergency of International Concern that posed a public health risk to countries through international spread and continued to require a coordinated international response.¹ USAID is a key player in the United States' international efforts to respond to the COVID-19 pandemic and address its secondary impacts.² The Agency reported approximately \$3.3 billion in obligations and \$2.8 billion in disbursements toward COVID-19 efforts by March 31, 2021.³

COVID-19 cases and deaths surged worldwide from December 1, 2020, to March 31, 2021, with 65.5 million new confirmed COVID-19 cases and 1.3 million new deaths, according to data compiled by the Johns Hopkins University Center for Systems Science and Engineering.⁴ In total, 128.9 million COVID-19 cases and 2.8 million deaths were reported worldwide by the end of March 2021.⁵ The figures for new cases and deaths during this reporting period accounted for approximately half of the total number of cases and deaths since the start of the pandemic. WHO cited possible reasons for the global increase, such as the spread of more transmissible variants of the virus, relaxation of public health and social measures, and fatigue from adhering to those measures.⁶

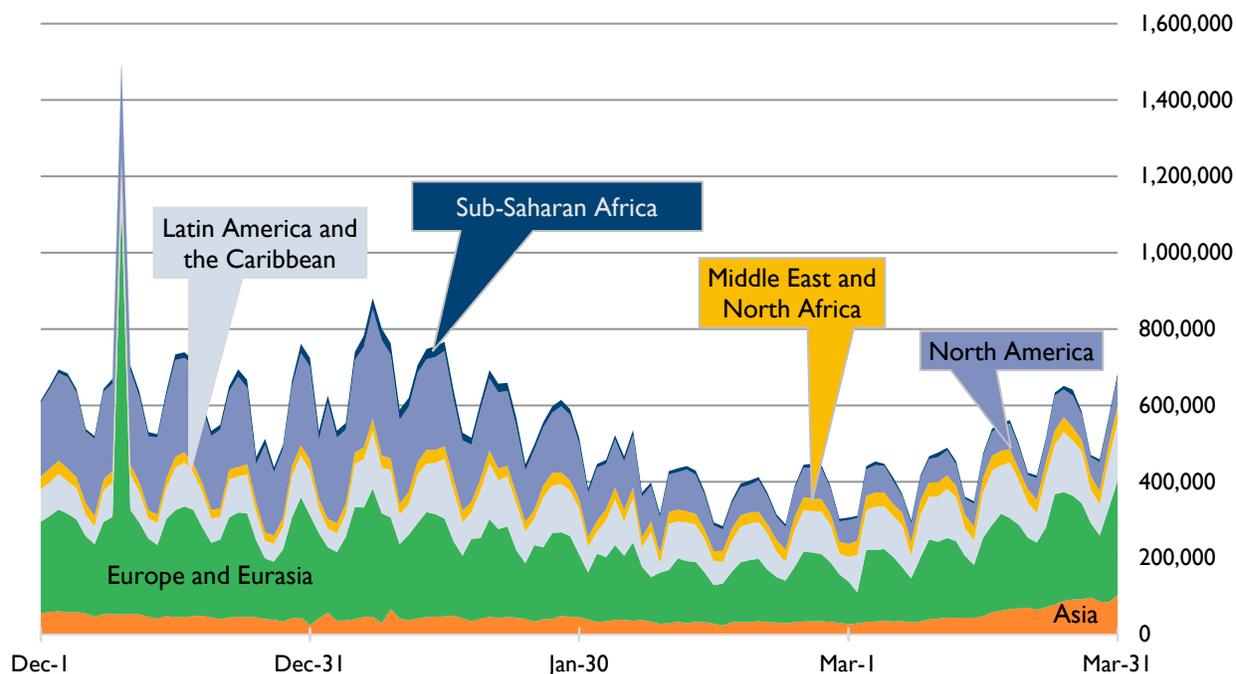
About This Brief

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 information brief to increase stakeholder knowledge and public transparency regarding these efforts. This brief reports on activities from the start of the pandemic through March 31, 2021, but has a particular emphasis on activities since December 1, 2020, when the reporting period for the [previous brief](#) ended.

To produce this brief, OIG gathered data and information from Agency documents and 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, December 2020 – March 2021



Note: The Johns Hopkins University Center for Systems Science and Engineering explained that the anomalous spike in December 2020 was due to Turkey reporting large numbers of historical cases on December 10, 2020, to align with new reporting standards.

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

Figure I shows the number of new COVID-19 cases worldwide from December 2020 to March 2021, with several regions reporting their highest number of new daily cases since the pandemic started. The Asia region started December 2020 with new cases declining, but cases then surged in March 2021. Meanwhile, in the Europe and Eurasia region, new cases gradually rose in December 2020 before falling for the next couple of months and then increasing again in March 2021. The Latin America and the Caribbean region also saw cases climb in December 2020 to reach a new peak in January 2021; new daily cases then declined but increased again to their highest level by the end of March 2021. The Middle East and North Africa region likewise reported its highest record of new daily cases by the end of March 2021 after new cases fluctuated with increases and decreases in the previous months. In the sub-Saharan Africa region, new daily cases rose in December 2020 to reach their highest figure in January 2021, followed by a subsequent drop before plateauing in March 2021 to levels similar to December 2020.

USAID RESPONSE TO COVID-19

The change in administration on January 20, 2021, prompted USAID to develop a new strategy and modify its approach to the pandemic. On January 21, 2021, the Biden administration published the “National Strategy for the COVID-19 Response and Pandemic Preparedness” that outlines the U.S. Government’s plan to address the COVID-19 pandemic, including actions to

reassert U.S. leadership in the international COVID-19 response.⁷ Along with the National Strategy, the Biden administration issued an Executive order that establishes a White House COVID-19 national response structure to coordinate across the U.S. Government and prepare for future biological and pandemic threats.⁸ The National Security Memorandum 1 (NSM-1) was also published, which calls for the development of interagency protocols for coordinating a global response to emerging high-consequence infectious disease threats, including standard operating procedures between USAID and the U.S. Centers for Disease Control and Prevention (CDC) to coordinate their response efforts.⁹ On February 4, 2021, National Security Memorandum 2 (NSM-2) was issued, which elevated USAID as a member on the National Security Council (NSC).¹⁰

The Agency reported attending COVID-19-related meetings convened by the NSC and engaging with interagency partners—such as the State Department, the Department of Health and Human Services (HHS), the CDC, and the Treasury Department—to develop an interagency U.S. Government COVID-19 Global Response and Recovery Plan.¹¹ The Agency stated that while USAID and the CDC had not established standard operating procedures per NSM-1, the U.S. Government COVID-19 Global Response and Recovery Plan would help guide future plans for standard operating procedures and interagency protocols.¹² The U.S. Government had yet to complete the COVID-19 Global Response and Recovery Plan as of April 2021.¹³

Concurrently, USAID reported that it was developing a new COVID-19 Response Plan that would outline a goal, as well as objectives and clear lines of effort that align with the broader U.S. Government COVID-19 Global Response and Recovery Plan.¹⁴ The new Agency COVID-19 Response Plan would also guide funding allocations for the COVID-19 response, including funds from the American Rescue Plan Act of 2021.¹⁵ In addition, USAID stated that the COVID-19 Response Plan would replace the former Over-the-Horizon (OTH) Strategic Review, an initiative started by the previous administration in June 2020 to position USAID to meet the challenges and opportunities in a post-COVID-19 world.¹⁶ The Agency released a final report on the OTH Strategic Review in January 2021 and stated that it would leverage the review's analytical work and analyses for its new COVID-19 Response Plan.¹⁷ As of April 2021, USAID has not finalized its COVID-19 Response Plan.¹⁸

As for the United States' role in the global COVID-19 response, the U.S. Government informed the United Nations (U.N.) Secretary-General on January 20, 2021, that it retracted its July 2020 decision to withdraw from WHO and would remain a member.¹⁹ USAID subsequently issued revised policy guidance on January 29, 2021, that removed prior restrictions on USAID programming and engagement with WHO and stated that there were no more restrictions in place for funding and engaging with WHO.²⁰ USAID reported that its Washington, DC, and field-based staff had resumed regular engagements with WHO, such as holding leadership meetings with WHO's executive directors for External Relations and Governance and Health Emergencies Programme; cohosting ceremonial events; participating in the development of a new 5-year polio strategy; and collaborating with WHO country offices and governments to support national vaccine deployment plans.²¹ Moreover, USAID stated that its Global Health Bureau renewed financial contributions to WHO and that the Agency intends to contribute additional funds to support WHO's COVID-19 efforts, such as public health initiatives to reduce coronavirus transmission and vaccine readiness and deployment.²²

USAID also deactivated and established several coordinating units for COVID-19 response during the reporting period. On December 31, 2020, the Agency deactivated the COVID-19 Readiness Unit—which was activated on September 10, 2020 to coordinate safety, security, and continuity-of-operations functions in response to the pandemic—and transferred those responsibilities to the Critical Coordination Structure (CCS) within the Management Bureau.²³ A new COVID-19 Program and Operations Strategy Task Force (CTF) was later established by the Agency on March 9, 2021, to coordinate the response to COVID-19 and the secondary impacts, implement an updated COVID-19 Agency strategy, and manage COVID-19 programming.²⁴ The Management Bureau’s Task Force Readiness Unit within the CCS provides logistical support to the CTF and manages operations and resources as a secretariat, while the Global Health Bureau stood up a technical working group for COVID-19 to provide technical support.²⁵ The CTF is chartered for up to 1 year and is to be reviewed every 90 days, adjusted as necessary, and renewed if circumstances warrant.²⁶

USAID Operations and Workforce

The Agency updated several aspects of its workplace and travel guidance in February 2021. The Agency modified the gating criteria in the “Roadmap to Return,” which guided decision making on the reopening of domestic facilities and their operating status, to include deteriorating local conditions that would revert Agency operations to a previous phase from a more permissive operating stance.²⁷ The modifications also no longer required decisions on the status of USAID’s domestic operations to be made and announced biweekly, but rather only when conditions support a change in phase and that operations would transition no sooner than 30 days from the date of decision to upgrade in phase when local conditions improve.²⁸ Moreover, the “Roadmap to Return Workplace Guidelines” were updated to explicitly require Federal employees and on-site contractors to wear a mask that covers the nose and mouth, re-delegate official travel request and authorization approval to the standard authorities and processes, and clarify protocols when there is a confirmed COVID-19 case at a USAID domestic facility.²⁹ Lastly, travel guidance was updated to restrict official travel to trips deemed mission critical until further notice.³⁰

To allow USAID staff to stay informed of COVID-19 cases within domestic USAID facilities, the Agency created a new COVID-19 Case Awareness System to alert individuals to the specific locations of COVID-19 cases so they can compare their relative whereabouts.³¹ For USAID personnel overseas, the State Department’s Bureau for Medical Services and embassy medical units report COVID-19 cases, according to USAID, but the State Department reporting does not delineate by agency.³² USAID reported that its executive officers submit reports of confirmed COVID-19 cases to the USAID Command Center, when reported to USAID leadership at post, and such information is then shared with the USAID leadership team.³³

According to USAID, movement restrictions imposed by overseas public health authorities had reduced the ability of some missions to engage in person with beneficiaries, implementers, and host-government officials, yet program operations and oversight continued through the use of technology.³⁴ USAID stated that its cloud-based technology platform and prior efforts of digitizing business processes—such as converting traditionally paper-based forms to fillable electronic forms—enabled operating units to quickly shift to telework operational status in response to sudden workplace restrictions.³⁵ In addition, the Agency’s Program Cycle policy was updated to allow for remote monitoring of programs, and resources and guidance were

provided to missions on how to use alternate and remote monitoring approaches, such as local third-party monitors, phone surveys, institutional monitoring systems, video conferencing, satellite data, and geospatial information.³⁶ The Agency also reported establishing an online forum to share monitoring and evaluation best practices and lessons learned.³⁷

COVID-19 Vaccines for USAID Workforce

During the reporting period, USAID received logistics support from the State Department—such as receiving the vaccines, maintaining cold storage, and providing vaccination sites and vaccinators—to vaccinate overseas and domestic staff with COVID-19 vaccines supplied by the Operation (formerly Operation Warp Speed).³⁸ For domestic staff, the State Department allocated a small number of vaccines to USAID in January and February 2021 for individuals who could not perform their jobs virtually due to their work with classified information and for humanitarians who needed to be able to deploy for international emergencies.³⁹ In coordination with HHS, USAID received approval for a direct allocation of vaccines that were subsequently offered and administered to domestic staff with essential continuity functions that require in-person work or travel and in accordance with the Agency's COVID-19 Workforce Vaccination Plan that was approved by the Acting Administrator on January 31, 2021.⁴⁰

The Agency stated that its COVID-19 Workforce Vaccination Plan prioritizes vaccination based on job functions that involve national continuity of operations and mission-critical functions, regardless of hiring mechanism.⁴¹ According to USAID, operating units worked with the CCS to designate the critical functions and identify eligible staff associated with those functions.⁴² The CCS reviewed the submissions by operating units as outlined in the COVID-19 Workforce Vaccination Plan and submitted a final list of selected functions to the USAID Acting Administrator for approval.⁴³ The CCS then notified eligible staff of the vaccination opportunity by email, and individuals who accepted the opportunity for vaccination received instructions for registration and scheduling.⁴⁴ According to USAID data, 1,367 domestic staff were vaccinated through the State Department by the end of March 2021.⁴⁵ The Agency expects all other domestic USAID personnel to receive the vaccine through state and local government and healthcare providers, and provided local vaccination resources on its intranet.⁴⁶

The State Department was responsible for providing COVID-19 vaccines to USAID overseas staff and eligible family members of Foreign Service Officers, U.S. personal service contractors, and third-country nationals.⁴⁷ USAID reported that generally there was no prioritization based on hiring mechanism, job duties, or other comparable factors since the State Department focused on distributing sufficient vaccines to each post to cover all U.S. Government personnel under Chief of Mission authority.⁴⁸ According to USAID, its CCS liaised with the State Department and communicated information on the State Department's vaccine distribution plans through weekly updates from the Acting Undersecretary for Management.⁴⁹ USAID stated that it shared the State Department's vaccination and distribution plans with its overseas staff through briefings, Agency notices, and the intranet.⁵⁰ USAID reported that its overseas staff were being vaccinated; however, the State Department did not provide agency-specific post-vaccination information.⁵¹ Nonetheless, the Agency did not report any immediate concerns of exclusion or inequity in the overseas vaccine administration.⁵²

Agency’s Emergency Response Capabilities

USAID reported establishing units and modifying task force policy to improve its capabilities to respond to future emergencies and crises. For example, the CCS was established as a central and permanent coordinating entity to ensure the Agency’s preparedness and continuity of operations, while the Operations Steering Group was established to coordinate and synchronize key operational functions across the Agency.⁵³ The USAID Command Center, which was set up during the pandemic and then became permanent, continually monitors and coordinates issues impacting personnel, travel, and facilities.⁵⁴ USAID stated that these units have improved the Agency’s capacity to mobilize during an urgent crisis.⁵⁵ Furthermore, USAID reported that modifications were made to its policy governing task forces and additional resources were devoted to a permanent Task Force Readiness Unit so task forces could be set up quickly and efficiently to respond to emergencies.⁵⁶

USAID also documented internal lessons learned from the COVID-19 response. In January 2021, the Agency completed its after-action review report of the first COVID-19 Task Force—the first task force to be established through the Agency’s task force governance policy—that was stood up from March 3 to September 9, 2020.⁵⁷ The report captures lessons learned from broad perspectives across the Agency, the key challenges faced by the COVID-19 Task Force, and recommendations for the Agency to consider to improve future task forces. Additionally, the Bureau for Humanitarian Assistance (BHA) completed a “Snapshot of Technical Learning on COVID-19 Response in Humanitarian Settings” in March 2021, which includes lessons learned and technical best practices for BHA’s ongoing COVID-19 response.⁵⁸ According to BHA, the overarching lessons learned include reliance on core humanitarian principles; integration with existing programming and needs; addressing the specific needs of women, girls, and other vulnerable populations; and local focus on partners, coordination, and community engagement.⁵⁹



Personal protective equipment provided by USAID to assist the Thailand Ministry of Public Health in the COVID-19 response. Photo: USAID via Flickr, Wiraporn Srisuwanwattana (March 9, 2020)

STATUS OF USAID COVID-19 FUNDING

Congress appropriated approximately \$11.2 billion for USAID programming and operations related to COVID-19, including \$250 million for the Economic Support Fund (ESF) comanaged with the State Department.⁶⁰ Along with 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), which provided \$1.3 billion in supplemental funding, Congress appropriated an additional \$4 billion in the

Consolidated Appropriations Act, 2021 (P.L. 116-260, December 27, 2020) and nearly \$5.8 billion in the American Rescue Plan Act of 2021 (P.L. 117-2, March 11, 2021).⁶¹ USAID also reported the use of \$100 million in prior year funding transferred to the Emergency Reserve Fund for Contagious Infectious Diseases Outbreaks (ERF) and the redirection of \$580.3 million from existing development programs to support the COVID-19 response efforts by the end of March 2021.⁶² In total, USAID's planned investments in COVID-19-related efforts approach \$11.8 billion.

Table I. USAID COVID-19 Fund Status

In millions, as of March 31, 2021

Account		Appropriated	Obligated	Disbursed
Economic Support Fund (ESF)	P.L. 116-123 ^a	\$250.0	\$214.5	\$94.7
	P.L. 117-2	\$4,925.0	-	-
Global Health Programs (GHP)	P.L. 116-123 ^b	\$435.0	\$388.0	\$208.0
	P.L. 116-260	\$4,000.0	\$2,000.0	\$2,000.0
	Prior Year Funding (transferred to ERF)	\$63.0	\$62.0	\$54.7
International Disaster Assistance (IDA)	P.L. 116-123	\$300.0	\$300.0	\$207.1
	P.L. 116-136	\$258.0	\$258.0	\$176.9
	Prior Year Funding (transferred to ERF)	\$37.0	\$37.0	\$20.0
International Food Assistance (Title II)	P.L. 117-2	\$800.0	-	-
Operating Expenses	P.L. 116-136	\$95.0	\$55.8	\$41.5
	P.L. 117-2	\$41.0	-	-
	Funding transferred from P.L. 116-123, ESF		\$7.0	\$5.7
Total, all accounts^c		\$11.2 billion	\$3.3 billion	\$2.8 billion

^a Of the \$250 million appropriated for ESF in P.L. 116-123, \$7 million was to be transferred to USAID operating expenses. Of the \$7 million appropriated for USAID operating expenses, \$7 million had been obligated and \$5.7 million disbursed. USAID also transferred \$3.7 million to the State Department.

^b Of the \$435 million appropriated for GHP, no less than \$200 million was to be transferred and merged with ERF. Of that \$200 million, \$174.8 million had been obligated and \$71.2 million disbursed.

^c The total does not include \$580.3 million in reprogrammed or redirected funds within existing mechanisms to respond to the COVID-19 pandemic.

Note: Amounts may not add due to rounding.

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

Table I shows the status of the Agency's COVID-19 funds as of March 31, 2021. The Agency reported obligating more than \$3.3 billion (30 percent) and disbursing \$2.8 billion (25 percent) in appropriated prior year and supplemental funds—excluding reprogrammed or redirected funds—toward COVID-19 efforts. Of the \$1.3 billion in supplemental funding appropriated from P.L. 116-123 and P.L. 116-136, approximately \$1.2 billion (91 percent of the appropriated funds) had been obligated and \$733.8 million (55 percent) disbursed. Excluding the \$2 billion in obligations and disbursements to Gavi for international COVID-19 vaccine procurement and delivery, the Agency reported \$44.4 million in new obligations and \$354.4 million in new disbursements from December 1, 2020, to March 31, 2021.

Figure 2. Status of USAID COVID-19 Supplemental ESF, GHP, and IDA Funding from P.L. 116-123 and P.L. 116-136, 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 March 31, 2021, and has not been audited by OIG.

Figure 2 shows the breakdown of COVID-19 supplemental funds from P.L. 116-123 and P.L. 116-136 by account type, excluding prior year and redirected funds and operating expenses. Of the appropriated funds from P.L. 116-123 and P.L. 116-136, all \$558 million in COVID-19 supplemental IDA funds and \$388 million in GHP funds had been obligated, including transfers to the ERF. For the ESF account, USAID reported \$214.5 million had been obligated, excluding the transfers to operating expenses. Half of the appropriated funds for international COVID-19 vaccine procurement and delivery in P.L. 116-260 had also been obligated and disbursed. No funds from the American Rescue Plan Act of 2021 were obligated or disbursed by the Agency during the reporting period.

Figure 3. Top 10 Recipients by Obligated Amount, as of April 1, 2021

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

Source: USAID COVID-19 Program Budget Dashboard.

As Figure 3 shows, the top 10 recipients of obligated funds reported by the Agency by the end of the reporting period were international implementers and multilateral organizations. According to the Agency, approximately \$3.2 billion (98.6 percent) of total obligations went to international implementers, of which \$12.8 million went to new international implementers that received over \$10,000 in new prime awards in the current fiscal year but had no history of receiving subawards or subcontracts over

\$25 million in the past 5 years.⁶³ Meanwhile, local implementers received a total of \$46 million (1.4 percent), of which \$2.4 million went to new local implementers.⁶⁴

USAID HEALTH EFFORTS

During the reporting period, the Agency stated that its COVID-19 health assistance response included risk communication and community engagement, infection prevention and control in health facilities, laboratory diagnostic capacity, and surveillance enhancement.⁶⁵ For example, USAID reported that its implementers undertook risk communication and community engagement activities in December 2020 that reached more than 221 million people on mass media and more than 6 million people on social media platforms.⁶⁶ Moreover, the Agency supported activities to train 88,369 health workers on infection prevention and control for COVID-19 and 37,302 health workers in managing COVID-19 cases; strengthen the coronavirus testing capacity of 771 laboratories; and assist more than 30 countries with COVID-19 surveillance through December 2020.⁶⁷ However, the Agency also reported challenges faced by implementers, such as multiple concurrent disease outbreaks like measles and Lassa fever, limited lab and surveillance capacities, and community resistance to mitigation measures.⁶⁸



Left: A USAID-supported healthcare worker uses a machine to rapidly test for COVID-19 in Indonesia. Photo: USAID Indonesia via Flickr, Wisma Atlet. Right: COVID-19 prevention and treatment communications materials supported by USAID's ACCESS Health Program in Madagascar. Photo: USAID Africa via Flickr

According to WHO, the pandemic exacerbated an already constrained oxygen supply—a vital treatment for hospitalized COVID-19 patients—in low- and middle-income countries.⁶⁹ To address this challenge, USAID reported working with the Ministries of Health, donors, and partners to identify existing and potential solutions; participated in international forums, such as WHO-led COVID-19 Oxygen Emergency Taskforce and Global Fund COVID-19 Response Mechanism; and supported efforts to improve the oxygen ecosystem in countries.⁷⁰ The Agency reported providing \$1.5 million to support minor modifications to facilities—such as oxygen piping and electrical systems—in Afghanistan, Ghana, Kenya, Mozambique, and Tajikistan.⁷¹ In Peru, USAID—through implementer Partners in Health—donated 70 medical oxygen balloons that were distributed to 17 health centers in regions of the Peruvian Amazon to support vulnerable communities.⁷² Meanwhile, in Tajikistan, USAID delivered over 200 medical oxygen cylinders to the Ministry of Health and Social Protection in late December 2020, as part of a \$2.6 million program to support the provision of medical oxygen.⁷³ The Agency also reported

supporting the oxygen ecosystem in countries that received USAID-donated ventilators, such as Afghanistan, Bolivia, Ecuador, Haiti, Honduras, Ghana, Guatemala, Kenya, Mozambique, and Peru.⁷⁴

International Access to COVID-19 Vaccines

According to WHO, safe and effective vaccines are a critical tool against COVID-19, as they prevent illness and may reduce coronavirus transmission.⁷⁵ On December 31, 2020, WHO issued its first Emergency Use Listing for a COVID-19 vaccine—the Pfizer vaccine—and subsequently listed additional vaccines for emergency use, including two versions of the AstraZeneca/Oxford COVID-19 vaccine on February 15, 2021, and the Johnson & Johnson vaccine on March 12, 2021.⁷⁶ According to WHO, Emergency Use Listing enables the expedition of national regulatory approval processes in countries to import and administer the vaccine, and permits the United Nations Children’s Fund (UNICEF) and the Pan-American Health Organization to procure the vaccine for countries.⁷⁷

To ensure equitable access to COVID-19 vaccines worldwide, COVAX—led by the Coalition for Epidemic Preparedness Innovations, Gavi, and WHO—was established to procure safe and efficacious COVID-19 vaccines for participating countries.⁷⁸ Within COVAX, a financing mechanism funded by donors, the COVAX Advance Market Commitment (COVAX AMC), was launched in June 2020 to support the participation of 92 lower income countries in vaccine distribution efforts.⁷⁹ The COVAX AMC aims to secure up to 1.8 billion doses by the end of 2021 to deliver to lower income countries, with the first COVAX AMC-supported vaccine doses arriving in Africa on February 24, 2021.⁸⁰ According to UNICEF’s COVID-19 Vaccine Market Dashboard, 30 million doses had been delivered to 50 COVAX AMC-eligible countries by April 1, 2021.⁸¹

On January 21, 2021, President Biden announced that the U.S. Government would join COVAX, a step that was made official when the United States established a contribution agreement with Gavi to support COVAX.⁸² In March 2021, USAID obligated \$2 billion out of the \$4 billion Congress appropriated in December 2020 for international COVID-19 vaccine procurement and delivery through Gavi.⁸³ USAID reported that an additional \$500 million would be provided to Gavi after reaching two benchmarks—delivering initial doses and fulfilling existing donor pledges—and the remaining amount would be released in 2021 and 2022.⁸⁴ Donors had pledged a total of \$6.3 billion to COVAX AMC as of April 7, 2021, with the U.S. Government as the largest contributor.⁸⁵

According to media reports, China and Russia were using bilateral COVID-19 vaccine donations for commercial and political gain, with 7.9 million doses donated by China to 33 countries and over half a million doses donated by Russia to 7 countries by March 18, 2021.⁸⁶ The Biden administration’s NSM-1 calls for the development of a framework for donating surplus U.S. vaccines to countries in need once there is sufficient domestic supply, which had not occurred by the end of the reporting period.⁸⁷ USAID reported that it was engaging with other U.S. agencies in developing such a framework, but it had not yet been finalized and approved.⁸⁸ Furthermore, USAID stated as a policy matter that the White House COVID-19 Task Force would have principal responsibility for determining when and how much of the surplus vaccines to share.⁸⁹

Within USAID, the Agency approved the establishment of a COVID-19 Vaccine Access Unit on January 20, 2021, to coordinate programmatic response and development of a U.S. strategy for foreign vaccine assistance.⁹⁰ However, the Agency stated that the unit's activation was paused and the unit was later terminated on March 9, 2021, when the CTF was established and assumed the responsibility for coordinating the international distribution of COVID-19 vaccines to countries.⁹¹ USAID reported that its new COVID-19 Response Plan, which was still under development, would include vaccine deployment as an objective.⁹²

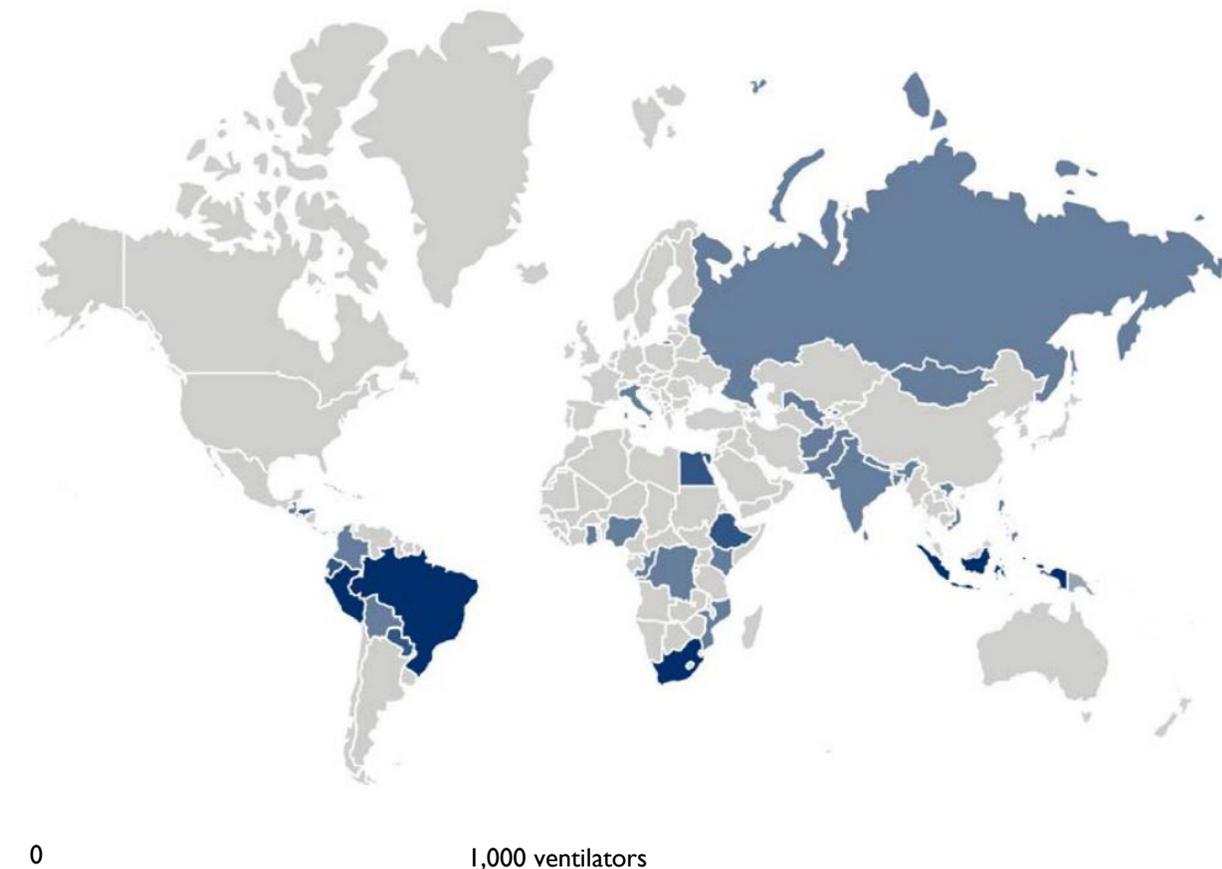
The Agency also released guidance in February 2021 for programming USAID funds to assist countries in preparation for and delivery of COVID-19 vaccines, as well as guidance that limits technical assistance relating to COVID-19 vaccines that have not been approved nor received emergency use authorization from the U.S. Food and Drug Administration, a stringent regulatory authority, or WHO.⁹³ While countries may use COVID-19 vaccines from a variety of manufacturers, USAID stated that vaccines that have not been approved by preferred regulatory authorities may have significant unknown safety risks and questionable efficacy that in turn create risks for USAID-provided technical assistance.⁹⁴ USAID reported that it was a challenge to provide assistance in countries that use non-approved vaccines due to global supply constraints, but USAID would continue to advocate for the public health importance of regulated products in those countries.⁹⁵

USAID reported approving funds to assist 48 countries with COVID-19 vaccine delivery and country readiness.⁹⁶ For example, in Peru, USAID provided \$2.5 million to local partner PRISMA to assist with supply chain and logistics, engage communities, train community health workers, and provide communication and advocacy efforts to ensure vaccine equity for indigenous populations and other vulnerable communities.⁹⁷ Moreover, the grant funds a general manager and five expert consultants for the Prime Minister's COVID-19 Vaccine Commission.⁹⁸ Another implementer, Chemonics—through the Transparent Public Investment Activity project—agreed to support six technical experts for the Peruvian Government's COVID-19 Implementation Plan Task Force, which was tasked with developing a strategic vaccination plan, at a cost of approximately \$250,000 through August 2021.⁹⁹ USAID also reported that its missions collaborated with WHO country offices, COVAX, and governments to support national vaccine deployment plans.¹⁰⁰

Tracking and Monitoring USAID-Delivered Ventilators

USAID fulfilled its commitment to deliver 8,722 ventilators to 43 countries and the North Atlantic Treaty Organization on December 15, 2020, when the last recipient country received its ventilator donation (see Figure 4).¹⁰¹ In addition, the Agency reported that all ventilator consumables and related accessories associated with the initial donations were also delivered, and that there were no plans to donate more ventilators.¹⁰² According to USAID, nearly \$204 million was obligated for the ventilator donation efforts, including procuring and delivering ventilators and related consumables, service agreements and technical assistance.¹⁰³ Among the ventilators donated, USAID reported operational problems with 93 ventilators delivered to 15 countries.¹⁰⁴ The Agency stated that the problematic ventilators were being repaired or replaced under warranty by the vendors, at no cost to USAID.¹⁰⁵

Figure 4. Ventilator Donation Recipient Countries



Note: The boundaries used on this map do not imply official endorsement or acceptance by the U.S. Government.
 Source: USAID’s final list of ventilator donations.

In February 2021, OIG published an audit report on the role of ventilators in USAID’s response to COVID-19 that describes USAID’s plans to respond to the COVID-19 public health emergency and how the use and allocation of ventilators were determined.¹⁰⁶ Additional information on the audit findings is in the OIG’s COVID-19 Oversight section of this brief. The report notes oversight challenges as the Agency was delivering ventilators without mechanisms in place to track where the ventilators were going or how they were being used, and that 815 ventilators valued at \$26.6 million were going to five countries where USAID did not have a presence.¹⁰⁷ A January 2021 U.S. Government Accountability Office (GAO) report also notes similar concerns that the Agency did not know the locations of the ventilators within recipient countries.¹⁰⁸ GAO decided to eliminate a recommendation for USAID to develop a ventilator tracking process after the Agency informed GAO in December 2020 that it had started a process to track the location of each ventilator and that funding for an asset management tracking platform had been approved.¹⁰⁹

In April 2021, however, USAID stated that it decided not to pursue a 3-year contract to monitor all ventilators since the ventilators were donated to recipient countries and that tracking was being performed by Chemonics in conjunction with the ventilator

manufacturers.¹¹⁰ The Agency reported providing guidance on the specific data to be collected to the ventilator manufacturers on December 7, 2020.¹¹¹ According to USAID, contracted local service providers would collect ventilator information in countries and send the information to ventilator manufacturers, which would then be passed to Chemonics and USAID.¹¹² The Agency also reported receiving ventilator information from the missions and implementers providing clinical technical assistance in facilities where ventilators are being used.¹¹³ USAID reported having received updated information regarding the location and operational status of ventilators, including when they were installed, underwent preventive maintenance, or failed.¹¹⁴

Nonetheless, monitoring of USAID-delivered ventilators remained limited. The Agency considered the ventilator donations to be part of an emergency response so they were not integrated into its Program Cycle.¹¹⁵ Since the donations were one-time in-kind grants, the Agency considered ventilator distribution activity to be exempt from downstream monitoring requirements.¹¹⁶ When asked about the types of facilities that received the ventilators and how many ventilators were being utilized, the Agency could not provide a comprehensive response because ventilators were still being distributed in countries.¹¹⁷ Furthermore, the Agency did not directly address our inquiries as to what criteria were used by governments to determine ventilator distribution or whether it had input into how the governments distributed the donated ventilators.¹¹⁸

USAID HUMANITARIAN EFFORTS

USAID reported that BHA contributed \$659 million in direct response to COVID-19.¹¹⁹ According to USAID, since December 1, 2020, BHA has supported critical humanitarian activities in the health, food security, nutrition, protection, and water, sanitation, and hygiene (WASH) sectors to address COVID-19-related needs.¹²⁰ For example, in Afghanistan, USAID provided \$18.4 million in humanitarian assistance in fiscal year 2020 and also supported the distribution of WASH items to more than 66,000 people and the screening of more than 24,000 individuals for COVID-19.¹²¹ In Iraq, as cases increased, USAID reported supporting the screening of nearly 40,000 people for COVID-19, provided prevention kits to three internally displaced persons sites, reached more than 143,000 people through door-to-door hygiene promotion activities, completed rehabilitation of WASH facilities in 50 public health centers, and disseminated information about prevention and misconceptions surrounding COVID-19 via radio stations and social media.¹²²



USAID partner UNICEF using social distancing and handwashing to limit COVID-19 risks during distribution of relief supplies to families affected by ongoing violence in the Democratic Republic of the Congo. Photo: USAID Africa via Flickr

To prevent potential COVID-19-related humanitarian impacts, BHA reported that it primarily prioritized regions affected by humanitarian emergencies that predate the pandemic, as populations in these areas already exhibit high levels of vulnerability.¹²³ Overall, BHA programming is designed to prevent the spread of COVID-19 through health and WASH education, including the provision of hygiene training.¹²⁴ Health activities included support for testing, health worker training, community engagement, infection prevention and control, and provision of personal protective equipment and supplies, as well as WASH interventions focused on increasing access to safe water, rehabilitating small infrastructure, and sharing hygiene messages.¹²⁵ BHA also supported programs to reduce the social and economic impact of the pandemic in areas already affected by humanitarian crises, including livelihoods and food security programs and dedicated protection services.¹²⁶ In addition, BHA supported the WHO Health Emergencies Program, providing operational support for the management of humanitarian emergencies with public health consequences, and the World Food Program's (WFP's) global common services, including support for transportation of critical humanitarian and medical supplies to developing countries as well as passenger air service to enable humanitarian personnel to travel to hard-to-reach areas.¹²⁷

According to USAID, BHA also provided support to its implementers to mitigate negative consequences of COVID-19 in their ability to implement programming, including the

requirement for implementers to submit safety and security plans.¹²⁸ However, USAID also reported that BHA implementers faced several challenges that impacted their ability to deliver COVID-19-related humanitarian assistance.¹²⁹ These included constraints related to access (due to government lockdowns, movement restrictions, and quarantines), security (due to active conflict), finance (due to worldwide economic decline), and community practices (due to the lack of COVID-19 mitigation practices in certain areas).¹³⁰

Food Insecurity

Movement restrictions aimed at curbing the spread of COVID-19 have limited the livelihood opportunities for vulnerable households across many countries and exacerbated food insecurity and other humanitarian needs.¹³¹ For example, USAID reported that the pandemic caused food insecurity to soar in Afghanistan due to lost livelihoods and depleted financial reserves, resulting in an increase from 8.2 million people in need of food security and agriculture support in 2020 to 17.6 million people currently in need.¹³² According to USAID, nearly 13 million people in Ethiopia will require food assistance through July due to conflict, drought, locust infestations, and COVID-19.¹³³ The Agency also reported that the number of people in need of emergency livelihoods support in Iraq increased from 2.4 million to 3.4 million people in 2020 due to the impact of COVID-19 on employment, income, and livelihoods.¹³⁴ In Kenya, the Agency stated that the size of the food-insecure population has nearly doubled over the past year, driven largely by the increase in food insecurity in both urban and rural areas due to movement restrictions, lockdowns, and widespread economic impacts.¹³⁵

In addition to supporting direct programming, BHA supported the Famine Early Warning System (FEWS NET) by actively monitoring the impact of the pandemic on food security at global, regional, and national levels, with a specific focus on FEWS NET's presence in over 30 remote monitoring countries.¹³⁶ According to FEWS NET analysis, COVID-19 is one of a number of drivers of acute food insecurity including, but not limited to, conflict, macroeconomic shocks, weather shocks, and pest outbreaks.¹³⁷

Humanitarian and Health Supply Chains

According to USAID, BHA's supply chain has proven to be resilient during the pandemic.¹³⁸ When commercial transportation networks were disrupted, humanitarian goods and services were still being delivered, maintaining health and humanitarian supply chains.¹³⁹ Most governments around the world made the continued movement of food and medical supplies a top priority, including granting of waivers and exceptions for humanitarian cargo and personnel.¹⁴⁰ WFP, UNICEF, and WHO moved quickly to expand their collective services, with support from BHA.¹⁴¹

However, while all six of BHA's prepositioning warehouses for food and non-food items remained operational, USAID reported that most have had to operate at times with a skeleton crew.¹⁴² USAID stated that one prepositioning warehouse in Pisa, Italy, had to be temporarily shut down from April to July 2020 due to the first wave of COVID-19.¹⁴³ Challenges to supply chain management, according to USAID, included price fluctuations (stockpiling of shelf-stable foods in the United States, for example, led to shortfalls and high prices for dry beans and rice for BHA); closure of critical suppliers (temporary closures with key manufacturers resulting in slowed pace of production at many manufacturing plants); access to facilities (lockdowns and restrictions challenging the conduct of timely audits); transportation bottlenecks (infections

among crew members of commodity-laden ships); mandated quarantine (ports that have implemented 14-day vessel quarantine requirements); and a global shortage of shipping containers for ocean transport.¹⁴⁴ To minimize or prevent supply chain disruptions, BHA reported that it will continue to cultivate and maintain a diverse supplier base and maintain multiple prepositioning warehouses in strategic locations around the world.¹⁴⁵

USAID EFFORTS TO MITIGATE SECOND-ORDER IMPACTS

In order to maintain development gains, USAID reported using ESF funds to address the second-order economic, civilian-security, stabilization, and governance impacts of COVID-19.¹⁴⁶ According to USAID, the Agency is managing \$233.1 million in ESF resources.¹⁴⁷ Table 2 lists USAID's obligations and disbursements of ESF resources for mitigating second-order impacts of COVID-19. The data shows that the top four program areas by obligation are (1) Global Health Security in Development, (2) Private Sector Productivity, (3) Civil Society, and (4) Social Assistance—which, in total, account for nearly 70 percent of all obligations.¹⁴⁸

Table 2. USAID Obligations and Disbursements of ESF for Mitigating Second-Order Impacts of COVID-19, as of April 7, 2021

Program Area	Obligations	Disbursements	Disbursements from December 2020-March 2021
Administration and Oversight	\$545,569	\$180,230	\$110,098
Agriculture	\$9,250,000	\$1,221,093	\$836,708
Basic Education	\$5,400,000	\$2,000,000	\$170,372
Civil Society	\$13,805,000	\$1,897,087	\$1,742,788
Conflict Mitigation and Stabilization	\$4,404,688	\$73,335	\$73,335
Counter-Terrorism	\$1,475,000	-	-
Disaster Readiness	\$2,500,000	\$2,492,289	\$2,347,045
Environment	\$150,000		
Global Health Security in Development	\$79,098,018	\$62,623,556	\$17,403,299
Good Governance	\$8,031,666	\$4,795,094	\$3,165,031
Human Rights	\$2,175,000	\$162,641	\$145,160
Independent Media and Free Flow of Information	\$2,150,000	\$801,222	\$410,756
Macroeconomic Foundation for Growth	\$1,000,000	-	-
Other Public Health Threats	\$1,690,000	\$1,100,000	\$600,000
Private Sector Productivity	\$41,991,413	\$4,683,078	\$3,862,026
Program Design and Learning	\$782,812	\$64,652	\$35,466
Protection, Assistance and Solutions	\$8,150,000	\$7,509,135	\$2,405,689
Social Assistance	\$13,450,000	\$2,239,450	\$728,677
Social Services	\$2,750,000	\$1,355,000	\$700,111
Trade and Investment	\$5,500,000	\$422,713	\$386,282
Trafficking in Persons	\$2,850,000	\$133,449	\$51,664
Water Supply and Sanitation	\$3,563,334	-	-
Workforce Development	\$3,850,000	\$941,579	\$432,653
Total	\$214,562,500	\$94,695,605	\$35,607,161

Source: Information received from USAID.

Addressing the Impact of COVID-19 on Women and Girls

According to the Agency, women and girls have faced unique and harsh challenges during the pandemic, such as food insecurity, economic hardship, widening gender poverty gaps, and lack of access to sexual and reproductive healthcare.¹⁴⁹ U.N. Women estimated that 47 million women globally will be pushed into extreme poverty because of the COVID-19 pandemic.¹⁵⁰ Another major problem has been the increase in domestic violence against women during the COVID-19 pandemic—which U.N. Women has labeled as the “shadow pandemic”—with media outlets and domestic violence prevention organizations reporting a 34-70 percent increase in domestic-violence-related hotline or helpline calls.¹⁵¹ Moreover, USAID reported that as lockdowns are lifted, survivors of gender-based violence (GBV) face challenges in finding assistance, such as legal, health, and shelter services.¹⁵²

USAID reported that across all sectors of its work, women and girls have been noticeably affected by the pandemic.¹⁵³ USAID described significant challenges in addressing the increasing rate of GBV, such as difficulties reaching survivors because of lockdowns and movement restrictions.¹⁵⁴ As lockdowns lifted, services (legal, health, shelter, law enforcement) were being used for immediate COVID-19 response or were limited due to program staff contracting the coronavirus.¹⁵⁵ Amid these challenges, USAID reported supporting GBV interventions. For instance, USAID partnered with civil society organizations in the Kyrgyz Republic to support 868 women and girls experiencing GBV, sheltering 145 women and providing 469 with psychosocial support and 296 with legal support.¹⁵⁶ USAID also described how some GBV programs adapted their service provision model in response to the pandemic. For instance, the USAID-PEPFAR-funded Stop GBV program in Zambia made post-violence clinical care services accessible via mobile clinics after their one-stop centers experienced a drop in beneficiaries at the beginning of the pandemic.¹⁵⁷ According to USAID, this adaptation increased access to GBV services, resulting in the program achieving 140 percent of its annual target.¹⁵⁸

The Agency produced technical briefs to inform the integration of GBV across multiple sectors’ programming.¹⁵⁹ One brief, commissioned by the Office of Gender Equality and Women’s Empowerment, highlighted opportunities for USAID to integrate GBV considerations across sectors such as education; WASH; and democracy, human rights, and governance.¹⁶⁰ The brief, for example, identified training healthcare workers involved in COVID-19 response on how to handle and refer GBV cases.¹⁶¹ USAID’s Digital Strategy also calls for the Agency to address the harm women and girls face online and to close the gender digital divide, which limits women’s knowledge of and access to lifesaving information and services.¹⁶² An issue paper published by the Agency on closing the digital divide outlines how to consider the gender gap in COVID-19 programming and discusses related risks, such as technology-facilitated harassment and violence against women.¹⁶³

USAID also reported addressing the impact of COVID-19 on women and girls’ economic prosperity and access to reproductive care. To mitigate the economic impact on women and girls, USAID is supporting increased grants and loans to female business owners struggling with pandemic disruptions.¹⁶⁴ While these funds address women’s role in the formal economy, USAID reported prioritizing safely reopening schools to address the burden of the care economy, or the informal caregiving duties placed disproportionately on women.¹⁶⁵ In order to preserve access to family planning and reproductive health services during the pandemic, USAID reported several adaptations, including online health services, adapted clinic hours, and

flexible contraceptive options, such as self-injectables and providing multimonth doses of oral contraceptives.¹⁶⁶

OTHER U.S. FOREIGN ASSISTANCE AGENCIES

USAID OIG also oversees three other U.S. foreign assistance agencies: the Millennium Challenge Corporation, U.S. African Development Foundation, and Inter-American Foundation.

Millennium Challenge Corporation

MCC focuses on reducing poverty through economic growth in developing countries by targeting constraints to economic growth and long-term development progress and promoting policy reforms alongside long-term investments.¹⁶⁷ In response to the COVID-19 pandemic, MCC took actions to adapt its operations and internal procedures. For instance, MCC reported implementing a temporary waiver to its Program Procurement Guidelines requirement for Millennium Challenge Accounts (MCAs) to obtain three quotations for qualifying health, safety, and telecommunications equipment.¹⁶⁸ According to MCC, the waiver facilitated emergency purchases, thereby enabling telework and continuity of operations in Côte d'Ivoire, Morocco, Niger, Sierra Leone, and Timor-Leste.¹⁶⁹ MCC reported that the waiver has been extended twice since March 2020, as the COVID-19 situation in partner countries has not improved significantly and the supply of personal protective equipment and telecommunications equipment remains limited.¹⁷⁰ With the most recent waiver expiring on May 31, 2021, the Program Acquisition and Assistance Practice Group (formerly the Program Procurement Group) will decide if a third extension of the waiver is warranted by conferring with resident country missions on the status of the pandemic in partner countries.¹⁷¹

The 2021 Consolidated Appropriations Act authorized the MCC to extend compacts by a year if a partner country is experiencing delays due to the COVID-19 pandemic.¹⁷² This dispensation is notwithstanding section 690j of the Millennium Challenge Act of 2003, which states that compacts are not to exceed a 5-year term.¹⁷³ MCC reported that five countries eligible under the 2021 legislative authority are pursuing extensions:ⁱ Benin, Côte d'Ivoire, Ghana, Morocco, and Niger.¹⁷⁴ According to MCC, country teams pursuing extensions must draft a proposal outlining the COVID-specific delays in construction, procurement, or other compact activities.¹⁷⁵ The proposal, like any major compact modification, is reviewed by senior MCC managers, the Office of General Counsel, and the Investment Management Committee (IMC), and approved by the Chief Executive Officer and MCC's Board of Directors.¹⁷⁶ According to MCC, compact extensions will allow partners to sustainably complete projects and achieve the compact's planned benefits.¹⁷⁷

Despite facing challenges from the COVID-19 pandemic, MCC is moving forward with new investments. For instance, the Mongolia Water Compact had its entry into force on March 31, 2021, marking the start of the MCA's 5-year window for implementation.¹⁷⁸ According to MCC, this compact will establish a sustainable water source for the rapidly increasing population of Ulaanbaatar, allowing the capital city to sustain future economic growth.¹⁷⁹ Despite logistical and access challenges from the pandemic, MCC reported that

ⁱ MCC reported that Liberia was also eligible under the legislative authority, but the compact was not extended and closeout began in January 2021.

MCA-Mongolia leveraged technology, including electronic site presentations, to keep the procurement process on schedule.¹⁸⁰

U.S. African Development Foundation

USADF's mission is to invest in development projects undertaken by grassroots groups and community enterprises in Africa.¹⁸¹ Due to the COVID-19 pandemic, one unique challenge USADF reported was the issue of communication and connectivity between staff.¹⁸² This reporting period, USADF implemented a technical solution that allows staff to remotely communicate and conduct official business with stakeholders using USADF desk phones.¹⁸³ Additionally, during this period, USADF continued its review of its Washington, DC, offices' compliance with the CDC's COVID-19 recommendations while developing a staggered staffing plan for returning to in-person work.¹⁸⁴

One of USADF's programs aimed at mitigating the socioeconomic impact of COVID-19 is the Capital for African Resilience-Building and Enterprises Support (C.A.R.E.S) program.¹⁸⁵ During the reporting period, USADF described how one of the grantees in the program—the Zambian-based nongovernmental organization (NGO) Tikondane Women's Saving and Credit Association—donated solar homes systems to two primary schools in Zambia that now power lights and allow students to study without access to sunlight.¹⁸⁶

USADF also reported prioritizing support to women-owned businesses that face financial challenges because of the COVID-19 pandemic, particularly those without access to digital tools and resources.¹⁸⁷ USADF stated that it would aid these businesses in opening new markets, developing delivery and distribution networks, and introducing mobile money service options.¹⁸⁸ According to USADF, nearly 1,000 African women-owned enterprises were being supported by its grants to develop websites, e-commerce platforms, and digital marketing content and strategies to cope with the pandemic.¹⁸⁹ For example, the USADF-funded She Works Here Women-Owned Businesses COVID-19 Recovery Small Grant Facility program supported micro- and small-sized businesses owned by women in Nigeria that have struggled to recover from the COVID-19 pandemic.¹⁹⁰ In Zimbabwe, USADF reported that its Academy for Women Entrepreneurs program helped a grantee's company, G&C Chemicals, to expand markets through the launch of two new sanitization products during the pandemic and that the company was able to hire additional employees due to increased orders.¹⁹¹ In addition, USADF reported hosting a webinar series with the Global Shea Alliance in Benin, Burkina Faso, Guinea, and Mali to equip women cooperatives and technical partners with the tools to grow their businesses, such as shea market trends for the food and cosmetic industries and COVID-19's impact.¹⁹²

Inter-American Foundation

IAF funds development projects undertaken by community groups and NGOs in Latin America and the Caribbean.¹⁹³ IAF reported two ongoing, major pandemic-related challenges to the agency: (1) the risks of in-person gatherings and (2) constraints on connectivity.¹⁹⁴ To mitigate these challenges, IAF reported introducing several risk mitigation measures and changes to their operational policy. For example, IAF stated that it made standard virtual approaches to grantmaking, monitoring, and learning to address the limitations around in-person gathering.¹⁹⁵ Additionally, all of its U.S.-based staff remained in the United States while the agency continued with mandatory telework.¹⁹⁶ In response to constraints on connectivity, IAF stated its contractors had been flexible and resourceful in using video and phone calls in their

communications with grantees and communities.¹⁹⁷ IAF also reported creating an email approval process for reprogramming that enables rapid, but still vetted, approvals for redirecting funds in bank accounts for emergency purposes.¹⁹⁸ According to IAF, these approvals are formally approved later on through amendments to the grant agreements.¹⁹⁹

IAF reported that it built on the agency's fiscal year 2020 \$21.7 million COVID-19 response by investing in local organizations involved in rapid, community-led response, economic recovery, and long-term community resilience.²⁰⁰ IAF also reported investing in organizations advancing women's empowerment through their Women Investing in Growth and Security (WINGS) initiative.²⁰¹ According to IAF, the program invested over \$25 million in 134 local organizations across 24 countries in the past 3 years.²⁰² During the reporting period, IAF awarded 11 new WINGS grants to local organizations in Belize, Brazil, Costa Rica, Ecuador, Guatemala, Haiti, Honduras, Panama, and Saint Vincent and the Grenadines. IAF also stated that these organizations mobilized an additional \$1.4 million in matching resources.²⁰³ In addition, IAF reported awarding an additional \$530,000 to current WINGS grantees during the reporting period for local COVID-19 recovery.²⁰⁴ According to IAF, an indigenous women's organization in Chiapas, Mexico, was able to use IAF funds to address pandemic-induced food insecurity by providing training in sustainable agricultural practices.²⁰⁵

IAF also reported a success story with grantee Fundación Comunitaria Oaxaca, which started an initiative to help support small businesses affected by the pandemic.²⁰⁶ IAF reported that the organization drew upon local Mixtec practices to encourage the purchase of local goods and worked with families and local communities to source food locally from producers and small businesses.²⁰⁷ IAF reported that this initiative will help foster economic recovery and development.²⁰⁸

OIG'S COVID-19 OVERSIGHT

Oversight Activities

The [COVID-19 Oversight Plan](#), published in October 2020, outlines OIG's ongoing and planned oversight for fiscal years 2021-2022, which includes audits focused on USAID's COVID-19 response, audits of other USAID programs and activities with questions related to the effects of the pandemic, and fraud awareness initiatives. In light of new USAID response efforts and funding, OIG is in the process of updating the COVID-19 Oversight Plan.

In December 2020, OIG initiated an evaluation of USAID's "Strategy for International Access to COVID-19 Vaccination." The evaluation's objective is to review the status of USAID's effort to develop and implement a COVID-19 vaccine strategy, focusing on both Agency-wide plans and mission-led COVID-19 vaccine efforts. To address this objective, the team met with the Global Health Bureau; four USAID missions covering Latin America, Europe, Asia, and Africa; and external stakeholders. The evaluation team is currently analyzing data provided by USAID missions highlighting COVID-19 vaccination efforts to date.

In addition, OIG developed the following resources to assist USAID in its response to the pandemic:

- An [advisory notice](#) with a series of key questions for USAID to consider when planning and implementing its COVID-19 response activities.
- [Top management challenges](#) that USAID is likely to face in confronting the pandemic.
- [COVID-19 fraud awareness and reporting fact sheet](#) for USAID and its implementers.

Audit Updates

OIG published an [audit on the role of ventilators](#) in USAID's COVID-19 response during this reporting period. The report found that the ventilator donation program significantly differed from USAID's customary practices for responding to public health emergencies, as the decisions for donating ventilators abroad did not align with the Agency's initial COVID-19 response planning. Moreover, most of the countries that USAID had proposed to support in response to COVID-19 were categorized as low- or lower-middle income by the World Bank, but well over half of all ventilator donations were made to upper-middle- or high-income countries, as directed by the NSC. Lastly, USAID waived routine congressional notification requirements and used some non-health funds to expedite funding for ventilators. The report made no recommendations because the ventilator donation program ended and the Agency was not planning to donate more ventilators abroad.

During the reporting period, ongoing audits with COVID-19 elements included:

- *Audit of USAID Missions' Capacity To Monitor During COVID-19.* The objectives of this audit are to identify (1) what was the impact of COVID-19 on USAID missions' capacity to monitor programs and (2) what steps USAID has taken to mitigate the effects of the pandemic on program monitoring.

- *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 as we determine 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.

Investigation Updates

The Office of Investigations continues to monitor complaints about USAID's COVID-19-funded activities and open investigations when necessary. As COVAX AMC vaccines were rolling out, OIG reached out to oversight counterparts at the leading organizations responsible for delivering or funding COVAX AMC vaccines to set the foundation for information sharing and exchange on COVAX-related fraud allegations. OIG is prepared to collaborate on oversight of the COVAX AMC program and may provide investigative resources if needed. Investigations will also be monitoring USAID's technical assistance activities designed to support the global vaccine initiative.

Since the beginning of the pandemic, OIG staff have conducted 126 virtual fraud awareness briefings, reaching a total of 9,145 participants. These briefings are informational and intended to encourage reporting about program fraud from USAID staff and implementers. COVID-19-related fraud, waste, and abuse can be reported through OIG's website at <https://oig.usaid.gov/report-fraud>.

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. Additional USAID OIG COVID-19 oversight reports and information can be found on our website at <https://oig.usaid.gov/coronavirus>.

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