Regional Partner Calls

July 2020
Welcome and Introductions

• USAID Operations
• Updates on USAID’s COVID-19 Response
• America Acts Campaign
• USAID’s Approaches and Flexibilities for Partners
• Over the Horizon Strategic Review
• Q&A
USAID Operations

• USAID’s *Roadmap to Return* outlines the Agency’s plan for returning to routine operations while minimizing the risk to staff.

• Our *Roadmap* and guidance will evolve over time as new or updated information becomes available.

• Partners should read the [unclassified one-page version](#) version of the *Roadmap* from the partner resource site.
USAID Operations: Where We Are Today

• Overseas
  – Most staff remained at post, but over 700 staff are teleworking on Authorized or Ordered Departure
  – 450 staff planning Permanent Change of Station Travel in 2020

• Domestic
  – Moved to **Phase One** on June 22, 2020
  – Most staff are teleworking
  – 3-5 percent of staff voluntarily working from domestic facilities
  – Workforce flexibilities continue: Excused Absence & Flexible Hours
The State Department, under its Diplomacy Strong framework, is transitioning each overseas post through a series of Phases: 0, 1, 2, or 3, based on local health and other conditions as recommended by Embassy Emergency Action Committees, which include the Mission Director.

Each Chief of Mission is managing the return from Global Authorized Departure. Some USAID employees will return to post during Phases 0, 1, and 2. All USAID employees will be returned to post when post reaches Phase 3.

USAID officers resumed limited Permanent Change of Station travel (PCS: ending one assignment and beginning a new one) on June 15, 2020.

Partners should continue to communicate with your AOR/CORs and AO/COs on questions related to Mission-specific operating status and travel.
USAID Operations - Protecting Domestic Staff

AT HOME

MONITOR YOUR TEMPERATURE
Check your temperature before coming to work. Make sure your temperature is at or below 100 degrees F.

STAY HOME
If you:
- Are sick;
- Have been recently exposed to COVID-19;
- Been directed to self-isolate;
- Have a household member who is sick, or who has recently been exposed to COVID-19.

BEFORE ENTERING

WEAR A FACE COVERING
Wear face coverings, which will be provided for you, before entering the facilities and shuttles.

PRACTICE SOCIAL DISTANCING
Practice social distancing when entering the facilities.

ENTERING FACILITIES

SCREENING AT FACILITIES
At RRB and UA, Security Guards will ask you to read a poster and acknowledge it before proceeding.

Only enter if you:
- Do not have COVID-19 symptoms;
- Have not been recently exposed to COVID-19;
- Have not been told to self-isolate; and
- Have completed the training video on safe practices.

Guards will direct staff to social distance at entrances if a line forms.

IN FACILITIES

PRACTICE PROTECTIVE MEASURES
Once you enter, practice protective measures, including:
- Practice social distancing
- Wear face coverings in common areas and when social distancing not feasible. This is mandated.
- Floors will have 6-feet distance markers.
- 2 per elevator
USAID COVID-19 Response Funding

Overall, USAID has pledged more than $1 billion in supplemental funding to support the COVID-19 response around the world.

COVID-19 funding comes from USAID’s Global Health Emergency Reserve Fund for Contagious Infectious-Disease Outbreaks (ERF), the USAID Global Health Programs account (GHP-USAID), USAID’s International Disaster Assistance (IDA) account, and the Economic Support Fund (ESF).

<table>
<thead>
<tr>
<th>TOTAL PLEDGED USAID FUNDING</th>
<th>FOR THE COVID-19 RESPONSE</th>
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<tr>
<td>ESF</td>
<td>$208,300,000</td>
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<tr>
<td>ERF</td>
<td>$227,400,000</td>
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<tr>
<td>GHP-USAID</td>
<td>$200,000,000</td>
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<tr>
<td>IDA</td>
<td>$538,000,000</td>
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<td><strong>$1,173,700,000</strong></td>
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Currently, the Agency is finalizing approval of funding to support oxygen ecosystems, additional ventilator needs, and response to second order impacts.
USAID’s assistance to each country is tailored to their capacity and needs. Our assistance includes:

- Ventilators
- Case management support
- Infection prevention and control (IPC)
- Laboratory strengthening
- Points-of-entry public health screening
- Risk communication and community engagement
- Surveillance and rapid response support
- Water, sanitation, and hygiene services
- Protection assistance
- Education assistance
- Social and welfare services
- Conflict mitigation and stabilization
- Support for vulnerable populations, including women and girls

- Livelihoods support
- Emergency food assistance and food security support
- Logistics and supply-chain management support
- Nutrition services
- Pharmaceutical distribution
- Global and regional coordination
- Democracy, human rights and governance
- Humanitarian assistance
- Economic growth and support
- Private sector productivity
- Peace and security
Oxygen therapy is critical for COVID response and long-term health outcomes, and represents significant need.

**Critical for COVID treatment**

- Est. % of severe cases of COVID-19 that can survive with O2 therapy: ~85%
- Avg. cost per averted fatality: ~$250 (vs. ~$20-30K for vents)

**Beneficial beyond COVID**

- O2 therapy demonstrated to reduce mortality associated with child pneumonia by up to 35%
- Est. % of children <5 years old admitted to a hospital in LMIC who are hypoxemic: ~20%

**Systemic and severe shortages**

- Est. % of facilities in Africa without reliable access to oxygen: ~60%
- Est. % of health care workers who are trained in oxygen therapy: ~14%

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1. According to analysis based on desk research and Imperial College study (March 26). 85% based on modeling that 80% of hospitalized patients recover and, of the remaining 20% that require ventilation, 25% recover. Experts have confirmed that essentially 100% of hospitalized COVID-19 patients require oxygen therapy; efficacy of ventilation under review.
2. Study in National Center for Biotechnology Information.
3. Clinton Health Access Initiative.
4. Dr. Steve Adudas, former CEO of Hewa Tele.
5. PATH
Interim PPE Guidance: A run-down

PPE Guidance at a glance

For **USAID implementing partner staff**, including all prime and sub-awardee staff:

- May procure ANY of the Covered Materials without further approval from AOs/COs
- May procure Covered Materials from ANY source, including domestic U.S. manufacturers

For **beneficiaries of USAID-funded programs** (not any employees of prime or sub IPs):

- May procure ANY of the Covered Materials without further approval from AOs/COs IF the materials are manufactured locally or regionally and are not, and could not reasonably be expected to be, intended for the U.S. market
- IPs must engage with suppliers to confirm that Covered Materials are not intended for the US and document in their files
Interim PPE Guidance: A run-down

Other components in the PPE guidance

1. **Existing PPE Stockpiles:**
   - USAID-funded FAO and WHO PPE stockpiles may be used to provide PPE for outbreaks of animal or human health diseases, including COVID-19. Requests for use of either stockpile should continue to go through the cognizant AOR/COR.

2. **Other forms of PPE:**
   - All other PPE and COVID-19 test kits not mentioned in this guidance are not under these restrictions or limitations.

3. **COVID-19 test kits:**
   - Procuring quality COVID-19 test kits not produced in the United States or intended for the U.S. market is allowed for USAID programs and projects pursuant to approved Scopes of Work that include the purchase of diagnostics.

What is considered **Covered Materials:**
- N95 Filtering Facepiece Respirators
- Other Filtering Facepiece Respirators (e.g., those designated as N99, N100, R95, R99, R100, or P95, P99, P100)
- Elastomeric, air-purifying respirators and appropriate particulate filters/cartridges
- PPE surgical masks
- PPE gloves or surgical gloves, including those defined at 21 CFR 880.6250 (exam gloves) and 878.4460 (surgical gloves)
- Ventilators
- COVID-19 test kits that are meant for the U.S. market

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PPE: Updated Grant/Contract Language & FAQs

Last updated: June 30th

1. Slightly updated PPE Guidance that includes revised grant / contract language:
   - [link]

2. PPE FAQs:
   - Includes additional guidance on how to make determinations under exception 1 and exception 2, more flexibility on regional procurement, and updates to redirection processes for PPE
   - [link]
AMERICA ACTS

LEADING THE GLOBAL FIGHT AGAINST COVID-19
AMERICA ACTS

THE UNITED STATES OF AMERICA HAS MADE AVAILABLE MORE THAN

$12.5 BILLION

to combat COVID-19. Along with the US private sector, the American people continue to lead in responding to this pandemic.
<table>
<thead>
<tr>
<th>Increase flexibility</th>
<th>What we implemented</th>
<th>What we are working on</th>
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<tbody>
<tr>
<td>▪ Authorized Flexibilities from OMB guidance for Assistance Awards</td>
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<tr>
<td>▪ Issued Memo encouraging flexibility on Acquisition Awards</td>
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<tr>
<td>▪ Extension of Due Date for Reporting of Foreign Taxes Assessed During U.S. FY 2019</td>
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<tr>
<th>Cost Allowability</th>
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<tr>
<td>▪ <a href="mailto:COVID19_IndirectCosts@usaid.gov">COVID19_IndirectCosts@usaid.gov</a> email box</td>
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<tr>
<td>▪ Adhere to overarching guidance from multiple engagements with our Washington and overseas COs/AOs</td>
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| Coordination efforts between other U.S. government agencies, international organizations, the donor community, foundations and the private sector |
| Encouraged partnership between A&A workforce and implementing partners to maximize flexibility within rules and regulations |

<p>| Indirect Costs and Ceiling Rates adjustments |
| 8 provisional indirect cost rate requests, 7 of which were processed, and one of which was withdrawn; 6 completed in 30 days, 1 completed in 45 days |</p>
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<thead>
<tr>
<th>Unsolicited concept notes</th>
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<tr>
<td>• COVID-19 <a href="mailto:Concepts@usaid.gov">Concepts@usaid.gov</a> email setup</td>
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<tr>
<td>• Proposals are reviewed and shared with personnel in our technical and regional bureaus and independent offices</td>
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<th>Existing programming changes</th>
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<td>• Review and respond to reprogramming directives under existing programs and supplemental funds internal to the agency</td>
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<tr>
<td>• Continued efforts to collect data on these efforts, including sub-awardees</td>
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<tr>
<th>What we are working on</th>
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<tr>
<td>• Continued efforts to streamline the review process</td>
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<tr>
<td>• Relevant updates to this process will be messaged publically as available</td>
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<tr>
<td>• Continue outreach efforts via the weekly FAQ document, A&amp;A Update notices, and Regional Partner Outreach calls</td>
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Over the Horizon Strategic Review

Outputs

• Recommendations and Action Memos
  – Actionable recommendations for the Acting-Administration to consider.

• White Paper
  – A public facing paper that articulates findings from analysis and improvements to USAID.

Where do IPs factor in?

• Planned engagement with IPs in the near future.
Stay Informed

Email COVID19_PartnerResourceCenter@usaid.gov to connect with the IP Resource Centre.

Visit USAID’s COVID-19 Implementing Partner resources webpage.

Sign up for our A&A email distribution list to receive email updates on IP resources.

Visit the Learning Lab for Monitoring, Evaluation and Learning during COVID-19 resources.
Referenced Links


USAID Roadmap to Return for Partners:

USAID Updated PPE Guidance for Partners:

USAID PPE FAQs for Partners:
Referenced Links (cont.)

America Acts Campaign Social Media and Communications Tool Kit: https://spark.adobe.com/page/BWPDI9TfsUUMj/

Partner Resource Center: COVID19_PartnerResourceCenter@usaid.gov


Q&A
Thank you!