



USAID
FROM THE AMERICAN PEOPLE

Photo credit: USAID/Peru

Response & Readiness: Lessons Learned from COVID-19

November 13, 2023



Welcome & Housekeeping



The session is being recorded.



Zoom functionality:
Q&A, Chat, Closed Captioning

Overview

This Agency learning event is the culmination of several years of COVID-19 MEL activities

- We will share evidence and learning from the Big Picture Reflection on response and adaptations to the pandemic
- First-ever Agency-wide pause & reflect around a global priority area such as the pandemic
- Debuting the new tools to strengthen Agency crisis readiness and navigate multiple stages of a crisis response.



Agenda

- Panel with USAID's PLR, two USAID Missions, and OECD: lessons learned on crises readiness & response
- USAID's PLR: Shock-Agnostic Readiness & Response Portal (SHARP)
- Q&A



Opening Remarks



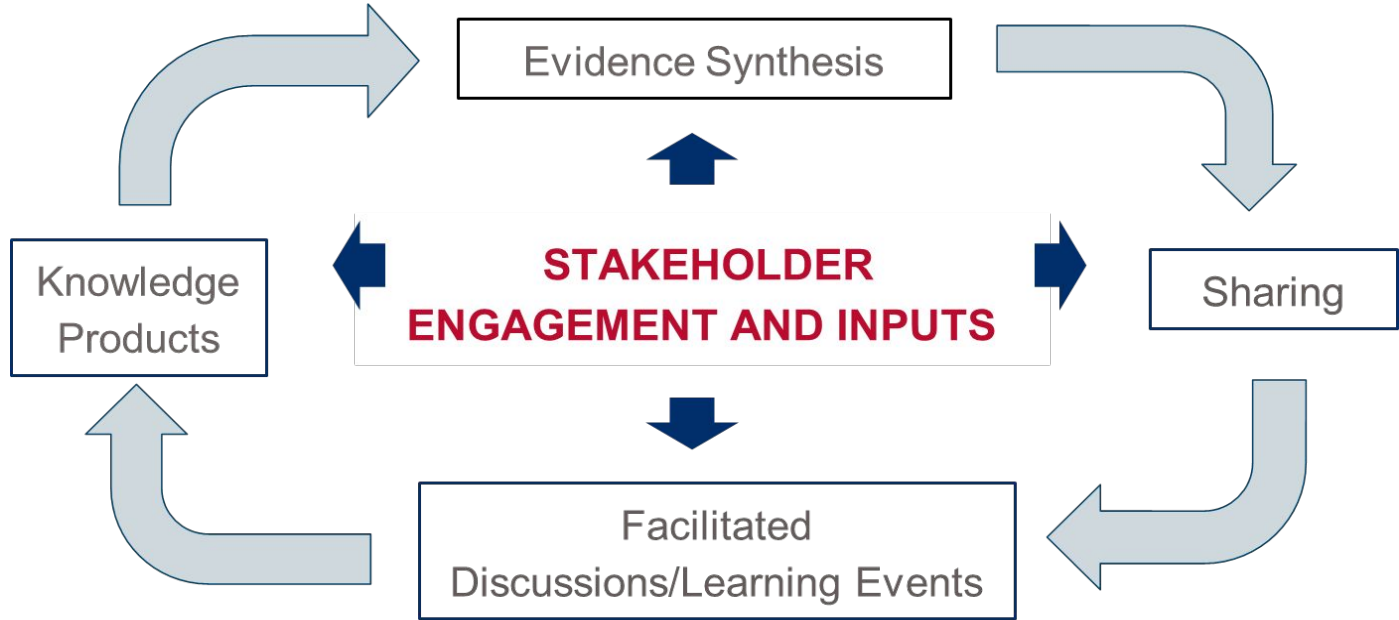
Dr. Atul Gawande is the Assistant Administrator for Global Health at the U.S. Agency for International Development, where he oversees a bureau that manages over \$4 billion with a footprint of over 900 staff committed to advancing equitable delivery of public health approaches around the world. The Global Health Bureau focuses on work that improves lives everywhere--from preventing child and maternal deaths to controlling the HIV/AIDS epidemic, to combating infectious diseases and preparing for future outbreaks.

— Big Picture Reflection Key Findings



USAID's COVID-19 Big Picture Reflection (BPR)

PROCESS



THEMES EXAMINED

- 1: Adaptation
- 2: Second-Order Effects
- 3: Unintended Outcomes - Positive & Negative
- 4: Localization
- 5: Inclusive Development

BPR Findings Highlighted in Today's Presentation

1. Digitalization
2. Mitigating crisis impacts on marginalized and/or vulnerable populations
3. Administrative and contract flexibility as a major enabler of crisis response and adaptations to shocks
4. Democracy, human rights and governance (DRG)
5. Local private sector engagement (PSE)
6. Monitoring, evaluation and learning (MEL) during shocks/crises
7. Health system resilience



I. Digitalization

Key takeaway:

Digital platforms and technology can be the cornerstone of adaptations during crises such as the COVID-19 pandemic, especially when physical access and interpersonal contact are limited.

Specific lessons learned:

- To ensure stakeholder comfort, capacity and trust in applying technological/digital solutions during crises, **promote and invest in the use of hybrid approaches.**
- In the interest of sustainability and harmonization across stakeholders, **country governments should lead digitalization.**
- The **behavioral drivers and determinants of rolling out, scaling and sustaining digital innovations must be addressed systematically** to ensure effectiveness and sustainability.

2. Marginalized and Vulnerable Populations

Key takeaway:

Crisis responses cannot lose sight of equity and inclusion, which should inform program:

- Funding
- Design
- Implementation.

Deliberate strategies and targeting can better equip marginalized and vulnerable groups to withstand and rebound from shocks.

Specific lessons learned:

- Protection, equity and inclusion strategies and metrics need to feature more prominently in responses.
 - This includes, but is not limited to:
 - protection from violence/abuse/exploitation
 - social protection
 - gender-responsive approaches to system strengthening
 - participation and inclusion of marginalized and/or historically underrepresented population

3. Administrative and Contract Flexibility

Key takeaway:

Award and funding flexibility facilitates necessary programmatic pivots to maintain services and support when disruptive shocks affect program implementation.

Specific lessons learned:

- Award and funding flexibility is necessary but not sufficient in making effective pivots in response to a crisis or shock.
 - Must be coupled with other critical enablers for timely and effective crisis responses, e.g.,
 - Enhancing the adaptive capacity of implementing partners and local stakeholders
 - Addressing local absorptive capacity to accommodate operational and programmatic shifts

4. Democracy, Human Rights and Governance (DRG)

Key takeaway:

In addition to standalone programs, DRG strategies need to be mainstreamed across development sectors and grounded in localization, equity and inclusion principles.

Specific lessons learned:

- Pandemic-associated **corruption** (PAC) was a second-order effect that the Agency was **underprepared to systematically address across sectors**.
- Many DRG adaptations **aligned with localization principles**:
 - Presence of capable local partners—a major enabler
 - During the pandemic, USAID supported:
 - watchdog civil society organizations and investigative journalists
 - training of judicial bodies to more aggressively prosecute fraud
 - local governments that administer/manage crisis resources

5. Local Private Sector Engagement (PSE)

Key takeaway:

When disruptive shocks affect service delivery systems and programs, creative leveraging of local stakeholders and partnerships can ensure that essential information, services, and commodities reach vulnerable and affected populations.

Specific lessons learned:

- **Collaborating, Learning and Adapting (CLA)**, in particular use of ‘pause and reflect’ sessions, was an enabler of several PSE strategies during the pandemic.
- **Strategic strengthening of private-sector entities** can support a systems approach to enhancing resilience to crises/shocks.
 - Target/engage **both formal and informal businesses**

6. Monitoring, Evaluation and Learning (MEL) during Shocks/Crises

Key takeaway:

Optimization of digitalization, remote monitoring and third-party monitoring (TPM) bodes well for shock-responsive MEL.

Specific lessons learned:

- There are merits of **remote monitoring**, but technology is not a panacea.
 - Pay attention to **multi-stakeholder harmonization of data collection** and **data sharing** agreements.
- **Third Party Monitoring (TPM)** can be a cornerstone of MEL in crises.
 - Both process and technological innovations can support MEL during crises/shocks, but **process innovations** (e.g., new ways of gathering implementation site evidence) are crucial.
 - Unmet need for clear TPM guidance **to standardize TPM approaches/adaptations during shocks/crises.**

7. Health System Resilience

Key takeaway:

Health system resilience is central to most responses to crises/shocks, not just public health emergencies.

Specific lesson learned:

To optimize the ability of health systems to respond to and recover from shocks and crises, address the following:

- Shock-responsive **public finance management**
- Service **preservation** (e.g., resources for sexual and reproductive health and rights services often redirected for crisis responses)
- Service **expansion** (e.g., mental health services)
- **Gender-sensitive human resources for health** strategies
- **Supply-chain resilience**
- Data strengthening, including investments in digital infrastructure
- Governance and trust in health institutions and structures, including the strategies to **mitigate misinformation/disinformation**

— Lessons from USAID Missions



Heena Brahmbhatt, PhD, MPH
Global Health Security Team Lead
USAID/South Africa



Ernesto A. Bontuyan Jr. MD.
Project Management Specialist
(Infectious Disease)
USAID/Philippines



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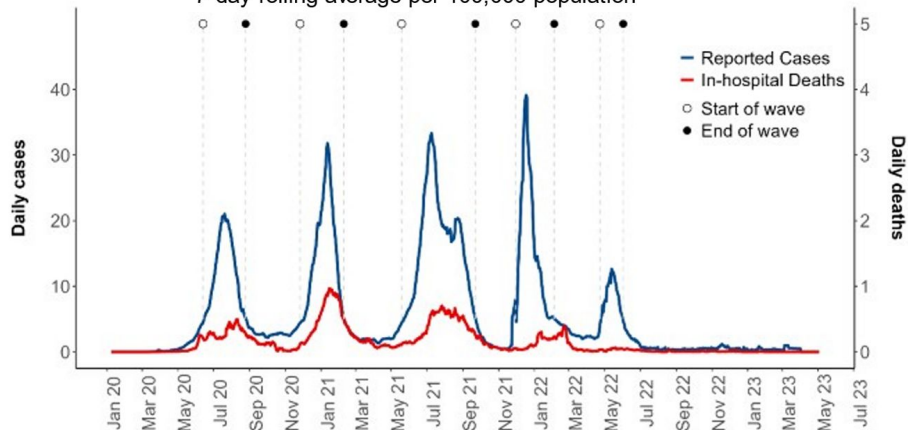
COVID-19 RESPONSE IN SOUTH AFRICA

Dr. Heena Brahmhatt
GHS Team and COVID-19 Task Force Lead
USAID/South Africa

South Africa's COVID-19 Epidemiology

Time series of reported cases & deaths

7-day rolling average per 100,000 population



Source: World Health Organization (WHO) & Our World in Data | Data to 05 May 2023

Current

4,076,463
Reported Cases

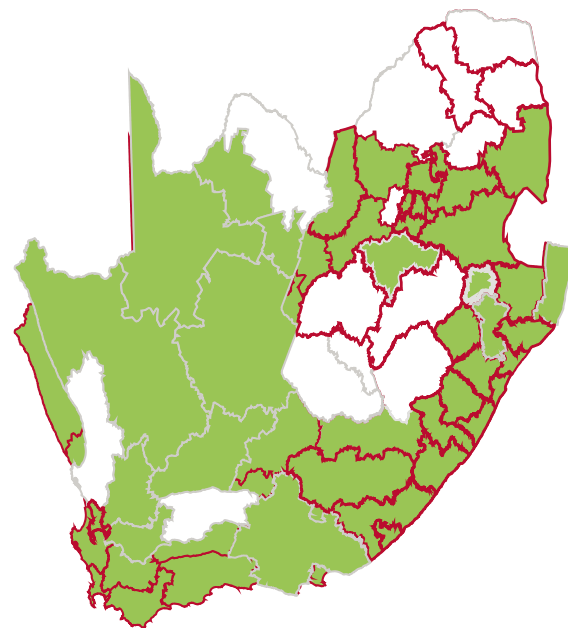
102,595
Deaths

39,145,206
Vaccines
Administered

2.5%
Case Fatality Rate

Life expectancy went down to levels in the 1970s and still not at pre-pandemic levels

Geographical distribution of COVID-19 vaccine support



Legend

Green highlight: Global VAX district

Red outline: PEPFAR district

- >95% of USAID/SA's COVID-19 Program is led by local implementing partners
- 27 Districts supported by PEPFAR
- 32 Districts supported by USAID and 5 by CDC

PANDEMIC EFFECTS

Effects on operations:

- *Significant challenges with health office staff hired to work on PEPFAR and “volunteering” their time on the COVID-19 pandemic response*

Effects on programming:

- South Africa has one of the largest unemployment rates in the world and during the COVID-19 pandemic, up to 5 million additional people were pushed into poverty
- Strict lockdown restrictions resulted in disruption of health services, supply chain of health commodities and therapeutics and loss of health care workers resulted July 2021 resulted in significant disruption of services

Resilience/Shock Responsiveness:

- *TDY support from USAID/W was critical, especially for minimum of 3 month support*
- *ADAPT-Local IP to direct emergency funding and COVID-19 response*



Pivoting from a vertical to integrated COVID-19 Vaccine Program



INITIAL FOCUS

Objective 1 - Respond and Mitigate

Direct Service Delivery – focus on community outreach C-19 Vaccination Strategy



NEW FOCUS

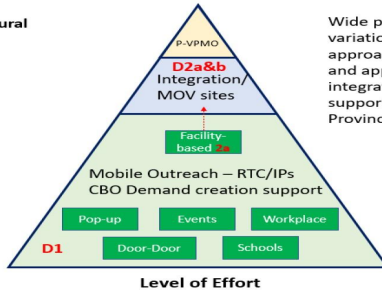
Objective 2 - Build Resilience

Objective 3 - Protect & Preserve

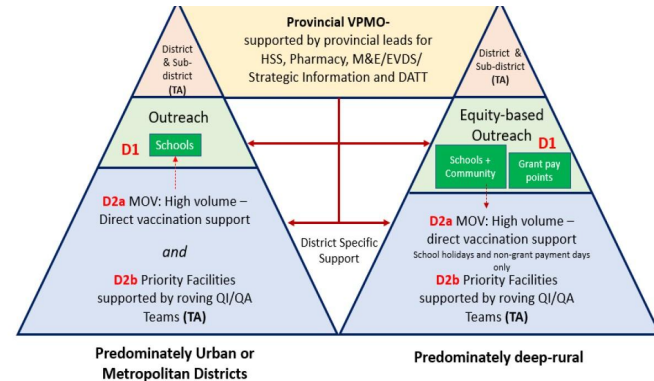
- TA Integration of COVID 19 into Routine Health Services-focus on high-risk populations (those with comorbidities, 50+, pregnant and postpartum mothers)
- Minimal Outreach to Schools, SASSA points & Old age homes

Integration into routine health services at facility

Urban and Rural



Wide provincial variations in vaccination approach, the definition and approach to integration, including support provided to the Provincial VP MO



- Focus on Integration in Facilities
- Reduction of Community Outreach
- Focus on High-Risk Population
 - Targeted Community Outreach (Schools / SASSA / Old Age Homes)

Leveraging COVID-19 vaccine outreach to deliver other health services



Diabetes and Hypertension screening



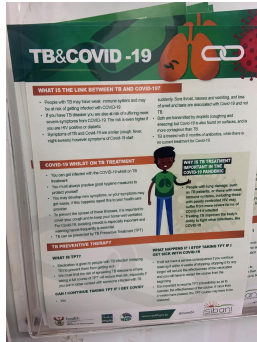
HIV services



Male and Female Condoms



Health promotion materials

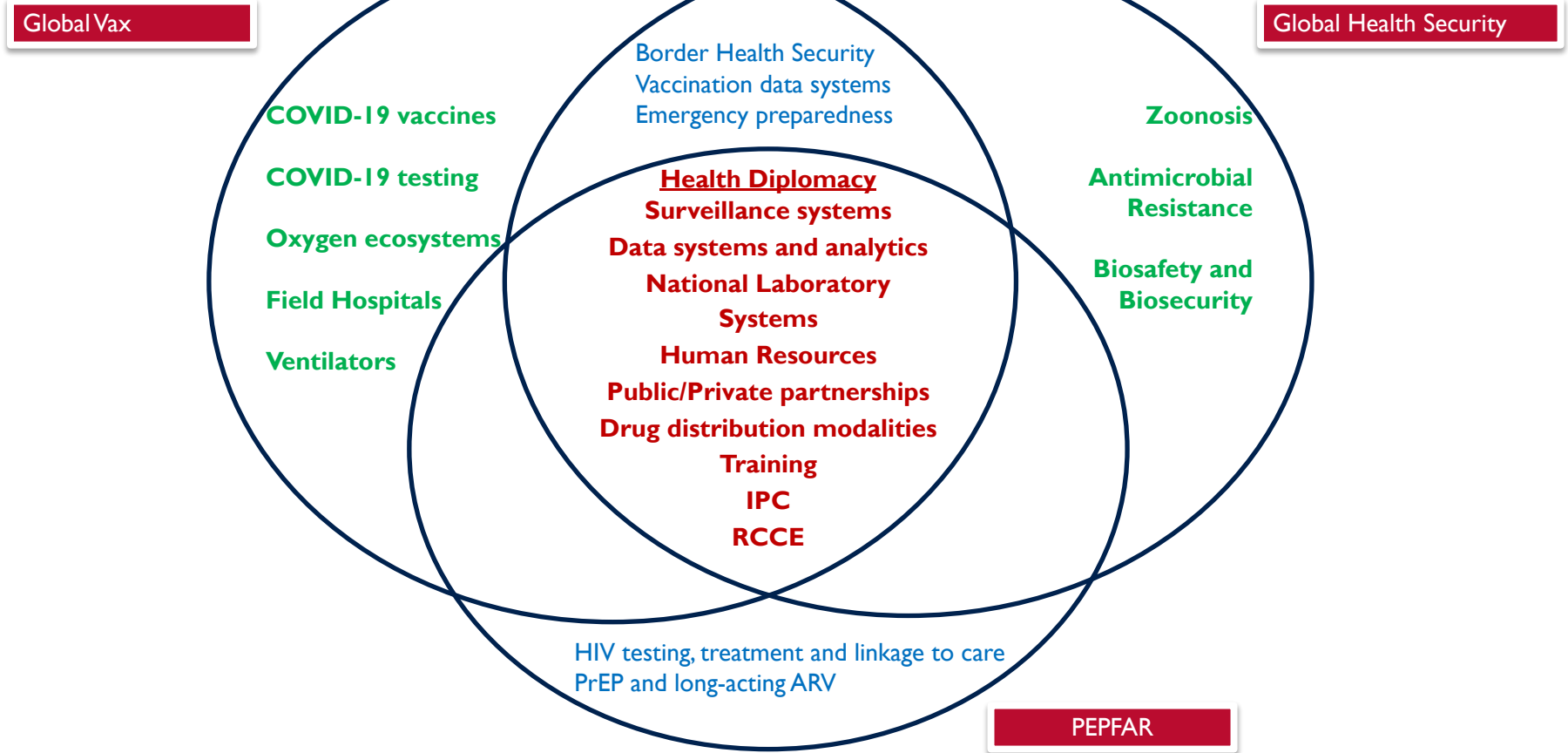


Integrated health messaging



Childhood EPI-Measles vaccines

Mission Response: Pivoting an emergency response for sustainable health systems strengthening



INSIGHTS AND RECOMMENDATIONS:

USAID Missions:

- Partnership and collaboration with governments critical for co-creation of emergency response and for mutual trust and response
- Understanding donor and stakeholder landscape important to ensure we are leveraging on other support and reducing redundancy and duplication
- Interagency collaboration important to leverage on each agency's programs
- Developing the capacity for locally led emergency response critical. Learnt many lessons on what worked and did not in South Africa that will strengthen future locally led and managed programs

USAID/Washington:

- *Provide longer term TDY support (minimum of 3 months)*
- *Overall, USAID/W team was supportive and always accessible to support the mission*

THANK YOU - KEA LEBOGA





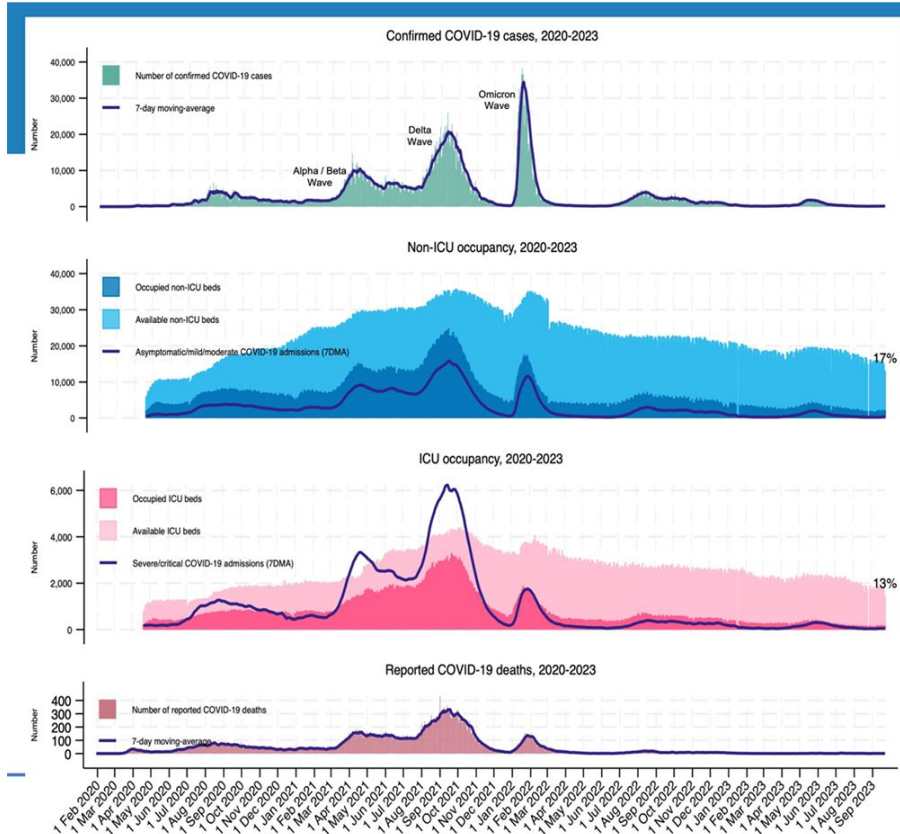
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Fighting the COVID-19 Pandemic in the Philippines

Ernesto Bontuyan Jr, MD
Project Management Specialist,
Infectious Diseases, Global Health Security
USAID/Philippines



Philippines Risk Environment Context



- **4.1 million cases** confirmed
- **66 thousand** deaths
- One of the **longest country lockdowns**: March 2020 until April 2022
- Varying **travel restrictions** across the country
- Other outbreaks happening: measles, dengue, food and waterborne diseases and others
- Disaster-risk: an average of 20 typhoons/year

Pandemic Effects

on Operations

- The Mission received additional **\$50M assistance** without increase in staffing
- Sick employees and family members affected by Covid
- Fear of face to face/physical contact with anyone
- No opportunity to monitor or travel to communities
- Work from home, schoolchildren and learners shifting to online classes

on Programming

- **Disruption in health services especially on FP, TB, and HIV** e.g. 40% reduction in TB treatment enrollment, limited access of FP services to new acceptors, significant drop in HIV case finding
- Stocks outs on essential medicines - unavailable/not distributed
- Unable to meet targets/commitment
- Government investments prioritised Covid, other health programs were delegated to partners

on Resilience/Shock Responsiveness

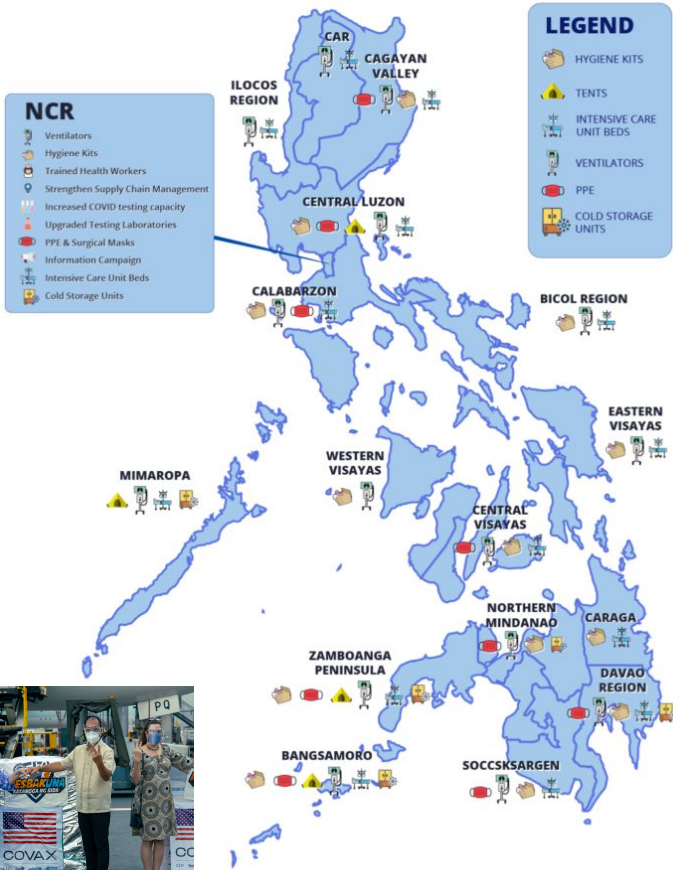
- **Mission's long standing partnership with Philippine government made it possible to mobilize assistance quickly**
- Activation of Mission COVID Working Group (USAID, DOD, DTRA, ECON, INL)
- Develop adaptive plans to mitigate the impact of Covid in USAID supported programs eg TB/FP Adaptive plans at all levels
- Use of online platforms for training, monitoring, supervision, coordination eg use of DOH Academy
- Mission POC for C-19
- Situational telework





U.S. COVID-19 ASSISTANCE SNAPSHOT

MORE THAN PHP2.5 BILLION (\$50 MILLION)



U.S. VACCINE SUPPORT TO THE PHILIPPINES



33.6 M DOSES

DONATED BY THE AMERICAN PEOPLE AS OF AUGUST 6, 2022



1-in-5 Filipinos will receive **COVAX** vaccines (to which the U.S. is the biggest funder)



The United States is the largest single contributor to Gavi's COVAX Advance Market Commitment. **The United States has donated \$4 billion to COVAX.**



Php168 Million USAID vaccine rollout support

- Track vaccine demand
- Crisis communication support
- LGU planning support
- Electronic vaccine distribution tracking system
- Patient dose tracker database
- A COVID-19 vaccine monitoring system

U.S. GOVERNMENT ASSISTANCE SNAPSHOT: MORE THAN PHP2.5 BILLION (\$50 MILLION) *as of August 6, 2022

Support medical treatment	Strengthen risk communication
<ul style="list-style-type: none"> Donated 100 new ventilators (value: Php117M) Delivered Php36.8M in PPE to 49 medical facilities and Php6 million in surgical masks to the DOH and LGUs Donated 1,300 new cots (value: Php9.3M) Donated 420 intensive care unit (ICU) beds (value: Php23.87M) Donated 65 isolation tents to hospitals and local government units. (value: Php2M) Php41.6M to support a UN project to mitigate COVID-19's impact on at-risk communities USAID facilitated rapid GPH procurement of more than Php45B in PPE and other COVID-19 essentials 	<ul style="list-style-type: none"> Supported development of the national communication campaign on COVID-19 called BIDA Solusyon (Be the Solution), now handed over to the DOH Supported the development of the Healthy Filipinas website as source of reliable and accurate COVID-19 information and updates and handed over to the DOH Bolstered GBV awareness and reached over 3 million people online, 68 percent of whom are women with a median age of 18-24 years old through the FamilLigas (Safe Family) campaign
Empower health workers	Strengthen supply chain management
<ul style="list-style-type: none"> Trained 34,000+ health workers on IPC, hospital waste management, risk communication, contact tracing, and supply chain management USAID-supported online learning modules are boosting capabilities of more than 100 hospitals and over 5,000 health workers trained 390 doctors and nurses trained on COVID-19 critical care management in 31 COVID-19 referral facilities 	<ul style="list-style-type: none"> Assisted DOH and IATF to develop and launch a national commodity and logistics tracking tool USAID-backed ReliefAgad system facilitated the distribution of Php113B in cash relief assistance to 17.2 million beneficiaries under GPH SAP
Boost testing capacity	
<ul style="list-style-type: none"> Technical support to 100 laboratories to meet the standards for COVID testing. Reduce specimen transport delivery time from an average of 3 days to less than 1 day in 5 provinces/cities in Mindanao Supported increase of DOH testing capacity from an initial 200 to 30,000 tests per day 	

Examples of U.S. Companies Support #goodBUSINESSPH

<p>Deliver Humanitarian Aid</p>	<p>Technology Support</p>	<p>Vaccine Access for Employees</p>
<p>Medical Supplies Production</p>	<p>Financial Assistance</p>	<p>Food Assistance</p>

Sources: U.S. Embassy in the Philippines, USAID, U.S. Department of State, World Health Organization, and Open Philippines. Further: BusinessWorld, GMA News, Rappler, IM, Manila Standard BusinessWorld, Philippine News Agency, The Manila Times, ABS-CBN News, and Top Gear Philippines



Mission Responses and Adaptations

What worked?

- Embassy level bi-weekly town hall- venue to provide the Mission posture on the pandemic and to clarify issues raised by the staff
- USAID All Hands/Community of Practice Meeting- experts presentation
- Covid partner's meeting- IPS, other partners and government
- Inter office collaboration- eg OEDG, OED
- Timely guidance and release of policies from HQ
- Support from backstops

What didn't work well?

- Monthly DOH reporting-unclear utilization and dissemination
- Ventilator distribution through government partners and local registration from manufacturer/distributor

Adaptations:

- Integrated approach to health programming,
- Focus on primary health care and UHC
- Covid Working Group organised- discuss embassy posture and community situation
- Use remote/virtual platforms

Insights and Recommendations

USAID Missions:

- Having the Embassy Covid working group unified our efforts/investment
- Global health security as an opportunity to build/rebuild health systems after covid
- Integrated programming and primary health care
- Continuous collaboration with other development partners provides better approach on how we position our support.

USAID/Washington:

- *Having mission backstops is critical*
- *We really appreciate the support and timely guidance from USAID/W*

The image displays a collage of USAID-related content. At the top is a webinar poster titled "The Cost of Caring: Addressing Compassion Fatigue among Healthcare Workers amidst the Pandemic" held on July 15, 2022. The poster lists panelists: Sharlene Mae Ongsoo, MD (Associate Program Director, Crisis Hotline and Center for Wellness, National Center for Mental Health); Ma. Arlene Bionon, MD, FPPA (Outpatient Section Head, Department of Psychiatry, Batangas Medical Center); Hayalee Joy Estoya, RPh, RPsy, MA (Psychologist II, Ospital ng Palawan); Rea Celine Villa, RPsy, LPT, MAP (Mental Health Consultant, USAID's Epic COVID-19 Project); and Amie Alley Pollack, PhD (Mental Health Consultant, FHI 360). Below the poster is a social media post from USAID Philippines with the text "Worried about getting the COVID vaccine dahil mako PPO?" and "Vaccinated Bucketlist!". At the bottom right is a graphic for "BIDA KID" (BIDANG KID) with the slogan "PARA SA ATING PROTEKSYON, BAKUNA ANG SOLUSYON!" and logos for USAID, DepEd, and the Department of Health.



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Maraming Salamat po sa Inyong Lahat!
(Thank you everyone)



— Q&A



Donna Espeut, PhD, MHS
Consultant



Heena Brahmhatt, PhD, MPH
Global Health Security Team Lead
USAID/South Africa



Ernesto A. Bontuyan Jr. MD.
Project Management Specialist
(Infectious Disease)
USAID/Philippines



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— Presentation by OECD



Megan Kennedy-Chouane
Head of Evaluation Unit, Development
Co-operation Directorate, OECD

The logo features the text 'COVID-19 GLOBAL Evaluation Coalition' in a sans-serif font. 'COVID-19' is in orange, 'GLOBAL' is in blue, and 'Evaluation Coalition' is in black. A stylized orange virus particle is integrated into the 'O' of 'COVID-19'. A blue arc is positioned above the 'G' in 'GLOBAL'. The background is light blue with a virus icon in the top left and a globe in the top right.

COVID-19 GLOBAL
Evaluation Coalition

**Strategic Joint Evaluation of the Collective
International Development and Humanitarian
Assistance Response to the COVID-19 Pandemic**

Emerging Findings | November 2023

www.covid19-evaluation-coalition.org

The COVID-19 Global Evaluation Coalition...

learning with the world



- Network of the independent evaluation units of countries, United Nations organisations, international NGOs, and multilateral institutions.
- Working together to provide credible evidence to inform international co-operation responding to the COVID-19 pandemic – helping to ensure lessons are learnt and that the global development community delivers on its promises.
- The Coalition's roles:

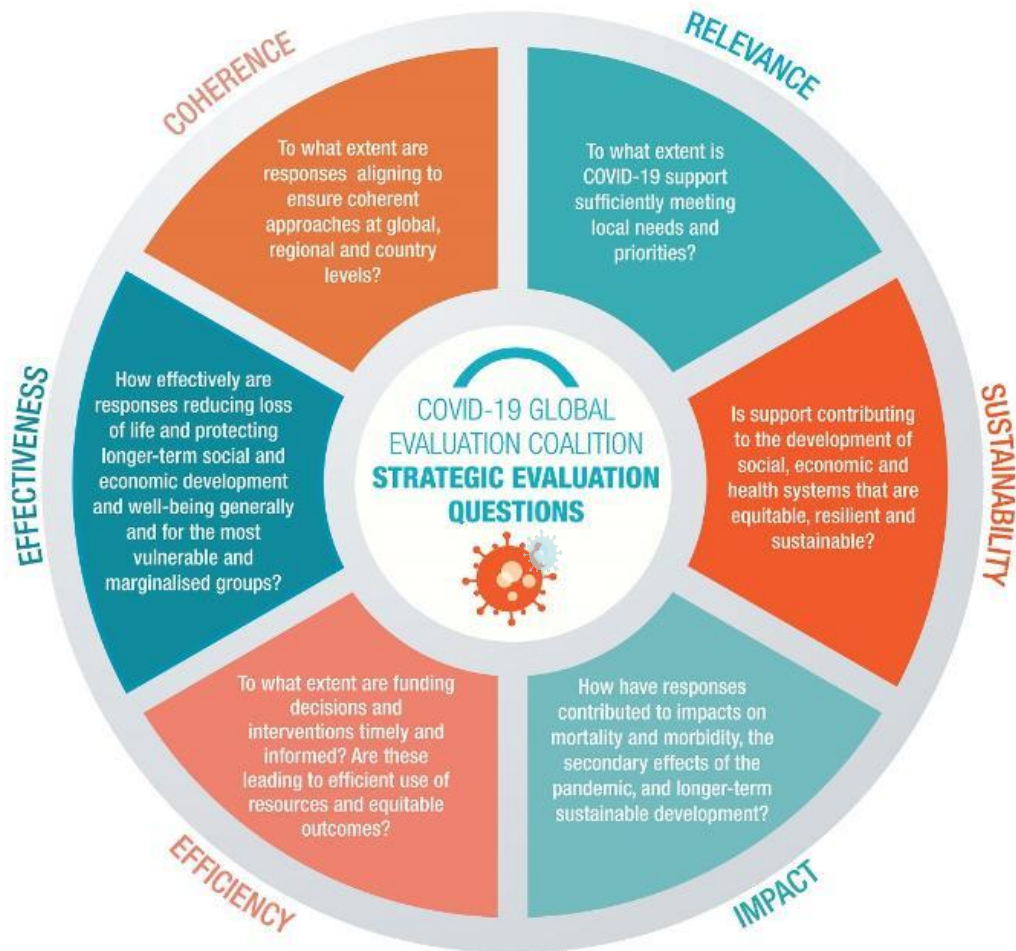
Common framework

Support & amplify participants' work



Coordinate evaluations







A modular and phased approach structured around six key questions

Phase 1 (May 2020 – Feb 2021): Inform the response

- *Lessons from Evaluations* and other reviews
- Developing overarching evaluation framework

Phase 2 (Oct. 2020 – Dec. 2021): Real time learning and evaluation

Thematic
Evaluations

Institutional
Evaluations

Country-level
Evaluations

Early synthesis

Phase 3 (2021 and beyond): Evaluate overall response and consolidate learning to inform future

More individual
evaluations,
accountability
focused

System-wide joint
evaluation focused on
coherence and impact

Syntheses: cross cutting
issues, key themes,
strategic learning

Subject and scope

System-wide evaluation: Efforts of all actors providing international development and humanitarian support to address the direct and indirect impacts of the COVID-19 pandemic

- Includes a thematic analysis of efforts to support equitable access to COVID-19 vaccines
- Global in scope with in-depth case studies of the collective response in nine partner countries
- Reference period : 1 January 2020 to 31 December 2022

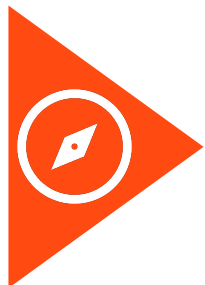
Objectives

- Document the collective response to the COVID-19 pandemic of state and non-state actors with a focus on where support was concentrated, how and why
- Answer evaluative questions about the overall response effort
- Generate useful lessons and good practices to inform future co-operation and crisis preparedness for governments, development agencies and others



Value-add

- Provides a system-wide perspective not covered by other analyses, with a focus on learning
- Responds to a joint commitment of the OECD DAC to “learn lessons from the crisis and use our experience to inform policy choices during the recovery to fortify efforts to achieve the 2030 Agenda for Sustainable Development”
- Seeks to maximise opportunities for learning-by-doing to help partners increase their capacities for evaluation



Guiding principles

- Respects the Coalition’s core values of credibility, usefulness, and partnership through collaborative efforts that capitalise on the capacities and experiences of the Coalition’s diverse participants
- Complements existing and ongoing institutional, thematic, and global evaluations



Partner country case studies

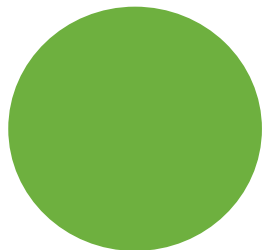
Sub-Saharan Africa	Burkina Faso Cabo Verde Kenya Mozambique
Asia-Pacific	Bangladesh Cambodia
Americas and the Caribbean	Nicaragua
Middle East and North Africa	Lebanon
Europe	Georgia
Global	Large Ocean States/SIDS group

Provider case studies

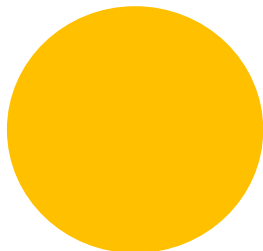
Sub-Saharan Africa	South Africa
Asia-Pacific	People’s Republic of China New Zealand
Americas and the Caribbean	Mexico USAID
Middle East and North Africa	Saudi Arabia – KS Relief United Arab Emirates
Europe	Czech Republic Germany the Netherlands Spain



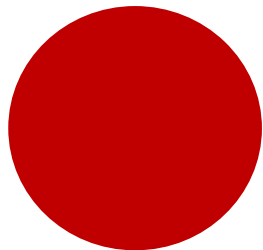
Emerging findings: From synthesis, and case studies in Bangladesh and Cambodia



- Building on trusted partnerships was effective to quickly deploy resources at scale
- Rapid responses for new COVID-specific support and adjusting existing programming was useful – made possible when partners adopted a “crisis mode” way of working.



- Challenges in consistent, effective communication and transparency of development co-operation
- Displacement effects of COVID-19 on longer-term development funding, and the balance of support between immediate health needs and secondary effects of the pandemic
- Gaps, inconsistency and low reliability of financial, results data



- Unsustainable pressures on staff
- Organisations insufficiently reactive to revisit decisions or update strategies (rapid but not necessarily agile)
- Prevention hard to prioritise before crisis full blown
- Backsliding on human rights



Photo: UNHCR (Argentina, 2020)

MOBILIZING PARTNERSHIPS & SCALING OPERATIONS

Emerging lessons



LESSON 1

- Working through experienced trusted partners enabled rapid mobilisation of resources. ex. France with *Institut Pasteur* Responses were most effective when **partners focused on core skills, existing capacities** (comparative advantage); less so when focused only on goods.



LESSON 2

- Many actors **quickly made new funding immediately available**; reports of good effort to **mainstream gender equality and other vulnerabilities**.
- **Budget support proved an efficient means** to deploy large amounts of funds quickly; non-sovereign operations were modest.



LESSON 3

- **Coherence and co-ordination of efforts** are emerging as key areas of challenge: partners had difficulty gathering a clear picture of what others were doing, pivoting to high visibility support, etc. Government **leadership was a key success factor**.

RISKS AND OPPORTUNITIES FOR INNOVATION

Emerging lessons (continued)



LESSON 4.

- The crisis made **organisations more open to innovation**, including calculated risk taking that might not have been tolerated in normal circumstances. This was made possible by a mental and strategic shift to “crisis mode” in many institutions.
- Many countries pushed the envelope on social protection, expanding existing programmes, experimenting with innovations.
- At the same time the extent of actual innovations was limited due to the speed, which often did not leave time to experiment with new ideas. **Adapting or expanding proven innovations to new contexts and challenges** was found to be more useful than testing entirely novel concepts and solutions.
- **Managing risks and trade-offs** were challenging for partners, and also challenging to assess. What corners *should* be cut?

Scale and political ramifications

Emerging lessons (continue)



LESSON 5

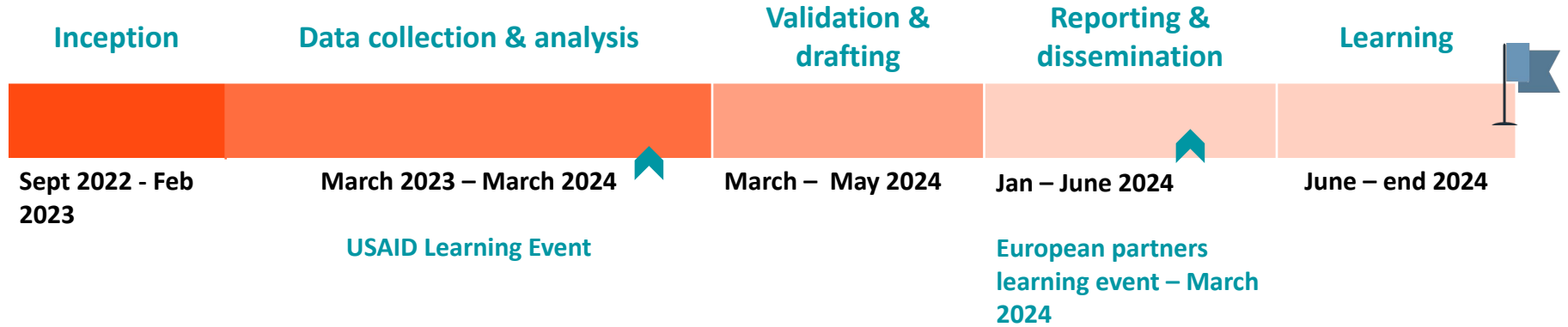
- Many development partners **reverted quickly to previous ways** of working and the scale of the funding response did not match ongoing secondary effects – some demonstrated **lesser overall appetite for funding long-term, and more systemic response**.
- The total **response** – though historic in scale – **paled in comparison to the level of need**. Implications for financing as crises multiply.



LESSON 6

- Pandemic was at times used as an excuse for violations of human rights, and resulted in a loss of momentum on **broader governance reforms** and **closing of civic space** in many places.
- Development partners more willing to compromise in the face of crisis; though there were good examples of development partners using their role of trusted adviser to support governments and examples of where constructive challenge from partners supported changes to COVID-response measures, such as improving data protection related to positive cases.

Evaluation timeline (extended)





COVID-19 GLOBAL Evaluation Coalition

Thank you!

Join us – the Coalition is open to all partners, and we welcome your suggestions and input.

www.covid19-evaluation-coalition.org

COVID19evaluation@oecd.org

— Introducing USAID's Shock-Agnostic Readiness & Response Portal (SHARP)



Readiness and Response Resources

USAID has many readiness and response tools but resources are disconnected and Missions' awareness of available agency resources is low.

During a crisis, Missions need to quickly know:

- Which Bureau is leading the response?
- What resources are available?
- What are operational and programmatic impacts?
- How to prevent future disruptions?
- How to make technology work for the Mission?
- How to best support staff and ensure adequate staffing?





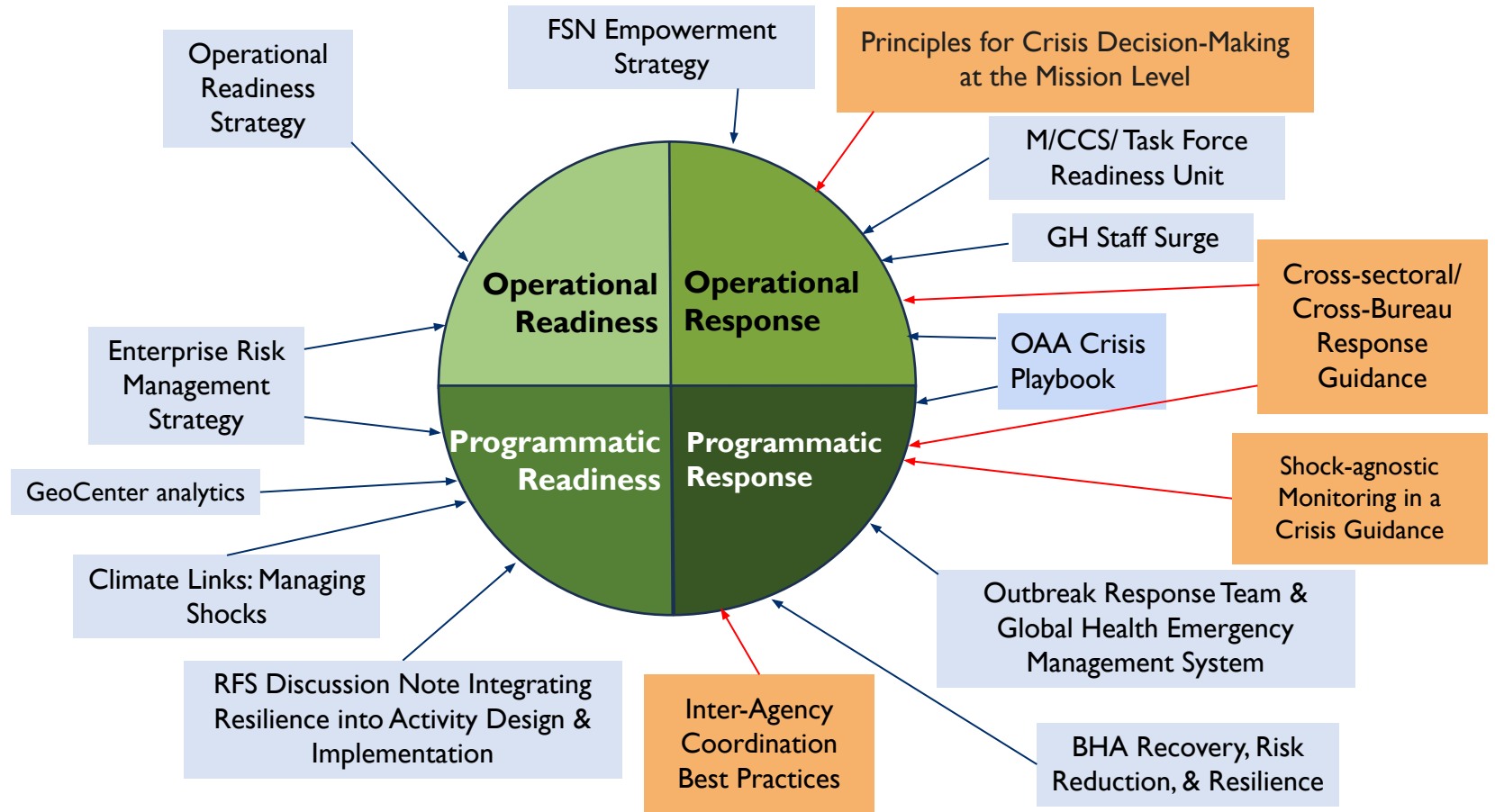
Shock-Agnostic Readiness & Response Portal - SHARP

The **Shock-Agnostic Readiness & Response Portal (SHARP)** brings together a broad set of resources from across the Agency to help Missions easily navigate and quickly find available resources to strengthen their operational and programmatic readiness and ensure an integrated response during crisis.

SHARP helps operating units navigate along the spectrum of:



Strengthening USAID Resilience to Shocks



Categorizing Readiness and Response Resources

RESOURCE	Resilience Area	Bureau	Technical Point of Contact	Subject Matter 1	Subject Matter 2	Subject Matter 3	Target User(s)
Discussion Note-Integrating Resilience into Activity Design and Implementation	Programmatic Readiness	RFS	The Center for Resilience	Shock-responsive activity design	Procurement/Acquisition & Assistance Language or Procedures	Shock-responsive MEL	Staff w/ specific functions or roles (e.g., activity design; sr. management)
Global Health Emergency Management System (GHEMS) Concept Note, April 2023	Programmatic Response	GH (lead on public health emergencies)	Outbreak Response Team (and eventual incident management/ GHEMS Teams, specially assembled/activated for specific crises) (GH_OutbreakResponseTeam@usaid.gov)	Funding Access	Technical support in crisis response (might also involve surge capacity)	Communications/Information Dissemination	All OUs
Shock Responsive Programming and Adaptive Mechanisms Guidance	Both Programmatic Readiness AND Response	OAA	Acquisition & Assistance Lab. Center for Resilience & PPL	Procurement/Acquisition & Assistance Language or Procedures	Award/Budget/Work plan Modification(s)	Technical support in crisis response (might also involve surge capacity)	Missions/Field Offices
Surge Support for Missions	Both Operational Readiness AND Response	GH (lead on public health emergencies)	-GH-TAMS mechanism (short/medium term TA, crisis & non-crisis) -Firehouse (surge (1-6 mos., crisis) -OCS Rovers (not specific to crises) -Boost (A&A support) -Other mechanisms...	Staffing and HR Management (FSNs, Surge Support, Relocation)	Shock-responsive activity design		All OUs
Revised Framework for USAID Response to Infectious Disease Outbreaks	OPERATIONAL & PROGRAMMATIC RESPONSE	GH (lead on public health emergencies)	ORT (GH_OutbreakResponseTeam@usaid.gov)	Coordination	Funding Access	Technical support in crisis response (might also involve surge capacity)	All OUs
Strategic Framework for Early Recovery, Risk Reduction, and Resilience (ER4)	OPERATIONAL & PROGRAMMATIC RESPONSE	BHA (lead on any humanitarian crisis)	They are not listed explicitly elsewhere in the resource, but p. 30 refers to BHA's Offices of 1) Technical and Program Quality (TPQ) and 2) Field and Response Operations (FARO)	Funding Access	Procurement/Acquisition & Assistance Language or Procedures	Technical support in crisis response (might also involve surge capacity)	All OUs

Entry point depends on main intent for using the SHARP.

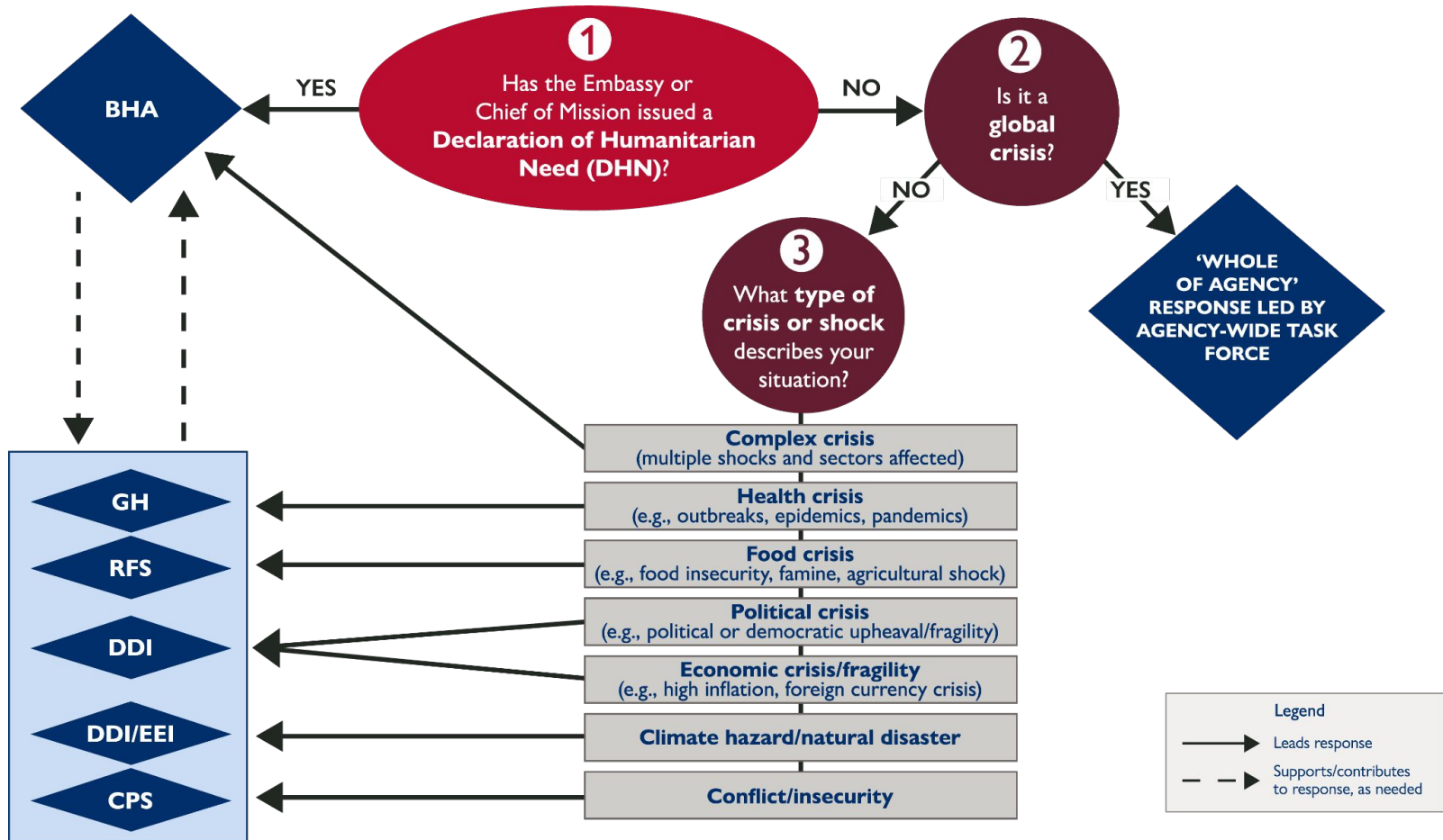
“What is Your Primary Intent for Using SHARP?”

There are 4 possible entry points:

- **Emergency/Immediate Crisis Response**
- **Mid-Term Crisis Response**
- **Crisis Recovery**
- **Resilience and Readiness**



LEAD BUREAUS in Managing Different Types of Crisis Response



Crisis Response IMPLEMENTATION

CRITICAL ACTIONS

RELEVANT ISSUES/TOPICS

SUBSET OF RESOURCES

Understand risks and prioritize needs

Risk Auditing/Analysis/Management

Data/Data Visualization

Shock-responsive MEL

[Climate Risk Screening and Management tools](#)

[The Geographic Approach to Development](#)

[Guide for Adopting Remote Monitoring Approaches During COVID-19](#)

Activate mechanisms and support for coordinated, timely response

Coordination

Info Management/IT Security

Communications/Info Dissemination

[Stakeholder and partner mapping to coordinate response and recovery](#)

Implement shock-responsive programs

Funding Access

Award/Budget/Workplan Modification

Procurement Language/Procedures

Localization

Virtual/Digital platforms

[BHA's Emergency Application Guidelines \(EAGs\)](#)

[Shock Responsive Programming and Adaptive Mechanisms Guidance](#)

[Procurement Executive Bulletin \(PEB\) 2014-01 Adaptable and Flexible Contracting Types](#)

Protect and support staff

Staffing & HR Management

Technical Support in Crisis Response

[Standard Operating Procedures for Emergency and Crisis Management for Non-American Staff and Locally Contracted Personnel](#)

Preserve systems and data

Info Management/IT Security

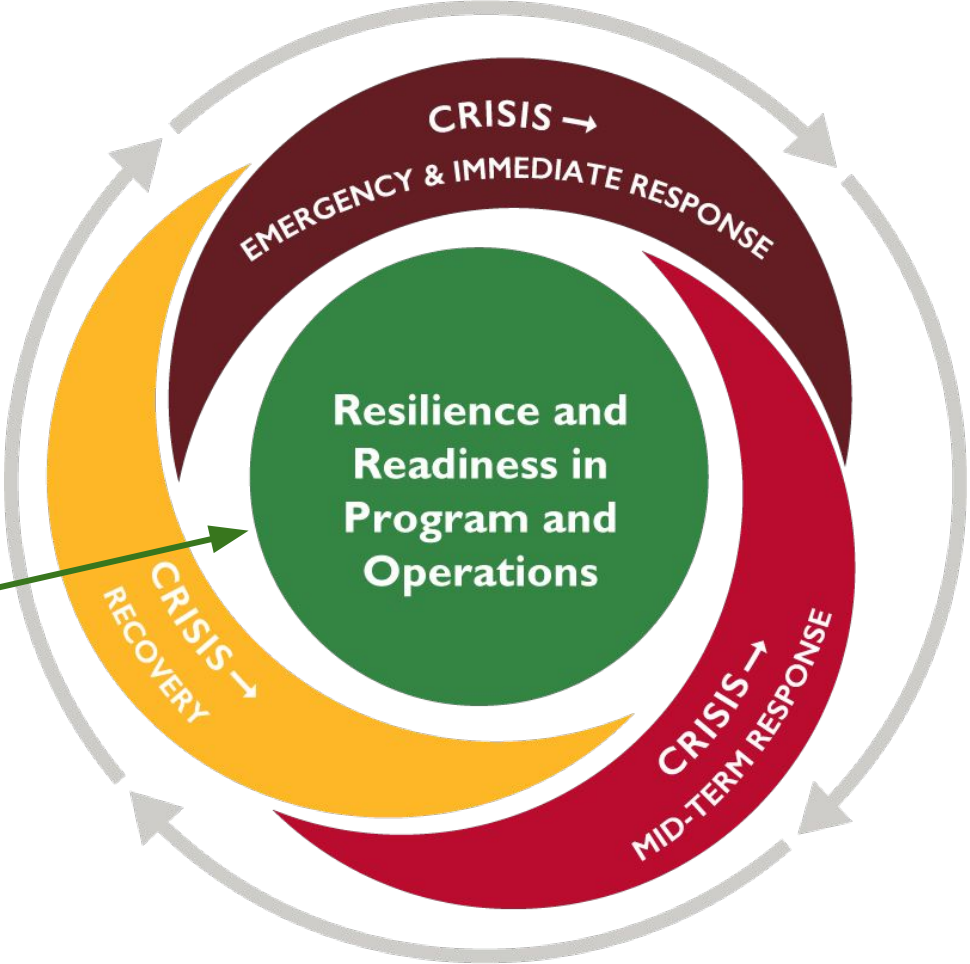
Virtual/Digital platforms

[USAID Response to Pandemic-enabled Democratic Backsliding \(Full Report\)](#)

Resilience and Readiness for Shocks/Crises

“What is Your Primary Intent for Using SHARP?”

Enhancing RESILIENCE and READINESS for Shocks



Programmatic Readiness **IMPLEMENTATION**

CRITICAL ACTIONS

Develop and periodically review the Country Development Coordination Strategy (CDCS) through a risk-informed lens

Design and implement **shock-responsive, resilient activities**

Foster stakeholder collaboration and capacity building for technical coordination, continuity and learning exchange in crises

RELEVANT ISSUES/TOPICS

Risk Auditing/Analysis/Management

Climate Change/ Natural Disasters

Virtual/Digital Platforms

Shock-responsive Activity Design

Award/Budget/Work Plan Modification

Shock-responsive MEL

Coordination

Capacity Building/Skills Development

SUBSET OF RESOURCES

[Strategic Framework for Early Recovery, Risk Reduction, and Resilience \(ER4\)](#)

[Climate Risk Screening and Management tools](#)

[Digital Preparedness Considerations based on Learning from the COVID-19 Pandemic](#)

[ADS Chapter 201: Program Cycle Operational Policy](#)

[Shock Responsive Programming and Adaptive Mechanisms Guidance](#)

[Programming Considerations for Humanitarian-Development-Peace Coherence: A Note for USAID's IPs](#)

[Illustrative procurement language for USAID Missions and OUs & Guidance for IPs in times of crises](#)

[Procurement Executive Bulletin \(PEB\) 2014-01 Adaptable and Flexible Contracting Types](#)

[Guide for Adopting Remote Monitoring Approaches during COVID-19](#)

[Stakeholder/Partner/Collaboration Mapping](#)

[Resilience 101 Training](#)

Operational Readiness IMPLEMENTATION

CRITICAL ACTIONS

RELEVANT ISSUES/TOPICS

SUBSET OF RESOURCES

Ensure cyber and physical security

Info Management/IT Security

[Organizational Effectiveness Review](#)

Virtual/Digital platforms

[DigiKnow Webinar: Applying Lessons Learned from Ebola Response to COVID 19](#)

Establish/strengthen mechanisms to maintain **continuity of operations**

Coordination

[Stakeholder/Partner/Collaboration Mapping](#)

Technical Support in Crisis Response

Award/Budget/Work Plan Modification

[Shock Responsive Programming and Adaptive Mechanisms Guidance](#)

[Procurement Executive Bulletin \(PEB\) 2014-01 Adaptable and Flexible Contracting Types](#)

Cultivate capacities and mechanisms for effective emergency management

Risk Management & Contingency

[Climate Risk Screening & Management tools](#)

Data

[Guide for Adopting Remote Monitoring Approaches](#)

Ensure Task Force readiness

Coordination

Maintain staff health and safety

Staffing & HR Management

[Standard Operating Procedures for Emergency and Crisis Management for Non-American Staff and Locally Contracted Personnel](#)

On the Horizon

- The SHARP will be a critical tool for USAID & partners to strengthen crisis readiness & response
- Over the next few months, we will develop a website that can be used by Agency staff to quickly navigate and find relevant resources
- The SHARP is a tool to amplify and strengthen use of evidence around Agency Learning Agenda priority areas, especially Operational Effectiveness



— Q&A



Megan Kennedy-Chouane



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Shilpa Modi-Clift

Closing Remarks



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