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USAID/Bureau for Humanitarian Assistance

**COVID-19 Emergency Application
Supplemental Guidance**

FY 2021

Introduction and Background

As part of USAID's coronavirus disease (COVID-19) response efforts, USAID's Bureau for Humanitarian Assistance (USAID/BHA) leads efforts to mitigate the impacts of COVID-19 in humanitarian settings. This support includes critical and targeted actions alongside broader adaptations to ensure safe programming, limit disease transmission, maintain continuity of humanitarian response, and respond to increased humanitarian needs.

This document provides guidance to implementing partners for BHA-supported programming in the context of COVID-19. This guidance supplements the requirements described in the [BHA Emergency Application Guidelines](#) and annexes. **This must be used as a complement to those guidelines.** The document outlines priority interventions to address COVID-19 and its impacts in line with sector and sub-sector requirements described in the BHA Emergency Application Guidelines, as well as activities that require additional justification. This guidance may be revised and adapted as new information becomes available.

Mitigating the Risk of COVID-19 Transmission

In all programming, the safety and security of community members and implementing partner staff are critical. You should weigh an activity's expected protective impact against the risk of coronavirus transmission to staff and beneficiary populations while implementing the activity. Activities should be implemented in a safe manner consistent with current WHO technical guidance. You should maintain awareness of COVID-19 transmission levels in the operational environment and act in accordance with global, national, and local public health measures.

Programming in the COVID-19 Context

You must adequately analyze probable operational constraints posed by COVID-19 when designing programs. The results of this analysis must be incorporated into proposed plans and modalities to ensure achievable interventions and realistic targets. Operational constraints could include movement restrictions, procurement and supply chain disruptions, safety and security issues, limited capacity of government entities, lack of available sub-contractors, etc.

Risk communication and community engagement (RCCE) play an important role in mitigating transmission and protecting vulnerable populations. You should seek to

reinforce established RCCE strategies and activities available from respective ministries of health and leading response agencies by applying them as appropriate.

Mandatory Cross-Cutting Gender and Protection Requirements

BHA partners must adhere to more targeted and COVID-19-specific standards for protection and gender mainstreaming, protection from sexual exploitation and abuse (PSEA), and accountability to affected populations (AAP). These requirements can be found in the [Guidelines, 10.5-10.6 PSEA and AAP](#) and [Annex A, 2.1.1. Protection Mainstreaming](#).

Mitigating gender and protection concerns, and understanding and addressing the needs of vulnerable groups, are essential to strong COVID-19 response activities across any sector. The pandemic itself and containment measures can increase the vulnerability of those already facing high risks of protection violations. For instance, loss of income, lack of mobility, closures of schools and support services, and widespread stress can result in increased violence in the home and barriers to accessing life-saving assistance. You should address the following in applications, as appropriate to the proposed activities:

- Sex- and age-disaggregated data (SADD) is needed to best understand who is most vulnerable to both pandemic impacts and protection violations, overburdened with care responsibilities, and particularly challenged by access. How do gender analysis and SADD inform the proposed response?
- Gender and age differences reveal important insight into transmission patterns and infection prevention and control strategies. How do the proposed activities integrate a gender-responsive approach into essential services work, particularly in health and WASH sectors?
- Effective essential RCCE activities target and are tailored to each specific vulnerable segment of the population. How are communication and community engagement practices adapted to reach particularly vulnerable or hard-to-reach populations, including older persons, women and adolescent girls, and people with disabilities?
- What additional measures are in place to identify and respond to the particular challenges faced by vulnerable groups, including
 - Restricted access to information and assistance,
 - Additional support or care needs due to
 - Health concerns,
 - Absence of caregivers, and
 - Increased risks of violence related to quarantine or physical distancing?
- How do the proposed activities target high-risk populations, per the following sector-specific COVID-19 guidance detailed in this document?
- How does COVID-19 exacerbate protection risks, and what measures are in place to provide safe and effective referrals to needed protection services?

- Women and girls are overrepresented in the health workforce, in health and hygiene promotion activities, and as caretakers. How do the proposed activities mitigate risks associated with these roles?

Health

Targeting Health and WASH Response Activities

USAID-supported public health activities are designed to address the major causes of morbidity and mortality in a humanitarian setting. In the context of the pandemic, this requires comprehensive and integrated health and WASH approaches to maintain critical life-saving health care alongside measures to mitigate the public health consequences of COVID-19.

You should demonstrate how health and WASH activities target those crisis-affected populations at highest risk of poor health outcomes due to disruptions in access to basic and life-saving health care, and/or most at risk for morbidity and mortality due to COVID-19.

- Within ongoing humanitarian crises, high-risk areas may include: population-dense areas, such as urban and internally displaced person (IDP) camp settings; areas with elevated rates of communicable and noncommunicable diseases and acute malnutrition; and areas with poor health coverage and limited capacity to practice protective hygiene behaviors. Population groups highly vulnerable to severe illness include older people and people with underlying COVID-19 comorbidity factors.
- Targeting activities should account for current beneficiaries' increased vulnerability, recognizing that vulnerability may change over time. Partners should continually reassess targeting to reflect the changing epidemiology and severity of the pandemic, as well as emergent needs due to overwhelmed health systems, disruptions in supply chain/food markets, and the adverse impacts of control measures on affected populations' economic and social well-being, which can create or shift high-risk areas and population vulnerability.

Overview

USAID/BHA supported health response to COVID-19 focuses primarily on maintaining emergency health care for crisis-affected populations and supporting communities to adopt sound mitigation strategies. This focus is mainly around prevention. Health interventions targeting the direct health impacts of COVID-19 must clearly demonstrate how they prioritize evidence-based public health approaches to slow and prevent disease transmission, and rationalize the use of health resources for COVID-19 alongside other health risks and major causes of morbidity and mortality.

How to use this guidance

- Adaptations of health activities to mitigate the risks of COVID-19 during health care and/or respond to impacts on access and utilization of emergency health services should be incorporated within each Health sub-sector. You must address the requirements described in [Annex A, 6. Health Sector](#) and the specific guidance for each sub-sector described below.
- Public health interventions directly targeted to COVID-19 must address the requirements in [Annex A 6.4 Public Health Emergencies Sub-Sector](#), as well as the guidance and technical requirements below.

Activities and Guidance

Sub-Sector: Health Systems Support

- Health Systems Support is a core sub-sector for all USAID/BHA supported health interventions; all applications must address the requirements outlined in the Health Systems Support Sub-Sector of the [BHA Applications Guidelines](#).
- Where appropriate, activities to adapt or modify spaces in existing health facilities for safe patient care may be proposed. This may include adaptations for safe screening, temporary isolation-based care, or to increase the number of isolation beds for COVID-19 patients. You must describe the timeline for these modifications, and how you will meet requirements for staffing, training on revised protocols, waste management, and other operational support to ensure a fully functional facility.
- USAID/BHA funds should not be used to construct new isolation facilities or treatment centers for COVID-19. You must apply the requirements for health facility rehabilitation activities described in [Annex A 6.1 Health Systems Support Sub-Sector](#) when proposing to adapt or modify health facilities.

Sub-Sector: Basic Primary Health Care

- You must describe how you will:
 - Maintain basic primary health assistance at the primary/community level;
 - Adapt staffing levels, training, supervision, and types and quantities of medical commodities required to maintain a functional health facility and mitigate the risk of COVID-19 to staff or patients.
 - Counsel or support home-based care for patients with suspected COVID-19 who present with mild symptoms and do not require medical care.
- In countries implementing integrated Community Case Management (iCCM) or other outreach-based services, describe how you will adapt these approaches to address risks of COVID as well as the decreased utilization of health facilities. Describe how clear and concise COVID-19 prevention messages will be incorporated within ongoing health education and hygiene promotion

programming. Note that *health education* is a distinct activity from Risk Communication and Community Engagement (RCCE). Adaptations to health education should remain in the Basic Primary Health Care Sub-Sector, while RCCE should be described in the Public Health Emergencies Sub-Sector.

Sub-Sector: Higher Level Care

- Describe how emergency non-COVID-19 referral services will be sustained prior to adapting or resourcing a health facility for COVID-19 case management.
- Describe support for case management or isolation-based care of COVID-19 patients within the PHE sub-sector, and address the guidance in [Annex A. 6.4. PHE Sub-Sector](#) as well as the *Clinical Case Management* guidance notes below.
- As outlined below, support for ICUs and other high level care is not recommended due to the high level of resources required and limited impact on preventing morbidity and mortality. Basic care for severe cases (including oxygen therapy) should be prioritized.

Sub-Sector: Public Health Emergencies

Clinical Case Management

- Available evidence suggests that over 80% of cases are mild. They may not require medical care or only require basic care. An estimated 15% of cases may be severe and require oxygen. Fewer than 5% of symptomatic cases may become critical or need more advanced care, such as ventilation. Mortality rates are high even where those resources are available.
- USAID/BHA prioritizes basic evidence-based interventions and low-tech approaches that maximize the number of patients that can access care with available resources. Intensive care units (ICUs) or other critical care approaches will be extremely challenging or impossible to implement at the scale and quality required, given severely limited hospital capacity, equipment, and specialists in most humanitarian settings. Support for ICUs and other advanced care is not recommended and will only be considered on an exceptional basis. Justification is required that demonstrates that
 - The level of care proposed is consistent with healthcare norms prior to the pandemic, and
 - More basic needs for care are already being addressed.

Partners must address the requirements for clinical case management outlined in the PHE sub-sector, and adapted for COVID-19. Additionally, you must:

- Describe how emergency non-COVID-19 health services will be sustained prior to adapting or resourcing a health facility for COVID-19 case management;

- Describe the timeframe for implementation. To be impactful, support for COVID-19 case management should be rapidly targeted to facilities you comprehensively support to provide holistic humanitarian health care;
- Describe the level of severity (E.g., mild, moderate, severe) of COVID-19 patients the facility will be supported to manage. In most cases only care for moderate/mild cases may be feasible. Facilities designated to care for severe cases need oxygen therapy;
- Describe staffing ratios, training, supervision, and quality assurance for the level of care that is supported. You should not propose to establish a higher level of care than is currently available at the targeted health facility;
- Confirm that clinical research activities will not be supported with USAID/BHA funds.

Infection Prevention and Control

- *Infection prevention and control (IPC)* is a core responsibility for any health facility support. IPC requirements are described throughout the Health Sector of the [BHA Sector Requirements](#), as they pertain to health systems support, safe patient care, and control of outbreaks. Applications that include support for IPC in response to COVID-19 must specifically address the requirements outlined in the PHE sub-sector of the application guidelines.
- Applications that include Water, Sanitation, and Hygiene (WASH) activities designed to improve IPC at health facilities should describe WASH interventions in the Health Systems Support sub-sector, applying the *WASH in Health Facilities* keyword, if required. Additional guidance is provided in the specific WASH sector guidance later in this document.

Community-Based Response

- *Risk Communication and Community Engagement (RCCE)* is integral to the success of any health response to COVID-19. RCCE is distinct from health messaging, and focuses on two way communication and community dialogue to support communities in taking their own action in addressing issues that affect them. In addition to the requirements described in the [Annex A, 6.4 PHE Sub-Sector](#), applications that include RCCE activities for COVID-19 must:
 - Describe how you will support integrated and proactive RCCE activities adapted for COVID-19 that reinforce efforts led by national health authorities or the Health Cluster;
 - Describe how you will implement two-way communication/community feedback loops and involve communities in helping them find their own solutions to mitigating transmission and protecting themselves; and
 - Describe how RCCE efforts are coordinated among the Clusters (Especially Health, Protection, and WASH) and national health authorities to ensure consistency in messaging and approaches.
- *Restrictive Public Health and Social Measures* to mitigate community transmission are often difficult to implement and potentially harmful to the

survival and wellbeing of people affected by humanitarian crises. Implemented poorly, and absent access to testing for COVID-19, these approaches will not be effective. They may exacerbate distrust and resistance to more effective mitigation measures and divert limited resources.

- USAID/BHA will not support involuntary or institutional quarantine of contacts in designated facilities or other restrictive forms of confinement. In humanitarian settings where quarantine is required by national authorities, USAID/BHA will consider funding activities that mitigate the serious risks of harm posed to vulnerable groups if substantial justification is provided. You must describe how activities related to quarantine will address the risks of:
 - Protection violations
 - Adverse public health impacts (E.g., due to lack of testing, poor referral systems, access to care, and transmission within quarantine settings)
 - Ineffective or negligible impact on transmission due to the lack of resources to be implemented safely and effectively in humanitarian contexts.
- USAID/BHA will not support the 'shielding' approach or other approaches to physically separate vulnerable groups for severe COVID-19 disease from the rest of the population. Shielding introduces additional risks, protection concerns, and major operational challenges without any evidence of its effectiveness. Interventions designed to reduce transmission risks or meet basic needs while social distancing or self-isolating are described elsewhere and should be supported.
- Community-driven mitigation efforts through community health workers (CHWs) or other community-based health actors are critical to the COVID-19 response. CHWs can play an important role in adapting and applying public health principles to the local context and needs. Examples include daily monitoring and support to people who are self-isolating, counseling on home-based care and household prevention measures, and providing referral linkages to response mechanisms to meet basic needs for households with suspected or confirmed cases, including access to psychosocial support. Where support for community-based response through CHWs is proposed, you should describe the specific role of CHWs and how they are supervised.

Disease Surveillance

- Requirements for support to disease surveillance activities are outlined in [Annex A, 6.4, PHE Sub-Sector](#) and should be adapted for COVID-19. Any disease control strategy is context- and resource-dependent. Support for the interventions listed below will only be considered on a case-by-case basis.
- *Point of Entry/Point of Control (POE/POC)* screening activities are not supported by USAID/BHA for COVID-19 response. In humanitarian contexts POE/POC screening is unlikely to detect the majority of persons who are infected (who have

mild or no symptoms) or reduce the spread of COVID-19 (which is already present in most settings) while diverting significant resources from more effective preventive interventions.

- USAID/BHA will only consider supporting contact tracing on a limited and targeted basis. Contact tracing has limited effectiveness for control of COVID-19 in the majority of humanitarian settings. Traditional contact tracing is impractical due to
 - The short time interval between cases,
 - Routes of transmission,
 - Presymptomatic infectious period, and
 - Number of contacts requiring follow-up.

This diverts resources from other critical interventions. USAID/BHA will only consider support in contexts with access to testing, and where the timeline from identification of cases to contact tracing is short enough to control transmission.

Where proposed, you must clearly describe how:

- Contact tracing primarily targets high risk settings (such as congregate settings and health facilities);
 - Contact tracing is coordinated and supervised across response actors;
 - Timeliness and effectiveness is measured; and
 - The approach incorporates community engagement and social mobilization so as to be culturally appropriate and implemented in a way that is acceptable to the community.
- *Rapid Response Teams (RRT)* are not prioritized for funding by USAID/BHA for COVID-19 response unless specific and substantial justification is provided. RRTs often serve a disease surveillance function, require high levels of health resources, and should be supported through national health authorities and technical agencies. RRTs will have a limited impact on COVID-19 in humanitarian settings due to limited testing, widespread transmission, the short time interval between cases, and generally mild disease, meaning the majority of cases will not be detected and traditional rapid responses are unlikely to limit transmission. If proposed, you must describe:
 - Supervision systems,
 - A clear description of how rapid response is targeted to high risk populations (health settings),
 - How timeliness and resource requirements will be met, and
 - How effectiveness is monitored.
 - *Laboratory Support and Testing*: USAID/BHA does not fund nor support national public health laboratories or nationwide laboratory systems. Funding for laboratory support is prioritized through other USG funding and deferred to technical agencies, local health agencies, and global health actors with the required laboratory expertise and mechanisms for quality assurance and technical assistance. In some contexts, partners may propose support for specimen collection (E.g., swabs and specimen tubes) and specimen transport for testing in designated labs. This must be in-line with established national or health cluster testing strategies. You must clearly describe how supply chain and

training requirements will be addressed, the testing strategy, testing turnaround time and how test results are used, and how you will access technical assistance for quality assurance.

Dead Body Management

- Current evidence and knowledge of the symptoms of COVID-19 indicate that the likelihood of transmission when handling human remains is low. However, in certain contexts you may propose support for the handling and disposition of human remains that
 - Follows evolving guidelines on infection prevention and control,
 - Addresses the need to safely manage a surge in deaths, and/or
 - Educates families and burial attendants in contexts where mortuary services are not standard or reliably available.

Where proposed, you must follow [Annex A, 6.4, PHE Sub-Sector](#).

Sub-Sector: Pharmaceuticals and Medical Commodities

- Provide pharmaceuticals and medical commodities (PMC) required to safely manage patients, maintain essential health services, and address the health impacts of the pandemic. All applications must address the requirements outlined in [Annex A, 6.5, PMC Sub-Sector](#).

Supporting local production of face coverings, soap and other supplies

It may be appropriate to support homemade/artisanal production of soap and cloth face coverings under certain circumstances. For hand sanitizer, this is not generally recommended.

Livelihoods support for these items through supporting existing businesses to expand, or the creation of new microenterprises should be evaluated the same as any other livelihoods intervention. See [Annex A, 4, ERMS Sub-Sector](#). You must address the possible decline of demand for these items in the longer term.

Cloth face coverings are not the same as medical personal protective equipment (PPE) and are not appropriate for health care workers. Cloth face coverings may be supported where there are recommendations or requirements to wear face coverings in public. Partners must follow [IFRC](#) or [CDC](#) guidance. Partners must ensure correct instruction is provided with the face coverings:

- Wear
- Use
- Care
- Concurrent measures: E.g., hand hygiene and physical distancing.

WASH

Targeting Health and WASH Response Activities

USAID-supported public health activities are designed to address the major causes of morbidity and mortality in a humanitarian setting. In the context of the pandemic, this requires comprehensive and integrated health and WASH approaches to maintain critical life-saving health care alongside measures to mitigate the public health consequences of COVID-19.

You should demonstrate how health and WASH activities target those crisis-affected populations at highest risk of poor health outcomes due to disruptions in access to basic and life-saving health care, and/or most at risk for morbidity and mortality due to COVID-19.

- Within ongoing humanitarian crises, high-risk areas may include: population-dense areas, such as urban and internally displaced person (IDP) camp settings; areas with elevated rates of communicable and noncommunicable diseases and acute malnutrition; and areas with poor health coverage and limited capacity to practice protective hygiene behaviors. Population groups highly vulnerable to severe illness include older people and people with underlying COVID-19 comorbidity factors.
- Targeting activities should account for current beneficiaries' increased vulnerability, recognizing that vulnerability may change over time. Partners should continually reassess targeting to reflect the changing epidemiology and severity of the pandemic, as well as emergent needs due to overwhelmed health systems, disruptions in supply chain/food markets, and the adverse impacts of control measures on affected populations' economic and social well-being, which can create or shift high-risk areas and population vulnerability.

Overview

SARS-CoV-2, the virus that causes COVID-19 has not been detected in drinking water supplies or in surface or groundwater sources and the risk of coronaviruses to water supplies is low. There have been no reports of fecal–oral transmission of the virus. Therefore, BHA will not fund broad, independent WASH programs as a COVID-19 response. COVID-19 WASH responses must focus upon evidence-based activities to reduce SARS-CoV-2 transmission and address key barriers to the adoption of protective behaviors. As with any evolving outbreak, response activities must be timely and appropriately targeted in consideration of the anticipated epidemic curve.

Activities and Guidance

BHA WASH interventions for COVID-19 follow three principal lines of effort:

1. *Enabling and promoting hand washing.* Hand washing can be facilitated through hygiene promotion and the provision of soap and hand washing stations at household, community and institutional levels.
2. *WASH for Infection Prevention and Control (IPC) in health facilities.* BHA is prioritizing WASH support for IPC to health partners or their sub-awardees to ensure that WASH interventions directly support health programming, and do not occur in parallel. Health facilities targeted for support should be ones that are crucial to the health sector COVID-19 response strategy. As this is essentially a health-sector intervention, you should refer to [Annex A. 6. Health Sub-Sector](#) and this document.
3. *Operation and Maintenance (O&M) of existing water supply and sanitation systems.* Adequate water supply facilitates key COVID-19 protective measures such as hand washing and also safeguards against diarrheal disease outbreaks. Partners should concentrate efforts on O&M with a focus on standards and quality control as a means to ensure continuity of services and the provision of domestic water for handwashing and other protective measures.

Partners should implement continuity of operations plans to ensure the continued operation of essential, currently-supported humanitarian WASH systems. This includes WASH systems at IDP camps where alternatives to water and sanitation services are limited and the loss of functionality would have severe health impacts on the vulnerable populations those systems serve. Options to help ensure the safe operation of water and sanitation systems include:

- Prepositioning of critical stock
- Identification of contractors for continuity of services in the absence of NGO field staff, and
- Training of community focal points on key O&M actions.

Guidance notes

Water systems. Construction of or upgrades to community water supply systems are not supported as a core COVID-19 response intervention. Except under exceptional circumstances, efforts should concentrate on the O&M of existing, functional systems.

WASH in Health Facilities. BHA-supported WASH in health facilities should accompany and be in support of active health or nutrition programs, and not standalone. You should also refer to [Annex A. 4. Health Sub-Sector and 18.21 WASH in Health Keyword](#) and the Health portion of this document to ensure that any activities proposed in health facilities are placed in the appropriate sector of the application narrative and budget.

Sanitation systems. There is no known fecal-oral transmission of SARS-CoV-2. New community sanitation systems and household latrines should be avoided as COVID- 19

response activities.

Risk Communication and Community Engagement. Comprehensive RCCE programs should be included under the Health Sector within the PHE subsector. WASH-focused hygiene promotion programs should be included within the WASH sector. If COVID-19 prevention education is integrated into the broader hygiene promotion programming, the information provided and the methodologies used should be informed by the epidemiological context and locally specific RCCE strategies.

Hygiene kits. Hygiene kits that are intended to support a reduction in COVID-19 transmission should focus primarily on items that enable handwashing (E.g., hand soap, hand sanitizer, and buckets/taps for handwashing stations). Any additional personal hygiene items that inhibit significant COVID-19 transmission pathways (E.g., non-medical face coverings) may be included where warranted. Distributions should reach as many vulnerable people as possible for the expected time period they will be most at risk.

Household IPC/Disinfection Kits. Distribution of household IPC kits must be appropriately targeted (E.g., suspected/confirmed cases) based on guidance from health authorities and not via blanket distributions.

Safety and Security Plan

Applicants must submit safety and security plans in accordance with the requirements outlined in the [USAID/BHA Emergency Application Guidelines, 10.4](#) and the section below.

Safety and security plans must address safety and security risk mitigation measures for all staff relevant to the COVID-19 pandemic including location-specific details on plans for emergency medical care and evacuation. Safety and security plans must address any unique threats and vulnerabilities faced by local and national staff. As with other justifiable safety and security costs, partners are encouraged to budget for expenses related to COVID-19 safety and mitigation measures in order to do no harm to staff or beneficiaries. Planned costs should be outlined in the budget and budget narrative. Partners may include, as appropriate, safety and security staff, COVID-19 training for all staff, relevant items, and services that reduce COVID-19 transmission.

Risk Management

All applications must address the effects of COVID-19 in their applications. Please also apply this consideration to your Risk Assessment and Management Plan (see [Annex D](#)). COVID-19 may exacerbate existing risks and present new risks affecting your ability to responsibly program USAID-funded activities. In your risk assessment and management plan, you must incorporate and address risks caused or enhanced by

COVID-19 in your program operating environments. Risks exacerbated or driven by COVID-19 may include, but are not limited to:

- Fraud and diversion of humanitarian assistance. In its July 2020 report [Challenges USAID Faces in Responding to the COVID-19 Pandemic](#), USAID Office of Inspector General (OIG) notes that “emergency food, health, shelter, and livelihood assistance for those in most acute need has been subject to diversions, product substitution, and other malicious schemes.”;
- The impact of travel and access restrictions on your organization’s ability to obtain information needed to assess and respond to risks;
- Challenges in discovering and reporting waste, fraud, abuse, or other misuse of resources due to loss or reduction of in-person community feedback and complaint mechanisms and reduced or eliminated in-person monitoring of program activities;
- Distribution methods that reduce in-person contact but also reduce ability to confirm beneficiaries have received aid via physical signatures or other physical measures and to confirm quality of goods and/or services;
- Potential lapses in internal controls and oversight mechanisms caused by deviating from policy manuals and standard operating procedures. Consider procurement and human resources policies, programmatic policies, and measures to protect against support to sanctioned groups or persons; and
- Lack of clear, documented guidance or training by recipients on adaptation of new COVID-19 risk mitigation measures (E.g., new data collection processes, safeguarding measures for enumerators and beneficiaries, remote management).

All USAID employees and USAID recipients are responsible for combating fraud, waste, and abuse and other misuse of resources in programs. Recipients of all USAID awards are required to report these issues to the USAID Office of Inspector General, AO, and AOR, per the terms of their award. Detailed post-award reporting guidelines and requirements including types of reports, frequency, and instructions for submission are included in BHA award documents. Refer to the [USAID OIG’s COVID-19 Fraud Awareness](#) one-pager for additional information on types of fraudulent activities to report.