



March 2018

EBOLA RECOVERY

USAID Has Initiated
or Completed Most
Projects, but a
Complete Project
Inventory Is Still
Needed for Evaluating
Its Efforts

GAO Highlights

Highlights of [GAO-18-350](#), a report to congressional committees

Why GAO Did This Study

The 2014-2015 Ebola outbreak in West Africa caused long-term second-order impacts, including disruptions to health systems, job loss, and food insecurity. Congress appropriated about \$2.5 billion for USAID and the Department of State (State), in part, for international efforts to prevent, prepare for, and respond to an Ebola outbreak and mandated that the agencies report to congressional committees on the use of the funds. As of September 2017, USAID had allocated almost all of the appropriated Ebola funds. In 2016, USAID contracted for an evaluation of Ebola recovery activities.

The fiscal year 2015 appropriations act included a provision for GAO to conduct oversight of USAID and State activities supported with funds from the Ebola response and preparedness appropriations. GAO's 2016 report ([GAO-17-35](#)) focused on USAID and State funding for Ebola response and preparedness. This report examines (1) obligations for USAID's Ebola recovery projects, (2) the status of USAID's implementation of these projects, and (3) USAID's evaluation of Ebola recovery efforts. GAO analyzed USAID funding data as of September 30, 2017, which are the latest data provided to Congress, reviewed project documents and evaluation plans, interviewed agency officials, and conducted fieldwork in Guinea, Liberia, and Sierra Leone.

What GAO Recommends

The Administrator of USAID should ensure that a complete and accurate inventory of Ebola recovery projects is compiled for the ongoing evaluation. USAID concurred with GAO's recommendation.

View [GAO-18-350](#). For more information, contact David B. Gootnick at (202) 512-3149 or gootnickd@gao.gov.

March 2018

EBOLA RECOVERY

USAID Has Initiated or Completed Most Projects, but a Complete Project Inventory Is Still Needed for Evaluating Its Efforts

What GAO Found

As of September 30, 2017, of the \$1.6 billion that the U.S. Agency for International Development (USAID) had obligated for the Ebola outbreak, \$411.6 million was obligated for 131 Ebola recovery projects. Of the \$411.6 million, USAID obligated the largest amount—about \$247.6 million (60 percent)—from the Economic Support Fund account for recovery projects to support health systems recovery, governance and economic crisis mitigation, and Ebola survivors, among others. USAID obligated about \$118.5 million from the International Disaster Assistance account for food security projects, such as food assistance and agricultural market support, and \$45.5 million from the Global Health Programs account for Ebola survivor and world health reform projects.

As of September 2017, USAID had completed 62 of its 131 planned Ebola recovery projects, had 65 projects that were ongoing, and had 4 planned projects that it had not yet started. Of the 62 completed projects, USAID had completed 39 within original time frames and budgeted costs and extended 23. Of the 65 ongoing projects, USAID expected to implement 46 within original time frames and costs, but had extended 19. USAID extended projects, in part, to complete host-government actions, hire staff, finalize project activities, and continue and expand food assistance.

In 2016, USAID contracted for an evaluation of its Ebola recovery activities. Although the contractor has completed some design elements for the evaluation, USAID had not ensured that a complete and accurate inventory of USAID's Ebola recovery projects had been compiled for the evaluation as of December 2017. USAID intends to use the information and lessons learned from this evaluation to inform and improve its ability to respond to future global health emergencies. GAO's comparison of the contractor's inventory with USAID data provided to Congress found a number of discrepancies that USAID officials could not explain with certainty. USAID policy states that information collected should be of sufficient quality to be useful for the intended users. Until USAID ensures that the contractor develops a complete and accurate inventory of USAID's Ebola recovery projects, USAID will not have assurance that the resulting evaluation will be of sufficient quality.

Health Facilities Rehabilitated in Sierra Leone by a USAID Ebola Recovery Project



Source: GAO. | [GAO-18-350](#)

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Abbreviations

ADS	Automated Directives System
CDC	Centers for Disease Control and Prevention
CIO	Contributions to International Organizations
ESF	Economic Support Fund
FFP	Office of Food for Peace
GDP	gross domestic product
GHP	Global Health Programs
IDA	International Disaster Assistance
INCLE	International Narcotics and Law Enforcement
Lab	Global Development Lab
PKO	Peacekeeping Operations
State	Department of State
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WHO	World Health Organization

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March 28, 2018

The Honorable Lindsey Graham
Chairman
The Honorable Patrick J. Leahy
Ranking Member
Subcommittee on State, Foreign Operations, and Related Programs
Committee on Appropriations
United States Senate

The Honorable Hal Rogers
Chairman
The Honorable Nita M. Lowey
Ranking Member
Subcommittee on State, Foreign Operations, and Related Programs
Committee on Appropriations
House of Representatives

The 2014-2015 Ebola outbreak led to an estimated 28,600 Ebola cases and more than 11,300 deaths. It also caused long-term disruptions to health systems, adverse economic effects, and other second-order impacts in the three primarily affected countries in West Africa—Guinea, Liberia, and Sierra Leone.¹ Specifically, the outbreak resulted in a redirection of these countries' scarce health-care resources to Ebola response efforts, job loss, disruptions to trade, reduced agricultural production, decreased household purchasing power, and increased food insecurity.

In September 2014, the President announced a four-pillar U.S. government strategy to address the impacts of the Ebola outbreak.² The second pillar of the strategy focuses on mitigating the second-order

¹The direct impacts of the Ebola outbreak in West Africa were increased morbidity and mortality. As of June 2016—the most recent date for which the World Health Organization (WHO) has reported data—the outbreak had resulted in more than 28,600 confirmed, probable, and suspected cases of Ebola and more than 11,300 deaths in the three primarily affected countries.

²The four pillars of the *U.S. Government Strategy for Reducing Transmission of the Ebola Virus Disease in West Africa* are (1) controlling the outbreak, (2) mitigating the second-order impacts of the crisis, (3) building coherent leadership and operations, and (4) strengthening global health security.

impacts of the outbreak, including efforts to assist in the primarily affected countries' recovery. In November 2014, the President submitted a request to Congress for additional funds to enable the U.S. government to implement the strategy, including a request for funding to support Ebola recovery projects to address the second-order impacts in the three primarily affected countries. In December 2014, Congress enacted the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2015 (the Act), which appropriated about \$2.5 billion to the U.S. Agency for International Development (USAID) and the Department of State (State) for necessary expenses to assist countries affected by, or at risk of being affected by, the Ebola outbreak, among other things.³ The Act also required State, in consultation with USAID, to periodically submit reports to congressional committees on the proposed uses of the funds on a country and project basis.⁴ USAID and, to a lesser extent, State have allocated portions of funding from that appropriation for Ebola recovery projects to address the second-order impacts and assist the three primarily affected countries' recovery.

The Act also includes a provision for GAO to conduct oversight of USAID and State activities supported with funds from the Ebola response and preparedness appropriation. In November 2016, we reported on USAID's and State's funding for Ebola response and preparedness activities.⁵ This report examines (1) obligations for USAID's Ebola recovery projects, (2) the status of USAID's implementation of these projects, and (3) USAID's evaluation of Ebola recovery efforts.

³Pub. L. No. 113-235, Div. J, Title IX, 128 Stat 2130, 2692 (Dec. 16, 2014). In addition, the Act appropriated funding for efforts to mitigate the risk of illicit acquisition of the Ebola virus and to promote biosecurity practices associated with Ebola response efforts.

⁴The Act requires State, in consultation with USAID, to submit a report to the Senate and House Committees on Appropriations on the proposed uses of the funds on a country and project basis, for which the obligation of funds is anticipated, no later than 30 days after enactment. It further requires State, in consultation with USAID, to update and submit these reports every 30 days until September 30, 2016, and every 180 days thereafter, until all funds have been fully expended. In the reports, USAID and State are required to include (1) information detailing how the estimates and assumptions contained in the previous reports have changed, and (2) obligations and expenditures on a country and project basis. The most recent report is as of September 30, 2017.

⁵GAO, *Emergency Funding for Ebola Response: Some USAID Reimbursements Did Not Comply with Legislative Requirements and Need to Be Reversed*, GAO-17-35 (Washington, D.C.: Nov. 2, 2016).

To examine obligations for USAID's Ebola recovery projects, we reviewed USAID's and State's reports to congressional committees mandated by the Act and USAID's strategic framework for Ebola recovery. We focus this report on USAID because it has allocated more than \$2.3 billion (91 percent) of the approximately \$2.5 billion appropriated and has implemented most of the Ebola recovery projects funded from the appropriation. We conducted interviews with USAID and State officials to determine the projects that they identified as supporting Ebola recovery. We analyzed USAID's obligations data and information that USAID reported as supporting Ebola recovery as of September 30, 2017, the most recent data and information that USAID and State have reported for congressional committees.⁶ To examine the status of USAID's implementation of Ebola recovery projects, we analyzed agency data on the implementation of Ebola recovery projects and the amounts of funding that USAID had obligated for these projects in its most recent report to Congress. To gain more in-depth information and context on the implementation of Ebola recovery projects, we selected a non-generalizable sample of 10 Ebola recovery projects that USAID had reported in Pillar 2 as of July 1, 2016.⁷ We selected projects such that the sample would achieve a mix of projects by country; USAID office, bureau, and mission; and category of USAID's strategic framework for Ebola recovery.⁸ We reviewed documents for our sample of projects and, where possible, conducted site visits in Guinea, Liberia, and Sierra Leone to examine project implementation. To identify the numbers and types of Ebola recovery projects that USAID had planned and implemented, we also analyzed funding data from USAID's reports to Congress. We assessed the reliability of the data that USAID reported for its implementation of Ebola recovery projects and its obligations for such projects. We requested and reviewed information from agency officials

⁶In a draft of this report that we provided to USAID and State for comment, we reported funding data that were current, as of March 31, 2017. State subsequently provided updated data, as of September 30, 2017. We updated our report accordingly.

⁷We selected our sample of projects from among those that USAID had reported as of July 1, 2016 because we had assessed the reliability of the project data and information that USAID had reported as of that date during our prior work. In addition, to allow for an assessment of the implementation, we sought to select projects that had either begun implementation or had been completed. For more information about our 10 selected projects, see appendix II.

⁸The categories of USAID's strategic framework for Ebola recovery are (1) health systems recovery, (2) emergency non-Ebola health services, (3) governance and economic crisis mitigation, (4) innovation and communications technology, and (5) food security.

regarding the underlying financial data systems and the checks and reviews used to generate the data to ensure its accuracy and reliability. We also compared the data to USAID's documentation from selected projects to assess the reliability of USAID funding and project data. When we found discrepancies, we contacted agency officials and obtained information from them necessary to resolve the discrepancies. Based on these steps, we determined that the data we used were sufficiently reliable for the purposes of reporting the numbers of recovery projects and obligations. We also conducted fieldwork in Guinea, Liberia, and Sierra Leone, interviewing USAID officials, implementing partners, and host country officials about the planning and implementation of projects. To examine USAID's evaluation of Ebola recovery efforts, we compared the evaluation plan prepared by USAID's contracted evaluator (contractor) to criteria for designing effective evaluations.⁹ We also interviewed USAID officials and contractor staff in Washington, D.C. to discuss the evaluation plan details, including the methods, measures, and analysis plans for each objective. See appendix I for more details on our scope and methodology.

We conducted this performance audit from November 2016 to March 2018 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate, evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Second-Order Impacts of the Ebola Outbreak in Guinea, Liberia, and Sierra Leone

In addition to its direct impacts of increased morbidity and mortality, the Ebola outbreak also caused longer-term second-order impacts in all three primarily affected countries, including impacts on health systems, economies, governance, and food security.

⁹GAO, *Designing Evaluations: 2012 Revision*, [GAO-12-208G](#) (January 2012); Centers for Disease Control and Prevention, *Framework for Program Evaluation in Public Health* (Atlanta, GA: Sept. 17, 1999).

Impact on Health Systems

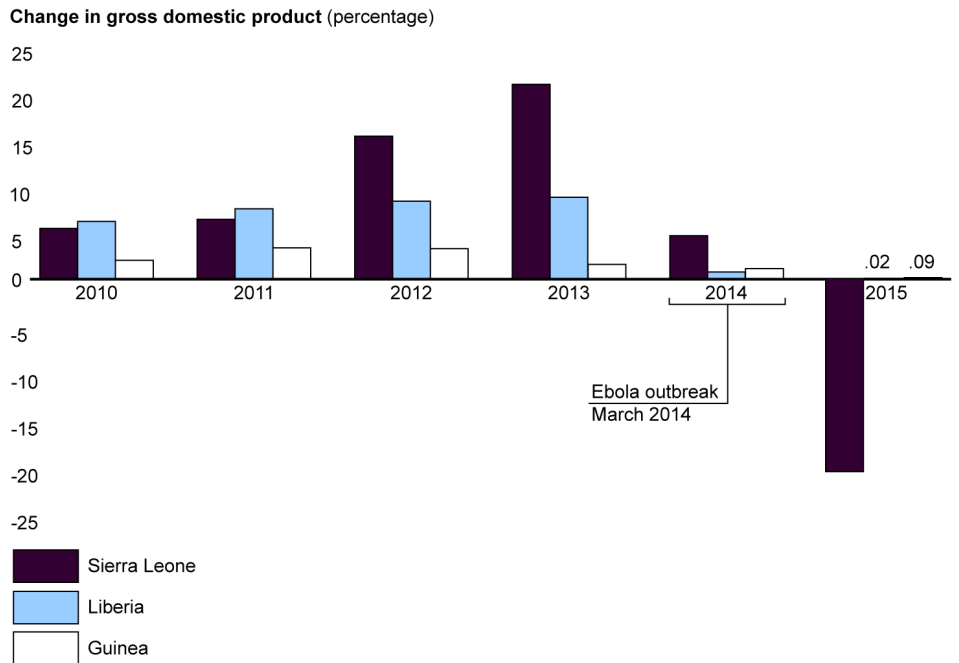
The Ebola outbreak overwhelmed the health systems and affected the quality and availability of health-care services in Guinea, Liberia, and Sierra Leone, which already had limited numbers of health-care workers and weak health-care infrastructure, according to WHO. Before the outbreak, the World Health Organization (WHO) estimated that there were 1 or 2 doctors per 100,000 people in the three countries; for example, WHO estimated that there were approximately 50 doctors in Liberia for a population of about 4.5 million. The quality and availability of care deteriorated as health-care workers succumbed to Ebola, and patients and health-care workers avoided health facilities for fear of contracting the disease. Health-care workers in the three primarily affected countries were 21 to 32 times more likely to be infected with Ebola than the general population. According to WHO, as of May 2015 health-care workers constituted about 4 percent of those infected in the three countries and, of those health-care workers infected, about two-thirds died.

The outbreak also caused health resources to be diverted from other basic health services. For example, the United Nations Children's Fund (UNICEF) reported that the outbreak contributed to a drop in vaccination coverage, resulting in a significant number of children being exposed to the risks of contracting vaccine-preventable diseases. The number of children in Sierra Leone receiving basic immunizations declined by 21 percent in 2014, following the outbreak, according to UNICEF.

Impact on Economies, Governance, and Food Security

All three countries experienced serious economic consequences from the Ebola outbreak, according to USAID. The closure of international borders in response to the outbreak hampered economic activity by limiting and restricting the movement of people, goods, and services. As a result, USAID noted that Guinea, Liberia, and Sierra Leone experienced market disruption, reduced agricultural production, and decreased household purchasing power. The gross domestic product (GDP) growth in all three countries declined in 2015 following the outbreak, most markedly in Sierra Leone (see fig. 1).

Figure 1: Percent Change in Gross Domestic Product for Sierra Leone, Liberia, and Guinea, 2010-2015



Source: GAO analysis of International Monetary Fund data. | GAO-18-350

All three countries' governance and public management was already generally weak before the outbreak, according to World Bank indicators, and during the outbreak, their governments faced challenges in providing basic public services. As Ebola spread in West Africa in 2014 and early 2015, food security became a concern in the three primarily affected countries, according to USAID. Travel bans created market disruptions and shortfalls in agricultural production. Food prices increased while household incomes and purchasing power decreased, resulting in food insecurity, according to USAID. Additionally, the outbreak occurred at the beginning of the planting season, which further affected agricultural markets and food supplies.

USAID's Strategic Framework for Ebola Recovery and Number and Status of Projects

In June 2015, USAID designed a strategic framework in part to explain the objectives of its Ebola projects to internal and external stakeholders, such as agency officials, Congress, and implementing partners, according to USAID officials. USAID derived the Ebola recovery portion of its strategic framework from Pillar 2 of the U.S. government strategy for

Reducing Transmission of the Ebola Virus Disease in West Africa. Specifically, the overall objective of Pillar 2 of USAID's strategic framework is to address the second-order impacts of the outbreak by preventing the loss of development gains and strengthening key institutions and infrastructure whose weaknesses enabled the rapid spread of Ebola or slowed the response.

USAID's strategic framework for Ebola recovery consists of five project categories, which have the following goals:

- **Health systems recovery.** Improve the delivery of services and health-care commodities, enhance the management of health crises through revised protocols and response capabilities, and address health-care workforce issues.
- **Emergency non-Ebola health services.** Restart health services to pre-Ebola outbreak levels and communicate the risks of Ebola to mobilize the population to change its behaviors.
- **Governance and economic crisis mitigation.** Improve public services, governance, elections processes, water and sanitation, and social protection systems.
- **Innovation, technology, and partnership.** Attract innovations, new technologies, and partnerships to address response and recovery challenges, as well as improve health information systems.
- **Food security.** Increase food access for groups impacted by Ebola and increase food availability through the recovery of local food production and agricultural markets.

According to USAID, after developing the strategic framework in June 2015, it programmed Ebola funds for Ebola survivor and world health reform projects, which have the following goals:

- **Ebola survivors.** Support the procurement of medicines and supplies for Ebola survivors and build the capacity of health-care services to monitor and treat Ebola survivors.
- **World health reform.** Strengthen WHO's ability to lead and coordinate an effective response to ongoing and future health emergencies.

As of September 2017, USAID had implemented the largest number of recovery projects in Liberia.¹⁰ Table 1 shows the numbers of completed, ongoing, and planned USAID recovery projects by geographic area.

Table 1: Total Numbers of USAID Ebola Recovery Projects by Implementation Status and Geographic Area, as of September 2017

Geographic area	Number of completed projects	Number of ongoing projects	Number of planned projects not yet initiated	Total
Liberia	20	29	2	51
Regional	25	13	0	38
Sierra Leone	8	14	0	22
Guinea	9	9	2	20
Total	62	65	4	131

Source: GAO analysis of U.S. Agency for International Development (USAID) data. | GAO-18-350

Note: Geographic areas are shown in order of the total numbers of completed, ongoing, and planned USAID Ebola recovery projects.

USAID Obligated \$412 Million for 131 Projects across 7 Categories of Ebola Recovery Assistance

USAID had obligated approximately \$411.6 million for 131 Ebola recovery projects as of September 30, 2017, from three different appropriations accounts: the Economic Support Fund (ESF) account, the International Disaster Assistance (IDA) account, and the Global Health Programs (GHP) account.¹¹ USAID obligated the largest amount of funding from the ESF account. USAID’s funding for Ebola recovery projects supported seven categories of assistance: health systems recovery, emergency non-Ebola health services, governance and economic crisis mitigation, innovation and communications technology, food security, world health reform, and Ebola survivors. Food security projects received the largest share of Ebola recovery funds.

¹⁰Regional Ebola recovery projects encompass multiple countries.

¹¹We report obligations from the Act in accordance with USAID’s and State’s reporting to Congress because the reports are the source of our data. The obligations data in this report are as of September 30, 2017 because USAID’s and State’s most recent report for Congress is as of that date.

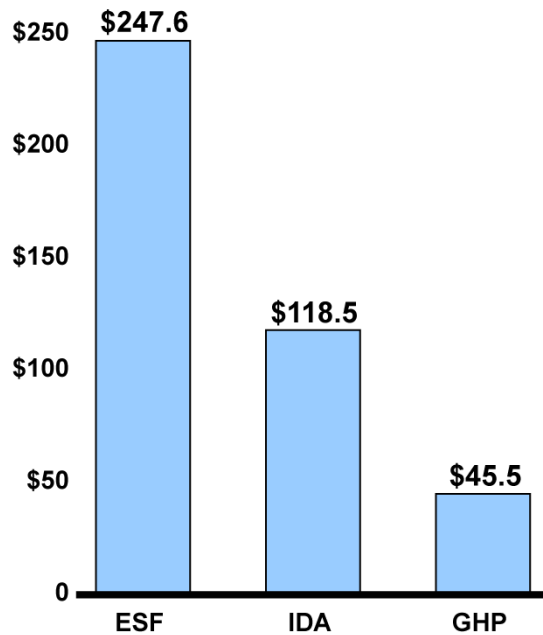
USAID Has Funded Ebola Recovery Projects through Three Appropriations Accounts

As of September 30, 2017, of the \$1.6 billion that USAID had obligated for the Ebola outbreak, USAID had obligated \$411.6 million for 131 Ebola recovery projects that we identified.¹² Of the \$411.6 million, USAID obligated the largest amount—\$247.6 million (60 percent)—from the ESF account. Figure 2 shows USAID’s obligations for its recovery projects by account.

¹²State and the Centers for Disease Control and Prevention (CDC) have also implemented Ebola recovery projects funded from the Act, as of September 30, 2017. For more information about State and CDC Ebola recovery projects, see appendix III. For additional information about the status of USAID’s and State’s reported allocations from the Act by appropriation account, see appendix IV.

Figure 2: Obligations for USAID Ebola Recovery Projects by Appropriation Account, as of September 30, 2017

Dollars (in millions)
\$300



Legend: ESF = Economic Support Fund; IDA = International Disaster Assistance; GHP = Global Health Programs

Source: GAO analysis of U.S. Agency for International Development (USAID) data. | GAO-18-350

ESF Account

USAID obligated funding from the ESF account for recovery projects to support health systems recovery, emergency non-Ebola health services, governance and economic crisis mitigation, innovation and communications technology, and Ebola survivors. For example, USAID obligated

- \$2.0 million for a project to provide routine immunizations to more than 130,000 children under 5 years of age and more than 130,000 pregnant women in Liberia;
- \$17.0 million for a project to restore routine health services in Sierra Leone by (a) installing water and sanitation and solar power infrastructure at more than 300 health facilities, (b) providing medical

equipment, and (c) training more than 900 health-care professionals on reproductive, maternal, newborn, and child health and infection prevention and control practices (see fig. 3);

- \$10.0 million for a project to improve the quality of pre-service education for midwives and laboratory personnel in Liberia (see fig. 4);
- \$6.0 million for a project to support health finance and governance in Guinea, which assessed the financial management of the Ministry of Health and updated the ministry's administrative and financial procedures, and provided management trainings to 65 senior health officials;
- \$1.5 million for projects to develop health information system strategies in Guinea, Liberia, and Sierra Leone, including embedding expert advisors in each country's Ministry of Health; and
- \$1 million for an Ebola survivor and transmission prevention project in Liberia to build the capacity of specialty care services to treat and monitor survivors.

Figure 3: Solar Panel at a Health Facility in Sierra Leone Installed as Part of a USAID Ebola Recovery Project



Source: GAO. | GAO-18-350

Figure 4: Health Facility in Liberia at Which a USAID Ebola Recovery Project Funds Trainings for Midwives and Laboratory Technicians



Source: GAO. | GAO-18-350

IDA Account

USAID obligated \$118.5 million from the IDA account for food security projects, such as food assistance and agricultural market support. For example, USAID obligated approximately \$4.6 million in IDA funding for an emergency food security project in Liberia that increased 5,000 Ebola-affected households' access to food through unconditional cash transfers delivered by a mobile money service provider. The project also provided seed kits for six crop varieties to 4,000 of these households. In addition, USAID obligated approximately \$9.9 million for an emergency food security project in Sierra Leone that provided unconditional cash transfers to more than 10,300 households and conditional cash transfers to 400 small-scale agricultural traders to support the restocking of food supplies in areas affected by the Ebola outbreak. As a condition for receiving assistance, the small-scale agricultural traders participated in business trainings.

GHP Account

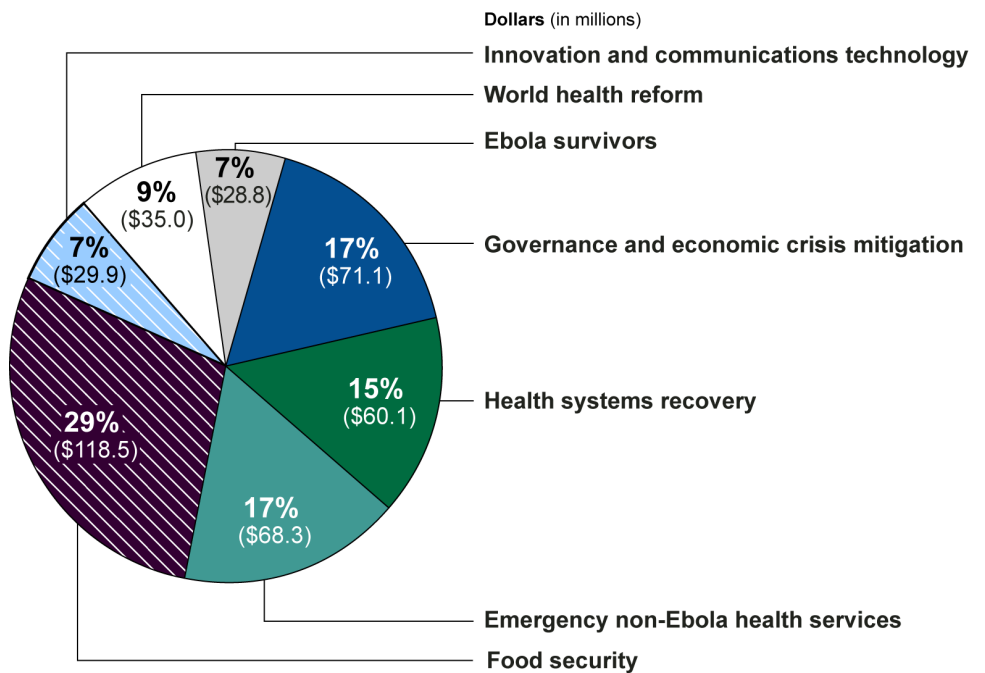
USAID obligated \$45.5 million from the GHP account for Ebola survivor and world health reform projects. The Ebola survivor project provides training to local medical staff to ensure long-term care for Ebola survivors in Liberia. USAID intends the world health reform project to guide WHO to

reform its structures and processes to support its capacity to respond to future disease outbreaks and health emergencies.

Food Security Projects Received the Largest Share of Ebola Recovery Obligations

As of September 2017, USAID had obligated the greatest amount of funding for food security projects, followed by projects supporting governance and economic crisis mitigation, and emergency non-Ebola health services. Figure 5 below depicts Ebola recovery project categories as a percentage of total obligations.

Figure 5: USAID’s Obligations for Ebola Recovery Projects, as of September 30, 2017



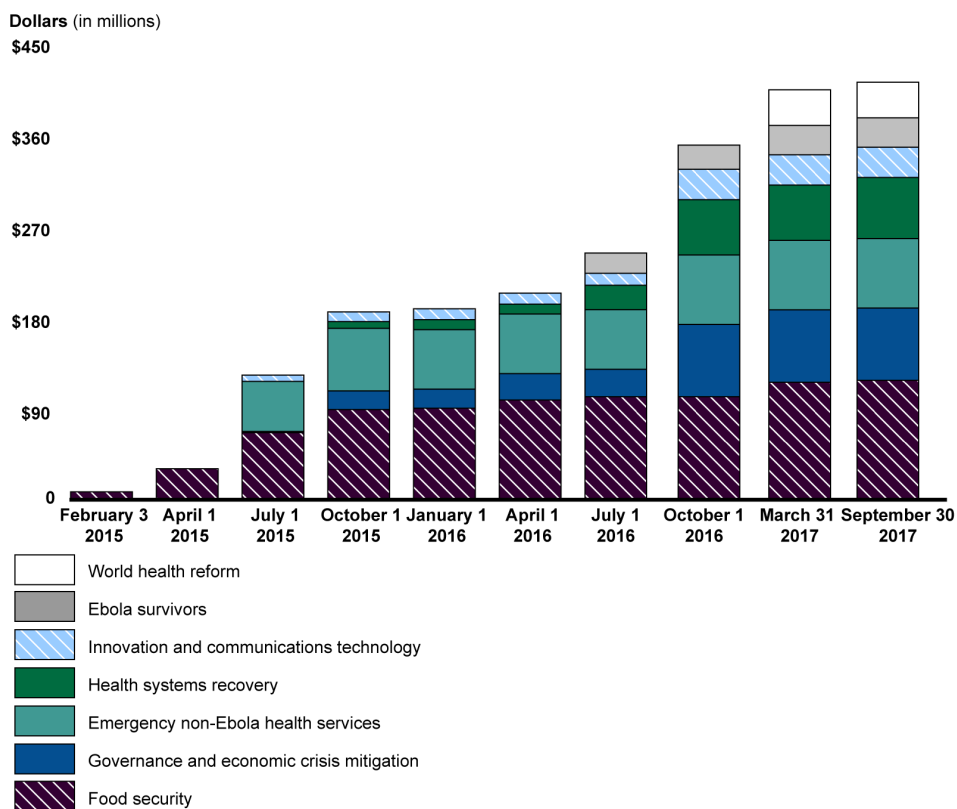
Source: GAO analysis of U.S. Agency for International Development (USAID) data. | GAO-18-350

Note: This figure does not include Ebola recovery projects that the Centers for Disease Control and Prevention are implementing through an interagency agreement with USAID. The interagency agreement contains \$80 million in obligations for Ebola, including obligations for Ebola recovery projects.

As shown in figure 6, USAID began obligating funds for food security in early 2015 in order to meet immediate food security needs and began obligating funds for other types of Ebola recovery activities in May 2015.

USAID obligated funds for Ebola survivor projects in May 2016 after identifying the level of need for survivor care.

Figure 6: USAID’s Obligations for Ebola Recovery Projects, February 2015—September 2017



Source: GAO analysis of U.S. Agency for International Development (USAID) data. | GAO-18-350

Appendix II provides additional information on USAID Ebola recovery projects, including detailed information on our sample of 10 selected recovery projects.

Almost Half of USAID's Ebola Recovery Projects Had Been Completed; the Remaining Were Ongoing, or Not Yet Started, as of September 2017

As of September 2017, USAID had completed 62 of its 131 planned Ebola recovery projects, had 65 projects that were ongoing, and had 4 planned projects that it had not yet started.¹³ Of the 62 completed projects, USAID completed 39 within originally planned time frames and budgeted costs and extended the remaining 23. Of the 65 ongoing projects, USAID expected to implement 46 within original time frames and costs, but extended 19. USAID extended projects, in part, to complete host-government actions, hire staff, finalize project activities, and continue and expand food assistance.

USAID Had Completed 62 Ebola Recovery Projects as of September 2017, Most within Originally Planned Time Frames and Budgeted Costs

USAID had completed more than half of its 62 completed Ebola recovery projects within originally planned time frames and budgeted costs, as of September 2017. Table 2 shows the numbers of recovery projects that each USAID bureau, office, or mission had completed within original time frames and the obligations for such projects, as of that date.

¹³We report project time frame data as of September 2017 because we obtained data on the implementation status of Ebola recovery projects from USAID bureaus, offices, and missions as of that date.

Table 2: Ebola Recovery Projects That USAID Had Completed within Originally Planned Time Frames and Budgeted Costs, as of September 2017

(Dollars in thousands)

USAID bureau, office, or mission	Number of projects	Types of projects	Total obligations
Global Development Lab	21	Governance and economic crisis mitigation Innovation and communications technology	4,430
Bureau for Global Health	11	Innovation and communications technology Health systems recovery Emergency non-Ebola health services	25,818
Office of Food for Peace	4	Food security	30,145
USAID/Liberia	2	Emergency non-Ebola health services Governance and economic crisis mitigation	5,600
USAID/Guinea	1	Governance and economic crisis mitigation	500
Total	39	—	66,493

Source: GAO analysis of U.S. Agency for International Development (USAID) data and information. | GAO-18-350

Note: We report obligations for funding appropriated in the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2015 in accordance with USAID's and State's reporting to Congress because the reports are the source of our data. The obligations data are as of September 30, 2017 because USAID's and State's most recent report for Congress is as of that date. Amounts shown may not sum to totals because of rounding.

Table 3 shows the 23 completed projects that USAID bureaus and offices had extended beyond original time frames and the obligations for such projects, as of September 2017. On average, the length of time originally planned for these projects was 12 months. USAID had extended these projects by an average of about 6 months and added a total of \$6.6 million to 4 of the projects, as of September 2017.

Table 3: Completed Ebola Recovery Projects That USAID Had Extended beyond Originally Planned Time Frames and Budgeted Costs, as of September 2017

(Dollars in thousands)

USAID bureau, office, or mission	Number of projects	Types of projects	Initial obligations	Additional obligations for cost extensions	Total obligations
Bureau for Global Health	16	Innovation and communications technology Emergency non-Ebola health services	33,774	81	33,855
Office of Food for Peace	6	Food security	33,894	6,451	40,345
Global Development Lab	1	Innovation and communications technology	100	43	143
Total	23	—	67,768	6,574^a	74,343

Source: GAO analysis of U.S. Agency for International Development (USAID) data and information. | GAO-18-350

Notes: We report obligations for funding appropriated in the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2015 in accordance with USAID's and State's reporting to Congress because the reports are the source of our data. The obligations data are as of September 30, 2017 because USAID's and State's most recent report for Congress is as of that date. Amounts shown may not sum to totals because of rounding.

^aUSAID added a total of approximately \$6.6 million in obligations for 4 of the 23 completed projects, as of September 30, 2017.

As of September 2017, USAID's Bureau for Global Health had approved time frame extensions for 16 completed projects to allow time to develop innovations, complete host-government actions, and finalize project activities. The bureau approved these extensions for 10 of these projects to allow additional time to develop, test, or modify innovations to help health-care workers provide better care and stop the spread of Ebola. For example, the bureau approved an extension of approximately 4 months for one project to develop a modular Ebola treatment unit to complete required tests of the unit's performance at testing facilities that were not readily available to conduct such tests, according to USAID officials. In addition, the bureau approved time frame extensions for 2 projects to obtain host-government approvals and complete actions needed to implement project activities. For example, the bureau approved an extension for a selected recovery project that supported immunization services of Liberia's Ministry of Health by 7 months because of delays in the ministry's implementation of the project's activities. According to project staff, the project required additional time to engage with the ministry to develop and disseminate materials and messages about the

importance of immunization, and to conduct vaccine distribution and waste management at local health facilities. Figure 7 shows a poster displayed at a health facility supported by the project to inform mothers about the importance of child immunizations. In addition, the bureau approved an extension of 3 months for a project to refurbish health facilities and improve access to maternal and child health services in Sierra Leone. Figure 8 shows a refurbished health facility supported by the selected project. According to project staff, the project had experienced delays in completing renovation activities—such as installing water towers and pumps and drilling boreholes to meet the health facilities’ water needs for infection prevention—because of challenges in locating suitable sites for drilling at health facilities and the rainy season. Figure 9 shows a water well installed at a health facility supported by the selected project.

Figure 7: Vaccination Poster at Health Clinic in Liberia Provided by a USAID Ebola Recovery Project



Source: GAO. | GAO-18-350

Figure 8: Community Health Center in Sierra Leone Rehabilitated by a USAID Ebola Recovery Project



Source: GAO. | GAO-18-350

Figure 9: Water Well at a Maternal and Child Health Post in Sierra Leone Installed by a USAID Ebola Recovery Project



Source: GAO. | GAO-18-350

USAID's Office of Food for Peace (FFP) had approved time frame extensions for 6 completed projects and obligated an additional \$6.5 million for 2 of the 6 projects, as of September 2017. Specifically, FFP approved these extensions for 4 projects to address ongoing food security needs in existing Ebola-affected areas, according to USAID officials. For example, FFP approved an extension of 3 months for a selected emergency food assistance project in Liberia to conduct an additional cash transfer to the project's existing 5,000 beneficiary households to address short-term food assistance needs during the lean period. In addition, FFP approved extensions of 12 and 15 months and obligated an additional \$6.5 million for 2 projects to address continued food security needs of Ebola-affected populations currently receiving assistance and to expand assistance to additional beneficiaries, according to USAID officials.

USAID's Global Development Lab (Lab) had approved a time frame extension of 3 months for one completed project and obligated an additional \$42,956 to complete the project's activities, as of September 2017. The project assessed the use of data and digital technologies in crisis response, resulting in the publication of a final report providing recommendations on the use of data and digital systems for future response efforts. The Lab approved the extension to provide time for editing and design of the published report, according to these officials.

USAID Had Started but Not Yet Completed 65 Ebola Recovery Projects as of September 2017, with Most Expected to Meet Original Time Frames and Costs

More than half of USAID's 65 ongoing projects were expected to meet originally planned time frames and budgeted costs, as of September 2017. Table 4 shows the number of ongoing recovery projects for each bureau, office, or mission that were on track for meeting original time frames and costs and the obligations for such projects, as of September 2017.

Table 4: Ongoing USAID Ebola Recovery Projects on Track for Meeting Originally Planned Time Frames and Budgeted Costs, as of September 2017

(Dollars in thousands)

USAID bureau, office, or mission	Number of projects	Types of projects	Total obligations
Global Development Lab	27	Governance and economic crisis mitigation Innovation and communications technology Ebola survivors	38,536
Bureau for Global Health	11	Innovation and communications technology Emergency non-Ebola health services Health systems recovery Ebola survivors	51,030
USAID/Liberia	4	Governance and economic crisis mitigation	29,911
USAID/Guinea	2	Governance and economic crisis mitigation	12,000
USAID/Sierra Leone	1	Governance and economic crisis mitigation	4,000
Office of U.S. Foreign Disaster Assistance	1	World health reform	35,000
Total	46	—	170,477

Source: GAO analysis of U.S. Agency for International Development (USAID) data and information. | GAO-18-350

Note: We report obligations for funding appropriated in the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2015 in accordance with USAID's and State's reporting to Congress because the reports are the source of our data. The obligations data are as of September 30, 2017 because USAID's and State's most recent report for Congress is as of that date. Amounts shown may not sum to totals because of rounding.

As of September 2017, USAID had extended 19 ongoing projects by an average of approximately 12 months beyond the projects' originally planned average time frames of about 15 months. USAID had obligated an additional \$22.8 million to 6 of the 19 projects. Table 5 shows the numbers of ongoing projects that each bureau, office, or mission had extended beyond original time frames and costs and the additional obligations for such projects, as of September 2017.

Table 5: Ongoing Ebola Recovery Projects That USAID Had Extended beyond Originally Planned Time Frames and Budgeted Costs, as of September 2017

Dollars in thousands

USAID bureau, office, or mission	Number of projects	Types of projects	Initial obligations	Additional obligations for cost extensions	Total obligations
Bureau for Global Health	8	Emergency non-Ebola health services Health systems recovery	41,508	0	41,508
Office of Food for Peace	6	Food security	25,202	22,791	47,993
Global Development Lab	4	Innovation and communications technology Governance and economic crisis mitigation	2,362	0	2,362
USAID/Guinea	1	Governance and economic crisis mitigation	1,000	0	1,000
Total	19	—	70,072	22,791	92,863

Source: GAO analysis of U.S. Agency for International Development (USAID) data and information. | GAO-18-350

Note: We report obligations for funding appropriated in the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2015 in accordance with USAID's and State's reporting to Congress because the reports are the source of our data. The obligations data are as of September 30, 2017 because USAID's and State's most recent report for Congress is as of that date. Amounts shown may not sum to totals because of rounding.

As shown in table 5, USAID's Bureau for Global Health had approved time frame extensions for 8 ongoing projects, as of September 2017. The bureau approved these extensions for 4 projects to allow time to obtain host-government approvals and actions needed to implement project activities. For example, the bureau approved an extension of 18 months for one project to restore routine health service delivery and strengthen infection prevention and control in Liberia. The extension allowed additional time to support the project's ongoing renovation work at health facilities, which had been delayed because of difficulty in obtaining approvals from the Ministry of Health, according to project staff. In addition, the bureau approved an extension of 9 months for a selected recovery project that supports the governance and financial management of the health system in Guinea to allow additional time to coordinate with Ministry of Health officials and other partners to implement project activities. The implementation of the project's activities requires host-government officials' approvals of draft plans and strategies to improve the capacity of institutions to conduct oversight and improve the Ministry

of Health's internal and external communications; however, project staff noted that delays in officials' reviews of draft documents affected the timeliness of the approvals. The bureau extended the remaining 4 projects because of delays in procuring supplies and hiring staff with the skills to manage the project and to allow additional time to complete ongoing project activities, according to USAID officials.

FFP approved time frame extensions and obligated an additional \$22.8 million for 6 ongoing food security projects to address continued needs of Ebola-affected populations currently receiving assistance and to expand assistance to additional beneficiaries. For example, FFP approved an extension of 23 months and obligated an additional \$5.6 million for a selected food assistance project in Sierra Leone. The additional time and funding allowed the implementing partner to continue cash transfers to the project's 6,445 household beneficiaries and expand assistance to an additional 3,873 households whose ability to purchase food remained limited primarily because of the loss of employment and currency depreciation.

The Lab approved time frame extensions for 4 ongoing recovery projects because of delays in hiring staff to manage the project, and to allow additional time to implement project activities. For example, the Lab approved an extension of 4 months for a selected project in Liberia to develop a digital salary payment system for health-care workers to allow them to continue working in the hospitals and clinics without needing to be away from work for a lengthy period of time to receive payments. The project had experienced lower enrollment of health-care workers than expected, primarily because of a lack of understanding and trust in the system among health-care workers, according to project staff. The Lab approved the time frame extension so that the implementing partner and the Ministry of Health could collaborate on a more targeted approach to health-care worker enrollment, according to USAID officials.

USAID had planned 4 Ebola recovery projects that it had not yet started, as of September 2017. USAID had obligated \$7.4 million to these 4 projects, as of September 30, 2017. Specifically, the mission in Guinea has planned one governance and economic crisis mitigation project and 1 health systems recovery project, and the Lab has planned 2 innovation and communications technology projects in Liberia.

USAID Has Initiated an Evaluation of Its Ebola Recovery Activities, but It Has Not Yet Ensured that Its Contractor Has Compiled a Complete and Accurate Inventory of Recovery Projects

USAID has initiated an evaluation of its recovery activities, but it has not yet ensured that its contracted evaluator (contractor) has compiled a complete and accurate inventory of USAID's recovery projects. In 2016, USAID contracted for an evaluation of its Ebola recovery efforts. USAID intends to use the information and lessons learned from this evaluation to inform and improve its ability to respond to future global health emergencies. The contractor has developed several key aspects of the study design. However, as of December 2017, USAID had not ensured that the contractor compiled a complete and accurate inventory of USAID's recovery projects. USAID policy states that information collected should be of sufficient quality to be useful for the intended users. Without a complete and accurate inventory of USAID's Ebola recovery projects, USAID does not have assurance that the resulting evaluation will be of sufficient quality.

USAID Has Contracted for an Evaluation of Its Ebola Recovery Activities

The purpose of the evaluation¹⁴ is to assess the overall performance of USAID's Ebola recovery activities in achieving Pillar 2's objective.¹⁵ According to the contractor's evaluation design plan, the contractor plans to determine

- how the Pillar 2 activities in Guinea, Liberia, and Sierra Leone are contributing to the achievement of the mission and the Pillar 2 of USAID's Strategic Framework's objective;
- the extent to which Pillar 2 accomplishments are still observable after the projects are completed, and why;
- whether there were unanticipated barriers or consequences of Pillar 2 investments, and if opportunities were seized or missed; and
- any lessons that were learned regarding how to use the strengths of USAID's development mechanisms in a complex emergency.

¹⁴The evaluation is part of the Ebola Pillar II Monitoring, Evaluation, and Learning Project. According to USAID guidance, a monitoring, evaluation, and learning project report is an essential step in managing USAID's process of assessing and reporting progress toward achieving project outputs and outcomes, and to identify what evaluation questions will be addressed through evaluation.

¹⁵As described in the contractor's evaluation design plan, this evaluation is a macro-level evaluation in that the overall performance of Pillar 2 activities is evaluated. It is not intended to measure performance at the individual project level. USAID's Bureau for Global Health and Global Development Lab are conducting separate evaluations that will include assessments of performance at the project level.

USAID intends to use the information and lessons learned from the evaluation to inform and improve its ability to respond effectively and efficiently to future global health emergencies. The contractor plans to submit its first report on the evaluation's findings in March 2018.¹⁶

The contractor's evaluation design plan calls for the evaluation to be organized into three phases:

- In the first phase, the contractor would conduct a review to summarize what activities had been implemented using Pillar 2 funds. Using categories of activities that the contractor and USAID agreed upon, the contractor would (1) identify project-level activities that were under way or completed, and were implemented between April 2015 and March 31, 2017, and (2) assign each project-level activity to a category.¹⁷ To carry out these tasks, according to the design plan, the contractor is to compile an inventory of USAID's Ebola recovery projects, including detailed information on each project's stakeholders, locations, scale, and other descriptive information.
- In the second phase, the contractor would collect and analyze data from a variety of sources to assess the performance of selected main activities in achieving Pillar 2's objective.¹⁸ The contractor told us that it has developed an initial inventory of projects through in-person interviews with USAID staff and stakeholders in Washington, D.C., and in the three countries, and by reviewing project documentation.
- In the third phase, the contractor would assess the overall combined effects of Pillar 2 activities on the objective of Pillar 2 recovery efforts.

¹⁶A second performance evaluation report, due in 2019, would provide an assessment of overall summative outcome questions. As defined by USAID's *Glossary of Evaluation Terms*, a summative evaluation would assess the program in its later stages or after it has been completed to (1) assess its impact, (2) identify the factors that affected its performance, (3) assess the sustainability of its results, and (4) draw lessons that may inform other interventions.

¹⁷The second and third phases of the contractor's work are to build on the results of the first phase. In the second phase, the contractor will focus on assessing the performance of selected main activities that are completed or under way. It will identify and describe accomplishments and lessons learned from Pillar 2 investments. In the third phase, the contractor plans to assess the overall combined effects of Pillar 2 activities on the objective of Pillar 2 recovery efforts.

¹⁸The contractor is selecting main activities based on geographic coverage, funding levels, and implementation status of the projects that comprise the categories of activities.

USAID’s Contractor Has Developed Several Key Aspects of the Evaluation Design, but USAID Has Not Ensured that the Contractor Compiled a Complete and Accurate Inventory of USAID’s Pillar 2 Projects

Although USAID’s contractor has developed several key evaluation design details, some over the course of our review, USAID has yet to ensure that the contractor compiled a complete and accurate inventory of USAID’s Pillar 2 recovery projects. We compared the contractor’s study design plan to criteria for developing effective evaluations (see app. I for criteria).¹⁹ Based on this analysis, we identified elements that were incomplete or unclear in the contractor’s evaluation design plan. When we brought these issues to USAID’s and the contractor’s attention, they took steps to further develop these design details and provided additional documentation to us to demonstrate the steps that they had taken. Specifically, the contractor provided an updated version of the evaluation plan that includes the sampling methodology for a survey and control group; the contractor also developed a data analysis plan that further identifies indicators for the outcome measures and data sources for the indicators.

However, as of December 2017, USAID had not ensured that the contractor compiled a complete and accurate inventory of Pillar 2 projects that was to be completed as part of the evaluation’s first phase. When we compared the contractor’s most recent inventory, as of December 2017, to the inventory of Pillar 2 projects that USAID had included in its reports to congressional committees, we found major differences in terms of the nature and number of projects included. For example, we identified at least 10 projects in the contractor’s inventory that USAID had not included in the lists of recovery projects it reported to congressional committees, including projects related to solid waste management and malaria control. We also found that the contractor’s inventory omitted projects that USAID had identified as Pillar 2 projects in those reports, including Ebola innovation projects implemented by the Lab and by the Bureau for Global Health.

As of December 2017, USAID officials were uncertain as to why the contractor’s most recent inventory differed from the inventory that USAID had provided in the congressional reports. USAID and contractor officials subsequently told us that the contractor was continuing to finalize the inventory. USAID guidance for monitoring and reporting criteria cites the importance of ensuring that the information collected is of sufficient

¹⁹USAID and the contractor refer to the evaluation design plan document as an “Inception Report.”

quality to be useful for intended users and of ensuring that the evaluation design, measures, and analysis plans are appropriate for the evaluation questions. Unless this inventory is complete and accurate, the contractor's evaluation may not be able to reliably assess the extent to which Pillar 2 activities are on track to achieve the Pillar 2 objective. Thus, USAID does not have assurance of the quality of the evaluation findings.

Conclusions

As the Ebola outbreak in West Africa subsided, USAID initiated more than 130 projects aimed at helping three West African countries recover from the outbreak's devastating second-order effects on their economies, health care systems, and food security. When the scope and nature of recovery needs grew to include greater support for Ebola survivors, USAID initiated projects to meet those needs. To inform its response to any future Ebola outbreak or similar global health emergency, USAID has contracted for an evaluation of its Ebola recovery activities to assess whether those activities contributed to its efforts to achieve its Ebola recovery objective. This evaluation relies on an inventory of USAID's Ebola recovery projects. However, to date, USAID has not ensured that the contractor compiled a complete and accurate inventory of USAID's Ebola recovery projects. Without such an inventory, USAID does not have assurance of the quality of the evaluation's findings.

Recommendation for Executive Action

The Administrator of USAID should take steps to ensure that USAID's contractor compiles a complete and accurate inventory of Ebola recovery projects prior to finalizing its analysis. (Recommendation 1)

Agency Comments and Our Evaluation

We provided a draft of this report to USAID, State, and CDC for comment. In its formal comments, provided in appendix V, USAID agreed with our findings and recommendation. USAID noted that all Ebola recovery projects should be included in the evaluation. USAID further noted that it is collaborating with the contractor to help ensure that the contractor will compile a complete and accurate inventory of Ebola recovery projects prior to finalizing its analysis. State and CDC did not provide formal comments. USAID, State, and CDC provided technical comments, which we incorporated throughout the report, as appropriate.

We are sending copies of this report to the appropriate congressional committees, the Administrator of the U.S. Agency for International Development, the Secretary of State, and other interested parties. In

addition, the report is available at no charge on the GAO website at <http://www.gao.gov>

If you or your staff have any questions about this report, please contact me at (202) 512-3149 or gootnickd@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix VI.

A handwritten signature in black ink, appearing to read "David Gootnick". The signature is stylized with a large, looping initial "D" and a cursive "Gootnick".

David B. Gootnick
Director, International Affairs and Trade

Appendix I: Objectives, Scope, and Methodology

The Department of State, Foreign Operations, and Related Programs Appropriations Act, 2015 (the Act) included a provision for us to conduct oversight of the U.S. Agency for International Development's (USAID) and the Department of State's (State) activities to prevent, prepare for, and respond to the 2014 Ebola outbreak.¹ We examined (1) obligations for USAID'S Ebola recovery projects, (2) the status of USAID's implementation of these projects, and (3) USAID's evaluation of Ebola recovery efforts.

To examine obligations for USAID's Ebola recovery projects, we reviewed USAID's and State's reports to the Senate and House Committees on Appropriations mandated by the Act from February 3, 2015 to September 30, 2017.² We analyzed USAID's obligations data and project information that it reported as supporting Ebola recovery, as of September 30, 2017, the most recent data and information that USAID and State have reported for congressional committees.³ We focused this report on USAID because it has allocated more than \$2.3 billion (91 percent) of the approximately \$2.5 billion appropriated and has implemented most of the Ebola recovery projects funded from the appropriation. We also reviewed U.S. government-wide and USAID strategy documents for Ebola response and recovery in order to determine the categories of Pillar 2 of the U.S. government strategy for Reducing Transmission of the Ebola Virus Disease in West Africa—mitigation of the second-order impacts of the crisis—and the projects that support these categories. Additionally, we interviewed USAID officials in Washington, D.C. from the Bureau for Africa, Office of Food for Peace, Office of U.S. Foreign Disaster Assistance, Global Development Lab, and Bureau for Global Health to identify each bureau's or office's Ebola recovery projects. We also interviewed State officials from the Bureau of International Narcotics and Law Enforcement Affairs, and the Office of U.S. Foreign Assistance Resources to identify each bureau's or office's Ebola recovery projects. We analyzed USAID's obligations data and information that USAID reported as supporting the categories of Pillar 2—health systems

¹Pub. L. No. 113-235, Div. J, Title IX, 128 Stat. 2130, 2692 (Dec. 16, 2014).

²We report funding from the Act for Ebola in accordance with USAID's and State's reporting to Congress. USAID and State have reported to Congress on Ebola funding from February 3, 2015 to September 30, 2017.

³In a draft of this report that we provided to USAID and State for comment, we reported funding data that were current as of March 31, 2017. State subsequently provided updated data as of September 30, 2017. We updated our report accordingly.

recovery, emergency non-Ebola health systems, governance and economic crisis mitigation, innovation and communications technology, and food security—as well as Ebola survivors and world health reform projects that agency officials had identified as supporting Ebola recovery. Our calculations of obligations for Ebola recovery projects do not include funding for program support or for monitoring and evaluation. We also reviewed Centers for Disease Control and Prevention (CDC) and State documents and interviewed USAID, CDC, and State officials in Guinea, Liberia, and Sierra Leone to identify each agency’s Ebola recovery projects.

To examine the status of USAID’s implementation of Ebola recovery projects, we analyzed agency data on the implementation of Ebola recovery projects and the amounts of funding that USAID had obligated for these projects. We also requested and obtained data and information from USAID on the progress of implementation of the Ebola recovery projects that USAID had reported as of September 2017. We analyzed the data and information from USAID to determine the extent to which recovery projects had met planned time frames and budgeted costs. We reviewed agency documentation of the agency’s time frame and cost extensions for extended projects to determine the reasons for the extensions. We also analyzed USAID’s obligations data in the report to the Senate and House Committees on Appropriations mandated by the Act to identify the numbers and types of Ebola recovery projects that USAID had planned and implemented and the amounts of funding obligated for these projects, as of September 30, 2017. In addition, to gain more in-depth information and context on the implementation of Ebola recovery projects, we selected a non-generalizable sample of 10 USAID recovery projects. For the non-generalizable sample of projects, we reviewed project documents, including, among other things, implementing partners’ annual and quarterly reports to determine project activities and examine project implementation. We selected our non-generalizable sample of 10 projects from the 84 Ebola recovery projects that USAID had reported in Pillar 2 as of July 1, 2016.⁴ We selected projects to achieve a mix of projects by country; USAID office, bureau, and mission; and category of USAID’s strategic framework for Ebola

⁴We selected our sample of projects from among those that USAID had reported as of July 1, 2016 because we had assessed the reliability of the project data and information that USAID had reported as of that date during our prior work. In addition, to allow for an assessment of the implementation, we sought to select projects that had either begun implementation or had been completed.

recovery.⁵ In addition, we conducted fieldwork in Guinea, Liberia, and Sierra Leone. During our fieldwork in these countries, we met with USAID mission officials, USAID's implementing partners, host government officials, and project beneficiaries. Where possible, we conducted site visits to our selected projects in Guinea, Liberia, and Sierra Leone to examine implementation.

We assessed the reliability of the data that USAID reported for its implementation of Ebola recovery projects and its obligations for such projects. We requested and reviewed information from agency officials regarding the underlying financial data systems and the checks and reviews used to generate the data and ensure its accuracy and reliability. We also compared the data to USAID's documentation for selected projects to assess the reliability of USAID funding and project data. When we found data discrepancies, we contacted relevant agency officials in Washington, D.C., Guinea, Liberia, or Sierra Leone, and obtained information from them necessary to resolve the discrepancies.⁶ In addition, we have assessed the reliability of these data in our prior work and have found them to be reliable for the purposes of examining USAID's and State's obligations and disbursements of the appropriated funds.⁷ As a result of these steps, we determined that the data were sufficiently reliable for our purposes of reporting the numbers of Ebola recovery projects and obligations for these projects, as of September 30, 2017.

To examine USAID's evaluation of Ebola recovery efforts, we reviewed USAID's contracted evaluator's (contractor) evaluation design plan document and subsequent revisions and compared its contents to standards regarding key elements of evaluation design plans. We identified these standards in sources including USAID's policies and requirements for monitoring and evaluation in the *Automated Directives System (ADS)*, Chapter 201; *Evaluation: Learning from Experience*,

⁵The categories of USAID's strategic framework for Ebola recovery are (1) health systems recovery, (2) emergency non-Ebola health services, (3) governance and economic crisis mitigation, (4) innovation and communications technology, and (5) food security.

⁶As a result of our efforts to ensure data reliability, the data that we report for obligations may differ from the data that USAID has reported to congressional committees.

⁷GAO, *Emergency Funding for Ebola Response: Some USAID Reimbursements Did Not Comply with Legislative Requirements and Need to Be Reversed*, GAO-17-35 (Washington, D.C.: Nov. 2, 2016).

USAID Evaluation Policy, 2016 Update;⁸ GAO's *Designing Evaluations: 2012 Revision*;⁹ and the Centers for Disease Control and Prevention's *Framework for Program Evaluation in Public Health*.¹⁰ We also interviewed USAID officials and contractor staff in Washington, D.C. to discuss the evaluation plan details, including the methods, measures, and analysis plan.

We conducted this performance audit from November 2016 to March 2018 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

⁸U.S. Agency for International Development, *Evaluation: Learning From Experience. USAID Evaluation Policy, 2016 Update* (Washington, D.C.: October 2016).

⁹GAO, *Designing Evaluations: 2012 Revision*, GAO-12-208G (January 2012).

¹⁰Centers for Disease Control and Prevention, *Framework for Program Evaluation in Public Health* (Atlanta, GA: Sept. 17, 1999).

Appendix II: Summaries of Selected U.S. Agency for International Development Ebola Recovery Projects

The following is a summary of information on U.S. Agency for International Development (USAID) Ebola recovery projects, including the project objectives and examples of project activities for the 10 projects that we selected by country; USAID office, bureau, and mission; and the components of USAID's strategic framework for Ebola recovery. USAID's Bureau for Global Health, Global Development Lab, Office of Food for Peace, Office of U.S. Foreign Disaster Assistance, and missions in Liberia, Guinea, and Sierra Leone obligated \$411.6 million for the 131 recovery projects, as of September 2017. The recovery projects support health systems recovery, emergency non-Ebola health services, governance and economic crisis mitigation, innovation and communications technology, food security, Ebola survivor transmission prevention, and world health reform projects.

Health Systems Recovery

As of September 30, 2017, USAID had obligated approximately \$60.1 million for 16 health system recovery projects to improve the ability of health systems in Ebola-affected countries to manage health crises, improve service delivery, and increase demand for health services within communities. USAID's Bureau for Health obligated funding for projects to procure and deliver commodities to health facilities, train and strengthen the curriculum for community health-care workers and other health professionals in collaboration with the ministries of health; and support governance, finance, and human resources for health systems. For example, the overall goal of the Maternal and Child Survival Program: Human Resources for Health in Liberia is to improve the competency of midwives and laboratory technicians through the strengthening of pre-service training institutions. The project supports the development of a health and laboratory workforce that may address Liberia's maternal and child health needs and prevent future outbreaks of Ebola and other infectious diseases. As of September 30, 2017, the Bureau for Global Health had obligated \$10.0 million for this project, which began in April 2016 and is scheduled to end in June 2018. Table 6 provides summary information about selected project activities.

Table 6: USAID Bureau for Global Health-Funded Ebola Recovery Project: Maternal and Child Survival Program: Human Resources for Health in Liberia Project

Project objectives	Selected project activities
<p>Objective 1: Increase the quality of instruction at targeted pre-service training institutions by upgrading the technical competencies and teaching skills of faculty, including preceptors, and by strengthening curricula, course materials, and delivery of both didactic and clinical training.</p> <p>Objective 2: Strengthen the learning environment at targeted pre-service training institutions and clinical teaching sites in a comprehensive way through improved access to high-quality instructional resources, equipment, and technology.</p>	<ul style="list-style-type: none"> • Sponsored a 3-day interactive leadership management training for managers of midwifery and lab pre-service education institutions. • Conducted 4-day management training workshop for 12 laboratory preceptors and faculty from three supported pre-service training institutions to improve management and quality systems in laboratories and skills labs and to ensure continuous improvement of management and quality systems in laboratories. • Conducted a 3-day curriculum finalization workshop to confirm the adequacy of an updated curriculum for meeting pre-service education training needs. Fifty participants attended the workshop, representing six project-supported pre-service institutions for midwives and medical laboratory technicians. • Assisted faculty in the preparation of course schedules and lesson planning for courses, including emergency preparedness, teaching in midwifery, and pediatrics.

Source: GAO analysis of U.S. Agency for International Development's (USAID) implementing partner project documentation. | GAO-18-350

Emergency Non-Ebola Health Services

As of September 30, 2017, USAID's Bureau for Global Health and the USAID mission in Liberia had obligated \$68.3 million for 12 recovery projects to restore regional emergency health services to ensure that basic health services are accessible to the populations most in need and to re-establish and sustain routine health service delivery. These recovery projects also focus on increasing the utilization of health services and expanding health worker capacity and capability, and providing technical assistance to rebuild sustainable capacity, including activities to address adverse effects on maternal and child health. For example, the overall goal of the Advancing Partners and Communities: Strengthening Health Services as Part of the Post-Ebola Transition in Sierra Leone project is to improve the access to and availability of quality routine health services at community levels. As of September 30, 2017, the Bureau for Global Health had obligated \$17.0 million for the project, which began in August 2015 and was completed in September 2017 (see table 7). In another example, the overall objective of the Strengthening Immunization in Liberia project is to contribute to the reduction of mortality rates for children under 5 in Liberia by restoring immunization services and addressing gaps in immunizations created as a result of the Ebola outbreak (see table 8). As of September 30, 2017, the Bureau for Global

**Appendix II: Summaries of Selected U.S.
Agency for International Development Ebola
Recovery Projects**

Health had obligated \$2.0 million for the project, which began in July 2015 and was completed in July 2017.

Table 7: USAID Bureau for Global Health-Funded Ebola Recovery Project: Advancing Partners and Communities, Post Ebola Health Services Strengthening in Sierra Leone

Project objectives	Selected project activities
<p>Objective 1: Improve regulatory and policy environment to enable increased service delivery at health posts and community levels.</p> <p>Objective 2: Increase capacity and effectiveness of the health workforce and community platforms to provide quality reproductive, maternal, neonatal, and child health services, including infection prevention control, and water and sanitation health guidelines.</p> <p>Objective 3: Improve physical and operational conditions of community, maternal, and child health posts to enhance quality, safety, and access to health services.</p>	<ul style="list-style-type: none"> • Disseminated water, sanitation, and hygiene standards and guidelines approved by Sierra Leone’s Ministry of Health and Sanitation nationwide. • Trained more than 900 health professionals and 1,500 community health workers on reproductive, maternal, newborn, and child health and infection prevention and control practices. • Conducted a data quality review on the completeness, consistency, and reliability of the Ministry of Health and Sanitation’s Health Information Management System data for 305 health facilities. • Rehabilitated 110 health posts to enhance infection prevention and control, and water, sanitation, and hygiene standards. • Installed solar lighting systems in 108 health facilities, drilled 26 bore holes, and drilled or rehabilitated 62 wells to provide water to health facilities. • Distributed minor medical equipment and furniture to 305 health posts, including delivery kits, delivery beds, stethoscopes, resuscitators, instrument trays, and patient privacy screens.

Source: GAO analysis of U.S. Agency for International Development’s (USAID) implementing partner project documentation. | GAO-18-350

Table 8: USAID Bureau for Global Health-Funded Ebola Recovery Project: Strengthening Routine Immunization in Liberia

Project objective	Selected project activities
Attain and maintain national routine immunization coverage of 85 percent in the target population, including in hard-to-reach areas, as measured by the third dose of Pentavalent vaccine.	<ul style="list-style-type: none"> • Procured and installed 40 solar refrigerators for health facilities to maintain the vaccination cold chain. • Provided routine immunizations for approximately 160,840 children aged 0 to 11 months, including polio, bacillus calmette-guerin, penta, pneumococcal conjugate, yellow fever, and measles vaccines. • Trained 60 health facility vaccinators, 7 district supervisors, and 17 cold chain officers on solar refrigerator installation and maintenance. • Conducted community outreach on the importance of routine vaccinations by distributing 1,000 posters and broadcasting on 30 radio stations across Liberia.

Source: GAO analysis of U.S. Agency for International Development's (USAID) implementing partner project documentation. | GAO-18-350

Governance and Economic Crisis Mitigation

As of September 30, 2017, USAID's Global Development Lab (Lab) and USAID missions in Guinea, Liberia, and Sierra Leone had obligated approximately \$71.1 million for recovery projects to support economic, social, and governance programs and address the effects of immediate job loss and other income opportunities, and to strengthen infrastructure and critical institutions, including governance institutions. These recovery projects included private sector partnerships to support education and livelihood development for youths and women and provide financial and technical support to local small and medium enterprises in Ebola-affected communities by enabling them to access finance and technical assistance through small loans. In addition, these recovery projects support legitimate, participatory, transparent, and peaceful elections to help rebuild political trust and strengthen the practices of citizen participation in key political processes in support of Ebola recovery efforts. For example, the overall goal of the Health Finance and Governance project in Guinea is to strengthen Guinea's health system to enhance the functioning of institutions and programs and improve the country's capacity to deliver better health services to the population (see table 9). As of September 30, 2017, the mission in Guinea had obligated \$1.0 million for this project, which began in June 2016 and is scheduled to end in June 2018.

Table 9: USAID Mission in Guinea-Funded Ebola Recovery Project: Health Finance and Governance

Project objectives	Selected project activities
<p>Objective 1: Improve institutional capacity of health governance across the health system.</p> <p>Objective 2: Enable a health financing environment and improve the Ministry of Health’s capacity to efficiently mobilize and manage resources to foster greater coverage of quality health services.</p> <p>Objective 3: Improve the institutional capacity of the Ministry of Health to effectively manage human resources.</p>	<ul style="list-style-type: none"> • Conducted an audit of the ability of central health units, regional and district health management teams, and the Ministry of Health to carry out core functions. Finalized audit findings and recommendations in October 2016 and began development of a roadmap to implement the audit recommendations. • Conducted a strategic planning workshop with 33 pre-service training institutions to develop a draft national plan for pre-service training institutions. • Completed an evaluation of the financial management of the Ministry of Health. The project included the development of a 3-year road map to strengthen the programmatic and financial management of the Ministry of Health. • Supported a forum between Guinea’s Health Commission and officials of the Ministry of Health to assess the execution of the health budget and pharmaceutical industry reform, and other issues raised by civil society representatives.

Source: GAO analysis of U.S. Agency for International Development’s (USAID) implementing partner project documentation. | GAO-18-350

Innovation and Communications Technology

As of September 30, 2017, USAID’s Bureau for Global Health and the Lab had obligated \$29.9 million for 54 recovery projects to develop and test innovations and technologies to address the Ebola outbreak and to prepare for future outbreaks. These recovery projects supported innovations to redesign a protective suit to enable health-care workers to spend more time with patients and lessen exposure to contamination, develop rapidly deployable Ebola treatment units and easy-to-assemble decontamination chambers, and strengthen digital infrastructure, including mobile telephone networks, digital payment systems, and health data systems. For example, the Bureau for Global Health obligated \$500,000 for the Modula S Infection Isolation Containerized Living Unit Clinic recovery project, which began in May 2015 and was completed in December 2015. The overall objective of the project was to develop modular, rapidly deployable treatment units that used technology to moderate temperature and simplified decontamination for safer and more comfortable conditions for treating patients (see table 10).

The Bureau for Global Health obligated \$268,455 for another recovery project, Africa Stop Ebola Music and Media Campaign to Raise Public Health Awareness, which began in May 2015 and was completed in

August 2015 (see table 11). The overall objective of the project was to conduct a music and media campaign to change behaviors about human-to-human transmission of Ebola in West Africa through the recording of a song in local languages to promote communities' adoption of behaviors that prevent Ebola transmission. In addition, as of September 30, 2017, the Lab had obligated \$562,113 for the Mobile Solutions Technical Assistance and Research in Liberia recovery project, which began in June 2016 and is scheduled to end in March 2018 (see table 12). The overall objective of the project is to assist the Government of Liberia in increasing the efficiency of government payments by enabling the use of mobile money payments for health-care worker salary and stipend disbursements. The Lab also obligated \$399,986 for the Ebola Recovery Technical Assistance and Guidance Development for Health Information Systems Work for Reproductive Health recovery project, which began in October 2015 and was completed in September 2016. The overall objective of the project was to strengthen health information systems and facilitate the Sierra Leone Ministry of Health and Sanitation's application of digital tools for programmatic needs and health system challenges (see table 13).

Table 10: USAID Bureau for Global Health-Funded Ebola Recovery Project: Modula S Infection Isolation Containerized Living Unit Clinic

Project objective	Selected project activities
Develop modular and rapidly deployable treatment units that use technology to moderate unit temperature and simplify decontamination efforts for safer, more comfortable conditions.	<ul style="list-style-type: none"> • Developed a modular Ebola treatment unit that allows the internal temperature to be cooler than outside air temperature in hot climates. • Tested the modular treatment unit and found it to have a lifespan of 25 years. • Constructed the surfaces of the treatment unit out of anti-bacterial and anti-viral materials to improve the overall safety of health-care workers and patients.

Source: GAO analysis of U.S. Agency for International Development's (USAID) implementing partner project documentation. | GAO-18-350

**Appendix II: Summaries of Selected U.S.
Agency for International Development Ebola
Recovery Projects**

Table 11: USAID Bureau for Global Health-Funded Ebola Recovery Project: Africa Stop Ebola Music and Media Campaign to Raise Public Health Awareness in Guinea

Project objective	Selected project activities
Use music to educate audiences about how to stop the spread of Ebola and reduce stigmatization of survivors and family members of Ebola victims.	<ul style="list-style-type: none"> • Sponsored a song contest in Guinea to engage local artists, health-care workers, and the media in educating community members about the transmission of Ebola. • More than 100 health-care workers participated in the project by educating song contest participants about Ebola or by attending the final song contest event. • The winning song from the Africa Stop Ebola competition was played on radio and broadcast on television more than 5,000 times.

Source: GAO analysis of U.S. Agency for International Development's (USAID) implementing partner project documentation. | GAO-18-350

Table 12: USAID Global Development Lab-Funded Ebola Recovery Project: Mobile Solutions, Technical Assistance, and Research, Liberia

Project objectives	Selected project activities
<p>Objective 1: Design and plan the conversion of health-care worker salary and stipend disbursements to mobile money payments.</p> <p>Objective 2: Support the establishment and implementation of a consolidated payment platform and processes for disbursement of Ministry of Health payroll through mobile money payments.</p> <p>Objective 3: Support the measured scale-up and adoption of digital payments by salaried and contract health-care workers, as well as other types of health-care worker payments, where opportunities exist.</p>	<ul style="list-style-type: none"> • Contracted the services of a consultant to map salary, benefits, and stipend payment streams within the Ministry of Health and the broader health sector to develop a plan to introduce and scale up mobile money payments for health workers. • Conducted a technical assessment and feasibility study on linking Liberia's Ministry of Health functional system with mobile network operators. • Conducted research to inform the strategy and scale for mobile money payments for health-care workers in Liberia and disseminated the results of the research with the Ministry of Health for decision-making about payment streams and the targeting of geographic areas for mobile money payments to health-care workers. • Disbursed mobile money payments to more than 300 Ministry of Health staff, as of June 2017.

Source: GAO analysis of U.S. Agency for International Development's (USAID) implementing partner project documentation. | GAO-18-350

Table 13: USAID Global Development Lab-Funded Ebola Recovery Project: Ebola Recovery Technical Assistance and Guidance Development for Health Information Systems Work for Reproductive Health in Sierra Leone

Project objectives	Selected project activities
<p>Objective 1: Establish a process to review digital information and communications technology assets that are high priority for health systems recovery.</p> <p>Objective 2: Establish a guidance tool for defining, reviewing, and operationalizing functional requirements based on identified health system constraints.</p> <p>Objective 3: Establish standards for health information systems minimum content to ensure value, and facilitate interoperability between systems.</p> <p>Objective 4: Develop and test processes and guidance tools to ensure their validity.</p> <p>Objective 5: Determine content functionality and interoperability requirements related to maternal and child health in development and deployment of routine health information system tools.</p>	<ul style="list-style-type: none"> • Conducted an inventory of digital health projects implemented to determine the existing digital information communication and technology assets in Sierra Leone. • Developed a web platform—Digital Health Atlas—to enable the government to more efficiently monitor and manage the deployment of digital health systems in-country. • Initiated the mapping of different data elements that existed on government health management information systems to facilitate interoperability by identifying data points needed by the government and linking these data with those collected digitally by nongovernmental organizations. • Hosted a meeting of international experts to define and come to consensus on the parameters of digital strategies for a reproductive, maternal, newborn, and child health tool kit, which the project developed and tested in Sierra Leone. • Developed a report on opportunities for strategic investments in digital health for reproductive, maternal, newborn, child, and adolescent health in Sierra Leone to guide the Ministry of Health and Sanitation’s planning and prioritization of investments in digital health systems.

Source: GAO analysis of U.S. Agency for International Development’s (USAID) implementing partner project documentation. | GAO-18-350

Food Security

As of September 30, 2017, USAID’s Office of Food for Peace (FFP) had obligated approximately \$118.5 million for 16 recovery projects to address decreases in agricultural production and sales and food availability as well as reductions in household incomes and income generation opportunities. These recovery projects support household and market recovery by stimulating local food production and market functions by providing cash transfers to vulnerable households and vouchers for agricultural inputs to support household food production. For example, the overall objective of the Emergency Food Assistance for Ebola Affected Families in Liberia was to increase access to food through unconditional cash transfers and increased agricultural production for households directly and indirectly affected by Ebola in two Liberian counties. FFP obligated approximately \$4.6 million for the project, which began in August 2015 and was completed in February 2017 (see table 14). Similarly, the overall objective of the Kailahun Food for Emergency Ebola Virus Disease Support in Sierra Leone is to address reduced access to food caused by the Ebola outbreak by providing unconditional cash transfers to households directly and indirectly affected by the Ebola outbreak. The project also provides conditional cash transfers to small-

scale traders to support the restocking and recapitalization of businesses for food supplies in the Kailahun District in northeast Sierra Leone. The project began in March 2015 and was completed in December 2017 (see table 15).

Table 14: USAID Office of Food for Peace-Funded Ebola Recovery Project: Emergency Food Assistance for Ebola-Affected Families in Liberia—Margibi and Bong Counties

Project objective	Selected project activities
Increase household access to and availability of food.	<ul style="list-style-type: none"> Assisted 5,000 Ebola-affected households, comprising more than 25,000 individuals, to increase access to food through monthly unconditional cash transfers using mobile money payments. Provided 4,000 of the 5,000 Ebola-affected households with a seed kit containing maize, eggplant, okra, hot pepper, cucumber, and bitter ball seeds, as well as trainings on agronomic best practices.

Source: GAO analysis of U.S. Agency for International Development's (USAID) implementing partner project documentation. | GAO-18-350

Table 15: USAID Office of Food for Peace-Funded Ebola Recovery Project: Kailahun Food for Emergency Ebola Virus Disease Support in Sierra Leone

Project objectives	Selected project activities
<p>Objective 1: Improve ability of households to cope with shocks.</p> <p>Objective 2: Reestablish and expand market and trade engagement among small-scale female traders in Kailahun.</p> <p>Objective 3: Enhance human and institutional capacity development for increased agricultural sector productivity.</p>	<ul style="list-style-type: none"> Provided unconditional cash transfers to more than 10,300 households directly and indirectly affected by the Ebola outbreak to facilitate access to food for households with reduced agricultural production, earned income, and market access as a result of market disruptions stemming from the Ebola outbreak. Provided conditional cash transfers to 400 predominantly female small-scale traders to support restocking and recapitalization of businesses for food supplies in target areas; as a condition for receiving assistance, traders participated in entrepreneurship and business training, including trainings on basic bookkeeping and sound business practices.

Source: GAO analysis of U.S. Agency for International Development's (USAID) implementing partner project documentation. | GAO-18-350

Ebola Survivor Transmission Prevention and World Health Reform

As of September 30, 2017, USAID's Bureau for Global Health and the Lab had obligated approximately \$28.8 million for recovery projects to prevent further Ebola transmission, support clinical care, and ensure that research results around transmission are incorporated into new guidelines for health-care workers. For example, the Bureau for Global Health obligated funding for recovery projects to research stigmatization of survivors and establish systems to track survivors and facilitate their referral to professionals trained to identify and prevent retransmission when they need medical services. In addition, the Lab obligated funding

for recovery projects to train local clinicians and medical specialists capable of supporting disease surveillance activities and providing long-term care for Ebola survivors.

In addition, USAID's Office of U.S. Foreign Disaster Assistance obligated \$35.0 million for the World Health Organization (WHO) Emergencies Program to strengthen WHO's ability to lead and coordinate an effective response to health emergencies. In collaboration with other donors, the project intends to guide WHO to reform structures and processes to effectively respond to global infectious disease outbreaks and other humanitarian emergencies. Specifically, the project will help support the establishment of the new WHO Outbreaks and Health Emergencies unit, develop coordination mechanisms and incident management systems within WHO's agencies, and reinforce WHO's leadership during humanitarian emergencies.

Appendix III: Department of State and Centers for Disease Control and Prevention Ebola Recovery Projects for West Africa

As of September 30, 2017, the Department of State (State) had obligated \$32.9 million for recovery projects to support security sector emergency response capabilities in Guinea, Liberia, and Sierra Leone, and fund post-Ebola economic development and treatment programs in Sierra Leone.¹ In addition, as of September 30, 2017, the U.S. Agency for International Development (USAID) had obligated \$80 million to the Centers for Disease Control and Prevention (CDC) for Ebola recovery projects for West Africa through an interagency agreement.

State Obligated \$32.9 Million for Ebola Recovery Projects for West Africa

As of September 30, 2017, State had obligated \$32.2 million that it transferred from the Economic Support Fund (ESF) account of the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2015, to State's International Narcotics Control and Law Enforcement (INCLE) and Peacekeeping Operations (PKO) accounts for Ebola recovery projects.² State obligated \$30.0 million in INCLE account funds for recovery projects to strengthen the capacity of the civilian security sector to respond to and prevent the reemergence of Ebola in Guinea and Liberia. Specifically, State obligated \$10.0 million in INCLE account funds to document and teach lessons learned and best practices to civilian security personnel and develop guidance on how to respond to the reemergence of Ebola in Guinea. In addition, the project is intended to provide communications equipment to law enforcement agencies and supports coordination between public health authorities and the media through curriculum development, practical exercises and trainings. The project also facilitates improvement in collaboration among security services, the military, and civilian agencies for public health emergency response. State obligated \$20.0 million in INCLE account funds for a project in Liberia to support security services' engagement with local communities to mitigate disputes and provide stability following epidemics and other crises, as well as another project in Liberia to establish a secure radio network that the government may use to communicate emergency response during crises, including health epidemics. State obligated \$2.2 million in PKO account funding to support the construction of patrol bases with medical screening facilities along the

¹We report funding from the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2015, for Ebola in accordance with USAID and State's reporting to Congress because the reports are the source of our data. The most recent report for Congress is as of September 30, 2017.

²Pub. L. No. 113-235, Div. J, Title IX, 128 Stat 2130, 2692 (Dec. 16, 2014).

international border of Sierra Leone and train military personnel controlling the border on how to conduct medical screenings.

State obligated \$700,000 in ESF account funds for recovery projects in Sierra Leone that support economic stabilization and expand treatment for Ebola and other diseases. State obligated \$500,000 for a recovery project that provides 26 small grants of approximately \$10,000 to \$50,000 to local organizations to implement small business initiatives in underserved areas of Sierra Leone. For example, the project provided grants to local organizations to implement projects to restart agricultural programs that were suspended or diminished during the Ebola outbreak. In addition, the project provides grants to small businesses to support employment opportunities to vulnerable populations, particularly Ebola survivors and family members of Ebola victims. Also, State obligated \$200,000 for a recovery project to upgrade the treatment facility for Ebola and viral hemorrhagic fevers at a hospital in Sierra Leone, including increasing water storage for decontamination and enhancing the capacity and controls for medical waste.

**USAID Obligated \$80
Million for CDC Ebola
Recovery Projects for
West Africa**

As of September 30, 2017, USAID's Bureau for Global Health had obligated \$80 million for 15 CDC Ebola recovery projects for West Africa through an interagency agreement. The May 2016 interagency agreement obligated funding from the ESF account for CDC projects to build capacity to respond to infectious disease outbreaks in Guinea, Liberia, and Sierra Leone and high-risk, non-affected border countries. Specifically, USAID's interagency agreement with CDC funded such activities as strengthening disease surveillance, laboratory and emergency operations systems, workforce development, health communications and care networks, border health security, infection control, and outbreak response.

Most of the funding provided through USAID's interagency agreement with CDC funded recovery projects in the three primarily affected countries—Guinea, Liberia, and Sierra Leone. CDC funded 5 recovery projects in Guinea, 4 in Liberia, and 6 in Sierra Leone. For example, CDC funded recovery projects in Guinea that provided trainings on public health emergency preparedness, evaluated the training curriculum for laboratory professionals, and identified focal points for health information sharing among Guinea, Liberia, and Sierra Leone. In addition, CDC funded recovery projects in Liberia that provided training and guidance for laboratory operations and infection prevention control, and provided transport of specimens to laboratories. CDC also funded recovery

**Appendix III: Department of State and Centers
for Disease Control and Prevention Ebola
Recovery Projects for West Africa**

projects in Sierra Leone that supplied hospitals with laboratory equipment and provided trainings to health-care workers on specimen management.

Appendix IV: Funding for U.S. Agency for International Development and Dept of State Ebola Response and Recovery Projects

In December 2014, Congress appropriated approximately \$2.5 billion for the U.S. Agency for International Development (USAID) and Department of State (State) for necessary expenses to assist countries affected by—or at risk of being affected by—the Ebola outbreak, among other things.¹ Congress made the funds available from different accounts and subject to different periods of availability (see table 16).

Table 16: Fiscal Year 2015 Appropriation for USAID and State Ebola Response and Preparedness, by Account and Period of Availability

(Dollars in millions)

Appropriations account	Period of availability for obligation	Dollar amount appropriated
International Disaster Assistance	Until expended	1,436.3
Economic Support Fund	Until September 30, 2016 ^a	711.7
Global Health Programs	Until expended	312.0
Diplomatic and Consular Programs	Until September 30, 2016	36.4
USAID Operating Expenses	Until September 30, 2016	19.0
USAID Office of Inspector General	Until expended	5.6
Nonproliferation, Antiterrorism, Demining, and Related Programs	Until September 30, 2016 ^a	5.3
Total		2,526.4

Source: Department of State, Foreign Operations, and Related Programs Appropriations Act, 2015. | GAO-18-350

^aFor appropriations for the Economic Support Fund and Nonproliferation, Antiterrorism, Demining, and Related Programs accounts, funds remain available for an additional 4 years from the date on which the availability of such funds would have otherwise expired, if such funds are initially obligated before the expiration of their respective periods of availability. Pub. L. No. 113-235, Div. J, § 7011 (Dec. 16, 2014). Amount shown may not sum to total because of rounding.

As of September 30, 2017, USAID and State had obligated approximately \$1.9 billion (77 percent) of the \$2.4 billion that they had allocated from the Act. Table 17 shows USAID's and State's reported allocations from the Act by appropriation account, as of September 30, 2017.

¹Pub. L. No. 113-235, Div. J., Title IX (Dec. 16, 2014). In addition, the Act appropriated funding for efforts to prevent, prepare for, and respond to the Ebola outbreak; address economic and stabilization requirements resulting from the Ebola outbreak; mitigate the risk of illicit acquisition of the Ebola virus; and promote biosecurity practices associated with Ebola outbreak response efforts.

**Appendix IV: Funding for U.S. Agency for
International Development and Dept of State
Ebola Response and Recovery Projects**

Table 17: Status of USAID and State Allocations for Ebola Response and Preparedness from the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2015, by Appropriation Account, as of September 30, 2017

Dollars in thousands

Appropriation account	Allocations	Unobligated balances	Percentage obligated	Unliquidated obligations	Disbursements	Percentage of obligations disbursed
International Disaster Assistance ^a	1,347,281	441,230	67	65,344	840,707	93
Economic Support Fund ^b	561,675	10 ^c	100	294,793	266,872 ^d	48
Global Health Programs ^e	389,416	101,182	74	196,852	91,382	32
Nonproliferation, Anti-Terrorism, Demining, and Related Programs	5,300	0	100	914	4,386	83
Operating Expenses ^f	11,515	65 ^g	99	4,201	7,249	63
International Narcotics Control and Law Enforcement ^h	30,000	0	100	29,612	388	1
Peacekeeping Operations ⁱ	2,200	0	100	0	0	0
Office of Inspector General	5,626	255	95	665	4,706	88
Diplomatic & Consular Programs	36,420	534 ^j	99	0	35,886	100
Contributions to International Organizations ^k	19,948	0	100	0	19,948	100
Total	2,409,381	543,277	77	592,381	1,271,523	68

Source: GAO analysis of U.S. Agency for International Development (USAID) and Department of State (State) data. | GAO-18-350

Notes: The calculations in this table are based on USAID's and State's most recently reported allocations, obligations, and disbursements. Disbursements differ from the data in USAID's monthly reporting, as they reflect corrections that we made, based on our analysis. State allocates Ebola funding from the Nonproliferation, Anti-Terrorism, Demining, and Related Programs, Diplomatic & Consular Programs, International Narcotics Control and Law Enforcement (INCLE), Peacekeeping Operations (PKO), and Contributions to International Organizations (CIO) accounts. USAID allocates Ebola funding from all other accounts listed in this table, with the exception of \$700,000 from the Economic Support Fund (ESF) account, which State has programmed for Ebola recovery and viral hemorrhagic fever treatment in Sierra Leone. The Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act (Pub. L. No. 114-223, Sept. 29, 2016) rescinded \$7.5 million from the Operating Expenses account, as well as \$109.5 million from bilateral economic assistance accounts, which are the International Disaster Assistance (IDA), ESF, and Global Health Programs (GHP) accounts. USAID determined the amounts rescinded from the IDA, ESF, and GHP accounts. Amounts shown may not sum to totals because of rounding.

^aIDA account allocations are lower than the amount in the IDA appropriation for Ebola response and preparedness because USAID rescinded \$69 million in response to a provision requiring a rescission from bilateral economic assistance in the Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act (Pub. L. No. 114-223, Sept. 29, 2016). In addition, State transferred \$19.9 million from the IDA account to the CIO account for the U.S. contribution to the United Nations Mission for Ebola Emergency Response on June 1, 2015. These allocations are listed in this table under the CIO account.

**Appendix IV: Funding for U.S. Agency for
International Development and Dept of State
Ebola Response and Recovery Projects**

^bESF account allocations are lower than the amount in the ESF appropriation for Ebola response and preparedness for two reasons. First, USAID and State made three transfers of ESF funding. In July and August 2016, State notified the relevant congressional committees that it intended to transfer \$2.2 million to the PKO account and \$30 million to the INCLE account. On September 9, 2016, USAID notified the relevant congressional committees that it intended to transfer \$106.5 million to the Global Health Programs (GHP) account. Second, rescissions as a result of the Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act affected the ESF account. USAID rescinded \$11.4 million from the ESF account. In addition, USAID reprogrammed a portion of its ESF Ebola funds. USAID notified the relevant congressional committees on April 8, 2016 that it intended to reprogram \$295 million in ESF Ebola funds for Zika response activities and for the CDC's international Ebola response.

^cAccording to USAID officials, these funds were obligated within the period of availability and remain available for obligation for an additional 4 years.

^dSome disbursements reflected here are based on accruals from quarterly financial invoices provided by USAID's implementing partners. These data may not yet be reflected in USAID's financial system records on disbursements for Ebola response and preparedness from the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2015 (Pub. L. No. 113-235, Dec. 16, 2014).

^eGHP account allocations are \$77.4 million greater than the amount in the GHP appropriation for Ebola response and preparedness because of a transfer from the ESF account and a rescission. On September 9, 2016, USAID notified the relevant congressional committees that it intended to transfer \$106.5 million to the GHP account. As a result of the rescissions in the Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act, USAID rescinded \$29 million in GHP funding transferred from the ESF account.

^fOperating Expenses account allocations are lower than the amount in the Operating Expenses appropriation for Ebola response and preparedness because of a rescission of approximately \$7.5 million in the Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act (Pub. L. No. 114-223, Sept. 29, 2016).

^gAccording to USAID officials, these funds have expired and are no longer available for new obligations.

^hINCLE account funds were not appropriated for Ebola response and preparedness in the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2015. Instead, State transferred ESF Ebola funding to the INCLE account in 2016, pursuant to transfer authority included in the appropriations act. On August 10, 2016, State notified the relevant congressional committees of its intent to transfer \$30 million in Ebola ESF funding to the INCLE account.

ⁱPKO account funds were not appropriated for Ebola response and preparedness in the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2015. Instead, State transferred ESF Ebola funding to the PKO account in 2016, pursuant to transfer authority included in the appropriations act. On July 27, 2016, State notified the relevant congressional committees of its intent to transfer \$30 million in Ebola ESF funding to the INCLE account.

^jAccording to State officials, Diplomatic and Consular Programs account funds have expired and are no longer available for new obligations.

^kAllocations for the CIO account are a transfer from the IDA account to the CIO account for the U.S. contribution to the United Nations Mission for Ebola Emergency Response on June 1, 2015.

Appendix V: Comments from the U.S. Agency for International Development



FEB 26 2018

David Gootnick
Director, International Affairs and Trade
United States Government Accountability Office
441 G Street, N.W.
Washington, D.C. 20548

Re: EBOLA RECOVERY: USAID Has Initiated or Completed Most Projects, but a Complete Project Inventory Is Still Needed for Evaluating Its Efforts (GAO-18-350)

Dear Mr. Gootnick:

I am pleased to provide the United States Agency for International Development's (USAID) formal response to the draft report produced by the United States Government Accountability Office (GAO) draft report entitled, "*EBOLA RECOVERY: USAID Has Initiated or Completed Most Projects, but a Complete Project Inventory Is Still Needed for Evaluating Its Efforts*" (GAO-18-350).

We are providing this letter and the enclosed USAID comments are provided for incorporation as an appendix to the GAO final report. Thank you for the opportunity to respond to your draft report and for the courtesies extended by your staff while conducting this engagement.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angelique M. Crumbly".

Angelique M. Crumbly
Acting Assistant Administrator
Bureau for Management

Enclosure: a/s

- 2 -

**USAID COMMENTS ON GAO DRAFT REPORT
EBOLA RECOVERY: USAID Has Initiated or Completed Most Projects, but a Complete
Project Inventory Is Still Needed for Evaluating Its Efforts (GAO-18-350)**

The United States Agency for International Development would like to thank the Government Accountability Office (GAO) for giving us the opportunity to respond to this draft report. We appreciate the extensive work of the audit team, which resulted in a recommendation that will help USAID enhance the management of its evaluation of Ebola recovery projects.

This report has one recommendation:

Recommendation: The Administrator of USAID should take steps to ensure that USAID's contractor compiles a complete and accurate inventory of Ebola Recovery projects prior to finalizing its analysis.

USAID agrees with GAO's recommendation that we complete a full and accurate inventory of all Ebola Pillar II programs and is working with our contractor to do so. USAID is a strong proponent of project evaluations as is set forth in section 201.3.5 of the USAID Automated Directives System. In an evaluation such as the Ebola recovery projects evaluation, it is axiomatic that all projects should be included in the universe covered by the evaluation, and USAID will ensure that the contractor compiles a complete and accurate inventory of Ebola recovery projects prior to finalizing its analysis.

USAID's operating units that have programmed Ebola recovery activities have conducted a crosswalk exercise of records from USAID Ebola recovery projects and with the contractor to identify all activities. The contractor and operating units will ensure the accuracy and completeness of the inventory used for the overarching evaluation.

Appendix VI: GAO Staff Acknowledgments

GAO Contact

David B. Gootnick, (202) 512-3149 or gootnickd@gao.gov

Staff Acknowledgments

In addition to the contact named above, Valérie L. Nowak (Assistant Director), Bradley Hunt (Analyst-in-Charge), Rachel Dunsmoor, Ashley Alley, Debbie Chung, Christopher Keblitis, Amber Sinclair, and Pierre Toureille made key contributions to this report.

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