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Introduction

Chairwoman Lee, Ranking Member Rogers, and distinguished members of the subcommittee, thank you for the opportunity to testify before you on the U.S. Agency for International Development's (USAID) humanitarian response to the COVID-19 pandemic. The pandemic has shaken the international humanitarian community, not only by exacerbating humanitarian needs across countries and sectors, but also by fundamentally changing the way in which we deliver humanitarian assistance.

Rising Humanitarian Needs

Around the world, the compounding effects of conflict, climate change, and the COVID-19 pandemic are driving record levels of humanitarian need. At the same time, the operational challenges created by these same drivers of need are making the delivery of aid more challenging—the number of people we can reach with the same level of resources is declining. According to the United Nations (UN) Office for the Coordination of Humanitarian Affairs (OCHA), 235 million people are in need of humanitarian assistance and protection in 2021. This constitutes a 40 percent increase in need over the 2020 level, which senior UN officials assess is almost entirely attributable to the COVID-19 pandemic. While the pandemic has impacted each humanitarian sector differently (a few of which I will highlight below), we have consistently seen that communities affected by conflict or disasters are particularly susceptible to the spread of COVID-19 and its impacts—the populations we reach are often displaced, and many lack access to food and the basic services that are critical for preventing and mitigating disease outbreaks. This pandemic has had disparate impacts on already vulnerable or marginalized groups, including women and girls, children, and people with disabilities. In addition to providing life-saving assistance to populations in need, we are also making targeted investments in the international humanitarian system to effectively respond to public health emergencies in even the most challenging operational contexts.

Food Security and Nutrition

Recently, the UN Food and Agriculture Organization (FAO) released the *State of Food Security and Nutrition in the World 2021*, which is the first global assessment of food insecurity and

malnutrition for 2020 and provides insight into the COVID-19 pandemic's effect on global hunger. According to the report, approximately 2.37 billion people (or nearly one in three people) around the world did not have access to adequate food in 2020, which constitutes an increase of almost 320 million people from the previous year and is equal to the increase in food insecurity from the previous five years combined. Of that total, approximately 928 million people suffered from severe food insecurity, which means that they had run out of food or gone a day without eating. Even further, the United Nations has separately warned that close to half a million people are experiencing Integrated Food Security Phase Classification (IPC) 5 famine-like conditions in a number of humanitarian contexts, including in Ethiopia, Yemen, South Sudan, and northeastern Nigeria. The report attributes this increase to a confluence of drivers, including conflict, climate-related disasters, economic shocks (made worse by the COVID-19 pandemic), and rising food prices due to global supply chain disruptions and low agricultural yields. High food prices—the highest in a decade according to some reports—are especially concerning in light of rising unemployment rates and income loss due to the COVID-19 pandemic: families around the world are struggling to afford food.

Due to the COVID-19 pandemic, the international community risks erasing almost a decade of progress against malnutrition. Models suggest that by next year approximately 13.6 million more children will be wasted, and 3.6 million more will be stunted, leading to 283,000 more child deaths and increasing anemia rates in mothers. Malnutrition is not only the leading cause of death for children under five, it can also undermine the cognitive and physical development of the children who do survive it, impacting their futures and communities well beyond the pandemic. Moreover, malnutrition also increases a person's vulnerability to infectious diseases like COVID-19 because it weakens the immune system, exposing already vulnerable populations to even greater risk.

Health and WASH

The COVID-19 pandemic has overwhelmed health systems in many of USAID's partner countries, especially those which were already overburdened from complex emergencies. The diversion of already limited medical resources and personnel to the COVID-19 response has made the provision of critical primary health services to vulnerable populations significantly more challenging. As a result, we have seen access to care for essential services such as antenatal care, safe deliveries at birth, and malnutrition treatment significantly drop since before the pandemic. Even more telling, the number of people who have died of malaria exceeds the number of people who have died of COVID-19 in many humanitarian contexts. In addition, misinformation and distrust between beneficiary populations and health service providers has been growing due to the COVID-19 pandemic, causing people to be less likely to access health services and also resulting in a challenging environment for program implementation.

Providing clean water, sanitation, and hygiene (WASH) services is also critical to combatting the pandemic and its secondary impacts by helping to prevent the spread of infectious diseases like COVID-19. The need is particularly great in humanitarian contexts where displacement caused by conflict or natural disasters can lead to overcrowded conditions and increase the risk of communicable diseases. In these contexts, both displaced and non-displaced populations frequently lack access to basic services, like safe water, and supplies, like soap. Providing access to these essential services and supplies along with supporting positive hygiene behaviors effectively reduces disease transmission.

Protection

The COVID-19 pandemic has given rise to a second, nefarious pandemic (often referred to as the “Shadow Pandemic”) of gender-based violence (GBV) against women and girls. Loss of income from the economic downturn; limited mobility due to public health regulations like quarantine periods and lockdowns; closures of schools, markets, and support services; and widespread stress due to the COVID-19 pandemic have led to increased violence in the home and barriers to accessing life-saving assistance for women and girls. For example, the UN Population Fund (UNFPA) had predicted 15 million additional cases of GBV for every three months of lockdown. Additionally, experts estimated that the pandemic could lead to 13 million more cases of child marriage as families resort to this practice in order to meet basic household needs (either by decreasing the number of people the family must support, or in order to receive bride price payments in some cultures). Complicating the situation further, many GBV service providers had to close, limit, or remotely implement their interventions, so GBV survivors were even less likely to report and seek support. For example, leading protection partner IRC reported that in Iraq, where they were only able to provide GBV support services over the phone, nearly two months passed without a report, which is highly unusual in this context. Decreases in reporting also persisted in countries where IRC was able to keep services open to some degree, such as a 50 percent decrease in Bangladesh between February and March 2020 and a 30 percent decrease in Tanzania. Gains made for the protection of children have also been tragically set back many years as child marriage, child abuse, child labor, female genital mutilation, and the number of children out of school have all increased significantly since the start of the pandemic.

The pandemic has also increased the need for mental health and psychosocial support services, as stress, anxiety, depression, anger, grief, and violence has increased among affected populations. While the need for these services has been seen across all population groups, health workers, caregivers, children, older people, people with disabilities, and people with previous mental health illnesses face additional burdens, increasing their risk of negative mental health outcomes stemming from the pandemic. Despite rising needs, access to pre-existing support systems have substantially decreased as a result of pandemic-related movement restrictions, limits on social gatherings, and closure of social services.

Frontline humanitarian workers continue to work tirelessly to provide services to those in need despite the many challenges that COVID-19 has created for the delivery of services. For example, in Nigeria, domestic violence cases have surged since the pandemic—as much as over 100 percent in certain states during lockdown. Zainab leads a team of case workers who provide remote case management services to survivors of gender-based violence for our partner International Medical Corps in Nigeria. At the outset of the pandemic, Zainab and her team shifted to remote case management by telephone in order to continue providing services to survivors despite restrictions on movement. When those restrictions were loosened, IMC continued to offer remote services for survivors who could not attend in-person sessions or who preferred remote case management. Being a survivor of gender-based violence herself, she knows well the difficult circumstances that women are facing due to the Shadow Pandemic, and through her work, she is dedicated to helping other survivors and creating a more equitable world for her daughters.

Operations

In addition to these striking increases in humanitarian needs, the COVID-19 pandemic has also made humanitarian operations more challenging and more expensive due to its impact on global supply chains. Humanitarian organizations are facing higher commodity prices and transportation costs due to rising fuel prices, limited transportation options, business closures, and shortages of workers and inputs. The reality is that while the number of people in need is growing, the number of people we can reach with the same amount of funding is decreasing.

Overall, what was already a challenging humanitarian context at the beginning of 2020 turned into a global humanitarian crisis that has seen years of progress erased and left millions of people in need of life-saving support.

USAID's Humanitarian Response

USAID's Bureau for Humanitarian Assistance (BHA) is a critical player in the U.S. Government's (USG) global response to the COVID-19 pandemic by providing life-saving assistance to those affected by the pandemic in humanitarian settings. USAID is coordinating closely with key stakeholders, especially those at the Department of State and the Centers for Disease Control and Prevention (CDC), to ensure technical alignment of programs to reach as many people as possible.

Thanks to President Biden's leadership, the generosity of the United States Congress, our hardworking staff, and our integral network of partner organizations around the world, USAID has quickly adapted its humanitarian operations to meet the challenges of our new global reality. Since the beginning of the pandemic in 2020, we have programmed more than \$2.3 billion in additional humanitarian assistance—including more than \$1.8 billion in American Rescue Plan

Act (ARPA) resources—to meet these increased needs, mainstreamed COVID-19 considerations across all sectors, and strategically invested resources to increase resilience among vulnerable populations and build the response capacity of the international system.

Implementation of Supplemental COVID-19 Funding

USAID has used the generous COVID-19 supplemental funding appropriated in the Coronavirus Preparedness and Response Supplemental Appropriations Act, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), and the American Rescue Plan Act (ARPA) to support targeted responses that address increased humanitarian needs resulting from and exacerbated by the COVID-19 pandemic, and to make investments to prepare for future outbreaks in humanitarian settings. This funding has been critical to maintaining support for our programs in over 53 countries, as well as USAID investments to improve the overall humanitarian system—ensuring UN agencies and nongovernmental organizations (NGOs) have the capacities, resources, and systems needed to implement the Interagency Standing Committee’s protocol for scaling up humanitarian response to infectious disease events. USAID is programming ARPA resources in alignment with BHA’s Strategic Framework, which outlines BHA’s approach to and parameters for use of COVID-19 supplemental funding, and is nested under the broader U.S. COVID-19 Global Recovery and Response Framework and the Agency’s COVID-19 Implementation Plan.

USAID’s five priorities for the use of ARPA resources are to:

1. Support and Strengthen the Public Health Response
2. Prevent Famine and Mitigate Severe Food Insecurity
3. Provide Protection
4. Strengthen Humanitarian Operations and Coordination
5. Improve and Strengthen Humanitarian Architecture to Support the Scale-up of Infectious Disease Response Capacity

Mainstreaming COVID-19 response into USAID’s Humanitarian Programming

In addition to scaling up existing programs to meet growing humanitarian needs, USAID has been working with its partners to adapt existing programs and mainstream COVID-19 considerations across new programs. Instead of creating COVID-19-specific programs, the humanitarian system is making strategic sector-specific adaptations to ensure continuity of services and to protect communities and aid workers from disease transmission. Several sector-specific and country-specific examples are provided below.

Sector Program Priorities

To address rising levels of food insecurity caused by the COVID-19 pandemic, USAID is providing in-kind food assistance (procured from the United States, internationally, regionally, and locally), cash transfers, and food vouchers for vulnerable populations. The best way to adapt

food assistance programs to the pandemic is by maintaining modality flexibility, which allows USAID to tailor food assistance programs to best meet the needs of vulnerable populations based on local context, market analysis, and other considerations. Supporting food systems and farmers is also critical to restoring pre-pandemic supply chains and increasing local food availability. USAID is also providing nutrition assistance for children, pregnant and lactating women, and other people vulnerable to malnutrition. Key nutrition program adaptations have included modifications to treatment protocols for child wasting that minimize contact while maintaining access to care, incorporating critical nutrition messaging within COVID-19 messaging, and improved coordination with stakeholders on nutrition relief and response efforts.

In response to growing health needs, USAID is working with its humanitarian implementing partners to train healthcare workers to keep themselves and their patients safe; support engagement with communities to battle misinformation and mistruths on COVID-19; deliver essential medicines, medical equipment, and supplies; and provide critical primary health care and health education. Working with local organizations and within existing systems is also key, as active community engagement and trust is integral to successful infectious disease response. To address rising water, sanitation, and hygiene needs, USAID and its partners are ensuring communities have safe water by rehabilitating boreholes; distributing water treatment kits; providing water to health facilities; installing hand-washing stations at healthcare facilities; providing emergency water trucking and water-quality testing services; improving water and sanitation systems; and disseminating information about safe hygiene to vulnerable groups.

USAID is helping address pandemic-related GBV, child protection, and psychosocial needs in humanitarian settings by working with partners to establish or expand safe spaces for women and girls; support structured activities for parents and children to improve parenting skills and support children who are out of school; adapt group-based and individual psychosocial support services; equip social workers to provide support over the phone or through virtual platforms; increase the staffing of domestic violence and child abuse reporting hotlines; train and support health responders to safely and compassionately work with GBV survivors and those in need of mental health services; incorporate protection services into other sector programs like livelihoods, health, and education to increase reach; and work through women's organizations to improve access to vulnerable women and girls.

Country-Specific Examples

USAID is providing approximately \$254 million in combined COVID-19 supplemental funds to support vulnerable communities affected by the Syrian regional crisis who are also coping with the impacts of the COVID-19 pandemic, including \$229 million in ARPA resources. With this funding, the UN World Food Program is delivering food assistance within Syria and the surrounding host countries of Turkey, Egypt, and Jordan. WFP has implemented standard operating procedures for COVID-19 safety, such as increasing the number of final distribution

points and frequency of distributions to avoid overcrowding. They also provide door-to-door distributions for elderly and other higher risk cases. This funding also supports health assistance, including by strengthening COVID-19 infection, prevention, and control measures and surveillance, and by supporting intensive care units taking care of patients in northwest Syria. These resources help people stay healthy by increasing access to safe drinking water and sanitation services through emergency water trucking and water-quality testing, improving water and sanitation systems, and disseminating information about how to protect against COVID-19 and practice safe hygiene. We are addressing critical protection needs by providing psychosocial support, gender-based violence prevention and response, and child protection services for displaced and other vulnerable populations in northwest Syria.

In Haiti, USAID has provided almost \$19 million in combined COVID-19 supplemental funds in response to the COVID-19 pandemic, including \$8.9 million from the ARPA, to build the infection prevention and control capacity (including improved triage, personal protective equipment, and staff training) of more than 40 local health care facilities. Additionally, USAID programs increase prevention through community awareness raising activities, handwashing, and hygiene kit distribution among Haiti's most vulnerable and high risk populations using mass communication campaigns on radio and social media platforms. BHA also supports protection services such as psychosocial support to children, families, and frontline healthcare workers through hotlines, small group discussion sessions, radio and social media messaging, and training in psychological first aid. This funding also enables partners to assist vulnerable populations experiencing acute food insecurity. These investments not only helped partners meet the immediate needs of Haitian communities impacted by COVID-19, but also built a network of established implementing partners that allowed us to quickly scale up programming following the August 14th earthquake.

In Somalia, USAID is providing nearly \$143.1 million in combined COVID-19 supplemental funds in response to the COVID-19 pandemic, including more than \$125 million from the ARPA, to improve access to lifesaving health care services, treat acutely malnourished women and children who are more vulnerable to COVID-19 and other infections, deliver safe drinking water and hygiene supplies, and provide emergency psychosocial support for survivors of gender-based violence. This assistance is also providing emergency food assistance, including cash transfers and in-kind rations of sorghum, yellow split peas, and vegetables, as well as nutrition assistance for children, pregnant and lactating women, and other vulnerable people facing food insecurity, malnutrition and COVID-19 across the country.

In addition to our immediate, lifesaving work in humanitarian responses, we are making strategic investments to build the capacity of the international humanitarian system to respond to public health emergencies. For example, we are funding an International Federation of Red Cross and Red Crescent Societies (IFRC) program building community trust and acceptance of COVID-19

vaccines in humanitarian contexts, while building capacity of national societies to support Risk Communication and Community Engagement initiatives. Building trust to respond to infectious disease outbreaks is vital in any readiness and response activity. Supporting IFRC's platform to build capacity across the National Societies to obtain community feedback and then use it to improve responses in humanitarian settings through national societies increases both national capacity and BHA's readiness to respond, particularly in conflict settings, where community level trust is fundamental to programming. In addition, we support the operationalization of the COVAX Humanitarian Buffer Stock, a component of the COVAX Facility intended to provide vaccine doses through humanitarian actors to assist vulnerable populations not reached by national authorities.

Looking to 2022

The Coronavirus Preparedness and Response Supplemental Appropriations Act, CARES Act, and ARPA resources have been critical to USAID's ability to respond to the increased humanitarian needs globally over the past 18 months, and I am proud of our work to not only respond to the COVID-19 pandemic while maintaining critical ongoing programming, but also to mount new Disaster Assistance Response Teams to support the Northern Triangle, the earthquake in Haiti, the complex emergency in Northern Ethiopia, and the deteriorating humanitarian situation in Afghanistan. We also established an Elevated Bureau Response for South Asia in April, when our technical expertise, logistical capacity, and coordination skills were needed to support the Agency's response to surging COVID-19 caseloads driven by the delta variant in India, Bangladesh, Nepal, Pakistan, the Maldives, and Sri Lanka. BHA obligated a total of \$8.1 billion in International Disaster Assistance, Food for Peace Title II, and ARPA resources in 2021, a record level of humanitarian assistance. This level of support was only possible thanks to ARPA resources, including the \$1.3 billion in Economic Support Fund and \$600 million in Title II funds provided last fiscal year. However, having almost depleted the resources appropriated under ARPA to address growing needs caused by the COVID-19 pandemic, we are preparing to make a series of difficult choices in FY 2022 and FY 2023 as the divide between needs and resources continues to grow across all sectors. As such, we are pursuing all available funding flexibilities, programmatic efficiencies, and opportunities for coordination with other donors to respond to ongoing and new humanitarian crises during this challenging time.

Conclusion

Before closing, I will share a story from one of our partners in Yemen. When fuel prices became unaffordable, the town of Ta'iz could no longer operate its water plant, leaving 20,000 people across 13 villages without access to clean water, many of whom were displaced. As a result, men, women, and children in these communities were falling ill. USAID and its partner, the International Organization for Migration, were able to install a solar-based system to power the

water plant, giving these communities access to an uninterrupted source of clean water. The restoration of a reliable clean water source has been critical for the residents of Ta'iz to make nutritious foods for their families and to practice good hygiene to prevent the spread of diseases like COVID-19. Humanitarian programming can achieve multiple goals—making investments in infrastructure for communities affected by conflict not only meets the immediate need for safe drinking water and helps people prevent the spread of disease, it also helps make them more resilient against future shocks.

The COVID-19 pandemic has triggered the biggest economic downturn since the Great Depression, plunging between 110 million and 150 million more people into extreme poverty: the first time this figure has increased since the 1990s. Millions of the world's most vulnerable people have been left even more vulnerable, and global humanitarian needs are reaching record levels.

The pandemic has also significantly impacted the provision of humanitarian assistance. Our work is needed by more people than ever before, at a time when it is also more difficult than ever before to reach those who need life-saving assistance. Going forward, the international community must continue to work together to scale up services, adapt and innovate programming to better address humanitarian needs, and prepare for future outbreaks in humanitarian settings by making strategic investments to strengthen the international humanitarian architecture and help vulnerable populations become more resilient.

Thank you again for the opportunity to testify. I look forward to your questions.