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**Regional Inspector General for Audit  
Dakar**

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**AUDIT OF REDSO/WCA'S IMPLEMENTATION OF THE  
GOVERNMENT PERFORMANCE AND RESULTS ACT IN  
ITS FAMILY HEALTH AND AIDS - WEST AND CENTRAL  
AFRICA PROJECT**

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**Report No. 7-624-98-002-P  
March 24, 1998**

# EXECUTIVE SUMMARY

## **Background**

In August 1993, Congress enacted Public Law 103-62 called the "Government Performance and Results Act of 1993" (GPRA). The Act requires Federal agencies to develop strategic plans of at least five-year duration by September 30, 1997. It also requires agencies to develop annual performance plans beginning in fiscal year 1999 and to report annually on actual performance compared with Agency goals beginning in fiscal year 2000. The Act sets forth the major tenets of a results-oriented management approach that focuses on using resources and information to achieve measurable progress toward program outcomes as related to program goals. (See page 1.)

USAID's Regional Economic Development Services Office/West and Central Africa's (REDSO/WCA) Family Health and AIDS - West and Central Africa Project carries out REDSO/WCA's Strategic Objective No. 1, "Improved Access to and use of Family Planning, Maternal and Child Health and HIV/AIDS Prevention Services (in targeted areas of West and Central Africa). The Regional Inspector General's Office in Dakar, Senegal, reviewed the project to determine whether REDSO/WCA had a) developed a strategic plan and an annual plan which were consistent with the Agency's Strategic Framework, b) developed performance indicators which were consistent with Agency goals, c) developed a system for collecting and reporting accurate performance data, and d) used performance information to enhance program effectiveness. In addition, the audit sought to determine whether REDSO/WCA's Family Health and AIDS - West and Central Africa Project was making satisfactory progress toward achieving the intended benefits. (See page 4.)

The total life-of-project funding for REDSO/WCA's Family Health and AIDS - West and Central Africa Project was \$40 million of which \$2.7 million had been expended as of September 30, 1996, and \$5.6 million expended as of September 30, 1997.

## **Summary of Audit Findings and Recommendations**

The audit found that REDSO/WCA had developed both a strategic plan and an annual plan which were consistent with the Agency's Strategic Framework. Moreover, REDSO/WCA had developed performance indicators which were generally consistent with Agency goals. However, our audit noted that: 1)

REDSO/WCA had not established performance indicators at the strategic objective level, 2) REDSO/WCA in its Results Review Report, had not established causal relationships between the strategic objective and the intermediate results, 3) REDSO/WCA had not developed a system to retain documentation to support baseline amounts, reported results, or planned targets. We recommended that REDSO/WCA: 1) establish performance indicators with related targets for the strategic objective, 2) establish new intermediate results for its family planning and health strategic objective, and 3) establish a system to centrally maintain information to support baseline values, results, and targets in REDSO/WCA's Results Review Report. (See pages 5 - 10.)

The audit also found that while REDSO/WCA and its development partners have created a system for collecting and reporting performance data, neither REDSO/WCA nor the partners regularly verified the data collected. Consequently, three of the six baselines reported were materially<sup>1</sup> inaccurate, while the data collected for the calculation of one key indicator, showed significant errors. The three problematic baselines related to the following performance indicators: 1) condom use during the most recent sexual intercourse in target areas, 2) utilization of Oral Rehydration Solution, and 3) the contraceptive prevalence rate. Therefore, we recommended that, REDSO/WCA update and correct these three baselines as well as to establish procedures to ensure that future performance data are accurate. (See pages 11 - 15.)

With regard to performance information, REDSO/WCA made use of it to enhance program effectiveness. Specifically, we found examples of the way in which REDSO/WCA had used performance information to improve the way it measured performance results, and to ensure that its activities reached their planned targets. (See pages 16 - 17.)

Overall, REDSO/WCA's Family Health and AIDS Project was making satisfactory progress toward achieving its strategic objective. However, only one project indicator had a 1996 performance target, and REDSO/WCA exceeded that target. (see Appendix III, Result 1) Furthermore, our review of the preliminary data collected for some indicators, showed that REDSO/WCA was making good progress. Additionally, we noted that the project was making progress in related areas not directly measurable. For example, encouraged by the project, one health practitioner in Cameroon, has formed health clubs in his community schools to reach students who may be otherwise reluctant to visit project clinics for services. (See pages 18 - 19.)

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<sup>1</sup> a variance was considered material if it was more than plus or minus ten percent.

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## **Management Comments and Our Evaluation**

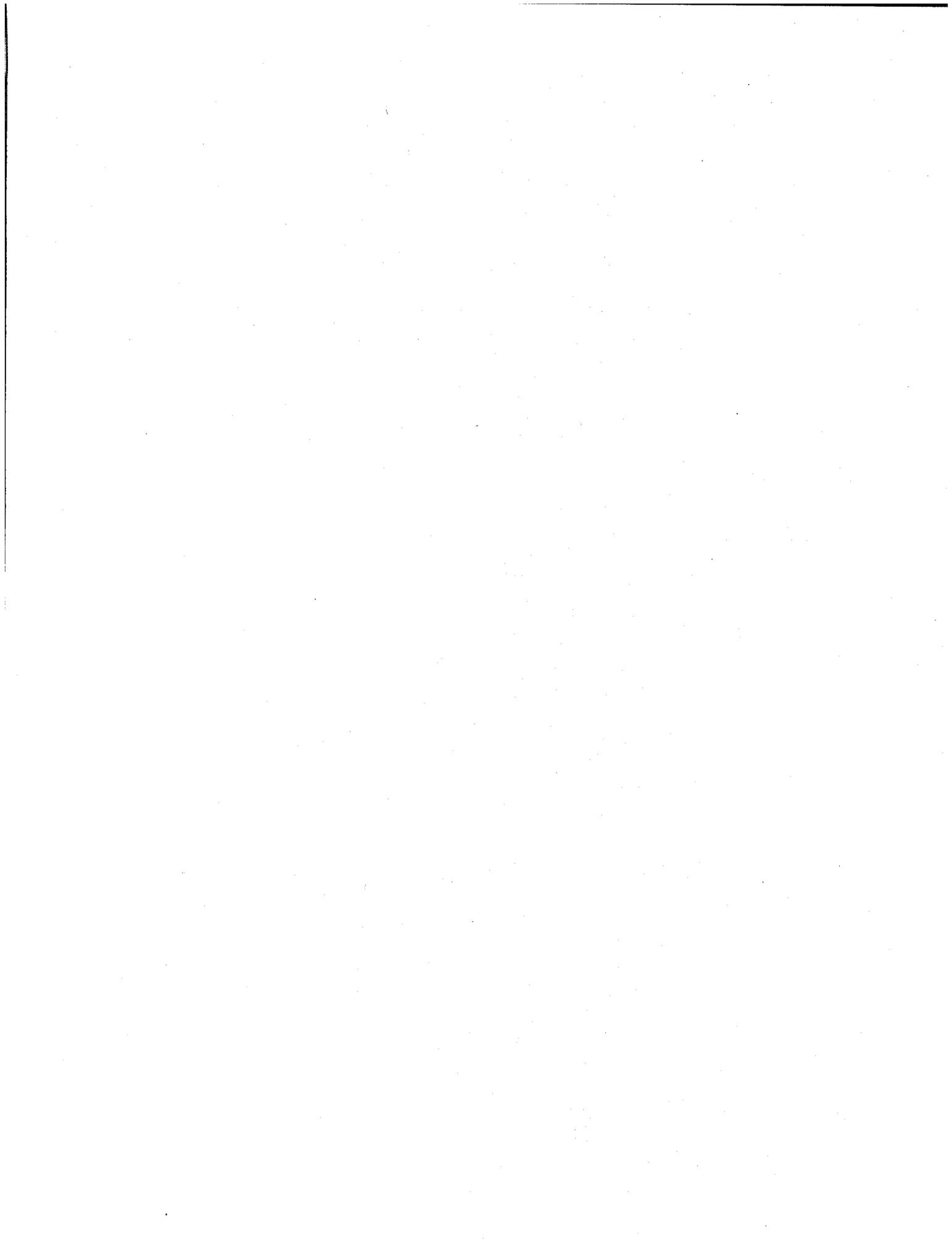
In response to our draft report, REDSO/WCA provided written comments which are included in their entirety as Appendix II. REDSO/WCA generally agreed with the audit report's four recommendations and reported corrective actions and provided supporting documentation to address all four recommendations.

Specifically, REDSO/WCA stated that in its 1998 Results Review and Resources Request (R4), it has identified four performance indicators and targets for its Strategic Objective No.1. REDSO/WCA has also identified three intermediate results, and stated that all supporting documentation for the R4s have been placed in a central file. Furthermore, a Demographic and Health Survey has been commissioned to validate and update reported indicators and targets. Finally, REDSO/WCA is developing an independent monitoring plan to ensure the accuracy of reported performance data.

Based upon REDSO/WCA's comments and our review of those comments and attachments, REDSO/WCA has taken final action on Recommendation Nos. 1, 2, and 3; and has reached Management Decision on Recommendation No 4.1 and 4.2.

*Office of the Inspector General*  
Office of the Inspector General  
March 24, 1998

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# INTRODUCTION

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## **Background**

In August 1993, Congress enacted Public Law 103-62 called the "Government Performance and Results Act of 1993" (GPRA). The Act requires Federal agencies to develop strategic plans of at least five-year duration by September 30, 1997. It also requires agencies to develop annual performance plans beginning in fiscal year 1999, and to report annually on actual performance compared to Agency goals no later than March 31, 2000. The Act sets forth the major tenets of a results-oriented management approach that focuses on using resources and information to achieve measurable progress toward program outcomes related to program goals. Congress selected USAID to be a pilot agency for the implementation of GPRA for fiscal years 1995 and 1996.

To support the Agency's implementation of GPRA, the Office of Inspector General is conducting audits designed to provide the status of USAID's implementation of GPRA in relation to the Agency's programs. Our audit at REDSO/WCA conducted from October 1997 through January 1998 is an important part of this USAID-wide effort.

In September 1995, USAID issued a document entitled The Agency's Strategic Framework and Indicators 1995-1996, which identified "World's Population Stabilized and Human Health Protected in Sustainable Fashion" as one of five Agency goals upon which the Agency would focus its resources in the future. Agency objectives "Sustainable Reduction in Unintended Pregnancies"; "Sustainable Reduction in Child Mortality"; and "Sustainable Reduction in STI/HIV Transmission Among Key Populations" are included under this pillar and are supported by REDSO/WCA's Strategic Objective, No. 1 "Improved Access to and Use of Family Planning, Maternal and Child Health and HIV/AIDS Prevention Services (in targeted areas of West and Central Africa.)"

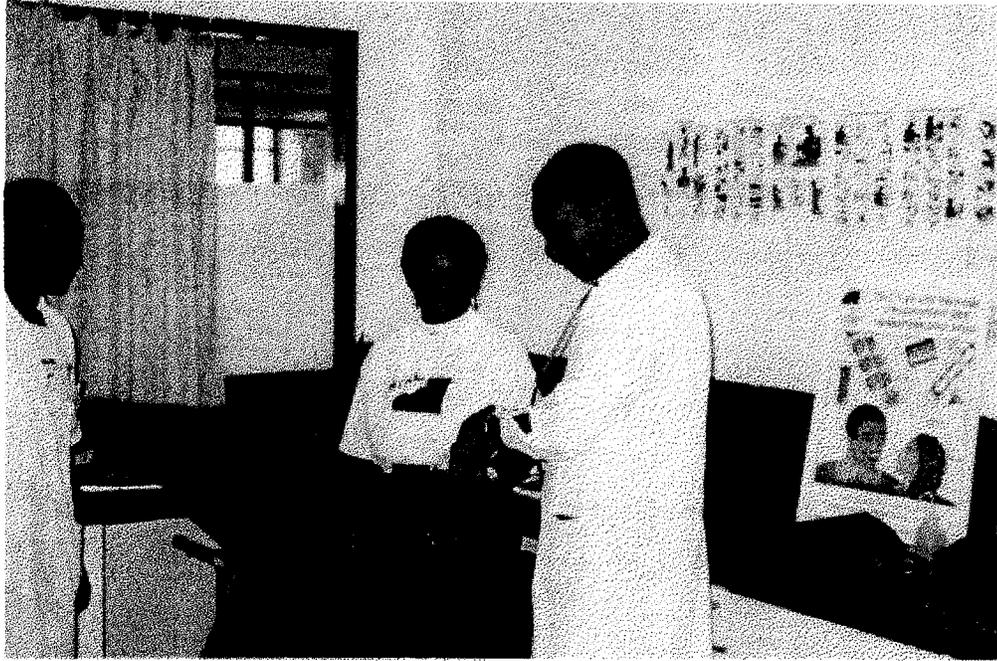
USAID's Regional Economic Development Services Office/West and Central Africa's (REDSO/WCA) Family Health and AIDS - West and Central Africa Project (FHA-WCA) Project which was launched in late 1995, supports the following strategic objective No. 1: Improved access to and use of family planning, maternal and child health and HIV/AIDS prevention services in targeted areas of West and Central Africa. According to REDSO/WCA papers, the FHA-WCA project was initiated in response to USAID's closing of several bilateral posts in West Africa. Under this project, REDSO/WCA attempts to identify effective new health and

family planning service delivery technologies for adoption by African development partners in selected subregions. The project goal is to raise the overall quantity and quality of critical health and family planning services.

REDSO/WCA is using an innovative model to achieve its Strategic Objective No. 1. The model is built on partnership with four U.S. private voluntary organizations (PVO) which have received performance-based grants for the implementation of the FHA-WCA Project: 1) JHPIEGO Corporation, 2) Population Services International (PSI), 3) Tulane University, and, 4) John Hopkins University Center for Communication Programs. Each of these organizations is responsible for one of the four FHA-WCA components, respectively: 1) service delivery and training; 2) social marketing; 3) operations research; and, 4) information, education, and communications. These four organizations in consultation with REDSO/WCA, have developed complementary agreements with USAID-Washington Global Bureau's Population, Health, and Nutrition program, using the field support mechanism and African partners. The Unified Management Team (UMT) was created to manage the activities of these four PVOs. As a result, the performance of each PVO is judged individually as well as collectively.

To carry out project activities, the UMT has not only established a head office in Abidjan, Cote d'Ivoire, but also has individual country offices in four targeted countries: 1) Burkina Faso, 2) Cameroon, 3) Cote d'Ivoire, and, 4) Togo. One UMT member, Population Services International has its own offices in each of these countries and in Benin.

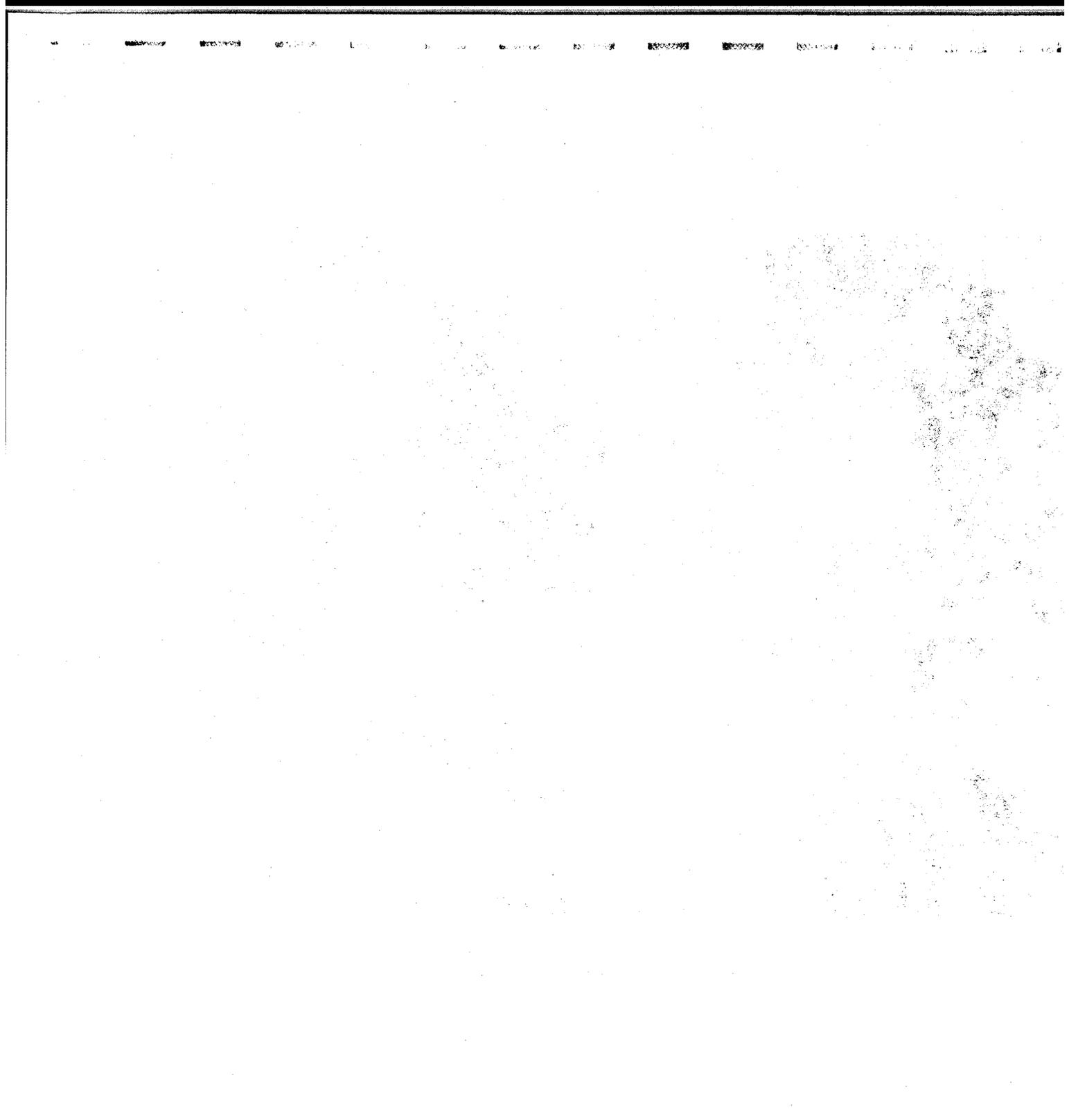
Total life-of-project funding for the FHA-WCA Project is \$40 million, of which \$2.7 million had been expended as of September 30, 1996 and another \$5.6 million as of September 30, 1997.



**REDSO/WCA Family Health and AIDS project activities include 190 clinics in West and Central Africa (Bangang clinic, Cameroon, November 1997).**



**Local Employees packaging USAID supplied condoms for distribution (PSI warehouse, Douala, Cameroon, November 1997).**



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## **Audit Objectives**

We performed this audit as part of the Office of Inspector General's decision to audit USAID's implementation of GPRA. It was designed to answer the following audit objectives:

1) Did REDSO/WCA, for its Family Health and AIDS Project, in accordance with Agency directives and in support of the Agency's actions to comply with the Government Performance and Results Act:

- a) Develop a strategic plan and an annual plan which were consistent with the Agency's Strategic Framework?
- b) Develop performance indicators which were consistent with Agency goals?
- c) Develop a system for collecting and reporting accurate performance data?
- d) Use performance information to enhance program effectiveness?

2) Was REDSO/WCA's Family Health and AIDS Project making satisfactory progress toward achieving the intended benefits?

Appendix I contains a complete discussion of the scope and methodology for the audit.

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## **REPORT OF AUDIT FINDINGS**

**Did REDSO/WCA, for its Family Health and AIDS - West and Central Africa Project activities, in accordance with Agency directives and in support of the Agency's actions to comply with the Government Performance and Results Act:**

**a) Develop a strategic plan and an annual plan which were consistent with the Agency's Strategic Framework?**

REDSO/WCA developed a strategic plan and an annual plan for its Family Health and AIDS - West and Central Africa (FHA-WCA) Project activities which were generally consistent with the Agency's Strategic Framework.

In March 1995, REDSO/WCA developed a Provisional Regional Program Strategy to cover its activities from 1995 to 2000. This strategy was therefore developed before USAID developed its own September 1995 Strategic Framework. Nonetheless, we found that REDSO/WCA's Provisional 1995-2000 Strategic Plan was generally consistent with the Agency's Strategic Framework. In addition, we found that the REDSO/WCA's latest annual plan, in the form of its March 1997 Results Review Report, was consistent with both its Regional Program Strategy and USAID's Strategic Framework.

Strategic Objective No. 1 for REDSO/WCA's FHA-WCA Project is to improve access to and use of family planning and child health and HIV/AIDS prevention services in targeted areas. Thus, REDSO/WCA's Strategic Objective (as outlined in both its 1995-2000 Provisional Regional Program Strategy and its March 1997 Results Review Report) supports the Agency's goal for stabilizing the world's population and protecting human health in a sustainable manner. More specifically, REDSO/WCA's FHA project activities support three of the Agency's four family planning and health objectives: 1) sustainable reduction in unintended pregnancies, 2) sustainable reduction in child mortality, and 3) sustainable reduction in STI/HIV transmission among key populations.

In its March 1997 Results Review Report, REDSO/WCA presented six intermediate results which address more than one Agency objective. (see Appendix III Results 1 to 6.) Five of these results support the Agency's objective of reducing unintended pregnancies, four support the Agency's objective of

reducing child mortality, and four support the Agency's objective of reducing STI/HIV transmission among key populations. Thus, we found that these intermediate expected results were supportive of and consistent with REDSO/WCA's Strategic Objective No. 1.

In summary, REDSO/WCA's Provisional Regional Program Strategy and its March 1997 Results Review Report were consistent with each other and with the Agency's Strategic Framework.

**Did REDSO/WCA, for its Family Health and AIDS - West and Central Africa Project activities, in accordance with Agency directives and in support of the Agency's actions to comply with the Government Performance and Results Act:**

**b) Develop performance indicators which were consistent with Agency goals?**

REDSO/WCA developed performance indicators which were generally consistent with Agency goals, but our audit noted three critical points: 1) REDSO/WCA had not established performance indicators at the strategic objective level; 2) there were no causal relationships between the strategic objectives and the intermediate results; and 3) REDSO/WCA had not developed a system to retain documentation in support of baselines, reported results, or planned targets for the different performance indicators.

In its March 1997 Results Review Report, REDSO/WCA included six intermediate results for which there were eight performance indicators in support of its population and health Strategic Objective No. 1. The eight performance indicators were used to measure the six intermediate results. (see Appendix III). Of these eight performance indicators, six have baseline data while two do not. (see Appendix V for baseline figures). Subsequent to issuing its March 1997 Results Review Report, REDSO/WCA dropped two of the eight indicators.

We found that these eight performance indicators were objective and quantitative and that the related performance targets were time-specific and verifiable. Furthermore, REDSO/WCA had determined the way by which to measure and with what frequency it would measure these performance indicators. In addition, these performance indicators were consistent with the broadly-stated performance indicators listed in USAID's "Agency Strategic Framework and Indicators 1995 - 1996".

REDSO/WCA developed its current performance indicators during a series of discussions with its Family Health and AIDS - West and Central Africa (FHA-WCA) project partners as well as from the strategic plan that had been developed for the project.

Although REDSO/WCA's eight family planning and health indicators were generally consistent with Agency goals, our audit noted three areas of improvement: 1) no indicators had been established at the strategic objective level, 2) there were no causal relationships between the strategic objective and the intermediate results, and 3) REDSO/WCA had not developed a system to retain documentation in support of baselines, reported results, or planned targets for its performance indicators.

**Performance indicators and targets need to be established at the strategic objective level**

USAID's Automated Directives System (ADS) Section E201.5.10 states that strategic plans will include proposed performance indicators and targets for achievement of each strategic objective. However, we found that REDSO/WCA had not established performance indicators and targets for its strategic objective of "Improved Access to and Use of Family Planning, Maternal and Child Health and HIV/AIDS Prevention Services." REDSO/WCA stated that it considered its results as indicators for its strategic objective. Nevertheless, without specific performance indicators and targets for the strategic objective, REDSO/WCA cannot report on whether it is making progress in accomplishing its overall strategic objective.

**Recommendation No. 1: We recommend that the Director, REDSO/WCA establish performance indicators and targets for its strategic objective of "Improved access to and use of family planning, maternal and child health and HIV/AIDS prevention services."**

ADS Section E201.5.10 defines performance targets as the specific and intended results to be achieved within an explicit time frame and against which actual results are compared and assessed. It also states that a performance target is to be defined for each performance indicator. Furthermore, ADS E201.5.10 states that strategic plans will include proposed performance indicators and targets for achievement of each strategic objective. USAID's Center for Development Information and Evaluation's Performance Monitoring and Evaluation TIPS No. 8 similarly states that operating units should establish a performance target for each performance indicator it selects for its strategic objectives and intermediate results. Finally, USAID's Directive on Setting and Monitoring Program Strategies dated May 27, 1994 states that annual interim indicators shall be established to demonstrate whether progress is being made toward achieving the desired impact.

During the audit, we noted that REDSO/WCA had indeed established both performance indicators and targets for its intermediate results. However, it had not established specific performance indicators and targets at the strategic objective level.

REDSO/WCA officials stated that its strategic objective and results were prepared in agreement with USAID/Washington and that it considered the results stated in its FY 1997 Results Package (as serving) as the indicators for the strategic objective. Essentially, REDSO/WCA was using intermediate results as strategic objective indicators. However, in the absence of specific performance indicators and targets for the strategic objective, REDSO/WCA cannot clearly report on whether it is making progress in accomplishing its overall strategic objective of "Improved Access to and Use of Family Planning, Maternal and Child Health and HIV/AIDS Prevention Services."

ADS Section E202.5.2a(2) recognizes the difficulties in developing targets and requires strategic objective teams to identify and evaluate assumptions and hypotheses inherent in the program's activities and in the results framework. Reengineering requires all operating units (in their strategic plans) to establish performance targets for all performance indicators used to measure progress toward each strategic objective and each intermediate result. Accordingly, we recommend that REDSO/WCA develop and establish specific performance indicators and targets for its Strategic Objective No. 1.

**REDSO/WCA needs to establish new intermediate results for its family planning and health strategic objective**

USAID's ADS requires that its operating units have strategic objectives and stated intermediate results that lead to the strategic objective. While REDSO/WCA has established six intermediate results for its Strategic Objective No. 1, these intermediate results are inadequate because they do not consistently follow the guidelines as provided in USAID's Automated Directives System. As a result of inadequate intermediate results, the usefulness of REDSO/WCA's Results Framework as a management tool in measuring intermediate steps toward the accomplishment of the overall strategic objective is compromised and the development hypothesis is not clearly communicated.

**Recommendation No. 2: We recommend that the Director, REDSO/WCA establish new intermediate results for its family planning and health strategic objective.**

ADS Section E201.5.10a requires that USAID operating units' strategic plans contain strategic objectives which are defined as the most ambitious results in a particular program area that the USAID operation unit is willing to be held

responsible. ADS Section E201.5.10e states that it is necessary to identify the intermediate results which are necessary to accomplish the strategic objective. Additionally, the results framework must provide sufficient information to demonstrate the cause and effect linkages between the intermediate results and the strategic objective.

REDSO/WCA in its FY 1997 Results Package stated its strategic objective as "Improved Access to and Use of Family Planning, Maternal and Child Health (FP/MCH) and HIV/AIDS Prevention Services." In order to achieve this strategic objective, REDSO/WCA established the following six intermediate results with corresponding performance indicators:

- Result 1 - Increased Availability of and Demand for FP/MCH and STI/AIDS Services in Target Areas
- Result 2 - Increased Condom Use by an Average of One Percentage Point Per Year in Project Targeted Areas
- Result 3 - Oral Rehydration (ORS) Utilization Improved by 2.5 Percentage Points Per Year and ORS Sales Improved by 10%
- Result 4 - Increased Use of Family Planning Methods Among Women of Reproductive Age by an Average of One Percentage Point Per Year in Targeted Areas
- Result 5 - Increased Regional Capacity for Program Development and Implementation
- Result 6 - Efficient Use of Resources Through Donor Collaboration

(see Appendix III for a list of accompanying performance indicators.)

The problem with these six intermediate results is not that they do not exist, rather, the problem is that, because some do not promote the accomplishment of Strategic Objective No. 1, they are not adequate intermediate results. Rather than filling the requirement of being an intermediate result, they serve better as a way to measure the strategic objective; thus, they serve better as performance indicators than intermediate results. For example, intermediate result 4, increased use of family planning methods among women of reproductive age by an average of one percentage point per year in targeted areas, does not in and of itself promote the accomplishment of (or causes) "improved use of family planning." However, it is an adequate measurement of the accomplishment of "improved use of family planning;" thus, it serves better as a performance indicator than an intermediate result. Likewise, intermediate result 3, oral

rehydration utilization improved by 2.5 percentage points per year and ORS sales improved by 10 percent, measures or indicates "improved access to and use of child health services" but does not promote its accomplishment.

REDSO/WCA has not established adequate intermediate results because it has not consistently followed the guidelines as provided in USAID's Automated Directives System. With inadequate intermediate results, the usefulness of REDSO/WCA's Results Framework as a management tool to measure intermediate steps toward the accomplishment of the overall strategic objective is diminished and the development hypothesis is not clearly communicated. To improve REDSO/WCA's Results Framework we recommend that it establish new intermediate results for its family planning and health strategic objective.

**REDSO/WCA needs to establish a system to maintain information reported in its Results Review Report**

USAID's Automated Directives System Section (ADS) E203.5.5 states that operating units shall establish performance monitoring systems which meet Agency standards for managing and documenting the data collection process. Although USAID requires its Missions to meet these Agency standards REDSO/WCA had not developed a system to retain documentation to support the baseline values, performance results and performance targets. Rather than establish its own system, REDSO/WCA relied on its partners to supply baseline and performance data without actually retaining the information itself. By not retaining documentation to support the gathered data, REDSO/WCA is unable to assess the data it uses in its Results Review Reports critically.

**Recommendation No. 3: We recommend that the Director, REDSO/WCA establish a system to centrally maintain information to support reported baseline values, results, and targets in REDSO/WCA's Results Review Report.**

ADS Section E203.5.5 states that operating units shall establish performance monitoring systems which meet Agency standards for managing and documenting the data collection process. ADS Section 203.5.5e adds that operating units shall, at regular intervals, critically assess the data they are using to monitor performance.

Although USAID requires its Missions to meet these Agency standards, REDSO/WCA had not done so. REDSO/WCA had not established such a system because it was relying on the baseline and performance data supplied to it by its partners without documenting the support for the information.

Because REDSO/WCA did not house on site or have ready access to the actual documentation for its reported results, it was not generally able to produce the support for its reported baselines, performance results, or planned targets with great facility. While the documentation was available through UMT and its member PVOs, neither UMT nor its member PVOs may retain these documents for a long enough period of time to satisfy REDSO/WCA's need to have access to them. Moreover, by not retaining documentation to support reported results and planned targets, REDSO/WCA is unable to assess the data it uses in its Results Review Reports critically. To avoid potential documentation problems in the future, we recommend that the REDSO/WCA establish a centralized system to maintain information to support baseline values, reported results, and performance targets listed in its Results Review Report.

**Did REDSO/WCA for its Family Health and AIDS project, in accordance with Agency directives and in support of USAID's actions to comply with the Government Performance and Results Act:**

**c) Develop a system for collecting and reporting accurate performance data?**

REDSO/WCA and the UMT have developed a system for collecting and reporting performance data in its Results Review Report for the Family Health and AIDS project. However, neither the REDSO/WCA nor the UMT verified the performance data it had collected. As a result, three of the six baselines REDSO/WCA reported in its March 1997 Results Review Report were inaccurate. Furthermore, there were significant errors in the data used for calculating one key indicator.

The system used by REDSO/WCA and the UMT for data collection and reporting involves a three level process: 1) clinic level, 2) country level, and, 3) regional level. At the clinics, health care workers record pertinent activities in daily registers. Based on these daily registers, the clinics submit monthly reports to the UMT resident advisor in the particular country. Each resident advisor gathers the data and submits quarterly reports to the UMT head office in Cote d'Ivoire. The UMT compiles the data on a regional basis and submits quarterly and semiannual reports to REDSO/WCA. REDSO/WCA's Strategic Objective Team No. 1 reviews these reports and extracts the data necessary to complete the Result Review and Report process.

Although this system for collecting and reporting performance data existed, we found that neither the UMT nor REDSO/WCA verified the reported data at any level. Consequently, we found three of the six reported baselines to be incorrect.

Furthermore, our random test of 14 clinics in the region showed that the data being reported specifically for the "contraceptive prevalence rate" indicator had a significant error rate. These tests showed that the data reported for 1996 had an error rate of 27 percent while that for 1997<sup>2</sup> had an error rate of 15 percent. To ensure that the performance data reported is accurate, REDSO/WCA needs to adopt procedures to verify reported results.

**Baselines established and performance data collected had significant error rates**

ADS Section 203.5.5e states that the Agency and its operating units shall, at regular intervals, critically assess the data they are using to monitor performance to ensure they are of reasonable quality and accurately reflect the process or phenomena that are being measured. In spite of this requirement, we found that REDSO/WCA did not have an effective system. As a result, three of the six baselines in the March 1997 Results Review Report were inaccurate. Furthermore, for the contraceptive prevalence rate indicator, our test of the data collected at the field level found significant error rates. This condition occurred because neither REDSO/WCA nor the UMT has verified the figures. Neither had they performed adequate training or follow-up supervisory visits to the clinics. Inaccurate performance data places the Mission at risk of making unwise decisions.

**Recommendation No. 4: We recommend that the Director, REDSO/WCA:**

- 4.1 update/correct REDSO/WCA records to correctly report the 1996 performance baseline data for the following three performance indicator baselines: (1) condom use during the most recent sexual intercourse in target areas, (2) utilization of Oral Rehydration Solution, and (3) contraceptive prevalence rate.**
- 4.2 establish procedures for REDSO/WCA officials to ensure that performance data to be reported in the future, including contraceptive prevalence rate, are accurate.**

ADS Section 203.5.5e states that the Agency and its operating units shall, at regular intervals, critically assess the data they are using to monitor performance to ensure they are of reasonable quality and accurately reflect the process or phenomenon that are being measured. ADS Section E203.5.5(4)(a) adds that comparable data for all performance indicators of strategic objectives and USAID-funded intermediate results shall be collected and reviewed on a regular basis.

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<sup>2</sup> For 1997, data tested was from January through August

Further, ADS Section 203.5.5a states that operating units should complete and periodically update a performance monitoring plan that provides details for collecting relevant performance data and information. Although the above sections require missions to critically assess the data for reasonable quality and to ensure they accurately reflect the process or phenomenon being measured, we found that REDSO/WCA had not ensured that it accurately reported data for three of the six baselines in its March 1997 Results Review Report. The reporting of these inaccurate data placed REDSO/WCA at risk of missing opportunities to improve program effectiveness.

In its March 1997 Results Review Report, REDSO/WCA reported baseline data for performance indicators as shown in the following chart:

**Reported Baseline Data in REDSO/WCA's March 1997  
Results Review Report**

Performance Indicator	Baseline Value
1) Number of condoms distributed	32 million
2) Condom use during most recent sexual intercourse	20-25%
3) Utilization of ORS	10%
4) ORS distributed	1.3 million
5) Contraceptive prevalence rate (CPR)	8.4%
6) Funding trend from other sources for Strategic Objective No.1 activities	8.6%

However, based on our review of the documentation REDSO/WCA and the UMT used in calculating the baselines, we determined that following three baseline figures were in error: 1) The baseline for condom use during the most recent sexual intercourse in target areas, should have been 11.1 percent; 2) utilization of ORS should have been 16.1 percent; and, 3) CPR should have been 7.5 percent.

Concerning the baseline data for condom use during most recent sexual intercourse (no. 2 in the above chart), REDSO/WCA based its 20-25 percent baseline on 1993 and 1994 Demographic and Health Surveys. But the UMT provided us information that indicated that the baseline should actually have been 11.1 percent. This discrepancy is explained by different interpretations/classifications of "condom use" as well as a difference in indicators used to determine the baseline. The UMT officials also stated that the

figure should be a discrete number rather than a range, as was reported by REDSO/WCA.

With regard to the utilization of ORS baseline (no. 3 in the above chart), the UMT officials stated that the figure reported by REDSO/WCA was an estimated and not an actual usage rate. REDSO/WCA reported a baseline of 10 percent while the UMT provided more current information showing that the baseline should have been 16.1 percent. This discrepancy is explained by the fact that the UMT percentage is based on more reliable data which was not originally available to REDSO/WCA when it calculated its ten percent figure.

For the CPR baseline (no. 5 in the above chart), REDSO/WCA reported 8.4 percent whereas, during our audit the UMT provided information indicating that the more accurate value should have been 7.5 percent. REDSO/WCA based its 8.4 percent, in part, on incorrect information that it had received from a previous project partner. UMT officials stated that the figure was based on incorrect data supplied by one partner whose participation in the project has since been terminated for cause.

It is difficult, if not impossible, to establish a reasonable performance target without defining a definite starting point or baseline. The progress that REDSO/WCA reports for each of its performance indicators can only have meaning to the extent that its baselines are accurately stated. Accordingly, we recommend that REDSO/WCA review the data supporting the baselines for the three performance indicators discussed above and readjust the baselines.

We also found that, although REDSO/WCA and the UMT have developed an adequate system for collecting and reporting performance data, they did not verify the data which originated at the clinics and which then passed through the UMT country offices, through the UMT home office and ultimately, to REDSO/WCA.

UMT generates and reports two types of data: 1) sales data which is the record of the sales of condoms and ORS and 2) service statistics data which is the record of the contraceptives distributed and the contraceptive services provided at the clinics. The service statistics data is used to compute the value of the CPR indicator. The typical clinic has two health care assistants, each of whom completes the daily log as s/he attends to patients. The daily logs are standard forms provided by the UMT to facilitate the recording of contraceptives and services provided on a daily basis. Examples of the contraceptives provided were pills, injectables, IUDs, implants, condoms and spermicide. At the end of each month, the daily logs are compiled and summarized by the clinic and a report is forwarded through the UMT country offices to the UMT head office.

We tested the service statistics data that the UMT used for computing the contraceptive prevalence rate for the region. Using statistical sampling, we randomly selected 14 out of the 190 participating clinics in the four targeted countries: 1) Cote d'Ivoire, 2) Cameroon, 3) Togo, and, 4) Burkina Faso. At each clinic site, we reconciled the UMT reported data against the clinic's own records for the period January 1996 through August 1997.

When we compared the UMT reported data with the monthly summary data maintained by the clinics, we found extensive errors. The CPR data for 1996 had an error rate of 27 percent; for 1997 it was 15 percent. Because we used statistical sampling, we can say with 90 percent certainty that the data used in calculating the 1996 CPR for the region, and which was also used in establishing the baseline for the CPR, had an error rate of 27 percent. To further support our observation, we compared the reported CPR data with the daily registers for selected months, and we found even greater discrepancies, i.e., an error rate of 32 percent in 1996 and one of 40 percent in 1997.

There are several causes of the large error rate. Firstly, REDSO/WCA did not have a system for verifying the data reported. Although REDSO/WCA officials did make periodic visits to the field, we found no evidence that the data had been reviewed for accuracy or reasonableness. Secondly, although the UMT's organization description requires personnel to ensure the accuracy of reported data, we found no evidence of this in practice. For example, in one country, several clinics, reported data for the six month period, from January to June 1996 based on estimates and not on actual figures. A simple check of the data on the part of the UMT would have disclosed this problem. Finally, we noted a lack of training and supervisory visits. While some of the discrepancies noted were the result of calculation errors, we noted several instances in which the health care workers did not know how to properly complete forms. In addition, there were cases in which the clinics did not even have the appropriate forms. In most of the clinics we visited the staff said it did not receive regular visits from UMT officials; those who did (usually located near cities) said discussions usually centered on logistics and rather than on training or supervision.

To verify the reported condom and ORS sales figures (see Appendix V), we visited five countries with Population Services International (PSI) offices. PSI is the UMT member primarily responsible for reporting these sales figures. In each office we reviewed documentation of sales and the internal control system, and we visited wholesalers and distributors. Based on these reviews, we concluded the PSI system for collecting and reporting data to the UMT is reliable. The data reported for condom and ORS distribution was generally accurate.

Moreover, our test showed no discrepancy between the reported UMT data and PSI data for 1995 and 1996 condom distribution or for the 1995 ORS distribution

data. However, the 1996 total ORS distribution data for the five countries was inaccurate because, instead of reporting zero ORS for Togo, a sales figure of 508,605 was reported. However, in Togo the ORS program did not start until March 1997. The UMT officials admitted this was an error.

In addressing the causes of the above reporting inaccuracies, REDSO/WCA attributed the errors mostly to one partner, and underscored the fact that the partner had been terminated for cause. However, we believe there is another cause for the reported inaccuracies. REDSO/WCA does not have procedures in place to verify the accuracy of their data. We estimate that the annual total cost associated with collecting data for the Family Health Project is \$177,000, or approximately 2.2 percent of REDSO/WCA's 1996 Family Health and AIDS project expenditures. USAID's Performance Monitoring and Evaluation TIPS, No. 6 states that performance indicators should be obtained in a timely way and at a reasonable cost. It further states that a rule of thumb is to plan on allocating 3 to 10 percent of the total program resources for performance monitoring and evaluation. As such, we believe that the REDSO/WCA could allocate a greater percentage of its resources to data collection and the verification of the data.

The reporting of inaccurate or inappropriate performance information places REDSO/WCA at risk of missing opportunities to improve program effectiveness. Accordingly, REDSO/WCA should check, challenge and verify information it receives from its various reporting entities prior to the acceptance and reporting of any performance data in the Results Review Report.

**Did REDSO/WCA, for its Family Health and AIDS project, in accordance with Agency directives and in support of the Agency's actions to comply with the Government Performance and Results Act:**

**d) Use performance information to enhance program effectiveness?**

REDSO/WCA used performance information to enhance program effectiveness.

ADS Section 203.4 defines performance information as the product of formal performance monitoring systems, evaluative activities, customer assessment and surveys, agency research and informal feedback from partners and customers. REDSO/WCA collects performance information on its Family Health and AIDS project through evaluations, studies, contractor reports, site visits, and meetings, to help it make planning and program implementation decisions. During our audit we found several examples of the way in which REDSO/WCA had used

performance information to ensure that its activities reached their planned targets, and to improve the way it measures performance results.

**REDSO/WCA has established innovative relationships with partners to achieve objectives**

REDSO/WCA has established an innovative relationship with its partners, using contractual relationships in which the partners are held responsible for achieving project objectives and not for merely supplying inputs. To measure performance and to ensure that planned targets are reached, REDSO/WCA in collaboration with its individual UMT partners, set critical milestones to be reached by the partners. REDSO/WCA evaluated the performance of its partners before extending the cooperative agreements each year. As a result of this review, REDSO/WCA determined that one particular partner was not meeting several critical milestones and REDSO/WCA did not renew the cooperative agreement with that partner.

Another benefit of this approach is that REDSO/WCA and its partners revised one performance target when they realized that the previous target was too low. In its March 1997 Results Review Report, REDSO/WCA's intermediate result no. 3 had the following target: to improve ORS utilization by 2.5 percentage points per year (see Appendix IV). During our review we noted that the UMT's target for improving utilization of ORS had been raised to 5 percentage points per year. We were informed that the change occurred as a result of UMT's review of the baseline data and concurrence by REDSO/WCA.

**Management Comments and Our Evaluation**

Concerning Recommendation No.1, REDSO/WCA stated that it recognized that its March 1997 Results Review and Resource Request (R4) lacked clarity in reporting results without specifying level of results and related indicators. This error has been corrected in the March 1998 R4. In addition, REDSO/WCA provided as an attachment, a results framework for its Strategic Objective No.1, which identified the strategic objective indicators and targets. Based upon REDSO/WCA's submission of strategic objective indicators and targets in its March 1998 R4, final action has been taken on Recommendation No. 1.

Regarding Recommendation No. 2, REDSO/WCA commented that three of the six intermediate results identified in the March 1997 R4 were not intermediate results but rather performance indicator targets. However, REDSO/WCA identified the other three indicators as key intermediate results. Since the ADS identifies all results below the strategic objective level as intermediate results, and since REDSO/WCA had six results below the strategic objective level in its March 1997 R4, we stand by our statement that REDSO/WCA had six intermediate

results. However, we have determined that final action has been taken on Recommendation No.2 because REDSO/WCA has identified the following three intermediate results for its Strategic Objective No.1: 1) Increased availability of and demand for FP/MCH and STI/AIDS services in target areas, 2) increased regional capacity for program development and implementation, and 3) efficient use of resources through improved donor collaboration.

With respect to Recommendation No.3, REDSO/WCA agreed that all supporting documentation for the March 1997 R4 was not kept in a central location. Following the audit, all the supporting documentation for the March 1997 R4 have been put into a central file, according to REDSO/WCA. Copies of the original supporting documentation for the 1997 and 1998 R4s would be sent to USAID/Mali, and the original would be kept by the FHA-WCA project upon the close-out of REDSO/WCA. By centrally maintaining information to support the R4 data, final action has been taken on Recommendation No. 3.

Finally, concerning Recommendation Nos 4.1 and 4.2, REDSO/WCA agreed with the recommendation and stated that it had commissioned a regional Demographic and Health Survey to validate and update its baseline indicators and targets. This survey will be completed by September 1998. Also, an independent performance monitoring plan is being developed to ensure the accuracy of the reported performance data. Based upon these actions in progress, Management Decision has been reached on Recommendation No. 4. Final action will be considered taken when REDSO/WCA (or the USAID mission responsible for the FHA/WCA project) validates and updates the performance baseline data based upon the DHS study. And when the independent performance monitoring plan is completed and implemented.

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### **Was REDSO/WCA's Family Health and AIDS project making satisfactory progress toward achieving the intended benefits?**

For the items tested, REDSO/WCA's Family Health and AIDS project was making satisfactory progress toward achieving the intended benefits.

REDSO/WCA established under its Strategic Objective No. 1 six intermediate results and eight performance indicators which were related to the Family Health and AIDS Project. For 1996, REDSO/WCA established a performance target for one performance indicator (see Appendix IV). REDSO/WCA also established baselines for six of eight performance indicators but not for the other two indicators. As illustrated in Appendix III for the one performance target established in 1996 the project exceeded that target. Furthermore, our review of the data collected for some indicators revealed that REDSO/WCA was making good progress for the data not yet reported.

There appeared to be an awareness and high demand for the ORS and condoms distributed under the auspices of the project, especially in Benin and in Togo. During our visits to retailers in those countries, we noted the two products were prominently advertised, and wholesalers and retailers were aggressively pursuing the salespeople from the project offices for greater supply of the products. One country director stated that there was more demand for ORS and condoms than supply and the sales were only limited by the donors' ability to supply.

Additionally, we noted that the project is making progress in related areas not directly measurable. For example, in Cameroon, one doctor participating in the project has created two youth clubs, one at the local university and one at the local high school. The 200 members of the clubs range from ages 11 to 18. The clubs meet monthly for a lecture by the doctor and a visit by a nurse on health and contraceptive use. According to the doctor, since many students are reluctant to go to the clinics, a nurse was useful at each meeting to provide practical assistance. We observed the doctor's excitement with the clubs and their activities. This increase in knowledge of family health and AIDS within this community is one indication that REDSO/WCA was making satisfactory progress toward achieving the intended benefits.

#### **Management Comments and Our Evaluation**

Since there were no audit recommendations made in the above discussion section, REDSO/WCA made no comments.

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## **SCOPE AND METHODOLOGY**

The Office of the Regional Inspector General for Audit/Dakar, audited REDSO/WCA's Implementation of the Government Performance and Results Act of 1993 in relation to REDSO/WCA's Family Health and AIDS Project in accordance with generally accepted government auditing standards. REDSO/WCA's REDSO/WCA's Family Health and AIDS Project had expenditures totaling \$2.7 million as of September 30, 1996. Our audit focused on and tested each of the eight Family Health and AIDS related performance indicators and the six performance results that were listed in REDSO/WCA's March 1997 Results Review Report. This report covered REDSO/WCA's performance results for the year ended September 30, 1996.

We conducted our field work at REDSO/WCA in Abidjan, Cote d'Ivoire, and at various project offices and clinics around the WCA region from October 1997 through January 1998. The following five countries in the WCA region were visited: 1) Benin, 2) Togo, 3) Burkina Faso, 4) Cameroon, and 5) Cote d'Ivoire. In Benin, we visited the PSI office as well as some wholesalers and retailers in Coutonou. In Togo we visited the UMT country office in Lome, and visited clinics in Lome, Tchamba, Klabe Efouka, Kpele-Goudeve, Atakpame, and Adidogome. We also visited the PSI office and some wholesalers and retailers in Lome.

In Burkina Faso we visited the UMT country office in Ouagadougou and visited clinics in Safane, Kaya, Gourcy and Bobo. We also visited the PSI office and some wholesalers and retailers in Ouagadougou. In Cameroon we met with the UMT acting country director in Douala and visited clinics in Bangang and Manyemen. Also, we visited the PSI office and some wholesalers and retailers in Douala. In Cote d'Ivoire we visited the UMT head office and the country office in Abidjan, and also worked in clinics in Treichville, Abobo and Divo. We also visited the PSI office and some wholesalers and retailers in Abidjan.

The Director of REDSO/WCA made various representations concerning the management of REDSO/WCA's Family Health and AIDS Project in a management letter signed January 9, 1998.

In conducting our field work, we assessed the internal controls relating to REDSO/WCA's reporting of performance results. Our audit also included an analysis of pertinent regulations, policies and procedures as well as the latest REDSO/WCA Control Assessment.

In an effort to gain an understanding of REDSO/WCA's program strategies, approaches, and activities as they relate to the REDSO/WCA's strategic objective of "Improved Access to and Use of Family Planning, Maternal and Child Health and HIV/AIDS Prevention Services" we interviewed cognizant USAID, governmental, and non-governmental, officials. We also interviewed recipients of USAID's development assistance, health workers, wholesalers and retailers. In addition, we reviewed project files, project evaluations, and financial reports. Furthermore, as illustrated in Appendices III and IV, reported strategic objective and intermediate results were traced to their related source documents and REDSO/WCA's reported performance progress according to its March 1997 Results Review Report was reviewed. For the most part, we considered the reliability of the source documents, but did not audit the figures reported in them. However, we did test the following three performance indicators: contraceptive prevalence rate (CPR), number of condoms distributed, and number of oral rehydration solution (ORS) distributed. We tested the data the UMT had collected for the period January 1996 through August 1997.

In order to establish the universe for testing the CPR data, UMT provided a list of all the clinics participating in the Family Health and AIDS Project as of October 1997. There were 190 clinics in four countries. To determine the sample size, we wanted to have a precision of plus or minus 10 percent; an error rate of 15 percent; and a 90 percent confidence level. This resulted in a sample size of 34. However, after estimating the time to complete the audit, resources available and number of countries to be visited, we revised the factors for a precision of plus or minus 15 percent; an error rate of 15 percent, and a confidence level of 90 percent. This provided a sample size of 14.11 percent. Using computer software, we randomly generated two sets of fifteen numbers. We chose fifteen clinics to be visited from the first set.

During our field trips in Cameroon, we found that one selected site was inaccessible, so we selected another clinic in Cameroon from the second set of data and visited that site. However, we chose not to include the results from this clinic because of a question of statistical appropriateness. We therefore revised the sample size to 14, using only those sites from the first random list.

With regard to the number of condoms and ORS distributed, we tested the data reported in each of the five PSI country offices. In each office, we obtained a report of condom, and ORS where applicable, sales by month for the period January 1996 through August 1997. We then reviewed the accounting to determine whether the data generated was reliable. Finally, we compared the country office data to the data we had obtained from the UMT.

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MAR 16 1998



UNITED STATES OF AMERICA

AGENCY FOR INTERNATIONAL DEVELOPMENT

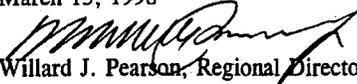
REGIONAL ECONOMIC DEVELOPMENT SERVICES OFFICE WEST AND CENTRAL AFRICA

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INTERNATIONAL ADDRESS  
REDSO/WCA  
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COTE D'IVOIRE

MEMORANDUM

DATE : March 13, 1998

FROM :   
Willard J. Pearson, Regional Director, REDSO/WCA

SUBJECT : Draft report on the Audit of REDSO/WCA's Implementation of the Government Performance and Results Act (GPRA) in its Family Health and AIDS-West and Central Africa Project

TO : Henry Barrett, Regional Director, RIG

We appreciate the opportunity to work with the RIG team on the GPRA audit. It has been a stimulating exercise for REDSO/WCA and its NGO partners.

We have reviewed the subject draft audit report received from your office on February 6, 1998 which included draft recommendations contained in your memorandum dated February 3, 1998. Our comments below pertain to those recommendations.

**Recommendation No.1: We recommend that the Director, REDSO/WCA establish performance indicators and targets for its strategic objective of "Improved access to and use of family planning, maternal and child health and HIV/AIDS prevention services".**

REDSO/WCA recognizes that, in our March 1997 Results Review and Resource Request (R4), we lacked clarity in reporting our results without specifying the level of results and related indicators. Indeed, we reported three SO level indicators and two intermediate level results which in our judgement best reported on our performance. This was consistent with the guidance received from USAID/W on the March 1997 R4 preparation. We recognize that this has caused some confusion about the existence of the strategic objective (SO) indicators.

However, in this year's R4 (March 1998), we have identified and reported against the SO indicators and each of the three intermediate results as requested in this year's R4 guidance (STATE 10280) and the Africa Bureau's complementary guidance.

REDSO/WCA is using the following performance indicators and targets at the strategic objective level as identified in its Interim Results Framework dated February 24, 1997 (see Attachment 1).

SO performance indicators:

- contraceptive prevalence rate (CPR);
- condom use during last sex act;
- oral rehydration salt (ORS) utilization;
- (Percent) increase in the number of social marketing (SM) points.

The targets of the three SO indicators reported in the March 1997 R4 were defined as follows:

- increased condom use by an average of 1% per year in project target areas (page 3);
- ORS utilization improved by 2.5% per year (page 4);
- increased use of modern family planning methods among women of reproductive age by an average of one percent per year in target areas. (page 4)

We hope that the above addresses your concerns.

**REDSO/WCA, therefore, requests that Recommendation No. 1 be considered as closed.**

**Recommendation No. 2: We recommend that the Director, REDSO/WCA establish new intermediate results for its family and health strategic objective.**

On page 9 of the draft audit report, RIG stated that quote REDSO/WCA established the following six intermediate results with corresponding performance indicators:

- o Result 1 - Increased Availability of and Demand for FP/MCH and STI/AIDS Services in Target Areas
- o Result 2 - Increased Condom Use by an Average of One Percentage Point Per Year in Project Targeted Areas
- o Result 3 - Oral Rehydration (ORS) Utilization Improved by 2.5 Percentage Points Per Year and ORS Sales Improved by 10%
- o Result 4 - Increased Use of Family Planning Methods Among Women of Reproductive Age by an Average of One Percentage Point Per Year in Targeted Areas
- o Result 5 - Increased Regional Capacity for Program Development and Implementation
- o Result 6 - Efficient Use of Resources Through Donor Collaboration" unquote.

REDSO/WCA would like to emphasize that results 2,3 and 4 are not REDSO/WCA's intermediate results but, instead, performance indicator targets against which progress is to be measured towards attainment of the strategic objective. REDSO/WCA's key intermediate results were defined in the interim results framework dated February 24, 1997, as follows:

R#1: Increased availability of and demand for FP/MCH and STI/AIDS services in target areas;

R#2: Increased regional capacity for program development and implementation;

R#3: Efficient use of resources through improved donor collaboration.

REDSO/WCA, therefore, requests that Recommendation No. 2 be considered as closed.

**Recommendation No. 3: We recommend that the Director, REDSO/WCA establish a system to centrally maintain information to support reported baseline values, results, and targets in REDSO/WCA's Results Review Report.**

In the draft audit report (page 12), RIG stated the following: "REDSO/WCA and its development partners have developed a system for collecting and reporting performance data in its Results Review Report for the Family Health and AIDS project". We confirm that, while there was a system in place for data collection, all supporting documentation for the March 1997 R4 was not maintained in a central file.

Following the exit debriefing by the RIG auditors, REDSO/WCA placed all supporting documentation provided by its NGO partners for the March 1997 R4 into a central file. As a result of the REDSO/WCA closeout, copies of the March 1998 R4, the March 1997 R4, and supporting documentation will be transferred to USAID/Mali.

The originals will be retained by the Abidjan-based, program funded, USAID management unit for the FHA-WCA project. We are including an inventory of the supporting documentation for the March 1997 R4 (Attachment 2).

REDSO/WCA, therefore, requests that Recommendation No. 3 be considered as closed.

**Recommendation No. 4: We recommend that the Director, REDSO/WCA:**

- 4.1 update/correct REDSO/WCA records to correctly report performance baseline data for the following three performance indicator baseline: (1) condom use during the most recent intercourse in target areas, (2) utilization of oral rehydration solution, and (3) contraceptive prevalence rate.

REDSO/WCA agrees with recommendation No. 4.1. To address this deficiency, REDSO/WCA has commissioned a regional Demographic and Health Survey (DHS) to validate and update its baseline indicators and targets. The survey will be completed by September 1998 and REDSO/WCA's baseline data records will be updated by October 1998.

- 4.2 establish procedures for REDSO/WCA officials to ensure that performance data to be reported in the future, including contraceptive prevalence rate, are accurate.**

REDSO/WCA agrees with recommendation No. 4.2. To this end, REDSO/WCA is developing an independent Performance Monitoring Plan (PMP). This plan will complement and reinforce the performance monitoring systems already established by REDSO/WCA and its strategic partners. As a result, the collection, review and validation of the same data set over time will be assured.

**Below are additional comments and clarification regarding recommendation No. 4.2.**

As indicated in the March 1997 R4 (page 3), REDSO/WCA had planned for a baseline and follow-up DHS. The DHS is recognized as the best tool to provide the most accurate performance data in the health sector. However, it is a costly survey which is only conducted every three to five years. In the meantime, program managers must utilize best estimates from service statistics in the context of an overall weak health information systems (HIS) in most West African countries.

REDSO/WCA was aware of the potential for "significant error rates" regarding the baseline data on condom use, ORS utilization and contraceptive prevalence given weak HIS and the fact that there were no recent population based surveys in our priority countries. We had no alternative other than to delay the implementation of the Regional project which was not an acceptable option.

We indicated in the comment section for the performance tables, that the figures for condom use were estimates and that the on-going regional DHS would provide more reliable figures. We were also clear, in the performance tables, that the baseline CPR figure was based on couple-year of protection (CYP) outputs. These notes of caution were also reflected in the draft Monitoring and Evaluation plan completed by the NGO partners in January 1997 and used for the R4 exercise. In the early stage of our regional initiative, REDSO/WCA made an informed decision to focus attention on improving the systems and services of our clinic-based interventions. At the same time, we commissioned a regional DHS for gathering the most reliable baseline performance data in our priority countries. Our effective monitoring has been demonstrated by our timely recognition of the service delivery problems which led to our decision not to renew the grant of the partner responsible for service delivery. These problems were raised in the March 1997 R4 (page 4 and 6).

In collaboration with the remaining NGO partners, we took bold measures to improve the health information systems and clinic-based services and to improve the reliability of the

data reported by the clinics. These actions included:

- the addition of a full-time M&E coordinator to the Unified Management Team;
- the placement of Management Information System (MIS) coordinators in Cameroon, Burkina Faso, Togo and Cote d'Ivoire to assist with data collection, compilation, analysis, and reporting; and,
- the establishment of supervisory teams in each of the four FHA focus countries.

Following the GRPA audit, REDSO/WCA and its partners have recognized the need to focus appropriate attention on data verification.

In a memorandum dated March 3, 1998 (Attachment 3), the NGO partners are committed to greater rigor in the collection and analysis of data. In this context, they are establishing a process whereby supervisory teams and the MIS coordinators will conduct data verification and validation.

**Conclusion:** REDSO/WCA requests that all recommendations be considered closed with the exception of recommendations No. 4.1 and No. 4.2. As additional information, REDSO/WCA has proposed, in its March 1998 R4 document, to modify its strategic objective and intermediate results statements to better capture regional impact and sustainability, and to more accurately reflect our child survival interventions. This will not change the expected results negotiated with the current NGO partners. This proposal is consistent with the recommendations of the Program and Management external review of the FHA-WCA project conducted in January 1998.

Attachments: a/s

**Testing of 1996 Reported  
Family Health and AIDS Project Performance Results**

	Progress Reported by Mission	Progress Verified by Audit	Variance	
			Actual	%
<b>Strategic Objective 1. Improved Access to and Use of Family Planning, Maternal and Child Health and HIV/AIDS Prevention Services</b>				
<b>Result 1. Increased Availability of and Demand for FP/MCH and STI/AIDS Services in Target Areas</b>				
1. Number of condoms distributed	33,680,218	34,463,523	783,305	2.3
<b>Result 2. Increased Condom Use by an Average of One Percentage Point Per Year in Project Targeted Areas</b>				
1. Condom use during most recent act of sexual intercourse in target areas	n/a <sup>1</sup>	n/a	n/a	n/a
<b>Result 3. Oral Rehydration (ORS) Utilization Improved by 2.5 Percentage Points Per Year and ORS Sales Improved by 10%</b>				
1. Utilization of ORS	n/a <sup>1</sup>	n/a	n/a	n/a
2. Number of ORS distributed	n/a <sup>1</sup>	n/a	n/a	n/a
<b>Result 4. Increased Use of Family Planning Methods Among Women of Reproductive Age by an Average of One Percentage Point Per Year in Targeted Areas</b>				
1. Contraceptive Prevalence Rate (CPR) in Targeted Areas of WCA	n/a <sup>1</sup>	n/a	n/a	n/a
<b>Result 5. Increased Regional Capacity for Program Development and Implementation</b>				
1. Composite indicator for institutional development	n/a <sup>2</sup>	n/a	n/a	n/a
<b>Result 6. Efficient Use of Resources Through Donor Collaboration</b>				
1. Indicator for tracking the use in WCA of selected tools, materials and technology developed by USAID	n/a <sup>2</sup>	n/a	n/a	n/a
2. Funding trend from other sources for SO #1 activities	n/a <sup>1</sup>	n/a	n/a	n/a

<sup>1</sup> No reported performance progress for 1996 since REDSO/WCA established this baseline value in 1996.

<sup>2</sup> This indicator was not developed in 1996

**REDSO/WCA's Progress Towards Its  
1996 Family Health and AIDS Project Targets**

	Planned Target	Progress Verified by Audit	Variance	
			Actual	%
<b>Strategic Objective 1. Improved Access to and Use of Family Planning, Maternal and Child Health and HIV/AIDS Prevention Services</b>				
<b>Result 1. Increased Availability of and Demand for FP/MCH and STI/AIDS Services in Target Areas</b>				
1. Number of condoms distributed	33,600,000	34,463,523	863,523	2.6
<b>Result 2. Increased Condom Use by an Average of One Percentage Point Per Year in Project Targeted Areas</b>				
1. Condom use during most recent act of sexual intercourse in target areas	n/a <sup>1</sup>	n/a	n/a	n/a
<b>Result 3. Oral Rehydration (ORS) Utilization Improved by 2.5 Percentage Points Per Year and ORS Sales Improved by 10%</b>				
1. Utilization of ORS	n/a <sup>1</sup>	n/a	n/a	n/a
2. Number of ORS distributed	n/a <sup>1</sup>	n/a	n/a	n/a
<b>Result 4. Increased Use of Family Planning Methods Among Women of Reproductive Age by an Average of One Percentage Point Per Year in Targeted Areas</b>				
1. Contraceptive Prevalence Rate (CPR) in Targeted Areas of WCA	n/a <sup>1</sup>	n/a	n/a	n/a
<b>Result 5. Increased Regional Capacity for Program Development and Implementation</b>				
1. Composite indicator for institutional development	n/a <sup>2</sup>	n/a	n/a	n/a
<b>Result 6. Efficient Use of Resources Through Donor Collaboration</b>				
1. Indicator for tracking the use in WCA of selected tools, materials and technology developed by USAID	n/a <sup>2</sup>	n/a	n/a	n/a
2. Funding trend from other sources for SO #1 activities	n/a <sup>1</sup>	n/a	n/a	n/a

**Testing of 1996 Reported  
Family Health and AIDS Project Performance Baselines**

	Stated Baseline	Baseline Verified by Audit	Variance	
			Actual	%
<b>Strategic Objective 1. Improved Access to and Use of Family Planning, Maternal and Child Health and HIV/AIDS Prevention Services</b>				
<b>Result 1. Increased Availability of and Demand for FP/MCH and STI/AIDS Services in Target Areas</b>				
1. Number of condoms distributed	CY 1995 32,000,0000	CY 1995 31,738,252	261,748	.8
<b>Result 2. Increased Condom Use by an Average of One Percentage Point Per Year in Project Targeted Areas</b>				
1. Condom use during most recent act of sexual intercourse in target areas	CY 1996 20-25%	CY 1996 11.1%	8.9%	44.5
<b>Result 3. Oral Rehydration (ORS) Utilization Improved by 2.5 Percentage Points Per Year and ORS Sales Improved by 10%</b>				
1. Utilization of ORS	CY 1996 10%	CY 1996 16.1%	6.1	61
2. Number of ORS distributed	CY 1996 1,300,000	CY 1996 1,318,103	18,103	1.4
<b>Result 4. Increased Use of Family Planning Methods Among Women of Reproductive Age by an Average of One Percentage Point Per Year in Targeted Areas</b>				
1. Contraceptive Prevalence Rate (CPR) in Targeted Areas of WCA	CY 1996 8.4%	CY 1996 7.5%	.9	11
<b>Result 5. Increased Regional Capacity for Program Development and Implementation</b>				
1. Composite indicator for institutional development	n/a <sup>2</sup>	n/a	n/a	n/a
<b>Result 6. Efficient Use of Resources Through Donor Collaboration</b>				
1. Indicator for tracking the use in WCA of selected tools, materials and technology developed by USAID	n/a <sup>2</sup>	n/a	n/a	n/a
2. Funding trend from other sources for SO # 1 activities	CY 1996 8.6%	CY 1996 8.46%	.14	1.6

**APPENDIX OF ACRONYMS, TERMS AND DOCUMENTS**

**ACRONYMS**

ADS - Automated Directive System  
CDIE - Center for Development Information and Evaluation  
CPR - Contraceptive Prevalence Rate  
FHA-WCA - Family Health and AIDS - West and Central Africa  
GPRA - Government Performance and Results Act of 1993  
IEC - Information/Education/Communication  
NGO - Non-Governmental Organization  
ORS - Oral Rehydration Solution  
PSI - Population Services International  
PVO - Private Voluntary Organization  
REDSO/WCA - Regional Economic Development Services Office / West and Central Africa  
STI - Sexually Transmitted Infections  
TIPS - Guidance from the USAID Center for Development Information and Evaluation  
UMT - Unified Management Team, consisting of: 1) JHPIEGO Corporation, 2) Population Services International (PSI), 3) Tulane University, and, 4) John Hopkins University Center for Communication Programs

**TERMS**

Baseline - The value of a performance indicator at the beginning of a planning and/or performance period.

Intermediate Result - A key result which must occur in order to achieve the strategic objective.

Performance Data - Information related to the actions, decisions, events of activities.

Performance Indicator - A particular characteristic or dimension used to measure intended changes defined by an organizational unit's results framework.

Performance Information - The product of formal performance monitoring of systems, evaluative activities, customer assessment and surveys, agency research and informal feedback from partners and customers.

Performance Target - Specific and intended result to be achieved within an explicit timeframe and against which actual results are compared and assessed.

Representations - Assertions by management concerning the internal control structure, including disclosure to the auditor of irregularities that may impact the internal control system or environment.

Results Framework - The development hypothesis including those results necessary to achieve a strategic objective and their casual relationships and underlying assumptions.

Strategic Objective - The most ambitious results in a particular program area for which the USAID operation unit is willing to be held responsible.

Strategic Plan - The framework which an operating unit uses to articulate the organization's priorities, to manage for results, and to tie the organization's results to the customer/beneficiary.

#### DOCUMENTS

Results Review Report - document submitted to USAID/Washington by the operating unit on an annual basis; also referred to as the Results Review and Resource Request (R4)