



OFFICE OF INSPECTOR GENERAL

AUDIT OF USAID/GUINEA'S HIV/AIDS AND FISTULA CARE ACTIVITIES

AUDIT REPORT NO. 7-675-11-010-P
SEPTEMBER 8, 2011

DAKAR, SENEGAL



Office of Inspector General

September 8, 2011

MEMORANDUM

TO: USAID/Guinea Mission Director, Nancy Estes

FROM: Acting Regional Inspector General/Dakar, Van Nguyen /s/

SUBJECT: Audit of USAID/Guinea's HIV/AIDS and Fistula Care Activities
(Report Number 7-675-11-010-P)

This memorandum transmits our report on the subject audit. In finalizing the report, we carefully considered your comments on the draft and have included your comments in Appendix II.

The report includes ten recommendations. On the basis of actions taken by the mission and supporting documentation provided, we determined that final action has been taken on Recommendations 1, 2, 7, and 9 and that management decisions have been reached on Recommendations 3, 4, 5, 6, 8, and 10. Please provide the Audit Performance and Compliance Division in the USAID Office of the Chief Financial Officer with the necessary documentation to achieve final action.

I appreciate the cooperation and courtesy extended to my staff during the audit.

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Abbreviations

The following abbreviations appear in this report:

- ADS Automated Directives System
- FY fiscal year
- M&E monitoring and evaluation
- NGO nongovernmental organization
- PMP performance management plan

SUMMARY OF RESULTS

Guinea is one of the poorest countries in the world, and its people are among the most ill served. A recent evaluation¹ of USAID/Guinea’s programs reported that the Government of Guinea failed to deliver effective public goods and essential social services to the Guinean public. The USAID 2005 Fragile State Assessment confirmed that Guinea was not only a “fragile state,” but it was well on the road to becoming a “failed state” because of corrupt leaders who had little regard for their people.²



Source: USAID

As a result, in 2006 USAID formulated a new strategy for Guinea, focusing its aid program on advancing democratic governance and improving service delivery in health care, education, and agriculture. This focus led to the development of the multisectoral project known as Faisons

¹ The evaluation was conducted in March 2011 by a team led by an independent consultant and composed of USAID employees, including health specialists. The evaluation report was submitted to USAID/Guinea in May 2011.

² “USAID Foreign Aid: Meeting the Challenges of the Twenty-first Century,” January 2004, defines “fragile states” as including countries on a downward spiral toward crisis and chaos, countries that are recovering from conflict and crisis, and countries that are essentially failed states. The challenge for these countries is to strengthen institutions, basic governance, and stability. Fragile states include failing, failed, and recovering states. Failed states are those in which the central government does not exert effective control over, and is unable or unwilling to assure provision of vital services to, significant parts of its own territory.

Ensemble (“Working Together”). The cooperative agreement was awarded to RTI International in March 2007. The agreement was modified in March 2010 to extend its end date from March 31, 2010, to September 30, 2011, and increase the budget from \$22.9 million to \$31.9 million.

This audit examined the health portion of Faisons Ensemble, with emphasis on its HIV/AIDS activities. Some of the many health-related activities included providing technical assistance, training, and equipment to about 30 voluntary counseling and testing centers to improve health care in targeted communities; strengthening awareness of HIV/AIDS prevention and stigmatization; and training and supporting five nongovernmental organizations (NGOs) working in health and their peer educators in communicating behavior change. Out of a total budget of \$31.9 million, \$14.2 million can be attributed to health. During fiscal years (FYs) 2009 and 2010, USAID/Guinea obligated and expended \$7.2 million and \$13.3 million, respectively, for health. Of these amounts, \$7.2 million and \$3.8 million were specifically for HIV/AIDS.

This audit also included a review of the 5-year Fistula Care Project implemented by EngenderHealth from September 25, 2007, to September 24, 2012, through a \$5 million cooperative agreement. During FYs 2009 and 2010, USAID/Guinea obligated and expended \$3.0 million and \$2.9 million, respectively, for fistula activities. The Fistula Care Project works to prevent fistula³ from occurring, treats and cares for women with fistula, and assists in their rehabilitation and reintegration. Work in Guinea is part of a worldwide, \$70 million, centrally funded project managed from USAID/Washington.

The objective of the audit was to determine whether USAID/Guinea’s health activities were achieving their goals of preventing and treating HIV/AIDS and fistula.

The audit determined that USAID/Guinea’s HIV/AIDS and fistula activities partially achieved their goals. Faisons Ensemble reportedly reached 246,580 people with community outreach that promoted HIV/AIDS prevention in FY 2009, exceeding its target of 175,000. The project also reported providing HIV counseling, testing, and test results to 52,236 people, far exceeding its target of 16,000. Although the program did not report on the number of people reached with community outreach in FY 2010, it indicated that it had provided 69,324 of 70,000 targeted people with test results from HIV counseling and testing sessions. The audit found that although the Faisons Ensemble team was able to support most of the reported results, some data to support achievements for the number of people reached or tested were not readily available for the audit. Nevertheless, an evaluation conducted in March 2011 by a team composed of an independent consultant and USAID employees found that “the HIV Voluntary Counseling and Testing program stands out for having achieved good technical results while making important linkages to improving governance in the health centers and in connecting to the community.”

Regarding the Fistula Care Project, the audit determined that USAID partially achieved its goals of preventing and treating fistula. Although actual results for the number of people trained in FYs 2009 and 2010 and the number of fistula surgeries provided in FY 2009 were lower than

³ The United Nations Population Fund defines an obstetric fistula as “a hole in the birth canal caused by prolonged labor without prompt medical intervention, usually a Caesarean section. The woman is left with chronic incontinence and, in most cases, a stillborn baby. . . . Left untreated, fistula can lead to chronic medical problems, including ulcerations, kidney disease, and nerve damage in the legs.” (UNFPA’s “Campaign to End Fistula” Web site, <http://www.endfistula.com/fistula_brief.htm>, accessed on July 19, 2011).

expected, our visits to the fistula sites and interviews with beneficiaries confirmed the positive impact of USAID/Guinea's fistula activities among the people in Guinea. For example, to prevent and treat fistula, the implementing partner planned to train 487 people but trained only 222 in FY 2009. Likewise, for FY 2010, the partner planned to train 788 people but trained only 156. For the treatment of fistula, USAID/Guinea reported in its FY 2009 operational plan a goal of treating 3,000 women throughout the 5-year project, but as of March 2011 (with only 18 months remaining in the program), only 1,699 repair surgeries had taken place. Furthermore, EngenderHealth reported that, of the 720 women in FY 2009 and 622 women in FY 2010 requiring surgery, only 316 (44 percent) in FY 2009 and 392 (63 percent) in 2010 received the surgery. Combined, the results for those 2 years show that almost half of the women with fistula did not receive the needed surgery. However, these goals were based on benchmarks established by the implementing partner; targets for Guinea were not finalized because the USAID agreement is a multicountry agreement that did not include any country-specific targets. Neither the mission nor the implementing partner could explain how the goal of treating 3,000 women was established. The political situation in 2009 and 2010 was cited as the reason for the lower-than-expected results.⁴

The audit team identified the following areas for improvement:

- Some reported results were not verifiable (page 5).
- Faisons Ensemble's use of short-term agreements impeded sustainability (page 6).
- USAID/Guinea's supervision was weak (page 8).
- USAID/Guinea did not consistently adhere to branding and marking requirements (page 11).

The report recommends that USAID/Guinea:

1. Direct EngenderHealth to develop procedures to verify data collected at the supported sites (page 6).
2. Direct EngenderHealth to establish a timetable to conduct periodic visits to collect the data prepared at the supported sites (page 6).
3. Require RTI International to improve its monitoring and evaluation process to ensure that reported results are verifiable (page 6).
4. Establish a plan for upcoming health activities that focuses on building the capacity of local institutions and improving their prospects for sustainability (page 7).
5. Establish an updated performance management plan (page 10).

⁴ In 2008, a military coup occurred in Guinea, and the U.S. Government suspended assistance there, except for humanitarian assistance and efforts to promote democracy. Throughout 2009, the military junta became progressively more despotic and corrupt. Political tensions intensified, and in September 2009, some 150 people were reportedly killed by the junta and about 100 women publicly raped during a peaceful demonstration. Following this massacre, most USAID personnel were evacuated for 6 months.

6. Direct EngenderHealth to establish and update Guinea-specific fistula care targets for each indicator (page 11).
7. Develop a plan for conducting site visits in accordance with its mission order (page 11).
8. Conduct an evaluation of the Fistula Care Project (page 11).
9. Approve a branding and marking plan for Faisons Ensemble (page 12).
10. Establish a plan to verify that USAID-funded assets are marked in accordance with the Fistula Care Project's branding and marking plan (page 13).

Detailed findings appear in the following section. Our evaluation of management comments begins on page 14. The audit's scope and methodology are described in Appendix I, and USAID/Guinea's written comments are included as Appendix II.

AUDIT FINDINGS

Some Reported Results Were Not Verifiable

To measure performance effectively and make informed management decisions, missions must ensure that quality data are collected and made available. USAID provides its assistance objective teams with extensive guidance to help them manage for improved results. Among this guidance is Automated Directives System (ADS) 203.3.5.2, which states that the USAID Mission/Office and Assistance Objectives Teams should be aware of the strengths and weaknesses of their data and the extent to which the data's integrity can be trusted to influence management decisions. According to ADS 203.3.5.1, "Data Quality Standards," performance data should meet data quality standards for validity, integrity, precision, reliability, and timeliness.

Fistula Care Project. Our site visits confirmed that most of the data reported by EngenderHealth were supported. However, the audit found some discrepancies between the figures reported by EngenderHealth and the support maintained at project sites in Kissidougou and Faranah (shown in the map on page 1). For example, some discrepancies with records kept at the Faranah District Hospital are shown below.

Discrepancies Between EngenderHealth's Reported Results and Records Kept at Faranah District Hospital

Indicator	Reported Result	Hospital Record	Difference
Family planning acceptors	200	209	9
Number of clients counseled about family planning methods	453	434	19
Number of deliveries	600	513	87

These discrepancies occurred because the reports prepared at the sites were not reviewed and approved before staff transmitted them to EngenderHealth in Conakry. In addition, the data from the sites were often transmitted by phone, increasing the potential for errors. Finally, EngenderHealth was not performing regular site visits to review data collected by the supported sites.

Faisons Ensemble. Although RTI International, the lead implementing partner for the Faisons Ensemble Project, was able to support most of the reported results on HIV/AIDS activities, some data for the indicators regarding people reached or tested were not readily available. A USAID team performing a data quality assessment on April 6, 2011, similarly reported that "it is not clear how information is gathered," "some of the data reported matched while other [data] did not match," and "the program needs to strengthen their monitoring system to ensure that data reported is correct and accurate." A financial review conducted in December 2010 found that supporting documents were not provided and concluded that developing a filing plan would improve the quality of quarterly reports.

For some of the reported results, Faisons Ensemble relies on many different NGOs, voluntary counseling and testing centers, and community-based organizations in four of Guinea's eight regions. These partner organizations typically retain the supporting details and report summarized results monthly to Faisons Ensemble's monitoring and evaluation (M&E) team. However, the M&E team did not always have monthly reports from all the reporting sources. For example, Faisons Ensemble could not locate an NGO's July 2009 report, which was needed to support the indicator *Number of people reached*. Although some records were available at each site and supervision was provided, supporting details retained by the partners were incomplete or inadequate in some cases. The March 2011 evaluation recommended that Faisons Ensemble "enhance its system of monitoring and evaluation through the work of its regional offices and partners to produce common methods of data collection which more fully capture the impact of its activities and the quality of the inputs." Faisons Ensemble has acknowledged a need to improve data reporting, adding that it has had difficulty with gathering accurate monthly data. To improve data collection and reporting, it hired an M&E specialist in January 2011.

These problems with documentation can be attributed partly to USAID/Guinea's heavy reliance on its partners for the accuracy of data reported in quarterly reports. Also, data verification during site visits is limited because of the difficulty in reaching most program sites: three of the four targeted regions require car trips of more than 8 hours. Only the Conakry Region activities are readily accessible to USAID and partner staff based in Conakry.

Reporting inaccurate results can undermine USAID's credibility and impair USAID's ability to obtain the resources it needs to do its work. USAID relies on accurate data to demonstrate progress toward goals and to make performance-based decisions. To ensure that USAID/Guinea reports accurate and reliable data and to improve the integrity of the reporting process, we make the following recommendations.

Recommendation 1. We recommend that USAID/Guinea direct EngenderHealth to develop procedures to verify data collected at the supported sites.

Recommendation 2. We recommend that USAID/Guinea direct EngenderHealth to establish a timetable to conduct periodic site visits to collect the data prepared at the supported sites.

Recommendation 3. We recommend that USAID/Guinea require RTI International to improve its monitoring and evaluation process to ensure that reported results are verifiable.

Faisons Ensemble's Short-Term Agreements Impeded Sustainability

USAID has developed nine principles of development and reconstruction assistance. Under the area of capacity building, USAID aims to "strengthen local institutions, transfer technical skills, and promote appropriate policies." Under sustainability, it aims to "design programs to ensure their impact endures." The Agency's policy guidance on *Mitigating the Development Impacts of HIV/AIDS* adds that USAID must "demonstrate how successful mitigation programs can be achieved and build capacity to sustain the efforts." It should "strengthen country capacity to improve development program performance and thereby reinforce the global effort to combat the spread of HIV/AIDS."

The February 2011 portfolio review of Faisons Ensemble listed sustaining partnerships with subpartners as one of the three major constraints affecting project implementation. Although officials from all four health NGOs visited explained that they were very pleased with the impact they were making on the targeted groups, many expressed concerns about the sustainability of their NGOs. They added that sustainability was being hampered by high staff turnover, particularly among peer educators. Finally, they expressed great concern about their future job prospects given the poor economic situation and the high level of unemployment in Guinea.

Sustainability was hampered because USAID funding was not provided on a continuous, long-term basis. The NGOs had subagreements with Faisons Ensemble from March 1, 2008, to February 28, 2010, but this period included extensions. After a lengthy gap of about 1 year, they were given a very short time to continue their work, from February to July 2011.

Faisons Ensemble was unable to provide continuous, long-term funding to the NGOs because its own funding from USAID was uncertain as a result of political instability. Rather than being established under a single, 5.5-year contract, the project received three extensions, preventing it from entering into long-term agreements with subpartners at the outset. In addition, during the first phase of the project, World Education managed grants, but during the second phase, RTI International, the lead implementing partner, decided to carry out this role. Another reason for the lack of continuous funding was that USAID decided to change its approach by using fixed-obligation grants. These changes required the recruitment and training of new personnel, who needed time to understand and award the new type of grant.

The high staff turnover that these NGOs experienced because of a lengthy gap in funding hampered the program's effectiveness and made it necessary for the project to train new team members. Some of the knowledge and skills initially obtained by NGO personnel have been lost or forgotten. Although they may continue some activities, without any financial support, project oversight, or reporting requirements, the NGOs' attempts to continue this work will not be as effective as they otherwise might have been.

Faisons Ensemble also worked with many other types of groups, clubs, associations, committees, and organizations. All of these entities and their staff would have benefited from longer-lasting, continuous partnerships as well.

The March 2011 evaluation recommended that the project "continue to build up the management capacity of its local NGO implementing partners." Although the project is scheduled to end on September 30, 2011, we are making a similar recommendation to ensure that follow-on health activities do not encounter the same challenges described above.

Recommendation 4. *We recommend that USAID/Guinea establish a plan for upcoming health activities that focuses on building the capacity of local institutions and improving their prospects for sustainability.*

USAID/Guinea's Supervision Was Weak

ADS Chapter 200, "Introduction to Programming Policy," describes USAID's procedures and methods for planning, achieving, assessing, and learning from its programs. USAID/Guinea did not comply with all sections of this guidance. For example, the mission has not updated its performance management plan, has not established targets for its fistula activities, has not conducted regular site visits, has not performed timely evaluations, and has not conducted required portfolio reviews. These weaknesses are discussed below.

Performance Management Plans. ADS Chapter 203, "Assessing and Learning," provides guidance to USAID missions on determining how well activities are achieving their intended results. According to 203.3.3, each assistance objective team must prepare a complete performance management plan (PMP) for each assistance objective, or program area, it is responsible for and include all indicators that will be used to assess progress over the life of the program. ADS 203.3.2.2.b explains that USAID "should use performance information to assess progress in achieving results and to make management decisions on improving performance." USAID/Guinea has also published Mission Order 203, which lays out the M&E systems and provides the tools to be used for program monitoring, evaluation, and reporting.

However, the mission does not have an operational PMP. The last mission PMP was dated April 2008 and has not been updated since, even as activities and performance indicators have changed. The lack of an updated PMP stemmed from political turmoil and instability, staffing constraints, and the evacuation of key staff in 2009.

Without a current PMP, USAID/Guinea has lacked a critical tool for planning, managing, and documenting data collection. The PMP contributes to the effectiveness of the performance monitoring system by ensuring that comparable data are collected regularly and on schedule. Without that assurance, performance monitoring and performance-based management are flawed.

For example, the audit team noted that whereas Faisons Ensemble reported results for certain indicators in FY 2010, USAID reported results for different indicators in its FY 2010 Performance Plan and Report. The mission is aware of this weakness and intends to establish a new PMP this year.

Similarly, the mission did not update the M&E plan for Faisons Ensemble in a timely manner. Because of substantial changes to the program, the modification on March 2010 required a revised plan. However, it took nearly a year for USAID/Guinea to reach an agreement with its partner on the indicators and targets and approve this revised plan.

Targets. ADS 203.3.4.5 states that targets should be "ambitious, but achievable given USAID (and other donor) inputs. . . . On the other hand, targets that are set too low are also not useful for management and reporting purposes."

As described earlier, USAID and EngenderHealth did not have clearly established targets for the indicators listed in Guinea's Fistula Care Project. The USAID agreement was a multicountry agreement and did not include any country-specific targets. The operational plans in FYs 2009 and 2010 referred to a 5-year total target of 3,000 fistula repairs. As previously explained, with only 18 months remaining in the project, the mission was far from achieving this goal. Although

it agreed that this target is unrealistically optimistic, the mission has not revised it in the last 5 years. EngenderHealth stated that targets for FYs 2009 and 2010 were included in the narrative section of its annual reports for FYs 2010 and 2011. However, some key targets for the indicators reported by EngenderHealth were absent. Without targets, stakeholders are unable to evaluate the effectiveness of the project.

Site Visits. The mission order states: “Site visits are indispensable for effective tracking of activities and full awareness of what is going on in the field. For all activities of \$500,000 [lasting] one year or more, the Program Office recommends that site visits occur at least quarterly.” In addition to providing instructions and a standard report format for site visits, the mission order assigns responsibility to the mission’s staff to monitor activities not managed in-country (e.g., the centrally funded Fistula Care Project, which is managed from Washington).

The mission did not conduct quarterly site visits and documented only two visits during FYs 2009 and 2010; the standard format was not used for either visit.

Because Faisons Ensemble is a complex, multisectoral award with activities in democracy, governance, education, agriculture, and natural resources management, it merits enhanced monitoring by the mission. Yet, for fistula activities, the mission had difficulty identifying the Washington-based agreement officer’s technical representative in charge of the Fistula Care Project, indicating a clear lack of communication.

Without active monitoring through regular site visits, the mission did not have reasonable assurance that data used for performance-based decision making and reporting were accurate and reliable. An active M&E program with regular site visits for monitoring project progress would prevent problems with data quality and program management. The mission fully recognizes the importance of site visits but was prevented from conducting them by the unstable political climate and a shortage of staff.

Evaluations. USAID/Guinea’s mission order adds that strategic objective teams must develop an annual evaluation plan for each fiscal year. Although an evaluation plan was developed in April 2011, the mission did not have one for the prior 3 years.

The USAID Evaluation Policy (January 2011) requires each operating unit “to conduct at least one performance evaluation of each large project it implements.” “The performance evaluation must be timed so that the findings will be available as decisions are made about new strategies, project designs and procurements. This will often mean, for example, that the evaluation will be designed and commissioned 18 months or more before the planned conclusion of the project.”

Even with the modification to the Faisons Ensemble award in March 2010 that extended the agreement for 18 months and added \$9 million, the mission took more than a year to complete an evaluation. Similarly, the midterm evaluation for the 5-year Fistula Care Project was planned for June 9 through July 3, 2011, even though the project was approaching the end of its fourth year. The Fistula Care agreement required a midterm evaluation of the project by the second or third year. Evaluations are useful because they measure project effectiveness, relevance, and efficiency and provide learning opportunities to improve performance; not conducting timely evaluations deprives managers of useful information.

Portfolio Reviews. ADS 203.3.7 states: “USAID Missions/Offices must conduct at least one Portfolio Review each year that covers all activities included in their various programs.” The guidance explains that a “Portfolio Review examines strategic and operational issues and

determines whether USAID-supported activities are leading to the results outlined in the approved Results Portfolio.”

Portfolio reviews were not performed annually. After a 4-year gap, the mission finally conducted a portfolio review in February 2011.

The underlying cause for the issues described above was Guinea’s political crisis. The State Department’s Background Note on Guinea describes the events as follows:

Captain Moussa Dadis Camara seized power on December 23, 2008, declaring himself President of the Republic and suspending the constitution, but promising elections and an eventual restoration of civilian authority. . . . In response, Guinea’s opposition coalition, Les Forces Vives, organized a protest on September 28, 2009, which attracted tens of thousands of protesters to the national stadium in Conakry. The Guinean military responded by opening fire on the crowd, killing at least 157 protesters, wounding more than a 1,000 others, and sexually assaulting more than 100 women, triggering widespread condemnation from the international community and increasing isolation for the junta.

The U.S. Embassy responded to the massacre by evacuating nonemergency personnel. From October 1, 2009, to March 29, 2010, USAID/Guinea was instructed to discontinue support to the national government, although the mission was still allowed to work with employees of the national government at the local level. During this period, key USAID and partner staff were absent for weeks or months at a time. Many activities stopped completely or were implemented on a reduced scale, and the Regional Security Office prohibited site visits. Activities focusing on national policy or system changes, such as strengthening the public pharmacy system, were placed on hold, and activities that continued were monitored for security and viability.

Another primary cause for the lack of program oversight was staffing shortages. Since 2008, no permanent U.S. direct-hire health specialist has worked at the mission. Oversight for the fistula project and other elements of the health portfolio was particularly weak after the departure of a Guinean health specialist in June 2009. Following his departure, another health specialist with no prior USAID experience worked at the mission for about 1 year; the 6-month evacuation caused further staff shortages and prevented her from being properly mentored. Following her departure, the mission’s education specialist was assigned to oversee all health activities from September 2010 to February 2011, despite having limited experience and interest in health. He was subsequently relieved by a visiting health specialist, and the mission hired a health program assistant on March 27, 2011. Because an advertisement for a more experienced U.S. direct-hire health officer did not yield results, the mission expected to fill the gap with another short-term health officer. The newly hired health program assistant also intends to leave, a fact that will worsen the situation.

The absence of staff clearly affects both the quantity and quality of USAID supervision. USAID requirements to develop performance indicators and targets, perform site visits, develop strategic plans, and conduct evaluations and portfolio reviews are all designed to assist USAID/Guinea in monitoring and evaluating its activities. Not meeting these requirements increases the risk of fraud, waste, and abuse of USAID resources.

Recommendation 5. *We recommend that USAID/Guinea establish an updated performance management plan.*

Recommendation 6. *We recommend that USAID/Guinea direct EngenderHealth to establish and update Guinea-specific fistula care targets for each indicator.*

Recommendation 7. *We recommend that USAID/Guinea develop a plan for conducting site visits in accordance with its mission order.*

Recommendation 8. *We recommend that USAID/Guinea conduct an evaluation of the Fistula Care Project.*

USAID/Guinea Did Not Consistently Adhere to Branding and Marking Requirements

Title 22, Code of Federal Regulations, Part 226.91, states that equipment, supplies, and other materials funded by USAID must be marked with the USAID identity. “In cases where the Marking Plan has not been complied with, the Agreement Officer will initiate corrective action.” The Foreign Assistance Act and USAID’s ADS Chapter 320 provide further requirements for the branding and marking of USAID activities.

The award for the Fistula Care Project included a branding strategy and marking plan, as did the Faisons Ensemble proposal. Among other items, these documents specified that equipment should be marked with stickers containing the USAID identity. The fistula plan specifically stated that office and medical equipment such as fistula tables and surgical instruments should be marked. However, the Faisons Ensemble award referred only to standard branding and marking requirements, and the proposed branding and marking plan has not been approved or included as part of the award.

Although banners, posters, brochures, and vehicles were marked (as shown in the picture on the following page), other fixed assets listed below that were purchased with USAID funds had not been marked with the USAID identity. Instead they were either unmarked or had an EngenderHealth or RTI International sticker. USAID-funded assets at the partners’ offices include items such as air-conditioners, computers, and office furniture. Faisons Ensemble funded motorcycles, generators, incinerators, TVs, DVD players, and furniture for the voluntary counseling and testing units. The Fistula Care Project provided medical equipment to selected hospitals.

Furthermore, although key partner staff recognized USAID as the donor of these projects, some others did not. Eight out of ten USAID beneficiaries of peer counseling sessions did not acknowledge USAID or the American people as the donor. Similarly, none of the 17 women with fistula that auditors interviewed knew that the fistula program was funded by USAID.

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Projet Faisons Ensemble
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CONSULTATION PRIMAIRE CURATIVE

N°	PRESTATION	TARIF
1	CONSEIL DEPISTAGE VOLONTAIRE	GRATUIT
2	ENFANT	1000
3	ADULTE	2000
4	CARNET DE VACCINATION	500
5	CARNET DE SANTÉ	GRATUIT
6	ACCOUCHEMENT	GRATUIT
7	CARNET DE SOINS	500

EXAMEN DE LABORATOIRE

N°	EXAMEN	TARIF
1	PARASITOLOGIE DES SELLES	1000
2	GOUTTE EPAISSE	2000
3	TAUX D'HEMOGLOBINE	3000
4	ALBUMINURIE	1000
5	ECBU DES URINES	7000
6	RPR / TPHA	15000
7	WIDAL	12000

PRIX DE VENTE DES MEDICAMENTS AU CENTRE DE SANTÉ

This display board shows patients in Faranah the price of each health service offered, from consultations to lab work. (Photo by RIG/Dakar, May 2011)

Faisons Ensemble and EngenderHealth staff members were generally aware of requirements to mark program materials such as marketing brochures, but were unaware of the requirement to mark fixed assets. They explained that no guidance on branding and marking was provided by USAID and that USAID stickers were not provided. When the auditors brought this requirement to the attention of Faisons Ensemble officials, they responded immediately by printing stickers and began distributing them during our site visits, even before consulting with USAID/Guinea. However, Faisons Ensemble should consult with the mission to ensure that the assets are marked in accordance with USAID's branding and marking policies.

USAID's Web site states:

[S]ince 9/11, America's foreign assistance programs have been more fully integrated into the United States' National Security Strategy. This elevation to the so-called 'third-D' (development being added to diplomacy and defense) increased the need for U.S. foreign assistance activities to be more fully identified in the host country as being provided 'from the American People.' We have been identified as 'America's good-news story' and have been tasked to make our efforts more visible and better known in the countries where we work.

When program beneficiaries do not recognize the source of the program's funding, one of the most important goals of U.S. foreign assistance is not achieved. These two programs are expected to receive funding in Guinea of nearly \$37 million, yet they are not receiving sufficient recognition from beneficiaries in Guinea.

Recommendation 9. We recommend that USAID/Guinea approve a branding and marking plan for Faisons Ensemble.

Recommendation 10. *We recommend that USAID/Guinea establish a plan to verify that USAID-funded assets are marked in accordance with the Fistula Care Project's branding and marking plan.*

EVALUATION OF MANAGEMENT COMMENTS

USAID agreed with all ten recommendations in the draft report. Having reviewed the actions taken by the mission and the supporting documentation provided, we have determined that final action has been taken on Recommendations 1, 2, 7, and 9, and management decisions have been reached on Recommendations 3, 4, 5, 6, 8, and 10. Our evaluation of management comments is shown below.

Recommendation 1. The mission agreed with this recommendation and directed EngenderHealth to develop procedures to verify the data collected at the supported sites. EngenderHealth provided (and we reviewed) a comprehensive plan to address data collection and verification. These actions constitute final action on this recommendation.

Recommendation 2. The mission agreed with this recommendation, and EngenderHealth established (and we reviewed) a timetable to conduct periodic site visits to collect the data prepared at supported sites. This action constitutes final action on this recommendation.

Recommendation 3: The mission agreed with this recommendation and instructed RTI International to improve its monitoring and evaluation process to ensure that reported results are verifiable. The target date for completion of this action is December 31, 2011. Accordingly, a management decision has been reached on this recommendation.

Recommendation 4. The mission agreed with this recommendation and indicated that it has been working on a plan to build local institutions' capacity to improve their prospects for sustainability. Specifically, it has designed a mechanism that will allow it to make small grants directly to local indigenous organizations, supporting institutional development when necessary, and has allocated \$1 million for this initiative. The mission also directed RTI International to develop a capacity-building plan for the local institutions with which it works. The target date for completion of this action is December 31, 2011. Accordingly, a management decision has been reached on this recommendation.

Recommendation 5. The mission agreed with this recommendation and planned to update its PMP by September 30, 2011. Accordingly, a management decision has been reached on this recommendation.

Recommendation 6. The mission agreed with this recommendation and instructed EngenderHealth to establish and update Guinea-specific fistula care targets for each indicator. EngenderHealth will prepare a benchmark plan for Guinea for FYs 2011 and 2012 and will begin submitting quarterly reports on progress toward benchmarks by December 31, 2011. Accordingly, a management decision has been reached on this recommendation.

Recommendation 7. The mission agreed with this recommendation and developed (and we reviewed) a schedule of site visits to each of its major projects that will take place before the end of the year. This action constitutes final action on this recommendation.

Recommendation 8. The mission agreed with this recommendation and reported that USAID/Washington and EngenderHealth both recently conducted full evaluations of the Guinea component of the Fistula Care Project. The mission expects the final evaluation reports by December 31, 2011. Accordingly, a management decision has been reached on this recommendation.

Recommendation 9. The mission agreed with this recommendation and noted that it had approved Faisons Ensemble's branding and marking plan. The mission instructed Faisons Ensemble to comply fully with this approved plan and will soon perform a full site inspection as part of its site visit plan. These actions constitute final action on this recommendation.

Recommendation 10. The mission agreed with this recommendation and indicated that mission officials plan to visit EngenderHealth's project sites in the near future to monitor compliance with the branding and marking plan. Further, the mission instructed EngenderHealth to develop a plan of its own to verify that USAID-funded assets are marked in accordance with the Fistula Care Project's branding and marking plan by December 31, 2011. Accordingly, a management decision has been reached on this recommendation.

SCOPE AND METHODOLOGY

Scope

The Regional Inspector General/Dakar conducted this performance audit in accordance with generally accepted government auditing standards.⁵ Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions in accordance with our audit objective. We believe that the evidence obtained provides that reasonable basis. The objective of the audit was to determine whether USAID/Guinea's health activities were achieving their main goals of preventing and treating HIV/AIDS and fistula.

In planning and performing the audit, the audit team assessed management controls related to management review, proper execution of transactions and events, and performance targets and indicators. Specifically, we reviewed and evaluated the following:

- Country operational plans for FYs 2009 and 2010
- Performance Plans and Reports for FYs 2009 and 2010
- Certification required under the Federal Managers' Financial Integrity Act of 1982⁶
- Portfolio review sheets
- Implementing partner agreements and modifications
- Reported results
- Data quality assessments
- Financial reports
- Faisons Ensemble evaluation report of March 2011
- Financial review reports

We interviewed key USAID/Guinea personnel, implementing partner staff, beneficiaries, and Guinean health officials. We conducted the audit at USAID/Guinea and at the activity sites of implementing partners in two of Guinea's eight regions (Conakry and Faranah). Audit fieldwork was conducted in Guinea from April 26 to May 6, 2011, and covered HIV/AIDS and fistula care activities that took place in FYs 2009 and 2010. We audited USAID/Guinea's Faisons Ensemble Project led by RTI International, with emphasis on HIV/AIDS activities. We also audited EngenderHealth's Fistula Care Project, a centrally funded project primarily managed by USAID/Washington.

For FYs 2009 and 2010, USAID/Guinea's obligations and expenditures for the HIV/AIDS and fistula activities audited totaled \$10.2 million and \$16.3 million, respectively.

Methodology

To answer the audit objective, we reviewed activities implemented by the two projects. We also reviewed available agreements, progress reports, and work plans of these implementing partners. We reviewed applicable laws and regulations and USAID policies and procedures pertaining to USAID/Guinea's HIV/AIDS program, including the mission's certification required

⁵ *Government Auditing Standards*, July 2007 Revision (GAO-07-731G).

⁶ Public Law 97-225, as codified in 31 U.S.C. 3512.

by the Federal Managers' Financial Integrity Act of 1982 and ADS Chapters 201, 202, and 203. We interviewed mission and partner technical staff at USAID/Guinea, as well as at the Conakry offices of Faisons Ensemble and EngenderHealth. We also visited the Faisons Ensemble field office in Dabola to interview program and M&E staff and to review supporting documentation for the results reported on the indicators. Additionally, we interviewed staff and reviewed supporting documentation at subpartner locations, including four hospitals providing fistula care and four voluntary counseling and testing centers. We conducted these interviews, documentation reviews, and site visits to determine how activities were being implemented, how this implementation was being documented, and whether reported results were accurate.

During these site visits, we observed activities in progress, interviewed individuals who were conducting the activities, and interviewed program beneficiaries to obtain their feedback. Because of the large number of activities and the extensive geographical dispersion of the sites, a statistical sample was not possible. Therefore, we selected a judgmental sample of activities; the results of the judgmental sample cannot be projected to the universe of all activities on a statistical basis. However, we believe that our work provides a reasonable basis for our conclusions because the sample consisted of sites that (1) were located in Faranah and Conakry Regions, where both audited programs were being implemented, (2) included a representative sample of the wide variety of activities being implemented, and (3) involved HIV/AIDS subpartners.

MANAGEMENT COMMENTS



USAID | **GUINEA**
FROM THE AMERICAN PEOPLE

MEMORANDUM

Date: August 23, 2011

TO: Regional Inspector General, Dakar, Gerard Custer

FROM: USAID/Guinea A/Mission Director, Robert W. Hanchett

SUBJECT: Audit of USAID/Guinea's HIV/AIDS and Fistula Care Activities
(Report Number 7-675-11-00X-P)

The following is USAID/Guinea's response to subject audit report. Please acknowledge receipt of our response to this audit and advise of any additional actions that USAID/Guinea needs to undertake at this time:

We agree with all of the recommendations and are submitting an action plan below to address the recommendations.

Action Plan:

Recommendation One – Addressed with a letter to Engenderhealth dated 07/28/2011. (copy attached) Their response is attached and we find it satisfactory.

Recommendation Two – Addressed with a letter to Engenderhealth dated 07/28/2011 (copy attached). Their response is attached and we find it satisfactory.

Recommendation Three – Addressed with letter to Faisons Ensemble dated (copy attached). We are currently awaiting a response that was requested by September 5, 2011.

Recommendation Four – USAID/Guinea is fully in agreement with this recommendation and has already been actively designing a new small grants mechanism that will allow it to expeditiously make small grants directly to local indigenous organizations including support for institutional development when necessary. Funding in the amount of \$1 million has been

allocated to this new initiative. We have also addressed this recommendation with a letter to Faisons Ensemble dated August 10, 2011 (copy attached) and expect their response by September 5, 2011.

Recommendation Five – USAID/Guinea agrees with this recommendation and is planning to update its Performance Management Plan (PMP) in September 2011.

Recommendation Six –Addressed with a letter to Engenderhealth dated July 28, 2011 (copy attached). Their response is attached and they have agreed to the recommendation.

Recommendation Seven – USAID has developed a schedule of site visits to each of its major projects that will take place before the end of the year. The current planned site visit schedule is attached and will be updated regularly.

Recommendation Eight – USAID/Washington and Engenderhealth have both recently conducted full evaluations of the Guinea component of Fistula Care Project. The final evaluation reports are expected in September and December respectively and we will make them available to RIG/Dakar.

Recommendation Nine – An approved Marking and Branding Plan is already in place with Faisons Ensemble (see attached). We have requested Faisons Ensemble to fully comply with this approved plan in a letter dated August 10, 2011 (copy attached). We expect to perform a full site inspection in the near future as part of our site visit plan.

Recommendation Ten – Addressed with a letter to Engenderhealth dated 07/28/2011 (copy attached) We plan a site visit to Engenderhealth project sites in the near future to monitor compliance with the approved Branding and Marking Plan.

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