OFFICE OF INSPECTOR GENERAL

AUDIT OF USAID/MALI'S MALARIA PROGRAM

AUDIT REPORT NO. 7-688-11-009-P
JUNE 15, 2011

DAKAR, SENEGAL

Office of Inspector General

June 15, 2011

MEMORANDUM

TO: USAID/Mali Mission Director, Rebecca Black

FROM: Regional Inspector General, Dakar, Gerard Custer /s/

SUBJECT: Audit of USAID/Mali's Malaria Activities (Report Number 7-688-11-009-P)

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

The report includes 12 recommendations. On the basis of actions taken by the mission and supporting documentation provided, we determined that final action has been taken on Recommendations 7, 9, and 10, and management decisions have been reached on Recommendations 1, 2, 3, 4, 5, 6, 8, 11, and 12. 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 you 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
JSI	John Snow Inc.
PKC II	CARE's Keneya Ciwara II Program
PMI	President's Malaria Initiative
PMP	performance management plan
PPR	performance plan and report
PSI	Population Services International
RDT	rapid diagnostic test
RTI	Research Triangle Institute International
USG	U.S. Government

SUMMARY OF RESULTS

Malaria is a major cause of morbidity and mortality in Mali. Mali's Ministry of Health reported that in 2009 the disease accounted for 45 percent of outpatient visits and 62 percent of reported deaths in children under the age of 5, making it the leading cause of death for this age group.

Mali is one of 15 original focus countries benefiting from the President's Malaria Initiative (PMI), a 5-year, $1.2 billion U.S. Government initiative led by USAID and implemented with the Centers for Disease Control and Prevention and others. PMI aims to reduce malaria-related mortality in each of the focus countries by 50 percent by reaching 85 percent of the most vulnerable groups—children under 5 and pregnant women—with proven preventive and therapeutic interventions. These interventions include insecticide-treated bed nets (bed nets), artemisinin-based combination therapy (combination drugs) to treat malaria, intermittent preventive treatment for pregnant women (preventive treatment), and indoor residual spraying with insecticides to kill mosquitoes that spread malaria (spraying).

During fiscal years (FYs) 2009 and 2010, the mission worked to implement PMI activities through partnerships with 15 prime partners. The audit covered activities implemented by the four partners listed in Table 1, which accounted for about 78 percent of the mission's malaria portfolio during FYs 2009 and 2010.

Table 1. Audited Programs

Implementing Partner	Program Description	Expended for PMI in FYs 2009 and 2010 ($)	Task Order/Agreement Dates
John Snow Inc. (JSI)	JSI's DELIVER Project procures bed nets, combination drugs, preventive treatment, and other drugs for treating severe malaria.	8,658,156	Task Order 4/2007–4/2012
Population Services International (PSI)	PSI primarily transports nets for distribution to targeted groups—infants and pregnant women.	1,596,000	Cooperative Agreement 10/2008–9/2011
Research Triangle Institute International (RTI)	RTI's indoor residual spaying program targets households in the Bla and Koulikoro Districts.	4,850,000	Task Order 9/2009–9/2014
CARE	The Keneya Ciwara II Program (PKC II) works to increase the use of health services at community health centers.	2,650,000	Cooperative Agreement 10/2008–9/2011

USAID/Mali's FY 2009 and 2010 obligations for PMI were $14.9 million and $14.5 million respectively. The mission expended $13.7 million during FY 2009 and $11.6 million during FY 2010 for PMI activities.

The objective of the audit was to determine whether USAID/Mali achieved its PMI goals of preventing and treating malaria.

The audit determined that the mission partially achieved its main goals of preventing and treating malaria. As of January 31, 2011, the mission had used more than 80 percent of nearly

$24 million to procure malaria commodities (mainly bed nets and combination drugs) under the DELIVER Project, and had successfully completed its main task of delivering more than 800,000 USAID-funded nets to health facilities throughout the country. Our visits to five health facilities confirmed that thousands of nets were being distributed to individuals in selected communities.

Regarding spraying, RTI noted achievements in spraying and training, and community doctors credited RTI with lowering malaria-related fatalities, but data problems clouded the picture (Table 2).

Table 2. Number of Structures RTI Reported Spraying

FY	Target	Result	Result as % of Target	Result as % of Total Structures in Spraying Area*
2009	Not established	126,922	N/A	93.5
2010	170,000	127,273	75	97

* After 2010 target was set, the total number of structures was determined to be 130,842. In 2009, the total number of structures was 135,698.

The apparent spraying shortfall in 2010—reaching only 75 percent of the target number of structures—resulted from the target's being set too high. The target was based on an (unknown) inflated estimate of total structures in the two districts selected for spraying; in 2010 the actual total was determined to be 130,842, making the original target impossible to reach.

The program also trained 464 people in 2010 to deliver spraying, exceeding its goal of 424. Additionally, interviews with district doctors and residents confirmed that the number of complicated malaria cases had sharply decreased since the start of the spraying program in 2008. One doctor reported that there were 72 malaria fatalities in his subdistrict in 2007, but only 5 fatalities in the *entire* district in 2010. He attributed this decrease to the spraying program.

Nevertheless, reported spraying results were unreliable because of the difficulties involved in compiling large amounts of data, insufficient data reviews, and confusion about the definition of the word "structure" when tracking the number of structures sprayed. Specifically, the audit noted that some results were double counted and that spray operators were inconsistently applying the term "structure," making it difficult to confirm the actual results achieved.

Regarding CARE's PKC II program, designed to increase the use of community health facilities and to improve household health practices, interviews with health facility staff and program participants indicated that the program has had a positive impact. For example, one doctor at a community health center reported that more patients were coming more often to his clinic as a result of the work done by CARE. However, the extent of that impact and whether it met or exceeded program targets was unclear because the program did not have a full set of indicators, targets, and results for 2009 or 2010. In addition, the program did not contribute to any PMI indicators or to the mission's performance indicators for either year.

Notwithstanding the achievements highlighted above, the audit found that:

- Some reported results and targets were inconsistent (page 4).

- The mission's monitoring of program performance was weak (page 6).
- Some reported results were inaccurate (page 9).
- Controls over receipt and distribution of nets were inadequate and inconsistent (page 12).
- USAID's sponsorship of spraying was not recognized (page 13).

The report recommends that USAID/Mali:

1. Review its indicators closely to ensure that the indicator definition and wording are consistent, establish and update targets for each indicator, and report its results accurately based on the correct reporting period (page 6).
2. Include other performance indicators in the performance management plan that measure the achievements of its malaria portfolio (in addition to those required by the President's Malaria Initiative) (page 8).
3. Require CARE to report results on malaria-related indicators and targets included in the 2011 work plan (page 9).
4. Develop and implement a plan with RTI to record data accurately and minimize the possibility of human errors such as double counting (page 12).
5. Establish and implement a plan to ensure that all spray operators are using a consistent definition of a structure when tallying results (page 12).
6. Verify the malaria-related results reported in CARE's FY 2010 annual report (page 12).
7. Verify that JSI has accurately recorded, reported, and filed all orders that have been placed, and develop a plan to ensure that future discrepancies are avoided (page 12).
8. Complete data quality assessments for all indicators reported in its annual performance plan and report (page 12).
9. Develop a procedure to document all site visits and require that visits include data quality testing and verification when possible (page 12).
10. Develop and implement a plan to reinforce the skills of the staff at health-care facilities to enable them to maintain accurate inventory records and manage stock properly (page 13).
11. Develop and implement standard procedures for net distribution and receipt, and verify that the procedures are applied uniformly at all health facilities (page 13).
12. Develop and implement a plan with RTI to ensure that beneficiaries are aware that indoor residual spraying is provided by the American people (page 14).

Detailed findings appear in the following section. The audit's scope and methodology are described in Appendix I. Our evaluation of management comments is on page 15, and full text of management comments appears in Appendix II.

AUDIT FINDINGS

Some Reported Results and Targets Were Inconsistent

USAID's results-oriented approach to management calls for its managers to consider "performance information to assess progress in achieving results and to make management decisions on improving performance."[1] USAID's Automated Directives System (ADS), Chapter 203,[2] explains that sound decisions require valid, reliable, and accurate information, and data should be of "sufficiently high quality to support the appropriate level of management decisions." The ADS chapter continues by stating that performance data should be as "complete and consistent as management needs and resources permit."

However, the mission's performance plan and report (PPR), the PMI annual report, and the mission's performance management plan (PMP) were reporting inconsistent results. Results for several of the 13 PMI indicators were inconsistent among the three reports. Auditors found at least one reporting error in each of the three sources. Although the PMI annual report is based on the calendar year, whereas the PPR and the PMP are based on USAID's fiscal year (from October 1 to September 30), timing differences were not cited as reasons for the differences in Tables 3 and 4.

Table 3. Malaria Indicators and Results Reported in the 2010 PPR, PMP, and PMI Annual Report

Indicator	PPR FY 2010	PMI Annual Report Calendar Year 2010	PMP FY 2010
Number of bed nets purchased with U.S. Government (USG) funds	2,110,000	2,110,000	1,500,000
Number of combination drugs purchased with USG funds that were distributed	728,699	0	Not reported
Number of rapid diagnostic tests (RDTs) purchased and distributed through USG support	500,000	527,500	500,000

Explanations for the inconsistencies in the reported results follow:

- For the number of nets purchased, 2,110,000 was correctly reported in the PPR and in the PMI annual report, but incorrectly reported as 1,500,000 nets in the PMP and as 570,000 in the implementing partner's annual report (not shown above). Records indicated that two orders were made during FY 2010, the first for 570,000 nets and the second for 1,540,000 nets. The mission explained that the 1,500,000 figure used in the PMP was an estimated number for the second order, but failed to take into account the first order. The partner did the exact opposite by excluding the second order, presumably since it had not yet arrived.

[1] ADS 203.3.2.2.b.
[2] ADS 203.3.5.

- Regarding combination drugs, the mission explained that none had been distributed. Records indicated that half of this order arrived in late December 2010, yet the other half had not yet arrived as of March 2011. Although 728,699 combination drugs were reportedly *purchased* on November 2010, the mission mistakenly reported these combination drugs as *purchased and distributed* in the FY 2010 PPR.

- For the number of RDTs purchased and distributed, the PMI annual report correctly reported 527,500 for FY 2010, noting that the figure included 27,500 RDTs that were, according to the mission, procured the year before. Therefore, the 500,000 figure reported (without mention of the prior year procurement) in the PPR was incorrect.

Table 4. Malaria Indicators and Results Reported in the 2009 PPR, PMP, and PMI Annual Report

Indicator	PPR FY 2009	PMI 2009 Annual Report Calendar Year	PMP FY 2009
Number of bed nets purchased with USG funds	615,442	600,000	600,000
Number of bed nets purchased with USG funds that were distributed to health facilities	Not reported	600,000	600,000
Number of combination drugs purchased with USG funds that were distributed	353,555	330,589	330,589
Total number of residents of sprayed houses	Not reported	497,122	457,374
Number of RDTs purchased with USG funds	Not reported	41,500	31,380
Number of health workers trained in preventive treatment with USG funds	Not reported	142	60

Explanations for the inconsistencies in the reported results follow:

- For the number of bed nets purchased, 600,000 was correctly reported in the PMP and PMI annual report, yet the FY 2009 PPR reported 615,442 (the source of this mistake was not explained).

- For the number of bed nets distributed, although the partner reported that 597,500 nets (not shown in Table 4), USAID incorrectly reported in the PMP and PMI annual report that all 600,000 nets purchased were distributed.

- For the number of combination drugs distributed, although only minor differences were noted in the three reports, the mission did not provide an explanation for these differences.

- For the number of residents of sprayed houses, the PMP correctly reported 457,374, but the PMI annual report reported 497,122 because it reported the entire targeted population.

- For the number of RDTs purchased, the auditors verified that the PMI annual report correctly reported 41,500. No explanation was provided for the 31,380 figure reported in the PMP.

- For the number of health workers trained, no explanation was provided for the inconsistencies between the PMP and the PMI annual report.

Likewise, the audit team observed inconsistencies in the establishment of 2010 targets. Specifically, for the number of nets purchased, the PPR reported a target of 570,000, the PMP 1,240,000, the malaria operational plan 1,540,000, and the partner 900,000 nets. As another example, for the number of combination drugs distributed, the PPR reported a target of 500,000 while the PMP reported only 400,000. We were unable to compare 2009 targets because they were not listed in the PMP.

Reporting inconsistencies occurred because the definitions and wording of some indicators were confusing. First, the PPR used only one indicator to track people trained in malaria treatment or prevention, while the PMP and the PMI annual report both used four indicators to indicate type of training: spraying, preventive treatment, combination drug use, and malaria diagnosis. The mission explained that the 2010 PPR result for the number of people trained in malaria treatment or prevention was the sum of those trained in spraying and those trained in preventive treatment. For an outsider, it is difficult to determine how these indicators are related, if at all. Secondly, the PMP reports the *number of sulfadoxine-pyrimethamine tablets purchased,* while the PMI annual report measures *sulfadoxine-pyrimethamine treatments distributed* (one treatment consists of three tablets of this preventive drug). Thirdly, there was confusion between the number *purchased* and the number *distributed* of drugs and bed nets. Finally, there is a distinction between nets and combination drugs distributed and purchased *by other partners* and those purchased with *U.S. Government funds.* PSI's 2010 annual report correctly reported the distribution of 660,790 nets provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria. During its portfolio review, the mission reported that these were USAID-purchased nets, but no USAID nets had been distributed at all. As described further in the findings below, the mission's monitoring and evaluation has been weak for the past 2 years, and data quality assessments have not been conducted regularly.

Reporting results that are inaccurate or that lack needed context can undermine USAID's credibility and impair USAID's ability to secure the resources it needs to accomplish its mission. The malaria program relies on accurate data to demonstrate progress toward goals. However, because of the inconsistencies in the results reported, the mission's results for malaria activities may not accurately reflect USAID's achievements. To ensure that USAID/Mali reports accurate and reliable data and to improve the integrity of the reporting process, we make the following recommendation.

> ***Recommendation 1.*** *We recommend that USAID/Mali (1) review its indicators closely to ensure that the indicator definition and wording are consistent, (2) establish and update targets for each indicator, and (3) report its results accurately based on the correct reporting period in the mission's performance plan and report, the President's Malaria Initiative annual report, and the performance management plan.*

Mission's Monitoring of Program Performance Was Weak

ADS Chapter 203, "Assessing and Learning," provides guidance to USAID missions on determining how well activities are achieving their intended results. Each assistance objective team must prepare a complete 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.[3] ADS explains that USAID "should use performance information to assess progress in achieving results and to make management decisions on improving performance."[4] ADS further 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."[5]

The health team's PMP was not formally updated and contained errors as described in the findings above (specifically Tables 3 and 4). The team had not included 2010 results for 10 of 15 indicators in the PMP. On the day of the exit conference, the health team's monitoring and evaluation specialist provided an unofficial, updated version of the PMP, which included 2010 results but still contained reporting errors. In the initial PMP, we noted that two indicators about nets and combination drugs distributed and purchased *by other donors* were not used at all, and 2009 targets were not shown for any of the indicators. Furthermore, the PMP included only indicators that were required by PMI, excluding others that could have assisted the health team in monitoring the progress of its malaria activities.

The mission measured some activities with one to four PMI indicators, while other activities, such as PKC II, were not being measured by any PMI indicators. The mission should be measuring an activity's progress more closely through either the health team's PMP or activity-specific PMPs. In addition to the weaknesses in the health team's PMP, we noted that activity-specific PMPs were not formally established, updated, or monitored, as explained below for two of the implementing partners.

CARE. While CARE was regularly reporting most of the requested information on PKC II, it did not consistently report data against targets for custom indicators for its malaria activities. CARE and the mission provided several sets of indicators, some with and without targets, and several sets of results. However, there was no consistent list of indicators, targets, and actual results for either year of the program for malaria activities. For example, the program's FY 2010 work plan included a list of both outcome and output indicators for each malaria-related activity, and the output indicators all had specific targets. However, the annual performance report contained only the list of activities and some related results. The targets from the work plan were not listed, and the results reported did not always correspond to the output indicators listed in the work plan. Additionally, the 2009 work plan listed only activities (no indicators or targets). Finally, the 2009 annual report included a list of indicators and actual results, but the target column was blank.

The mission identified these problems in early 2010 and has been working to improve the performance monitoring of PKC II. In August 2010, the mission modified the award agreement with CARE to include specific objectives, output indicators, and reporting requirements. Unfortunately, even the modified agreement contained no specific indicators and targets for malaria activities, despite instructions in the PMI document "Monitoring and Evaluation Indicators to be Used within the President's Malaria Initiative" to "develop a useful indicator to monitor community health education or information activities." In November 2010, the mission performed a portfolio review of the accomplishments of the PKC II program in an attempt to set up a monitoring framework that would allow for better performance management. This portfolio review introduced a list of 12 performance indicators, but only 1 was directly related to malaria, and it lacked a target. In its fiscal year 2010 annual report, CARE attempted to use the data in

[3] ADS 203.3.3 and ADS 203.3.3.1.
[4] ADS 203.3.2.2.b.
[5] ADS 203.3.4.5.

its own internal tracking database to report on indicators requested by USAID, but the audit team determined that the results provided were not adequate for efficient performance monitoring because they were not compared to work plan targets. CARE and USAID/Mali are working with the same 2011 work plan and indicators, and the mission anticipates receiving a list of results at the end of the year that can be compared with targets established at the start of the year.

PSI. Although PSI tracks many nonmalaria indicators, it primarily reports on only three indicators related to malaria: the number of nets distributed, the number of radio spots, and the number of TV spots per year (Table 5)**.**

Table 5. PSI Malaria Targets and Reported Results

Indicator	Annual Target	FY 2009 Reported Result	FY 2010 Reported Result
Number of nets distributed	900,000	615,442	0
Number of BCC radio spots	20,000	107,364	4,585
Number of BCC TV spots	120	510	68

As indicated in the table, the FY 2009 results were either significantly less than or more than the annual established targets, but the mission had not formally adjusted the annual targets to reflect realistic expectations. For management and reporting purposes, targets should reflect realistic expectations. Because PSI's activity ends on September 30, 2011, and focus will be placed on the follow-on award, no recommendation will be made regarding PSI targets.

The mission acknowledges the weaknesses described above and has been actively working on updating its PMP and improving its monitoring and evaluation. The health team leader explained that monitoring and evaluation was much weaker in the past, but that her team has made significant progress in the past 2 years. The mission has revised the results framework, developed a user's manual for implementing partners, and modified some of its largest award agreements to include specific indicators for which recipients must report data. The health team leader also added that her team has made improvements such as creating new indicators for its PMP, improving record keeping, and documenting key meetings with partners.

A key factor contributing to the problems identified above was the lack of adequate staffing at USAID/Mali. The mission has been severely understaffed for the past 2 years, requiring many people to work long hours over long periods of time. In addition, the Centers for Disease Control and Prevention's resident adviser (an important adviser on the mission's malaria activities) was in-country only between March 2009 and August 2010. This key position was unfilled in 2008 and parts of 2009, 2010, and 2011, which greatly contributed to weaknesses in USAID's malaria activities. Fortunately, the staffing shortages have been addressed as several new hires have recently arrived and others are scheduled to arrive in the upcoming months.

Without an updated PMP and a common understanding with the partners as to what the goals are—i.e., indicators, targets, and results—the mission may not be adequately monitoring and evaluating its activities. Unreliable data can undermine the appropriateness of management decisions and managers' abilities to evaluate the effectiveness and efficiency of their programs.

Recommendation 2. *We recommend that USAID/Mali's health team include other performance indicators in the performance management plan that measure the*

achievements of its malaria portfolio (in addition to those required by the President's Malaria Initiative).

Recommendation 3. *We recommend that USAID/Mali require CARE to report results on malaria-related indicators and targets included in the 2011 work plan.*

Some Reported Results Were Inaccurate

USAID's results-oriented approach to management calls for its managers to consider performance information when making decisions. Performance data should be of sufficiently high quality to support the appropriate level of management decisions and should be as complete and consistent as management needs and resources permit.[6] ADS Chapter 203[7] states that USAID missions can strengthen performance management by involving partners in the performance management process. This includes collecting, interpreting, and sharing performance monitoring information and experience, jointly defining a critical set of performance indicators, and helping partners develop their own performance management and evaluation capability. Failure to have consistent performance indicator reporting systems is not only inefficient but also introduces additional risk of reporting erroneous results.

Additionally, ADS states that USAID performance data "reported to Washington for Government Performance and Results Act (GPRA) reporting purposes or for reporting externally on Agency performance must have had a data quality assessment at some time within the three years before submission." This section of ADS recommends data quality assessments to inform missions of data strengths and weaknesses and of the extent to which data can be trusted when reporting and making management decisions.[8]

The audit team noted problems with the results reported by three implementing partners.

RTI. RTI's spraying program data was not completely accurate because the process for collecting this data was difficult, and one indicator was not clearly defined.

The process for collecting spray data is as follows. Spray operators use operator sheets to report the data for the number of structures sprayed and people protected. In 2010, spray operators provided over 31,000 spray operator sheets. At the end of each day, spray operators submit operator sheets to their team leaders (each spray team leader is responsible for five or six spray operators). The team leader verifies the summations from the daily operator sheets, consolidates the data, and then prepares a summary reporting sheet. He or she then provides the summary sheet and original operator sheets to an RTI staff member at the district level. The RTI staff person then enters the data into a database.

Of the 100 spray data sheets reviewed, the audit team noted immaterial arithmetic errors on 13 sheets. Although the errors were small (generally only over- or underreported by one or two), the fact that 13 percent of the sheets reviewed contained errors indicated that the problem could be pervasive. In addition, the audit team noted 248 instances in which an RTI staff person

[6] ADS 203.3.5.
[7] ADS 203.3.2.2.c.
[8] ADS 203.3.5.2.

mistakenly entered a daily spray operator sheet into the database twice. Similar problems were noted in a data quality assessment conducted in June 2010.

RTI staff acknowledged these problems and even took immediate action during the audit to review the errors and design policies to prevent them from recurring. This included installing a feature in the Access database that would not permit data to be entered more than once for the same concession[9] and a plan to intensify training supervision when instructing operators on data collection.

The process-related problems with data accuracy resulted from having hundreds of spray operators reporting data, not having enough supervisory reviews, and not having a control to prevent duplicate entries in the Access database.

The other reason for inaccurate data was the lack of a clear definition of "structure." In three of the seven concessions visited, the number of structures that the beneficiaries reported as sprayed did not match the figure reported on the spray operator sheets. RTI staff and the spray operators interviewed explained that spray operators may count structures differently. For example, if two apartments in one structure are inhabited by two separate families, the dwelling (like the one shown in the photo below) could be counted as two structures by one operator and as one structure by another operator. Simply stated, the word "structure" is difficult to define when there is such a wide variety of building types and divisions. This problem has been noted in other PMI-related audit reports issued by USAID's Office of Inspector General.

This dwelling with two doors in Kamona may be reported as one or two structures, depending on the spray operator. (Photo by Office of Inspector General, May 22, 2011)

[9] In Mali, extended families live together in a group of several structures known as a concession.

CARE. Some data reported by CARE was problematic due to inadequate reporting guidance and systemic underreporting. For example, the data for one important indicator, *households reached by community health workers*, was not accurate. The PKC II 2010 work plan included a target of 700,000 households reached by community health workers, and the program reported reaching 335,328 households. CARE officials reported that, although they suspected that the actual number of households reached was much higher than this, they could report only this number because this was all that was formally reported by community health workers. CARE believed that many households were being reached but that the community health workers were not formally reporting all the visits.

The problems with data accuracy stemmed from the difficulty in gathering results from hundreds of community health workers working across a vast country. Interviews with these community health workers confirmed that they often did not report data because of the distance they were required to travel to attend the monthly data reporting meetings. CARE's lack of clear instructions on how to report data also contributed to these problems. In 2010, the community health workers were using a reporting booklet prepared by another entity, and the reporting document had only enough spaces for reporting data for 2010. Consequently, the workers were devising their own methods to track their numbers of visits and the topics discussed with each household in 2011. The lack of a consistent data reporting tool could have contributed to incomplete data reporting.

JSI. The audit revealed that records of some items procured may be flawed because the invoices retained by the mission did not correspond to reports from JSI. JSI implements the DELIVER Project, which is a worldwide activity managed from Washington. The mission places malaria-related orders with DELIVER staff members, who in turn process the orders and send the commodities to the mission. The auditors reviewed some items listed from 20 orders that the mission reportedly placed from April 6, 2007, through January 31, 2011, and noted some discrepancies. For example, the quantity of combination drugs ordered on November 10, 2010, was not reported correctly by JSI. In addition, this order and another large order of nets were not reported in DELIVER's FY 2010 annual report, while USAID counted both of these orders in FY 2010. For several other orders, the costs shown on the invoices did not agree with DELIVER's records. USAID/Mali reportedly reviews all orders quarterly and communicates closely with JSI. The mission believes that JSI may be making mistakes or continuing to use estimated figures. Nonetheless, the mission has agreed to look into the cause of these discrepancies.

The audit team also noted that the mission's filing of documentation on each DELIVER order could be improved. Each order consists of the following elements: (1) order request, (2) order changes or modifications (if needed), (3) final invoice, (4) tax exemption request and approval, and (5) proof of transfer from USAID/Mali to the Ministry of Health. The current system for retaining and filing these documents was inadequate, as some of the documentation described above was missing or hard to locate, and some unrelated items from other activities were included in these files. The DELIVER activity manager readily agreed to make changes to his filing system.

Another factor that may have contributed to poor data quality was the absence of data quality assessments. The mission had completed only one malaria-related data quality assessment for the spraying activity since the inception of its malaria activities. Another assessment regarding nets was reportedly conducted, but it consisted of only a few sentences and was not as complete.

Finally, the mission was not making maximum use of site visits for improving the quality of data reporting. While site visits were periodically performed, they were rarely documented, the standard site visit template was not used, and the visits were not designed to verify the data quality. In fact, only three malaria-related visits were documented to cover more than $25 million worth of malaria-related expenditures in the past 2 years. According to mission officials, the failure to document site visits and key meetings resulted from being understaffed and not sufficiently emphasizing documentation.

Inaccurate data can prevent management from making decisions effectively. To improve the accuracy of reported results, we make the following recommendations.

Recommendation 4. *We recommend that USAID/Mali develop and implement a plan with Research Triangle Institute to record data accurately and minimize the possibility of human errors such as double counting.*

Recommendation 5. *We recommend that USAID/Mali, in conjunction with Research Triangle Institute, establish and implement a plan to ensure that all spray operators are using a consistent definition of a structure when tallying results.*

Recommendation 6. *We recommend that USAID/Mali, in conjunction with CARE, verify the malaria-related results in CARE's FY 2010 annual report.*

Recommendation 7. *We recommend that USAID/Mali work closely with John Snow Inc. to (1) ensure that it has accurately recorded, reported, and filed all orders that have been placed and (2) develop a plan to ensure that future discrepancies are avoided.*

Recommendation 8. *We recommend that USAID/Mali complete required data quality assessments for all indicators reported in its annual performance plan and report.*

Recommendation 9. *We recommend that USAID/Mali develop a procedure to document all site visits and require that visits include data quality testing and verification when possible.*

Controls Over the Receipt and Distribution of Nets Were Inadequate and Inconsistent

The Government Accountability Office's *Standards for Internal Control in the Federal Government*[10] requires the establishment of physical controls to safeguard vulnerable assets such as inventory. Such assets should be counted periodically and reconciled with control records to reduce the risk of errors, fraud, and misuse. All documentation and records should be properly managed and maintained.

During visits to five community health facilities in three districts, the audit team observed the following weaknesses and inconsistencies in procedures for receiving and distributing nets:

- Documentation of the receipt of nets was not consistently retained and filed at the health facility. When nets were provided by PSI, a receipt was given to the facility, but when nets

[10] GAO/AIMD-00-21.3.1, November 1999.

were provided by the supervising district health facility to the community facility, no documentation was provided.

- Some facilities documented and retained distributors' requests for nets, but other facilities did not follow this procedure.

- One facility required beneficiaries to sign a piece of paper acknowledging the receipt of a free net, but other facilities did not.

- Stock cards tracking the movement of inventory were not always complete or accurate. A stock card at one facility showed a current inventory of 285 nets, yet only 80 were in stock. The stock card for this facility also did not have an explanation for the whereabouts of another 78 nets that were reported in stock on April 2009.

- Two net distribution notebooks were kept at each facility to record the names of each beneficiary (one for pregnant women and one for infants). However, at one facility, the notebooks were not dated or numbered, making it difficult to determine when the beneficiaries received the nets and whether the distributions corresponded with the stock card. At another facility, the use of notebooks did not start until June 2009; prior to that date, it was difficult to determine who received the nets.

- One facility updated the stock cards monthly even though nets were actually distributed about twice weekly. The other four facilities updated their stock cards more frequently.

- Stock cards showed that all five facilities visited suffered from periodic stock outages lasting weeks at a time.

The problems identified can be attributed to poor management and supervision of the facilities by the Ministry of Health. USAID, its partners, and other donors all recognize that the capacity of the Ministry of Health can be improved. Establishing proper internal controls over distributing and receiving nets will decrease the risk of missing or stolen nets. Therefore, we make the following recommendations.

Recommendation 10. *We recommend that USAID/Mali develop and implement a plan to reinforce the skills of the staff at health-care facilities to enable them to maintain accurate inventory records and manage stock properly.*

Recommendation 11. *We recommend that USAID/Mali develop and implement standard procedures for net distribution and receipt, and verify that the procedures are applied uniformly at all health facilities.*

USAID's Sponsorship of Spraying Was Not Recognized

Title 22, Code of Federal Regulations, Part 226, states that "awareness of the generosity of the American people is an important part of the U.S. Government's public diplomacy strategy and a critical part of the post 9/11 war against terrorism." Accordingly, the branding and marking plan for RTI's spraying program identifies "people living in the households in the areas targeted for spraying" as the program's primary target audience for promoting and publicizing USAID sponsorship. The Foreign Assistance Act and USAID's ADS Chapter 320 provide further

requirements for branding and marking of USAID activities.

However, of the seven beneficiary families interviewed (representing a reported 127 people protected) for the spraying program, only one person was able to identify the American people as the source of funding for the program (and likely only because the recipient was coincidentally a spray operator during the 2010 spray campaign).

The community health workers explained that they informed the beneficiaries prior to spraying that the program was funded by the American people. They suspected, however, that the recipients may have forgotten this by the time of the audit. Whether the beneficiaries forgot the source of funding or the community health workers were not communicating it, neither the American people nor USAID was recognized for these efforts.

USAID's Web site states that "since 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 . . . '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. USAID spent $4.85 million to implement this program in 2009 and 2010 but appears to have received little or no recognition from beneficiaries.

> ***Recommendation 12.*** *We recommend that USAID/Mali develop and implement a plan with Research Triangle Institute to ensure that beneficiaries are aware that indoor residual spraying is provided by the American people.*

EVALUATION OF MANAGEMENT COMMENTS

USAID/Mali agreed with all 12 recommendations in the draft report. Final action has been achieved for Recommendations 7, 9, and 10. Management decisions have been reached on the remaining nine recommendations. Our evaluation of management comments is shown below.

Recommendation 1. USAID/Mali agreed with the recommendation. The PMI team is already working with the mission's Health Office taskforce to address the issues raised in this recommendation and expects the corrective actions to be fully completed by the next PMI annual report. The target date for this planned action is March 31, 2012. Accordingly, a management decision has been reached on this recommendation.

Recommendation 2. USAID/Mali agreed with the recommendation, and the mission Health Office is revising its PMP to include and define additional indicators to better monitor PMI-supported activities. The target date for completion is September 30, 2011. Accordingly, a management decision has been reached on this recommendation.

Recommendation 3. USAID/Mali agreed with the recommendation and noted that the CARE project soon will show results related to malaria prevention, including ownership and use of nets by inhabitants of households visited. The target date for completion is September 30, 2011. Accordingly, a management decision has been reached on this recommendation.

Recommendation 4. USAID/Mali agreed with the recommendation and has developed a plan to address the problems with recording data and double counting of spray results. The target date for implementation of the plan is June 30, 2011. Accordingly, a management decision has been reached on this recommendation.

Recommendation 5. USAID/Mali agreed with the recommendation and has adopted a specific definition for a "sprayable structure." To further ensure spray agents and other spraying implementers are using a consistent definition of a structure, stringent measures on supervision and internal control will be reinforced. Supervisors will perform standard field checks of how spray operators are counting structures and verify the integrity of the data entries. The target date for implementation of the plan will be June 30, 2011. Accordingly, a management decision has been reached on this recommendation.

Recommendation 6. USAID/Mali agreed with the recommendation. The CARE PKC chief of party issued a memo instructing relevant subpartners to conduct a systematic review of home visits results reported in 2010. The memo also addressed procedures to ensure, among other things, reliability, availability, and quality of reported results. The review is already under way and is scheduled to be completed by July 2011. Accordingly, a management decision has been reached on this recommendation.

Recommendation 7. USAID/Mali agreed with the recommendation and has taken corrective action. The contractor has produced documentation and analysis of the discrepancies identified between records kept in Washington and those kept at USAID/Mali and has satisfactorily

explained all differences. In addition, the PMI team is adding a file on order changes and modifications to its filing systems for current and future procurements of malaria commodities to avoid future discrepancies. These actions constitute final action.

Recommendation 8. USAID/Mali agreed with the recommendation. The malaria indicator targets will be revised and updated in the PMP, and a data quality assessment for each malaria indicator will be conducted in compliance with ADS 203.3.8.3. The target date for completion is September 30, 2011. Accordingly, a management decision has been reached on this recommendation.

Recommendation 9. USAID/Mali partially agreed with the recommendation. USAID Mali's Mission Order on Framework and Procedures for Monitoring and Evaluation Programmatic Performance (Series 2000/Order 2001 issued October 12, 2004) provides guidance on preparing, conducting, documenting, and filing field visit findings. However, the mission states that not all site visits are appropriate for data quality testing. The USAID Mali PMI team recognizes the importance of appropriately documenting the project field visits and will test the quality of data whenever the scope of the site visit allows. The team will document all future field visits in conformity with the mission order; when feasible, the team will test the quality of data. This constitutes final action on this recommendation.

Recommendation 10. USAID/Mali agreed with the recommendation. Through the Strengthening Pharmaceutical Systems Project managed by Management Sciences for Health, USAID is already working with the national system at all levels—from the health facility to the district, to the region, and to the central departments—to establish or strengthen stock management. USAID/ Mali's front office and health officers are already actively advocating for improved management of pharmaceuticals with other health partners, including U.N. entities. These actions constitute final action.

Recommendation 11. USAID/Mali agreed with the recommendation. The mission has conducted an assessment of the net distribution problems identified and will support the design and implementation of a work plan based on the assessment recommendations. The target date for completion is December 31, 2011. Accordingly, a management decision has been reached on this recommendation.

Recommendation 12. USAID/Mali agreed with the recommendation. The mission will work with RTI to develop and implement a comprehensive communication plan to increase the awareness of beneficiaries that the indoor residual spraying of their houses is a generous effort from the American people to support the national malaria control strategy. The target date for completion is June 30, 2011. Accordingly, a management decision has been reached on this recommendation.

SCOPE AND METHODOLOGY

Scope

We conducted this audit in accordance with generally accepted government auditing standards.[11] 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/Mali achieved its PMI goals of preventing and treating malaria.

To implement the program, the mission worked with 15 prime partners. Those selected for audit are shown in the following table.

Audited Programs

Implementing Partner	Program Description	Expended for PMI in FYs 2009 and 2010 ($)	Task Order / Agreement Dates
John Snow Inc. (JSI)	JSI's DELIVER Project procures bed nets, combination drugs, preventive treatment, and other drugs for treating severe malaria.	8,658,156	Task Order 4/2007–4/2012
Population Services International (PSI)	PSI primarily transports nets for distribution to targeted groups—infants and pregnant women.	1,596,000	Cooperative Agreement 10/2008–9/2011
Research Triangle Institute International (RTI)	RTI's indoor residual spaying program targets households in the Bla and Koulikoro Districts.	4,850,000	Task Order 9/2009–9/2014
CARE	The Keneya Ciwara II Program (PKC II) works to increase the use of health services at community health centers.	2,650,000	Cooperative Agreement 10/2008–9/2011

The audit focused on PMI activities occurring in FYs 2009 and 2010. USAID/Mali's FY 2009 and 2010 obligations for PMI totaled $14.9 million and $14.5 million respectively. The mission expended $13.7 million during FY 2009 and $11.6 million during FY 2010 for PMI activities.

In planning and performing the audit, the audit team assessed relevant controls used by the mission to manage the program and ensure that it and its implementing partners were providing adequate oversight of program activities. The assessment included controls related to whether USAID had (1) reviewed progress and financial reports submitted by the implementing partners, (2) conducted and documented periodic meetings with the implementing partners, (3) performed and documented visits to the activity sites, and (4) developed and implemented policies and procedures to safeguard the assets and resources of the activities. Additionally, the auditors

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

examined the mission's FY 2009 and 2010 annual self-assessment of management controls—which the mission is required to perform to comply with the Federal Managers' Financial Integrity Act of 1982[12]—to determine whether the assessments cited any relevant weaknesses.

Audit fieldwork was performed at USAID/Mali as well as at the implementers' offices from February 14 to March 4, 2011. The audit team made field trips to seven spray areas and five health facilities in the regions of Segou and Koulikoro.

Methodology

To answer the audit objective, we reviewed the PMI data reported by USAID/Mali in FYs 2009 and 2010 as well as activities implemented by selected implementing partners. We met with the PMI team in Bamako to gain an understanding of the four program activities selected for audit and reviewed their corresponding agreements, progress reports, work plans, and reporting tools. The four programs accounted for about 78 percent of the dollar value of the mission's malaria program portfolio during FYs 2009 and 2010. Furthermore, the programs contributed significantly to PMI's objective of preventing and treating malaria.

We reviewed applicable laws and regulations and USAID policies and procedures pertaining to USAID/Mali's PMI program, including ADS guidance, the USAID/Mali malaria operational plans for FYs 2009 and 2010, and the Government of Mali's 5-year malaria strategy. During site visits, we interviewed implementing partner staff, doctors and health staff from the Government of Mali's Ministry of Health, community health workers, spray operators, and beneficiaries. We also verified reported results, performed inventory counts on spraying and net commodities, and checked to see whether activities were being monitored and evaluated as required.

The audit involved validating the reported results on selected key performance indicators and conducting site visits to selected activities. In validating the program's reported results, the audit team focused on the data reported on the following eight performance indicators:

- Number of combination drugs purchased
- Number of RDTs purchased
- Number of nets purchased
- Number of nets purchased that were distributed
- Number of sulfadoxine-pyrimethamine tablets purchased
- Number of houses sprayed with spraying
- Number of residents of sprayed houses
- Number of people trained to deliver spraying

The scope of our testing was limited to validating the data reported on these indicators for judgmentally selected sites: 16 facilities, which included spraying sites, warehouses, and health centers in three of nine administrative regions in Mali (Segou, Koulikoro, and Bamako). The sites chosen for review outside of Bamako were located in the only two regions where spray activities had been implemented in 2009 and 2010. During the same trips, we were able to meet with several PKC II community health workers and visit five community health facilities. Because this testing was based on a judgmental rather than a statistical sample of indicators and sites, the results and overall conclusions related to this analysis were limited to the items

[12] Public Law 97-255, as codified in 31 U.S.C. 3512.

tested and could not be projected to the entire audit universe. However, we believe that our work provides a reasonable basis for our conclusions.

MANAGEMENT COMMENTS

USAID | MALI
DU PEUPLE AMERICAIN

Regional Inspector General,
Dakar /Gerard Custer

June 2, 2011

Subject: **RIG Draft Report No. 7-688-11-00XP: Audit of USAID Mali Malaria Program**

USAID/Mali Response:

Recommendation 1. *We recommend that USAID/Mali (1) review its indicators closely to ensure that the indicator definition and wording are consistent, (2) establish and update targets for each indicator, and (3) report its results accurately based on the correct reporting period in the mission's performance plan and report, the President's Malaria Initiative annual report and the performance management plan.*

USAID Mali Position regarding the recommendation: We agree.
The PMI team is already working with the Health Office M&E taskforce to address the issues raised in this recommendation; the PMI Technical Guidance on M&E activities (last update 2011) provides the standard definition for malaria indicators to be used by the Mission. If applicable, adaptation and changes will be made when further guidance are issued.
The USAID Mali health team Program Monitoring Plan (PMP) is under review, the malaria indicator targets will be revised and updated during this process. Attention will be paid to ensure that future reports have accurate results taking into account the PMI targets within the Health Office PMP, the Mission Performance Plan Report based on FY, and the PMI annual report based on calendar year.

The corrective actions are underway and will be fully completed by the next PMI Annual Report (March 2012)

Recommendation 2. *We recommend that USAID/Mali's health team include other performance indicators in the performance management plan that measure the achievements of its malaria portfolio (in addition to those required by the President's Malaria Initiative).*

USAID Mali Position regarding the recommendation: We agree.

As stated above, the Mission Health Office is revising its PMP. During this process other additional indicators to measure progress from implementation of malaria activities will be defined and included in the PMP to better monitor PMI supported activities. Special attention is going towards achievements from behavior change communication activities currently implemented by Keneya Ciwara II project, likely to continue in the future with other partners.

The corrective actions are underway and will be fully completed by September 2011.

Recommendation 3. *We recommend that USAID/Mali require CARE to report results on malaria-related indicators and targets included in the 2011 work plan.*

USAID Mali Position regarding the recommendation: We agree.
The CARE PKC 2011 work plan focuses on BCC with 3 major activities: (1) home visits to monitor availability of and promote appropriate use of bed nets, (2) mass communication around routine and campaign distribution of bed nets, and (3) targeted BCC activities to promote appropriate care seeking and compliance with ACT treatment, and promotion of intermittent preventive treatment (IPTp). Sound and relevant indicators to monitor the type and number of BCC activities are under discussion. By the time of the next quarterly report, the CARE project will be able to show the results related to malaria prevention including nets ownership and nets use by inhabitants of households visited.
The corrective actions are underway and will be fully completed by September 2011.

Recommendation 4. *We recommend that USAID/Mali develop and implement a plan with Research Triangle Institute to record data accurately and minimize the possibility of human errors such as double counting.*

USAID Mali Position regarding the recommendation: We agree.
The PMI team discussed the recommendation with RTI team members who also agreed with the recommendation and started addressing the need to minimize human errors in data recording and reporting.
About resolving the compilation errors on the data collection forms:
During IRS, a spray team consists of six operators and one team leader. Each team leader is responsible for monitoring the spray operation and how the spray operators fill their forms. At the end of the work day, the team leader checks the entries completed by spray operators and prepares a summary report from the 6 operators (*Team leader's summary report*). In preparation of the June 2011 campaign, during the training of trainers, great emphasis was made on data quality; facilitators discussed the arithmetical addition errors witnessed last year on the daily spray cards and compilation errors on the team leader summaries. For the 2011 IRS campaign, efforts are underway to ensure that data will be captures by structure and not by compound. To achieve this, daily spray cards will be the primary data source, not the leader summary forms. On the daily spray card, each line (row) represents a structure's information including: structure number (a unique identifier); number of structures/houses within the household; and number of structures/houses within households that were sprayed and number that were not sprayed, including the reason that the structure/house was not sprayed. The row by row entries will henceforth be directly entered into the Access database. The database has been developed in such a way that it is able to auto-sum the entries for each spray operator daily performance.

About resolving the double counting errors:
Each structure will be identified in the database; using the unique identification number of each structure, a control check has been put in place to prevent any double entry of a structure. In case, a data clerk tries to re-enter information on an already entered structure, the number will pop-up on the screen indicating that this structure code is already existing. In cases where mop-up (deuxieme passage) takes place, no new records will be created in the database; a new option has been integrated into the database that will allow the data clerk to find the old structure record (premiere passage) by searching the database using the structure ID code and then updating its status. This control is aimed at eliminating double entries at all costs.

The corrective actions have been taken as described here; IRS June Campaign will test the efficacy of the measures and close the recommendation.

Recommendation 5. *We recommend that USAID/Mali, in conjunction with Research Triangle Institute, establish and implement a plan to ensure that all spray operators are using a consistent definition of a structure when tallying results.*

USAID Mali Position regarding the recommendation: We agree.
The PMI team discussed the recommendation with RTI team members who also agreed with the recommendation and started addressing the issue of structure definition, referring to IRS M&E standard operations current definition.
In the IRS M&E standard operating procedures document, RTI in conjunction with USAID/PMI have adopted the following definition: A "**sprayable structure**" is a free-standing building in which people sleep/spend a night and has sprayable surfaces (exceptions include structures with porous wall made of bamboo or reeds or with tin walls etc.). However, PMI does not strive for a common definition of structures across countries, but rather a common definition and understanding of structures within a country. During IRS trainings, a special emphasis is and will continue to be placed on operational definitions. In addition, discussions will revolve around the different types of structures that may be encountered in the 3 project districts and practical demonstrations of how to identify and count structures under the different scenarios presented above. To further ensure Spray Agents and other IRS implementers are using a consistent definition of a structure, stringent measures on supervision and internal control will be reinforced. Supervisors will perform standard field level checks of how spray operators are counting structures and verify the integrity of the data entries. The results from the supervision checklist will be discussed during debriefing meetings and action points sent to the district coordinators for follow up. RTI technical team will also conduct impromptu visits to reinforce correct definition and interpretation and ensure the field teams are complying with IRS standard operations requirements.

The corrective actions are being implemented during the preparation of the next campaign; IRS June Campaign will test the efficacy of the measures to close the recommendation.

Recommendation 6. *We recommend that USAID/Mali, in conjunction with CARE, verify the malaria-related results in CARE's FY 2010 annual report.*

USAID Mali Position regarding the recommendation: We agree.

USAID Mali PMI team discussed the recommendation with CARE Keneya Ciwara projet and the design of corrective measure was immediately initiated by the project.
The CARE PKC Chief of Party instructed all NGOs and CSCOMs involved in the implementation BCC/IEC activities and oversight of community relais to conduct a systematic review of home visits results reported in 2010. The instruction memo was issued on May 19. In addition, data recording booklets have been given to Community relais and their NGO supervisors, at the same time, CSCOMs supervision teams have been given data compilation registers.
In the instruction memo, the COP also listed the following measures:

- Start the review with the areas with the biggest data discrepancies;
- Ensure that all corrections are backed by reliable documentation;
- Correctly record all malaria related activities, including education talks during home visits;
- Facilitate the organization of relais' monthly meetings in CSCOMs catchment areas, with special attention to those who don't hold regular meetings;
- Supervisors must be more vigilant and check the quality of community animators /conseillers reports in relation with the volume of their activity;
- Set targets for each animator, each NGO and hold them accountable for the achievement of the targets, ensure availability and reliability of documentation of the results.

The review is already underway and is scheduled to be completed by July 2011.

Recommendation 7. *We recommend that USAID/Mali work closely with John Snow Inc. to (1) ensure that it has accurately recorded, reported, and filed all orders that have been placed and (2) develop a plan to ensure that future discrepancies are avoided.*

USAID Mali Position regarding the recommendation: We agree.
The Contractor was requested to produce documentation and research discrepancies on items noted as having discrepancies. The documentation and analysis is attached and differences have been satisfactorily explained. In addition, PMI team is adding a file on "order changes and modifications" to its filing systems to clearly reflect the following five elements for current and future procurements of malaria commodities:

- Order request from the GOM/NMCP and approved by the Mission PMI Advisor ;
- Order changes or modification as applicable;
- Final invoice;
- Tax exemption request and approval by the GOM/MOH;
- Transfer documents from USAID to GOM/MOH.

The corrective actions were undertaken; the recommendation can be closed now.

Recommendation 8. *We recommend that USAID/Mali complete required data quality assessments for all indicators reported in its annual performance plan and report.*

USAID Mali Position regarding the recommendation: We agree.
As stated in the response to Recommendation #1, the USAID Mali health team PMP is under review, the malaria indicator targets will be revised and updated during this process. Data quality assessment for every malaria indicator will be conducted with strict application of ADS 203.3.8.3.

Data quality assessment for malaria indicators will be completed by September 2011.

Recommendation 9. *We recommend that USAID/Mali develop a procedure to document all site visits and require that visits include data quality testing and verification when possible.*
USAID Mali Position regarding the recommendation: We partially agree.
USAID Mali Mission Order on Framework and Procedures for M&E Programmatic Performance (Series 2000 /Order 2001 issued October 12, 2004) provides guidance on preparing, conducting, documenting and filing field visits findings (see format attached). However, all site visits are not appropriate for data quality testing.
The USAID Mali PMI team recognizes the importance of appropriately documenting the project field visits, and will test the quality of data whenever the scope of the site visit allows.

The team will document all future field visits in conformity with the Mission Order; when feasible, the team will test the quality of data.
Date for completion: On-going.

Recommendation 10. *We recommend that USAID/Mali develop and implement a plan to reinforce the skills of the staff at health-care facilities to enable them to maintain accurate inventory records and manage stock properly.*

USAID Mali Position regarding the recommendation: We agree.
Though this recommendation was based on observations from inventory records and stock management of nets, the management response must take a more comprehensive view of stock management.
Since 2008, the Mission is providing technical assistance to the MOH to improve the management of the pharmaceutical system. However, the Mission is aware that the process will take time to change long rooted practices of poor records keeping and poor stock management. The temptation of rapidly creating an efficient but parallel system managed by project staff is out of consideration, USAID support is aiming at creating a sense of ownership and building the national capacity in the perspective of a long term solution, which requires enlisting support from other health partners.
USAID support through the “Strengthening Pharmaceutical Systems” project managed by MSH is already working with the national system at all levels from the health facility to the district, to the region, and to the central departments to establish or strengthen existing elements of stock management. USAID Mali front office and Health Officers are already active advocating for an improved management of pharmaceuticals, with other health partners including UNICEF, UNFPA, WHO, etc.

The corrective actions are underway and will continue during the next two years.

Recommendation 11. *We recommend that USAID/Mali develop and implement standard procedures for net distribution and receipt, and verify that the procedures are applied uniformly at all health facilities.*

USAID Mali Position regarding the recommendation: We agree.
Nets distribution procedures vary with the source of nets. The diversity of bed nets donors goes with lack of a coordinated procurement and distribution plan, bed nets distribution does not follow the same channel as the drugs and other pharmaceutical commodities, in addition, nets are heavy and bulky and the central medical stores (PPM) are not equipped for nets distribution.
To address the situation, in 2010 USAID Mali supported TA to assess existing nets distribution practices. The assessment report highlighted the absence of coordination and identified three major nets distribution schemes, all under the "push system": from Bamako to Regions (illustrated by GOM procured nets), from Bamako to Districts (illustrated by nets procured by UNICEF), from Bamako to Districts accompanied with a small budget contribution to support transportation to Health Facilities (illustrated by nets procured by PMI). A considerable number of small quantity nets donations went from the donor to targeted health facilities. The report drew recommendations on different scenarios of empowering the NMCP and PPM for better coordination, improving nets distribution and stock management.

USAID Mali/ PMI will support the design and discussion of a work plan based on the assessment recommendation before December 2011.

Recommendation 12. *We recommend that USAID/Mali develop and implement a plan with Research Triangle Institute to ensure that beneficiaries are aware that indoor residual spraying is provided by the American people.*

USAID Mali Position regarding the recommendation: We agree.
The US funded Indoor Residual Spraying (IRS) project is well known by officials from the ministry of health, the ministry of environment, the elected officials and community leaders in the regions and districts of intervention as a US government support to the GOM efforts to fight malaria. Community health organizations in the targeted areas are aware of this important effort of the USG and recognize the importance of the activity as a lifesaving intervention.
However, given the generally accepted belief among the less educated populations that every development effort in their communities is a "gift from the highest authorities", there is a need to improve the awareness around USG source of support for current IRS activities.
USAID Mali mission will work with Research Triangle Institute International (RTI) to develop and implement a comprehensive communication plan to increase the awareness of beneficiaries that the Indoor Residual Spraying of their respective houses is a generous effort from the American people to support the national malaria control strategy.

The corrective actions will start with the June 2011 IRS campaign.

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