OFFICE OF INSPECTOR GENERAL

AUDIT OF USAID'S SOCIAL MARKETING AND BEHAVIOR CHANGE INTERVENTIONS FOR HIV/AIDS, REPRODUCTIVE AND SEXUAL HEALTH AND CHILD SURVIVAL IN CAMBODIA PROJECT

AUDIT REPORT NO. 5-442-11-006-P
MARCH 31, 2011

MANILA, PHILIPPINES

Office of Inspector General

March 31, 2011

MEMORANDUM

TO: USAID/Cambodia Director, Flynn Fuller

FROM: Acting Regional Inspector General/Manila, William S. Murphy /s/

SUBJECT: Audit of USAID's Social Marketing and Behavior Change Interventions for HIV/AIDS, Reproductive and Sexual Health and Child Survival in Cambodia Project (Audit Report No. 5-442-11-006-P)

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

This report contains nine recommendations to assist the mission in improving the efficiency and effectiveness of its project. On the basis of information provided by the mission in its response to the draft report, we determined that management decisions have been reached on Recommendations 1, 3, 4, 6, 7, 8, and 9. Please provide the Audit Performance and Compliance Division of USAID's Office of the Chief Financial Officer with evidence of final action to close these recommendations.

We determined that management decisions have not been reached on Recommendations 2 and 5. Management decisions can be reached when USAID/Cambodia provides us with a firm plan of action for implementing these two recommendations. Please advise our office within 30 days of the actions planned or taken to implement these recommendations.

I want to thank you and your staff for the cooperation and courtesies extended to us during this audit.

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CONTENTS

Abbreviations

The following abbreviations appear in this report:

ADS	Automated Directives System
IUD	intrauterine device
FY	fiscal year
HIV/AIDS	human immunodeficiency virus/ acquired immune deficiency syndrome
MSM	men who have sex with men
NGO	nongovernmental organization
ORS	oral rehydration solution
PSI	Population Services International
SMBCI	Social Marketing and Behavior Change Interventions for HIV/AIDS, Reproductive and Sexual Health and Child Survival in Cambodia
USG	U.S. Government

SUMMARY OF RESULTS

According to reports from Population Services International, Cambodia has made significant gains in reducing HIV incidence and prevalence over the past decade. Because of targeted interventions, some of which have been carried out through USAID-funded projects, reported consistent condom use among brothel-based sex workers increased from 42 percent to 94 percent between 1997 and 2007. However, as the locus of the sex industry has shifted from brothels to entertainment establishments,[1] largely because of anti-trafficking and sexual exploitation legislation introduced in Cambodia in 2008, patterns of condom use have also shifted.

Cambodia also faces challenges in meeting contraceptive needs and in reducing child morbidity and mortality. While the use of modern contraceptive methods increased from 19 percent in 2000 to 42.6 percent in 2007 among currently married women, roughly a quarter of all Cambodian women report an unmet need for birth control, with higher needs among the rural poor. Roughly 35 percent of women who are not using contraceptives, but would like to, cite concerns about the health risks associated with modern contraceptive methods as the major reason preventing them from using contraception. Child morbidity and mortality are related in part to limited access to safe drinking water and poor hygiene. Dehydration caused by diarrhea accounts for approximately 25 percent of all child deaths in Cambodia; only 53 percent of rural families have access to safe drinking water.

In response to these challenges, and to improve the health of poor and vulnerable Cambodians, USAID initiated the Social Marketing and Behavior Change Interventions for HIV/AIDS, Reproductive and Sexual Health and Child Survival in Cambodia (SMBCI) Project. The project is being implemented through a $15.9 million cooperative agreement with Population Services International, covering a 5-year period from February 5, 2008, through February 4, 2013. As of September 30, 2010, cumulative obligations and disbursements under the project totaled $11.2 million and $8.4 million, respectively.

The project seeks to increase consistent and correct use of high-quality health products and services among priority, at-risk populations—especially the poor and vulnerable—to combat HIV/AIDS, improve reproductive health, and provide clean drinking water. The project's activities are to (1) increase access to condoms, birth control products, and oral rehydration solution (ORS), (2) increase Cambodian national capacity to manage and sustain results over the long term with reduced dependence on donors, and (3) improve knowledge, awareness, and supportive attitudes to change behaviors among priority populations.

The objective of the audit was to determine whether the project was achieving its main goal of improving the health of poor and vulnerable Cambodians.

The audit determined that, although the project has successfully increased access to health products and provided training to individuals and organizations to increase Cambodian national capacity, the project has demonstrated limited impact in improving the health of poor and vulnerable Cambodians. This is because only one of eight at-risk populations targeted by the project has demonstrated a positive change in behaviors through improved knowledge, awareness, and supportive attitudes. As for the other seven targeted populations, two made

[1] Entertainment establishments include beer gardens, karaoke bars, and massage parlors.

slight positive changes, while another two displayed zero or slightly negative behavior changes; however, changes in behavior for these four populations were too small to be statistically significant. The results of targeted interventions for the remaining three at-risk populations were not reported at all.

As noted above, the project is making progress in increasing access to health products, such as condoms, birth control products, ORS, and water treatment tablets. Since the start of the project, there has been a dramatic increase in the availability of condoms in and around locations where men are likely to seek sex from entertainment workers such as noted in beer gardens, where condom availability has increased from 25 percent in 2007 to 70 percent in 2010. The project has also increased the coverage[2] of oral contraceptive pills from 50 percent of targeted villages to 65 percent. Further, the project has distributed large quantities of ORS and water treatment tablets.

Similarly, the project appears to be successfully training numerous individuals and organizations to assist in HIV-related institutional capacity building and social marketing of health products and services. Theoretically, this training will help Cambodia manage and sustain results over the long term with reduced dependence on donors.

Despite these successes, however, the project has demonstrated limited progress in changing the behaviors of targeted populations to increase consistent and correct use of high-quality health products and services. Specifically, while men who have sex with entertainment workers (or "indirect" sex workers) have shown an improvement in consistently using condoms, none of the other seven populations targeted by the project has demonstrated noteworthy change in behavior, as explained below.

The five targeted populations under the HIV/AIDS component of the project are (1) men who have sex with entertainment workers, (2) entertainment workers, (3) men who have sex with direct sex workers, (4) direct sex workers, and (5) men who have sex with men (MSM). With regard to the first of these five targeted populations, 69.4 percent of men who have sex with entertainment workers reported consistent condom use in 2010, up from 59 percent when the project began in 2008. However, there has been no demonstrated improvement in the other four targeted populations. The percentage of those using condoms consistently did not increase among entertainment workers (with whom men solicit sex), while the change among men who have sex with direct sex workers was insignificant. Furthermore, the project did not report on progress in persuading direct sex workers to use condoms or in conveying the same message to men who have sex with men.

The two targeted populations under the reproductive health component of the project are (1) married women of reproductive age in both urban and rural areas and (2) poor women living in rural areas specifically identified as those most in need of modern contraceptive methods. Although the project has dispelled some misconceptions among Cambodian women about the side effects of hormonal methods[3] of birth control, the percentage of women using modern contraceptive methods does not appear to have increased substantially since the inception of the project. Specifically, the percentage of married women of reproductive age using modern birth control products increased from 42.7 percent in 2007 to 45.7 percent in 2010, while use

[2] Coverage represents at least one outlet in a village that sells oral contraceptives.

[3] Hormonal methods include the oral contraceptive pill, the injection, and the subdermal implant.

among poor women in rural areas decreased slightly, from 46 percent in 2007 to 45.3 percent in 2010. However, neither change was statistically significant.

Lastly, it was too early to tell whether the health of children under 5—the final targeted population—had improved through the increased use of ORS and water treatment tablets. The portion of the project relating to child survival had not been going on long enough to demonstrate meaningful results at the time of the audit.

The audit identified some areas for improvement, whether by adjusting the methodology of providing project services or by more accurately reporting on the performance of the project. Specifically, the audit found that:

- Outreach staff did not adequately or correctly represent hormonal birth control products to beneficiaries (page 5).

- Performance measurements did not reflect project impact. Specifically, performance information was sometimes convoluted and misleading; baselines, targets, and cumulative results were often lacking; and out-of-date information was sometimes reported as current (page 6).

The report recommends that USAID/Cambodia:

1. Review the training provided to outreach staff and revise the training to prepare staff to provide complete and accurate information (page 6).

2. Work with its implementer to develop and implement a plan to adjust the project's outreach program to represent hormonal birth control products adequately and correctly to beneficiaries (page 6).

3. Revise the 18 indicators identified in Appendix III to be objective in accordance with Automated Directives System 203.3.4.2(a) (page 7).

4. Adequately define the seven performance indicators identified in Appendix IV and provide the methodology used to measure and report on them (page 7).

5. Modify the reporting methodology for the six performance indicators shown in Appendix VI so that they closely track the intended results (page 7).

6. Assign life-of-project targets to all performance indicators in the project's monitoring and evaluation plan (page 8).

7. Require indicator baselines, cumulative accomplishments, and life-of-project targets to be included in the project's annual performance reports alongside annual results (page 8).

8. Require timely data to support reported annual results. If the implementer is unable to provide the data for the fiscal year indicated in the performance reports, this data limitation needs to be clearly documented in the results reporting (page 9).

9. Require the implementer to submit formal reports quarterly as required by the cooperative agreement, or amend the cooperative agreement to permit semiannual performance reporting instead (page 9).

Detailed findings begin on the following page. Our evaluation of management comments is on page 10. The audit scope and methodology are described in Appendix I, and USAID/Cambodia's comments are in Appendix II. The project's fiscal year 2010 reported performance results are presented in Appendix III.

AUDIT FINDINGS

Outreach Staff Did Not Represent Hormonal Birth Control Products Adequately or Correctly to Beneficiaries

According to the cooperative agreement, the largest barrier to women of reproductive age using modern birth control methods is their concern about adverse health effects—particularly those associated with hormonal methods such as the oral contraceptive pill, the injection, and the subdermal implant. This barrier is the result of a lack of complete information.

To address this issue, the project aims to provide accurate information on birth control products that addresses both real and perceived side effects. One of the project's key objectives is to overcome the fear of serious health consequences relating to hormonal products and to emphasize choice of methods. Modern birth control products, including socially marketed brands, private sector brands of high quality, and government public sector brands, are all to be promoted through a campaign to increase their use, grow the entire market, and crowd out poor-quality brands.

The implementer has engaged in several types of outreach activities to provide information on birth control products. These activities include broadcasting television and radio ads, educating the providers who sell health products, using mobile video units,[4] and sending outreach teams to visit rural communities.

However, the project's outreach to poor women in rural areas appears to be emphasizing the intrauterine device (IUD)[5] over other modern birth control products. This emphasis runs counter to the project's intent to dispel misconceptions regarding hormonal birth control products. From interviews with project staff members, and through observations of their outreach activities to targeted women, we discovered that the outreach teams visiting targeted women in rural communities mentioned the various hormonal birth control products only in passing before dedicating most of their presentations to the IUD. In fact, one staff member told us that she advocates the IUD because it protects against cancer and has no side effects—both misconceptions that could be passed on to IUD acceptors.

As a result, 20 of the 22 women of reproductive age interviewed during the audit indicated a preference for the IUD. Specifically, 15 of the 22 women had already had an IUD inserted, 3 of the women were in the process of having one administered (they were interviewed at a clinic), and 2 had not yet decided on a birth control product, but said they would probably use the IUD. Of the two women not preferring the IUD, one said she was abstaining from sex, and the other had elected to employ an alternative method of birth control. A common reason given by the women for why they chose the IUD was that it had no hormonal effect, unlike the other contraceptive methods. They knew very little about the other contraceptive methods.

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[4] Mobile video units are teams that visit rural communities in a vehicle with audio-video equipment and outreach materials.

[5] The IUD is a nonhormonal, long-term birth control device.

We also identified instances where inaccurate information on the advantages, disadvantages, and risks of birth control products led some women to use the IUD instead of the other products. When asked why they chose the IUD over the subdermal implant, another long-term contraceptive method, two women responded that outreach staff told them that they could still get pregnant even with the implant.

The personnel conducting these outreach presentations to targeted women are largely volunteers, working with organizations that are subgrantees to the project's primary implementing partner. These personnel informed us that they receive a day or so of training on how to conduct their outreach presentations, very little of which teaches them about the various birth control products. As noted above, one staff member even told us that the IUD protects against cancer and has no side effects, demonstrating ignorance of the subject material. Consequently, misconceptions about hormonal birth control products, which the project aimed to reduce, may not be dispelled among poor women as intended. This is further demonstrated by the lack of increase in the percentage of poor women using modern birth control products: 46 percent of such women used these products in 2007 compared with 45.3 percent in 2010.

Targeted beneficiaries need to receive a fair representation of all contraceptive methods. To help beneficiaries reach an informed decision, we make the following recommendations:

> ***Recommendation 1.*** *We recommend that USAID/Cambodia review the training provided to outreach staff and develop and implement a plan to ensure that staff are adequately prepared to provide complete and accurate information.*
>
> ***Recommendation 2.*** *We recommend that USAID/Cambodia work with its implementer to develop and implement a plan to adjust the project's outreach program to ensure that hormonal birth control products are represented adequately and correctly to beneficiaries.*

Performance Measurements Did Not Reflect Project Impact

The project's efforts have demonstrated little positive impact in increasing consistent and correct use of high-quality health products and services among priority, at-risk populations—especially the poor and vulnerable—to combat HIV/AIDS, improve reproductive health, and provide clean drinking water. This lack of tangible results stems from (1) convoluted and misleading performance information, (2) missing baselines, targets, and cumulative results in results reporting and an absence of reporting on certain key impact data, and (3) a reliance on outdated information. These factors appear to result from a weak monitoring and evaluation plan that did not adequately communicate expectations.

Convoluted and Misleading Performance Information. Reported performance was convoluted and misleading in part because indicators were often not objective or direct. According to USAID's Automated Directives System (ADS) 203.3.4, "Performance indicators are used to observe progress and to measure actual results compared to expected results." Performance indicators help answer how or whether a project is progressing toward its goal. When selecting performance indicators, one should ensure they are objective—meaning they are unambiguous, measure only one aspect at a time, and are precisely defined. ADS also states that performance indicators should be direct so that they "closely track the results they are intended to measure."

Of the project's 33 performance indicators for fiscal year 2010, the audit found that 18 were not objective (Appendix III). Targets and other extraneous information such as contradictory data, incorrect dates, and confusing verbiage were included in their wording, rendering them overly complicated and difficult to measure. In addition, 7 of the 18 indicators were not defined, and 4 indicators included multiple objectives, impeding a definitive conclusion as to whether desired results are being achieved for a given indicator (Appendixes IV and V).

Several performance indicators, such as those for activities aimed at changing beliefs and social norms about condom use and at increasing the use of modern contraceptive methods, were not defined precisely. For example, Indicators 9, 10, 14, and 22 in Appendix IV measure "significant improvement" in the beliefs and social norms of target populations, although "significant improvement" has not been defined. Because of this lack of definition, indicators report the results as values derived from surveys, which do not indicate whether an improvement has been made. For example, a survey question put to high-risk urban men asked how likely they were to propose condom use to sweethearts.[6] The average response (on a four-point scale where 1 means "strongly disagree" and 4 means "strongly agree") was 2.42. This score means the surveyed men generally were somewhat reluctant to propose condom use to sweethearts. The value 2.42 does not measure progress, as one does not know how much a value needs to increase in order to achieve a *significant* improvement. There is also no context to determine whether this marks an improvement at all.

Furthermore, 5 of the project's 33 indicators (those listed in Appendix VI except Indicator 13) were not direct. They did not closely track the results they were intended to measure, causing misleading and inaccurate results. For example, the use of birth control commodities by women in the bottom 40 percent of the income distribution—one of the project's priorities—was reported to have increased by 45 percent from 2009 to 2010, compared with an annual target increase of 10 percent (Indicator 21, Appendix VI). However, 45 percent actually represents the percentage of poor women using contraceptives—not a percent *increase,* as the indicator states. The actual annual increase in users was only 7 percent in 2010. By not reporting on the percent increase in use, the project misled stakeholders with inflated results. Therefore, we make the following recommendations:

> ***Recommendation 3.*** *We recommend that USAID/Cambodia revise 18 of the project's 33 performance indicators, identified in Appendix III, to be objective in accordance with Automated Directives System 203.3.4.2(a).*
>
> ***Recommendation 4.*** *We recommend that USAID/Cambodia adequately define the seven performance indicators identified in Appendix IV and provide the methodology used to measure and report on them.*
>
> ***Recommendation 5.*** *We recommend that USAID/Cambodia modify the monitoring and evaluation plan's reporting methodology for the six project performance indicators shown in Appendix VI so that they closely track the results they are intended to measure.*

Missing Baselines, Targets, and Cumulative Results. ADS 203.3.4.5 states that baselines are needed to measure a project's progress. A baseline should be included for each indicator before the implementation of the project's activities. Additionally, ambitious but realistic targets

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[6] In the context of sex workers as used in this report, sweethearts are direct or in-direct sex workers who have male partners that generally do not pay with every act of sex, but with whom money or gifts may be exchanged over time.

should be set for the end of the project with annual targets for the interim years. The auditors note that reporting cumulative project activity results, along with definitions of how those results are to be measured, provides context and a pragmatic view of how the project is progressing.

Despite the ADS guidance, 11 of the 33 indicators did not have necessary baseline data. We were also unable to identify life-of-project targets for 28 of the 33 indicators (Appendix III). In addition, the annual performance reports recognized only the reported accomplishments of that particular year, with no mention of previous or cumulative results, making it difficult to measure or acknowledge project performance accurately.

Furthermore, the implementer had not reported any results for 4 of the 33 indicators, despite being almost 3 years into a 5-year project. Some of these indicators measure the impact of the project's efforts to assist targeted, high-risk populations. Men who have sex with men, for example, were a high-risk population to which the project was to pay particular attention (Indicators 15 and 16, Appendix III). Nevertheless, the project had not reported any progress in reaching out to this cohort—even though the project is funding activities in this area.

As stated earlier, the use of birth control commodities by women in the bottom 40 percent of the income distribution was reported to have increased by 45 percent from 2009 to 2010, though the actual annual increase in users was only 7 percent in 2010. However, the report did not acknowledge a 7.6 percent *decrease* in use the year before, resulting in a lack of change overall. In other words, the cumulative percent increase through fiscal year 2010 was effectively zero.

Without baseline data, targets against which accomplishments can be measured, and cumulative accomplishments reported against life-of-project targets, it is difficult to determine whether progress is being made in accomplishing the project's objectives and where potential weaknesses in implementation may be occurring. We therefore make the following recommendations:

> ***Recommendation 6.*** *We recommend that USAID/Cambodia assign life-of-project targets to all performance indicators in the project's monitoring and evaluation plan.*
>
> ***Recommendation 7.*** *We recommend that USAID/Cambodia require indicator baselines, cumulative accomplishments, and life-of-project targets to be included in the project's annual performance reports alongside annual results.*

Outdated Results. ADS 203.3.5.1 states that performance data need to be timely enough to influence management decision making at the appropriate levels. ADS also indicates that known data limitations should be documented in annual reports. Reported results for 7 out of 14 key impact-related performance indicators relied on data that had been obtained roughly a year before it was reported (Appendix VII). In other words, data reported for fiscal year 2010 reflected results from earlier periods. Asked the reason for reporting old data, an official working for the implementer informed us that the implementer had to perform too many surveys and was unable to conduct them all in time for annual reporting. Thus, the implementer used prior-year results when current-year results were not yet available.

In addition to reporting outdated information, the implementer has been submitting semiannual performance reports, despite the project's cooperative agreement requiring quarterly reporting. Quarterly reporting was called for to provide the mission with timely information on progress, problems encountered, and success stories. Although there was an informal understanding between the implementer and the agreement officer's technical representative not to require quarterly reporting, no formal authorization was given to do away with the requirement.

Obtaining an accurate depiction of the project's impact becomes muddled when relying on data that was current a year or more ago. In other words, it is misleading to represent data as pertaining to fiscal year 2010 when in fact it comes from prior fiscal years. Likewise, not providing the mission with formal performance reports as frequently as required in the cooperative agreement reduces the mission's ability to monitor the project and maintain the intended level of substantial involvement. We therefore make the following recommendations:

> ***Recommendation 8.*** *We recommend that USAID/Cambodia require more timely data to support reported annual results. If the implementer is unable to provide the data for the fiscal year indicated in the performance reports, this data limitation needs to be clearly documented in the results reporting.*
>
> ***Recommendation 9.*** *We recommend that USAID/Cambodia require the implementer to submit formal quarterly reports as required by the project's cooperative agreement, or amend the cooperative agreement to permit semiannual performance reporting instead.*

EVALUATION OF MANAGEMENT COMMENTS

The Office of Inspector General has reviewed the mission's response to the draft report and determined that management decisions have been reached on Recommendations 1, 3, 4, 6, 7, 8, and 9. Management decisions have not been reached on Recommendations 2 and 5. Below is OIG's evaluation of USAID/Cambodia's management comments.

For Recommendation 1, the mission plans to conduct a technical review of training to ensure outreach workers are trained and supported to provide informed choice. The target date for completion of these actions is July 1, 2011. We conclude that a management decision has been reached on this recommendation.

For Recommendation 2, the mission referred to actions being taken for Recommendation 1—merely reviewing outreach worker training and support—actions that do not address the intent of Recommendation 2. The outreach presentation itself is being questioned as it currently emphasizes only one method of birth control. The presentation itself needs to be adjusted to ensure that all family planning methods are fairly represented. A management decision will be reached once the mission develops a plan to adjust the current presentation, and final action will be taken when that plan is implemented.

For Recommendation 3, the mission agreed to revise the indicators identified in Appendix III. The target date for completion of these actions is June 1, 2011. We conclude that a management decision has been reached on this recommendation.

For Recommendation 4, the mission plans to provide footnotes within the project's logframe to define terminology included in the performance indicators. OIG would like to remind the mission to ensure that the performance indicators identified in annual reporting reconcile with the indicators located in the logframe. The target date for completion of these actions is June 1, 2011. We conclude that a management decision has been reached on this recommendation.

For Recommendation 5, the mission generally agreed to modify and better define the Appendix VI performance indicators and reported results, but disagreed that the indicator relating to liters of drinking water disinfected needed to be clarified. The mission felt the calculation used to estimate disinfected drinking water was still sound despite our discovery that beneficiaries are generally told to use two tablets (not one) on the same amount of water if that water is not clear. The "water disinfected" calculation does not take this into account. In addition, it does not make sense to report the number of "water treatment tablets sold" (an output-related achievement) as "water disinfected" (an impact-related achievement). By not reporting the accomplishment as "number of water treatment tablets sold," the reported result ignores any number of factors that could cause the reported amount of water disinfected to be overstated, such as using two tablets instead of one for unclear water, the product remaining unsold in sales outlets, product expiry, etc. Until this indicator is addressed, a management decision cannot be reached.

For Recommendation 6, the mission is working with the project implementer to finalize life-of-project targets for the logframe indicators. The target date for completion of these actions is June 1, 2011. We therefore conclude that a management decision has been made. Final action will be reached on this recommendation when all 33 performance indicators reported in the annual performance reports are represented in the logframe.

For Recommendation 7, the mission is working with the project implementer to finalize indicator baselines, cumulative accomplishments, and life-of-project targets in the logframe indicators. The target date for completion of these actions is June 1, 2011. We therefore conclude that a management decision has been made. Final action will be reached on this recommendation when all 33 performance indicators reported on in the annual performance reports are represented in the logframe.

For Recommendation 8, any data limitation will be presented and documented in what will be the next quarterly report, due on April 30, 2011. The target date for completing actions is July 1, 2011. We conclude that a management decision has been reached on this recommendation.

For Recommendation 9, the mission will initiate quarterly reports starting with the second quarter of fiscal year 2011, with the report due to the mission on April 30, 2011. The subsequent quarterly report will be received by the mission in August 2011, and receipt of this report will verify that the mission has complied with the recommendation. The target date for completion of these actions is August 31, 2011. We therefore conclude that a management decision has been reached on this recommendation.

OIG would also like to respond to the general comments in the mission's written response:

Mission comment number one—Audit of behavior-change communication projects

OIG response: The mission expressed its concern that specific statements within the audit findings did not accurately reflect the project's progress/accomplishments. The mission highlighted the success of key indicators such as high-risk urban men reporting consistent use of condoms with sweethearts, a success that the OIG audit report has already acknowledged. The mission also highlighted high-risk urban men reporting consistent condom use with commercial sex partners having increased from 85 percent in 2008 to 96 percent in 2009, noting that results in 2008 were lower than previous years (in 2007 a rate of 94 percent consistent condom use was reported). It is our opinion that choosing to ignore the data from the year immediately preceding the beginning of the project discounts the most reliable baseline measurement available.

In another instance, the mission chose to use 2006 data as the baseline instead of 2007 data, which we viewed in the FY 2010 Annual Performance Report. We noted that the 2006 data provided a much lower starting point than 2007, thus benefitting any future comparisons.

Also, the OIG audit report acknowledged a small improvement in the percentage of married women of reproductive age using modern birth spacing methods from 43 percent in 2007 (note, this is another baseline prior to the project period) to 46 percent in 2010. While a slight increase, the improvement is statistically insignificant—especially considering the widely varied range of survey results reported over the last few years.

Mission comment number two—Population-based surveys

OIG response: The mission stated that the project did not conduct population based surveys for two population groups: people living with HIV/AIDS and injection drug users. OIG would like to reiterate that the audit never questioned the fact that the implementer did not conduct behavior surveys of people living with HIV/AIDS or injecting drug users. The cooperative agreement cited a number of at-risk target populations, but also noted that given limited resources, the project would prioritize those individuals engaging in overlapping risk behaviors. The audit did not question the project's selection of targeted populations. OIG is not sure why this concern was expressed.

Mission comment number three—Other areas of improvement

OIG response: The mission expressed concern that the findings of the report do not reflect the upward trend of condom use and relevant support since 1993. However, the report's Summary of Results clearly identifies this positive trend for both condom use and modern birth spacing products from prior years up until the time of the current SMBCI Project. The purpose of the audit, though, was to review the activities of the SMBCI Project—not prior achievements.

The mission also highlighted the project's success in increasing access to health products, which OIG also acknowledged in the report. The issues developed in the audit related to behavior change itself, not product availability.

Mission comment number four—Exposure to multiple sources of information on FP

OIG response: The mission highlights the multiple communication channels the project has used to achieve project goals and objectives, including radio and television ads. However, a 2010 reproductive health survey determined that only 44.7 percent of households had a radio and only 67 percent had a television. Since the outreach workers (another communication channel) visited women in rural communities, it would appear evident they were attempting to reach out to poor women who would have less of a chance of having access to either radio or television. In any case, the audit specifically identified the outreach intervention as having emphasized one method of birth control—though we do not deny that other communication channels may have provided information on other birth control methods.

Mission comment number five—Increasing access to the range of FP options in a community

OIG response: The mission noted that IUDs are supported by USAID programs along with other methods, but that IUDs had been long neglected in Cambodia. OIG understands the need to educate women about the IUD and is not saying to do otherwise. However, the SMBCI Project specifically identified misconceptions about hormonal birth spacing products as a major barrier to family planning acceptance, a barrier the project was designed to address. For that reason, the project needs to educate women about all the available products—and not focus on just one nonhormonal birth-spacing product.

Other OIG Comment:

In addition, the mission suggested in the third paragraph of the cover page of its management comments that OIG should audit behavior-change projects—such as the SMBCI Project—toward the end of the project to allow for better measurement of project impact. OIG understands that auditing such a project toward the end of implementation would provide a better measurement of the project's overall impact. However, it is also important to evaluate a project midway through implementation to identify deficiencies in implementation or in data reporting. Reviewing a project midway permits changes to be made if found necessary.

SCOPE AND METHODOLOGY

Scope

We conducted this audit in accordance with generally accepted government auditing standards.[7] 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 purpose of this audit was to determine whether USAID/Cambodia's Social Marketing and Behavior Change Interventions for HIV/AIDS, Reproductive and Sexual Health and Child Survival in Cambodia Project was achieving its main goal of improving the health of poor and vulnerable Cambodians. To implement the project, USAID awarded a $15.9 million cooperative agreement to Population Services International, covering a 5-year period from February 5, 2008, through February 4, 2013. Under this agreement, the project's activities are expected to (1) increase access to condoms, birth control products, and ORS, (2) increase Cambodian national capacity to manage and sustain results over the long term with reduced dependence on donors, and (3) improve knowledge, awareness, and supportive attitudes to change behaviors among priority populations.[8] As of September 30, 2010, cumulative obligations and disbursements under the project totaled $11.2 million and $8.4 million, respectively.

The audit covered project activities over roughly a 2.5-year period, from the inception of the project on February 5, 2008, through September 30, 2010. In general, the audit involved (1) validating reported results for selected key performance indicators through testing, and (2) conducting site visits to selected project-supported communities to observe classes and interview beneficiaries. Of the project's 33 performance indicators, the audit focused on those that related most directly to achieving the project's main goals.

Testing aimed to validate the data reported under these indicators. For each selected project activity, the audit team checked the data reported during the period covered by the audit against supporting records on file with the implementer. Since this testing was based on a judgmental—not a statistical—sample of indicators and provinces, the results and overall conclusions related to this analysis were limited to the items tested and cannot be projected to the entire audit universe.

As part of the audit, we assessed the significant internal controls used by USAID/Cambodia to monitor program activities. The assessment included controls related to whether the mission had (1) conducted and documented site visits to evaluate progress and monitor quality, (2) required and approved an implementation plan, and (3) reviewed progress reports submitted by the implementer. We also examined the mission's fiscal year 2010 annual self-assessment of

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

[8] A fourth project component is to increase the knowledge and evidence base for effective and efficient social marketing and behavior-change interventions through internationally presented papers and research disseminated to partners in Cambodia. We did not include this component in the scope of our audit because the component did not appear to have an immediate effect on the project's main goal.

management controls, which the mission is required to perform to comply with the Federal Managers' Financial Integrity Act of 1982,[9] to determine whether the assessment cited any relevant weaknesses.

Audit fieldwork was performed at the USAID/Cambodia mission as well as at the implementer's offices in Phnom Penh from November 2 to 13 and from December 5 to 11, 2010. In that period, the audit team conducted field trips over the course of 5 days through seven provinces (Phnom Penh, Kandal, Campong Chhnang, Pursat, Battambang, Siem Reap, and Kampong Thom) to conduct site visits to selected communities to observe project activities and interview beneficiaries as well as implementer staff. During these site visits, the auditors visited several communities and obtained input from over 80 individuals.

Methodology

To determine whether the project was achieving its main goal, the audit team initially interviewed key staff in USAID/Cambodia's Office of Public Health and Education and at the implementer's offices to gain an understanding of the project, the key players and their roles and responsibilities, and the reporting procedures and controls in place for monitoring the project. Additional work to answer the audit objective was divided into two parts: (1) validating the results data reported under selected key performance indicators against supporting records on file with the implementer and (2) conducting field trips to selected communities to interview a sample of project beneficiaries.

In validating the project results, the audit team initially identified key impact-related performance indicators to be tested (Appendix III). The audit team then reviewed the results data reported under these selected indicators, from the inception of the project in February 2008 through September 2010, checking the reported data against records on file with the implementer. To view a wide range of project activities, the audit visited selected activity sites in 7 of the country's 24 provinces.

To assess the test results, the audit team established a materiality threshold of 85 percent that was based in part on the challenging environment in which the project operated. For example, if at least 85 percent of tested results data reported under a specific performance indicator for a selected province were found to be adequately supported, the auditors concluded that the reported results were reasonably accurate.

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

MANAGEMENT COMMENTS

March 18, 2011

MEMORANDUM

TO: Bruce N. Boyer
Regional Inspector General, Manila

FROM: Flynn Fuller /s/
Mission Director, USAID/Cambodia

SUBJECT: Audit of Social Marketing and Behavior Change Interventions for HIV/AIDS, Reproductive and Sexual Health and Child Survival in Cambodia Project (Audit Report No. 5-442-11-00X-P)

Reference: (1) BBoyer/FFuller Memo Dated February 16, 2011

In response to the Audit of Social Marketing and Behavior Change Interventions for HIV/AIDS, Reproductive and Sexual Health and Child Survival in Cambodia Project (Audit Report No. 5-442-11-00X-P) that USAID/Cambodia received on February 16, 2011, USAID/Cambodia appreciates the opportunity to respond and provide comments on the audit review.

USAID/Cambodia commends the professionalism and thoroughness of the Regional Inspector General (RIG)/Manila audit team. After careful review of the audit findings and recommendations, we would suggest the following actions as described below.

As a general comment, because changing individual behavior is complex and typically requires concerted inputs over an extended period of time, we would suggest that a behavior change project be audited at a later stage of the cooperative agreement to allow for a truer evaluation of the project's impact. Population Service International (PSI)/Cambodia was audited by RIG at the halfway point of its five-year cooperative agreement. Given that the RIG is mandated to consider only data that is disseminated within the life of this project, we believe that it is difficult to evaluate impact-level indicators of the project, simply because there has been an inadequate amount of time for changes in behavior to have occurred. Consequently, RIG may consider scheduling evaluations of projects which are primarily aimed at changing behavior so that they fall closer to the end of the project. Related to the RIG's specific audit recommendations, please find USAID/Cambodia responses below:

USAID/Cambodia responses to the RIG's specific audit recommendations:

1. We recommend that USAID/Cambodia review the training provided to outreach staff and develop and implement a plan to ensure that staff are adequately prepared to provide complete and accurate information.

   USAID/Cambodia OPHE technical staff will review all PSI/Cambodia training programs to ensure that the training accurately provides information to outreach workers on all methods. Outreach workers are trained and supported to provide informed choice. However, PSI/Cambodia will ensure that monitoring of program activities verifies that information on all methods is provided. USAID/Cambodia will conduct a technical review of training, as suggested, by July 1, 2011. A plan will be developed to address gaps in counselling skills that are found.

   On January 26, 2011, the OPHE office director and the regional legal advisor (RLA) provided family planning (FP) compliance training to OPHE partners. USAID/Cambodia will continue to work with the RLA and partners to make sure that OPHE FP activities are in compliance with relevant guidelines.

2. We recommend that USAID/Cambodia work with its implementer to develop and implement a plan to adjust the project's outreach program to ensure that hormonal birth control products are represented adequately and correctly to beneficiaries.

   Please see the explanation to Audit Recommendation 1. USAID/Cambodia will develop a plan to adjust the outreach program by July 1, 2011 and implement by October 1, 2011.

3. We recommend that USAID/Cambodia revise 18 of the project's 33 performance indicators, identified in Appendix III, to be objective in accordance with Automated Directives System (ADS) 203.3.4.2(a).

   USAID/Cambodia agrees with the recommendation and comments and will revise indicators accordingly. An updated logframe will be finalized by June 1, 2011. It is important to note that all current indicators are part of an overall performance monitoring framework which includes:

   - A plan for evaluation used to measure progress over time and to understand any obstacles impeding progress (identified on the logframe);
   - Defined baselines, life-of-project targets, and annual milestones (on the logframe and in the annual workplan);
   - Identified methods for data collection used;
   - Collection and analysis of data on a semi-annual basis and during monthly meetings;
   - Use of data to allocate resources during annual workplan and budget allocation meetings.

4. We recommend that USAID/Cambodia adequately define the seven performance indicators identified in Appendix IV and provide the methodology used to measure and report on them.

    USAID/Cambodia agrees with both the recommendation and comments and will provide footnotes within the logframe to adequately define terminology in the performance indicators. PSI/Cambodia, in consultation with USAID/Cambodia, will submit revised indicators for final approval by May 1, 2011. An updated logframe will be finalized by June 1, 2011.

5. We recommend that USAID/Cambodia modify the monitoring and evaluation plan's reporting methodology for the six project performance indicators shown in Appendix VI so that they closely track the results they are intended to measure.

    USAID/Cambodia agrees with the specific comments in Appendix VI that "significant improvement" must be formally defined, and that reported performance results need to be revised. Where results are measured by a score, PSI/Cambodia will provide a denominator and further explanation in footnotes. USAID/Cambodia will review the comments regarding indicator 21 and 30 and revise the reported results as necessary. An updated logframe will be finalized by June 1, 2011.

    USAID/Cambodia does not agree with the comment on indicator 30 in Appendix VI. In terms of calculations, the estimate of liters of drinking water disinfected is consistent with donor indicator guidelines. There was an error, however, in PSI/Cambodia's original report (564,000 tabs) for FY 2010. 140,890 strips of safe water tabs were distributed in FY 2010 which contributed to 28,178,000 liters of safe water (1 strip=10 tabs).

6. We recommend that USAID/Cambodia assign life-of-project targets to all performance indicators in the project's monitoring and evaluation plan.

    As noted in Audit Recommendation 3, nearly all targets include a baseline, annual milestones, and life-of-project targets. Information from the logframe (baseline and life-of-project targets) and annual work plans (annual milestones) has already been updated and summarized in one comprehensive document. USAID/Cambodia will work with PSI/Cambodia to finalize life-of-project targets in the logframe indicators. An updated logframe will be finalized by June 1, 2011.

7. We recommend that USAID/Cambodia require indicator baselines, cumulative accomplishments, as well as life-of-project targets to be included in the project's annual performance reports alongside annual results.

    As noted in Audit Recommendation 3 nearly all targets include a baseline, annual milestones, and life-of-project targets. Information from the logframe (baseline and life-of-project targets) and annual work plans (annual milestones) has already been updated and summarized into one comprehensive document. USAID/Cambodia will work with PSI/Cambodia to finalize indicator baselines, cumulative accomplishments, and life-of-project targets in the logframe indicators. An updated logframe will be finalized by June 1, 2011.

8. We recommend that USAID/Cambodia require more timely data to support reported annual results. If the implementer is unable to provide the data for the fiscal year indicated in the performance reports, this data limitation needs to be clearly documented in the results reporting.

    Any data limitation will be presented and documented in the FY 2011 semi-annual report to USAID/Cambodia that is due on April 30, 2011. USAID/Cambodia will verify that these steps have been taken by July 1, 2011.

9. We recommend that USAID/Cambodia require the implementer to submit formal quarterly reports as required by the project's cooperative agreement, or amend the cooperative agreement to permit semiannual performance reporting instead.

    PSI/Cambodia will initiate the quarterly reports starting with the second quarter of FY 2011 that is due to USAID/Cambodia on April 30, 2011. The subsequent quarterly report will come to USAID/Cambodia by August 1, 2011 and receipt of the report for the third quarter of FY 2011 will verify that PSI/Cambodia has complied with this recommendation. Final action is expected by August 31, 2011.

We request RIG/Manila's concurrence that management decisions have been made on all nine recommendations.

General Comments on the report:

1. <u>Audit of behaviour change communication projects:</u> We appreciate the phone call on March 2, 2011 that RIG had with representatives from PSI/Cambodia and the USAID/Cambodia OPHE office. The additional assistance provided by RIG has been helpful in preparing a response to the audit findings. We would also like to acknowledge that RIG indicated that specific changes would be made to the Summary of Results and the Audit Findings based on this teleconference. Our discussion was in reference to the statement below:

    Audit of Social Marketing and Behavior Change Interventions for HIV/AIDS, Reproductive and Sexual Health and Child Survival in Cambodia Project, page 2: While the project... "has successfully increased access to health products and provided training to individuals and organizations to increase Cambodian national capacity, the project has demonstrated limited impact in improving the health of poor and vulnerable Cambodians. This is because only one of eight at-risk populations targeted by the project has demonstrated a positive change in behaviors through improved knowledge, awareness, and supportive attitudes."

While we appreciate the revisions to the statement above, USAID/Cambodia believes that specific statements within the audit findings do not accurately reflect the in-depth findings presented in the RIG report. Consider the progress on key indicators for the program, summarized below:

Indicators showing progress include:

- Percentage of high risk urban men who report consistent use of condoms with sweetheart partners increased from 58% in 2008 to 69% in 2010;
- Percentage of high risk urban men who report consistent use of condoms with commercial partners increased from 85% in 2008 to 96% in 2009. While there was a decrease from 2006 to 2008, this decrease was not in the project period.

Changing individual behavior can take a long time, perhaps longer than can be tracked within the time frame of a five-year project. If considering progress against baseline data prior to 2008:

- Percentage of high risk urban female entertainment workers (EW) who report consistent condom use with sweethearts increased from a 41% baseline in 2006 to 51% in 2010.
- Percentage of men who have sex with men (MSM) who report consistent condom use with paying and non-paying casual partners increased to 81%. Directly comparable baseline data is not available. However, using the 2006 behavioral surveillance survey (BSS) which disaggregates MSM by 'short hair' and 'long hair' and using the directly comparable measure available - 'always use condom' (same as PSI/Cambodia's definition of consistent condom use) – the baseline was 44% for short hair and 42% for long hair. The baseline cited in the logframe was 47%.

Another indicator that suggests progress if one were to examine data prior to the baseline[1]:

- Percentage of currently married women of reproductive age (WRA) using modern birth spacing methods [contraceptive prevalence rate (CPR)][2] increased from baseline of 43% in 2007 to 46% in 2010.

2. Population-based surveys: PSI/Cambodia does not conduct population-based surveys (hereafter referred to as TRaC) for two populations – people living with HIV/AIDS (PLHIV) and injection drug users (IDU). PSI/Cambodia resources are, as described in the design document, heavily skewed towards interventions that target high-risk populations which are driving the existing HIV epidemic in Cambodia - Male Clients, EW, and MSM for HIV. The Agreement Officer's Technical Representative (AOTR) will seek guidance from the Agreement Officer (AO) as to whether the AOTR can instruct PSI to include TraC surveys

[1] At the mid-term of this project, this indicator is statistically insignificant.
[2] TRaC survey sampling criteria are limited to women that 'currently wish to delay or prevent pregnancy' and indicators are therefore higher than Cambodia Demographic Health Survey (CDHS).

for PLHIV and IDU through a revision to its work plan or if an amendment to the Cooperative Agreement is required to include this new activity.

3. Other areas of improvement: The statement does not reflect the improvement in key output level indicators which demonstrate a positive impact toward achieving overall program objectives.

    - The findings in the audit report do not reflect the upward trend of condom use and relevant support of PSI/Cambodia's programs in Cambodia since 1993. Cambodia is one of the few countries to demonstrate a decrease in HIV prevalence globally, in large part to the Ministry of Health (MoH)-led and PSI/Cambodia supported 100% condom use program and condom social marketing efforts, which resulted in dramatic increases in behavior (see the 2010 BSS data for long term trends against 2006).

    - Key output-level (access) indicators exceeded five year targets in the first two years of the project; these included penetration of high risk outlets for HIV, measured across specific outlets, and increases in FP planning products found in both urban and rural areas. Targets are being renegotiated and will be subsequently increased.

    - The program has demonstrated increases in sales of short-term (ST) FP methods and provision of long-term (LT) methods of contraception, resulting in a 34% growth in couple years of protection (CYP) from 2007 to 2010 for non-condom contraceptives [oral contraceptive pills (OCP), injectables, implants, intrauterine devices (IUDs)]. PSI/Cambodia programs account for 45%-49% of the CYP generated in Cambodia - just under half of all women using a modern contraceptive method do so with the support of USAID-funded, PSI/Cambodia-managed social marketing programs.

    - The program is also on track on other output-level targets and has met or exceeded nearly every activity-level indicator.

4. Exposure to multiple sources of information on FP: It's important to note that USAID through PSI/Cambodia invests in a variety of communication channels to achieve program goals and objectives. Mass media included the development of four method-specific advertisements for both TV and radio, aiming to introduce the four methods predominantly available in Cambodia – namely oral contraceptives, injectables, implants, and IUDs. All four spots were widely aired. An additional three complementary TV and radio spots targeting husbands, encouraging them to be involved in FP decisions and support their wives in the use of contraception, were also developed and aired. Outdoor advertising (billboards) and posters, and information, education, and communication (IEC) materials also supported the campaign. Mass media campaigns are supported with mobile video units, which again present all methods available. Providers are supported with behavior change materials focusing on each of the four methods available.

A final important yet proportionate investment is made in outreach workers to communicate directly with WRA. As with any interpersonal communications program, these programs need continual strengthening and outreach workers need training and quality assurance (QA)/supervision. All PSI/Cambodia sub-grant partners receive a quarterly visit by PSI/Cambodia monitoring teams. The teams consist of PSI/Cambodia interpersonal communication, monitoring and evaluation, and finance staff members who monitor the quality of interventions, the internal monitoring systems, and the accuracy of financial systems. Each sub-grant partner is required to develop and implement quarterly monitoring plans which include regular observations of interpersonal communication sessions, and interviews with target groups. Outreach workers have been trained to provide fair and accurate information on all methods available. Given the complexity of information presented to women, messaging is often presented in cycles, where an emphasis is placed on knowledge of one particular method during a cycle. During the time of the audit field work, outreach workers were focusing on IUDs. In general, outreach workers present all methods available and refer women to public and private health centers for general birth spacing. Still, IUDs remain an important focus of the program. This is because WRA typically have high knowledge and awareness of ST methods while knowledge and use of IUDs remain low. Key barriers to IUD use are access and availability, so utilizing outreach workers for referrals is an appropriate channel to increase use. In order to address knowledge and behavioral gaps of the IUD, additional time is often spent on educating women about the method.

5. <u>Increasing access to the range of FP options in a community:</u> IUDs are supported by PSI/Cambodia programs, along with a basket of other methods, as the IUD in Cambodia has long been neglected. For years the IUD was not widely available; few providers supported the provision of IUDs and, when they did, IUDs were expensive. PSI/Cambodia's USAID-supported programs break down fundamental barriers to the IUD in an attempt to even out the playing field which is actually biased toward ST methods, given the widespread availability of oral contraceptives and injectables. PSI/Cambodia operates within the context of a holistic reproductive health program in Cambodia, where various activities occur which may emphasize one method over another. For instance, MoH community-based distributors have long promoted the oral contraceptive exclusively and gain profit through the sale of ST methods. PSI/Cambodia’s partners are trained to support all methods; specific tools have been developed to introduce all methods, and PSI/Cambodia is committed to ensuring that accurate, clear, and correct information is presented during every behavior change session.

Please let us know if we can clarify any comments and we look forward to strengthening the project though the implementation of the audit’s recommendations.

Auditor Review of the Project's Fiscal Year (FY) 2010 Performance Indicators and Reported Results

<table>
<tr><th colspan="4">Source: SMBCI Project's FY 2010 Annual Performance Report</th><th colspan="4">Auditor Review</th></tr>
<tr><th>#</th><th>Performance Indicators</th><th>FY 2010 Actual</th><th>FY 2010 Target</th><th>Indicator is Objective?</th><th>Baseline?</th><th>Annual Target?</th><th>Life-of-Project Target?</th></tr>
<tr><td>1</td><td>Number of individuals trained in HIV-related institutional capacity building</td><td>483</td><td>250</td><td>Yes</td><td>Not applicable.</td><td>Yes</td><td>No</td></tr>
<tr><td>2</td><td>Number of local organizations provided with technical assistance for HIV-related institutional capacity building</td><td>16</td><td>16</td><td>Yes</td><td>Not applicable.</td><td>Yes</td><td>No</td></tr>
<tr><td>3</td><td>Number of individuals trained in strategic information (includes monitoring and evaluation, surveillance, and/or MIS)</td><td>150</td><td>100</td><td>Yes</td><td>Not applicable.</td><td>Yes</td><td>No</td></tr>
<tr><td>4</td><td>Number of local organizations provided with technical assistance for strategic information</td><td>16</td><td>16</td><td>Yes</td><td>Not applicable.</td><td>Yes</td><td>No</td></tr>
<tr><td>5</td><td>Number of targeted condom service outlets</td><td>5,399</td><td>7,500</td><td>Yes</td><td>Not applicable.</td><td>Yes</td><td>No</td></tr>
<tr><td>6</td><td>Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful</td><td>899</td><td>480</td><td>Yes</td><td>Not applicable.</td><td>Yes</td><td>No</td></tr>
<tr><td>7</td><td>98% of direct sex workers report consistent condom use with clients by 2012</td><td>N/A</td><td>N/A</td><td rowspan="4">No. The indicators are not explicit, as targets are incorporated into them.</td><td>None listed.</td><td>No</td><td>Yes (in indicator)</td></tr>
<tr><td>8</td><td>Increase consistent condom use in "high-risk sweetheart relationships" among high-risk urban female entertainment workers from X% in 2009 to Y% in 2012</td><td>50.5%</td><td>To be determined</td><td>None listed.</td><td>No</td><td>No</td></tr>
<tr><td>9</td><td>Among high-risk urban men with "high-risk sweetheart relationships," significant improvement in subjective norms about proposing condom use to sweetheart</td><td>2.42</td><td>Significant improvement from baseline</td><td>2.56 in Year ?</td><td>Yes</td><td>No</td></tr>
<tr><td>10</td><td>Among high-risk urban female entertain-ment workers, significant increase on beliefs about background and trust in partner</td><td>3.16</td><td>To be determined</td><td>None listed.</td><td>No</td><td>No</td></tr>
</table>

Source: SMBCI Project's FY 2010 Annual Performance Report				Auditor Review			
#	Performance Indicators	FY 2010 Actual	FY 2010 Target	Indicator is Objective?	Baseline?	Annual Target?	Life-of-Project Target?
11	98% of men who report commercial sex report consistent use of condoms with commercial sex workers by 2012	95.6%	85%	**No.** The indicators are not explicit, as targets are incorporated into them.	**None listed.**	Yes	Yes (in indicator)
12	Increased percentage of high-risk urban men with high-risk sweethearts who use condoms consistently with their "sweethearts" from 59% in 2008 to 62% in 2010	69.4%	62%		59% in 2008	Yes	**No**
13	Among high-risk urban men with high-risk sweethearts, increase from 93.3% in 2008 to 94% in the belief that condoms are appropriate and necessary to use with a sweetheart by 2010	87.3%	94%		93.3% in 2008	Yes	**No**
14	Among high-risk urban men with high-risk sweethearts, significant increase in the mean score for scaled construct on beliefs about background and trust in a partner	3.06	Significant Improvement		3.11 in 2008	Yes	**No**
15	Increase from 83% (short-haired MSM) and 94% (long-haired MSM) in 2007 to 88% (short-haired MSM) and 97% (long-haired MSM) of men who have sex with men (MSM) using condom at last sex with nonpaying, paying male partner by 2012	N/A	88% short-haired MSM, 96% long-haired MSM	**No.** The indicator is not explicit; does not measure only one aspect at a time. Target included in indicator.	83% and 94% in 2007	Yes	Yes (in indicator)

Source: SMBCI Project's FY 2010 Annual Performance Report				Auditor Review			
#	**Performance Indicators**	**FY 2010 Actual**	**FY 2010 Target**	**Indicator is Objective?**	**Baseline?**	**Annual Target?**	**Life-of-Project Target?**
16	Significant improvement in key behavioral determinant which affect men who have sex with men to consistently use condoms with their male partners	N/A	Baseline established	**No.** The indicator is not explicit, as a target is included in it.	**None listed.**	**No**	**No**
17	Outlet penetration for condoms will be maintained or increased in the following high-risk outlets by 2010:			**No.** The indicator is not explicit, as a target is included in it.	**None listed.**	Yes	**No**
	Phnom Penh						
17.1	Brothel	96.3%	100%				
17.2	Guest house	92.3%	95%				
17.3	Beer garden	70.5%	65%				
17.4	Massage parlor	62.8%	55%				
17.5	Karaoke bar	70.8%	50%				
	Other urban areas						
17.6	Brothel	100%	100%				
17.7	High-risk outlets	82.9%	60%				
18	Condoms (all sources) sold and distributed in Cambodia exceed 31.5 million in 2008 (social marketing sales minimum 26 million) and show continued growth in the total market over time	23,190,032	28,000,000	**No.** The indicator is not explicit; does not measure only one aspect at a time. Target and other incorrect data included in it.	**None listed.**	Yes	**No**
18.1	PSI/Cambodia social marketed condoms (Number One and OK brand)	18,269,874	20,000,000				
18.2	Condoms distributed by the public sector	1,120,158	4,250,000				
18.3	Condoms sold by private companies	3,800,000	3,750,000				

Source: SMBCI Project's FY 2010 Annual Performance Report				Auditor Review			
#	**Performance Indicators**	**FY 2010 Actual**	**FY 2010 Target**	**Indicator is Objective?**	**Baseline?**	**Annual Target?**	**Life-of-Project Target?**
19	Number of United Health Network nongovernmental organizations (NGOs) contracted to conduct effective HIV/AIDS behavior change interventions … as well as assisting with social marketing distribution of essential health products and services in hard to reach areas	16	16	Yes	Not applicable.	Yes	**No**
20	Increase in the % of currently married women of reproductive age using modern birth-spacing methods from 42.6% in 2007 to 50% by 2012	46%	48%	**No.** The indicator is not explicit, as a target is included in it.	42.6% in 2007	Yes	Yes (in indicator)
21	10% annual increase in use of family planning commodities by women from the two lowest income quintiles	45%	10% increase	**No.** The indicators are not explicit, as targets are incorporated into them.	46% total use in 2007	Yes	**No**
22	Significantly increase in "misconception scale" from 2.3 out of 4 to 2.8 out of 4 (18% increase) on women's misconceptions on hormonal methods	2.9	Significant Increase (2.5)		2.3 in 2007	Yes	**No**
23	Coverage of oral contraceptive pills in target area villages increases from 50% coverage to 65% coverage or higher by 2012	65%	55%		50% in 2008	Yes	Yes (in indicator)
24	Oral contraceptive pills, all sources, exceed 5,700,000 (minimum social marketed sales of 2,500,000 in 2009) and show continued 10% annual growth in the total market over time: data disaggregated by urban/rural point of sale and source of distribution.	5,915,776	6,270,000	**No.** The indicator is not explicit; does not measure only one aspect at a time. Target and other incorrect	**None listed.**	Yes	**No**
24.1	PSI/Cambodia social marketed OK Pill	3,359,652	3,000,000				
24.2	Oral contraceptive pills sold by private sector	80,000	153,300				

Source: SMBCI Project's FY 2010 Annual Performance Report				Auditor Review			
#	**Performance Indicators**	**FY 2010 Actual**	**FY 2010 Target**	**Indicator is Objective?**	**Baseline?**	**Annual Target?**	**Life-of-Project Target?**
24.3	Oral contraceptive pills sold by public sector	2,476,124	3,116,700				
25	Injectable contraceptive methods, all sources, exceed 600,000 in 2009 (minimum socially marketed of 280,000 in 2009) and show 10% annual growth in total market over time: data disaggregated by urban/rural point of sale and source of distribution	1,226,895	660,000	**No.** The indicator is not explicit; does not measure only one aspect at a time. Target and other incorrect data included in it.	**None listed.**	Yes	**No**
25.1	PSI/Cambodia social marketed OK injection	565,645	308,000				
25.2	Injectable contraceptive sold by private sector	4,200	3,000				
25.3	Injectable contraceptive distributed by public sector	657,050	349,000				
26	Number of United Health Network NGOs contracted to conduct effective behavior change interventions with target populations and/or with social marketing distribution of essential health products and services in hard or reach areas [sic]	9	8	Yes	Not applicable.	Yes	**No**
27	Number of United Health Network NGOs and partners provided with ongoing technical assistance for targeted communication material development	4	8	Yes	Not applicable.	Yes	**No**
28	Number of diarrhea treatment kits and/or ORS socially marketed sold and distributed in total market	2,842,750	350,000	Yes	**None listed.**	Yes	**No**
28.1	Diarrhea treatment kits sold through PSI/Cambodia social marketing	86,350	100,000				
28.2	ORS distributed by private sector	336,000	206,800				
28.3	ORS distributed by public sector	2,420,400	43,200				

Source: SMBCI Project's FY 2010 Annual Performance Report				Auditor Review			
#	**Performance Indicators**	**FY 2010 Actual**	**FY 2010 Target**	**Indicator is Objective?**	**Baseline?**	**Annual Target?**	**Life-of-Project Target?**
29	Number of cases of child diarrhea treated in USAID-assisted programs	86,350	100,000	Yes	Not applicable.	Yes	**No**
30	Liters of drinking water disinfected by target populations using U.S. Government (USG)-supported household water treatment product	28,178,000	10,000,000	Yes	Not applicable.	Yes	**No**
31	Number of people trained in child health and nutrition through USG-supported health area program	152	10	Yes	Not applicable.	Yes	**No**
32	Number of people trained in monitoring and evaluation with USG assistance	4	4	Yes	Not applicable.	Yes	**No**
33	Percentage of caregivers of children under 5 in target areas who know that the best treatment for children with mild diarrhea is ORS plus zinc	N/A	Baseline established	Yes	**None listed.**	**No**	**No**

Performance Indicators With Definition Problems

Source: SMBCI Project's FY 2010 Annual Performance Report				Auditor Review
#	Performance Indicators	FY 2010 Actual	FY 2010 Target	Problem
9	Among high-risk urban men with "high-risk sweetheart relationships," significant improvement in subjective norms about proposing condom use to sweetheart	2.42	Significant improvement from baseline	"Significant improvement" (also noted in indicator) has not been defined. Result reported as a numeral against an undefined target does not reveal if the activity has accomplished its objective.
10	Among high-risk urban female entertainment workers, significant increase on beliefs about background and trust in partner	3.16	TBD	
14	Among high-risk urban men with high-risk sweethearts, significant increase in the mean score for scaled construct on beliefs about background and trust in a partner	3.06	Significant improvement	
15	Increase from 83% (short-haired) and 94% (long-haired) in 2007 to 88% (short-haired MSM) and 97% (long-haired MSM) of MSM using condom at last sex with nonpaying, paying male partner by 2012	N/A	88% for short-haired MSM and 96% for long-haired MSM	"Short-haired" and "long-haired" have not been formally defined.
16	Significant improvement in key behavioral determinant which affect MSM to consistently use condoms with their male partners	N/A	Baseline established	Neither "significant improvement" nor "key behavioral determinant" has been defined.
18	Condoms (all sources) sold and distributed in Cambodia exceed 31.5 million in 2008 (social marketing sales minimum 26 million) and show continued growth in the total market over time	23,190,032	28,000,000	"Continued growth in total market over time" has not been defined. In addition, this is a second measurement under this indicator, which makes it difficult to conclude if the indicator is met or not.
22	Significant increase in "misconception scale" from 2.3 out of 4 to 2.8 out of 4 (18% increase) on women's misconceptions on hormonal methods	2.9	Significant increase (2.5)	"Significant improvement" has not been defined. Target says 2.5, but indicator says 2.8. Result reported as a numeral against an undefined target does not reveal if the activity has accomplished its objective.

Performance Indicators Stating Multiple Objectives

<table>
<tr><th colspan="4">Source: SMBCI Project's FY 2010 Annual Performance Report</th><th>Auditor Review</th></tr>
<tr><th>#</th><th>Performance Indicators – Problems With Measuring More Than One Activity</th><th>FY 2010 Actual</th><th>FY 2010 Target</th><th>Multiple Measurements</th></tr>
<tr><td>15</td><td>Increase from 83% (short-haired) and 94% (long-haired) in 2007 to 88% (short-haired MSM) and 97% (long-haired MSM) of MSM using condom at last sex with nonpaying, paying male partner by 2012</td><td>N/A</td><td>88% for short-haired MSM and 96% for long-haired MSM</td><td>Tracking two different activities in one indicator: short-haired and long-haired MSMs</td></tr>
<tr><td>18</td><td>Condoms (all sources) sold and distributed in Cambodia exceed 31.5 million in 2008 (social marketing sales minimum 26 million) and show continued growth in the total market over time</td><td>23,190,032</td><td>28,000,000</td><td rowspan="3">Measuring a number of products sold/distributed in addition to continued growth in general.</td></tr>
<tr><td>24</td><td>Oral contraceptive pills, all sources, exceed 5,700,000 (minimum social marketing sales of 2,500,000 in 2009) and show continued 10% annual growth in the total market over time: data disaggregated by urban/rural point of sale and source of distribution.</td><td>5,915,776</td><td>6,270,000</td></tr>
<tr><td>25</td><td>Injectable contraceptive methods, all sources, exceed 600,000 in 2009 (minimum social marketing of 280,000 in 2009) and show 10% annual growth in total market over time: data disaggregated by urban/rural point of sale and source of distribution</td><td>1,226,895</td><td>660,000</td></tr>
</table>

Performance Indicators Not Fairly Representing Project Performance

Source: SMBCI Project's FY 2010 Annual Performance Report				Do the Reported Results Fairly Represent Project Performance?
#	**Performance Indicators**	**FY 2010 Actual**	**FY 2010 Target**	
9	Among high-risk urban men with "high-risk sweetheart relationships," significant improvement in subjective norms about proposing condom use to sweetheart	2.42	Significant improvement from baseline	**No.** Target of "significant improvement," but no formal definition of what that means. Reporting an average survey score of 2.42 has little meaning. There was a decrease in subjective norms from 2.56 in 2009 to 2.42 in 2010.
10	Among high-risk urban female entertainment workers, significant increase on beliefs about background and trust in partner	3.16	TBD	**No.** No identified target.
13	Among high-risk urban men with high-risk sweethearts, increase in the belief that condoms are appropriate and necessary to use with a sweetheart	87.3%	94%	**No.** Men believing condoms are necessary to be used with a sweetheart (or entertainment worker) have actually decreased 6% since the beginning of the project—a fact that is not explicitly included in the performance report.
14	Among high-risk urban men with high-risk sweethearts, significant increase in the mean score for scaled construct on beliefs about background and trust in a partner	3.06	Significant improvement	**No.** "Significant improvement" target is not formally defined. Reporting an average survey score of 3.06 has little meaning. In fact, there has been no statistically significant change since the beginning of the project.
21	10% annual increase in use of family planning commodities by women from the two lowest income quintiles	45%	10% increase	**No.** Reported results are represented as a percentage increase in users. However, reported results are actually the total percentage of users. The actual increase in users from 2009 to 2010 was about 7%, though there was also roughly a 7% *decrease* in use from 2008 to 2009.
30	Liters of drinking water disinfected by target populations using USG-supported household water treatment product	28,178,000	10,000,000	**No.** Water treatment tablets are measured in terms of liters of disinfected water once sold or distributed to vendors regardless of when they may be used. One tablet disinfects 20 liters of water, though targeted populations are told to use two tablets on the same amount of water if it is not clear. The "water disinfected" calculation does not take this into account. The project reported distributing 564,000 water treatment tablets, which could contribute to only 11,280,000 liters of safe drinking water in the best of conditions.

Timeliness of Reported Data for Key Impact-Related Performance Indicators

Source: SMBCI Project's FY 2010 Annual Performance Report			Auditor Review	
#	**Performance Indicators**	**FY 2010 Reported Results**	**Date of Data Collection**	**Comments**
7	98% of direct sex workers report consistent condom use with clients by 2012	N/A	N/A	No results reported.
8	Increase consistent condom use in "high-risk sweetheart relationships" among high-risk urban female entertainment workers from X% in 2009 to Y% in 2012	50.5%	Fiscal Year 2009	Reported results represent data collected in a previous fiscal year. Reporting them as current results in the fiscal year 2010 annual report is not an effective way to evaluate current project performance.
9	Among high-risk urban men with "high-risk sweetheart relationships," significant improvement in subjective norms about proposing condom use to sweetheart	2.42	Fiscal Year 2009	
10	Among high-risk urban female entertainment workers, significant increase on beliefs about background and trust in partner	3.16	Fiscal Year 2009	
11	98% of men who report commercial sex report consistent use of condoms with commercial sex workers by 2012	95.6%	Fiscal Year 2009	
12	Increased percentage of high-risk urban men with high-risk sweethearts who use condoms consistently with their "sweethearts" from 59% in 2008 to 62% in 2010	69.4%	Fiscal Year 2009	
13	Among high-risk urban men with high-risk sweethearts, increase from 93.3% in 2008 to 94% in the belief that condoms are appropriate and necessary to use with a sweetheart by 2010	87.3%	Fiscal Year 2009	
14	Among high-risk urban men with high-risk sweethearts, significant increase in the mean score for scaled construct on beliefs about background and trust in a partner	3.06	Fiscal Year 2009	
15	Increase from 83% (short-haired) and 94% (long-haired) in 2007 to 88% (short-haired MSM) and 97% (long-haired MSM) of MSM using condom at last sex with nonpaying, paying male partner by 2012	N/A	N/A	No results reported.
16	Significant improvement in key behavioral determinant which affect MSM to consistently use condoms with their male partners	N/A	N/A	
20	Increase in the % of currently married women of reproductive age using modern birth-spacing methods from 42.6% in 2007 to 50% by 2012	46%	Fiscal Year 2010	No concerns noted regarding timeliness of reported data.
21	10% annual increase in use of family planning commodities by women from the two lowest income quintiles	45%	Fiscal Year 2010	
22	Significant increase in "misconception scale" from 2.3 out of 4 to 2.8 out of 4 (18% increase) on women's misconceptions on hormonal methods	2.9	Fiscal Year 2010	
30	Liters of drinking water disinfected by target populations using USG-supported household water treatment product	28,178,000	Fiscal Year 2010	

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