



# OFFICE OF INSPECTOR GENERAL

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## AUDIT OF USAID/JORDAN'S PRIVATE SECTOR PROJECT FOR WOMEN'S HEALTH

AUDIT REPORT NO. 6-278-11-004-P  
January 10, 2011

CAIRO, EGYPT



*Office of Inspector General*

January 10, 2011

**MEMORANDUM**

**TO:** USAID/Jordan Acting Mission Director, Dana Mansuri

**FROM:** Regional Inspector General/Cairo, Jacqueline Bell /s/

**SUBJECT:** Audit of USAID/Jordan's Private Sector Project for Women's Health (Audit Report Number 6-278-11-004-P)

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

The report includes three recommendations for corrective action. On the basis of USAID/Jordan's supporting documentation and action, we consider that both management decision and final action has been taken on all three recommendations.

Thank you for the cooperation and courtesy extended to the audit team during this audit.

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# SUMMARY OF RESULTS

Jordan has one of the fastest-growing populations in the world, with approximately 60 percent of its population below 25 years of age and an average of 3.8 children per family. Despite the Government of Jordan's ongoing efforts to reduce fertility through increased contraceptive use, data from the Jordan 2009 Population and Family Health interim survey shows an increase in the total fertility rate between 2002 and 2009 (from 3.7 to 3.8 children per family). Moreover, the survey shows only minimal increases in the contraceptive prevalence rate between 2002 and 2009 (from 56 percent to 59 percent), suggesting that the contraceptive prevalence is beginning to plateau. Rapid population growth not only increases the cost of critical social services but also strains Jordan's natural resource bases, such as water and energy.

To help address these challenges, USAID/Jordan awarded a 5-year, \$14 million cost-plus-fixed-fee task order (GPO-I-802-04-00007-00) under an Indefinite Quantity Contract to Abt Associates, Inc. (Abt) to implement the Private Sector Project for Women's Health (PSP for Women's Health).<sup>1</sup> Originally scheduled to end on January 31, 2010, the contract was extended through January 31, 2012, with projected costs increasing to \$19 million. USAID/Jordan designed the project to use an integrated approach to (1) increase demand for modern contraception and related women's health services, (2) increase availability of quality private sector women's health care services, (3) increase early detection of breast cancer, and (4) address domestic violence against women. As part of the extension, USAID/Jordan's Health Sector office transferred the violence against women outreach component to the mission's Democracy and Governance Sector office in March 2010 because the mission considered this component a human rights issue. The PSP for Women's Health is intended to raise the contraceptive prevalence rate by increasing the demand for family planning methods, an approach that will support and strengthen the Government of Jordan's goal to decrease the total fertility rate in Jordan to 2.1 children per family by 2025.

As of September 2010, USAID/Jordan's \$1.3 billion portfolio of programs concentrated on seven sectors: water, health, youth, education, democracy and governance, economic growth, and energy. The mission's health portfolio is about 11 percent of the total programs, valued at \$141 million. The PSP for Women's Health is valued at \$19 million, or 13 percent of the mission's health portfolio. As of September 30, 2010, USAID/Jordan had obligated \$16.7 million and expended \$15.6 million on the PSP for Women's Health.

The objective of the audit was to determine whether USAID/Jordan's PSP for Women's Health was achieving its main goals of reducing fertility and improving the quality of women's health services. The audit focused on reviewing and testing data from fiscal years (FYs) 2009 and 2010 for two major components: (1) increase demand for modern contraception and related women's health services and (2) increase availability of quality private sector women's health care services. The activities under these two components were designed to address the project's main goals of reducing fertility and improving the

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<sup>1</sup> A cost-plus-fixed-fee contract is a cost-reimbursement contract that states the contractor will be paid both the costs of the work performed and a negotiated fee that is fixed at the inception of the contract. The fixed fee does not vary with actual cost, but it may be adjusted because of changes in the work to be performed under the contract. An indefinite quantity contract provides for an indefinite quantity, within stated limits, of supplies or services during a fixed period.

quality of women's services. Although the Government of Jordan's 2009 Demographic and Family Health interim survey shows a slight increase in total fertility rate and only minimal increases in the contraceptive prevalence rate, the project is on track to achieve its main goals, as follows:

- **Increase demand for modern contraception and related women's health services.** Through communication campaigns and outreach counseling visits to women's homes, the project focused on increasing the demand for modern contraception and changing women's attitudes and behaviors toward family planning and reproductive health. Abt contracted with two Jordanian nonprofit organizations to conduct outreach visits to women in their homes. Over the life of the project, the subcontractors, Circassian Charity Association and General Union of Voluntary Societies, recruited and trained approximately 145 women from local communities as community health workers. The health workers go door-to-door in selected neighborhoods, counseling and educating women about several family planning issues, such as birth spacing and modern contraceptives, along with the importance of early detection of breast cancer. These outreach efforts focused on low-income women and women with lower educational levels in communities throughout Jordan, including both the Jordanian and Iraqi guest communities. As part of the project, the workers also referred counseled women to clinics and provided free vouchers to subsidize the cost of health care, if needed. According to mission officials, the impact of the current year's project communication campaigns on changing women's attitudes and behaviors toward family planning and reproductive health is not expected to be measured until December 2010. (Appendix III includes a map of targeted subcontractor outreach areas.)

As of September 30, 2010, USAID/Jordan reported that the community health workers had conducted 2.5 million counseling visits over the life of the project, 89 percent of the end of project goal of 2.8 million. In addition, the mission reported that 117,931 women counseled through the project's outreach component had started using modern contraceptive methods, 90 percent of the project goal of 127,800. Records tested on outreach visits and new acceptors of modern contraceptive methods from sites in Amman and Balqa, Jordan, demonstrated that internal controls were in place to ensure data reliability. However, the Circassian Charity Association discarded some outreach cards for counseling visits conducted prior to 2010, and the General Union of Voluntary Societies inadvertently deleted outreach records from its project database for counseling visits conducted prior to FY 2010. Nevertheless, the available data tested for FYs 2009 and 2010 were generally consistent with the data reported to USAID/Jordan for the two periods. (Appendix IV includes the performance indicators results for FYs 2009 and 2010.)

Moreover, during site visits, several community health workers stated that the training they received improved their knowledge of the importance of family planning and reproductive health and helped them develop the communication skills they needed to be leaders in their communities.

- **Increase availability of quality private sector women's health care services.** Abt and several local subcontractors offered medical professionals, primarily general practitioners, in-class training on a variety of family planning and reproductive health topics. These topics included basic and advanced contraceptive methods, family planning, abnormal bleeding during pregnancy, and antenatal and postnatal care. In addition, general practitioners received hands-on clinical training on how to insert

intrauterine devices and perform Pap smears and breast exams. The PSP for Women's Health also developed a quality assurance and certification program to encourage general practitioners to provide high-quality women's health care services. As part of the quality assurance and certification program, PSP for Women's Health consultants assessed the medical knowledge of the general practitioners on handling patients with specific medical and personal conditions, such as a smoking and diabetes during pregnancy. Moreover, the project assessed the readiness of a provider's facility to serve patients with sterilized equipment and appropriate medical supplies.

As of September 30, 2010, USAID/Jordan reported that through the PSP for Women's Health, 4,706 medical professionals were trained on family planning and reproductive health, 89 percent of the project goal of 5,298.<sup>2</sup> Audit tests on a sample of the project's FYs 2009 and 2010 training records on family planning and reproductive health found the records to be consistent with contractor reports to USAID/Jordan. Moreover, a training session on diabetes during pregnancy observed in October 2010 exceeded its attendance target by 56 percent. The chairman of the General Practitioner Society commented that the practitioners have been pleased with the training and would like USAID/Jordan to offer more training sessions. (Appendix IV includes the performance indicators results for FYs 2009 and 2010.)

Although the Government of Jordan does not currently have a mandate requiring general practitioners to obtain continuing medical education credits, USAID/Jordan and the Jordan Medical Council are working to institutionalize a continuing medical education system to sustain the project's efforts to increase the availability of quality private sector women's health care services. The secretary-general of the Jordan Medical Council stated that the council has developed policies and created a division to continue the PSP for Women's Health continuing medical education efforts. According to the chairman of the General Practitioner Society and the previous PSP for Women's Health chief of party, Jordan's Parliament will need to pass a law mandating general practitioners to obtain continuing medical education to formalize continuing medical education in Jordan for general practitioners.

As illustrated above, USAID/Jordan has made significant achievements with its PSP for Women's Health. However, the contractor's data did not accurately reflect outreach efforts (page 5), subcontractors did not appropriately maintain outreach records (page 6), and the contractor did not include the required voluntary population clause in some of its subcontractors' contracts (page 7). The report recommends that USAID/Jordan:

- Require its contractor to provide additional guidance to subcontractors on the purpose of the outreach protocols and the need for accurate reporting of outreach data that exceeds targets (page 6).
- Provide written guidance to its contractor and subcontractors regarding required record retention periods and periodically check source documents against database information (page 7).

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<sup>2</sup> Although a general practitioner may attend several in-class training, clinical, and quality assurance sessions, each session was counted as a separate training session.

- Require Abt Associates, Inc., to provide USAID/Jordan with documentation demonstrating the inclusion of the required voluntary population planning language in its subcontracts for review (page 8).

Our evaluation of management comments is included on page 9. USAID/Jordan agreed with the three audit recommendations. In preparing the final report, the Regional Inspector General/Cairo carefully considered management comments and supporting documents provided. On the basis of USAID/Jordan's supporting documentation, final action has been taken on the three recommendations.

The scope and methodology are described in appendix I, and USAID/Jordan's comments are included in their entirety in appendix II.

# AUDIT FINDINGS

## **USAID/Jordan Did Not Ensure That Contractor Data Accurately Reflected Outreach Efforts**

USAID's Automated Directives System (ADS) Chapter 203, *Assessing and Learning*, section 203.3.5.2, states that missions should be aware of the strengths and weaknesses of their data and the extent to which the data's integrity can be trusted to influence management decisions. Additionally, under ADS 203.3.5.1, performance data should meet data quality standards for validity, integrity, precision, reliability, and timeliness. In particular, performance data should be sufficiently precise to present a fair picture of performance and enable decisionmaking at the appropriate level.

The audit identified a few cases (5 percent of the cases reviewed) in which the two subcontractors did not record all outreach visits conducted by community health workers during FY 2010 in the outreach database. During FY 2010, Abt Associates, Inc. (Abt) developed an outreach visit protocol for estimating followup visits. For example, according to the protocol, approximately 90 percent of women would need to receive a second visit and approximately 32 percent of women would need to receive a third visit.<sup>3</sup> The protocol anticipated a percentage of women who could be visited as a target without creating a ceiling on the number of women to be visited. However, officials from both subcontractors reported that staff did not record outreach visits in the database if the organization had reached or almost reached the visit percentages specified in the outreach protocol. Nonetheless, the community health workers continued to record those visits on the required outreach cards. This information showed that the community health workers had exceeded the protocols, although the subcontractors did not enter the information into the database.

Abt and the two subcontractors responsible for outreach activities developed internal controls designed to ensure the accuracy of outreach data gathered under the Private Sector Project for Women's Health (PSP for Women's Health). Specifically, the outreach staff reviewed outreach cards completed by community health workers to ensure that all vital information was recorded. Separate staff members entered the data into the outreach database, from which the subcontractors routinely selected random samples to review against the source documentation (outreach cards) for accuracy. In addition, outreach supervisors periodically contacted women documented as receiving counseling services to confirm the visits. As a system control, the database designed and implemented in FY 2010 notifies the data entry staff when anomalies occur. Moreover, USAID/Jordan performed a data quality assessment of the outreach data system in August 2010 and did not identify any significant weakness regarding the data accuracy. Mission staff focused the review on the contractor and subcontractor management controls designed to ensure accuracy and tested outreach cards and system databases, but did not identify this issue.

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<sup>3</sup> The protocol percentages were developed by reviewing past outreach data and were based on the anticipated ability of community health workers to reach women on followup visits and on specific criteria that identified women who needed further medical visits.

The subcontractors did not fully understand the outreach visit protocol implemented by Abt in the beginning of FY 2010 and as a result failed to record all outreach visits. Abt officials stated that the intent of the protocols was to establish guidelines based on historical performance. Similarly, Abt and USAID/Jordan staff agreed that both initial and followup outreach visits conducted by the subcontractors' community health workers should be recorded to ensure that project results are not underreported.

Despite management controls to ensure the accuracy of subcontractors' outreach data, the information on community health worker visits reported to USAID/Jordan was underreported because not all visits were entered into the project database. This undermines both the precision and validity of project's outreach data. Without reliable data, USAID/Jordan managers lack a critical tool on which to base performance-based decisions and for determining if project targets are appropriate. To address this issue, the audit makes the following recommendation:

***Recommendation No. 1:*** *We recommend that USAID/Jordan require its contractor to provide additional written guidance to subcontractors on the purpose of the outreach protocols and the need for accurate reporting of outreach data that exceed targets.*

## **USAID/Jordan Did Not Ensure That Appropriate Records Were Retained**

According to the contract clause set forth in Federal Acquisition Regulation (FAR) 52.215-2, *Audit and Records – Negotiation*, records should generally be maintained for examination, audit, or reproduction until 3 years after final payment under a contract. Furthermore, Abt's subcontracts with its outreach providers stated that all records or other information, documents, and materials developed by the subcontractors will be provided to Abt for transmittal to USAID/Jordan at the completion of the subcontract.

Although USAID/Jordan included the FAR 52.215-2 clause in its contract with Abt and the contractor included the clause in contracts with its outreach subcontractors, neither subcontractor adequately maintained outreach cards and computer records.<sup>4</sup> Circassian Charity Association, the subcontractor conducting the largest number of outreach visits (approximately 80 percent of first visits in FY 2009), destroyed the outreach cards that recorded visits for most women prior to FY 2010. The only outreach cards maintained from FY 2009 and earlier were for women who also received visits during FY 2010.

Subcontractor staff reported that the outreach cards were destroyed because the organization did not have sufficient office space to store the large volume of cards and all information on the cards were entered into the project database.<sup>5</sup> Furthermore, the subcontractor staff stated that guidance was not received from Abt as to whether they were required to store all outreach cards or for what period of time storage was required. According to Abt officials, the subcontractor did not notify them of its intent to destroy the records prior to the actual destruction. Furthermore, prior to this audit, both Abt and USAID staff had not been aware that the records were destroyed. The other

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<sup>4</sup> Although not all FY 2009 outreach data were maintained, audit testing on a sample of the available FY 2009 data was performed.

<sup>5</sup> An outreach card is documented for each woman during her first outreach visit. In FY 2009, the subcontractor conducted first visits with more than 180,000 women, resulting in a corresponding number of cards.

subcontractor, the General Union of Voluntary Societies, reported that portions of the electronic backup of its FY 2009 database was inadvertently erased, limiting its ability to produce electronic records of the outreach visits. In FY 2010, Abt implemented a new Web-based database that allowed the contractor to upload all information in the database on its network, rather than relying solely on the subcontractors to maintain database information.

Although information from the outreach cards had been entered into the project database, destruction of the original data and database records limits the abilities of both the contractor and USAID/Jordan to review the supporting documentation reported for project performance and results. Despite the data system established by the contractor and updated by the subcontractor, the outreach cards still represent the original data collection source and are needed to verify the accuracy of the information included in the project's outreach database. Similarly, it is important to ensure that past year's recorded data are retained to allow for review and verification. To address this issue, the audit makes the following recommendation:

***Recommendation No. 2:*** *We recommend that USAID/Jordan provide written guidance to its contractor and subcontractors regarding required record retention periods and periodically verify source documents to database information.*

## **USAID/Jordan Did Not Ensure That Voluntary Population Planning Language Was Included in Subcontracts**

USAID Acquisition Regulation (AIDAR) 752.7101, *Voluntary Population Planning Activities*, requires insertion of contract clause stating that none of the funds made available under a contract shall be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization. It also prohibits abortion-related activities and identifies additional requirements for projects engaging in family planning activities.

In September 2009, USAID/Jordan modified the PSP for Women's Health task order (GPO-I-802-04-00007-00) with Abt to include the AIDAR 752.7101 language required in June 2008. As part of this modification, Abt was required to include the specific language related to voluntary population planning in its subcontracts. Although required to do so, Abt Associates did not modify 3 of 15, or 20 percent, of its active contracts with subcontractors to include the required language. At the time, the three subcontractors were providing technical assistance and training to build medical provider capacity, technical assistance, and support related to continuing medical education, and were conducting clinical training courses on women's health issues for medical providers. The periods of performance for these activities ranged from March 2005 to September 2011. In one instance, a subcontractor's performance ended in January 2010. (Appendix V includes a listing of subcontractors hired by Abt Associates, Inc. under the PSP for Women's Health.)

USAID/Jordan officials stated that, although the mission's contracting and technical staff review and approve the subcontractors' scopes of work, staff do not routinely check each subcontract for required language. A mission contracting official stated that the mission relied on the prime contractor to review its subcontracts to ensure that USAID

requirements were included. Abt staff confirmed that the omission of the voluntary population planning requirements was an oversight. Based on the audit's identification of this issue, Abt officials agreed to take immediate action to add the required language in the identified subcontracts and to take steps to ensure that the language is included in any future subcontracts.

Because of this omission, subcontractors may not be fully aware of statutory and policy restrictions relating to family planning. In addition, this omission of specific requirements for voluntary population planning makes it difficult for USAID/Jordan to enforce the Agency's family planning requirements should a violation occur. To address this issue, the audit makes the following recommendation:

***Recommendation No. 3:*** *We recommend that USAID/Jordan require Abt Associates, Inc., to provide USAID/Jordan with documentation demonstrating the inclusion of the required voluntary population planning language in its subcontracts for review.*

# EVALUATION OF MANAGEMENT COMMENTS

USAID/Jordan agreed with the three recommendations included in the draft report. The Office of Inspector General, having reviewed the mission's response to the draft report, has determined that management decisions have been reached and final actions taken on all three recommendations.

Regarding Recommendation no. 1, USAID/Jordan issued a memo to its contractor, Abt Associates, Inc., requiring Abt to provide additional guidance to its subcontractors on the purpose of the outreach protocols and the need for accurate reporting of all outreach data. In response, Abt modified the relevant subcontracts to require reporting of all outreach visits, even those conducted after targets are reached. In addition, Abt will incorporate this guidance into a standard operating procedures manual for community outreach activities to be developed during the upcoming fiscal year. Consequently, Regional Inspector General/Cairo considers that a management decision has been reached and final action taken on Recommendation 1.

Regarding Recommendation no. 2, USAID/Jordan issued a memo to Abt requiring the contractor and its subcontractors to retain records appropriately and periodically check source documents against database information. In response, Abt modified the relevant subcontracts to require retention of records in compliance with Federal Acquisition Regulation. USAID/Jordan will check source documents against database information in 6 months to ensure compliance. Consequently, Regional Inspector General/Cairo considers that a management decision has been reached and final action taken on Recommendation 2.

Regarding Recommendation no. 3, USAID/Jordan issued a memo to Abt requiring the contractor to provide the mission with documentation of its inclusion of the required voluntary population planning language in its subcontracts. Subsequent to this memo, Abt issued modifications incorporating the required language in those subcontracts identified by this audit as not including the voluntary population planning language. Consequently, Regional Inspector General/Cairo considers that a management decision has been reached and final action taken on Recommendation 3.

# SCOPE AND METHODOLOGY

## Scope

The Regional Inspector General/Cairo conducted this performance audit in accordance with generally accepted Government auditing standards.<sup>6</sup> 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 based on an audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective. The purpose of this audit was to determine whether the project was achieving its main goals of reducing fertility and improving the quality of women's health services.

In planning the audit, we assessed internal controls in place to monitor the project's activities. Specifically, we evaluated the mission's project documentation, including USAID/Jordan's 2009 and 2010 Federal Managers' Financial Integrity Act of 1982 certification, USAID/Jordan's 2009 and 2010 operational plans, USAID/Jordan's 2008 and 2009 full performance plans and reports, Jordan's Private Sector Project for Women's Health 2010 data quality assessment, and oversight performed by the contracting officer's technical representative.

The audit focused on reviewing and testing project activities from October 1, 2008, through September 30, 2010, for two major components: (1) increase demand for modern contraception and related women's health services and (2) increase availability of quality private sector women's health care services. The activities under these two components were designed to address the project's main goals of reducing fertility and improving the quality of women's services. USAID/Jordan does not track or allocate project funding by components; therefore, the amount audited under the project cannot be determined. However, as of September 30, 2010, the mission had obligated \$16.7 million and expended \$15.6 million for the project.

We conducted the audit fieldwork at USAID/Jordan and at Abt Associates, Inc. (Abt) Jordan headquarters from October 11 through 28, 2010. We also conducted audit fieldwork at offices of the outreach subcontractors Circassian Charity Association in Amman, Jordan, and General Union of Voluntary Societies in Balqa, Jordan. Moreover, we tested internal controls related to whether the mission had (1) approved the contractor's annual work plans, (2) approved key personnel, consultants, and subcontractors, (3) reviewed progress reports, and (4) approved payments to the contractor. Furthermore, we verified supporting documentation provided for performance indicators, conducted site visits, and interviewed officials at Abt and its subcontractors.

## Methodology

To answer the audit objectives, we interviewed officials and staff from USAID/Jordan, Abt, two outreach subcontractors (Circassian Charity Association and General Union of

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<sup>6</sup> Government Auditing Standards, July 2007 Revision (GAO-07-731G)

Voluntary Societies), and training subcontractor Jordan Medical Council to gain an understanding of the project's history, challenges, activities, and sustainability. In addition, we reviewed relevant USAID policies and procedures, the contract and modifications, performance plans and reports, operational plans, site visit reports, project reports, contracting officer's technical representative files, and the project activities supporting documentation, such as outreach visit cards and training attendance sheets.

As part of the audit, we tested USAID/Jordan's internal controls in place to manage the project and verified the reliability of supporting documentation provided for the performance indicators reported under the two major components. For internal controls testing, we judgmentally selected the samples based on our understanding of USAID/Jordan's management internal control process and the size of the universe. Moreover, because of the large number of activities reported for the first component and the extensive geographical dispersion of the outreach activities sites, we judgmentally selected activities that provided sufficient audit evidence to answer the audit objective. A judgmental sample of performance indicators records was selected from the Circassian Charity Association Amman location and General Union of Voluntary Societies Balqa location. In addition, performance indicators records for the second component were centrally maintained at Abt headquarters in Amman. Therefore, a statistical sample basis was used to select these performance indicators records. The statistical sampling was based on an assumption of a 5 percent error and a variation of +/- 4 percent and 95 percent confidence. The number of records to select was provided by the Office of Inspector General statistician in Washington, DC. In addition, we selected a judgmental sample of payment vouchers and verified the expenditures were approved and relevant to the project.

Although the samples selected for review cannot be projected to the universe, the combined audit procedures performed, such as validation of supporting documentation, interviews conducted with officials and staff at USAID/Jordan, Abt, and its subcontractors, along with the testing of management controls, provided a reasonable basis for our audit conclusions.

# MANAGEMENT COMMENTS



**Date:** December 20, 2010

**To:** Regional Inspector General/Cairo, Jacqueline Bell

**From:** Acting Mission Director, Dana Mansuri /s/

**SUBJECT:** Management Decision for Audit of USAID/Jordan's Private Sector Project for Women's Health (Audit Report Number 6-278-11-00X-P).

## MEMORANDUM

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This memorandum transmits USAID/Jordan's response to the three recommendations contained in the draft report submitted by the IG on December 9, 2010.

USAID agrees with all three recommendations. Immediately upon receiving the draft report the PSP COTR issued a letter to Abt Associates Inc., with the recommendations and requested immediate action be taken. (Letter dated November 1, 2010 from USAID/Jordan attached).

USAID agrees with all three recommendations and has taken the following actions to respond to the recommendations:

**Recommendation No. 1:** Require its contractor to provide additional guidance to subcontractors on the purpose of the outreach protocols and the need for accurate reporting of outreach data that exceeds targets:

**Response:** Abt Associates Inc. has provided additional guidance to both of their outreach subcontractors, the Circassian Charity Association (CCA) and the General Union for Voluntary Societies (GUVS), on the need to report accurately all outreach data. (i.e., not to halt reporting of data after targets are reached). This guidance is contained in subcontract modifications for both subcontractors. "The subcontractor will report accurately all outreach visitation data (i.e., take care not to halt reporting of data after it reaches targets)." In addition, Abt Associates Inc. will include this full data reporting guidance in a standard operating procedures manual for community outreach to be completed in the second quarter of the current fiscal year.

**Recommendation No. 2.** Provide written guidance to its contractor and subcontractors regarding required record retention periods and periodically check source documents against database information.

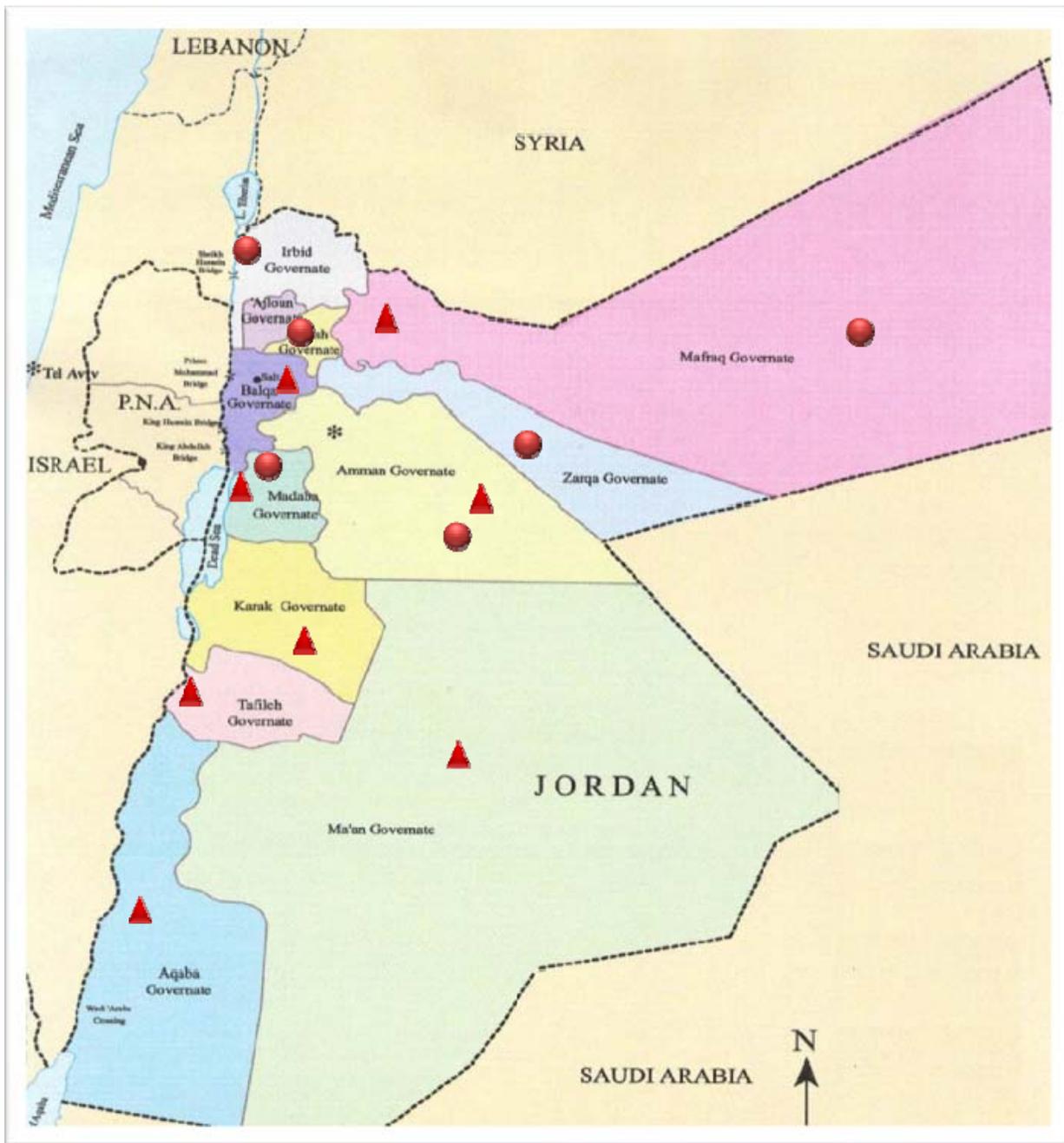
**Response:** Abt Associates Inc. has provided guidance to CCA and GUVS to ensure that all program data records, including those of its subcontractors, are available for USAID

inspection up to three years after the close of the project, in accordance with the terms of the PSP contract.

**Recommendation No. 3:** Require Abt Associates Inc. to provide USAID/Jordan with documentation demonstrating the inclusion of the required voluntary population planning language in its subcontracts for review

**Response:** Abt Associates Inc. has modified all three subcontracts: Banyan Global, O'Hanlon Health Consulting, and The Specialty Hospital to include the required voluntary family planning clause. Copies of these signed subcontract modifications which provide verification of this action are available in the SSO/PFH Office.

### Map of Targeted Outreach Areas by Subcontractors



Circassian Charity Association



General Union of Voluntary Societies

## Private Sector Project for Women's Health Performance Indicator Targets and Reported Results

**Table 1: USAID/Jordan Fiscal Year (FY) 2009 Performance Plan and Report Indicators that includes data from the Private Sector Project for Women's Health**

Indicator	FY 2009 Target	FY 2009 Reported Result	Results Achieved (Yes/No)	FY 2010 Target	FY 2011 Target
Number of people trained in family planning/ reproductive health with U.S. Government funds <sup>a,b</sup>	1,535	2,169	Yes	1,455	1,103
Number of counseling visits for family planning/ reproductive health as a result of U.S. Government assistance <sup>b,c</sup>	--	391,116	NA	280,500	200,000

Notes:

<sup>a</sup> Indicator data includes multiple USAID/Jordan programs. USAID/Jordan reported 1,652 and 1,248 people trained in family planning/reproductive health in FY 2009 and FY 2010, respectively. As of September 30, 2010, USAID/Jordan reported 4,706 people trained in family planning/reproductive health and the PSP for Women's Health end of project target is 5,298.

<sup>b</sup> USAID/Jordan provided preliminary FY 2010 performance data for audit testing. As of October 2010, the mission was still reviewing data reported by the contractor.

<sup>c</sup> Indicator includes data only from USAID/Jordan's PSP for Women's Health.

**Table 2: FY 2010 Performance Management Plan Indicator Targets and Reported Results**

Indicator	FY 2010 Target	FY 2010 Reported Result <sup>a</sup>	Results Achieved (Yes/No) <sup>b</sup>	Project Cumulative Reported as of FY 2010	End of Project Cumulative Target	Project on Track to Meet End Target (Yes/No)
Number of women reached through outreach visits by community health workers <sup>c</sup>	145,000	148,024	Yes	1,280,509	1,453,000	Yes
Number of outreach visits on family planning and reproductive health <sup>c</sup>	280,500	288,984	Yes	2,817,790	2,632,000	Yes
Number of new acceptors (women) of modern contraceptive methods <sup>c</sup>	13,050	12,699	Yes	117,931	127,800	Yes
Percentage of women having a breast exam during last medical exam in the past year	None reported	Survey to be completed Dec. 2010	Unknown	NA	>35%	Unknown

Indicator	FY 2010 Target	FY 2010 Reported Result <sup>a</sup>	Results Achieved (Yes/No) <sup>b</sup>	Project Cumulative Reported as of FY 2010	End of Project Cumulative Target	Project on Track to Meet End Target (Yes/No)
Percentage increase in oral contraceptives sales in private markets	None reported	Data based on annual pharmacy contraceptive sale statistics in Jordan	Unknown	10%	10%	Unknown
Percentage of women who comply with referral for modern family planning method <sup>c</sup>	>60%	40%	No	>60%	>60%	Yes
Percentage of women who comply with referral for diagnostic breast cancer screening (clinical)	>66%	58%	Yes	>66%	>66%	Yes
Percentage of target group (poor, high maternal risk) women who act upon family planning vouchers	>60%	30%	No	>60%	>60%	Yes
Number of poor women receiving vouchers for breast cancer referral and diagnosis	1,100	1,371	Yes	6,126	6,270	Yes
Percentage of target group (poor, high risk) who redeem vouchers for breast cancer diagnosis	>60%	55%	Yes	>60%	>60%	Yes
Health interventions for quality assurance certification	4	4	Yes	None reported	4	Yes
Number of private doctors who provide family planning service meeting basic quality standards <sup>c</sup>	35	43	Yes	348	350	Yes
Number of private doctors who provide family planning service meeting advanced quality standards <sup>c</sup>	50	63	Yes	177	175	Yes

Indicator	FY 2010 Target	FY 2010 Reported Result <sup>a</sup>	Results Achieved (Yes/No) <sup>b</sup>	Project Cumulative Reported as of FY 2010	End of Project Cumulative Target	Project on Track to Meet End Target (Yes/No)
Number of private female doctors who provide a clinical breast exam service meeting the quality standards	35	30	Yes	209	220	Yes
Number of private doctors who provide reproductive tract infections/sexually transmitted infections service meeting the quality standards	35	13	No	123	175	Yes
Number of private female doctors in private sector project network who provide high-quality services <sup>c</sup>	18	18	Yes	103	120	Yes
Proportion of network who meet family planning and clinical breast exam quality assurance criteria for health interventions <sup>c</sup>	85%	85%	Yes	85%	85%	Yes
Number of private sector female general practitioners trained in intrauterine device insertion and meeting competency standards <sup>c</sup>	34	31	Yes	128	148	Yes
Number of detailing visits to health care providers	1,200	1,208	Yes	4,434	5,730	Yes
Number of pharmacists trained through continuing medical education courses in breast cancer and family planning <sup>c</sup>	150	200	Yes	923	1,023	Yes

Indicator	FY 2010 Target	FY 2010 Reported Result <sup>a</sup>	Results Achieved (Yes/No) <sup>b</sup>	Project Cumulative Reported as of FY 2010	End of Project Cumulative Target	Project on Track to Meet End Target (Yes/No)
Percentage of trained providers who Strongly Agree or Agree with the statement: Combined oral contraceptives are safe for most women	60%	Final data not available	Unknown	60%	60%	Yes
Number of private hospitals with staff able to detect and refer victims of violence against women <sup>d</sup>	8	8	Yes	17	17	Yes
Accredited women's health continuing medical education courses developed for private sector general practitioners <sup>e</sup>	6	6	Yes	20	22	Yes
Jordan Medical Council establishes continuing medical education policy for general practitioners <sup>f</sup>	Yes	No	No	Yes	Yes	Yes
Consensus statement on continuing medical education policy for physicians and recommendations for formal system approved by stakeholders <sup>c</sup>	Yes	Yes	Yes	Yes	Yes	Yes
Number of new contraceptive methods supported for introduction to private sector	1	1	Yes	1	1	Yes

Indicator	FY 2010 Target	FY 2010 Reported Result <sup>a</sup>	Results Achieved (Yes/No) <sup>b</sup>	Project Cumulative Reported as of FY 2010	End of Project Cumulative Target	Project on Track to Meet End Target (Yes/No)
Number of cost-sharing partnerships conducted with private organizations, associations, or companies to increase private contraceptive market	1	1	Yes	3	4	Yes
Establishment of National Breast Cancer Screening Policy and Guidelines <sup>9</sup>	NA	Partial	Partial	Partial	Partial	NA
Number of key institutions adopting internal policy for reducing violence against women	5	5	Yes	5	5	Yes
Percentage of women ages 20–59 conducting regular breast self-examinations in the past 30 days	50%	Results to be determined after Dec. 2010 survey	Unknown	40%	50%	Yes
Percentage of women who know how to do breast self-exams	50%	Results to be determined after Dec. 2010 survey	Unknown	50%	65%	No
Percentage of women who believe that oral contraceptives are safe method of contraception	55%	Results to be determined after Dec. 2010 survey	Unknown	55%	57%	Yes
Percentage of target population that believes that modern methods of contraception offer more effectiveness than traditional methods	87%	Results to be determined after Dec. 2010 survey	Unknown	87%	50%	Yes

Indicator	FY 2010 Target	FY 2010 Reported Result <sup>a</sup>	Results Achieved (Yes/No) <sup>b</sup>	Project Cumulative Reported as of FY 2010	End of Project Cumulative Target	Project on Track to Meet End Target (Yes/No)
Percentage of women who answer correctly on what to do if they miss a contraceptive pill	50%	Results to be determined after Dec. 2010 survey	Unknown	50%	60%	Yes
Number of women provided awareness raising, counseling, and referrals for violence against women <sup>h</sup>	Follow-up visits	NA	NA	NA	46,000	NA

## Notes:

<sup>a</sup> FY 2010 preliminary performance data were provided for audit testing. As of October 2010, the mission was still reviewing these data.

<sup>b</sup> Achievement determined based on 80 percent completion of goal, plus or minus 10 percent.

<sup>c</sup> Reliability of results data tested by auditors.

<sup>d</sup> Data reported for FY 2010 incorrectly report number of staff, not number of hospitals.

<sup>e</sup> The Jordan Medical Council certifies courses but does not currently have authority to accredited courses, resulting in partial achievements.

<sup>f</sup> Although steps have been taken, no formal policy has been officially adopted.

<sup>g</sup> Guidelines have been developed; however, stakeholder review determined that it was not cost-effective to establish a national screening policy.

<sup>h</sup> Activities related to this indicator were transferred from the PSP project to other USAID/Jordan projects related to democracy and governance issues.

**Table 3: FY 2009 Performance Management Plan Indicator Targets and Reported Results**

Indicator	FY 2009 Target	FY 2009 Reported Results	Results Achieved (Yes/No) <sup>a</sup>
Number of women reached through outreach visits by community health workers <sup>b</sup>	225,000	226,391	Yes
Number of new acceptors (women) of modern contraceptive method <sup>b</sup>	20,000	20,066	Yes
Percentage of women who comply with referral for modern family planning method <sup>b</sup>	>50%	55%	Yes
Percentage of women who comply with referral for diagnostic breast cancer screening (clinical)	>60%	>86.6%	Yes
Percentage of target group (poor, high risk) who redeem vouchers for breast cancer diagnosis	>60%	56%	No
Number of poor women receiving vouchers for breast cancer referral and diagnosis	3,000	1,070	No

Indicator	FY 2009 Target	FY 2009 Reported Results	Results Achieved (Yes/No) <sup>a</sup>
Number of private sector female general practitioners trained in intrauterine device insertion and meeting competency standards <sup>b</sup>	21	20	Yes
Percentage of women having a breast exam during last medical exam in the past year	18%	23%	Yes
Health interventions for quality assurance certification <sup>c</sup>	NA	NA	NA
Number of private female doctors who provide a clinical breast exam service meeting the quality standards	As needed	4	Yes
Number of private doctors who provide a family planning service meeting the quality standards (including bridge follow up)	As needed	7	Yes
Number of private doctors that provide reproductive tract infections/sexually transmitted infections service meeting the quality standards	50	10	No
Number of private doctors who provide selected health topic service meeting the quality standards	118	94	Yes
Number of poor high maternal risk women receiving vouchers for family planning	3,500	3,719	Yes
Number of private hospitals with staff able to detect and refer victims of violence against women	9	9	Yes
Accredited women's health continuing medical education courses developed for private sector general practitioners <sup>d</sup>	4	0	No
Number of private female doctors in Private Sector Project network with improved service capacity <sup>b</sup>	8	8	Yes
Proportion of network who meet family planning and clinical breast exam quality assurance criteria for health interventions	80%	85%	Yes
Support private sector introduction of new contraceptive method	1	1	Yes
Establishment of National Breast Cancer Screening Policy and Guidelines <sup>e</sup>	NA	Partial	NA
Institutionalization of continuing medical education program	NA	Partial	NA
Jordan Medical Council or other party contributes to financial sustainability of continuing medical education courses	NA	Partial	NA
Key institutions adopt internal policy for reducing violence against women	5	5	Yes
Percentage of women who know how to do breast self-exams	NA	Unknown	Unknown
Percentage of women ages 20–59 conducting regular breast self-examinations in the last 30 days	31%	49%	Yes
Percentage of women who believe that oral contraceptives are safe method of contraception	>50%	49%	No
Percentage of target population who believe that modern methods of contraception offer more effectiveness than traditional methods	>50%	87.1%	Yes
Percentage of women who answer correctly on what to do if they miss a contraceptive pill	>50%	37.0%	No
Number of women provided awareness raising, counseling, and referrals for violence against women	25,000	25,000	Yes

Notes:

<sup>a</sup> Achievement determined based on 80 percent completion of goal, plus or minus 10 percent.

<sup>b</sup> Reliability of results data tested by auditors.

<sup>c</sup> The end of project goal for four health interventions was completed prior to FY 2009.

<sup>d</sup> The Jordan Medical Council certifies courses but does not currently have authority to accredited courses, resulting in partial achievements.

<sup>e</sup> Guidelines have been developed; however, stakeholder review determined that it was not cost-effective to establish a national screening policy.

## Subcontractors Hired by Abt Associates, Inc.

Subcontractor Name	Subcontract Number	Period Performance	Subcontract value (U.S. dollar)	Subcontract value (Jordan dinar)	Key Subcontract Activities
Circassian Charity Association	16224	2/1/2005– 9/30/2011	2,521,286	1,785,070	Provide outreach visits on family planning and women's health
General Union of Voluntary Societies	15722	2/1/2005– 9/30/2011	932,320	660,082	Provide outreach visits on family planning and women's health
Jordan Medical Council	16397	2/1/2005– 9/30/2011	182,470	129,189	Support quality assurance and training activities and work to develop a physician continuing medical education system
Abu Mahjoob Creative Productions	16738	2/1/2005– 9/30/2011	500,472	354,334	Develop print and promotional materials
King Hussein Cancer Center	17354	10/1/2005– 9/30/2011	19,160	13,565	Provide training on clinical breast exams to physicians and nurses
King Hussein Cancer Center	20157	2/17/2008– 9/30/2011	42,373	38,347	Provide mammogram training workshops for female radiology technicians
Specialty Hospital	16215	6/1/2005– 9/30/2011	54,163	32,887	Conduct training courses in women's health for providers
Jordan University Hospital	19094	2/16/2007– 9/30/2011	46,451	NA	Provide clinical training on Pap smears to female physicians
O'Hanlon Health Consulting, LLC	15669	3/1/2005– 9/30/2011	284,132	30,000	Provide technical assistance and support related to continuing medical education
Banyan Global	15668	11/1/2006– 1/31/2010	260,145	NA	Provide technical assistance and training to build medical provider capacity
National Council for Family Affairs	19414	4/1/2007– 1/31/2010	222,607	157,606	Conduct policy analysis related to violence against women
Noor Al Hussein Foundation - Institute for Family Health	19449	4/1/2007– 6/30/2011	275,121	194,786	Conduct activities related to violence against women
Jordan Pioneers for T.V. Production	17449	5/1/2006– 6/30/2010	1,500,000	1,062,000	Provide communication and media activities
Partners Jordan	19460	4/1/2007– 12/31/2008	60,225	42,640	Support training activities for female providers
Partners Jordan	20843	12/16/2007– 3/15/2008	54,890	234,115	Provide support related to implementation of continuing medical education efforts

<b>Subcontractor Name</b>	<b>Subcontract Number</b>	<b>Period Performance</b>	<b>Subcontract value (U.S. dollar)</b>	<b>Subcontract value (Jordan dinar)</b>	<b>Key Subcontract Activities</b>
The Queen Zein Al Sharaf Institute for Development	19130	2/1/2007– 3/31/2010	330,671	15,020	Conduct activities related to violence against women, including identification of trainers and support to outreach programs
Ministry of Health	16216	2/1/2005– 9/30/2009	21,215	38,862	Provide clinical and practical training in intrauterine device insertion for general practitioners

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