



OFFICE OF INSPECTOR GENERAL

AUDIT OF USAID/EGYPT'S COMMUNICATION FOR HEALTHY LIVING PROGRAM

AUDIT REPORT NO. 6-263-11-007-P
JUNE 9, 2011

CAIRO, EGYPT



Office of Inspector General

June 9, 2011

MEMORANDUM

TO: USAID/Egypt Mission Director, James A. Bever

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

SUBJECT: Audit of USAID/Egypt's Communication for Healthy Living Program
(Report No. 6-263-11-007-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 the comments in their entirety in Appendix II.

The report includes seven recommendations to USAID/Egypt. On the basis of actions taken by the mission and supporting documentation provided, we determined that management decisions have been reached and final action taken on Recommendations 1, 3, and 4. 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, 5, 6, and 7. Management decisions can be reached when USAID/Egypt provides us with a firm plan of action and target date for implementing these four recommendations. Please advise our office within 30 days of the actions planned or taken to implement these recommendations.

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

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Abbreviations

The following abbreviations appear in this report:

ADS	Automated Directives System
AOTR	agreement officer's technical representative
Ask Consult	Ask Consult for Health, LLC
FY	fiscal year
Johns Hopkins, the implementer	Johns Hopkins Bloomberg School of Public Health
NGO	nongovernmental organization
RIG/Cairo	Regional Inspector General/Cairo

SUMMARY OF RESULTS

USAID/Egypt and Egyptian health officials have worked as partners for more than 25 years to improve the health of the Egyptian population. Programs have included expanding access to health-care services, strengthening health service delivery systems, and launching health communication programs. Despite impressive gains, certain challenges remained in 2002 in USAID/Egypt's intervention in the health and population sector. Underserved populations such as youth and young married couples needed to be reached with information and services. In response, USAID/Egypt's Office of Health and Population developed the Communication for Healthy Living program to effect behavior change that addresses the Government of Egypt's priority health issues: family planning, reproductive health, maternal or child health, infectious diseases and infection control, healthy lifestyle issues, and health sector reform. Moreover, the program was designed to be a catalyst in developing partnerships with the private sector and nongovernmental organizations (NGOs) to sustain the health communication activities designed and implemented.

To implement USAID/Egypt's Office of Health and Population's Communication for Healthy Living program, USAID/Egypt awarded a 7.5-year, \$25 million associate agreement to the Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health (Johns Hopkins, the implementer), effective July 15, 2003. USAID/Egypt expected the program to end on February 28, 2011, but according to the agreement officer, closeout activities may take up to a year or more to complete.¹ As of September 30, 2010, USAID/Egypt had obligated \$25 million and disbursed \$24 million for the program.

The implementer was to achieve the program goals of (1) providing improved strategic information and coordination for effective health communication programs; (2) increasing demand for health services and the adoption of healthy behaviors; and (3) developing institutional, technical, and financial sustainability to implement health communication programs in the public, NGO, and commercial sectors. Johns Hopkins hired five major subimplementers to help achieve these goals.

At USAID/Egypt's request, the Regional Inspector General/Cairo (RIG/Cairo) conducted this audit as part of its fiscal year (FY) 2011 annual audit plan to determine whether USAID/Egypt's Communication for Healthy Living program achieved its main goal to increase the adoption of healthy behaviors through crosscutting communication activities.

During FYs 2009 and 2010, USAID/Egypt's Communication for Healthy Living program achieved some of its goals. Under the assistance objective Healthier, Planned Families, the audit verified that the implementer completed 34 of 36 (94 percent) planned activities (Appendix III). Moreover, USAID/Egypt reports on four indicators for this program—(1) *number of people that have seen or heard a specific U.S. Government-supported family planning/reproductive health message*, (2) *number of U.S. Government-assisted service delivery points providing family planning counseling or services*, (3) *number of children reached by U.S. Government-*

¹ Closeout activities include closing out the program financially, finalizing site visit reports, verifying compliance with any remaining conditions or covenants, ensuring that project files are complete, and preparing a closeout report. As of May 19, 2011, the mission reported that some closeout activities had been completed, but the implementer still had not submitted its final performance report and financial report, which are required before closeout procedures can be completed.

supported nutrition programs, and (4) number of people trained in maternal/newborn health through U.S. Government-supported programs. As illustrated in Appendix IV, during FY 2009, the program met its targets for two of four health indicators that measure the performance of activities promoting family planning and healthy lifestyles. In FY 2010, the program met its targets for three of the four indicators.

Although the implementer achieved goals for some program objectives, the implementer did not meet its target for one indicator—*number of children reached by U.S. Government-supported nutrition programs* in FY 2009—and one other indicator—*number of people that have seen or heard a specific U.S. Government-supported family planning/reproductive health message*—in FY 2010. The implementer did not achieve the target for children reached through nutrition programs because the implementer shifted the program focus from weighing children for malnutrition to counseling women on breastfeeding and reproductive health and nutrition. According to the mission, the implementer made this change without consulting the mission. As for the second target, the implementer did not reach the expected number of people with family planning or reproductive health messages because of increased penetration of satellite broadcast and fragmentation of television viewership. In addition, the mission could not determine the achievement of results for the indicator *number of U.S. Government-assisted service delivery points providing family planning counseling or services* in FY 2009 because the mission had decided not to report on this target because of the indicator’s imprecise definition.

The 36 planned activities reviewed focused on three sectors: public sector, NGO/civil society sector, and private sector. Notable achievements in these sectors are discussed below.

Public Sector. For the Ministry of Health and the Ministry of Information’s State Information Service, the program provided strategic health information and coordination assistance to implement joint planning decisions between the ministries and among health programs. The program also assisted the State Information Service in drawing up a sustainability plan that included components to plan and budget for health communication activities. In addition, the program provided health communication materials or “messages” to the Ministry of Health. An official at the Ministry of Health stated that the program responded in a timely and effective manner during the avian and H1N1 influenza pandemics and other emergencies. For example, the program responded to the avian influenza pandemic by developing freestanding displays (shown on the following page) and television messages that aired almost immediately after the first case of avian influenza was detected in Egypt. The implementer also provided about 30,000 kits (shown on the following page) to the Ministry of Education for distribution to public and private schools during the H1N1 campaign.



The program distributed this and other displays, developed with USAID/Egypt funding, in public areas during the 2009 H1N1 crisis. (Photo by RIG/Cairo, November 2010)



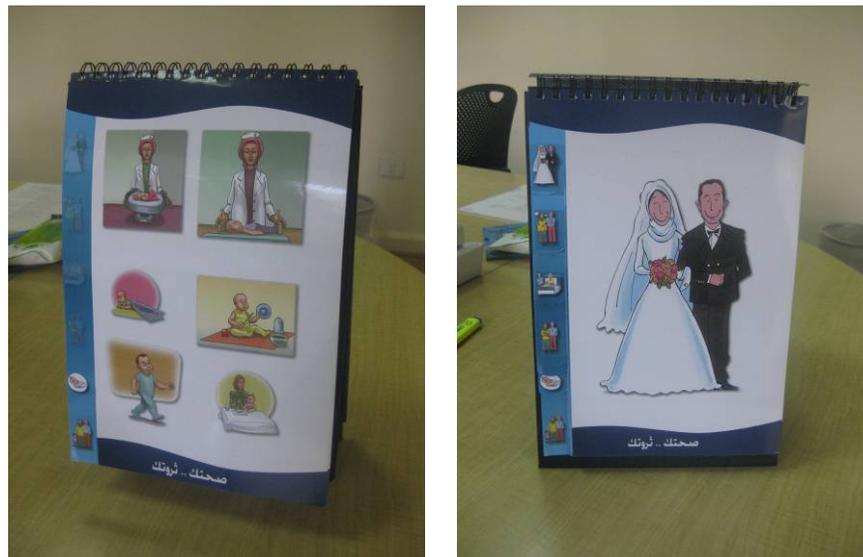
The program provided approximately 30,000 kits to the Ministry of Education to distribute to schools. The kits include posters like the one shown. (Photo by RIG/Cairo, November 2010)

As another example of success, the program reported contributing to increasing the percentage of women who used a family planning method for the first time after the birth of the first child, a national health indicator for Egypt. According to the Egypt Demographic and Health Survey, the percentage increased from 50 percent in 2005 to 57.5 percent in 2008.

NGO/Civil Society Sector. The program achieved some notable successes in conducting family planning and reproductive health activities and maternal and child health activities through its community development associations, which are subimplementers on this program, during FYs 2009 and 2010. Moreover, in late FY 2009, the program expanded its nutrition activities from three to five focal governorates in Upper Egypt (Menia, Fayoum, and Qena) and Lower Egypt (Dakahlia and Monofiya).

In FY 2009, the program reported² that it had achieved a decline since implementation began in infant malnutrition rates, from 28.5 percent to 3.7 percent for its focal villages. In addition, the program reported in FY 2009 that more than 97 percent of women beneficiaries in its focal villages were using family planning.

The audit verified that the program had trained 346 community health workers in FY 2009 to conduct home visits to newlyweds to provide family health counseling and client education (with education materials pictured below). In addition, the audit verified that the community health workers conducted prenatal classes for women who were pregnant for the first time or who had a high-risk pregnancy. The program also trained women leaders on marriage, postpartum care, family health and welfare, and specialized topics such as female genital mutilation and avian influenza.



Health workers used this flipchart, developed by the program, in counseling clients. (Photo by RIG/Cairo, November 2010)

Private Sector. The program coordinated with the private sector to convey behavior-change messages. The program developed and distributed health education materials for providers and clients based on national health priorities. Specifically, the program distributed materials to pharmacies and trained pharmacists and physicians on family planning information and products. According to the implementer's annual progress report, the program helped increase the sales of progestin-only contraceptive pills through its activities to increase the adoption of healthy behaviors and demand for health services.

The implementer established a health marketing company called Ask Consult for Health, LLC. Johns Hopkins designed the company to develop a campaign to promote healthy behaviors in Egypt through the private sector. While the implementer believes the limited liability company to be sustainable, USAID/Egypt has reservations about the sustainability of the company at this stage and about plans to fund it in future USAID/Egypt health programs because it has not attracted enough funding outside the program.

² The reported data were not audited.

Although the program achieved some of its goals under the indicators and completed most of its activities, the audit noted the following weaknesses:

- USAID/Egypt did not ensure compliance with antiterrorism financing requirements, including certifications and the review of subagreements for terrorist financing clauses (page 6).
- USAID/Egypt did not verify the accuracy of reported performance data (page 7).
- USAID/Egypt did not update targets with changes in activities (page 9).

This report makes seven recommendations to improve the mission's implementation and oversight of the program. The report recommends that USAID/Egypt:

1. Obtain the antiterrorism certification required and include the information in the mission's official award files (page 7).
2. Require the primary implementer to verify that secondary implementers and individuals it provided material support or resources to were not associated with terrorism (page 7).
3. Provide written guidance to the implementer about USAID's antiterrorism measures, to include requirements for certifications, and mandatory clauses for the prohibition of terrorist financing (page 7).
4. Develop a schedule to verify periodically that the implementer has taken actions to ensure that antiterrorism measures are followed in a timely manner as a part of the mission's management oversight (page 7).
5. Develop and implement a checklist for mission staff to use to verify the accuracy of information provided by the implementer (page 9).
6. Develop and implement a written plan for training assistance recipients about data verification and performance monitoring plans (page 9).
7. Document a plan to conduct the required reviews and updates of targets for program indicators on a recurring basis (page 10).

Detailed findings begin on the following page. Our evaluation of management comments is on page 11. The audit scope and methodology are described in Appendix I (page 13), and management comments are in Appendix II (page 15).

AUDIT FINDINGS

USAID/Egypt Did Not Ensure Compliance With Antiterrorism Financing Requirements

Much federal guidance exists regarding the implementation of Executive Order 13224 of September 23, 2001—Blocking Property and Prohibiting Transactions With Persons Who Commit, Threaten To Commit, or Support Terrorism, which prohibits support to individuals and organizations associated with terrorism. To implement Executive Order 13224, USAID uses (1) certifications, (2) vetting,³ and (3) special contract provisions, such as a mandatory clause. USAID's Acquisition and Assistance Policy Directive 04-14, "Certification Regarding Terrorist Financing Implementing E.O. 13224" (Revision 2), requires agreement officers to obtain certifications from recipients that they did not and will not knowingly provide material support or resources, such as currency, lodging, or training, to any individual or entity that has engaged or engages in terrorist activity before an award is made. As stated in the USAID policy directive, the implementer should verify that an individual or entity to which it provides material support or resources does not appear on lists maintained by the U.S. Government or the United Nations. Moreover, in accordance with the Communication for Healthy Living associate agreement, the implementer was required to include mandatory clauses regarding terrorist financing in all contracts and subawards issued under the agreement. In addition, at the mission level, the agreement officer's technical representative (AOTR) is responsible for verifying that the recipient's activities conform to the terms and conditions of the award as outlined in the designation letter for agreement officer's technical representatives, a management control.

Although the Communication for Healthy Living agreement included information about the Executive order on antiterrorism financing requirements, USAID/Egypt's procurement office and Office of Health and Population did not ensure that USAID's antiterrorism measures were conducted. USAID/Egypt's agreement officer did not obtain the required certification on antiterrorist financing from the implementer when the mission made the award. According to the USAID/Egypt agreement officer, the mission usually obtains a certification from the implementer when an award is made or when USAID/Egypt increases the total estimated cost for an award. However, USAID/Egypt's official award file did not contain the certification, and the audit found that mission officials had assigned six agreement officers to this agreement from July 2003 to February 2011. Moreover, the implementer did not ascertain whether individuals and entities to which it provided material support appeared on the lists maintained by the U.S. Government and the United Nations and did not include the mandatory clauses on the prohibition of terrorist financing in two of five subcontracts valued at \$2.5 million.

This noncompliance with certification and mandatory clause requirements occurred primarily because of poor oversight and weak management controls of the implementer's and mission's supervisory review. According to USAID/Egypt officials, the agreement office did not follow the

³ USAID is not required to implement a partner vetting system or vet ultimate beneficiaries of USAID assistance; however, USAID missions are responsible to obtain certifications on antiterrorist financing from the implementer before making an award, and it is the legal responsibility of the implementer to ensure that mandatory clauses are included in the subawards and that individuals it provides support to do not commit or support terrorism.

mission's usual practice of obtaining certification when the award was initially made in July 2003. In addition, the AOTR did not periodically verify that the implementer followed standard provisions on terrorist financing because the AOTR did not know this was the AOTR's responsibility. Although USAID/Egypt made specific reference to the Executive order regarding antiterrorism in the associate agreement, Johns Hopkins' Chief of Party stated that the implementer's staff members were unaware of USAID's antiterrorism measures, such as verifying individuals or entities. Furthermore, the implementer cited a management oversight as the cause for not including the special provisions on terrorist financing in two of five subawards issued under this agreement.

If USAID/Egypt does not obtain certifications regarding terrorist financing and periodically verify that procedures are followed, the mission cannot be assured that its program is not providing support to entities or individuals associated with terrorism. Given the sensitivities, complexities, and visibility of antiterrorism issues, USAID/Egypt could benefit from increased management oversight to ensure compliance with antiterrorism requirements. Without increased management attention and oversight regarding antiterrorism measures, USAID implementers are susceptible to questioned program costs, and USAID may inadvertently provide resources to individuals or entities associated with terrorist activities. Consequently, the audit makes the following recommendations.

Recommendation 1. We recommend that USAID/Egypt obtain the antiterrorism certification required and include the information in the mission's official award files.

Recommendation 2. We recommend that USAID/Egypt require the primary implementer to verify that secondary implementers and individuals it provided material support to were not associated with terrorism.

Recommendation 3. We recommend that USAID/Egypt provide written guidance to the implementer about USAID's antiterrorism measures, to include requirements for certifications and mandatory clauses for the prohibition of terrorist financing.

Recommendation 4. We recommend that USAID/Egypt develop a schedule to verify periodically that the implementer has taken actions to ensure that antiterrorism measures are followed in a timely manner as a part of the mission's management oversight.

USAID/Egypt Did Not Verify the Accuracy of the Reported Performance Data

Automated Directives System (ADS) 203.3.5.1, "Data Quality Standards," states that USAID missions should ensure that performance data meet five data quality standards—validity, integrity, precision, reliability, and timeliness. USAID missions should ensure that data quality standards are met so that performance data are useful in managing for results and credible for reporting. Moreover, USAID's *Performance Management Toolkit* provides guidance to operating units to sample and review the implementer's data periodically to ensure completeness and accuracy.

Johns Hopkins did not report accurate data, and USAID/Egypt cannot rely on information in the implementer's progress reports. Johns Hopkins reported on four performance indicators during

FYs 2009 and 2010. In FY 2009, the implementer significantly⁴ underreported results for two of its indicators using estimated and inaccurate data (Appendix IV). In FY 2010, results were significantly underreported for two indicators regarding family planning and reproductive health, and overreported on one indicator for number of people trained in maternal and newborn health.

The audit found data quality issues for the following four indicators:

- *Number of people that have seen or heard a specific U.S. Government-supported family planning/reproductive health message.* In FY 2009, the implementer reported that 28.6 million people had seen a television advertisement promoting an oral contraceptive. However using a media monitoring service, Johns Hopkins calculated the number of people reached by multiplying the percentage of adults who viewed the progestin-only pill ad by an adult population of 52 million. Although the media monitoring service maintained a television ratings database of the number of Egyptian television viewers reached, the database used to generate the percentage was unreliable: audit tests found that the database generated a different result, recurring during multiple tests.
- *Number of U.S. Government-assisted service delivery points providing family planning counseling or services.* During FY 2009 and again during FY 2010, Johns Hopkins reported assisting 15,382 pharmacies that provided family planning counseling or services. However, the implementer did not disclose in the progress reports that this was an estimated number of pharmacies, calculated using 30,000 pharmacies as a multiplier. Using the estimate led to underreporting its results by as much as 29 percent in FY 2009 and 34 percent in FY 2010. Moreover, Johns Hopkins could not support the use of the number 30,000 and provided third-party source documents to the auditors that showed more than 30,000 pharmacies actually existed in Egypt. Appendix IV shows the audit's verification and the anomalies associated with the reported data.
- *Number of children reached by U.S. Government-supported nutrition programs.* Data inconsistencies resulted in reports of inaccurate data by the implementer.
 - In FY 2010, Johns Hopkins reported providing service to 21,021 children. However, the audit found that the implementer based its reported data on an estimated figure that was not disclosed to USAID/Egypt. One of the subimplementers, Save the Children, reported estimated data to Johns Hopkins. The audit verified that the estimated figure was overreported by 11 percent for FY 2010.
 - In FY 2009, the implementer reported inaccurate data regarding services provided to children aged 6–24 months. Although Johns Hopkins reported that 10,913 children aged 6–24 months had been weighed in FY 2009 to determine whether nutrition services were warranted, the audit verified that the number was higher than 10,913 and that it had included children less than 6 months old.
- *Number of people trained in maternal/newborn health through U.S. Government-supported programs.* Although two subimplementers, Ask Consult for Health, LLC (Ask Consult), and Save the Children, provided Johns Hopkins with information on maternal and newborn health training, the implementer either did not include the data in its reports or did not report accurate data to USAID/Egypt. Ask Consult trained 117 physicians and pharmacists in FY

⁴ The audit considered an indicator to be significantly over- or underreported if the percentage variance exceeded 5 percent.

2009 and 116 physicians and pharmacists in FY 2010; however, Johns Hopkins did not include these figures in its reports to USAID/Egypt. Furthermore, Save the Children did not accurately track its number of trainees. It double-counted the number of people who attended multiple training sessions, included people who were trained in a prior fiscal year, and included people who attended training sponsored by the Ministry of Health that was not supported by the U.S. Government. Consequently, Johns Hopkins underreported this indicator by 24 percent in FY 2009 and by 7 percent in FY 2010.

USAID/Egypt and Johns Hopkins reported inaccurate program data because neither entity verified or validated the reported results using source documents. Although both the mission and the implementer reviewed progress reports and conducted intermittent site visits to observe program progress, neither verified data through periodic sampling and testing. Inaccurate program data were reported in part because the program AOTR stated that the program portfolio was fully loaded and accordingly relied on other mission support staff for feedback on program results. Moreover, Johns Hopkins stated that it deliberately reported conservative data in its quarterly and annual reports to USAID/Egypt. The audit also found that USAID/Egypt's Office of Health and Population did not periodically sample or test its reported data after a data quality assessment in early FY 2008. In addition, USAID/Egypt's development program specialist stated that although the mission has monitoring and evaluation systems and policies in place, the Office of Health and Population staff lacked understanding of and did not implement the monitoring and evaluation systems and policies.

USAID/Egypt's Office of Health and Population should ensure that annual performance data reported to external stakeholders meet data quality standards. Data on output indicators, such as the number of people trained, are critical to achieving results, and problems with the data quality provide an early warning that results may not be achieved as planned. Stakeholders including Congress may rely on the narratives and results reported in the mission's annual performance plan and report. Therefore, the Office of Health and Population should exercise prudent management oversight in ensuring that the data reported for this program are accurate. Consequently, the audit makes the following recommendations.

Recommendation 5. *We recommend that USAID/Egypt develop and implement a written data verification checklist for mission staff to use to verify the accuracy of information provided by the implementer.*

Recommendation 6. *We recommend that USAID/Egypt develop and implement a written plan for training assistance recipients about data verification and performance monitoring plans.*

USAID/Egypt Did Not Update Targets With Changes in Activities

ADS 203.3.4.5, "Setting Performance Baselines and Targets," states that yearly targets are generally required for the standard indicators selected for the annual joint operational plan and the joint performance report. These targets should be ambitious but achievable given the resources provided to the program. In addition, Performance Monitoring & Evaluation TIPS No. 8, "Baselines and Targets," a supplemental reference to ADS 203, states that if a project does not meet targets, it is important for managers to reexamine the focus or priorities of the project and make related adjustments in indicators or targets. Senior managers, staff, and

implementers should review performance information and targets as part of ongoing project management responsibilities.

During FYs 2009 and 2010, the Communication for Healthy Living program changed some of its activities; however, USAID/Egypt did not adjust the targets in response to the changes in activities. For example, in FY 2009, Johns Hopkins shifted its focus from weighing children for malnutrition to counseling mothers on breastfeeding and reproductive health and nutrition. As a result, Johns Hopkins did not achieve its target in FY 2009 for the indicator *number of children reached by U.S. Government-supported nutrition programs* (Appendix IV). In late FY 2009, Johns Hopkins scaled up its activities to include two additional focal governorates in Lower Egypt, in which it weighed children for malnutrition. USAID/Egypt did not adjust the target in response to the additional activity, resulting in the implementer exceeding targets by 119 percent in FY 2010 (Appendix IV).

Moreover, in FY 2009, Johns Hopkins began training pharmacists and physicians as a part of its private sector activities. USAID/Egypt's Office of Health and Population did not adjust the target to reflect the impact of this new activity, and as a result Johns Hopkins exceeded its target for the *number of people trained in maternal/newborn health through U.S. Government-supported programs* by 32 percent in FY 2009 and trained more than double the target number in FY 2010 (Appendix IV).

Finally, Johns Hopkins reported to USAID/Egypt in its quarterly and annual reports challenges in achieving its target for the *number of people that have seen or heard a specific U.S. Government-supported family planning/reproductive health message*. Johns Hopkins reported a steady decline in state-owned television viewing and an increase in satellite television viewing. Despite the challenges, neither USAID/Egypt nor Johns Hopkins revised the target because of the decline in viewership. As a result, Johns Hopkins achieved only 71 percent of its target in FY 2010.

The implementer stated that it did not know that it could adjust the targets, and never discussed the issue with the mission's health staff. Conversely, USAID/Egypt's Office of Health and Population's monitoring and evaluation specialist stated that Johns Hopkins was expected to update the targets in its progress reports to USAID/Egypt's Office of Health and Population. Although Johns Hopkins reported to the mission's health officials some obstacles and constraints in meeting one of its targets, neither the health officials nor the implementer took any action to adjust the targets accordingly. Moreover, despite a USAID/Egypt mission order that requires staff to review and modify performance-monitoring plans as necessary during implementation, the Office of Health and Population's staff did not update its targets.

USAID/Egypt's Office of Health and Population is responsible for reviewing performance information and targets as part of its ongoing project management responsibilities. As a management control, the office should address the obstacles and constraints reported by the implementer. With the adjustment of targets, both USAID/Egypt and Johns Hopkins might have achieved greater successes in the program. The audit makes the following recommendation.

Recommendation 7. *We recommend that USAID/Egypt document a plan to conduct the required reviews and updates of targets for program indicators on a recurring basis.*

EVALUATION OF MANAGEMENT COMMENTS

USAID/Egypt's comments and planned actions are partially responsive to the report recommendations. Although USAID/Egypt officials agreed with one of seven recommendations, the mission took action to address Recommendations 1, 3, and 4. Based on USAID/Egypt's supporting documentation and planned actions, RIG/Cairo considers that management decisions have been made and final action has been taken on Recommendations 1, 3, and 4. Management decisions have not been reached on Recommendations 2, 5, 6, and 7.

After receiving a discussion draft provided to USAID/Egypt on January 23, 2011, mission officials provided additional information in written responses to RIG/Cairo on February 25, February 26, and March 3, 2011, before the draft report was provided to officials for management comments.

Recommendation 1. USAID/Egypt agreed with the recommendation. The mission obtained the required antiterrorism certification from Johns Hopkins on April 15, 2011, and included the certification in the mission's official program files. Accordingly, RIG/Cairo considers that final action has been taken on the recommendation.

Recommendation 2. Mission officials did not agree with the recommendation to require the implementer to verify that secondary implementers and individuals to which it provided material support were not associated with terrorism. RIG/Cairo maintains that, although the implementer was not required to conduct some antiterrorism measures such as vetting, the implementer should have conducted mandatory antiterrorism requirements applicable to the USAID agreement. Moreover, USAID/Egypt's implementer and mission health officials share a responsibility to ensure that any required antiterrorism measures are conducted. The mission should institute as a primary management control to routinely verify that the implementer has taken the necessary actions to provide reasonable assurance that it did not inadvertently provide material support to subimplementers associated with terrorism. Consequently, RIG/Cairo does not consider that a management decision has been reached on this recommendation.

Recommendation 3. USAID/Egypt did not agree with the recommendation to provide written guidance to the implementer about USAID's antiterrorism measures, including specific information on requirements regarding antiterrorism certifications and mandatory clauses. However, mission officials took corrective actions by obtaining a signed antiterrorism certification from Johns Hopkins on April 15, 2011, and placing it in the mission's official program files. On the basis of these actions, RIG/Cairo considers that final action has been taken on this recommendation.

Recommendation 4. Although USAID/Egypt did not agree to develop a schedule to verify periodically that the implementer had taken action to ensure that antiterrorism measures were followed in a timely manner, mission officials took alternate corrective action and agreed that the designation letter for the AOTR requires the AOTR to be familiar with the grant and its terms. USAID/Egypt has instructed the mission's procurement office to review information included in the Agency's antiterrorism policy directive with AOTRs at least annually to remind them of

requirements for USAID implementers. Moreover, USAID/Egypt plans to remind AOTRs to review with implementers on their responsibilities periodically as part of the mission's oversight function. Therefore, RIG/Cairo considers that final action has been taken on this recommendation.

Recommendation 5. USAID/Egypt did not agree to develop and implement a data verification checklist. RIG/Cairo maintains that, although the mission completed a data quality assessment for FY 2007, officials did not adequately validate the propriety and integrity of the implementer's data as a prudent management control. At a minimum, mission officials should assess data reported to USAID and document the findings of their data verification to ensure that the data USAID publishes is accurate during the years when the mission has not conducted a formal data quality assessment. Accordingly, RIG/Cairo considers that a management decision has not been reached.

Recommendation 6. USAID/Egypt did not agree to develop a plan for training assistance recipients about data verification and performance monitoring plans. RIG/Cairo still believes such a plan is necessary because, although mission officials assumed that the implementer's staff was knowledgeable about conducting monitoring and evaluations for USAID work without additional training and that the implementer would review information on an Agency Web site, the implementer did not periodically verify the integrity or propriety of reported results and relied on a subimplementer's reports of data. Consequently, the implementer provided erroneous data to USAID/Egypt. In addition, the implementer did not develop a well-defined performance-monitoring plan during FY 2009 or FY 2010 with elements such as the data source, frequency of collection, methodology or approach of collection, data limitations, and rationale for critical assumptions for the indicators. Moreover, although the program had been ongoing for over 7 years, the implementer's staff reported that USAID's performance and monitoring guidance would have been beneficial. Accordingly, RIG/Cairo considers that a management decision has not been reached.

Recommendation 7. USAID/Egypt did not agree to document a plan to conduct required reviews and update targets for program indicators on a recurring basis. RIG/Cairo urges the mission to reconsider. Routinely, when the mission and the implementer changed activities, they did not update or revise the targets to document the changes in the performance management plans, in accordance with USAID/Egypt's Program Office guidance. USAID/Egypt's Office of Health and Population should document a plan to revise and document indicator targets to provide the most accurate information by which to assess goal achievement. Therefore, RIG/Cairo considers that a management decision has not been made on this recommendation.

SCOPE AND METHODOLOGY

Scope

RIG/Cairo conducted this performance audit in accordance with generally accepted government auditing standards. 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. We designed this audit to determine whether USAID/Egypt's Communication for Healthy Living program is achieving its main goal to increase the adoption of healthy behaviors through crosscutting communication activities during FYs 2009 and 2010. RIG/Cairo included the audit of USAID/Egypt's Communication for Healthy Living program in its FY 2011 Office of Inspector General audit plan.

USAID/Egypt awarded a 7.5-year, \$25 million associate agreement to the Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health (Johns Hopkins), effective July 15, 2003. USAID/Egypt expected the program to end on February 28, 2011. As of September 30, 2010, USAID/Egypt had obligated \$25 million and disbursed \$24 million. Our tests covered \$10,406,144 or approximately 43.4 percent of the total expenditures.

We conducted this audit at USAID/Egypt, from November 1, 2010, to January 24, 2011, and at the Cairo office of the implementer, Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs, and its subimplementers—Save the Children Federation Inc., and Alliance for Arab Women in Menia. The audit team conducted field visits to Saft El Khammar Village Community Development Association and village health unit in Menia. The audit team also conducted an interview with the Minister of Health's First Assistant Minister. However before the team finalized the draft report, USAID staff evacuated post because of a revolution in Egypt. Consequently, the audit team updated information through May 19, 2011 after staff returned to Cairo.

We obtained an understanding of the management controls related to (1) management review at the functional level, (2) documentation, (3) recording of transactions, and (4) significant staff involvement with the recipient's associate agreement during project implementation. We reviewed documentation provided by the mission and the implementing partner, including FYs 2009 and 2010 work plans; the implementer's quarterly reports; the associate agreement and modifications; performance management plans; site visit reports; and supporting documentation, such as training attendance sheets and records of children weighed.

Methodology

To answer our audit objective, we reviewed the terms of the agreement and applicable policies and procedures and identified the program's main goals. We also reviewed documentation provided by USAID/Egypt, the implementer, and its subimplementers to determine whether the implementer completed its planned activities and achieved its targets for its indicators. We further interviewed key personnel at USAID/Egypt, Johns Hopkins, and Save the Children to gain an understanding of the program's design and how USAID/Egypt and its implementer monitored the implementation of the program and measured results.

We reviewed activities in the Communication for Healthy Living work plans, which described the specific activities to be conducted for the benefit of the Government of Egypt in its efforts to reduce population growth, reduce maternal and child mortality, and prevent infectious disease, including H1N1 and avian influenza, as well as to promote healthy lifestyles and enable sustainability of program activities. We determined whether the program achieved planned results on four selected performance indicators in the implementer's work plans by interviewing the implementer, subrecipients, and mission technical staff and by reviewing documentation provided, including quarterly progress reports.

To verify reported results, we selected and tested a judgmental sample of 36 of 91 activities that we determined (through our review and knowledge of the program) were instrumental to achieving program objectives. As directed by the Office of Inspector General/Washington statistician, to test the results reported on the performance indicators for those activities, we selected a random statistical sample of 104 of 30,099 children reached by a U.S. Government-supported nutrition program, and 248 of 1,339 people trained in maternal and newborn health through U.S. Government-supported programs during FYs 2009 and 2010. Using these statistical samples and assuming a 5 percent error rate with a variation of plus or minus 4 percent provided a 90 percent confidence level. We verified the reported results for the selected sample by matching them to the implementer's relevant source documents, such as attendance sheets and records of children weighed for FYs 2009 and 2010. The audit results can be projected to the entire universe of children reached in the nutrition program and people trained in maternal and newborn health.

We reviewed compliance by the mission and implementer with Executive Order 13224—Blocking Property and Prohibiting Transactions With Persons Who Commit, Threaten to Commit, or Support Terrorism, and with Acquisition and Assistance Policy Directive 04-14, issued on September 24, 2004, for the implementation of Executive Order 13224. We also reviewed the mission's monitoring of the implementer's compliance with Tiahrt requirements on family planning. Our Tiahrt and antiterrorism compliance testing included reviews of subcontracts, certifications, and the USAID/Egypt's Tiahrt site visit reports.

During site visits to Save the Children's office in Menia and field visits to the Saft El Khammar Community Development Association and village health unit, we interviewed health workers, volunteers, and program beneficiaries to gain an understanding of whether the program was meeting their needs. In addition, we interviewed the Minister of Health's First Assistant to determine the impact of the program.

For evaluating project results, the materiality threshold was established at 10 percent. In other words, if 90 percent or more of the activities or indicators verified were determined to have achieved the planned results, we determined that the Communication for Healthy Living program achieved planned results as stated in the audit objective.

MANAGEMENT COMMENTS

April 26, 2011

MEMORANDUM

TO: Regional Inspector General/Cairo, Jacqueline Bell

FROM: USAID/Egypt Mission Director, James A. Bever /s/

SUBJECT: Audit of USAID/Egypt's Communication for Healthy Living Program (Report No. 6-263-11-00X-P)

This memorandum transmits USAID/Egypt's response to the draft report on the subject audit, which included seven recommendations to USAID/Egypt. This submission of USAID/Egypt's response is within the time frame agreed upon by the Regional Inspector General/Cairo, by April 26, 2011.

We note that for the majority of the responses, USAID/Egypt has followed, or agreed to follow, current Agency policy. For those related to the antiterrorism financing provisions and policy, USAID/Egypt has confirmed the Mission's understanding and application of current policy and cleared such responses with the General Counsel's office, specifically Gary Winter, in USAID/Washington. Gary Winter was the principle drafter of AAPD 04-14. Insofar as the recommendations exceed or go beyond that policy, USAID/Egypt has noted such in the response and requested closure of the recommendation.

USAID/Egypt requests closure of the seven recommendations.

These comments are provided in two formats: a signed hard copy and an electronic version in Microsoft Word with /s/ signifying my signature.

Thank you for the professionalism and thoroughness of the audit team who worked on this activity.

RIG Draft Audit Response – CHL Program Audit

General Comments: *The below comments from the Summary of Results represent a point for further clarification and an inaccuracy regarding the activity's implementation.*

P 1, Second Paragraph: *“Although mission officials expect the program to end in February 2011, closeout activities may take up to a year or more to complete.”*

- It is not clear from where the “year or more” time frame comes since this statement was not in the original discussion paper. As indicated in written and verbal feedback, the activity ended on February 28, 2011 – as is noted in Appendix I. USAID closeout procedures generally entail a three month closeout process. Currently, all is on track for the three month time frame.

P 2, Second Paragraph: *“The implementer did not achieve its goal to reach targets for the number of children reached by U.S. Government supported nutrition programs because the implementer shifted the program focus from weighing children for malnutrition to counseling women on breastfeeding and reproductive health without consulting the mission.”*

- This statement does not accurately reflect the situation around the programming shift, nor does it accurately reflect the technical intervention. Please see related comments below for “P. 10, Second Paragraph” under the General Comments section titled, *USAID/Egypt Did Not Update Targets With Changes in Activities.*

USAID/Egypt Did Not Ensure Compliance With Antiterrorism Financing Requirements

Specific Responses to the Recommendations:

- **Recommendation No. 1:** We recommend that USAID/Egypt obtain the antiterrorism certification required and include the information in the mission’s official program files.
 - ***The Mission concurs.*** USAID/Egypt has obtained the certification required on April 15, 2011 and included it in the mission’s official program files.
 - ***The Mission requests closure of this recommendation.***
- **Recommendation No. 2:** We recommend that USAID/Egypt require the primary implementer to verify that secondary implementers and individuals it provided material support were not associated with terrorism.
 - ***The Mission does not concur.*** USAID/Egypt has obtained the certification required by AAPD 04-14 and included it in the mission’s official procurement files. This Certification requires the implementing partner to take all reasonable steps to ensure that “it does not and will not knowingly provide, material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts, as that term is defined in paragraph 3” of the Certification included in AAPD 04-14. The Certification notes several steps that “*may enable the Recipient to comply with its obligations*” (emphasis added), including verifying that the individual or entity does not appear on any of the lists detailed in the Certification, and is not included in any additional information concerning prohibited individuals or entities provided to the recipient by USAID. It also asks recipients to “consider all information about that

- individual or entity of which it is aware and all public information that is reasonably available to it or of which it should be aware”.
- As noted in more detail below in the “General Comments” section, it is not the intention of USAID that the language in the Certification referring to the provision of material support and resources would apply to the ultimate beneficiaries of USAID assistance, such as recipients of food, medical care, micro-enterprise loans, shelter, etc., unless the applicant has reason to believe that one or more of such recipients has engaged or engages in terrorist activity, as described in the Certification.
 - As such, it is not clear what Recommendation No. 2 would require that is not already addressed by requiring the Certification as noted in Recommendation #1 above. To the extent this recommendation reaches beyond what is included above, it is not clear what the legal or regulatory basis is for this requirement.
 - ***The Mission requests closure of this recommendation.***
- **Recommendation No. 3: We recommend that USAID/Egypt provide written guidance to the implementer about USAID’s antiterrorism measures, to include requirements for certifications and mandatory clauses for the prohibition of terrorist financing.**
 - ***The Mission does not concur.*** USAID/Egypt has obtained the signed Certification required by AAPD 04-14 and included it in the Mission’s official procurement files. This Certification includes all necessary written guidance, including the process required of implementers. USAID policy currently requires implementing partners signing an agreement directly with USAID to complete this Certification at the beginning of an agreement. The implementing partner is also required by the terms of their agreement to include specific clauses on this subject in any sub-agreements or contracts. The certification does not require certifications from sub-partners. This certification includes information relevant to the implementer regarding USAID’s antiterrorism financing measures and implementer responsibilities with respect thereto.
 - As such, it is not clear what Recommendation No. 3 would require that is not already addressed in Recommendation #1 above. To the extent this recommendation reaches beyond what is included above, it is not clear what the legal or regulatory basis is for this requirement. All USAID contractors and grantees are subject to and expected to uphold US laws with respect to Antiterrorism Financing Requirements, and to complete the necessary due diligence to do so. USAID has determined that the burden for determining what is adequate due diligence should be with our implementing partners, and not shifted back to the US Government. It is expected that partners will take responsibility and comply with the law.
 - ***The Mission requests closure of this recommendation.***
 - **Recommendation No. 4. We recommend that USAID/Egypt develop a schedule to periodically verify that the implementer has taken actions to ensure that antiterrorism measures are followed in a timely manner as a part of the mission’s management oversight.**
 - ***The Mission does not concur.*** The AOTR designation letter requires the AOTR to be familiar with the grant and its terms. One of the responsibilities that flows from the designation letter is an understanding of recipient responsibilities included in the grant. In order to facilitate this, the Procurement office will at least annually review with AOTRs the information included in AAPD 04-14 to remind them of the content of the policy directive and recipient responsibilities included therein. As part of AOTRs’ normal oversight responsibilities, AOTRs will be reminded to periodically review with

implementers their responsibilities under AAPD 04-14 and to remain alert to any indication that implementers are not complying with the related certification or directive.

- To the extent this recommendation reaches beyond what is included above, it is not clear what the legal or regulatory basis is for this requirement. All USAID contractors and grantees are subject to and expected to uphold US laws with respect to Antiterrorism Financing Requirements, and to complete the necessary due diligence to do so. USAID has determined that the burden for determining what is adequate due diligence should be with our implementing partners, and not shifted back to the US Government. It is expected that partners will take responsibility and comply with the law.
- ***The Mission requests closure of this recommendation.***

General Comments Regarding Vetting:

- Please define what is meant by “vetting” throughout the text. By law, USAID is not authorized to use appropriated funds to implement a worldwide partner vetting system. (See 2010 Appropriations Act Citation below.) In addition, AAPD 04-14 does not require partners to individually vet beneficiaries (see AAPD 04-14 citation below). The text of the draft report seems to imply that USAID policy is otherwise. Please clarify.

2010 Appropriations Act

- *7034 (o) PARTNER VETTING.—None of the funds appropriated by this Act or any prior Act may be used by the Secretary of State or the Administrator of the United States Agency for International Development (USAID) to implement a Partner Vetting System (PVS): Provided, That notwithstanding the previous sentence, funds appropriated by this Act may be used to implement a PVS pilot program, including necessary rulemaking: Provided further, That any such PVS pilot program shall apply equally to the programs and activities of the Department of State and USAID: Provided further, That the Secretary of State and the USAID Administrator shall jointly consult with the Committees on Appropriations not later than 90 days after enactment of this Act and prior to the implementation of such a PVS pilot program, and such funds shall be subject to the regular notification procedures of the Committees on Appropriations.*

AAPD 04-14

- AAPD 04-14 specifically states that “It is not the intention of USAID that the language in the Certification referring to the provision of material support and resources would apply to the ultimate beneficiaries of USAID assistance, such as recipients of food, medical care, micro-enterprise loans, shelter, etc., unless the applicant has reason to believe that one or more of such recipients has engaged or engages in terrorist activity, as described in the Certification. Rather, that language applies to prime grantees or cooperating agencies and other intermediaries (such as sub-grantees) that receive USAID funds or USAID-financed commodities which ultimately are to be furnished to the above-described beneficiaries.” It goes on to clarify that “It also is not the intention of USAID that the obligations under paragraph 1 of the Certification would apply to the procurement of goods and/or services by the applicant that are acquired in the ordinary course of business through contract or purchase. For example, an applicant’s certification would not be considered to “reach down” to a landlord that leases office space to the applicant or to a vendor that sells office supplies to an applicant, unless the applicant has reason to believe that such landlord or such vendor has engaged or engages in terrorist activity, as described in the Certification.”

- One of the purposes of the certification requirement is to elevate the consciousness of our partners with respect to anti-terrorism financing issues. Requiring this certification, and the attendant due diligence necessary to properly sign the certification, causes our partners to spend time and effort reviewing, monitoring, etc. USAID does not go further than that, i.e., we do not monitor the partner during the life of the program to ensure compliance with the certification, because we don't have the authority, expertise or resources to do so. However, the certification does provide USAID with a legal basis to terminate the agreement, seek refund or take other action as necessary, if it is discovered that the certification was made falsely.

USAID/Egypt Did Not Verify the Accuracy of the Reported Performance Data

Specific responses to the Recommendations:

- **Proposed Recommendation No. 5. We recommend that USAID/Egypt develop and implement a written data verification checklist for mission staff to use to verify the accuracy of information provided by the implementer.**
 - Please see emails and related attachments on Data Quality Assessments (DQA). Relevant references from email attachments include the Performance Plan Reporting (PPR) guidance, the DQA worksheet, which is the checklist used to verify the accuracy of information provided by the implementer, and USAID's *Performance Monitoring and Evaluation TIPS, Guidelines for Indicator Quality*.
 - Per USAID policy, **203.3.5.2** "*Data reported to Washington for Government Performance and Results Act (GPRA) reporting purposes or for reporting externally on Agency performance must have had a data quality assessment at some time within the three years before submission.*" In accordance with this policy, a DQA (utilizing the attached worksheet) is completed every three years for data reported to Washington for annual performance reports. This was the case for the data verified by the Regional Inspector General/Cairo for CHL. A DQA was completed in 2007, and then again in 2010. (Please see attached "Pages from PPR guidance" for reference.)
 - ***The Mission requests closure of this recommendation.***
- **Recommendation No. 6. We recommend that USAID/Egypt develop and implement a written plan for training assistance recipients about data verification and performance monitoring plans.**
 - ***The Mission does not concur.*** It is assumed when an assistance instrument is awarded that capable and well trained awardee staff will implement the awarded program. USAID does not usually provide training to awardees on basic implementation principles such as data verification and performance monitoring. It is assumed that if an award includes Monitoring and Evaluation (M&E) experts in its staffing pattern then these experts will be capable of conducting their work without additional training. USAID does provide guidance in writing such as the attached Mission Order, DQA guidance, the ADS and the TIPS series. The latter are available on the USAID public website. Training is provided only when there are major changes in the way USAID does business.
 - In many cases the Program Office provides intensive M&E guidance and training to the awardees as requested by the COTR or AOTR.
 - Agency funded training was provided to all AOTRs and COTRs on Managing for Results and specifically on Monitoring and Evaluation in Cairo in June 2009. The same training

was to be provided again in Cairo in May 2011; however the location was changed due to the recent civil unrest.

- Since 2006, the OHP M&E specialist works with all new implementing partners to develop Performance Monitoring Plans. This allows for clear communication on expectations on behalf of the OHP, and ensures consistency in how activities are capturing and reporting on performance data. This was done with CHL at the beginning of FY2010 to get them on track and address noted weaknesses. However, it was towards the end of their activity – so not as helpful as it would have been at the beginning.
- ***The Mission requests closure of this recommendation.***

General Comments on the Section “USAID/Egypt Did Not Verify the Accuracy of the Reported Performance Data”:

P 8, Second Bullet: *“Number of U.S. Government-assisted service delivery points providing family planning counseling or services: During FY 2009 and again during FY 2010, Johns Hopkins reported assisting 15,382 pharmacies that provided family planning counseling or services. However, the implementer did not disclose in the progress reports that this was an estimated number of pharmacies based on a calculation base using 30,000 pharmacies as a multiplier—underreporting its results by as much as 29 percent in FY 2009 and 34 percent in FY 2010. Moreover, Johns Hopkins could not provide the source documentation for the calculation base and provided third-party source documents to the audit that showed more than 30,000 pharmacies actually existed in Egypt. Appendix IV shows the audit’s verification and the anomalies associated with the reported data.”*

- This statement does not accurately reflect the communication and understanding between USAID/Egypt and the implementer. USAID/Egypt was fully aware that the number of pharmacies submitted was an estimate based on an agreed upon calculation from the 2009 Ask Consult Providers Survey.
- This statement does not accurately reflect an understanding of the number of pharmacies used for base calculation. The calculation base was understood by USAID/Egypt and accurately reflects the reach of program activities through a communication materials distribution network. As stated above, “third-party source documents to the audit showed that more than 30,000 pharmacies actually exist in Egypt.” While this is true – there are more than 30,000 pharmacies in Egypt; USAID/Egypt’s activities don’t reach every registered pharmacy with its materials. As such, it is incorrect to use this as a base number. Therefore, the conclusion reached regarding the underreporting estimates is inaccurate as the bullet currently reads.

USAID/Egypt Did Not Update Targets With Changes in Activities

Specific Responses to the Recommendation:

- **Recommendation No. 7.** We recommend that USAID/Egypt document a plan to conduct the required reviews and updates of targets for program indicators that have been developed by the mission’s program office on a recurring basis.
 - ***The Mission does not concur.*** The Program Office does not develop program indicators. The technical teams develop custom indicators and/or select the relevant standard indicators based on the Foreign Assistance Framework, and the Program Office reviews and advises the technical teams.

- USAID/Egypt conducts Mission-wide annual performance reviews during the Fall Portfolio Implementation Reviews (PIR) each year. The Program Office sends guidance to technical offices on the preparation of the reviews, guidance when DQAs are required, and the annual Performance and Plan Report (PPR) which also includes guidance on revising indicators and updating targets on an annual basis. (See related emails and/or documents titled, “November 2010 PIR Guidance”, “PPR Guidance and Team POC” and “Additional PPR Guidance” attachments from Fall 2010.) Program Office backstops meet with each technical team to discuss the PIR and PPR guidance each year. Additionally, the Program Office sends a separate guidance on conducting DQAs with a sample checklist clear description of the DQA requirements. (See previously referenced emails on Data Quality Assessments). The Program Office, when requested by the technical office, provides the same guidance to contractors. (See the email titled “Data Quality Assessment” addressed to Arwa).
- Additionally, in January or February of each year the Program Office sends a request to the teams asking them to update their performance monitoring plans and update the targets. (See email titled “Performance Monitoring Plans” from Amani Selim for last year’s example.) The Program Office meets with technical teams to walk them through each indicator and discuss the updates. (See the calendar appointment “Updated: PPS PMP Review” as an example.)
- The Program Office will include in next year’s PIR guidance explicit guidance on indicator and performance data review committees leading up to the PIRs and the submission of the PPR. These review committees will analyze the indicators and data quality submitted for the PIRs and PPRs, and make recommendations for improvement. There will be separate review committees for each technical office and be composed of Program Office and Technical Office staff. Additional follow up would occur in January or February as mentioned above.
- ***The Mission requests closure of this recommendation.***

General Comments on the Section “USAID/Egypt Did Not Update Targets With Changes in Activities”:

P 10, Second Paragraph. *During FYs 2009 and 2010, the Communication for Healthy Living Program changed some of its activities; however, USAID/Egypt did not adjust the targets in response to the changes in activities. For example, in FY 2009, Johns Hopkins shifted its focus from weighing children for malnutrition to counseling mothers on breastfeeding and reproductive health. As a result, Johns Hopkins reached fewer children through U.S. Government-supported nutrition programs and did not achieve its target in FY 2009 for the indicator number of children reached by U.S. Government-supported nutrition programs (see Appendix IV). In late FY 2009, Johns Hopkins scaled up its activities to include two additional focal governorates in Lower Egypt, in which it weighed children for malnutrition. USAID/Egypt did not adjust the target in response to the additional activity, which resulted in the implementer exceeding targets by 119 percent in FY 2010 (see Appendix IV).*

- This statement does not accurately reflect the situation around the programming shift.
 1. Activity scale-up was requested by USAID/Egypt in Lower Egypt governorates to respond to 2008 Egypt Demographic and Health Survey data that showed a dramatic increase in childhood stunting.
 2. CHL responded by increasing counseling for mothers on breastfeeding and nutrition in two Lower Egypt governorates – and not screening to identify at-risk children for intensive interventions. As stated in the SO20 PMP, **“Method/Approach of Collection/Calculation:** CHL /JHU provides nutrition screening for the children in the

age range 6-24 months in the 120 Save the Children Villages. This screening is followed by nutrition classes for the mothers of the under-weight children, and then monitoring the children. Screening of children and their monitoring are documented and quarterly reported by Save the Children to CHL/JHU.” This change of approach was not discussed with USAID/Egypt, and thus the additional counseling interventions – while they reached more mothers with important nutrition information - affected the integrity of the indicator and it could not be counted towards the 2009 target. This meant that the projected target was not reached in 2009.

3. Upon USAID/Egypt knowledge of the change of approach, USAID/Egypt requested that CHL reintegrate screening to maintain integrity of the target. CHL responded accordingly, which enabled them to reach their 2010 target.
- This statement does not accurately reflect the technical intervention by CHL. The program shift “from weighing children for malnutrition to counseling mothers on breastfeeding and reproductive health” was to counseling mothers on breastfeeding and nutrition. While reproductive health may have been integrated, in actuality JHU’s focus (at the initial stage) was to address the increase in chronic malnutrition through breastfeeding and nutrition counseling.

P. 10, Last Sentence. “Conversely, the mission staff stated that they expected Johns Hopkins to set the targets in its progress reports to USAID/Egypt’s Office of Health and Population.”

- While mission staff discussed targets with the implementer, it is not expected that they set targets in their progress reports.

P. 11, First Paragraph. “Although Johns Hopkins reported some obstacles and constraints in meeting one of its targets to the mission’s health officials, neither the health officials nor the implementer took any action to adjust the targets accordingly. Moreover, despite a USAID/Egypt Program Office mission order that requires staff to review and modify performance monitoring plans as necessary during implementation, the Office of Health and Population’s staff did not update its targets as required by this guidance.”

- The statement as such assumes negligence on behalf of the Office of Health and Population, when in fact these matters were discussed at great length both with the Office of Health and Population extended team, and during the semi-annual Portfolio Implementation Reviews. There were two important factors, 1) technical discussions on the appropriateness and frequency of changing targets; and 2) a lack of clarity on when it was permissible to make changes. The OHP staff felt it was more accurate to write up descriptions regarding target deviations as is permitted in the Performance Plan Report Annual Guidance, particularly given that the activity was ending and new targets would be created for new activities.

P. 12, Second Paragraph. “USAID/Egypt’s Office of Health and Population is responsible for reviewing performance information and targets as part of its ongoing project management responsibilities. As a minimal management control, the office should address the obstacles and constraints reported by the implementer. With the adjustment of targets, both USAID/Egypt and Johns Hopkins might have achieved greater successes in the program.”

- It is not clear what is meant by “obstacles and constraints” and how this would have achieved “greater success of the program” when the implementer overreached the majority of its targets. As required by Performance Plan Report Annual Guidance, all target deviations were recorded.

General Comments on Appendix IV:

P. 19, Appendix IV. Note “d” states: *“The Egyptian Pharmacists Syndicate reported to Johns Hopkins that 46,811 registered pharmacies existed in Egypt during calendar year 2009 and 50,500 registered pharmacies existed during calendar year 2010. Of these registered pharmacies, the syndicate reported that 10–15 percent were not functioning.”*

- As stated above, it is inaccurate to use the number of registered pharmacies, or even functioning pharmacies, as a baseline for estimated projections for the relevant indicator. The universe of pharmacies for USAID/Egypt is based upon a materials distribution network for 20,000 pharmacies.

Status of Program Activities for FY 2009 and FY 2010

No.	Activity	Status of Verified Activity
FY 2009		
1	Support Ministry of Health and Population (MOHP; named changed to Ministry of Health in 2009) and State Information Service (SIS) for the smooth functioning of a Communication for Healthy Living Executive Steering Committee, representing joint planning and decision making between ministries and among health programs	Completed
2	Facilitate high-level training of trainers (TOTs) for specialized MOHP staff, focusing on topics such as integrated flipchart counseling, premarital counseling, communication support to a postpartum intrauterine contraceptive device program, and infection control	Completed high-level TOT in FY 08, conducted step-down and TOT training to local level in FY 09
3	Facilitate MOHP outreach activities in focal governorates, including in-clinic seminars, public meetings, and local leader meetings	Completed
4	Facilitate MOHP postpartum home visits for postpartum/neonatal counseling and treatment as well as family planning and family health counseling	Completed
5	Provide technical support to develop a Media Materials Resource Database to collect, archive, and disseminate information on national and the Middle East and North Africa (MENA) Region health communication media and materials	Completed
6	Assist Government of Egypt sustainability plan for health communication, considering institutional, technical, and financial factors	Not completed. Completed for SIS in FY 2010, not for the MOHP
7	Assist veteran community development associations (CDAs) to build capacity of novice CDAs to extend the community health program	Completed
8	Monitoring & Evaluation: Conduct research in selected villages to inform program design and establish evaluation and monitoring systems	Completed
9	Conduct home visits to newlyweds in focus villages to provide family health counseling, client education materials, and client record for first pregnancy follow-up	Completed
10	Conduct structured antenatal classes for first pregnancies (primiparas) and high-risk pregnant women. Assist participants of primipara classes to attend antenatal visits at local health center for standard diagnosis and treatment package	Completed
11	Facilitate peer counseling sessions for mothers and caregivers on child health as well as rehabilitation classes and targeted services for at-risk children suffering from malnutrition (6 months–2 years, for reduction of diarrheal disease; reduction of parasites; and proper immunization, nutrition, health and hygiene practices)	Completed
12	Community health awareness and leadership activities (hand hygiene, cough etiquette) targeted at youth and schoolchildren	Completed

No.	Activity	Status of Verified Activity
13	Conduct Arab Women Speak Out (AWSO) TOT sessions with CDAs to recruit local women leaders to become lasting agents of change in the community	Completed
14	Roll out the community health package to additional focal villages through CDA-CDA mentoring	Completed
15	Use data from the baseline survey, media monitoring, and secondary analysis; conduct provider survey among pharmacists	Completed through the 2009 Ask Consult Survey
16	Develop and distribute provider and client health education materials on topics based on national health priorities	Completed
17	Develop and distribute point of sale promotional materials to Ask Consult providers	Completed
18	Build sustainability for the Ask Consult health marketing organization, through a consultative process with USAID and project partners	Completed, although USAID believes Ask Consult not to be sustainable
19	Develop commercial sector/media partnerships and programs in direct support of Healthy Families, Healthy Communities (e.g., with regional satellite media partners and/or commercial sector companies)	Completed
FY 2010		
20	Assist the Ministry of Health (MOH) to establish, as a successor to the Executive Steering Committee, a Health Communication Unit (HCU) to conduct strategic planning for health communication and coordination among health sectors and ministries	Completed. The program assisted but the HCU was not established
21	Assist MOH HCU in coordinating multichannel communication campaigns, including advocacy, media, community outreach, and counseling interventions to address topic health areas	Not completed. The HCU was not established
22	Assist MOH in developing sustainable capacity to assess its ongoing needs for information, education, and communication (IEC) materials; strengthen its system and guidelines for the design, production, distribution, and display of such materials; and strengthen HCU resource mobilization for IEC from within the Government of Egypt and through public-private partnerships	Completed
23	Provide technical support for development and use of the Media Materials Resource Database to collect, archive, and disseminate information on national and MENA Region health communication media and materials	Completed
24	Assist SIS to draw up sustainability plan, including the planning and budgeting for communication activities, and the role of SIS in complementing the MOH	Completed
25	Roll out the community health package to additional focal villages, especially in Lower Egypt, through CDA-CDA mentoring	Completed
26	Develop commercial sector-media partnerships and programs in direct support of Healthy Families, Healthy Communities (e.g., with regional satellite media partners or commercial sector companies)	Completed

No.	Activity	Status of Verified Activity
27	Develop and implement integrated marketing communication interventions, leveraging the private sector, to convey behavior-change messages and create demand for appropriate health products and value-added services	Completed
28	Strengthen the capacity and sustainability of the Ask Consult network to provide improved health information throughout the private sector (pharmacists, distributors, manufacturers, and media partners)	Completed, although USAID believes Ask Consult not to be sustainable
29	Facilitate materials development and implementation of special events to support premarital/newlywed Mabrouk initiative	Completed
30	Conduct structured antenatal classes for first pregnancies (primiparas) and high-risk pregnant women. Assist participants of primipara classes to attend antenatal visits at local health center for standard diagnosis and treatment package (e.g., iron/vitamin supplementation).	Completed
31	Conduct postpartum visits in partnership with MOH nurses and volunteers to protect maternal and neonatal health, initiate exclusive breastfeeding, and promote timely commencement of family planning	Completed
32	Facilitate peer counseling sessions for mothers and caregivers (positive deviance approach) on child health as well as rehabilitation classes and targeted services for at-risk children suffering from malnutrition (6 months–2 years, for reduction of diarrheal disease, reduction of parasites, and proper immunization, nutrition, health and hygiene practices)	Completed
33	Conduct AWSO sessions for local women, to orient them to positive health practices and to engage them as active agents in assisting community members to participate in health activities or to refer community members to needed health services	Completed
34	Train doctors and village women to raise awareness of the harm associated with female genital cutting and domestic violence	Completed
35	Community health awareness and leadership activities for H1N1 (hand hygiene, cough etiquette) targeted at youth and school children	Completed
36	Integrated marketing campaign activities addressing topics in communicable and noncommunicable disease (e.g., viral hepatitis, infection control, avian and H1N1 influenza, breast cancer, cardiovascular, smoking, nutrition, and diabetes)	Completed

Abbreviations

The following abbreviations appear in the table:

AWSO	Arab Women Speak Out
CDA	community development association
HCU	Health Communication Unit
IEC	information, education, and communication
MENA	Middle East and North Africa
MOH	Ministry of Health
MOHP	Ministry of Health and Population
SIS	State Information Service
TOT	training of trainers

FY 2009 and FY 2010 Indicators Reported by the Implementer

Strategic Objective 20: Healthier, Planned Families

Indicator Name	FY 09 Target	FY 09 Actual Reported	Verification	Variation	Achieved ^a	FY 10 Target	FY 10 Actual Reported	Verification	Variation	Achieved ^a
Family Planning/Reproductive Health Indicators										
Number of people that have seen or heard a specific U.S. Government-supported family planning/reproductive health message	26 million	28.6 million (Corrected by CHL)	27.4 million ^b	4% over-reported	Yes	26 million	18.5 million (CHL reported a conservative figure)	18.5 million ^c	0%	No
Number of U.S. Government-assisted service delivery points providing family planning counseling or services	N/A	15,382 ^d	20,401-21,602 ^e	25%–29% under-reported	Unable to determine - no target	15,000	15,382 ^d	22,009-23,304 ^e	30–34% under-reported	Yes
Maternal and Child Health Indicators										
Number of children reached by U.S. Government-supported nutrition programs	16,000	10,913	11,091	2% under-reported	No	16,000	21,021	19,008	11% over-reported	Yes
Number of people trained in maternal/newborn health through U.S. Government-supported programs	350	354	463	24% under-reported	Yes	350	817	876	7% under-reported	Yes

Notes:

^a If the verified figure is at least 90 percent of the target, the audit considered the indicator to have achieved its results.

^b Although the audit verified a figure of 27.4 million people, the audit found that the data system that Johns Hopkins used to report this figure was unreliable. The data for FY 2009 changed after Johns Hopkins' vendor updated the data system approximately 1 year later.

^c The audit verified the FY 2010 figure in the data system; however, the auditors have concerns that another system update may change the FY 2010 figures that the audit verified.

^d A basis of 30,000 pharmacies used by the implementer to arrive at this figure was unsupported.

^e The implementer noted that its distribution partner distributed materials to all pharmacies in Egypt. The Egyptian Pharmacists Syndicate reported to Johns Hopkins that 46,811 registered pharmacies existed in Egypt during calendar year 2009, and 50,500 registered pharmacies existed during calendar year 2010. Of these registered pharmacies, the syndicate reported that 10–15 percent were not functioning. Considering the available support, the auditors used this figure to calculate the verified figure.

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