



OFFICE OF INSPECTOR GENERAL

AUDIT OF USAID/RWANDA'S FAMILY HEALTH PROJECT

AUDIT REPORT NO. 4-696-15-002-P
FEBRUARY 24, 2015

PRETORIA, SOUTH AFRICA



Office of Inspector General

February 24, 2015

MEMORANDUM

TO: USAID/Rwanda Mission Director, Peter Malnak

FROM: Regional Inspector General/Pretoria, Sarah E. Dreyer /s/

SUBJECT: Audit of USAID/Rwanda's Family Health Project (Report No. 4-696-15-002-P)

This memorandum transmits our final report on the subject audit. We considered carefully your comments to the draft report and have included them, without attachments, in Appendix II.

The report includes four recommendations to help the mission address the issues identified by our audit. We acknowledge management decisions on all four recommendations and final action on Recommendation 1. Please provide the necessary documentation to obtain final action on Recommendations 2 through 4 to the Audit Performance and Compliance Division in the Office of the Chief Financial Officer.

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

CONTENTS

| | |
|--|----|
| Summary of Results | 1 |
| Audit Findings | 4 |
| Project Contract Did Not Include Precise Deliverables | 4 |
| Indicator Data Were Neither Timely Nor Broken Out by Sex | 5 |
| Data Quality Assessment Recommendations Were Not Tracked | 5 |
| Project Data Were Not Validated..... | 6 |
| Evaluation of Management Comments | 7 |
| Appendix I—Scope and Methodology | 8 |
| Appendix II—Management Comments | 10 |
| Appendix III—Selected Indicators and Results | 15 |

Abbreviations

The following abbreviations appear in this report:

| | |
|-----|--------------------------------------|
| ADS | Automated Directives System |
| ANC | antenatal care |
| CHW | community health worker |
| COR | contracting officer's representative |
| DQA | data quality assessment |
| FAR | Federal Acquisition Regulation |
| FY | fiscal year |
| PMP | performance management plan |
| RIG | Regional Inspector General |

SUMMARY OF RESULTS

Rwanda has an ambitious strategy called Vision 2020, designed to help the country become “healthier, educated and generally more prosperous.” It seeks to improve health care access and quality and to address problems with infant and maternal mortality, malaria, and HIV/AIDS.

To help Vision 2020 succeed, USAID/Rwanda awarded a 5-year, \$50 million cost-plus-fixed-fee contract in February 2012 to Chemonics International Inc. to implement the Family Health Project. The goal was to increase the use of district-level¹ facility and community-based family health services through four approaches:

1. Improve the quality of facilities and services.
2. Expand access to services, primarily by increasing the number of skilled health-care providers.
3. Increase demand for services.
4. Strengthen management of services.

To do this, the project provided technical assistance and grants to health-care facilities in 20 districts. The assistance was for family health services in family planning and reproductive health; HIV/AIDS; maternal, neonatal, and child health; malaria prevention and treatment; nutrition; and safe water and hygiene. The grants were primarily for operational expenses such as salaries for doctors, nurses, and laboratory technicians; field supervision visits; and meetings and travel expenses for staff and community health workers (CHWs).

In December 2013 USAID/Rwanda modified the contract to increase the total estimated cost to \$55 million and decrease the performance period by 5 months to September 2016. Under the modified contract, the grant portion of the budget increased from \$17.5 million to \$20 million, and the planned timing shifted from awarding nearly 75 percent of the original \$17.5 million in grants during the last 3 years of the project to awarding \$18.2 million during the first 2.5 years.

As of July 2014, the project had awarded 445 grants to 237 health-care facilities (centers, hospitals, administrative districts, and prison units) and 1 local organization.

The Regional Inspector General (RIG)/Pretoria conducted this audit to determine whether USAID/Rwanda’s Family Health Program was achieving its goal of increasing the use of district-level facility and community-based family health services. Based on the activities we reviewed, we determined that the project was achieving its goal during the audited period.

¹ Rwanda’s health system is organized into 30 districts.

- The project met or exceeded its targets for seven of eight selected indicators, which represented the project's four approaches listed on page 1. Appendix III lists the indicators reviewed in this audit.
- CHWs reported that since they were trained by the project, more women are visiting them to receive family planning services, substantially fewer children are suffering from malnourishment in their communities, and they are now able to identify and treat illnesses such as diarrhea, malaria, and pneumonia within the community. Consequently, fewer patients are suffering from preventable and treatable illnesses, allowing the health facility staff to focus more on seriously ill patients.
- Health facility employees confirmed that the training the project provided on topics such as quality improvement methodologies, HIV/AIDS, emergency obstetric and neonatal care, electronic patient file software, nutrition, and gender-based violence has improved the quality of care. For example, one health center did not provide antiretroviral services before the project. Now they do, and they have reported fewer babies born with HIV. Another health center identified a problem with its antenatal care (ANC) indicator after the staff was trained in quality improvement techniques. Now the center offers ANC appointments daily, instead of once a week, and it has used CHWs to inform the community about the importance of ANCs. As a result, they have noted a substantial increase in ANC appointments.
- District health management teams reported greater coordination among various district-level health sectors (i.e., pharmacies, hospitals, health centers, and health insurers). This allowed them to identify, advocate for, and solve systematic problems. For example, one team noted that they were not performing well in family planning indicators and asked the project to validate or certify the district's CHWs in family planning methods, which resulted in a notable improvement.



A CHW opens family planning aids supplied by USAID/Rwanda. (Photo by RIG/Pretoria, August 29, 2014)

However, the audit found that:

- The project's contract did not include precise deliverables (page 4).
- Indicator data were neither timely nor broken out by sex (page 5).
- Data quality assessment recommendations were not tracked (page 5).

- Project data were not validated (page 6).

To address these issues, the audit recommends that USAID/Rwanda:

1. Modify the contract to establish binding performance standards (page 4).
2. Require Chemonics to provide quarterly progress reports that include quantitative and sex-disaggregated performance management plan (PMP) data (page 5).
3. Implement a system to track and document mission follow-up on issues and recommendations reported in data quality assessments (DQAs) (page 6).
4. Update its standard site visit checklist to reflect the site visit data verification steps required by the mission order (page 6).

Detailed findings appear in the following section, and the scope and methodology appear in Appendix I. Management comments are included in their entirety (without attachments) in Appendix II, and our evaluation of them begins on page 7.

AUDIT FINDINGS

Project Contract Did Not Include Precise Deliverables

The mission awarded the project as a cost-plus-fixed-fee completion contract. Federal Acquisition Regulation (FAR) 16.306.d.1 states:

The completion form describes the scope of work by stating a definite goal or target and specifying an end product. This form of contract normally requires the contractor to complete and deliver the specified end product . . . as a condition for payment of the entire fixed fee.

In contrast to the FAR directive, the contract's statement of work was extremely ambiguous with no goals or targets. Mission staff agreed, describing the award as "vague," "not a good contract," and an "extreme example" of broad contract language. The contract's statement of work was also in sharp contrast to the detailed technical proposal Chemonics submitted.

The health team originally planned to award the Rwanda Family Health Program as a cooperative agreement, a type of award that is often broadly written by design. According to mission staff, they wanted a broad statement of work to allow the project to capture lessons learned from previous projects and to remain flexible with the Rwandan Ministry of Health's agenda. However, mission leadership and the contracting officer later determined that a contract would be more appropriate because they wanted the mission to have greater control and maintain an active role in managing project activities.

At the time of the audit, the mission was relying on the project's annual work plan to establish the results Chemonics was expected to deliver because the contract did not establish goals or targets. However, the contract does not specify that Chemonics should be held accountable for the annual plans.

The contract's broad language has resulted in the mission losing the benefit of a contract. Without established project goals or targets, neither the mission nor contractor have clear guidance on what the project should accomplish when. In addition, if there had been a problem with Chemonics' work, the mission would have had little recourse.

Ideally, specific deliverables or milestones could be incorporated into a modification to the project's statement of work. But at this point in the activity, mission officials said, any potential benefit from doing this would be minimal. Nevertheless, the mission could make other changes to the agreement to improve accountability. Therefore, we make the following recommendation.

Recommendation 1. We recommend that USAID/Rwanda modify the Family Health Project contract to establish binding performance standards.

Indicator Data Were Neither Timely Nor Broken Out by Sex

Automated Directives System (ADS) 202.3.6 states that monitoring the quality and timeliness of implementers is an important task for mission officials because “problems in output quality provide an early warning that results may not be achieved as planned” and that “early action in response to problems is essential in management for results.” Also, ADS 203.3.8 states that indicators that count people must be broken out by sex.

The project provided the mission with quarterly reports that include descriptions of progress. Although the project collects and tracks indicator data for performance results throughout the year, broken out by sex, the data are not included in the quarterly reports. Instead, the project reports its data semiannually, and the data are not broken out by sex.

The project did not report its data to the mission more frequently or broken out because it was not required to do so. Mission officials said this was because the mission historically only assessed performance results annually, in line with Agency guidelines, and there was not a strong emphasis on monitoring gender activities in the past.

As a result, mission officials relied on semiannual reports for making decisions and may have missed opportunities to take corrective action that could have been identified in a more comprehensive quarterly report. In addition, the project is the only one of the mission's that is conducting gender-based violence relief activities, such as establishing and supporting victim support centers. Yet, that specific data are not being reported. To address these issues, we make the following recommendation.

***Recommendation 2.** We recommend that USAID/Rwanda require Chemonics International Inc. to provide quarterly progress reports that include quantitative and sex-disaggregated performance management plan data.*

Data Quality Assessment Recommendations Were Not Tracked

ADS 203.3.11.3 outlines how DQAs help missions understand the strengths and weaknesses of performance data and the extent to which data were reliable enough to make management decisions. DQAs often include issues and recommendations intended to help the mission improve the quality of its performance data.

ADS 203.1 requires missions to establish “systems, methods, and practices” to ensure quality performance monitoring so they can learn during implementation and adapt, as needed. For a mission to benefit from its DQA work, it should develop a process to follow up on the issues highlighted in the DQAs and recommendations.

However, according to mission officials, USAID/Rwanda had not implemented a formal process or system to document or track the follow-up on DQA recommendations. For example, the project was included in a 2013 President's Emergency Plan for AIDS Relief's DQA that made three recommendations to the mission. However, mission staff could not provide documented evidence of a system to track these recommendations, their implementation, and follow-up.

Officials said following up on DQAs had been the responsibility of a former monitoring and evaluation contractor. For several years, the mission had used this contractor to oversee the monitoring and evaluation process, which included implementing a Web-based tracking system, managing DQAs, and overseeing the implementing partners' performance results reporting process. Within the past year, the mission ended this arrangement and was in the process of building its staff's capacity in monitoring and evaluation.

When the follow-up on a DQA is not done, there is no guarantee that recommendations developed to improve the quality of data would be implemented as intended. For example, we noted that at 3 of 11 health facilities, data managers struggled to understand the indicators they reported on—an issue that also was identified in the DQA. Therefore, to strengthen DQA follow-up procedures, we recommend the following.

Recommendation 3. *We recommend that USAID/Rwanda implement a system to track and document mission follow-up on issues and recommendations reported in data quality assessments.*

Project Data Were Not Validated

USAID/Rwanda's mission order on monitoring states that officials should verify data during site visits.

The audit found that the contracting officer's representative (COR) was not verifying data carefully enough during site visits. For example, the COR reported that he reviewed some of the data, but did not compare them to documentation.

This happened because the mission's standard site visit checklist is subjective and open to interpretation. It has a section on data verification but only states, "Data Quality/Performance Indicator Observation" as guidance.

Consequently, the mission may have missed opportunities to identify and correct inaccuracies in the data collected at health facilities. Mission officials have identified this as a mission-wide weakness, but have not yet changed the checklist. Therefore, we make the following recommendation.

Recommendation 4. *We recommend that USAID/Rwanda update its standard site visit checklist to reflect the site visit data verification steps required by the mission order.*

EVALUATION OF MANAGEMENT COMMENTS

In its response to the draft report, USAID/Rwanda agreed with all four recommendations. The mission made management decisions on all recommendations and completed final action on Recommendation 1.

Recommendation 1. USAID/Rwanda agreed with the recommendation and amended the contract on December 8, 2014. The contract modification defines the outputs and results included in the monitoring and evaluation plan as contractual performance standards. Accordingly, it has taken final action on the recommendation. We acknowledge the mission's management decision and final action.

Furthermore, to address the mission's concern with the report language, we changed the report to read that "the health team originally planned to award the Rwanda Family Health Program as a cooperative agreement" to accurately reflect the mission's intentions. We do not believe this alters the applicability of the finding.

Recommendation 2. USAID/Rwanda agreed with this recommendation but sought to clarify that it does collect sex-disaggregated data at a reporting level lower than the PMP. The mission also noted that it receives qualitative reporting on gender-based violence from its partner, which it uses for monitoring.

To address the recommendation, the mission (1) included a clause in a recent contract modification requiring quarterly reporting on PMP data; (2) instructed Chemonics to report sex-disaggregated data for all people-level indicators; and (3) will track indicator results quarterly in AIDTracker Plus.² The mission plans to have the recommendation fully implemented by April 30, 2015. We acknowledge the mission's management decision.

Recommendation 3. USAID/Rwanda agreed with this recommendation and created a tracking system to monitor findings from DQAs that need action. The mission expects to have the data in the system by March 30, 2015. We acknowledge the mission's management decision.

Recommendation 4. USAID/Rwanda agreed with this recommendation and updated its standard site visit checklist with procedures for checking on data quality. The mission also is updating its mission order on monitoring, and it expects to complete this by April 30, 2015. We acknowledge the mission's management decision.

² AIDTracker Plus is USAID's portfolio management system.

SCOPE AND METHODOLOGY

Scope

RIG/Pretoria conducted this performance audit in accordance with generally accepted government auditing standards. They 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 the evidence obtained provides that reasonable basis.

The objective of the audit was to determine whether USAID/Rwanda's Family Health Project was achieving its goal of increasing the use of district-level facility and community-based family health services. The audit focused on activities and performance results from October 1, 2014, through July 21, 2014. As of June 30, 2014, USAID/Rwanda had obligated \$53.3 million for the project and spent \$35.4 million.

We obtained an understanding of and assessed the following significant internal controls: the project's management structure, acquisition mechanism, monitoring and evaluation of project activities, and site visit processes. We assessed controls documented within COR designation letters and files, the PMP, progress reports, the applicable mission orders, annual work plans, and DQAs. We examined the mission's fiscal year (FY) 2013 annual self-assessment of management required by the Federal Managers' Financial Integrity Act of 1982.³ We also reviewed past audit reports to identify internal controls or issues that could be relevant to the current audit.

We performed fieldwork in Rwanda from August 18 through September 5, 2014. We conducted audit procedures at USAID/Rwanda and at Chemonics' office in Kigali. We met with representatives from four Rwandan Ministry of Health divisions based in Kigali. We visited health facilities in four districts: Gatsibo, Gicumbi, Nyagatare, and Ruhango. During these field visits, we met with service providers, community health-care workers, and beneficiaries.

Methodology

To answer the audit objective, we reviewed project documentation, including the contract and modifications, progress reports, and DQAs, and corroborated information in them with interviews and site visits. We interviewed USAID/Rwanda officials, service providers, and the contractor to understand (1) the project's main goals and progress toward meeting them, (2) how the mission monitors implementation of the project, (3) how the mission checks the quality of the data reported, and (4) whether the mission was aware of any allegations of fraud or other potential illegal acts or noncompliance with laws and regulations.

To validate performance results reported under the project's performance indicators, we chose 8 of the 77 PMP performance indicators (Appendix III) based on their representation of project activities by intermediate results and program areas. The COR, health team, and a Chemonics employee confirmed that the activities we chose represented the project's activities. We verified the reported results for the second quarters of fiscal years 2013 and 2014 against the relevant data sources. Because many of the data sources are from Rwandan Government databases,

³ Public Law 97-255, as codified in 31 United States Code 3512.

auditors reviewed source documents in health facilities. We also interviewed the data managers at the facilities we visited. The auditors established a materiality threshold of 5 percent.

To assess and verify project activities and performance results, we selected a judgmental sample of health facilities for site visits, which are also grant recipients, in four districts. They were selected based on grant portfolio size, program areas, and activities conducted. We then chose 12 health facilities based on the amount of grants awarded, location, and activities supported. The 12 grantees represented 26 grants worth \$1,540,489, or 8 percent of the \$18,260,426 grant portfolio (as of July 2014). Because the health facilities were judgmentally selected, results and overall conclusions were limited to the sites visited and items tested, and they were not projected to the population.

The grant portfolio consisted of 445 grants worth an average of \$41,035. Due to time constraints in the field, we could not visit all the grantees required to reach a representative sample of the portfolio. Therefore, to mitigate this constraint, we conducted an internal control review of Chemonics' management of the portfolio. We made a random selection of grants (not included in the site visit population) and reviewed USAID's approval and Chemonics' disbursement documentation as well as grant agreements and modifications for compliance.

MANAGEMENT COMMENTS



AID/0007/2015

January 27, 2015

John Vernon
Acting Regional Inspector General
100 Totius Street
Groenkloof X5, 0181
Pretoria, South Africa

Dear Acting Regional Inspector General Vernon:

Thank you for sharing the draft report with recommendations stemming from the audit conducted of USAID/Rwanda's Family Health Project (FHP). As requested, please find USAID/Rwanda's response to each of the four recommendations provided in the draft audit report.

Recommendation 1: *We recommend that USAID/Rwanda modify the Family Health Project contract to establish binding performance standards.*

Mission Response: USAID/Rwanda agrees with the recommendation.

Although the Mission agrees with the recommendation there are some inaccuracies in the narrative on the finding. It is not true that "the health team originally planned to award Chemonics as a cooperative agreement." Rather, the activity was originally planned as an associate award for another organization. Subsequently, a decision was made that this activity would be more appropriate as a contract. A Request for Proposal (RFP) was subsequently completed and released; the contract that was ultimately awarded to Chemonics resulted from this RFP.

Plan for Corrective Action: USAID/Rwanda has implemented Recommendation 1. Section C.2 as set forth in Modification No. 7 to the Contract (dated December 8, 2014) establishes the outputs and results specified in the annual Monitoring and Evaluation Plan as the performance standards for the Contract. (Attachment 1).

Recommendation 2: *We recommend that USAID/Rwanda require Chemonics to provide quarterly progress reports that include quantitative and sex-disaggregated performance management plan data.*

Mission Response: USAID/Rwanda agrees with the recommendation.

Although the Mission agrees with the final recommendation, the narrative on the finding includes some inaccuracies and conflates three separate issues: sex-disaggregation of data, reporting on GBV activities, and quarterly reporting.

While it is true that not all indicators that count people were broken out by sex, many indicators did provide sex-disaggregated data. Indicator data was reported by partners through the Mission's Online Partner Reporting and Performance Management System (PRPMS), and within this system, sex-disaggregated data for many indicators is available. However, the disaggregation was not included in the Performance Management Plan (PMP), as the PMP was used as a higher-level management tool rather than a reporting tool.

In addition, over the last year, the Mission has embarked on a robust plan to improve gender integration throughout the portfolio. All new project designs include a robust gender analysis, and the Mission's Gender Coordinator works closely with technical teams to ensure integration of gender-sensitive and gender-specific indicators in the Mission's activities, as appropriate. This is helping to ensure that the effects of Mission activities on gender are adequately monitored, assessed, and reported.

The findings also state that "the project is the only one of the mission's that is conducting gender-based violence relief activities.... Yet, that specific data are not being reported, which means the mission is not monitoring, assessing, and reporting on gender activities." The Family Health Project's PMP includes three indicators related to GBV. Using these three indicators, as well as qualitative reporting from the partner, the Mission has been regularly monitoring, assessing, and reporting on GBV activities. In addition, there are other Mission activities that support awareness raising and facilitate linkages to services for GBV. However, it should be noted that GBV activities are distinct from "gender activities."

Plan for corrective action: On December 8, 2014, USAID/Rwanda issued Contract Modification No. 7 (Attachment 1), which includes language requiring quarterly reporting on performance management plan data. In addition, the Mission has adopted AIDTracker Plus (AT+) as its new performance management system. As part of the rollout of AT+, the Mission is now requiring quarterly targets to be set in the system, and indicator reporting will also be done on a quarterly basis. This data is now available for the past two quarters, and the Mission will continuously improve the process to ensure that timely and reliable data is available for all Mission staff in order to facilitate more frequent analysis of data to inform the Mission's programs and strategies. For additional information on AT+, please see the Mission's response to Recommendation 3.

In addition, on January 22, 2015, the COR—pursuant to his authority under Section G.4, "Technical Direction," in the contract—notified Chemonics that they will be required to report

sex-disaggregated data for all people-level indicators (Attachment 2). The Mission will also ensure that all people-level indicators from the Monitoring and Evaluation Plan are disaggregated within AIDTracker Plus before the FY 2015 Quarterly 2 reporting period begins.

The Mission will fully address this recommendation by April 30, 2015.

Recommendation 3. *We recommend that USAID/Rwanda implement a system to track and document Mission follow-up on issues and recommendations reported in data quality assessments.*

Recommendation 4. *We recommend that USAID/Rwanda update its standard site visit checklist to reflect the site visit data verification steps required by the mission order.*

Mission Response: We agree with the audit recommendations #3 and #4. The Mission has already undertaken steps to strengthen the data quality assessment (DQA) and site visit processes, including follow-up on DQA issues and recommendations as well as updates to the site visit tools.

Plan for Corrective Action:

Updated Site Visit Tools & Procedures for 2015: As required by the Monitoring Mission Order, site visits are conducted every quarter. A site visit schedule is maintained by the Program Office, and the M&E Specialist follows up with individual COR/AORs if they do not have quarterly visits scheduled. To help support performance monitoring at the Mission, the Program Office has worked with the technical teams in Nov/Dec 2014 to re-design the site visit tools and clarify site visit procedures. These revisions go into effect for Quarter 2 (January-March 2015).

Site Visit Workflow Established: A more detailed site visit workflow (Attachment 3) has been developed to provide an easy way for the technical teams to understand what is required in planning, implementing and reporting the site visits. The Mission Monitoring Mission Order shall be updated to capture these details by April 30, 2015. In addition, the COR for the Family Health Project has already begun to address this recommendation as of Q1 FY 2015. For each site visit, three to four indicators from the contractor's previous performance report are selected and validated through the reporting chain, starting from the initial data collection point. This information is documented in the FHP site visit report (Attachment 4).

Site Visit Report Form Updated: The Mission has updated the standard site visit report form (Attachment 5) and made it more comprehensive to include specific sections on data verification/indicator spot check, environmental compliance, gender and branding and marking. The site visit report template has been modified to include a section specific to data verification. For each site visit conducted, AOR/CORs are required to pick at least one performance indicator and verify performance-related data during the site visit. This includes, verifying the implementing partner's understanding of indicator's definition, methodology of collection, differences in data reported, reporting chain etc. Issues identified during the site visit are brought to the attention of the Technical Office Director, and the site visit reports are uploaded to the Mission's management information system (AidTracker+) and accessible to everyone in the

Mission. The M&E Specialist in the Program Office will regularly (at least once every two weeks) review the site visit reports/findings and track data quality issues in the Mission-wide DQA Issues Tracker.

Mission-wide DQA Issues Tracker: The Mission has developed a DQA Issues Tracker (Attachment 6). The tool captures indicators assessed for quality, key findings, issues that need action, responsible person/party, date when action needs to be taken, and means to verify that action has been taken. The DQA Issues Tracker will be populated with data by March 30, 2015 at the conclusion of the planned FY 2014 Portfolio Reviews. Mission project/portfolio review templates for each Development Objective (DO) team have been reviewed and updated to serve as higher level documents to flag DQA-related issues (in addition to items identified during site visits). The Monitoring and Evaluation (M&E) Specialist in the Program Office will use the project/portfolio review templates to color code ('red', 'yellow', 'green') data quality issues for each PMP and PPR indicator and track in greater details in the Mission's DQA Issues Tracker.

Implementing AidTracker Plus (AT+): In early 2014, USAID/Rwanda became the second Mission at USAID to pilot and implement AidTracker Plus, the Agency's web-based performance management system. AT+ serves as a central location for the Mission's performance indicator data. The system hosts the Mission's results framework/PMP indicators, Project- and the Implementing Mechanisms-level (IM) indicators. Every staff member at USAID/Rwanda and the Country Desk Officer have full access to the system, and implementing partners use AT+ to report data. USAID/Rwanda is one of the first six Missions to use AT+ for FY 2014 Performance Plan and Report (PPR) reporting and is an active contributor to the AT+ improvement work managed by M/CIO. Starting on January 9, 2015, AT+ became Mission's central repository for all performance reports, including DQAs, site visit reports, quarterly reports for every IM managed by the Mission. Each AOR/COR is required to regularly upload the performance reports to AT+. This will improve access to performance-related documents, including DQA issues, and introduce a new level of transparency across the Mission.

Thank you again for your insightful recommendations. Please kindly advise if you have any questions regarding the Mission's response.

Sincerely,
/s/

Peter Malnak
Mission Director
USAID/Rwanda

Attachments:

1. Contract Modification 7
2. Communication to Chemonics on reporting sex-disaggregated data
3. Site Visit Workflow
4. FHP site visit report
5. Site Visit Report Form
6. DQA Tracker

Selected Indicators and Results (Audited*)

| Indicator | FY 2013 Target | FY 2013 Result | Target Met? | FY 2014 Target | FY 2014 Result (as of March 31, 2014) | Target Met? |
|--|----------------|----------------|-------------|----------------|---------------------------------------|-------------|
| <i>Percentage of health facilities correctly using the Plan-Do-Study-Act cycle methodology to support quality improvement</i> | 91 | 91 | Yes | 100 | 91 | Yes |
| <i>Proportion of infants born to HIV positive women who received an HIV test at 6 weeks[‡]</i> | N/A | N/A | N/A | 98 | 98 | Yes |
| <i>Number of individuals (from health facilities and administrative units) trained in at least one core family health service using project funds</i> | 2,662 | 3,389 | No | 656 | 55 | No |
| <i>Number of CHWs successfully completing training in at least one family health service with project assistance</i> | 14,151 | 14,518 | Yes | 11,512 | 6,053 | Yes |
| <i>Number of new users of family planning methods[^]</i> | N/A | N/A | N/A | 152,884 | 72,913 | Yes |
| <i>Percentage of newly registered pregnant women attending four standard antenatal care visits in target areas</i> | 29 | 29 | Yes | 32 | 27 | Yes |
| <i>Number of district health management team quarterly meetings that were conducted in FHP supported districts to discuss and/or analyze their data for informed decision making</i> | 28 | 27 | Yes | 68 | 32 | Yes |
| <i>Proportion of health facilities whose data managers have been mentored on reporting and data quality improvement during the year[‡]</i> | N/A | N/A | N/A | 51 | 52 | Yes |

* This information came from the mission's PMP reports. For seven of the eight indicators tested, we determined that the data were reliable. For the third indicator in this table, some of the results were counted under the fourth indicator as well because the definitions were similar. After removing the duplicated results, the third indicator did not meet its target. We established a materiality threshold of 5 percent, and considered targets met if they were within that amount. For FY 2014, we considered targets met if they were at least 50 percent of the annual target by the second quarter.

[‡] These indicators were new in FY 2014.

[^] No FY 2013 target was set for this indicator.

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Audit Task No. 44101214