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## OFFICE OF INSPECTOR GENERAL

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# AUDIT OF DATA QUALITY FOR USAID/WEST AFRICA'S REGIONAL HEALTH PROGRAM

AUDIT REPORT NO. 7-624-08-005-P  
April 21, 2008

DAKAR, SENEGAL



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*Office of Inspector General*

April 21, 2008

**MEMORANDUM**

**TO:** USAID/West Africa Director, Henderson Patrick  
**FROM:** Acting Regional Inspector General/Dakar, Abdoulaye Gueye /s/  
**SUBJECT:** Audit of Data Quality for USAID/West Africa's Regional Health Program

This memorandum accompanies our final report on the subject audit. In finalizing this report, we considered management's comments on our draft report and included them in appendix II.

This report contains one recommendation with which you concurred in your response to the draft report. Based on the actions taken by the mission, management decision on the recommendation has been reached, and final action to close the recommendation should be coordinated with the Audit, Performance and Compliance Division (M/CFO/APC).

I appreciate the cooperation and courtesies extended to the members of our audit team during this audit.

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# SUMMARY OF RESULTS

West African countries are plagued with some of the worst health statistics in the world. They share common public health challenges, including high fertility and mortality rates and increasing human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) prevalence rates. Governments in the region respond to these challenges through their national health programs. In 2003, USAID/West Africa launched a 5-year health program, Action for the West Africa Region (AWARE), to provide assistance to 15 countries of the Economic Community of West African States, as well as Cameroon, Chad, Mauritania and São Tomé and Príncipe. The goals of the Program are to promote a healthier and more productive population, and enhance the efficiency of national health systems through four key objectives: (1) sharing and supporting of promising best practices in family planning, reproductive health, sexually transmitted infection (STI) and HIV/AIDS management, and child survival services; (2) strengthening regional health institutions and networks; (3) promoting policy improvement and creating and enabling policy environments; and (4) increasing the efficiency of national health systems. To meet these objectives, the mission worked with two consortia led by Family Health International (FHI) and EngenderHealth. These two partners reported on indicators that tracked progress on the adoption of sustainable family planning/reproductive health, sexually transmitted infection/HIV/AIDS management, and child survival policies and approaches in West Africa, and on elements of the President's Emergency Plan For AIDS Relief (see page 3).

The Regional Inspector General/Dakar (RIG/Dakar) conducted this audit to answer the following question (see page 4):

Did USAID/West Africa confirm that the information reported by its regional health program's implementing partners could be relied upon to make sound management decisions?

USAID/West Africa did not confirm that the information reported by its regional health program's implementing partners could be relied upon to make sound management decisions. The mission's health program team did not systematically confirm the reliability and accuracy of the information reported by verifying or cross-checking the reported data against the partners' supporting documentation. In addition, the audit testing revealed significant discrepancies between the results reported by the partners and the supporting documentation for 5 of 33 indicators reviewed (see page 5).

Although we found discrepancies between the results reported and the supporting documentation for 5 of 33 indicators, this audit noted that the USAID/West Africa's regional health program team and the implementing partners had thorough knowledge of and provided sufficient oversight of program activities. The implementing partners conducted and documented regular site visits, provided technical assistance, and maintained documentation of their communication with USAID and recipients. Further, the mission team reviewed the information reported by the implementing partners and assessed whether partners were meeting planned targets and whether the data reported were reasonable. RIG/Dakar's review of 33 indicators results showed that the mission generally achieved planned activities. The audit team also noted that USAID/West Africa had improved the operation of subpartners of the program. One

subpartner conveyed its satisfaction and attributed part of its achievements to the help received from the program (see page 5).

This report recommends that USAID/West Africa develop specific procedures to require that its regional health program team document the cross-checking and verification of reported data used to make management decisions, and maintain supporting documentation of the team's verification of reported results (see page 7).

The mission's comments in their entirety are presented in appendix II.

# BACKGROUND

West African countries are highly diverse in terms of language, population, size, culture, politics, and economics. However, they share common public health challenges, such as high fertility and mortality rates and rapidly increasing human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) prevalence rates that are exacerbated by conflict and poverty. They are also plagued with some of the worst overall health statistics in the world. Many of the problems know no borders. Governments in the region continue to respond with varying degrees of success to these challenges, primarily through their national health programs. USAID/West Africa supports their efforts by providing assistance to 19 countries in the region covered by the mission, with substantial assistance focused on 12 countries where USAID does not have an office in-country. Recent efforts to forge an economic and political union through the Economic Community of West African States have led regional experts to note the need for a coordinated regional health initiative to complement national programs and to share experiences across the region.

The issues affecting the health status of the region include specific disease areas coupled with crosscutting human resources and institutional problems. To mitigate these problems, in 2003, USAID/West Africa launched the Action for the West Africa Region (AWARE), a 5-year health program with \$71 million in financing. The main goal of the program is to promote a healthier and more productive population through coordinated interventions that reinforce and enhance the efficiency of national health systems, which will remain the main avenue for addressing most health problems. The two major components of the program are HIV/AIDS and reproductive health.

Unlike bilateral programs, the regional program does not provide direct health services to clients, except in limited demonstration sites. Rather, the program seeks to achieve its goal through four key objectives:

- Sharing and supporting promising best practices in family planning, reproductive health, sexually transmitted infections/HIV/AIDS management and child survival services
- Strengthening regional health institutions and networks
- Promoting policy improvement and creating and enabling policy environments
- Increasing the efficiency of national health systems

To meet these objectives, the mission worked with two consortia led by Family Health International (FHI) and EngenderHealth. These two partners reported on indicators that tracked progress on the adoption of sustainable family planning/reproductive health, sexually transmitted infection/HIV/AIDS management, and child survival policies and approaches in West Africa, and on USAID's operational plan indicators oriented on the President Emergency Plan For AIDS Relief as described in the mission's performance management plan and the partner's annual reports.

FHI, a U.S.-based organization, provided support in the area of HIV/AIDS and sexually

transmitted diseases, on capacity development, system strengthening, and building partnerships. Specifically, FHI (1) demonstrated best approaches for targeted, regional, and cross-border programming in behavior change communication, social marketing, voluntary counseling and testing, care and support, sexually transmitted infections management, and prevention of mother-to-child transmission services; (2) built the capacity of regional institutions and systems; and (3) increased available resources for effective HIV/AIDS programming in crosscutting areas such as advocacy, monitoring and evaluation, private sector participation, gender equity, and stigma reduction.

EngenderHealth is a U.S.-based organization that provided technical assistance and training in support of family planning, reproductive health, and child survival. It sought to improve the quality and accessibility of sexual and reproductive health care through sharing best practices and harmonizing its approach with the HIV/AIDS component. EngenderHealth also worked to strengthen sentinel surveillance systems embarked on operations-related research to increase the value of the health data used by decision makers, and trained decision makers on the use of the data. It also supported immunization programs.

The AWARE partners received \$8.2 million of the \$9.8 million of USAID/West Africa funding that was obligated in fiscal year 2007.

## **AUDIT OBJECTIVE**

As part of the Office of Inspector General's Fiscal Year 2007 Annual Plan, the Regional Inspector General/Dakar conducted this audit to answer the following question:

Did USAID/West Africa confirm that the information reported by its regional health program's implementing partners could be relied upon to make sound management decisions?

Appendix I contains a discussion of the scope and methodology of the audit.

# AUDIT FINDINGS

USAID/West Africa did not confirm that the information reported by its regional health program's implementing partners could be relied upon to make sound management decisions.

The USAID/West Africa health program team did not systematically confirm the reliability and accuracy of the information reported by verifying or cross-checking the reported data against the partners' supporting documentation. There were significant discrepancies for 5 of 33 indicators reviewed by the audit team.

In spite of the lack of data verification and the discrepancies noted, the audit found that overall the data fairly represented the progress of the activities. The data collection process was reasonably consistent, and the inaccuracies noted were due mostly to computational errors. The audit further noted that the regional health program team and the implementing partners had thorough knowledge of and provided sufficient oversight of program activities. The health team maintained ongoing communication with the implementing partners. For instance, cognizant technical officers (CTOs) made regular visits to the implementing partners' offices to discuss program implementation. They reviewed the information reported by the implementing partners and assessed whether partners were meeting planned targets and whether the data reported were reasonable.

With the introduction of the Country Operational Plan (OP)<sup>1</sup>, USAID/West Africa was required to report on OP indicators in addition to the performance management plan (PMP) indicators used to manage the regional health program. A review of 33 indicators' results showed that the implementing partners generally achieved planned activities, and as a result the program has had a positive impact on the target beneficiaries. This impact includes results related to the number of countries participating in cross-border integrated family planning/reproductive health and sexually transmitted infections/HIV/AIDS interventions; the number of local organizations provided with technical assistance for HIV-related policy development; and the number of health workers newly trained or retrained in the provision of prevention of mother-to-child transmission services reported by Family Health International (FHI). Also, in fiscal year 2007, EngenderHealth reported 43 verified Action for West Africa Region (AWARE)-supported applications of selected promising and best practices in family planning/reproductive health and sexually transmitted infections/HIV/AIDS management in the West Africa region, exceeding its target.

Although they were not part of the audit, several subpartners stated that they received numerous benefits from participating in the AWARE program. For example, one subpartner conveyed its satisfaction and attributed part of its achievements to the help received from the program. AWARE projects developed and sponsored a client-oriented, provider-efficient services training for partners' and subpartners' staff. Subpartners' staff testified that this training changed their way of thinking—simple decisions that formerly

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<sup>1</sup> The purpose of the Operational Plan is to provide a comprehensive, interagency picture of how foreign assistance resources received by an Operating Unit will be used to support the foreign assistance objectives and the Transformational Diplomacy goal. In effect the OP replaced the annual report.



had to be made by an administrator can now be made by staff. Also, the clients-staff relationship has substantially improved, as staff members have become more aware of clients' rights and are more sensitive to clients' needs.

Although the mission and its partners made significant efforts in the implementation of the regional health program activities, the audit noted a weakness. The mission did not verify or cross-check the documentation maintained by the implementing partners to support its reported data for accuracy. This issue is discussed in detail below.

## **Mission Needs to Verify Reported Information**

Summary: The regional health program team at USAID/West Africa did not verify or cross-check the documentation maintained by the implementing partners to support the data they reported in fiscal year 2007. In 5 of 33 results reviewed (15 percent), partners reported inaccurate or unsupported information on actual results. According to several USAID guidelines, performance data should be verified for accuracy and reliability, and missions should take steps to ensure that submitted data are adequately supported. Verification was lacking because the CTOs did not realize the extent to which partner data should be verified, and also because they relied on the implementing partners to verify data. As a result, the mission increased its vulnerability to using inaccurate or unsupported data to make management decisions.

The audit team did not find evidence that USAID/West Africa verified the reliability and accuracy of the information reported by its implementing partners. Furthermore, the audit team found that the implementing partners did not always verify the accuracy and reliability of the data reported by their subpartners.

Based on the review of 33 indicators listed in USAID/West Africa's PMP and operational plan, discrepancies were found between the results reported by the partners and the supporting documentation for 5 of 33 indicators:

- EngenderHealth reported that 300 people were trained in family planning and reproductive health services with U.S. Government funds. The CTO could not provide documentation to support this result. The supporting documentation at the implementing partner office indicated that 188 people were trained. USAID/West Africa adjusted the data it reported to Washington in fiscal year 2007 to reflect the correct figure.
- FHI and EngenderHealth were not using the same denominator in their calculation of person-weeks of technical assistance provided. EngenderHealth used a 5-day week as denominator while FHI used a 6-day week. Furthermore, FHI and EngenderHealth reported 142 and 224.8 person-weeks of technical assistance, respectively, in their annual reports. The mission was planning to report the composite number of 366.8 to Washington. The audit team verified the data reported by FHI and found no exception. However, verification of the data reported by EngenderHealth revealed math errors and missing information that could have resulted in overreported data. The mission revised the data originally

reported by the implementing partners to reflect the corrected figure of 225 person-weeks, which was ultimately reported to Washington in fiscal year 2007.

- FHI reported 12 newly adopted policies at regional and national levels in family planning reproductive health and sexually transmitted infections/HIV/AIDS management. However, the supporting documentation indicated only eight newly adopted policies.
- FHI reported 146 of individuals trained in counseling and testing; supporting documentation indicated that 176 individuals were actually trained.

According to Automated Directives System (ADS) 203.3.5.1 and USAID TIPS 12 *Analyzing Performance Data* (supplemental guidance referenced by the ADS), performance data should be accurate and reliable, and missions should take steps to ensure that submitted data are adequately supported. The USAID *Cognizant Technical Officers Guidebook on USAID Acquisition and Assistance* states that CTOs are responsible for ensuring the accuracy of all reports submitted by their contractors and that in order for CTOs to assess the accuracy of reported results, implementers should maintain records of reported data. According to TIPS 12 (supplementary guidance referred to by USAID's ADS)<sup>2</sup>, CTOs are charged with ensuring that data reported by implementing partners are accurate. Accordingly, CTOs are required to perform data verification procedures. TIPS 12 also emphasizes the importance of documentation, stating that proper documentation helps maintain the quality of performance indicators and data. Such documentation should provide an opportunity for independent checks concerning the quality of the performance measurement system. TIPS 12 also indicates that while some errors in collecting data on social and economic change are to be expected, transcription errors and other discrepancies can be easily avoided by careful cross-checking of data against the original source.

According to the current CTOs, the lack of documentation and data verification occurred because they did not realize the extent to which partner data should be verified and documented and because they relied on the implementing partners to verify the data they reported. Because it did not verify and cross-check data reported by its implementing partners and did not maintain sufficient supporting documentation, USAID/West Africa increased its vulnerability to using inaccurate or unsupported data. Inaccurate or unsupported information on program accomplishments could lead decision makers to erroneous conclusions about program results. To address this weakness, this audit makes the following recommendation.

*Recommendation 1: We recommend that USAID/West Africa develop specific procedures to require that the regional health program team document the cross-checking and verification of reported data used to make management decisions, and maintain support of their verification of reported results.*

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<sup>2</sup> The TIPS are guidelines, advice and suggestions to USAID managers directing them on how to plan and conduct performance monitoring and evaluation activities effectively.

# EVALUATION OF MANAGEMENT COMMENTS

USAID/West Africa agreed with the finding and the recommendation in the draft audit report. Based on the action taken by the mission, the Regional Inspector General/Dakar considers that management decision has been reached. However, the recommendation remains open, and final action to close the recommendation should be coordinated with the Audit, Performance and Compliance Division (M/CFO/APC) in the Office of the Chief Financial Officer.

In response to the recommendation, USAID/West Africa developed a data quality assessment checklist and guidelines for mission staff to use during field visits and the evaluation of health program activities, including verifying portion of results data, and cross-checking data on partners' report to support documentation. Also, the mission is planning to contract the services of a monitoring and evaluation advisor to update the health program performance management plan indicators and definitions for standard data handling and calculation by partners.

# SCOPE AND METHODOLOGY

## Scope

The Regional Inspector General/Dakar (RIG/Dakar) conducted this audit in accordance with generally accepted Government auditing standards. As part of its fiscal year 2007 audit plan, RIG/Dakar designed this audit to determine whether USAID/West Africa confirmed that the information reported by its regional health program's implementing partners could be relied upon to make sound management decisions. The audit scope covered fiscal year 2007 health activities.

In planning and performing the audit, we assessed the effectiveness of USAID/West Africa's internal controls that could materially impact the audit objective. The management controls identified included the mission's annual self-assessment of management controls through its annual Federal Managers' Financial Integrity Act report, performance management plans, the mission's operational plan, cognizant technical officers' field visits, reviews of progress reports, and regular contact with the partners. The audit team also assessed USAID/West Africa's process for monitoring its partners' activities and reporting, as well as USAID/West Africa partners' process for validating and verifying data reported to the mission.

RIG/Dakar performed the fieldwork at USAID/West Africa and the offices of EngenderHealth and Family Health International in Accra, Ghana from October 22 through 30, and from November 5 to 9, 2007. In addition, fieldwork was conducted at the offices of two subpartners in three cities in Cameroon from November 1 to 4, 2007. Fieldwork was also conducted in Dakar, Senegal, as USAID/West Africa continued to submit significant additional information until November 16, 2007.

The implementation of the Action for the West Africa Region (AWARE) program is led by two managing partners and is composed of a network of five additional associate partners and various<sup>3</sup> subpartners to carry out activities in 19 countries. We visited 1 of 19 countries where the regional health program activities were implemented. The two partners we visited in Cameroon were Cameroon Baptist Convention Health Board and Association Camerounaise de Marketing Social. The mission also managed activities of two other implementing partners, Helen Keller International and John Snow International, in a limited capacity.

During the audit period, USAID/West Africa obligated \$9.8 million for its regional health program. The two consortia under the AWARE program accounted for \$8.2 million out of the obligated amount, representing about 83 percent of the total obligated funds in fiscal year 2007.

## Methodology

To answer the audit objective, the audit team interviewed USAID/West Africa's officials and reviewed the mission's Performance Management Plan, draft Mission Order, and

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<sup>3</sup> EngenderHealth has 12 subpartners, and FHI has 19 subagreements, 8 MOUs, and 36 grants with various governments and organizations.

performance results reporting. The audit team also interviewed the consortia's lead partners' officials and reviewed their work plans, progress reports, and supporting documentation files. The audit team further reviewed trip reports, CTO files, and partners' annual reports to verify the reliability and accuracy of the data reported by implementing partners. The audit team also conducted three site visits in Cameroon in the districts of Douala, Yaoundé, and Mutengene to observe operations and confirm data reliability.

The audit team verified the reliability of the project indicator results by reviewing source documentation for 16 operational plan indicators as well as 17 PMP indicators at the leading partners' offices. The implementing partners reported results for 34 indicators included in the mission's performance management plan and operational plan; however, the audit team reviewed only 33 of the 34 indicators. The audit team also conducted a limited review of the subcontractors' supporting documentation.

To determine if USAID/West Africa confirmed that management could rely on the information reported by its implementing partners to make sound management decisions, we assessed whether CTOs were verifying or cross-checking data reported by the partners. In answering the audit objective, if the mission reviewed and maintained documentation to support the results achieved for at least 90 percent of the indicators reviewed, then we considered that the mission confirmed the reported information

# MANAGEMENT COMMENTS



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## **USAID/West Africa Management Response to RIG Data Quality Assessment (DQA) Audit Findings:**

USAID/West Africa has reviewed the draft report of the RIG audit team concerning data quality assessments (DQAs) and regular verification of reported partner achievements. The Mission first wishes to thank the RIG for the assistance in identifying areas for improving the management of the regional program and measuring impact from regional activities.

The primary objective of the audit was to determine whether USAID/WA could confirm that the information reported by its regional health program's implementing partners could be relied upon to make sound management decisions. The RIG Audit Team made the following recommendation:

***Recommendation 1: We recommend that USAID/WA develop specific procedures to require that the regional health program team document the cross-checking and verification of reported data used to make management decisions, and maintain support of their verification of reported results.***

USAID/West Africa agrees with this recommendation, and has already begun the following corrective actions to enable the USAID/WA to more closely and directly verify the data reported by the health program's implementing partners.

1. The Health Team has developed a simple DQA checklist for Mission staff to use on all TDYs to countries where we have health program activities. This is helping to take advantage of all contacts with field activities to verify portions of results data. It is not possible to conduct thorough DQA verifications during all field visits, but this tool is adding to our ability to verify partner data since November 2007.
2. The Health Team has planned more frequent travel to directly monitor project field activities, particularly those contributing to quantified PMP indicators. This will also include adding an extra day to every conference or meeting TDY in countries where we have program activities where feasible, to give time to visit activity sites and go through the DQA checklist.
3. In addition, the Mission Health Team is working to better organize electronic and paper files for CTO monitoring and ensure that regular reviews are better documented.

4. The Mission is in process of contracting the services of a Monitoring and Evaluation Advisor for the Health Team to assist in updating the health program PMP indicators and definitions for standard data handling and calculations by partners. The new PMP, including formal submission of more relevant custom indicators for the OP process, will more closely match the USG health policy goals in the region, and the objective of promoting more effective “best practices” to improve health services with expertise from within the region.

We anticipate completing this recommendation by July 2008.

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