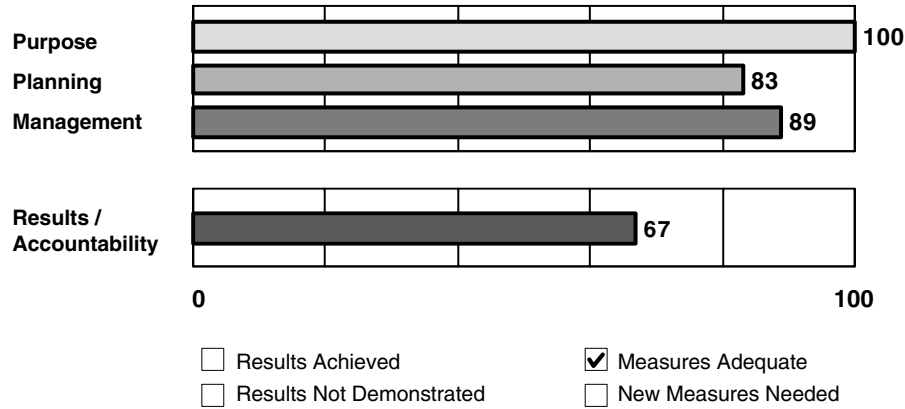


**Program: IHS Sanitation Facilities Construction Program**

**Agency:** Department of Health and Human Services

**Bureau:** Indian Health Services



**Key Performance Measures**

**Year Target Actual**

Long-term Measure: Percentage of American Indian/Alaska Native (AI/AN) homes with sanitation facilities (New measure)	2000		92.5%
	2010	94%	
Long-term Measure: Percentage of Deficiency Level 4 or 5 AI/AN homes (as defined by U.S.C. 1632) provided with sanitation facilities (New measure, target will be developed by October 2003)			
Annual Measure: Number of new or like-new AI/AN homes and existing homes provided with sanitation facilities	1999	15,230	16,571
	2000	14,775	18,376
	2001	14,730	18,002
	2004	18,150	

**Rating: Moderately Effective**

**Program Type:** Capital Assets

**Program Summary:**

The Indian Health Service's Sanitation Facilities Construction program provides potable water and waste disposal facilities for American Indian/Alaska Native homes.

The assessment indicates the overall purpose of the program is clear and unique: provide sanitation facilities to American Indian/Alaska Native homes. The program consistently exceeds its annual performance target for the number of homes provided with sanitation facilities. Additional findings include:

1. The program has demonstrated progress toward achieving its long-term goal by increasing the percentage of American Indian/Alaska Native homes with sanitation facilities from 20 percent in 1959 to 92.5 percent today.
2. The program is also able to demonstrate improved efficiencies and cost effectiveness, with declines in the cumulative average cost per home served from over \$5,700 in 1995 to \$5,200 in 2000 and 2001 despite a 2 percent average rate of inflation in construction costs from 1992-2001.
3. The program compares favorably with similar programs run by the Bureau of Reclamation, the Rural Utility Service, and the Environmental Protection Agency.
4. The program uses performance information to manage the program and has strong financial management practices, however it has not been subjected to a recent, credible cost benefit analysis.
5. No independent analysis of the program has been conducted since 1974.

In response to these findings, the Administration will:

1. Propose a \$20 million increase above the 2003 Budget so that the program can increase services to the most needy homes in its inventory which have higher construction costs.
2. Conduct an independent, comprehensive evaluation of the program.
3. Develop baselines and targets for new measures.

(For more information on this program, please see the Department of Health and Human Services chapter in the Budget volume.)

**Program Funding Level (in millions of dollars)**

<u>2002 Actual</u>	<u>2003 Estimate</u>	<u>2004 Estimate</u>
94	94	114