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OFFICE OF INSPECTOR GENERAL

AUDIT OF USAID/BOLIVIA'S FAMILY PLANNING PROGRAM

AUDIT REPORT NO. 1-511-07-005-P
JANUARY 22, 2007

SAN SALVADOR, EL SALVADOR



USAID
FROM THE AMERICAN PEOPLE
Office of Inspector General

January 22, 2007

MEMORANDUM

TO: USAID/Bolivia Director, Michael Yates

FROM: RIG/San Salvador, Timothy E. Cox /s/

SUBJECT: Report on Audit of USAID/Bolivia's Family Planning Program (Report No. 1-511-07-005-P)

This memorandum transmits our final report on the subject audit. We have considered your comments on the draft report and have included your responses in their entirety in Appendix II of this report. Following the issuance of our draft report to you for comment, we combined Recommendation No. 5 into Recommendation No. 2 in order to reduce the number of recommendations and to simplify the audit follow-up process. This modification does not effect the overall recommendations and necessary actions on the part of the Mission and was done for reasons of clarity only.

This report now contains four recommendations intended to improve the implementation of USAID's family planning activities in Bolivia. Based on your comments and the documentation provided, we consider that final action has been taken on Recommendation No. 3, that management decisions have been reached on Recommendation Nos. 1, 2 and 4. A determination of final action for Recommendations Nos. 1, 2 and 4 will be made by the Audit Performance and Compliance Division (M/CFO/APC) upon completion of the proposed corrective actions.

Again, I want to express my appreciation for the cooperation and courtesy extended to my staff during the audit.

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SUMMARY OF RESULTS

While USAID/Bolivia has made progress towards providing access to quality family planning services, Bolivia still lags behind most of its peers. Bolivia's total fertility rate, at 3.8 children per woman, was the second highest fertility rate in Latin America in 2003. The data on total fertility rates and contraceptive prevalence rates reported in the National Demographic and Health Survey includes large differences between rural and urban areas and among women with different levels of education. (See page 2.)

The Mission's strategic objective for its family planning program was to increase access to quality family planning services by supporting the efforts of eight implementing partners. Only two of the partners, *Protección a la Salud* (PROSALUD) and *Centro de Investigación y de Educación Social* (CIES) provided family planning services directly to clients. The other partners provided family planning-related technical assistance, information and educational materials to the Ministry of Health and Sports and to non-governmental organizations. (See page 3.)

The Regional Inspector General/San Salvador conducted this audit to determine if USAID/Bolivia's family planning program met planned results. (See page 5.) In Fiscal Year (FY) 2005, USAID/Bolivia met all four of the selected planned results described in its strategic plan, in Congressional budget justifications, and grant and contract documents. The first family planning performance indicator put forward in the strategic plan was the achievement of a specified level of couple-years of protection (CYP). USAID/Bolivia's target in FY 2005 was 375,000 CYP. The Mission achieved 427,835 CYP or 114 percent of its target. The second indicator was the number of condoms sold. In FY 2005, the Mission had a target of selling 6 million condoms. The Mission exceeded this target and sold/distributed 7.4 million condoms. The third indicator was the percentage of facilities without stock-outs of Depo Provera, a three-month injectable contraceptive drug; the target was 82.9 percent. In FY 2005, the Mission achieved 89 percent availability of Depo Provera. The last indicator was the sale of contraceptives through the social marketing program of PROSALUD. In FY 2005, PROSALUD achieved 107 percent of its contraceptives sales target. (See page 6.)

While the Mission achieved its planned results, the audit disclosed that program indicators and targets need to be revised and the system of reporting performance results should be improved. The report contains four recommendations to improve the quality of performance indicators and targets (see page 10), to strengthen the reliability of its data collection systems, to improve the Mission's periodic data validation procedures, and to ensure that data quality assessments are performed. (See page 14.)

USAID/Bolivia concurred with the recommendations included in this report and began taking corrective action prior to the completion of the audit's field work. Additionally, the Mission's written comments outlining their action plans to address our recommendations were detailed and focused on corrective measures that will help strengthen their family planning program and activities. (See pages 15 and 19.)

BACKGROUND

According to a 2001 Bolivian population census, Bolivia has a population of 8.3 million and women of reproductive age (15-49) constitute 49 percent of the total female population. Demographically, the population is very young – almost 40 percent are below the age of 15 – indicating that there is considerable momentum for population growth. These facts, coupled with the high level of fertility and the low level of modern contraceptive use, suggests that the population will continue to grow at a fast pace unless the Government of Bolivia, with the support of USAID/Bolivia, can increase the level of contraceptive usage, thus reducing the total fertility rate.

Family planning enables couples to determine whether, when, and how often to have children and is vital to safe motherhood and healthy families. Voluntary family planning has health, economic, and social benefits for families and communities; such as, reducing high-risk pregnancies, protecting the health of children by allowing sufficient time between pregnancies, reducing abortions by preventing unwanted pregnancies, supporting women's rights and opportunities for education, employment, full participation in society, and protecting the environment by stabilizing population growth.

Despite the challenges of poverty, political instability, limited infrastructure and socio-economic inequities, Bolivia has made progress in key health indicators related to family planning. The total fertility rate (TFR) has decreased from 4.2 children per woman in 1998 to 3.8 children per woman in 2003. The percentage of married women using modern contraceptive methods¹ has increased from 24 percent to 35 percent. However, despite progress, Bolivia still lags behind its peers. The total fertility rate in Bolivia is the second highest in Latin America and the contraceptive prevalence rate for modern contraceptive methods is much lower than in neighboring countries. Moreover, the National Demographic and Health Survey data presented below in Table 1 shows significant differences in total fertility rates among urban and rural women and among women with different levels of education. The TFR of urban and rural women in 2003 was 3.1 and 5.5, respectively. In 2003, the TFR for women with no education was 6.8 children per woman compared to 2.7 for women with 12 or more years of education. Similar variations were found in the contraceptive prevalence rates among women in urban versus rural areas and among women with varying levels of education as shown in Table 1 below.

Table 1 – Total Fertility and Contraceptive Prevalence Rates in Bolivia

Category of Women	Total Fertility Rate		Contraceptive Prevalence Rate	
	1998	2003	1998	2003
National rate	4.2	3.8	23.6%	34.9%
Women in urban areas	3.3	3.1	32.3%	40.3%
Women in rural areas	6.4	5.5	11.3%	25.0%

¹ The percent of currently married women of reproductive age (normally defined as the range 15 to 49 years) who use any form of modern contraception.

Category of Women	Total Fertility Rate		Contraceptive Prevalence Rate	
	1998	2003	1998	2003
Women with no education	7.1	6.8	7.6%	17.8%
Women with 12 years or more of education	4.6	2.7	27.5%	44.7%

The USAID/Bolivia family planning strategy, as described in the Mission's Strategic Plan for fiscal years 2005 to 2009, utilizes a three-pronged approach:

1. Promote behavioral changes and community empowerment.
2. Expand the delivery of quality, high-impact health services through health networks.
3. Strengthen institutional capacity with respect to sustainable health care management.

The Mission's plan is targeted to areas of greatest need as defined by poverty levels and health status indicators, and to areas where other USAID Strategic Objective teams operate, in order to promote synergy and to maximize the use of limited resources.

The main objective of the USAID/Bolivia-supported family planning program is to increase the coverage and quality of family planning services in targeted health networks and among NGO service providers. To meet this objective, the Mission worked with eight partners:

1. *Programa de Coordinación en Salud Integral* (PROCOSI) is an umbrella organization of a network of 36 health and community service non-governmental organizations (NGOs), working to improve the health of the poor, particularly in rural areas of all nine regions of Bolivia. Through its extensive network, PROCOSI strengthens the institutional capacity of its member organizations to provide reproductive health services. The network assists its member organizations by increasing their capacity to provide better coverage and services in the areas of reproductive health, child survival, and infectious diseases.
2. *Centro de Investigación y de Educación Social* (CIES) is the principal institution supporting sexual and reproductive health in Bolivia. CIES has nine urban clinics in eight of the nine regions of Bolivia and provides a wide range of reproductive health services, medicine, contraceptives and related educational services. CIES also manages three mobile health units providing services to seven remote rural areas in two regions of Bolivia. CIES is a member of PROCOSI.
3. *Protección a la Salud* (PROSALUD) manages a network of 27 sustainable decentralized health facilities and referral hospitals that provide access to basic health services to low- and middle-income Bolivians. It operates in six of the nine regions of Bolivia. PROSALUD provides affordable high-quality services to

urban and peri-urban² communities. Under a fee-for-service model, PROSALUD offers a wide range of services that includes general medicine, pediatrics, gynecology, prenatal, birth, post-partum, vaccinations, growth monitoring, other types of child care, dental care and pharmaceutical and laboratory services as well as family planning services. PROSALUD is a member of PROCOSI.

4. PROSALUD also implements a project called PROSALUD *Socios Para el Desarrollo* (SOCIOS) that provides small grants to a number of non-governmental organizations. The grants support the design and implementation of local health activities that target the poor. SOCIOS builds capacity within social networks to strengthen their advocacy and oversight roles within municipal health systems. SOCIOS supports only a few family planning projects while emphasizing maternal and child health. In 2005 and 2006 SOCIOS provided assistance to 69 organizations and implemented 108 projects of which 36 had a family planning component.
5. Engender Health is a U.S.-based organization supported by USAID/Washington global field initiative that provides technical assistance, training, and materials supporting family planning and maternal health. They train counselors on family planning methods and consultation practices and provide materials for use in health facilities. They also strive to improve the quality and accessibility of sexual and reproductive health care.
6. John Snow International (JSI), and its *Deliver* project, provides technical assistance to the MOH Health Networks. They work at the national and community levels. They work through the Bolivian health care system and provide capacity building and training to increase the quality of health services. They work to strengthen sentinel surveillance systems and undertake operations-related research to increase the value of the health data used by decision makers and train decision makers on the use of the data. They also support immunization programs. Their main focus is on child health while Engender Health focuses on family planning, maternal and reproductive health. JSI/Deliver project provides technical assistance to the MOH to improve their logistics system for all commodities, including contraceptives.
7. The Ministry of Health and Sports (MOH) implements a project called *Proyecto de Salud Integral* (PROSIN II). The original project (PROSIN) was established in 1998 through a bilateral agreement between the Bolivian Government and USAID/Bolivia. PROSIN II is the second phase of the PROSIN project. PROSIN II is the project through which USAID/Bolivia provides financial resources, technical assistance, training and other support to the public health care system. The project promotes women's empowerment by helping women identify and prioritize household health needs, overcoming barriers to the use of quality health services, and encourages local health service providers to provide more client-oriented services.

² Peri-urban areas are outside formal urban boundaries and are in a process of urbanization. Some interrelated characteristics include: fast and unplanned growth resulting in, among other things, negative environmental health issues and environmental degradation; a significant proportion of the population of residents in lower income categories; and service infrastructure is inadequate to meet even basic needs.

8. The Manoff Group provides technical assistance to the members of PROCOSI. The technical assistance supports strengthening management capacity and coordination and implementing integrated community health programs. The Manoff Group is not directly involved in family planning-related activities.

This audit was performed in conjunction with another audit that determined if USAID/Bolivia had effectively implemented controls and procedures to ensure that USAID/Bolivia and its implementing partners were complying with the requirements of the Tiahrt Amendment.³

During the period covered by our audit, October 1, 2004 through September 30, 2006, USAID/Bolivia obligated \$29.6 million for its family planning implementing partners including \$13.0 million for population-related activities (including funds expended under Global Field Support). Expenditures over the same period by the Mission's family planning partners totaled \$22.2 million. In addition, USAID donated \$1.2 million in contraceptive commodities.

AUDIT OBJECTIVE

As part of its fiscal year 2006 audit plan, the Regional Inspector General/San Salvador performed this audit to answer the following question:

- Did USAID/Bolivia's family planning activities achieve the desired results in USAID/Bolivia's strategic plan, in the Congressional notification, and in the grant and contract documents?

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

³ Audit of USAID/Bolivia's Effectiveness in Complying with Tiahrt Requirements, Report No. 1-511-07-004-P dated December 26, 2006.

AUDIT FINDINGS

Did USAID/Bolivia’s family planning activities achieve the desired results in USAID/Bolivia’s strategic plan, in the Congressional notification, and in the grant and contract documents?

USAID/Bolivia met all four of the FY 2005 results targets that we selected for review as described in the Mission’s strategic plan, in its Congressional budget justifications, and in cooperative agreements and contract documents. However, as described in the section beginning on page 9, program indicators and targets need to be revised and USAID/Bolivia’s system of reporting on CYP-related achievements should be improved.

The 2005 USAID/Bolivia family planning indicators selected for review included (1) couple-years of protection (CYP⁴); (2) the number of condoms sold or distributed; (3) the percentage of health facilities with no stock-outs of Depo Provera; and, (4) the sales of contraceptives through the social marketing program of PROSALUD. These indicators were selected because they best measure availability of services and CYP was the only indicator included in the congressional budget justifications and the annual reports. As shown in Table 2 below, the Mission exceeded its planned results for all four indicators.

Table 2 – Overall Program Results for FY 2005

Indicator	Target	Audited Results
CYP	375,000	427,835
Number of condoms distributed or sold	6.0 million	7.4 million
Percentage of Facilities with no stock-outs of Depo Provera	82.9%	89%
PROSALUD Social Marketing Program Sales of Contraceptives (in \$)	900,740	964,815

The Mission achieved 427,835 CYP, representing 114 percent of its target. The Mission sold and distributed more than 7.4 million condoms exceeding its target by 24 percent. However, our audit identified opportunities to improve both the process of setting program indicators and targets (see page 9) and the reliability of the reported program results (see page 10). Partner-specific results for all four indicators that we evaluated are shown in Table 3 below.

⁴ Couple-years of protection (CYP) is a common indicator used to measure the impact of family planning activities particularly in the years in which the total fertility rate is not available from survey data. CYP is the number of couples protected from unplanned pregnancies during a one-year period. It is calculated based on the volume and type of contraceptives sold or distributed during that period multiplied by a specific conversion factor.

Table 3 – Results for Selected Indicators, by Provider, FY 2005

Partner	CYP	Number of Condoms Sold/Distributed	Percentage of Facilities with No Stock-Outs*
CIES	19,540	30,332	100
PROSALUD	12,018	11,177	96
PROSALUD Social Marketing Program	168,149	6,616,135	Not applicable
PROCOSI**	9,786	11,768	Not applicable
MOH	218,342	770,551	87
TOTAL	427,835	7,439,963	89

* Data was taken from the Engender Health Acquire project Baseline Survey, 2005. It represents the percentage of facilities with no stock-outs of Depo Provera during the past six months.

** PROCOSI supported six organizations that provided family planning services.

CIES contributed to improving the health conditions of adult women, men, young people and teenagers, through the provision of medical and educational services related to sexual and reproductive health. In FY 2005, CIES achieved 19,540 CYP and sold 30,332 condoms. Additionally, CIES did not experience any stock-outs of Depo Provera during FY 2005. Based on our interviews with CIES clients and family planning services providers, we concluded that CIES provided its clients with a high quality of family planning services. The clients we spoke with praised the quality of services provided by CIES personnel. CIES made a contribution to the overall achievement of the Mission's performance results. However, it was not possible to determine if CIES achieved its planned results because the Mission had not developed any CIES-specific targets.



The CIES La Paz Clinic in Bolivia promoting an Educational Health day at *Plaza de los Heroes*, downtown La Paz. A CIES staff member is explaining different family planning methods to people using educational materials. The photo was taken by an OIG auditor on October 14, 2006.

PROSALUD provided family planning services, improved communications between health facilities and their target groups through community mobilization activities and promoted condom use among HIV/AIDS risk groups and family planning users.

PROSALUD achieved 12,018 CYP and sold 11,177 condoms through its 27 health facilities. Results-related data on CYP and condoms sold were not included in the workplans or progress reports of PROSALUD. The Mission had not developed any targets for these indicators which precluded an assessment of planned versus actual results.

We found no shortages of Depo Provera, a contraceptive drug injected quarterly, or any other contraceptive commodities on the day of our visits to 5 of the 27 PROSALUD facilities even though a survey done in 2005 by Engender Health had reported that 3.7 percent of the facilities had experienced a stock-out during the last six months.

PROSALUD also managed a social marketing program which sold and distributed USAID-donated contraceptives. The social marketing program of PROSALUD sold more than 6.6 million condoms during FY 2005. In total, the social marketing program sold \$964,815 worth of contraceptives during FY 2005 and exceeded its target as shown in Table 2. In terms of CYP, the social marketing program contributed 39 percent of the Mission's achievement.

PROCOSI provided training, helped develop marketing materials such as posters, videos, and education materials, and thereby increased the public's awareness of reproductive and sexual rights. PROCOSI also provided assistance related to client comfort and the quality of health care. PROCOSI provided financial assistance to six organizations implementing family planning services. During FY 2005, PROCOSI achieved 9,786 CYP and sold 11,768 condoms. However, it was not possible to determine if PROCOSI achieved its planned results because the Mission had not developed any CYP target for PROCOSI. PROMUJER, a member of PROCOSI, implemented a microfinance project that provided women with small loans for income-generating activities. We interviewed the women at one PROMUJER site and found that most of the women were using contraceptives. The women stated that the availability of family planning services at PROMUJER facilitated their adoption of family planning because they did not have to travel to an MOH center and wait in line to receive contraceptives. Instead, they were able to receive counseling on family planning and other health issues at the PROMUJER facility while they were there making their weekly loan repayment.

John Snow International (JSI), Engender Health, and PROSIN II strengthened the capacity of MOH-targeted health networks, and NGO service providers, to deliver family planning services, and provided effective counseling, education and information materials on family planning. The Deliver Project of JSI and PROSIN II provided assistance to the MOH in support of ensuring a reliable availability of a mix of family planning methods. JSI and Engender Health also assisted the MOH by providing training and strengthening community participation in decision making within the decentralized health care system. These partners supported a total of 903 facilities out of a total of 2,717 facilities in Bolivia.

The MOH, with USAID and other donors' assistance, achieved 218,342 CYP, which was more than 50 percent of the total CYP of 427,385 achieved by USAID/Bolivia in FY 2005. The MOH, with the assistance of USAID/Bolivia's partners made significant progress in providing family planning services to an increasing number of persons.

Along with successes in the Mission's family planning program, we noted opportunities to improve the process of setting program indicators and targets and to improve the quality of USAID/Bolivia's reporting on the program. These issues are discussed in the following two sections of the report.

Program Indicators and Targets Should Be Improved

Summary: USAID guidance states that performance indicators should measure progress towards intended objectives and targets should be established through a disciplined and thoughtful process that considers what can realistically be achieved under a given program. However, the Mission's indicators were inconsistent among program documents and did not reflect the indicators of the Performance Monitoring Plan. Also, targets for couple-years of protection (CYP) and the number of condoms distributed did not appear to reflect a rigorous planning process and, additionally, no performance targets were established for USAID/Bolivia's partners. These issues arose because the Mission did not provide adequate oversight during the establishment of performance indicators and associated targets. Mission staff was concerned that by establishing family planning targets for partners they could possibly violate the Tiaht Amendment. As a result, the Mission could not measure progress towards planned results and the targets had limited utility to decision makers.

According to USAID's Automated Directives System (ADS) 203.3.2 operating units are responsible for establishing systems to measure progress towards intended objectives in order to track progress towards planned results. The Mission Performance Monitoring Plan included couple-years of protection, number of condoms sold, and the percentage of facilities with no stock-outs of Depo Provera as performance indicators that would measure the progress of its family planning program. However, the agreements, workplans and progress reports of USAID/Bolivia's partners did not include these indicators. For example, CIES did not report on the Mission's indicators but did report the number of family planning consultations provided. PROSALUD workplans included sales of contraceptives under its social marketing program, but did not include targets for CYP or number of condoms sold through its 27 clinics. In summary, the Mission did not use for its partners the indicators it identified in its performance management plan to measure the results of its family planning program.

According to USAID TIPS No. 8, program performance targets should be based on a careful analysis of what is realistic to achieve, given the conditions within the country, and other factors. ADS Section 203.3.4.5 states that each indicator should include performance baselines and performance targets that can optimistically but realistically be achieved within the stated timeframe and with the available resources. Operating Units should be willing to be held accountable for achieving their targets. On the other hand, targets that are set too low become irrelevant and are not useful for management and reporting purposes. The weaknesses identified regarding the established performance targets are described below.

- The five-year program target included in the Performance Monitoring Plan included the distribution of 6.8 million condoms by FY 2009. This target had already been exceeded by the end of FY 2005. Since the performance target has already been surpassed it has become irrelevant, but USAID/Bolivia has not revised the target.

- The 2009 target of 395,000 CYP has already been achieved by the end of FY 2005. Since the performance target has already been exceeded it is not useful for managing performance.
- USAID/Bolivia's partners did not have targets for CYP or for the number of condoms distributed or sold which precluded an assessment of planned versus actual results.
- Neither PROCOSI nor SOCIOS established targets for CYP or for the number of condoms sold in their sub-partners' family planning projects. Therefore, it was not possible to determine if sub-partners had achieved their planned results in increasing access to family planning services.
- PROSALUD's social marketing program sold \$964,815 worth of contraceptives in FY 2005, which already exceeded its 2006 target of \$701,549. Therefore, it is reasonable that the FY 2006 target should be re-examined and adjusted upwards accordingly.

The above-mentioned shortcomings in establishing indicators and targets occurred for two reasons: 1) there was inadequate oversight during the establishment of indicators and targets and 2) the Mission was concerned that establishing CYP targets for its implementers might conflict with the requirements of the Tiaht Amendment, which restricts the use of quotas or numerical targets. (However, the Tiaht Amendment only prohibits quotas or numerical targets for referral agents or service providers – i.e., individuals that have direct contact with family planning clients. It does not prohibit programmatic targets for budgetary or planning purposes.)

The lack of program indicators and targets made it difficult for decision makers to measure progress made towards achieving program results. For example, the Mission did not compare the results achieved by its two main family planning service providers, CIES and PROSALUD, where CIES with fewer health facilities (9 compared to 27) achieved 38 percent more CYP than PROSALUD during FY 2005.

Without an accurate assessment of program performance, including the performance of its partners, Mission staff can not make informed decisions on allocating or reallocating limited resources nor affect adjustments to ensure successful program implementation. To correct these problems, we are making the following recommendation.

Recommendation No. 1: We recommend that USAID/Bolivia set realistic and consistent indicators and targets for its family planning program and for its implementing partners that are consistent with the Mission's performance monitoring plan.

The Mission Should Follow ADS Guidance on Ensuring that Reported Results are Reliable

<p>Summary: According to USAID guidance, performance data should be accurate and reliable and missions should take steps to ensure that submitted data is adequately supported. Among this guidance is an ADS requirement to conduct Data Quality Assessments on select indicators to ensure the Mission and other users are aware of</p>

the strengths and weaknesses of the data. The Mission, however, did not complete a Data Quality Assessment for its indicators as required. The Mission also lacked a clear understanding of Cognizant Technical Officers (CTOs) responsibilities, which includes systematically verifying data. Nonetheless, they did not periodically validate their reported results. As a result, Mission program results were significantly under-reported in fiscal year 2005.

USAID provides its operating units with a great deal of guidance to assist with their ability to manage for results. Among this guidance is ADS 203.3.5.2, which states that the purpose of a data quality assessment (DQA) is to ensure that the Operating Unit and SO Teams are aware of the strengths and weaknesses of the data and of the extent to which the data integrity can be trusted to influence management decisions. The ADS mandates that data reported to USAID/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. It also states that when Operating Units conduct data quality assessments of data from secondary sources (including implementing partners, government counterparts, and international agencies), the Operating Unit should focus the data quality assessment on the apparent accuracy and consistency of the data and these assessments should be documented in the program files. The Mission, however, had not performed DQAs on reportable indicators. The lack of an appropriate DQA on reported program performance results data contributed to the weakness of the data collection, analysis, and reporting procedures.

Additional guidance is provided in USAID's *Cognizant Technical Officers Guidebook on USAID Acquisition and Assistance*, which 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 be required to maintain records of reported numbers and describe how those numbers were obtained.

Furthermore, *Analyzing Performance Data* (TIPS 12 – supplementary guidance referred to by USAID's Automated Directives System), states that even valid indicators have little value if the data collected does not correctly measure the variable or characteristic encompassed by the indicator. It also states that results-oriented management requires that reported data be accurate and reliable. CTOs are charged with the responsibility of ensuring that data reported by implementing partners are accurate. Accordingly, CTOs are required to perform data verification procedures.

Only three of the Mission's eight family planning partners (PROSALUD, CIES and PROCOSI) reported couple-years of protection results because they directly participated in family planning services while the remaining partners provided technical assistance and indirect support to the national family planning program. Although USAID did not provide contraceptives to the Ministry of Health, USAID provided technical assistance to the national program to increase the quality and availability of family planning services. FY 2005 data is shown in Table 4 on the following page.

Table 4 – Audited Versus Reported Results, by Partner, in FY 2005

Indicator	CYP			Number of Condoms Sold		
	USAID Reported	Audited	Variance in %	USAID Reported	Audited	Variance
CIES	16,368	19,540	(16.2%)	38,150	30,332	25.8%
PROSALUD	11,957	12,018	(0.5%)	14,549	11,177	30.2%
PROSALUD's Social Marketing Program	172,822	168,149	2.8%	6,173,520	6,616,135	(6.7%)
PROCOSI	9,478	9,786	(3.1%)	9,682	11,768	(17.7%)
MOH	155,707	218,342	(28.7%)	638,511	770,551	(17.1%)
TOTAL	366,332	427,835	(14.4%)	6,874,412	7,439,963	(7.6%)

SOCIOS is the USAID partner responsible for compiling and computing CYP data for USAID/Bolivia. SOCIOS received the CYP related data from USAID's partners. The MOH data was obtained directly from the MOH website. SOCIOS performed some analytical procedures on the reported results to verify the adequacy and the validity of the CYP related data. However, SOCIOS did not have the staff or the capacity to conduct field visits to the partner sites or to the MOH to validate the data provided to USAID/Bolivia. Also, SOCIOS did not receive partners' data segregated by individual health facility or clinic and, therefore, could not perform appropriate clinic-specific analytical procedures to identify data quality problems. Based on our field visits and reviews of the data, we found that USAID/Bolivia's program results were significantly under-reported. Partner-specific reasons that resulted in discrepancies between reported and audited results included the following:

CIES

- The Santa Cruz and Tarija clinics under reported results on contraceptives sold during FY 2005 and FY 2006 because of a shortcoming in their computerized information system. For example, in FY 2005 the Santa Cruz clinic reported a CYP of 894 while the CYP should have been 2,492; a difference of 64 percent, which was due to a shortcoming in their computerized information system.
- The Cochabamba clinic only included the oral pill DuoFem in their reported results even though they provided three other brands of pills. As a result, instead of reporting sales of 339 cycles of pills during FY 2005, they reported only 61.
- The Sucre clinic reported not only the number of contraceptives distributed through its clinic, but also the number of contraceptives distributed through their social marketing program. The same distributed contraceptives were also reported by the various MOH health facilities where the contraceptives were sold, resulting in the double counting of 613 CYP. These problems occurred because CIES staff did not review the quality of their CYP data prior to sending it to SOCIOS and CIES headquarters. In this regard, it should be noted that CIES did not have a CYP target

against which to monitor progress, they were not required to monitor and include this indicator in their monthly progress reports to USAID/Bolivia, and the CIES staff responsible for compiling the data had not received any training on how to report data or how to verify the CYP-related data.

PROSALUD

- The number of condoms sold through the social marketing program and reported to SOCIOS did not reconcile with the results reported to the Mission. The number of condoms reported to SOCIOS was 6.2 million while according to the progress reports sent to USAID/Bolivia, the number was 6.6 million, a difference of 7 percent. The number of condoms distributed was under reported due to a lack of data verification by both the Mission and SOCIOS.

MOH

- SOCIOS used quarterly data published on a MOH website to calculate CYP. The MOH is constantly receiving updated data for prior periods and revising its reported results accordingly. However, SOCIOS did not update their reported results. As a result, in FY 2005 instead of reporting a CYP of 218,342, SOCIOS reported a CYP of 155,707 which represents a level of under-reporting for the MOH of 40 percent. Similarly, the number of condoms distributed was significantly under-reported.



USAID through PROSIN II assisted the MOH Health Network of Santa Cruz. The statistician is updating and verifying data submitted by health facilities. The data is then entered into a computerized national information system. Photo taken by an OIG auditor on September 21, 2006.

As a result of the above-mentioned problems, the Mission reported the achievement of 366,331 CYP while the audited results were 427,835, a difference of 14 percent. Similarly the number of condoms sold/distributed was significantly under-reported by 8 percent. The under-reporting of CYP-related results was due to Mission CTOs being unaware of the weaknesses in the data collection and processing system as a result of periodic data verification testing not being performed. The under-reporting was also attributable to insufficient staffing resources within SOCIOS to adequately monitor and validate the data provided to USAID/Bolivia. The data quality problem at CIES was due to a high turnover of staff and the fact that CIES did not have the capability, including human resources, to effectively monitor the quality of information. The problem was exacerbated by the fact that no performance targets were set and the partners were not required to report on these indicators in their quarterly progress reports. If performance targets had previously been set for the Mission's implementing partners, the Mission

may have recognized earlier that there were data problems as the performance results would have contained data anomalies and unexpected performance outcomes.

It is also important to mention that USAID/Bolivia did not include the impact of natural family planning in its CYP computation. The 2003 Demographic and Health Survey found that 25 percent of women used natural family planning methods and a 2005 baseline survey conducted by Engender Health found that 22 percent of women used natural family planning methods. Excluding the contribution of natural family planning methods in the CYP computation caused the CYP to be significantly under-reported. During the course of the audit, the Mission agreed to include natural family planning methods in its CYP computation beginning in 2007. CYP targets will need to be revised accordingly.

The problems with the partners' data were not discovered by the Mission's CTOs because no data quality assessments were performed and the CTOs did not verify the quality of the information they received from their partners, as required by ADS guidance. The Mission did not validate the CYP computation or review the supporting documentation. Consequently, the Mission may not be consistently reporting accurate results and assessing the impact of the program. To ensure that Mission managers have accurate and reliable data for reporting family planning results, we are making the following recommendations.

Recommendation No. 2: We recommend that USAID/Bolivia work with its implementing partners to strengthen the accuracy and reliability of its family planning data collection, analysis, and reporting procedures and systems.

Recommendation No. 3: We recommend that USAID/Bolivia devise a procedural system under which Cognizant Technical Officers will periodically perform validation and verification reviews of partners reported results data.

Recommendation No. 4: We recommend that USAID/Bolivia conduct data quality assessments of its family planning performance indicators as required by Automated Directive System 203.

EVALUATION OF MANAGEMENT COMMENTS

USAID/Bolivia's comments to the draft report are included in their entirety in Appendix II.

In its comments to the draft report, the Mission agreed with all of the family planning audit recommendations presented.

In response to Recommendation No. 1, the Mission stated that by January 31, 2007 it will have adjusted its Performance Monitoring Plan (PMP) to include additional common indicators and that realistic target for these indicators will be set through a rigorous process. The Mission further agreed to develop indicators and targets for their implementing partners that mirror the Mission's PMP. Based on the information the Mission provided, we consider that a management decision has been reached.

In response to Recommendation No. 2 (Recommendation Nos. 2 and 5 in the draft report), the Mission has already begun working with its implementing partners to strengthen the accuracy and reliability of its program performance results data. Based on the steps already taken and those in process, we consider that a management decision has been reached on this recommendation.

In response to Recommendation No. 3, USAID/Bolivia modified its Cognizant Technical Officer's procedures by requiring them to periodically test their associated implementing partners' performance indicator data and by creating site visit report forms and checklists that will support and record these actions. We reviewed the Mission's new procedures and documents and found them to be sufficient to address the recommendation. Therefore, we consider that final action has been taken on this recommendation.

In response to Recommendation No. 4, USAID/Bolivia has agreed to perform Data Quality Assessments as required by USAID's Automated Directive System (ADS) 203 guidance. USAID/Bolivia has developed a reasonable action plan to address this recommendation and, therefore, a management decision has been made.

A determination of final action with regard to the measures taken by the Mission to address the recommendations will be made by the Audit Performance and Compliance Division (M/CFO/APC) upon completion of the proposed corrective actions.

SCOPE AND METHODOLOGY

Scope

The Regional Inspector General/San Salvador conducted this audit in accordance with generally accepted government auditing standards. The objective of the audit was to determine whether the program achieved the desired results described in USAID/Bolivia's strategic plan, in the Congressional notification, and in the cooperative agreement and contract documents.

In planning and performing the audit, we obtained an understanding of and assessed the Mission's controls related to the management of its family planning program. The management controls identified included performance monitoring plans; the Mission's annual self-assessment of management controls through its annual Federal Managers Financial Integrity Act; and cognizant technical officers' field visits, reviews of progress reports, and day-to-day interaction with implementers.

We judgmentally selected sites to visit to ensure a representative mix of partner sites and urban and rural communities throughout Bolivia and giving preference to MOH sites that were assisted by more than one partner. In total, we visited 36 health facilities in five of Bolivia's nine regions as shown in Table 5 below.

Table 5 - Sampled Sites

USAID Partner	Universe	Sample
CIES urban clinics	9	6
CIES rural projects (mobile unit)	7	1
PROSALUD	27	5
PROCOSI	30	2
SOCIOS	6	2
Ministry of Health assisted facilities	903	20
Total	982	36

We visited a higher percentage of CIES and PROSALUD facilities than other partners' sites because only CIES and PROSALUD were implementers of family planning service delivery projects. The Manoff Group was not included in our sample because this partner provided technical assistance to PROCOSI in project management but did not provide support to health sites.

The audit was conducted at the offices of USAID/Bolivia, the offices of the Mission's implementers, and at the Ministry of Health (MOH) and partner-managed health facilities throughout the country from September 6 to October 18, 2006. The audit covered the period from October 1, 2004 through September 30, 2006.

The following table lists the project sites visited and includes information on the region, the implementer, and the number of interviews conducted.

Table 6 - Health Facilities Visited and Interviews Conducted

Region	Partner	Site/Facility	Interviews with Medical Staff	Interviews with Family Planning Clients
Cochabamba	Engender Health	Hospital Materno Infantil German Urquidi	3	0
	PROSALUD	PROSALUD referral hospital	2	7
	CIES	CIES urban clinic	1	3
	PROSIN/JSI	Shinaota & Mariposas MOH health centers	3	0
	SOCIOS/PROCOSI	PROMUJER, a sub partner	1	0
Santa Cruz	Engender Health	Hospital Maternidad Percy Boland	2	7
	PROSALUD	Clinic La Madre and referral hospital	5	16
	CIES	CIES urban clinic	2	9
	Engender Health	Villa Paraiso and Paillon MOH health centers, Monterico MOH health post and Hospital San Ramon	2	0
	PROCOSI	CSRA an NGO, sub partner	1	0
Chuquisaca	Engender Health	Hospital Gineco-Obstetrico Sucre	1	10
	CIES	CIES urban clinic of Sucre and CIES rural project, Padilla	3	9
	PROSIN/EH/JSI	Hospital Tarabuco, Chuqui Chuqui, El Chaco, and Potolo MOH health centers; and, Surima, La Palma, Imilla Huanusca MOH health posts	8	6
	SOCIOS	CEDERTA and Esperanza Bolivia	2	0
Potosi	Engender Health	Hospital Daniel Bracamonte	1	4
	CIES	CIES urban clinic	2	5
	PROSIN/EH/JSI	Tiquipaya and Porco MOH health centers	4	0
La Paz	Engender Health	Hospital de la Mujer, La Paz	3	14
	PROSALUD	PROSALUD referral hospital El Alto, and Villa Fatima health center	7	3
	CIES	El Alto Clinic	2	6
	CIES	La Paz Clinic	1	7
		TOTAL	56	106

During the period covered by our audit, October 1, 2004 through September 30, 2006, USAID/Bolivia obligated \$29.6 million for its family planning implementing partners including \$13.0 million for population-related activities (including funds expended under Global Field Support). Over the same period, the Mission's family planning partners'

expenditures totaled \$22.2 million. In addition, USAID donated \$1.2 million in contraceptive commodities.

Methodology

To answer the audit objective, we visited health care facilities, and MOH regional and local offices. At those facilities, we interviewed family planning clients, service providers, and administrators. We collected and analyzed data on contraceptives provided by the health care facilities, counted inventory, and reviewed reconciliations. We reviewed documentation produced by USAID/Bolivia. With regard to USAID/Bolivia's implementing partners, we reviewed the Partners' agreements, contracts, documents, work plans, and progress reports as well as their reports on family planning activities.

We selected the indicators to answer our first audit objective from the Mission's Strategic Plan and PROSALUD's agreement. The Strategic Plan included six indicators related to family planning and we selected three of them. No current information was available for two indicators: the total fertility rate and the contraceptive prevalence rate because the most recent National Demographic and Health Survey was done in 2003 and the next survey to collect this data will not be conducted until 2008. We evaluated the indicator measuring couple-years of protection (CYP) because it was the principal indicator for the strategic objective that best measured availability of services and also because it was included in the congressional budget justification and annual reports. We also selected the number of condoms sold/distributed and the percentage of stock-out of Depo Provera as performance indicators that would measure the progress of its family planning program. Finally, we selected the sales of contraceptives from PROSALUD's social marketing program because it measures the success of its program.

To validate performance results we compared reported to documented results for a judgmentally selected sample of family planning data results contained in the MOH information system database or submitted by implementing partners and sub-partners. Our testing consisted of tracing contraceptive data contained in the MOH information system database or in partners' reports to the family planning counselor registers, pharmacy records or financial reports concerning the number of contraceptives received and distributed/sold maintained at the health facilities visited. We also visited six MOH statistical offices at the local and state levels and compared data contained in the database to source documents kept by the selected health facilities and CIES and PROSALUD clinics. We verified the results of PROSALUD's social marketing program by tracing reported results to related source documentation. We also verified a sample of PROSALUD's family planning commodities supplied to CIES and MOH health facilities and compared the quantities to PROSALUD's records.

To confirm the accuracy and reliability of CYP-related data, we reviewed documentation supporting the reported data and traced the data to source documents maintained by the MOH and/or USAID partners and sub-partners including CIES, PROSALUD and PROCOSI. We recalculated the CYP using USAID conversion factors and validated source data.

Our audit team included a demographer with experience in implementing family planning and public health activities. To determine the significance of our findings, we judged that the Mission met planned results if all of the conditions stipulated in indicator definitions

included in the Mission's Strategic Plan and Annual Report were completed as described based on our review of supporting documentation and our observations during site visits. In judging the significance of variances found during the audit between reported accomplishments and supporting documentation, we considered variances of five percent or more to be significant and reportable.

MANAGEMENT COMMENTS

UNITED STATES GOVERNMENT

Memorandum
HSOT-GRAL-23/2006

DATE: December 21, 2006

REPLY TO: Michael Yates, Mission Director, USAID/Bolivia

TO: Timothy E. Cox, RIG/San Salvador

SUBJECT: USAID/Bolivia's response to the audit draft report of USAID/Bolivia's Family Planning Program (Report No. 1-511-07-0XX-P)

Under cover of this memorandum we are transmitting our response to the subject draft audit report, as requested in your memo attached to Darren Roman's e-mail of November 24, 2006. We appreciate the opportunity to review the draft of the Audit Report of USAID/Bolivia's Family Planning Activities. We are impressed by the breadth and quality of this audit of our family planning program and thank you for your valued recommendations. We are pleased with your overall findings that in FY2005 USAID/Bolivia met all four of the selected planned results described in its strategic plan, in Congressional budget justifications, grant agreements, and contract documents. We are providing, as requested, a signed and unsigned electronic copy of this memorandum.

USAID/Bolivia has supported family planning and reproductive health activities since the 1980s and has achieved impressive results, as noted in the chart below. USAID direct assistance has contributed to Bolivia's tremendous strides in recent years to provide increased and more equitable access to reproductive health information and services. Contraceptive use is increasing yearly, although a large percentage of Bolivians still rely on traditional methods. Modern contraceptive prevalence rates have increased from 12 percent in 1989 to 35 percent in 2003, accompanied by notable decreases in the total fertility rates (from 4.9 in 1989 to 3.8 in 2003) and in maternal and infant mortality rates. Unmet needs for family planning are still high, estimated at 23 percent of women in union. This issue is especially notable among rural dwellers and people with little or no education. With USAID's assistance, both the Ministry of Health and a number of local NGOs are committed to family planning, and to reducing maternal and infant mortality rates.

USAID's support to Bolivia has been key in a number of areas, including: training health care workers to provide quality family planning; technical assistance for systems development within the Ministry of Health and NGOs, including contraceptive logistics; strengthening NGOs which provide family planning coverage; contraceptives and other family planning commodities and equipment; training community leaders to support family planning; support for FP/RH information and education materials and campaigns; and social marketing campaigns to expand the

market for contraceptives. USAID's assistance was instrumental in the Ministry of Health's development of family planning norms in 2001. These norms, based on voluntarism and informed choice and consent, are now being applied in all Ministry of Health and NGO service delivery points.

Selected Data Showing Progress in Family Planning and Reproductive Health in Bolivia: 1989-2003

Year	1989 ^{5, 6}	1994 ⁷	1998 ⁸	2003 ⁹
Total Fertility Rate	4.9	4.8	4.2	3.8
Overall Contraceptive Prevalence Rate	30.3	45.3	48.3	58.4
Modern Contraceptive Prevalence Rate	12.2	17.7	25.2	34.9
Maternal Mortality Rate (per 100,000 live births)	372	390	N.A.	229
Infant Mortality Rate (per 1,000 live births)	96	75	67	53

USAID/Bolivia accepts all the family planning audit recommendations and has developed a plan to implement different actions to address the audit in order to strengthen internal management and controls and for the closure of the recommendations. These actions are fully described in detail below. The Operational Plan (OP) process now underway offers us an excellent opportunity to work with each of our partners to revise our indicators and targets as recommended by the audit. This will help us ensure an accurate assessment of program performance of USAID/Bolivia and its family planning partners, leading to informed decision-making on the use of limited resources and ensuring successful program performance.

Comments on specific audit findings

1. Program Indicators and Targets Should be Set Through a More Rigorous Process.

Recommendation No. 1: We recommend that USAID/Bolivia set realistic and consistent indicators and associated targets for its family planning program and develop indicators and targets for its implementing partners that mirror the Mission's performance monitoring plan.

⁸ Instituto Nacional de Estadística, Demographic and Health Surveys, Institute for Resource Development/Macro Systems, Inc. *Bolivia: Encuesta Nacional de Demografía y Salud 1989*,

⁶ Demographic and Health Surveys, Institute for Resource Development/Macro Systems, *Bolivia: Maternal and Child Health in Bolivia: Report on the In-depth DHS Survey in Bolivia, 1989*

⁷ Instituto Nacional de Estadística, Demographic and Health Surveys, Macro International Inc. *Bolivia: Encuesta Nacional de Demografía y Salud 1998*

⁸ Ibid.

⁹ Instituto nacional de Estadística, Ministerio de Salud y Deportes, Measure DHS+/ORC Macro, *Bolivia: Encuesta Nacional de Demografía y Salud 2003*.

By January 31 2007, USAID/Bolivia will adjust its Performance Monitoring Plan (PMP) and include additional indicators based on the common indicators developed for the USG Operational Plan (OP). The targets for these indicators will be developed in a rigorous planning process with USAID/Bolivia's partners so that the Mission and its partners will have a clear, mutually agreed upon basis on which to measure progress towards planned results, a method for collecting data on those indicators and targets, and a plan to ensure that decision makers use them for making necessary programmatic corrections along the way. Partners' workplans and progress reports will include these indicators and performance targets. USAID/Bolivia will utilize USAID's TIPS No. 6, *Selecting Performance Indicators*, TIPS No. 8, *Establishing Performance Targets*, and TIPS No. 12, *Guidelines for Indicator and Data Quality* to assist in this process. USAID/Bolivia agrees that it needs to set more realistic and consistent indicators and associated targets for its family planning program and develop indicators and targets for its implementing partners that mirror the Mission's PMP.

2. The Mission did not Follow ADS Guidance on ensuring that Reported Results were Reliable

Recommendation No. 2: We recommend that USAID/Bolivia verify the accuracy and reliability of its family planning indicator results including supporting documentation.

The Mission will work with its partner, Socios para el Desarrollo (which is part of the local NGO, ProSalud), to ensure that quality data is collected, analyzed and made available to decision-makers on each of the indicators and related targets established by all of USAID's family planning partners. In order to facilitate this work, Socios para el Desarrollo (Socios) will expand its staff from the current two to four professionals. It will also train two interns who will not only enhance Socios' strategic information data monitoring and analysis capacity, but will also provide additional trained Bolivian professionals available to work with USAID's partners in the future to further ensure the collection and analysis of quality data. Reporting on each center's achievements of its indicators and targets will be more detailed and feedback will be provided to each center based on this analysis so they can take appropriate action. The expanded staff in Socios will allow frequent random monthly visits to selected centers to do spot checks on the quality and accuracy of data collection and reporting. These visits and expanded data collection methods will allow Socios to analyze clinic-specific data quality, identify any problems with those data, and work with the clinics to improve their data collection and analysis.

USAID/Bolivia will also work with Socios to adapt and utilize existing data quality monitoring guides and check lists to facilitate and standardize the field visits. Those to be adapted for use in Bolivia, for example, include: USAID's own *Performance Management Toolkit: A Guide to Development and Implementing Performance Management Plans*, with special attention to the Data Quality Assessments plan and checklist; and various parts of the TIPS Series. All this work will follow USAID's *ADS Requirements for Data Quality (ADS 203.3.5.1)* that requires that performance data should be as complete, accurate and consistent as management needs and resources permit. It will also follow USAID's *ADS Conducting Data Quality Assessments (ADS 203.3.5.3)*. As necessary, Socios will

train USAID/Bolivia's partners in monitoring their progress in achieving indicators and related targets and in verifying and reporting data.

Recommendation No. 3: We recommend that USAID/Bolivia, in cooperation with its implementing partners, devise a system under which Cognizant Technical Officers and implementing partner officials perform data validation reviews more frequently and efficiently.

USAID/Bolivia's CTOs will utilize the aforementioned data quality assessment plan to verify the accuracy and reliability of the Mission's family planning indicator results, in line with its new PMP. CTOs will utilize the above-mentioned checklists for field visits and will closely coordinate with Socios the results of each visit. The Mission will ensure that the field visits be conducted with regular frequency. As noted in the response to recommendation #2 above, the Health Team will work with Socios and the other implementation partners to devise monitoring guides and check lists to be used in visiting service delivery sites and partners' headquarters to perform accurate data validation reviews on a regular basis.

Recommendation No. 4: We recommend that USAID/Bolivia conduct a data quality assessment related to its performance indicators of couple-years of protection and number of condoms sold/distributed.

The following four actions will be taken to close the audit recommendation:

1. USAID/Bolivia's health team will revise and adjust the Couple Years of Protection (CYP) figures reported for FY 2005, which according to the audit report are under-reported by approximately 14 percent.
2. Unfortunately, the Ministry of Health's National Health Information System (SNIS in Spanish) does not provide completely reliable or timely information. In fact, the Ministry of Health is often as much as nine months behind in its data collection. Because USAID cannot correct the MOH's problems, it plans to make projections of 10% increases in quantitative indicators and targets based on the previous three years' achievements. The FY 2006 report will take into account the audit recommendations to ensure that any under-reporting due to late Ministry of Health information be minimized.
3. Beginning in FY07, USAID/Bolivia is adding CYP figures for natural family planning.
4. Also, what we proposed in response to recommendations 1 and 2 will apply to this recommendation as well. USAID/Bolivia will use its data quality assessment tool to assess its performance indicators CYPs and number of condoms sold/delivered.

Recommendation No. 5: We recommend that the USAID/Bolivia provide assistance to the Centro de Investigación y de Educación Social (CIES) to develop a plan to clearly define staff responsibilities related to the monitoring and verification of its performance data.

USAID/Bolivia is already working with CIES to resolve this issue. In September 2006, the CIES Cooperative Agreement was amended with new special provisions, including technical assistance and other support to develop accurate and appropriate information systems within CIES. In October 2006, CIES changed its Executive Director. Under the new Executive Director's leadership, CIES has developed a new strategic plan (FY2007 – FY2011) and is making adjustments to its organizational structure to ensure appropriate monitoring and verification of its performance indicators. CIES has let its previous monitoring and evaluation person go and is in the process of hiring a more qualified strategic information person. CIES' Program Director's annual performance evaluation will include overseeing the entire monitoring and evaluation process. USAID/Bolivia will provide TA to CIES to improve its integrated program and financial system to ensure quality information for decision-making.

cc: USAID/Bolivia Controller, Dean Walter
USAID/Bolivia RLA, Michelle Godette
USAID/Bolivia RCO, Ralph Koehring
HEALTH SOT Files

U.S. Agency for International Development
Office of Inspector General
1300 Pennsylvania Ave, NW
Washington, DC 20523
Tel: (202) 712-1150
Fax: (202) 216-3047
www.usaid.gov/oig