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## **OFFICE OF INSPECTOR GENERAL**

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# **AUDIT OF USAID/ETHIOPIA'S EFFECTIVENESS IN COMPLYING WITH THE TIAHRT REQUIREMENTS**

AUDIT REPORT NO. 4-663-07-007-P  
June 22, 2007

PRETORIA, SOUTH AFRICA



**USAID**  
FROM THE AMERICAN PEOPLE

*Office of Inspector General*

June 22, 2007

**MEMORANDUM**

**TO:** USAID/Ethiopia Director, Glenn Anders

**FROM:** Acting Regional Inspector General/Pretoria, Matthew Rathgeber

**SUBJECT:** Final report on Audit of USAID/Ethiopia's Effectiveness in Complying with the Tiahrt Requirements (Audit Report No. 4-663-07-007-P)

This memorandum transmits our final report on the subject audit. This report contains no recommendations.

In finalizing this report, we evaluated the Mission's comments on our draft report. These comments are included in Appendix II of this report.

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

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# SUMMARY OF RESULTS

The Regional Inspector General/Pretoria conducted this audit to determine if USAID/Ethiopia effectively implemented controls and procedures to ensure that USAID/Ethiopia and its implementing partners are complying with the Tiahrt Amendment requirements (See Appendix III for a listing of these requirements).

USAID/Ethiopia has effectively implemented controls and procedures to ensure that the Mission and its partners complied with the requirements of the Tiahrt Amendment. (See page 4.) For the items tested, we did not find any Tiahrt Amendment violations. The design and implementation of USAID/Ethiopia's controls regarding Tiahrt compliance have helped to ensure that its lead implementing partner and sub-partner organizations are complying with Tiahrt requirements. Because of the large percentage of unmet family planning needs in Ethiopia—estimated at 33.8 percent—there was little incentive to establish quotas for the implementing partner, service providers and promoters or incentives for potential clients. (See pages 5 and 6.)

USAID/Ethiopia communicated the Tiahrt requirements to its family planning implementing partner—Pathfinder International<sup>1</sup>. The requirements were communicated by incorporating Tiahrt Amendment requirements into its cooperative agreement and subagreements. The Mission also shares family planning materials and technical assistance with Pathfinder International. (See pages 6 and 7.)

Moreover, the audit found that USAID/Ethiopia's controls were adequate to minimize the likelihood of Tiahrt violations. The Mission was confident—and we agreed—that these controls addressed the control weaknesses in Guatemala that led to the Tiahrt violations and, accordingly, did not have to respond to the issues that arose in Guatemala. (See pages 7 and 8.)

Finally, given the Mission's strong internal controls, we found no need for USAID/Ethiopia to implement its own detailed procedures to investigate, remedy and report on violations of the Tiahrt Amendment. The Mission's policy is to follow the procedures indicated in USAID's "Guidance for Implementing the 'Tiahrt' Requirements for Voluntary Family Planning Projects" should any violations of the Tiahrt Amendment occur. (See page 8.)

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<sup>1</sup> Pathfinder International implements the family planning project through 30 indigenous implementing partner organizations with sub-grants, institutional and capacity building support, technical assistance and supplies in the following five regions: Addis Ababa; Amhara; Oromia; Southern Nations, Nationalities, and People's region; and Tigray.

# BACKGROUND

The Tiahrt Amendment to the Fiscal Year 1999 Appropriations Act (named after its author, Representative Todd Tiahrt of Kansas) applies to projects that received USAID funds for family planning service delivery activities and requires the following (See Appendix III, which further expands on these requirements):

1. Service providers and referral agents cannot implement or be subject to quotas relating to numbers of births, family planning acceptors, or acceptors of a particular family planning method.
2. No incentives should be paid to individuals in exchange for becoming acceptors or to program personnel for achieving targets or quotas for number of births, acceptors, or acceptors of a particular family planning method.
3. Rights or benefits cannot be withheld from persons who decide not to become acceptors.
4. Acceptors get comprehensible information on health benefits and risks of the family planning method chosen, including conditions that might make the method chosen inadvisable and known adverse side effects.
5. Provision of experimental family planning methods occurs in the context of a scientific study in which participants are advised of potential risks and benefits.
6. Certain reports on violations must be sent to Congress.

In Ethiopia, the estimated percentage of unmet needs for family planning is 33.8 percent<sup>2</sup>. USAID/Ethiopia is working closely with the Ministry of Health and the lead implementing partner, Pathfinder International, to expand access to and use of quality reproductive and family planning services.

Some of the major areas of family planning program activities include:

- Expanding Reproductive Health/Family Planning (RH/FP) services, including method mix, to over 250 urban and rural districts through Pathfinder International with over 30 sub-grantee partner organizations.
- Deploying community-based reproductive health agents in the five largest regions (Addis Ababa; Amhara; Oromia; Southern Nations, Nationalities and People's Region; and Tigray) of the country to strengthen household and community level access to RH/FP services.
- Linking family planning and HIV/AIDS services including the integration of family planning services into Voluntary Counseling and Testing (VCT) and Prevention of Mother to Child Transmission (PMTCT) sites.
- Expanding the number of youth peer educators providing RH services and HIV/AIDS prevention counseling.

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<sup>2</sup> Ethiopia Demographic and Health Survey, 2005.

Currently, over 10,000 community-based reproductive health agents (CBRHAs) have been trained and deployed to cover more than 10,000 communities with a potential beneficiary population of 60 million. Over 100 health facilities have been upgraded and essential RH/FP equipment and supplies have been provided so that these facilities can provide quality family planning services. An additional 80 sites are scheduled to receive minor renovations in the coming year. Since 2002, more than 2 million women in Ethiopia have accepted family planning for the first time.

For fiscal year 2006, USAID/Ethiopia's budgeted funding for family planning and reproductive health was \$19.773 million.

## **AUDIT OBJECTIVE**

The Office of Inspector General is conducting an audit of USAID's compliance with the Tiahrt Amendment in several countries to respond to Congressional interest due to violations reported in Guatemala<sup>3</sup>. As part of this effort, the Regional Inspector General/Pretoria performed this audit to answer the following question:

- Has USAID/Ethiopia effectively implemented controls and procedures to ensure that USAID/Ethiopia and its implementing partners are complying with the Tiahrt Amendment requirements?

In order to answer the audit objective, the auditors addressed the following four detailed questions:

1. Has USAID/Ethiopia or its partners violated the Amendment?
2. Has USAID/Ethiopia communicated the Tiahrt Amendment's requirements to its family planning partners?
3. Has USAID/Ethiopia, in response to the issues that arose in Guatemala, implemented controls and procedures that improve compliance?
4. Has USAID/Ethiopia implemented procedures to investigate, remedy and report violations?

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

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<sup>3</sup>“Audit of Compliance With the Tiahrt Amendment Under USAID/Guatemala's Cooperative Agreements With the Family Welfare Association of Guatemala (APROFAM),” Audit Report No. 1-520-06-007-P, dated August 21, 2006.

# AUDIT FINDING

## **Has USAID/Ethiopia effectively implemented controls and procedures to ensure that USAID/Ethiopia and its implementing partners are complying with the Tiahrt Amendment requirements?**

USAID/Ethiopia effectively implemented controls and procedures to ensure that the Mission and its implementing partners are complying with the Tiahrt Amendment. The Mission's compliance with the Tiahrt Amendment is due, in part, to the USAID/Ethiopia's experienced lead implementing partner, Pathfinder International, and the Mission's Health, AIDS, Population and Nutrition (HAPN) Team.

For the items tested, we found no instances of violations of Tiahrt Amendment requirements. USAID/Ethiopia and its partners were not subject to quotas, nor did they offer any incentives to individuals or program personnel for achieving targets or quotas. In addition, no rights or benefits were denied to clients to induce them to accept family planning methods, and comprehensible information on the benefits and risks of the chosen family planning method was provided.

Further, the controls and procedures we reviewed were designed and implemented to provide USAID/Ethiopia with assurance that its implementing partners are complying with Tiahrt requirements. The community-based reproductive health agents<sup>4</sup> (CBRHA) receive continuous training through Pathfinder International's integrated family planning refresher course provided bi-annually in some regions and annually in other regions. In addition, the subrecipients sign a certification that they will fully comply and abide by the Voluntary Population Planning Standard Provision, which includes Tiahrt Amendment requirements, either yearly or during renewal of agreement with the lead implementing partner.

To ensure full compliance with the Tiahrt Amendment, the Mission's HAPN team, reviewed the controls in place and determined that the Mission's existing controls were sufficient. Therefore, the team did not institute changes to its controls based on the knowledge of the problem that arose in Guatemala.

The Mission plans to follow USAID's guidance in reporting any incidents of Tiahrt Amendment violations, should they occur.

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<sup>4</sup> Community-based reproductive health agents (CBRHAs) are volunteer community family planning promoters.



Photo of community-based reproductive health agents at Adwa Health Center, Adwa, Ethiopia holding a placard used as a teaching aid, with illustrations and actual samples of family planning methods. (Taken by RIG/Pretoria auditor February 2007)



Photo of community-based reproductive health agents at Wolaita Sodo Clinic, Wolaita Sodo, Ethiopia, explaining how to use the cycle beads as a family planning method. (Taken by RIG/Pretoria auditor January 2007)

## 1. Has USAID/Ethiopia or its partners violated the Tiahrt Amendment?

For the items tested, we found no evidence that USAID/Ethiopia and its implementing partner and subpartners violated the Tiahrt Amendment requirements. Specifically, for the items tested:

- No prohibited numerical targets or quotas were set related to the family planning program.
- No prohibited incentive payments or other financial rewards were provided to an individual for becoming a family planning acceptor or to program personnel for achieving a numerical quota or target.
- No denial of rights or benefits occurred as a consequence of an individual's decision not to accept family planning services.
- Clients interviewed have stated that they have received comprehensible information on health benefits and risks of chosen method.
- Experimental contraceptive methods were not provided to any of the family planning clients interviewed.
- Although the Mission has not come across any Tiahrt violation, it is cognizant of the reporting procedures for violations and has informed its partner of the procedures.

The service providers are mostly government employees who are not paid under a performance based pay structure. They receive fixed salaries regardless of the number of patients they provide services to, whether for family planning or other health/medical issues. In addition the CBRHAs are volunteer family planning promoters. They do not receive salary for their services. They receive two weeks of training, a bag, a uniform, shoes and an umbrella to use when promoting family planning in their community. They also receive a transportation allowance. Depending on the region, the transportation allowance ranges from \$5 to \$8 per month. CBRHAs often cited personal satisfaction



and community respect as their reasons for being volunteers. They highly value the knowledge received from CBRHA training.

There are huge unmet family planning needs in Ethiopia—estimated at 33.8 percent. According to the family planning service providers, they have to turn away potential clients in some cases due to short supply of some contraceptives. As such, there is a reduced likelihood that incentives would be provided to potential clients for family planning services. None of the family planning clients interviewed had received any gifts or rewards in return for using a particular method of contraception.

The service providers and CBRHAs interviewed place a strong emphasis on providing a comprehensible explanation of the health benefits, risks and side effects of each family planning method to the clients—both literate and illiterate.

USAID/Ethiopia has established controls to ensure Tiahrt Amendment compliance at various levels of its family planning program. For the items tested in this audit, we found no Tiahrt Amendment violations. However, should an incident occur, the Mission is cognizant of USAID reporting policies and procedures. The implementing partner is a U.S.-based organization that is also aware of the Tiahrt Amendment requirements.



Photo of couple at Aje Health Center, Siraro, Ethiopia. The community-based reproductive health agent (right) is holding a family planning instruction booklet. His wife (left) is also his family planning client. (Photo taken by RIG/Pretoria auditor January 2007)



Instruction booklet used by community-based reproductive health agents to present family planning methods. The question translated in English means, “Do you know the family planning method that suits you best?” The illustrations from left to right are pills, Depo-Provera, Norplant, intrauterine device, cycle beads and condoms.

## 2. Has USAID/Ethiopia communicated the Tiahrt Amendment’s requirements to its family planning partners?

USAID/Ethiopia has communicated the Tiahrt requirements to its family planning partner. One of the principal mechanisms USAID/Ethiopia used for communicating Tiahrt requirements to its implementing partner, Pathfinder International, was by incorporating the Tiahrt Amendment requirements into its cooperative agreement. Pathfinder International also included the requirement to comply with the Tiahrt Amendment in its subawards with other organizations.

The Mission has been in touch with USAID's Bureau for Global Health and has received extensive materials and technical assistance on U.S. family planning statutory and policy requirements—including the Tiahrt requirements—that the Mission shares with Pathfinder International. In turn, Pathfinder International provides training and guidance to its subpartners regarding Tiahrt compliance. This communication of the requirements to the subpartners is reflected in the CBRHA training curriculum which includes the principles of the Tiahrt Amendment requirements. This has created a strong compliance environment within the Mission, Pathfinder International, service providers and CBRHAs.

A number of CBRHAs confirmed that in the basic training and annual refresher course, emphasis on the client's right to choose and confidentiality of information was included. For example, if the client uses a family planning method and experiences adverse side effects, the client is free to use another family planning method with no result in denial of rights or benefits.

### **3. Has USAID/Ethiopia, in response to the issues that arose in Guatemala, implemented controls and procedures that improve compliance?**

USAID/Ethiopia did not implement controls and procedures to improve compliance with the Tiahrt Amendment. The Mission concluded that its controls already in place were sufficient to address the control issues in Guatemala that led to the Tiahrt violations. Accordingly, the Mission did not have to take additional action to respond to the issues that arose in Guatemala. Some of these controls were:

- The Mission has instructed the Cognizant Technical Officer (CTO) to report on aspects of Tiahrt Amendment requirements during monitoring and site visits. For example, the CTO monitoring report includes observations of how the CBRHAs counsel clients and potential clients of all the family planning methods using the family planning instruction booklet presented on page 6. Also, the CTO verifies that the clinics and health centers post a family planning chart in Amharic with pictorial display of all available methods at the veranda and inside the examination room—part of the “Technical Guidance on the ‘Comprehensible Information’ Paragraph of the Tiahrt Clause” (April 1999)—which states that “USAID/W strongly recommends a specific tangible (i.e. physical) intervention (e.g. wall charts, flip charts, package inserts) be implemented in all service delivery points of contact, to promote consistent provision of information.”
- Pathfinder, in the standard provisions of its subawards, specifies the need to comply with the Tiahrt requirements. In turn, the audit contracts for auditing the sub-partners have a clause which requires the audit firms to pay particular attention to the standard provisions of awards in their financial statement audits. In addition, Pathfinder International, on a yearly basis or upon renewal of agreements with subrecipients, requires subrecipients to sign a certification of compliance with USAID's Voluntary Family Planning programs.
- The Mission and the implementing partner were very much aware of the Tiahrt requirements and the knowledge of the issues that arose in Guatemala has further strengthened their familiarity.

- The training curriculum for community-based reproductive health agents and community health extension workers used by the Government of Ethiopia was developed in collaboration between the Mission's Health, AIDS, Population and Nutrition team and the Government of Ethiopia's Ministry of Health. The training manual includes required practices in family planning services that are the core of the Tiahrt requirements.

#### **4. Has USAID/Ethiopia implemented procedures to investigate, remedy and report on violations?**

USAID/Ethiopia had not developed procedures to investigate, remedy and report on violations. The Mission's policy is to follow the procedures indicated in USAID's "Guidance for Implementing the 'Tiahrt' Requirements for Voluntary Family Planning Projects" should any violations of the Tiahrt Amendment occur. As of the time of the audit, there had been no reported incidents of Tiahrt violations in Ethiopia. Therefore, we found no need for USAID/Ethiopia to implement its own detailed procedures to investigate, remedy and report on violations of the Tiahrt Amendment.

# EVALUATION OF MANAGEMENT COMMENTS

USAID/Ethiopia provided written comments on our draft audit report which included clarification of several issues discussed in the audit report. The Mission also attached comments from the Bureau for Global Health's Office of General Counsel. RIG/Pretoria considered these comments in finalizing this report. The Mission's comments (without attachments) are included as Appendix II to this report.

# SCOPE AND METHODOLOGY

## Scope

The Office of Inspector General conducted an audit to assess USAID's compliance with the family planning related requirements of the Tiahrt Amendment and any new guidelines promulgated by USAID/Washington. To support this effort, the Regional Inspector General/Pretoria performed this audit to determine USAID/Ethiopia's effectiveness in complying with the requirements of the Tiahrt Amendment. The Regional Inspector General/Pretoria conducted this audit in accordance with generally accepted government auditing standards.

In performing the audit, we identified and assessed the Mission and lead implementing partner's controls related to ensuring compliance with the provisions of the Tiahrt Amendment. The management controls identified included performance monitoring plans, the Mission's Annual Report, the Mission's annual self-assessment of management controls as required by Federal Managers Financial Integrity Act, field visits conducted by the Cognizant Technical Officer, quarterly reports, and communications between Pathfinder International (lead implementing partner) and USAID/Ethiopia personnel. The lead implementing partner controls identified were certification on Voluntary Population Planning signed by subrecipient's authorized representative and statutory audits of subrecipients with Statement of Work auditor guidelines relating to family planning programs.

The audit was conducted at the offices of USAID/Ethiopia, the offices of the Mission's implementers, and health facilities throughout the country from January 22 – February 16, 2007. The audit covered the period from October 1, 2005 through September 30, 2006. The budgeted funding for family planning and reproductive health was \$19.773 million for fiscal year 2006.

We judgmentally selected sites to visit to ensure a representative mix of partner sites at urban and rural communities. We visited a representative sample of USAID/Ethiopia's family planning program. In total, we visited 26 health facilities in Addis Ababa and in four of Ethiopia's largely populated regions as shown in the table below.

**Table 1: Sampled Sites**

Region	No. of Health Facilities	Sampled sites
Addis Ababa	N/A	2
Amhara	601	6
Oromia	362	6
Southern Nations, Nationalities and People's Region	360	3
Tigray	109	9
<b>Total</b>	<b>N/A</b>	<b>26</b>

We based our conclusion on the following: (1) review of relevant documents' (2) interviews with 34 medical staff providing family planning services, (3) interviews with

89 community-based reproductive health agents (CBRHAs) and (4) 130 interviews with current family planning clients.

Table No. 2 in Appendix IV, page 16 lists the project sites visited and includes information on the region, implementing partner and subrecipients, and the number of interviews conducted.

## **Methodology**

In order to answer the audit objective, the auditors addressed the following four detailed questions:

1. Has USAID or its partners violated the Amendment?
2. Has USAID communicated the Amendment's requirements to its family planning partners?
3. Has USAID, in response to the problems that arose in Guatemala, implemented controls and procedures to improve compliance?
4. Has USAID implemented procedures to investigate, remedy and report violations?

The answers to the questions were deemed positive, if the auditors found:

- No violations to the amendment.
- Amendment requirements have been communicated to the mission and partners.
- Controls and procedures have been implemented to address weaknesses found in Guatemala.
- Reporting procedures have been implemented.

To answer the audit objective, we visited 26 health care facilities, interviewed 34 medical staff providing family planning services, 89 family planning promoters and interviewed 130 family planning clients. We conducted interviews with USAID/Ethiopia and implementing partner officials and personnel. We also reviewed documentation produced by USAID/Ethiopia, its partner and subrecipients. The audit team developed separate interview questionnaires for service providers, promoters and clients to ensure consistency in the subjects covered during the field visits. The questionnaires were designed to determine if the requirements of the Tiahrt Amendment were violated including if decisions made by clients were voluntary. We also verified if USAID/Ethiopia's partner, along with the subrecipients, their service providers and family planning promoters had received training and guidance on USAID family planning provisions that included the Tiahrt Amendment requirements.

We interviewed a number of current family planning patients that were present at the health facilities and clients who came to meet with the audit team on their own initiative. In some health facilities, the clients came in groups because they wanted to express appreciation for the family planning program.

In order to test aspects of the Mission's monitoring system we interviewed Mission

Cognizant Technical Officer and other responsible officials and reviewed documentation produced by USAID/Ethiopia. The documentation we reviewed included site monitoring reports, correspondence, quarterly, and annual reports maintained by the Cognizant Technical Officer and Health, AIDS, Population and Nutrition team.

With regard to USAID/Ethiopia's partner and subrecipients, we reviewed the partner's and sampled 10 subrecipients' agreements, contracts, documents, and grantee progress and financial reports. We conducted a cursory review of financial audits conducted by local Ethiopian audit firms for fiscal year 2005 to verify that there was no compliance finding related to USAID voluntary family planning policy that covers Tiahrt Amendment requirements.

In assessing compliance with Tiahrt provisions, we considered that a single violation would be considered to be significant and reportable.

# MANAGEMENT COMMENTS



Date: May 31, 2007

To: Mr. Nate Lokos, Regional Inspector General

From: Mr. Glenn Anders, USAID/Ethiopia Director

Subject: Mission Comments on Draft Audit Report of USAID/Ethiopia's Effectiveness in Complying With The Tiahrt Requirements

As requested, the Mission has reviewed the subject draft audit report on USAID/Ethiopia's effectiveness in complying with the Tiahrt requirements. In addition, the Mission has received and reviewed the attached comments from GH/GC in Washington regarding the draft audit report.

Per review of the draft audit report, USAID/Ethiopia is in agreement with the attached comments provided by GH/GC and requests particular consideration of the following suggested modifications to the draft audit report.

- On page 1 (second paragraph, last sentence) and page 6 (second paragraph, second sentence), the report states that there is little incentive for a system of quotas or incentives in Ethiopia due to the large unmet need here. Please delete these references as there is no evidence-based link between unmet need and quotas or incentives. A country could have relatively high unmet need but still establish prohibited quotas or incentives (indeed several Tiahrt violations have occurred in countries with relatively high unmet need).
- In the footnote on page 4, the report notes with respect to CBRHAs that "Most of them are married and use family planning methods." Please delete this sentence as the information is not relevant to the audit or audit findings.
- On page 5 (last paragraph), we recommend that you amend the first sentence to read "Service providers are government employees and receive fixed salaries regardless of the number of patients they provide services to whether for family planning or other health/medical services." Please delete language in the first sentence prior to "service providers" as there is no evidence-based link between service providers being government employees and Tiahrt compliance.

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- On page 5 (first bullet point), please edit as follows: No *prohibited* numerical targets or quotas were set related to the family planning program.
- On page 10 (first paragraph), the document references “new policies and procedures promulgated by USAID/Washington.” Please specify the policies and procedures to which you are referring.

USAID/Ethiopia recognizes the importance of ensuring compliance with the Tiahrt requirements, and is pleased that RIG/Pretoria found that the Mission has effectively implemented controls and procedures to ensure that USAID/Ethiopia and its implementing partners are complying with the Tiahrt Amendment.

USAID/Ethiopia would like to take this opportunity to thank the RIG/Pretoria auditors for the feedback and training provided during the subject audit. Collaboration between the Mission and RIG/Pretoria continues to contribute to USAID’s successful development program in Ethiopia.

**TIAHRT AMENDMENT PROVISIONS**

The Tiahrt Amendment to the Fiscal Year 1999 Appropriations Act (named after its author, Representative Todd Tiahrt of Kansas) applies to projects that received USAID funds for family planning service delivery activities and requires the following:

(1) Service providers or referral agents in the project shall not implement or be subject to quotas, or other numerical targets, of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning (this provision shall not be construed to include the use of quantitative estimates or indicators for budgeting and planning purposes).

(2) The project shall not include payment of incentives, bribes, gratuities, or financial reward to an individual in exchange for becoming a family planning acceptor, or program personnel for achieving a numerical target or quota of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning.

(3) The project shall not deny any right or benefit, including the right of access to participate in any program of general welfare or the right of access to health care, as a consequence of any individual's decision not to accept family planning services.

(4) The project shall provide family planning acceptors comprehensible information on the health benefits and risks of the method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method.

(5) The project shall ensure that experimental contraceptive drugs and devices and medical procedures are provided only in the context of scientific study in which participants are advised of potential risks and benefits.

Further, not less than 60 days after the date on which the Administrator of the United States Agency for International Development determines that there has been a violation of the requirements contained in paragraphs (1), (2), (3), or (5) of this proviso, or a pattern of practice of violations of the requirements contained in paragraph (4) of this proviso, the Administrator shall submit to the Committee on International Relations and the Committee on Appropriations of the House of Representatives and the Committee on Foreign Relations and the Committee on Appropriations of the Senate, a report containing a description of such violation and the corrective action taken by the Agency.

**Table 2: Health Facilities Visited and Interviews Conducted**

Region	Site	Subrecipient	Client	Promoter	Service Provider
Addis Ababa	Shiro Meda Health Center	Integrated Services for Aids Prevention and Support Organization	1		2
	Kebele 01/02	Integrated Services for Aids Prevention and Support Organization	4	2	
Amhara	Kombolcha Health Center	Pathfinder International	3	2	1
	Debre Berhan Hospital	Pathfinder International	5	3	2
	Cheffa Robit Health Center	Pathfinder International	2	2	2
	Boru Meda Hospital	Pathfinder International	6	1	2
	Motta Health Center	Ethiopian Aid	2	2	1
	Bichena Ethiopian Aid Office	Ethiopian Aid	3	3	
Oromia	Arsi Negele Health Center	African Humanitarian Action		2	3
	Shashemane Hospital	African Humanitarian Action	14	3	
	Inchini Health Center	Birhan Integrated Community Development Organization	6	4	2
	Holeta Health Center	Birhan Integrated Community Development Organization	2	5	2
	Ethiopian Kale Heywet Church Office	Ethiopian Kale Heywet Church	5	7	1
	Wolde Kelina Kebele/CBRHA's Meeting	Amhara Development Association	5	7	1
	Southern Nations, Nationalities and People's Region	Aje Health Center	Amhara Development Association	4	2
Wolaita Sodo Health Center		African Humanitarian Action	5	5	3
Guba Health Center		Ethiopia Evangelical Church Mekene Yesus	10	6	
Tigray	Mulu Health Clinic	Relief Society of Tigray	9	2	1
	Fatsi Health Center	Relief Society of Tigray	4	4	1
	Wukro Health Center	Relief Society of Tigray		5	1
	Birshewa Health Clinic	Relief Society of Tigray	4	2	1
	Adwa Health Center	Relief Society of Tigray	8	5	1
	Milchew Health Center	Relief Society of Tigray	8	4	2
	Adigrat Health Center	Relief Society of Tigray	5	6	2
	Adishu Health Clinic	Relief Society of Tigray	4	1	
	Mereb Lehe Health Center	Relief Society of Tigray	11	4	
Total	26		130	89	34

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