

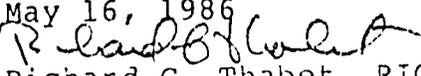
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AUDIT OF
RWANDA MATERNAL CHILD HEALTH/
FAMILY PLANNING PROJECT
PROJECT NO. 696--0113

AUDIT REPORT NO. 3-696-85-7
MAY 16, 1986

MEMORANDUM

DATE: May 16, 1986
FROM: 
Richard C. Thabet, RIG/A/Nairobi
SUBJECT: Audit Report On Rwanda Maternal Child
Health Family Planning
TO: Mr. Emerson Melaven, OAR/Rwanda

This report presents the results of the Rwanda Maternal Child Health Family Planning Project. This review included elements of both program results and economy and efficiency audits. Review objectives were to (a) determine if the project addressed the development strategy of Rwanda; (b) evaluate how well the project was progressing towards meeting stated goals and objectives; (c) determine whether AID provided resources were used as planned and conformed with Agency regulations and the project agreements; (d) determine if the project resources were used in the most economical and effective manner and (e) determine compliance with pertinent sections of the Foreign Assistance Act of 1961, as amended.

The Office of the Regional Inspector General for Audit/Nairobi concluded that project objectives were consisted with the Government of Rwanda's development strategy which was to provide primary health care to all by the year 2000. The purpose of the project was to improve the capacity of the family planning information and services to the general population.

The audit showed that some progress had been made towards meeting stated goals and objectives. A patient record keeping system had been developed, some short-term training had been completed and a renovated combined health and nutrition center had been completed. We noted nothing in our review that indicated that AID provided resources were not being used as planned, or that project resources were not being used in the most economical and effective manner. We also took no exceptions to compliance with Agency regulations and the project agreement. Throughout our review nothing came to our attention which indicated non-compliance with those pertinent sections of the Foreign Assistance Act of 1961, as amended.

RIG/A/N recommended that OAR/Rwanda take certain actions to enhance the project's chances for success. These actions include: (a) obtaining a firm understanding from the Government relative to securing permanent positions for employees in the National Population Office; (b) entering into a constructive dialogue with the GOR towards resolving outstanding policy issues; (c) providing more monitorship of the project construction program and (d) taking aggressive steps to improve the participant training program.

Please provide your comments on the actions planned or taken to implement the recommendations within 30 days. As a result of actions taken subsequent to our audit, Recommendation No. 1 is closed on issuance of this report.

The assistance and cooperation which you and your staff provided during the audit is greatly appreciated.

EXECUTIVE SUMMARY

The Rwanda Maternal Child Health/Family Planning project grant agreement was signed on September 26, 1981. The project completion date initially September 1986, was extended two years to September 25, 1988. The overall purpose of the project was to improve the capacity of the Government of Rwanda to deliver maternal child health/family planning information and services to the general population. Implementation of the project was the responsibility of the Ministry of Public Health and Social Affairs acting through its National Population Office. The project consisted of financial assistance for commodities, training, construction, technical assistance, and other costs. Life of project funding was \$11.2 million of which AID agreed to provide \$6.2 million and the Government agreed to contribute \$5.0 million. At April 30, 1986, AID had obligated \$6.2 million and disbursed \$3.2 million.

The Office of the Regional Inspector General for Audit/Nairobi reviewed the project for program results, economy and efficiency. Audit objectives were to (a) determine if the project addressed Rwanda's development strategy; (b) evaluate how well the project was progressing towards meeting stated goals and objectives; (c) determine whether AID-provided resources were used as planned and conformed with agency regulations and the project agreement; (d) determine if the project resources were used in the most economical and effective manner; and (e) determine compliance with pertinent sections of the Foreign Assistance Act of 1961, as amended.

The Office of the Regional Inspector General for Audit/Nairobi concluded that project objectives were consistent with the Government of Rwanda's development strategy which was to provide primary health care to all by the year 2000. The project's purpose was to improve the capacity of the Government to deliver maternal child health and family planning information and services to the general population.

Some progress had been made towards meeting stated goals and objectives. We noted nothing in our review that indicated AID provided resources were not being used as planned and in compliance with applicable laws, agency regulations and the project agreement, or that project resources were not being used in the most economical and effective manner. Throughout our review nothing came to our attention which indicated non-compliance with those pertinent sections of the Foreign Assistance Act of 1961, as amended.

Most activities of the project were, however, behind schedule. Several factors contributed to the delays in this project. First, the National Population Office was unable to obtain and retain professional staff; next, the Ministry of Public Health and Social Affairs was reluctant to coordinate and cooperate with the National Population Office; third, there were preventable delays in constructing facilities; fourth, educationally qualified long-term participants were not identified in a timely manner; and finally, AID did not provide sufficient long-term technical assistance required for this project. In our view, the goals and objectives envisioned by the project were simply too ambitious for a country with critical shortages of skilled personnel and facilities.

We concluded that the project goals should be re-evaluated and reduced to achievable levels. We recommended that these new project goals be incorporated into all project documentation and with the Government of Rwanda.

AUDIT OF
WANDA MATERNAL CHILD HEALTH/
FAMILY PLANNING PROJECT

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AUDIT OF
RWANDA MATERNAL CHILD HEALTH/
FAMILY PLANNING PROJECT

PART I - INTRODUCTION

A. Background

The purpose of the Maternal Child Health/Family Planning Project (MCH/FP) was to improve the capacity of the Government of Rwanda (GOR) to deliver maternal child health/family planning information and services to the general population. The project was intended to foster an awareness among individual Rwandans and GOR planners of the relationships between population growth, health and development. It was also intended to improve and extend MCH/FP in Rwanda, and give added health protection to the most vulnerable groups, pregnant and nursing mothers, infants and children.

Project elements were: (1) population information, research and policy development; (2) information, education and communication programs; (3) delivery of MCH/FP information and services; and (4) facility and training center construction. The outputs expected within each element to achieve the objectives of this project versus actual accomplishments are detailed in Exhibit 2 of this report.

The grant agreement for the MCH/FP project was signed on September 26, 1981. The project activity completion date, initially September 1986, was extended two years to September 25, 1988. The National Population Office (Office de la Population [ONAPO]) was responsible for the research, educational, promotional and coordinating functions of the project. ONAPO was an autonomous agency under the umbrella of the Ministry of Public Health and Social Affairs (MPHSA). The project paper originally assigned separate, specific objectives to the MPHSA. However, in January 1984 these two organizations merged. While ONAPO was to be the local agency responsible for planning and coordinating the program, family planning services were to be delivered by MPHSA staff in Government health facilities.

Life of project funding was \$11.2 million of which AID agreed to finance \$6.2 million. The GOR agreed to contribute the remainder. AID life of project inputs were commodities \$1.7 million, training \$1.3 million, construction \$1.2 million, other costs \$1.0 million, technical assistance \$.8 million, and contingency \$.2 million. As of April 30, 1986, all \$6.2 million of the AID funds had been obligated, and \$3.2 million --51 percent --disbursed. See Exhibit 1 for a comparison of actual expenditures to budgeted amounts.

B. Audit Objectives and Scope

This assignment was a program results and economy and efficiency audit of Rwanda's MCH/FP project. Audit objectives were to (a) determine if the project addressed Rwanda's development strategy; (b) evaluate how well the project was progressing towards meeting stated goals and objectives; (c) determine whether AID-provided resources were being used as planned and conformed with applicable laws, agency regulations and the project agreement; (d) determine if the project resources were used in the most economical and effective manner; and (e) determine compliance with pertinent sections of the Foreign Assistance Act of 1961, as amended. This initial audit of the project covered the period from inception through July 26, 1985. The field work was performed during the period May-July 1985 in Kigali, Rwanda and the project areas.

We interviewed selected officials from the GOR and Office of AID Representative/Rwanda (OAR). We examined progress and evaluation reports as well as related workpapers, correspondence and financial records. We made visits to ONAPO headquarters, the training center site and a reference hospital in Kigali, as well as a MCH facility, an ONAPO regional office and the University Center for Public Health in Butare. We also visited a health/nutrition center and medical officer's residence in Kibilizi and the future site for a health/nutrition center in Kinyinya. OAR/Rwanda made one mid-term evaluation of the project in August 1984 which we used in our audit. The audit was made in accordance with generally accepted government auditing standards.

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PART II - RESULTS OF AUDIT

The Office of the Regional Inspector General for Audit/Nairobi concluded that project objectives were consistent with the Government of Rwanda's (GOR) development strategy which was to provide primary health care to all by the year 2000. The purpose of the project was to improve the capacity of the GOR to deliver maternal child health and family planning information and services to the general population.

Some progress had been made towards meeting stated goals and objectives. A patient record keeping system had been developed, some short-term training had been completed and a renovated combined health and nutrition center had been completed. We noted nothing in our review that indicated AID provided resources were not being used as planned and in compliance with agency regulations and the project agreement, or that project resources were not being used in the most economical and effective manner. Throughout our review nothing came to our attention which indicated non-compliance with those pertinent sections of the Foreign Assistance Act of 1961, as amended.

A. Findings and Recommendation

Our review showed that most activities of the project were behind schedule. With the exception of some short-term training and the development of a patient information system, most objectives were not met and the project assistance completion date (PACD) was extended two years to September 25, 1988.

Several factors contributed to the delays in meeting the goals of the project. First, ONAPO was unable to obtain and retain professional staff; second, the MPHSA was reluctant to coordinate and cooperate with ONAPO; third, there were preventable delays in constructing facilities; fourth, educationally qualified long-term participants were not identified in a timely manner; and finally, AID did not provide sufficient long-term technical assistance required for this project. In our view, the foregoing illustrates that the goals and objectives envisioned by the project were simply too ambitious for a country with acute shortages of skilled personnel and facilities.

Using the outputs expected from this project as a measure of its progress we found: (1) the population information, research and policy development element had not developed data collection, research and evaluation capability which would enable the GOR to plan and develop population policy and programs; (2) while a patient record and information system had been designed, it had not been fully implemented; and (3) only 10 of 35 (29 percent) required research studies and evaluations will be completed by the original PACD.

Within the information, education and communication element, we found that only six of a planned 30 communication experts had been trained by the time of our review. None had been trained since 1984 and there were no plans for further training. These experts were needed to develop mass media communication capability for promoting the dissemination of family planning information, communication and services.

With the exception of training provided under the information and services element of the project, little progress was made or is anticipated. Problems were and will be experienced by a lack of operating funds, a shortage of professional staff, and an insufficient number of health and nutrition facilities. Only 20,000 family planning acceptors had been enrolled at the time of our audit. The target of 84,500 acceptors was not expected to be met. As a result, no contraceptive services or information and education will be available at 150 nutrition and community development centers.

We concluded that the project goals could not be accomplished within established timeframes. Accordingly, we believe that the Office of AID Representative/Rwanda (OAR) should re-evaluate the goals established under this project and incorporate more realistic goals into the project agreement. This report contains a series of recommendations directed towards that objective.

1. Inability To Obtain And Retain Headquarters Professional Staff

ONAPO was unable to obtain and retain professional staff at the headquarters level. At the time of our audit, 42 of 94 (45 percent) positions in ONAPO headquarters were vacant. Personnel shortages existed in 15 of 17 professional disciplines which included medical doctor, educator, demographer and economist. Without these professionals in place a viable infrastructure cannot be developed within ONAPO. Infrastructure is one of the first steps in institution building.

RECOMMENDATION NO. 1

We recommend that Office of the AID Representative/Rwanda in concert with the National Population Office obtain a memorandum of understanding from the appropriate government entity relative to securing positions in the National Population Office.

Discussion

ONAPO had made requests to the Civil Service Administration to fill these positions as far back as 1981. The situation was worsened by the Civil Service Administration when many of ONAPO's staff were transferred to other GOR agencies. For example, the Chief of Administrative and Financial Services was transferred to another agency at the end of 1982 and that vacancy remained unfilled.

The problem was further aggravated because personnel appointed to positions by the Civil Service Administration had not been officially decreed. To be decreed is the process under which an appointment is approved by the President's Council and forwarded to the President who officially gives the appointee permanent career status. As a result, many individuals were reluctant to accept positions not officially decreed because of the lack of security in the job. This was evidenced by the number of vacancies within ONAPO. In January 1985, ONAPO appealed to the President to fill personnel vacancies and reduce loss of staff.

At the conclusion of our audit, OAR/R advised us that ONAPO's staffing had improved and that only 19 vacancies now existed. Only four positions were considered priority. Further, ONAPO was making every effort to have those positions filled. Finally ONAPO will continue to stress, thru policy dialogue with the GOR, the issue of securing the positions.

Management Comments

In OAR/Rwanda's response to our draft report they stated that a medical doctor is now in place in each regional health center and ONAPO is actively recruiting for additional headquarters staff. Thus, Recommendation No. 1 is closed upon the issuance of this report.

2. Lack Of GOR Coordination And Cooperation

The Ministry of Public Health and Social Affairs (MPHSA) was unwilling or unable to coordinate or cooperate with ONAPO. As a result, ONAPO, which is an autonomous agency under the umbrella of the MPHSA, was unable to carry out its responsibilities in an effective manner as provided for in its mandate. Numerous proposals important to the success of this project were submitted to MPHSA for approval in January 1985 but had not been acted upon when we completed our review. We believe that the establishment of periodic meetings between these two organizations and the AID Representative would be helpful in getting these proposals implemented.

RECOMMENDATION NO. 2

We recommend that the Office of the AID Representative/Rwanda enter into active participation with officials from the Ministry of Public Health and Social Affairs and the National Population Office to help resolve the outstanding proposals, and to establish feasible dates for the implementation of these proposals.

Discussion

The project paper stated that ONAPO was, by its mandate, the GOR entity responsible for population surveys and research, for developing population policy, and for proposing solutions to the population growth problem. ONAPO was also responsible for developing information and educational materials, training and curricula pertaining to MCH/FP. Finally, ONAPO was responsible for coordinating the provisions of family planning information and services nationwide.

The project paper further stated that the ability of ONAPO to perform the above activities would determine the degree to which the project purpose would be achieved. The crux of the problem between ONAPO and MPHSA was evidenced by a January 26, 1985 letter submitted by ONAPO to MPHSA containing numerous proposals which were important to the successful implementation of the project. Some proposals were to be reviewed and approved by MPHSA before going forward for final presidential approval. But most proposals needed only MPHSA's approval. These proposals pertained to national policy and management as follows: definition of ONAPO's role within the MPHSA's framework and recommended legislation for enactment; directive for the MPHSA to issue to health center personnel directing them to provide FP services; reorganization of ONAPO which

would ensure more effective management; and establishment of a planning and evaluation unit which would ensure participation at all levels in the planning process. During our examination, ONAPO officials advised that even though a follow-up letter was sent, no approvals or response had been received. Subsequently, in December 1985, MPHSA replied to certain recommendations made previously by ONAPO with a view to implementing them as far as possible, but setting no target dates.

Management Comments

In their response to the draft report OAR/Rwanda did not comment on the resolution of all the proposals mentioned above. The reply did say that the poor cooperation was the result of a reorganization and attributed the cause to the Minister of Public Health and Social Affairs. The reply also stated that the Rwandan President was on record as a strong advocate of ONAPO and its family planning activities. In addition, the response stated that the MPHSA had sent a directive to the Regional Health Centers instructing the doctors to incorporate more family planning into service delivery.

3. Significant Delays in Construction were Encountered

Construction of health and nutrition center facilities was significantly delayed beyond the dates set forth in the project agreement. The delays were caused primarily by design changes and shifts in construction sites. As a result, facilities which are vital to the success of this project are unlikely to be available to disseminate of MCH/FP information and services until near the end of the PACD.

RECOMMENDATION NO. 3

We recommend that the Office of the AID/Representative monitor the construction processes on all project facilities to assure unnecessary delays do not occur.

Discussion

The grant agreement provided \$910,000 (subsequently increased to \$1.2 million, or 40 percent) to construct four health centers, two nutrition centers and a training center. One health center, one nutrition center and the training center were to be completed by March 1983. Another health center and nutrition center were to be completed by December 1983 with the final two health centers scheduled for completion September 1984.

At the time of our audit, only a renovated, combined health and nutrition center had been completed -- nine months behind schedule. Construction had just started on the training center with completion not expected until May 1986 -- 38 months behind schedule. Construction on three combined health and nutrition centers was scheduled to begin in October 1985 with completion planned for October 1986. If completed as planned the four combined health and nutrition centers will not have been available to provide MCH/FP information and services for a total period of 7 3/4 years. Construction delays were caused by GOR changes in the original design plans and the identification, availability and approval of the construction sites.

Management Comments

The OAR/Rwanda reply to the draft report indicated that some additional slippages had occurred in the construction schedule. The training center is now scheduled for completion in late summer 1986. A list of equipment and supply requirements has been ordered. Most notably the health and nutrition centers scheduled for completion in October 1986 are now scheduled for completion in February 1987. However, ONAPO had selected construction contractors and OAR/R indicated progress in this regard.

4. Untimely Identification Of Long-Term Participants

ONAPO had not identified educationally qualified candidates as participants for long-term training in a timely manner. As a result, only two participants completed four person years of training compared to the approximately 15 person years planned. This was due primarily to (1) a shortage of skilled candidates who could be identified for long-term training, (2) lack of English language capability on the part of candidates, and (3) a GOR policy of terminating an employee's position, salary and benefits if the individual left that position for more than six months.

The grant agreement included a provision which specifically provided that suitable candidates would be made available on a timely basis. Long-term participant training is an essential component of this project. Because qualified participants were not provided, or were furnished later than planned, the value of technical assistance was eroded and the institution building process had become seriously curtailed.

RECOMMENDATION NO. 4

We recommend that Office of the AID Representative/Rwanda in concert with the National Population Office:

- (a) Identify the three remaining candidates for long-term participant training;
- (b) Develop and update, as appropriate, a list of francophone universities and colleges to which participants for long-term training can be sent; and
- (c) Enter into a dialogue with the appropriate government entity to eliminate, or at least obtain a waiver to, the government policy of withdrawing a participant's position, salary and benefits.

Discussion

ONAPO had not identified participants for long-term training in a timely manner. A total of \$320,000 was budgeted for approximately 16 person years of collegiate studies in medical, demography, statistics, and health education disciplines. At the time of our review, approximately \$300,000, or 15 person years (93 percent) should have been accomplished.

Only two long-term participants, four person years, had received training. One of the two died and was not replaced. The second participant, nearing completion of requirements for a master's degree was being aggressively recruited by the

university to participate in a doctoral program contrary to the wishes and desires of OAR/Rwanda and ONAPO. According to a responsible OAR/Rwanda official, it is expected that the university will be successful in its endeavor.

As a result, after almost four years of implementation, the project had not successfully produced a long-term trained participant. A list of candidates for the remaining long-term training was not received from ONAPO until June 6, 1985. Considering the time needed for processing, English language training and actual course work for the latter participants, we doubt they can be trained and returned by the revised PACD of September 25, 1988.

The grant agreement included a special covenant which provided that suitable candidates be made available on a timely basis for project-financed training. In addition, AID's Participant Training Policy Determination requires that project implementation schedules generally phase departure and return dates of participants so that maximum interaction with technical assistance personnel occurs.

Both ONAPO and OAR/Rwanda officials stated that the government had a shortage of qualified applicants who could be identified for long-term training. This situation was further aggravated by the necessity of the applicant having an English capability. Further, when an employee leaves his position for a period of six months or more, for any reason, it is GOR policy to terminate the employee which also includes the forfeiture of all benefits. In addition, being away from family and friends for two years is considered a further disincentive to be a long-term participant.

Long term training is a critical need in the development of an MCH/FP program because it provides functional and relevant training in disciplines which are generally unavailable in Rwanda. The absence of such formal training will not help the GOR to plan, initiate and continue the MCH/FP program when AID assistance terminates.

Management Comments

OAR/R stated that project design over-estimated the availability of personnel for long term training. Consequently, revised plans have been completed reducing the number of future participants to six. Three have been identified. OAR/Rwanda did not respond to the problem of Government's policy of eliminating the participant's position, salary and benefits after a six month absence.

B. Compliance And Internal Controls

Compliance

This report highlights areas which need management attention so that the objectives and expected outputs set forth in the project grant agreement are complied with. We found that the GOR had not provided resources important to this project in a timely manner. These included resources such as professional staffing for ONAPO and sites for the construction of MCH/FP facilities as required by the project agreement. Also, the GOR had been slow in identifying long-term participants for training as required by a special covenant of the agreement. Further, we noted that site visit reports and contractor progress reports had not been prepared and submitted as required. These are discussed in the Other Pertinent Matters section of this report.

Internal Controls

Generally, the internal controls tested were found to be appropriate and operating in a satisfactory manner. We did note that project management had not established interim benchmarks in order to evaluate the project's progress towards the objective. This is also discussed in the Other Pertinent Matters section.

C. Other Pertinent Matters

Two areas requiring management attention related to project monitoring. First, OAR/Rwanda officials did not prepare site visit reports. Second, program reports required of the contractor were not submitted. AID Handbook 3, Chapter 11, identifies site visit and contractor progress reports as two important elements of project monitoring. Site visits and physical inspections of project activities provide a basis for isolating problem areas and identifying follow-up action(s) that need to be taken. Contractor progress reports also serve as a management tool to identify project problems and alternative actions required to resolve them. These elements enable AID to better evaluate progress being made during project implementation. In addition, they provide data and records for others to evaluate the project.

Our review of project files showed that OAR/Rwanda officials had prepared site visit reports since the project was implemented in September, 1981. Further OAR/Rwanda had a procedure for such reporting. These same officials stated that, although many site visits had been made, they believed it unnecessary to prepare reports because of the close working relationship between personnel of OAR/Rwanda and ONAPO and the familiarity of the problems noted during these visits. Thus, problems were immediately discussed and solutions proposed. But, they agreed that it would be better if these actions were documented. Accordingly, they took immediate action to issue a directive to OAR/Rwanda staff citing the need for written project status reports and site visits reports for the MCH/FP project as well as other projects.

Another area requiring management's attention concerned the establishment of benchmarks to measure project progress. We found that neither the project paper, grant agreement nor the annual work plans contained interim benchmarks. Instead, the objectives were usually specified only in end-of-project quantities. Accordingly, in the interim, there was no way for management to determine the status of a particular output in comparison to where it should be in relation to the end of project objective or to take any needed corrective action if outputs were not being met. A good work plan should provide a strategy wherein end-of-project goals will be time-phased (benchmarks) so that interim progress can be determined.

Benchmarks are a key management tool to assist managers in keeping abreast of where a project is and in what direction it is going in relation to end of project objectives. At the time of our audit this matter was brought to the attention of OAR/Rwanda who agreed with our finding and directed that interim benchmarks be included in the next annual workplan.

AUDIT OF
RWANDA MATERNAL CHILD HEALTH/
FAMILY PLANNING PROJECT

PART III - EXHIBITS AND APPENDICES

RWANDA MATERNAL CHILD HEALTH/FAMILY
PLANNING PROJECT NO. 696-0113
COMPARISON OF ACTUAL EXPENDITURES TO BUDGETED
AS OF 4/30/66
(\$000)

<u>Element</u>	<u>Life of Project^{1/}</u> <u>Funding</u>	<u>Expenditures</u>	<u>Percent of Funding</u> <u>Expended</u>
Technical Assistance	\$.8	\$.5	71
Construction	1.2	.2	16
Commodities	1.7	.3	18
Other Costs	1.0	1.6	151
Training	1.3	.6	41
Contingency	<u>.2</u>	<u>0</u>	<u>0</u>
TOTALS	<u>\$ 6.2</u>	<u>\$ 3.2</u>	<u>50</u>

^{1/} Per Project Implementation Letter No. 7

RWANDA MATERNAL CHILD HEALTH/FAMILY PLANNING
PROJECT NO. 696-0113
COMPARISON OF ACHIEVEMENTS TO GOALS
SEPTEMBER 26, 1981 THROUGH JULY 26, 1985^{1/}

<u>Elements</u>	<u>Outputs</u>	<u>Project Paper Goals</u> <u>PACD September 25, 1988^{2/}</u> <u>Quantifiable Indicators^{3/}</u>	<u>Actual Accomplishments</u> <u>As Of July 26, 1985^{4/}</u>
<u>1. Population Information, Research and Policy Development</u>			
To enable the Government to plan and develop population policy and programs.	A. Data collection, research and evaluation capability.	Patient record and information system.	Developed, but not systematically in place due to reluctance to use new ONAPO records. MPISA has not issued directive instructing its staff that they are to routinely fill out the new forms.
		25-35 research studies and evaluations.	Will not be accomplished. 7 completed, 3 in process and 4 scheduled for the period 1987-1991. No plans for the remainder (11-21).
	B. 16 person-years of long-term training.	15 person-years, or 94%, of output goal to have been accomplished by September 1985.	Approximately 3.6 years of 15 completed (24%). Only two long-term participants departed - both for a Master's Degree. One participant died and the other is continuing for a Ph.D. Degree which will delay significantly his return and over-qualify him for the ONAPO position for which initial training was designated. List of 9 candidates provided June 6, 1985 by ONAPO, but no participants yet selected.

^{1/} Date of Project Agreement to completion of audit field work.

^{2/} Revised from September 25, 1986 with no increase in funding.

^{3/} There were few interim benchmarks in project documentation with which to measure progress.

^{4/} Review of project documentation and discussions with OAR/Rwanda and GOR officials.

RWANDA MATERNAL CHILD HEALTH/FAMILY PLANNING
PROJECT NO. 696-0113
COMPARISON OF ACHIEVEMENTS TO GOALS
SEPTEMBER 26, 1981 THROUGH JULY 26, 1985^{1/}

<u>Elements</u>	<u>Outputs</u>	<u>Project Paper Goals</u> <u>PACD September 25, 1982^{2/}</u> <u>Quantifiable Indicators^{3/}</u>	<u>Actual Accomplishments</u> <u>As Of July 26, 1985^{4/}</u>
<u>2. Information, Education And Communication (I.E.C.)</u>			
To develop mass media communications, training programs and educational materials to promote the dissemination of MCH/FP information, communication and services.	A. Training capability in MCH/FP Information/Education	15 Trainers trained.	Accomplished. 16 ONAPO and MPHSA staff workers trained in non-clinical matters.
	B. Mass Media communication capability.	30 Communication experts trained.	6 trained (20%) in 1982 and 1984. None planned for 1985.
<u>3. Delivery of MCH/FP Information And Services</u>			
To make MCH/FP information and services available in a pre-feature-level hospital in each of the 10 pre-features, and in at least 1 commune-level health facility in each of the 143 communes.	A. Trained providers of MCH/FP Information and Education:		
	1) Nutrition, CCDFP and health staff trained in MCH/FP information and Education.	250 CCDFP Social workers 200 Nutrition monitorices 143 Health staff	Accomplished. 592 trained to date. Plan to train 83 during remainder of 1985 and 600 during 1986. While the overall number of trained providers is satisfactory, records did not identify disciplines or locations.
	2) Medical assistants and nurses trained in service delivery.	250 Medical assistants and nurses	
	3) Health staff trained in service delivery and supervision.	10 Physicians 22 Medical assistants and nurses.	7 Doctors and 20 nurses trained to date. 36 planned for remainder of 1985.

RWANDA MATERNAL CHILD HEALTH/FAMILY PLANNING
PROJECT NO. 696-0113
COMPARISON OF ACHIEVEMENTS TO GOALS
SEPTEMBER 26, 1981 THROUGH JULY 26, 1985^{1/}

<u>Elements</u>	<u>Outputs</u>	<u>Project Paper Goals</u> <u>PACD September 25, 1988^{2/}</u> <u>Quantifiable Indicators^{3/}</u>	<u>Actual Accomplishments</u> <u>As Of July 26, 1985^{1/}</u>
B. Operating service delivery system to include:			
1) Client record keeping and information system;			Developed, but not systematically in place due to reluctance to use new CHAPO records. MPISA has not issued directive instructing its staff that they are to routinely fill out the new forms.
2) Supply system for materials and equipment;			Requisitioning and distributing systems functioning. Storage facility adequate for present quantities.
3) Patient education program; and			Health education severely constrained by lack of operating funds, and shortage of professional staff.
4) Supervision			Limited due to shortages of both medical and paramedical personnel, and failure to have sufficient number of training facilities. Situation expected to get worse because of new medical social infrastructures being constructed.
C. MCH/FP Acceptors		84,500 by PACD.	Approximately 20,000 to date. Unlikely that the objective will be accomplished by the revised PACD.

RWANDA MATERNAL CHILD HEALTH/FAMILY PLANNING
PROJECT NO. 696-0113
COMPARISON OF ACHIEVEMENTS TO GOALS
SEPTEMBER 26, 1981 THROUGH JULY 26, 1985^{1/}

<u>Elements</u>	<u>Outputs</u>	<u>Project Paper Goals</u> <u>PACD September 25, 1988^{2/}</u> <u>Quantifiable Indicators^{3/}</u>	<u>Actual Accomplishments</u> <u>As Of July 26, 1985^{4/}</u>
<u>4. Facility And Training Center Construction</u>			
To construct:			
a) 1 training center for multipurpose short-term training for nurses, health educators and social workers in various fields of health and nutrition; and	1 Training center	Completion by March 1983.	Not accomplished, and not scheduled for completion until May 1986. If completed as now planned, the center will be more than 3 years behind schedule.
b) 4 health centers and 2 nutrition centers to demonstrate AID support of the GOR's plan to have 1 in each of the 143 communes	4 Health centers	1 Completed by March 1983. 1 Completed by December 1983. 2 Completed by September 1984.	ONAPO changed construction plans to have health and nutrition centers combined. 1 Health/nutrition center was renovated at Kibilizi in December 1983, and a 3-bedroom house constructed for the medical officer. The 3 remaining combined centers are not scheduled for completion until October 1986.
	2 Nutrition centers	1 Completed by March 1983. 1 Completed by December 1983.	Equipment and supply requirements for the training center and 3 health/nutrition centers have not been determined.

RWANDA MATERNAL CHILD HEALTH/FAMILY PLANNING
PROJECT NO. 696-0113
RECURRENT COST ITEMS

<u>GOR Direct Additional Costs Annually</u>	<u>(\$000)</u>	
Replacement and Operation of Vehicles	\$ 40	
Training and Retraining In Country	100	
Maintenance/Replacement of Equipment/Supplies	<u>30</u>	
Sub Total		\$ 170
<u>AID Provision Of Local Currency Expenses</u>		
Technical Assistance	\$ 140	
Training	250	
Commodities	300	
Construction	915	
Other Costs	660	
Contingency/Inflation	<u>919</u>	
Sub-Total		<u>3,184</u>
Total Recurrent Costs Items		<u>\$3,354</u>

Text of AID/Rwanda's Comments

"1. OAR/Rwanda extends its appreciation to auditors Chandler and Treasrau for their visit of 29 April to 2 May, 1986. They have again presented OAR/Rwanda and ONAPO with useful information regarding the implementation of the MCH/FP project.

2. In addition to discussions during the auditors' visit we would like to offer the following comments in response to the draft audit report dated 29 April, 1986:

3. Recommendation No. 1:

-- Each Regional Health Center now has a medical doctor in place.

-- ONAPO has agreed to seek and hire a Financial Manager as a prerequisite to a possible Phase II to the MCH/FP project.

4. Recommendation No. 2:

-- Ministry of Health and Social Affairs has sent a directive to the Regional Health Centers telling doctors to incorporate more family planning into service delivery.

-- Technical advisor is in the process of formalizing job descriptions for head of Regional Health Centers.

-- Management seminar for Regional Medical Professional is currently in progress 10 - 16 May.

5. Recommendation No. 3:

-- Assuming participant discussed on P 19 is studying statistics we strongly disagree with the statement that he will be over qualified for the position at ONAPO upon his return. ONAPO needs highly experienced and educated personnel in the area of statistical collection and analysis. A PHD will only increase the participants ability to assist the GOR in democratic matters.

6. Background material and copy of this cable to be pouched Monday, 12 May.

7. Your assistance appreciated. Regards."

List of Report Recommendations

<u>RECOMMENDATION NO. 1</u>	<u>Page</u>
We recommend that Office of the AID Representative/Rwanda in concert with the National Population Office obtain a memorandum of understanding from the appropriate government entity relative to securing positions in the National Population Office.	5
<u>RECOMMENDATION NO. 2</u>	
We recommend that the Office of the AID Representative/Rwanda enter into active participation with officials from the Ministry of Public Health and Social Affairs and the National Population Office to help resolve the outstanding proposals, and to establish feasible dates for the implementation of these proposals.	7
<u>RECOMMENDATION NO. 3</u>	
We recommend that the Office of the AID/Representative monitor the construction processes on all project facilities to assure unnecessary delay do not occur.	9
<u>RECOMMENDATION NO. 4</u>	
We recommend that Office of the AID Representative/Rwanda in concert with the National Population Office:	10
(a) Identify the three remaining candidates for long-term participant training;	
(b) Develop and update, as appropriate, a list of francophone universities and colleges to which participants for long-term training can be sent; and	
(c) Enter into a dialogue with the appropriate government entity to eliminate, or at least obtain to waiver to, the government policy of withdrawing a participant's position, salary and benefits.	

APPENDIX 3

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