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AUDIT OF A.I.D.'S ASSISTANCE TO FAMILY PLANNING IN SENEGAL

Project Nos. 685-0217 and 685-0248

Audit Report No. 7-685-87-11

September 30, 1987

UNITED STATES OF AMERICA
AGENCY FOR INTERNATIONAL DEVELOPMENT
OFFICE OF THE REGIONAL INSPECTOR GENERAL FOR WEST AFRICA

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September 30, 1987

MEMORANDUM FOR George Carner, Acting Director, USAID/Senegal

FROM: John P. Competello, RIG/A/Dakar

SUBJECT: Audit of A.I.D.'s Assistance to Family Planning in Senegal (Audit Report No. 7-685-87-11).

The Office of the Regional Inspector General for Audit, Dakar, has completed its audit of A.I.D.'s Assistance to Family Planning in Senegal, Project Nos. 685-0217 and 685-0248. Five copies of the audit report are enclosed for your action.

The draft report was submitted to you for comments and your comments are attached to the report. The report contains two recommendations. Both recommendations are considered resolved and can be closed upon completion of planned actions. Please advise me within 30 days of any additional action to implement the recommendations.

I appreciate the cooperation and courtesy extended to my staff during the audit.

EXECUTIVE SUMMARY

Since 1979, USAID/Senegal has been supporting the Government of Senegal in its efforts to provide family planning services. The Mission's first project, the Senegal Family Health project (685-0217), was to help integrate family planning activities into the existing health care system and provide community health education. When the project ended in 1985, about $2.1 million had been spent.

A second project, the Senegal Family Health and Population project (685-0248), was authorized in July 1985 for $20 million of A.I.D. grant funding and $7.4 million in host country contributions to be used over seven years. By March 1987, about $20 million had been obligated and $2.4 million spent.

The objectives of the second project were to (1) improve Senegal's capacity to provide contraception to about 200,000 couples, (2) encourage the clinical detection and treatment of sexually transmitted diseases and infertility, (3) promote family planning at the community level, (4) improve the demographic data base, and (5) increase policy-makers' awareness of the consequences of rapid population growth.

The Office of the Regional Inspector General for Audit, Dakar, made a program results audit of A.I.D.'s assistance to family planning in Senegal -- project Nos. 685-0217 and 685-0248. The audit objectives were to (1) determine progress made in the family planning program, (2) assess the system for measuring project effectiveness, and (3) ascertain the adequacy of controls over project commodities and local currency accounts.

Efforts to assist family planning in Senegal got off to a slow start. According to USAID/Senegal officials, the first project did not fully achieve its objective, and the follow-on project experienced setbacks in the first two years due to procurement delays and problems with the technical assistance team. Nevertheless, by mid-1987 most of the family planning efforts were gathering momentum and moving forward. However, project progress in family planning could not be adequately measured because sufficient information was not being collected. Additionally, controls over the distribution of project commodities needed strengthening. Controls over local currency accounts were found to be adequate.

Project progress was reflected in the increased (1) use of contraceptives, (2) detection and treatment of sexually transmitted diseases, (3) number of project clinics, (4) integration of family planning information into the

curriculum at the National Midwives Training School, and (5) collection of demographic data. In addition, host government policy-makers had visited other countries to observe successful family planning programs.

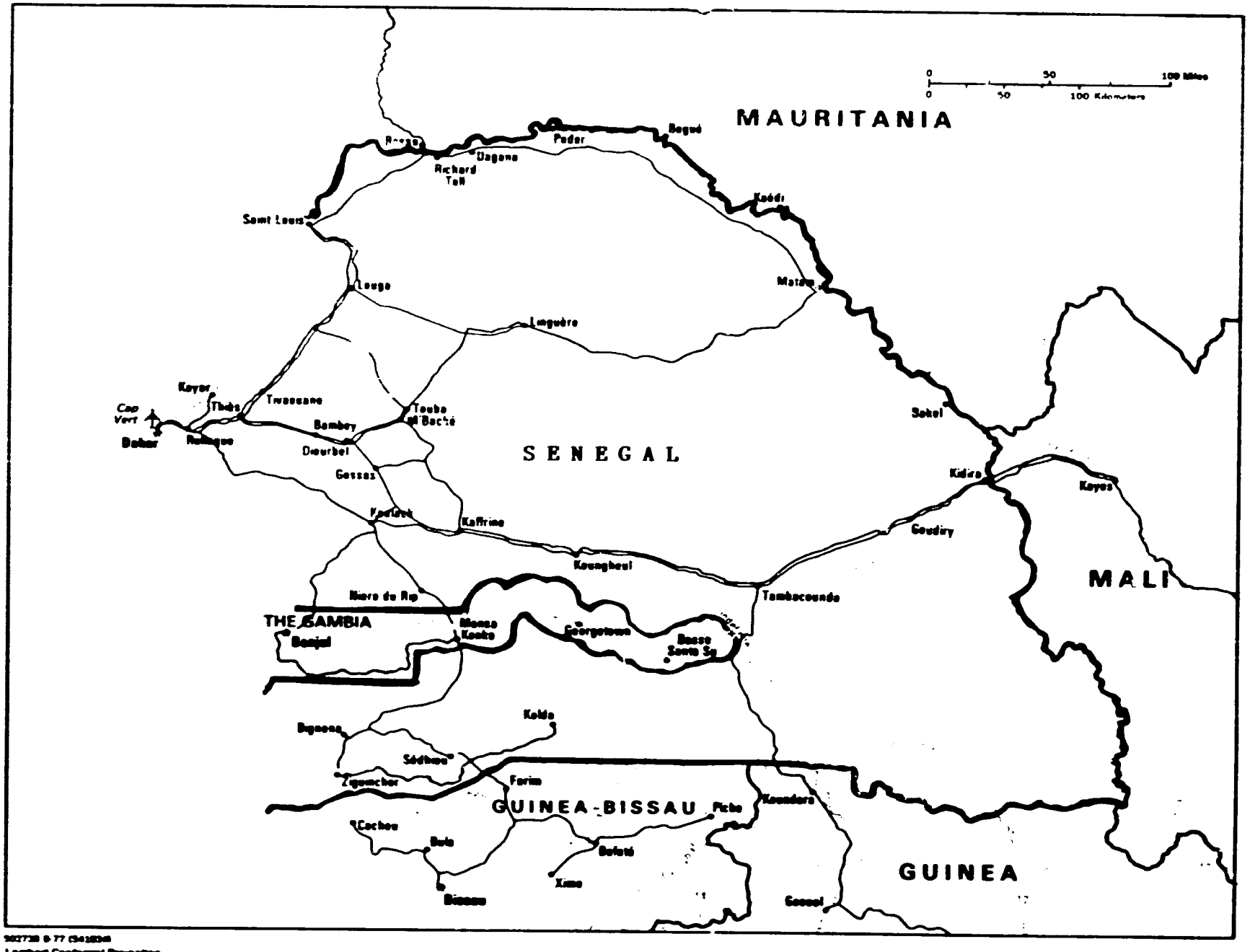
While information existed to demonstrate progress was being made, information needed to determine the effectiveness of the project's family planning efforts or to assess constraints was not collected. In addition, medications and contraceptives were being distributed to local health clinics without adequate controls.

Sufficient information must be collected to measure progress toward project objectives and to assess constraints limiting project progress. Although information on some of the project's objectives was being collected, sufficient information on the project's primary purpose of carrying out an effective family planning program was not collected. A primary cause was that project designers did not fully define what information was necessary to determine effectiveness; therefore, they did not design a system to collect and analyze the information. As a result, project management could not adequately measure effectiveness or assess constraints. The audit recommends that USAID/Senegal identify needed information. USAID/Senegal agreed with the recommendation.

To ensure that project commodities are properly managed and not subject to waste, loss, unauthorized use or misappropriation, A.I.D. must ensure adequate internal controls for its assistance projects. Controls over the distribution of A.I.D.-funded medications and contraceptives were not adequate; namely (1) inventory records were not current, (2) stock on hand and inventory records were not periodically compared, (3) duties were not adequately separated, and (4) clinic personnel were not regularly reporting on their activities. The Mission did not exercise sufficient supervision to ensure that internal controls were properly established and implemented. As a result, project commodities, which ultimately could cost up to $2 million, were not adequately safeguarded and shortages of stocks at the clinics were not promptly identified. The audit recommends that controls over project commodities be improved. USAID/Senegal agreed with the recommendation.

Office of the Inspector General

Senegal



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AUDIT OF
A.I.D.'S ASSISTANCE TO
FAMILY PLANNING IN SENEGAL

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AUDIT OF
A.I.D.'S ASSISTANCE TO
FAMILY PLANNING IN SENEGAL

PART I - INTRODUCTION

A. Background

Since 1979, USAID/Senegal has been supporting the Government of Senegal (GOS) in its efforts to provide family planning services. The Mission's first project, the Senegal Family Health project (685-0217), was to help integrate family planning activities into the existing health care system and provide community health education. When the project ended in 1985, about $2.1 million had been spent.

A second project, the Senegal Family Health and Population project (685-0248), was authorized in July 1985 for $20 million of A.I.D. grant funding and $7.4 million in host country contributions to be used over seven years.

The objectives of the second project were to (1) improve Senegal's capacity to provide contraception to about 200,000 couples, (2) encourage the clinical detection and treatment of sexually transmitted diseases and infertility, (3) promote family planning at the community level, (4) improve the demographic data base, and (5) increase policy-makers' awareness of the consequences of rapid population growth.

By March 1987, the $20 million in A.I.D. funding had been obligated and $2.4 million spent. About $16 million was to be used for family planning and health service delivery activities, including technical assistance, training, commodities, renovations and operating costs. This included an $8.6 million technical assistance contract with International Science and Technology Institute, Inc. to implement the project.

B. Audit Objectives and Scope

The Office of the Regional Inspector General for Audit, Dakar, made a program results audit of A.I.D.'s assistance to family planning in Senegal -- project Nos. 685-0217 and 685-0248. The audit objectives were to (1) determine progress made in the family planning program, (2) assess the system for measuring project effectiveness, and (3) ascertain the adequacy of controls over project commodities and local currency accounts.

The review of internal controls and compliance was limited to those affecting the findings of this report. The audit of commodities was limited to medications and contraceptives.

The audit was made at USAID/Senegal, the project's headquarters in Dakar, the technical assistance team's office and several health facilities in Senegal. The audit team reviewed project documentation and held discussions with A.I.D. staff members, host government officials, and the technical assistance team. The audit covered project activities since the initial project began in 1979 through June 1987, and expenditures of about $4.5 million. Since the earlier project had already ended, audit emphasis was placed on the current project. Audit field work was completed in July 1987. The audit was made in accordance with generally accepted government auditing standards.

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PART II - RESULTS OF AUDIT

Efforts to assist family planning in Senegal got off to a slow start. According to USAID/Senegal officials, the first project did not fully achieve its objective, and the follow-on project experienced setbacks in the first two years due to procurement delays and problems with the technical assistance team. Nevertheless, by mid-1987 most of the family planning efforts were gathering momentum and moving forward. However, project progress in family planning could not be adequately measured because sufficient information was not being collected. Additionally, controls over the distribution of project commodities needed strengthening. Controls over local currency accounts were found to be adequate.

Project progress was reflected in the increased (1) use of contraceptives, (2) detection and treatment of sexually transmitted diseases, (3) number of project clinics, (4) integration of family planning information into the curriculum at the National Midwives Training School, and (5) collection of demographic data. In addition, host government policy-makers had visited other countries to observe successful family planning programs.

While information existed to demonstrate progress was being made, information needed to determine the effectiveness of the project's family planning efforts or to assess constraints was not collected. In addition, medications and contraceptives were being distributed to local health clinics without adequate controls.

The audit recommends that USAID/Senegal obtain the information necessary to measure project effectiveness and assess constraints to the project. The audit also recommends that controls over project commodities be improved.

A. Findings and Recommendations

1. Project Effectiveness and Constraints Needed to Be Better Assessed

Sufficient information must be collected to measure progress toward project objectives and to assess constraints limiting project progress. Although information on some of the project's objectives was being collected, sufficient information on the project's primary purpose of carrying out an effective family planning program was not collected. A primary cause was that project designers did not fully define what information was necessary to determine effectiveness; therefore, they did not design a system to collect and analyze the information. As a result, project management could not adequately measure effectiveness or assess constraints.

Recommendation No. 1

We recommend that the Director, USAID/Senegal:

a. identify information needed to better evaluate the effectiveness of the project; and

b. assess constraints to project implementation.

Discussion

Adequate information is required for monitoring project progress and performance and evaluating project effectiveness. In addition, information on constraints to project progress is necessary to determine whether changes are needed in the project implementation plan.

The audit disclosed that USAID/Senegal was collecting information on some of the project's objectives, but did not have sufficient information to assess how well the project was meeting its primary purpose of carrying out an effective family planning program or to assess constraints limiting project progress. Details are discussed below.

Measuring Project Effectiveness - The primary purpose of the family planning project was to ensure that by 1992 the public and private sectors would be carrying out effective nationwide family planning programs. To do this, progress towards meeting this objective needed to be measured. According to the project paper, the achievement of the project purpose was to be measured in terms of "safe and effective contraceptive services provided by the public and

private sector to 200,000 couples." However, the project paper provided no further guidance on information needed to be collected and analyzed to assess progress in meeting this objective.

In monitoring project progress, USAID/Senegal was counting the numbers of clients entering the project to ensure that services were provided to the planned 200,000 couples. The auditors concluded that while this information provided some indication of project progress, it did not give sufficient information to assess whether the program was safe and effective, and also whether it was developing a clientele that continued family planning -- significant measurements of project progress.

The audit also found that useful information at clinics was not included in reports submitted to project headquarters. Useful information included (1) numbers of clients withdrawing from the program, (2) numbers of clients inquiring about the program but not joining, and (3) duration of contraceptive use. This available information should be considered by the Mission when further identifying data needed to measure project effectiveness.

Project and Mission personnel stated they had been concerned for some time with the need to strengthen the information system. While recognizing that the current system can be improved, they stated that much information is received through project progress reports and meetings and field trips about project activities. The auditors agreed that substantial information can be collected through these means. However, the auditors found that what was being collected was not sufficient to measure the effectiveness of the project's family planning program. The project needed to identify relevant information and to design a management information system to collect and analyze it. Recognizing the need, USAID/Senegal, in responding to the draft audit report, stated that it planned to start research to obtain this type of data, and to train project personnel to better report and use information.

<u>Assessing Constraints to Project Progress</u> - There was limited information about factors which constrained project progress. Progress was hampered by (1) costly tests, (2) inadequate staffing, and (3) variations in clinic popularity.

In some clinics, women were not participating because of the high cost of tests required before they could enter the program. As a result, after their first visit they were no longer active clients. At one clinic, a midwife estimated that there were 200 active and 400 inactive clients. In another clinic, there were reportedly 740 active and more

than 1,000 inactive clients. At each clinic the midwives attributed the large number of inactive clients mostly to the high cost of the tests required before birth control pills could be distributed. To help retain clients midwives sometimes distributed a 1-month supply of pills to the client and asked her to be tested before returning for more. However, according to a midwife at one family planning clinic, most clients did not return.

Staffing of clinics was not consistent as there was little relationship between the number of clinic employees and the number of clients. For example, one clinic, handling 1,800 active clients was staffed by one midwife. Another clinic, handling 176 active clients, was staffed by three midwives. Because the project planned to oper 10 new family planning clinics each year, it was important for the Mission to know more about staffing patterns and clinic usage and to use this information when planning new clinics. The Mission agreed and intended to discuss this issue with the Government of Senegal.

There were also unexplained variations in clinic popularity. At some clinics in the urban Dakar area, midwives saw as few as 17 clients per month. Other clinics reported as many as 1,400 client visits per month. Project personnel did not know what caused such large variances and whether they represented a constraint to project progress. Possible explanations included accessibility of clinics, staffing, availability of medications and contraceptives, and whether testing requirements were enforced. In responding to the draft audit report, the Mission stated they attributed variations in clinic popularity to staffing problems.

In discussing this aspect of the audit, project and Mission personnel stated they were aware of the constraints to the project and had planned to address them. They planned to address the problem of costly laboratory tests later this year and to study clinic staffing and performance.

In conclusion, limited information was being collected on project effectiveness and factors which could hamper project progress. While the Mission had planned studies, more action was needed.

Management Comments

The Mission agreed with the finding and recommendation. The Mission noted the audit coincided with several actions underway. For example, to identify information necessary to better evaluate the effectiveness of the project, the project staff was planning to research inactive clients and

the use of clinic records as a management tool. The staff also wanted to train project personnel to facilitate better reporting and use of information. The Mission also suggested the recommendation address only two constraints -- medical tests and staffing.

Office of Inspector General Comments

The Mission comments are responsive to the concerns raised in this report. Based on actions initiated, recommendation No. 1 is resolved. It can be closed upon the Mission providing evidence that corrective action has been fully implemented. Certain changes suggested by the Mission were made to the report. The part of the recommendation dealing with the need to assess constraints to project implementation was not limited to medical tests and staffing as suggested, because during its assessment, the Mission may identify constraints other than those noted during the audit.

2. Internal Control of Commodities Needed Improvement

To ensure that project commodities are properly managed and not subject to waste, loss, unauthorized use or misappropriation, A.I.D. must ensure adequate internal controls for its assistance projects. Controls over the distribution of A.I.D.-funded medications and contraceptives were not adequate; namely (1) inventory records were not current, (2) stock on hand and inventory records were not periodically comp ted, (3) duties were not adequately separated, and (4) clinic personnel were not regularly reporting on their activities. The Mission did not exercise sufficient supervision to ensure that internal controls were properly established and implemented. As a result, project commodities, which ultimately could cost up to $. million, were not adequately safeguarded and shortages of stocks at the clinics were not promptly identified.

Recommendation No. 2

We recommend that the Director, USAID/Senegal, improve controls over project commodities by ensuring that:

a. all transactions be entered in stock record cards;

b. adequate physical inventories be conducted and duties be separated; and

c. clinics regularly report on project activities and commodities.

Discussion

A.I.D. is responsible for ensuring that its resources are effectively protected and utilized. To accomplish this, internal controls are to be established so that project property and other assets are adequately safeguarded against waste, loss, unauthorized use or misappropriation.

Adequate internal controls were either not established or, if established, not followed to ensure that project commodities were safeguarded. Lack of controls were found at the project headquarter warehouse as well as the health clinics, as discussed below.

Stock and Client Records - In order to account for project commodities, the receipt and distribution of medications and contraceptives need to be clearly and promptly recorded.

At the Dakar project warehouse, stock records were generally clearly marked and promptly updated to reflect current balances. However, at clinics visited by the auditors, stock records were not current or were not adequate for review. For example, as of June 25, 1987, three of six clinics reviewed had not recorded medications delivered 35 days earlier. At three clinics, stock records were missing or unavailable for inspection, making it impossible to account for stock levels.

Medications were being distributed without entry in the client records. For example, one clinic had distributed 6,500 doses of a standard multi-purpose antibiotic within one month with a local resale value of approximately $3,600. The distributions had not been noted in client records. Consequently, there was no basis on which to assess the reasonableness of medication distributed to clients.

Stock Inventories - Project personnel should periodically compare actual stock with the amounts recorded on inventory records. Project guidance required that a comparison be made between inventory records and stock on hand at the project warehouse and all clinics. Project guidance also specified that whenever inventories were taken, a notation be made of any discrepancies. Since 1985 the project had hired a U.S. contractor to conduct a yearly inventory.

The contractor's inventory procedures were not adequate. For example, in January 1987 the contractor inventoried the project warehouse in Dakar and 7 of 22 clinics. His report indicated he found no major discrepancies. The report did not describe what procedures had been used by the contractor in conducting the inventories. According to the project commodity manager, the contractor procedures were limited to counting available stock. The contractor did not compare the stock to inventory records. This procedure would not provide assurance to the Mission about the integrity of the inventory records.

To check the accuracy of records, the auditors compared stocks on hand to inventory records at the project warehouse and six clinics. Warehouse records were found to be accurate. Of the six clinics visited, however, four had inaccurate records.

Comparison of Records With Stocks on Hand

Intrauterine Device (IUD)	Inventories Per Record	Inventories On Hand	Difference
Bel Air	434	284	-150
Choucair	360	120	-240
Other Contraceptives			
Bel Air	7,076	7,500	+424
Choucair	1,300	715	-585
M'Bour	600	2,700	+2,100
Pikine	4,300	3,000	-1,300

Separation of Duties - Internal control depends largely on the assignment of work so that no one individual controls all phases of an activity or transaction. Separation of duties helps prevent errors and irregularities.

There was no separation of duties at the Dakar project warehouse. The commodity manager checked commodities in and out of the warehouse, delivered commodities to clinics, verified stock on hand, received requests for resupply, maintained computerized inventory records, and prepared reports on clinic activities and commodity usage. Therefore, the project commodity manager had complete control over the distribution and accounting of project commodities.

The auditors also found that midwives handled all activities at some clinics. Interviews at the clinics showed that resources were too limited to adequately separate duties. While it is unlikely that project personnel can improve the staffing situation at the clinics, it is important that inventories and existing controls are reviewed to minimize the chance for losses.

Periodic Clinic Reports - A reporting system was established by project management to provide information on project activities and track commodity inventories at individual clinics. The submission of these reports was essential to maintain enough stock on hand because the reports indicated stock usage and inventory balances. Without this information the timely resupply of clinics was not possible.

Clinics were not systematically reporting as required. The audit examined monthly reports submitted by the 22 project public clinics since November 1986. During that period, 6 reports were required; however, only 2 clinics submitted the 6 reports. Ten clinics submitted between 3 and 5 reports, and 10 submitted 2 or less reports (see Exhibit 1). In

addition, 12 private and para-public clinics were receiving project medications and contraceptives, but did not have a reporting system.

Because the project commodity manager was not regularly receiving reports, he was not aware of stock shortages. For example, one clinic which was reportedly distributing 2,000 condoms per month, ran out of condoms the day the audit team visited on June 25, 1987. Yet, the project called for an inventory level of three to six months, or about 6,000 to 12,000. At another clinic, a midwife reported that 63 of 87 potential intrauterine device users had to be turned away because there were no medications to treat their infection, which needed to be done before receiving the device. Mission and project personnel indicated that shortages at the clinics were being remedied but that long-term solutions were needed to prevent future shortages.

The Mission had designed a system to provide controls over the distribution of commodities, however, the Mission had not followed-up to see if the controls were implemented. As a result, it was not aware of the control weaknesses noted during the audit. The Mission Project Officer relied on the technical assistance contractor to ensure and verify commodity distribution. While this was a reasonable decision on the part of the officer, it was not effective because, according to the team leader, the technical assistance team had not checked the adequacy of project commodity management or internal controls.

By not having adequate internal controls over the commodity distribution and reporting system, there was a lack of controls over commodities which could cost up to about $2 million. These commodities were especially at risk of waste, loss, unauthorized use or misappropriation because of their high commercial resale value. Additionally, without good controls, shortages of inventories at the clinics could not be promptly identified, and clients had to be turned away. The Mission needed to ensure better internal controls.

Management Comments

The Mission agreed with the finding and recommendation and had initiated action to improve internal controls over commodities. The Mission had contracted with the firm of Price Waterhouse to institute a new system of internal controls, including adequate separation of duties.

Office of Inspector General Comments

Mission comments are responsive to the concern raised in the report. Based on Mission action to institute a new system

of internal controls, recommendation No. 2 is resolved. The recommendation can be closed upon the Mission providing evidence that action has been fully implemented.

B. Compliance and Internal Control

1. Compliance

The audit did not disclose instances of noncompliance. Audit work on compliance was limited to the findings presented in this report.

2. Internal Control

USAID/Senegal needed to improve internal controls. Finding 1 discusses the need for the Mission to better define, collect and analyze the data necessary to monitor project results. Finding 2 discloses internal control weaknesses in the reporting and distribution of A.I.D.-funded commodities. Audit work on internal controls was limited to the findings presented in this report.

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A.I.D.'S ASSISTANCE TO
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PART III - EXHIBIT AND APPENDICES

Exhibit 1

Monthly Reports Submitted by Project Family Planning Clinics Between November 1986 and April 1987

Name of Clinic	Reports Submitted
PMI Medina	6
CR Kaolack	6
Bel Air	5
PMI Bignona	5
PMI Santhiaba	5
PMI Thies	4
Dispensaire Kasnack	4
Dispensaire Colette Senghor	4
PMI Kolda	4
Dispensaire Sedhiou	4
PMI M'Bour	3
PMI Patick	3
Choucair	2
Refisque	2
Dispensaire Oussouye	2
Abass N'Dao	2
Dispensaire Pikine	1
CMXC Thies	1
Le Dantec (Hospital)	0
PMI Pout	0
HP Thies (Hospital)	0
M. Senghor	0

UNITED STATES GOVERNMENT

memorandum

DATE: September 18, 1987

REPLY TO ATTN OF: George Carner, ADIR

SUBJECT: Audit of A.I.D. Assistance to Family Planning in Senegal

TO: John Competello, RIF/A/Dakar

I thank the RIG officers involved in the subject audit for their spirit of cooperation, working together with the USAID and project staffs to assure that our family health project is the most effective possible.

I would agree that there still exist gaps in the way in which the Project Headquarters collects and analyzes information that for the most part is available at the clinic level. The audit has actually come at a time when several things are converging. Within the next 8 months the project will have its first evaluation that will be principally one of process. Process meaning to review the definitions of project goals and objectives and to see if the project is organized in such a manner to obtain those goals and objectives. At this same time, USAID has already contracted with Price Waterhouse/Dakar to review the financial, reporting and control systems of the project. Price Waterhouse and the project staff have already noted several areas needing change and will over the next several months be instituting new systems.

Concerning your first recommendation - 1.a. "Identify information needed to better evaluate the effectiveness of the project - the project staff has already started the planning of two operations research projects, "Inactives" and "Examination of Consultation Fiches as a Management Tool" and the planning of training session for project personnel to facilitate better reporting and use of information.

OPTIONAL FORM NO. 10
(REV. 1-80)
GSA FPMR (41 CFR) 101-11.6
5010-114

Concerning part 1.b. you have identified areas (you call them constraints) that could have an adverse effect on reaching large numbers of acceptors; namely, medical tests, lack of medication, inadequate staffing and variations in clinic popularity. Of these four named, only two, medical tests and staffing patterns could be "constraints". Lack of medication is a logistic/supply problem (noted elsewhere and is more appropriately part of Recommendation 2); and variations in clinic popularity is really a staffing problem.

I would recommend that Recommendations 1.b. state that "USAID, in collaboration with the GOS address two areas, costly medical tests and clinic staffing, that have a potential to restrain the project objective of providing family planning services to a large number of people".

Concerning Recommendation 2; we would agree that the sage femmes at the clinic level have not been doing an adequate job of stock recording keeping and reporting and that measures must be taken (in fact are being taken by decentralization of responsibility and training) to improve the system of inventory control. I also agree that good management would require a separation of duties at the national level (Price Waterhouse and the Project are in fact instituting a different system.)

Again, thank you for your collegial concern about the effectiveness of USAID efforts in Senegal.

Appendix 2

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