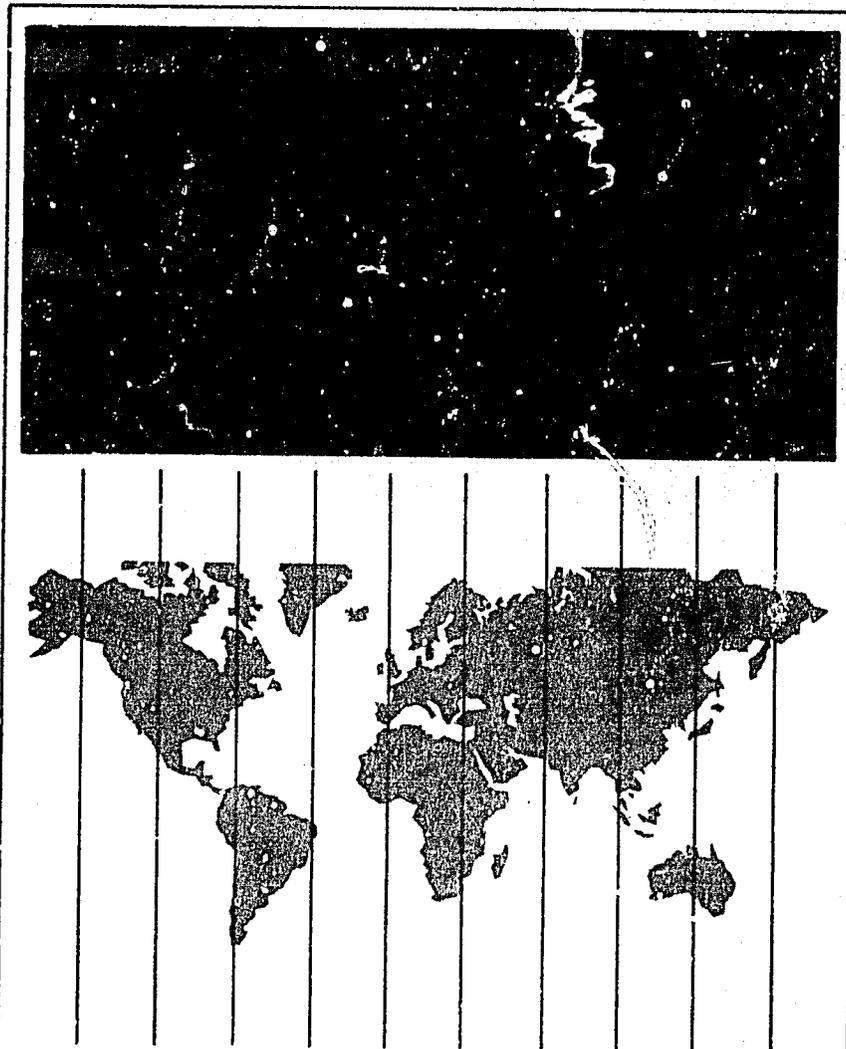


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UNITED STATES  
AGENCY FOR INTERNATIONAL DEVELOPMENT

THE  
INSPECTOR  
GENERAL



Regional Inspector General for Audit  
DAKAR

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AUDIT OF  
RURAL HEALTH PROJECTS  
IN ZAIRE  
PROJECT NOS. 660-0086  
AND 660-0107

Audit Report No. 7-660-88-1

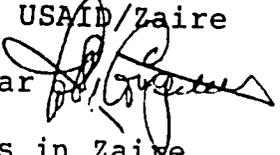
October 14, 1987

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

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October 14, 1987

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C/o AMERICAN EMBASSY  
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WEST AFRICA

MEMORANDUM FOR Dennis M. Chandler, Director, USAID/Zaire  
FROM: John P. Competello, RIG/A/Dakar   
SUBJECT: Audit of Rural Health Projects in Zaire  
(Audit Report No. 7-660-88-1)

The Office of the Regional Inspector General for Audit, Dakar, has completed its audit of two rural health projects in Zaire, Project Nos. 660-0086 and 660-0107. Five copies of the audit report are enclosed.

The report contains two recommendations. The first is considered resolved and can be closed upon completion of planned action. The second is considered closed and requires no further action. Please advise me within 30 days of any additional action to implement recommendation No. 1.

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

## EXECUTIVE SUMMARY

Since 1981, A.I.D. has supported the Government of Zaire in its efforts to combat major diseases through preventive and curative health care. USAID/Zaire began with nearly \$5 million to fund the Basic Rural Health Project (660-0086). The project's purpose was to establish a self-sustaining community-supported system of primary health care offering prevention and treatment for the ten most prevalent health problems in 50 zones in Zaire. To accomplish this, the project was to help convert 250 dispensaries into full service health centers. The project was implemented by a private voluntary organization, the Church of Christ of Zaire.

A 1984 A.I.D. evaluation found that the project had achieved substantial results and should be expanded. Consequently, the Mission authorized about \$20 million in 1985 for a follow-on project through 1992 called Basic Rural Health II (660-0107). The purpose was to establish in 100 health zones (including the 50 already assisted by the first project) a sustainable system of community-supported preventive, promotive, and basic curative primary health care services to combat the ten most prevalent public health problems in rural Zaire.

The Office of the Regional Inspector General for Audit, Dakar, made a program results audit of A.I.D.'s assistance to the two rural health projects in Zaire to (1) determine project results, (2) assess the system for measuring project results, and (3) identify factors inhibiting project performance. Because a 1986 A.I.D. evaluation had studied project progress and constraints, the audit focused on management systems used to measure results, and to follow-up on A.I.D. evaluation recommendations.

The project had exceeded objectives in several areas and had strengthened rural health services. The system for measuring project results provided useful information but did not assess the financial sustainability of the project's health care system. The audit found that constraints to continued success had been identified, but the Mission needed to better document its follow-up.

Project accomplishments included helping transform curative dispensaries into full-service health centers and integrating disease prevention and control programs into health center activities. The project trained more than 5,000 physicians, supervisors, nurses and midwives. It also provided technical assistance, subsidies and commodities

(including laboratory equipment, bicycles, motorcycles, vehicles, and medications) to support and supervise health centers and train village workers. The project had also protected about 1,500 fresh water springs from contamination.

The audit disclosed the lack of financial sustainability assessments and documented decisions to address evaluation recommendations.

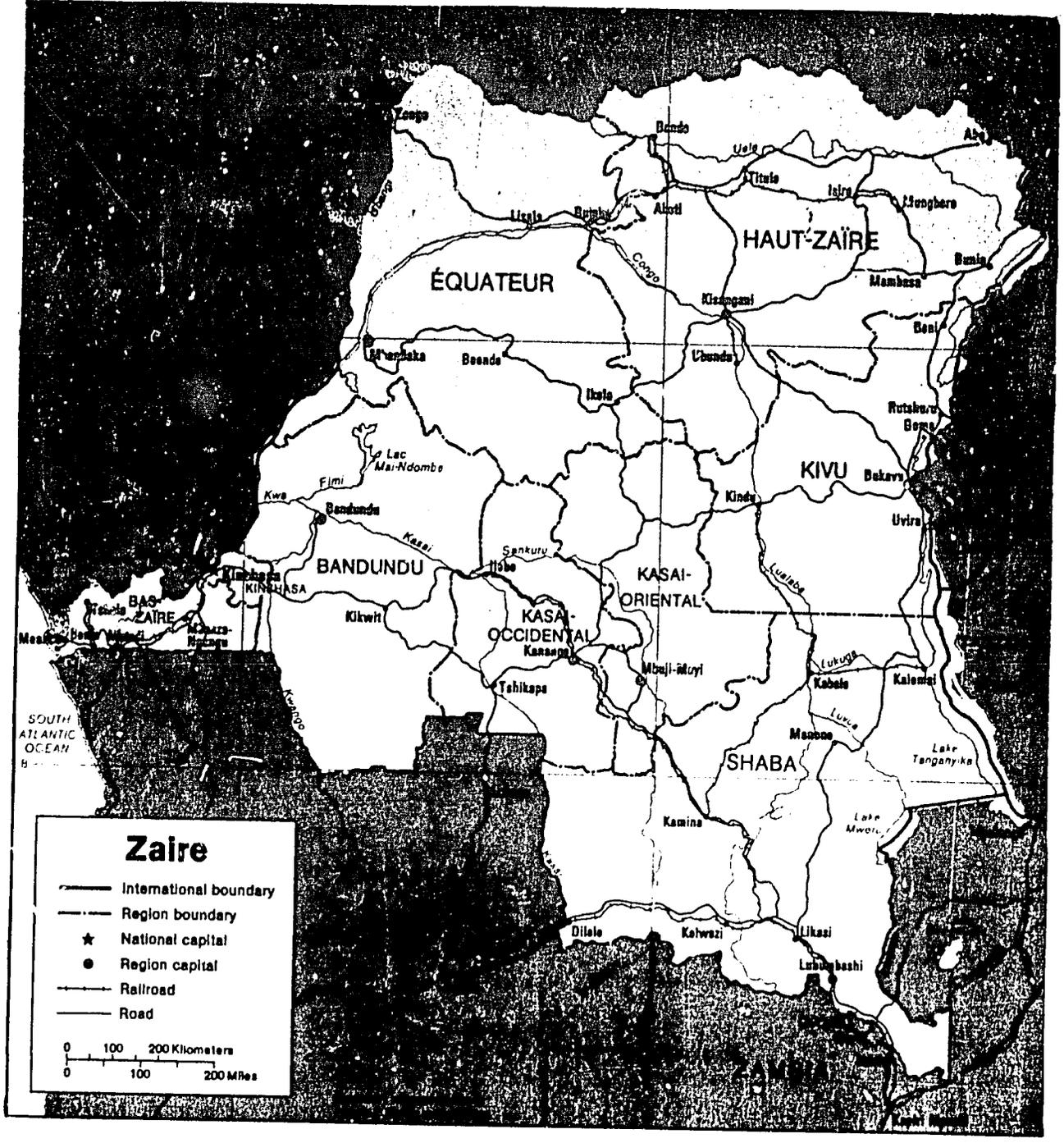
To effectively manage the project, the Mission needed to periodically assess how well the project's health care system was progressing towards financial sustainability, a major project objective. The Mission was not conducting the assessments primarily because the project design did not plan nor require them. The Mission had invested substantial amounts of time and money in the project without having enough information on whether the health care system being established was financially sustainable. The audit report recommended the Mission periodically assess project progress towards financial sustainability. The Mission agreed with the recommendation.

Missions should document decisions to address evaluation recommendations. The Mission did so for 29 recommendations made in a December 1986 evaluation report, but did not record its decisions to address at least 50 other recommendations contained in the report. The Mission believed the added recommendations were offered as suggestions and that many were either not appropriate or significant, or were already being implemented. Some of the 50 recommendations addressed significant problem areas which, unless corrected, could adversely affect the quality of project health care and financial accountability. The audit report recommended that the Mission document its decisions to address all evaluation recommendations. The Mission agreed with the recommendation.

The Mission was disappointed that the draft audit report did not adequately discuss project accomplishments or on-going activities directed towards achieving the stated purpose and objectives. The Mission considered the rural health projects to be some of its most highly successful, well managed projects.

The primary focus of audit reports is on problem areas needing management attention. We agree that audit reports should adequately recognize project accomplishments. Consequently, we have included in the report the progress made in achieving project objectives and the increased Mission attention to sustainability.

*Office of the Director General*



# Zaire

- International boundary
- - - Region boundary
- ★ National capital
- Region capital
- +— Railroad
- Road

0 100 200 Kilometers  
 0 100 200 Miles

AUDIT OF  
RURAL HEALTH PROJECTS  
IN ZAIRE

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AUDIT OF  
RURAL HEALTH PROJECTS  
IN ZAIRE

PART I - INTRODUCTION

A. Background

Since 1981, A.I.D. has supported the Government of Zaire (GOZ) in its efforts to combat major diseases through preventive and curative health care. USAID/Zaire began with nearly \$5 million to fund the Basic Rural Health Project (660-0086). The project's purpose was to establish a self-sustaining community-supported system of primary health care offering prevention and treatment for the ten most prevalent health problems in 50 zones in Zaire. To accomplish this, the project was to help convert 250 dispensaries into full service health centers. The project was implemented by a private voluntary organization, the Church of Christ of Zaire.



Training sessions are held at health centers to give mothers tips on how to prevent and detect common childhood diseases. (March 1987)

A 1984 A.I.D. evaluation found that the project had achieved substantial results and should be expanded. Consequently, the Mission authorized about \$20 million in 1985 for a follow-on project through 1992 called Basic Rural Health II (660-0107). The purpose was to establish in 100 health zones (including the 50 already assisted by the first project) a sustainable system of community-supported preventive, promotive, and basic curative primary health care services to combat the ten most prevalent public health problems in rural Zaire.

As of June 30, 1987, A.I.D. had obligated about \$16 million of the \$25 million authorized for the two projects. About \$5 million had been spent.



The project helps provide sources of clean water for the rural population by protecting fresh water springs from contamination. (March 1987)

#### 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 the two rural health projects in Zaire to (1) determine

project results, (2) assess the system for measuring project results, and (3) identify factors inhibiting project performance. Because a 1986 A.I.D. evaluation had studied project progress and constraints, the audit focused on management systems used to measure results, and to follow-up on A.I.D. evaluation recommendations.

The audit reviewed project documentation including progress reports, studies and correspondence. In particular, the results of a 1986 A.I.D. project evaluation were used to analyze project results and problems. Visits were made to project headquarters in Kinshasa and to hospitals, health centers and villages in two health zones. Discussions with Mission, project, and GOZ officials were held.

The audit covered project activities from 1981 to 1987 and expenditures of about \$5 million. Audit field work was completed in June 1987 and a draft of the report was given to USAID/Zaire in September 1987. Mission comments are included as Appendix 1. The audit of internal controls and compliance was limited to the issues presented in this report. The audit was made in accordance with generally accepted government auditing standards.

AUDIT OF  
RURAL HEALTH PROJECTS  
IN ZAIRE

PART II - RESULTS OF AUDIT

The project had exceeded objectives in several areas and had strengthened rural health services. The system for measuring project results provided useful information but did not assess the financial sustainability of the project's health care system. The audit found that constraints to continued success had been identified, but the Mission needed to better document its follow-up.

Project accomplishments included helping transform curative dispensaries into full-service health centers and integrating disease prevention and control programs into health center activities. The project trained more than 5,000 physicians, supervisors, nurses and midwives. It also provided technical assistance, subsidies and commodities (including laboratory equipment, bicycles, motorcycles, vehicles, and medications) to support and supervise health centers and train village workers. The project had also protected about 1,500 fresh water springs from contamination.

The audit disclosed the lack of financial sustainability assessments and documented decisions to address evaluation recommendations. Accordingly, the report recommends that the Mission periodically assess sustainability and document its plans to address evaluation recommendations.

## A. Findings and Recommendations

### 1. The Mission Needed to Assess the Financial Sustainability of the Project's Health Care System

To effectively manage the project, the Mission needed to periodically assess how well the project's health care system was progressing towards financial sustainability, a major project objective. The Mission was not conducting the assessments primarily because the project design did not plan nor require them. The Mission had invested substantial amounts of time and money in the project without having enough information on whether the health care system being established was financially sustainable.

#### Recommendation No. 1

We recommend that the Director, USAID/Zaire, periodically assess project progress towards financial sustainability. To make the assessments, the Mission needs to:

- a. better define sustainability;
- b. establish quantifiable benchmarks against which to measure progress; and
- c. devise methods for obtaining information on client fees, health care expenses and Government of Zaire contributions.

#### Discussion

The overall objective of the project was to establish a sustainable system of community-supported preventive, promotive, and basic curative primary health care services to combat the ten most prevalent public health problems in rural Zaire. A sustainable system of health care services, according to the Mission, encompasses various factors including finance, technical and management training, supervisory capacity, socio-cultural acceptability of health services, medication supply system and community involvement.

The audit focused on the financial aspect of sustainability because it was a major part of the overall project purpose and because the project's success or failure largely depended on it. The initial project was supposed to result in a self-financing health care system. The purpose of the follow-on project, while not specifically mentioning self-financing, was supposed to result in a health care system functioning on a sustainable basis. The project paper for the follow-on project specified that medicines would be self-financing, some health center costs would be

should achieve specified degrees of financial sustainability, and when this result should occur. As the Mission appropriately pointed out in their comments to the draft audit report, it is unreasonable to expect that all 100 health zones will achieve the same degree of financial sustainability by the end of the project.

The design of the follow-on project in 1985 did, however, include plans to study improvements in the financing and user-fee systems, and to train chief medical officers on how to minimize costs and generate income. In commenting on the draft audit report, the Mission listed three studies by Resources for Child Health that were designed to assist the Mission in monitoring sustainability and to assist the GOZ in institutionalizing policies which will assure a level of sustainability within Zaire's decentralized fee-for-service approach.

-- A study was being conducted to develop a financial management information system to be used at the zone level. The system would enable the project staff to gather critical information and allow the Mission to better monitor long-term progress toward sustainability.

-- A 1986 study obtained and analyzed information concerning the financial viability of ten zones. According to the Mission, this study was not intended to be a definitive study from which conclusions about the sustainability of the project's health care system would be drawn. To the contrary, the Mission viewed this study as a critical first step to focus on problems in the zones' management system.

-- An October 1987 study was being planned to examine community behavior with respect to varying prices for health services.

The study to develop a financial management information system could satisfy the need for information when and if the project adopts and implements the system. The other studies sponsored by the Mission do not directly address the project's financial sustainability but will help to assess other aspects of sustainability and identify management system problems.

In conclusion, the Mission invested substantial amounts of time and money in the project without having enough information on whether the health care system being established was financially sustainable. If the health care system was not sustained by the collection of sufficient client fees and GOZ contributions, funds would have to be provided from other sources, or project benefits would be significantly lessened.

### Management Comments

The Mission agreed with the audit recommendation and planned to better define financial sustainability and establish quantifiable benchmarks against which to measure progress. In addition, the Mission provided a broader definition of sustainability that encompassed factors in addition to financial. The Mission was, however, disappointed that the draft audit report did not adequately discuss documented accomplishments or on-going activities directed towards achieving the stated purpose and objectives. The Mission provided information to support its opinion that the rural health projects are some of its most highly successful, well managed projects.

### Office of Inspector General Comments

The primary focus of audit reports is on problem areas needing management attention. We agree that audit reports should adequately recognize project accomplishments. Consequently, we changed the report to better reflect the progress made in achieving project objectives and the increased Mission attention to sustainability. In addition, the Mission's broader definition of sustainability has been incorporated into the report text.

Recommendation No. 1 is resolved. It can be closed when the Mission completes its definition of sustainability, establishes quantifiable benchmarks against which to measure progress, and adopts a method to obtain the needed information on client fees, health center expenses and GOZ contributions.

## 2. The Mission Needed To Document Decisions To Address Evaluation Recommendations

Missions should document decisions to address evaluation recommendations. The Mission did so for 29 recommendations made in a December 1986 evaluation report, but did not record its decisions to address at least 50 other recommendations contained in the report. The Mission believed the added recommendations were offered as suggestions and that many were either not appropriate or significant, or were already being implemented. Some of the 50 recommendations addressed significant problem areas which, unless corrected, could adversely affect the quality of project health care and financial accountability.

### Recommendation No. 2

We recommend that the Director, USAID/Zaire, document its decisions to address recommendations made by the December 1986 project evaluation report.

### Discussion

Missions should document decisions to address evaluation recommendations. Missions are required to document management decisions to (1) implement recommendations, (2) implement alternative actions to accomplish the same result, or (3) reject recommendations. Alternative actions and rejections should be justified and recorded. The purpose of documenting these decisions is to ensure that needed corrective actions are taken to improve project performance and effectiveness.

The Mission documented its decisions to address 29 of the recommendations made in the December 1986 evaluation report. These recommendations were included in the Mission's bi-annual follow-up system. The 29 recommendations covered significant issues such as the need to (a) assure that regular supplies of contraceptives are provided to health centers, (b) improve the distinction between policy and operational responsibilities, and (c) improve procedures and upgrade accounting skills for financial management and logistical control.

The Mission did not record decisions made concerning at least 50 other recommendations contained in the report, including the following:

- amend the project agreement to reflect the extent that the Government of Zaire and the Peace Corps were not meeting their project obligations;

- increase efforts to vaccinate children against measles at 9 months of age;
- develop materials and initiate a health education program aimed at preventing AIDS transmission;
- provide all health centers with needles, syringes, and equipment to measure hemoglobin and blood pressure; and
- review accounting, tracking, and end-use inspection procedures for cash advances.

The Mission believed the 50 recommendations were offered as suggestions and that many were either not appropriate or significant, or were already being implemented. The 29 recommendations initially accepted for follow-up were believed to be those priority recommendations which needed actions to avoid inhibiting project performance. In responding to the draft audit report, the Mission provided several examples to illustrate that it was addressing many of the recommendations considered as suggestions even though it had not documented its decision to do so.

Some of the 50 recommendations addressed significant problem areas which, unless corrected, could adversely affect the quality of project health care and the adequacy of the project's financial accountability. A system was needed to better document the Mission's decision to address the evaluation recommendations.

#### Management Comments

In response to the audit recommendation, the Mission initiated an official follow-up system to monitor action on all the recommendations and suggestions made in the 1986 evaluation report. The Mission requested the recommendation be closed since it was proceeding with its implementation.

#### Office of Inspector General Comments

Recommendation No. 2 is closed based on the Mission's initiation of a comprehensive system to follow-up on A.I.D. evaluation recommendations. As the Mission pointed out, it may be that some of the 50 recommendations not accepted as major by Mission staff were offered as suggestions, and were not appropriate, significant, or already implemented. The evaluators saw a need for action and gave their opinion to Mission management. In response, the Mission was responsible for deciding on a course of action and recording its decision to ensure appropriate corrective actions. The system now implemented by the Mission satisfies this need.

## B. Compliance and Internal Control

### Compliance

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

### Internal Control

The audit disclosed two instances in which internal controls needed strengthening. There was a need to measure project achievement towards a sustainable health care system and to record a plan of action to address each A.I.D. project evaluation recommendation. Audit work on internal control issues was limited to the findings presented in this report.

AUDIT OF  
RURAL HEALTH PROJECTS  
IN ZAIRE

PART III - APPENDICES

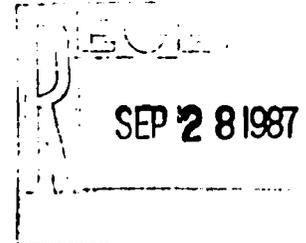


EMBASSY OF THE  
UNITED STATES OF AMERICA  
Agency for International Development  
Kinshasa



September 24, 1987

John Competello  
Regional Inspector General for Audit  
U.S. Agency for International Development  
Dakar, Senegal



Dear Mr. Competello:

USAID has reviewed the final Inspector General Office report of the Zaire Basic Rural Health (BRH) Projects (660-0086 and 660-0107) and requests that the following comments be considered as USAID's official statement. The Mission considers the BRH projects to be some of its most highly successful, well managed projects. We were, therefore, disappointed that the audit report did not adequately discuss the projects' documented accomplishments or on-going activities directed toward the achievements of the stated purpose and objectives. According to the 1986 evaluation report, the program "is to be highly commended for its success in strengthening health care services amongst the rural population of Zaire." The end-of-project status for BRH I showed that 100% of the country's eight rural regions had been divided into rural health zones (RHZs), and 100% of the 50 project RHZs had received subsidies, equipment, and training and were operational. Most importantly, project achievements in population coverage and training of physicians, nurses, and traditional birth attendants exceeded project objectives.

As stated in the audit report, the Mission authorized about \$20 million in 1985 for a follow-on project through 1992 called Basic Rural Health II (660-0107). The purpose of this project is to establish in 100 rural health zones (RHZs) a sustainable system of community-supported preventive, promotive, and basic curative primary health care services to combat the 10 most prevalent public health problems in rural Zaire. Although the objectives include those cited, critical, additional objectives toward creating a sustainable system are listed below:

- to train 88 physicians and administrators at the M.P.H. level in primary health care (PHC) management at the School of Public Health Project (660-0101);
- to establish a functioning institutional system at the health zone level for training lower and middle level personnel in the planning, organization, and delivery of PHC;
- to strengthen regional logistics systems for the procurement and distribution of medical supplies and medications;

.../...

-2-

- to ensure 50 percent of children under five living within 50 BRH-II assisted RHZs have access to under-five clinics;
- to ensure 50 percent of women of childbearing age living within 50 BRH-II-assisted RHZs have access to prenatal clinics.

In addition to the audit examples of progress made by the project since 1981, the BRH I project has accomplished more than 90% of its quantifiable objectives and has made a number of major contributions toward improving Zaire's health care system.

The BRH project has played a major role at the national level towards the restructuring of the rural PHC delivery system. The project staff, through seminars and conferences, promoted the idea of the rural health zone as the basic unit of the health system. As a result, the Department of Public Health, in collaboration with representatives of voluntary organizations, divided Zaire into 306 urban and rural health zones. Adopting this strategy has greatly facilitated health planning and management both at the national and local levels.

According to the BRH 1986 evaluation, the project has trained over 75 zone-level physicians and 55 nursing supervisors in the principles of primary health care management including finances, commodities, supervision, and personnel. The project has also provided technical and in-service training to over 1200 health center nurses, 700 traditional birth attendants, 1100 village health workers, and 2500 village development committee members.

In addition to providing training and technical support at the zone level, BRH assists in transforming curative dispensaries into full service health centers through the provision of: 1) basic medical and laboratory equipment, 2) an initial stock of medications (for approximately six months), 3) educational materials, and 4) vehicles and vehicle-maintenance support to help establish a supervisory capacity for the zone. By definition, a functioning health center provides the population within its area of responsibility (approx. 5,000 people) access to a full complement of primary health care services including: clinics emphasizing child survival interventions (i.e., vaccinations, oral rehydration therapy, growth monitoring, presumptive malaria treatment); prenatal clinics; supervised deliveries; family planning; health and nutrition education; basic curative services, including simple laboratory exams; support for water and sanitation activities; and the control of endemic diseases.

BRH continues to strengthen regional logistics systems for the supply and distribution of medications. In 1986, the project rehabilitated the regional pharmacy warehouse in the Region of Kasai Oriental, provided an initial stock of medications to supply rural health zones in the two Kasai Regions, and trained the chief pharmacist to introduce efficient inventory-control procedures and help rationalize their procurement and distribution operations.

-3-

Thus, BRH has made substantial progress in achieving a wide range of project objectives which we strongly believe the audit report should reflect.

The audit report states that "The Mission was not assessing the project's financial sustainability." "The Mission was not conducting these assessments primarily because the project design did not require them." "As a result, after spending substantial amounts of time and money, the Mission did not know to what extent sustainability was possible."

It is true that the initial BRH project design in 1981 did not require the Mission to gather and analyze zone financial information. However, the BRH II project design (1985) did plan for various studies to research improvements in the zones' financing systems in general and specifically in improving user-fee systems, training of zonal chief medical officers in cost-recovery methods, and in researching how to minimize the costs of service delivery. Therefore, we believe the auditors should take more account of this increased attention to sustainability.

For example, the Resources for Child Health (REACH) zones' financing study, completed in October 1986, documented the experiences of 10 zones in an effort to obtain and analyze information concerning the zones' financial viability. The study found that on average zones were able to recuperate 79% of their operating expenses. This study was never intended to be a definitive study from which conclusions about the sustainability of the project's health care system would be drawn. To the contrary, USAID viewed this study as a critical and necessary first step, enabling project, Department of Public Health, and REACH staff to focus on problematic areas in the zone's management system. Since a standardized information system does not currently exist, a follow-up study is being conducted which is directed at developing a financial management information system (FMIS) to be used at the zone level. The establishment of an FMIS will enable the BRH Project staff to gather basic, critical financial information and will allow the Mission to better monitor the zones' progress toward sustainability over the long term.

A third financial study to begin in October, 1987 will study community behavior with respect to varying prices for health services. This series of REACH studies is designed not only to assist the Mission in monitoring BRH progress toward sustainability, but to assist the Department in institutionalizing policies which will assure a level of sustainability within Zaire's unique decentralized fee-for-service approach. The Mission plans to continue spending substantial amounts of time and money toward achieving this goal. Thus, the project has been and will continue to direct significant efforts toward assuring financial sustainability.

It should be noted that several BRH project zones were established as late as 1986; therefore, it is unreasonable to expect that all 100 BRH zones will achieve the same degree of financial sustainability within the life-of-project. The Mission further believes that a definition of sustainability does not stop with the issue of finances. The concept of sustainability also encompasses other critical aspects of the primary health care system such as adequate technical and management training, a supervisory capacity, socio-cultural acceptability of health services, a reliable medication supply system, and sufficient community involvement. We have been devoting substantial resources to assuring these as well. In any event, the Mission will better define financial sustainability and establish quantifiable benchmarks against which to measure progress pending current research study results.

"Incomplete A.I.D. project evaluation follow-up" was identified by the audit as a "factor inhibiting project performance." The December 1986 BRH evaluation was designed as a final evaluation of the BRH I project and a preliminary evaluation of BRH II. The result was an approximately 120-page document which included 29 major recommendations (Project Evaluation Summary), an executive summary, and 13 annexes in which the evaluation team members presented detailed analyses of their respective fields, and made over 50 suggestions regarding system's improvement. After an extensive review of the entire document in collaboration with project and Government of Zaire representatives, Mission staff accepted 29 major recommendations presented by the evaluation team. The final 29 selected were believed to be those priority recommendations which necessitated action to avoid inhibiting project performance. Since March 1987, I have required Mission-wide that an official evaluation recommendation update be included in the bi-annual Project Implementation Review reports. Therefore, an evaluation follow-up system for this project and others does indeed exist.

Mission staff believed that the more than 50 other statements in the evaluation report referred to by the auditors as "recommendations," were offered as suggestions. Many were either not appropriate or significant, or were already being implemented by the project or by other USAID projects/institutions in collaboration with BRH. The Mission has addressed significant problem areas identified in the evaluation which could adversely affect the quality of health care and adequacy of the project's financial accounting system. For example, USAID insisted that the project's Price-Waterhouse Financial Audit (May, 1987) review all financial-accountability recommendations/suggestions which were made in the evaluation. As a result, recommendations such as improving accounting, tracking, and end-use inspection procedures were reviewed and where appropriate were included in the follow-up system for implementing the final Price-Waterhouse Audit recommendations. Other examples cited by the auditors already being implemented include:

- increase efforts to vaccinate children against measles at 9 months of age; and
- develop materials and initiate a health education program aimed at preventing AIDS transmission.

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We are addressing the former through the African Child Survival Initiative-Combating Childhood Communicable Diseases Project, and the latter through the Family Planning Services Project and the National AIDS Committee.

In short, consistent with the recommendations of the audit, USAID initiated an official follow-up system to monitor action not only on the 29 major recommendations, but also on all the suggestions and minor recommendations made in the project evaluation. Thus, we are now actively monitoring more than 80 recommendations and suggestions. Since the Mission is already proceeding with the implementation of this recommendation, I believe this recommendation should be closed.

I appreciate the opportunity to comment on this draft audit report and request that you incorporate these comments into the final audit report.

Sincerely,



Dennis M. Chandler  
Mission Director

cc: Julius Coles, CWA  
Ray King, Africa/Controller

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