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REOPENING OF RECOMMENDATIONS NO. 1 - 4
AUDIT OF EXPANDED PROGRAM IN
IMMUNIZATION, USAID/INDONESIA
Audit Report No. 2-497-87-01

Audit Report No. 2-497-89-07
March 15, 1989

UNITED STATES OF AMERICA
AGENCY FOR INTERNATIONAL DEVELOPMENT
REGIONAL INSPECTOR GENERAL/AUDIT
MANILA

UNITED STATES POSTAL ADDRESS
USAID/RIG/A/M
APO SAN FRANCISCO 96328

INTERNATIONAL POSTAL ADDRESS
c/o AMERICAN EMBASSY
MANILA, PHILIPPINES

DATE: March 15, 1989

MEMORANDUM

TO: David N. Merrill
Director, USAID/Indonesia

FROM: *William C. Montoney*
William C. Montoney
Regional Inspector General, RIG/A/M

SUBJECT: Reopening of Recommendations No. 1 - 4
Audit of Expanded Program in Immunization
USAID/Indonesia. Audit Report No. 2-497-87-01
October 21, 1986

Audit Report No. 2-497-89-07

The Office of the Regional Inspector General for Audit/Manila has completed its follow-up audit of USAID/Indonesia's actions to close Recommendations No. 1 through 4 of the Expanded Program in Immunization Report, dated October 21, 1986. Five copies of the report are provided for your action. Your comments on our draft report are included in Appendix I.

The follow-up audit verified that corrective actions promised by USAID/Indonesia to close the audit recommendations were not sufficient. In closing each recommendation, the promised action had been implemented but not completed to the extent that it would correct the deficiency noted in the original audit report. Accordingly, our draft report indicated that all four audit recommendations would have to be reopened. However, subsequent Mission actions allow us to close Recommendation No. 1 and to consider Recommendations No. 2 through 4 as resolved on issuance of this report. Please advise me within 30 days of any actions taken or planned to close the resolved recommendations.

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

Background

The Regional Inspector General for Audit, Manila issued Audit Report No. 2-497-87-01 on the Expanded Program in Immunization Project (497-0253) on October 21, 1986. The primary goal of the project was to reduce disease and death, especially among infants and children, caused by certain contagious diseases that can frequently be prevented through immunization. The Indonesian Ministry of Health was responsible for administering the immunization program. Through June 1986, A.I.D. had obligated \$12.7 million for project purposes.

The recommendations addressed the need for improved project management through the development of more accurate and reliable project information and better controls over project property (see Appendix 2). All report recommendations were closed by June 1988 based on actions taken or promised by USAID/Indonesia.

Office of the Inspector General standards for closing outstanding audit recommendations require that appropriate actions be taken either to correct or improve the identified deficiencies or demonstrate that actions are not necessary before recommendations can be closed. Recommendations are considered resolved when firm plans of action to correct the reported deficiencies have been established. Further, OMB Circular No. A-50 requires a periodic evaluation to ensure that the promised corrective actions have been taken and have had the intended affect.

Audit Objective and Scope

The objective of this follow-up audit was to verify that corrective actions promised by USAID/Indonesia were completed for the four closed audit recommendations contained in Audit Report No. 2-497-87-01, Expanded Program in Immunization Project, dated October 21, 1986.

Project files, records and reports were reviewed, and discussions were held with key project officials at USAID/Indonesia. Audit field work was performed during November 1988. The audit was made in accordance with generally accepted government auditing standards.

Results of Audit

The follow-up audit verified that corrective actions implemented by USAID/Indonesia to close the audit recommendations were not sufficient. In closing each recommendation, the promised action had been implemented but not completed to the extent necessary to correct the

deficiency noted in the original report. For example, immunization information was being collected by the Indonesian Government as promised in response to Recommendation No. 1, but the information was not being used by USAID/Indonesia to assess project progress or to determine whether the project had achieved its objectives. No documentation existed to show that quarterly follow-ups promised under Recommendation No. 2, to ensure adequate end-use accountability for A.I.D. financed commodities, were being done. The disposition of proceeds and sale of an excess piece of equipment valued at \$73,238 identified by Recommendation No. 3 had not been verified. Also, no evidence existed to show that larger, more permanent emblems had been provided for attachment to A.I.D.-financed commodities as promised to close recommendation No. 4. Accordingly, Recommendations No. 1 through 4 were reopened.

Discussion - The follow-up audit verified that corrective actions promised by USAID/Indonesia had been implemented as promised, but the promised actions had not been completed to the extent necessary to correct the deficiencies noted in the original report.

Recommendation No. 1 provided that USAID/Indonesia ensure that the Indonesian Ministry of Health develops an accurate and reliable information system on the incidence of disease and death for targeted immunizable diseases. The audit found that, without such information, management could not assess project progress on a periodic basis. The recommendation was closed based on assurance by USAID/Indonesia that a full-time epidemiologist would be provided to the Ministry of Health to assist in developing a reliable disease surveillance system and to participate in establishing a computerized reporting system.

The follow-up audit found that USAID/Indonesia funded a full-time medical epidemiologist from October 1986 through September 1988. The consultant was assigned to the Communicable Disease Control Section of the Ministry of Health and assisted the Government in developing a surveillance information system on the incidence of disease and death from targeted immunizable diseases. Project officials also indicated that a computerized system was now in existence at the Ministry of Health, and accurate and reliable immunization reports were being generated. These actions were consistent with the actions promised by USAID/Indonesia to close Audit Recommendation No. 1.

The promised actions, however, did not correct the underlying deficiency noted in the audit finding, which was the need by USAID/Indonesia for information to assess

progress on a periodic basis in order to determine whether the project was achieving its objectives. USAID/Indonesia officials were unable to provide information on the types and frequency of reports being generated and indicated that the information system was in a transitory stage. A project official stated that USAID/Indonesia would start collecting the reports on a regular basis within the next six months and begin using them for management purposes.

In summary, USAID/Indonesia employed a full-time epidemiologist to assist in developing a disease surveillance system. However, more than two years elapsed from the issuance of the audit report to the time of our follow-up visit, and still no meaningful data had been made available to USAID/Indonesia for project evaluation purposes. Accordingly, we concluded that no valid basis for determining project results had yet been demonstrated.

Subsequent to our follow-up visit, an epidemiologist from the U.S. Centers for Disease Control joined the USAID and performed a review of the Intergrated Surveillance System. His report, dated February 8, 1989 stated that the system was now producing quarterly reports and was about to produce its first annual report. The report stated that subdirectorates of the Ministry of Health were now designing internal systems to utilize the data for planning and evaluation purposes and that the data was being used by the USAID to plan a new child survival project. It concluded that the information developed by the system will help the USAID evaluate the impact of the project in reducing the incidence of certain diseases. Based on the results of this review, it appears that the system is now generating useful reports for evaluation purposes. Therefore, Recommendation No. 1 will be considered closed on issuance of this report.

Recommendation No. 2 provided that USAID/Indonesia require the Indonesian Ministry of Health to revise its distribution information system to ensure adequate end-use accountability for A.I.D.-financed commodities. The report showed that 3,700 refrigerators costing over \$1.9 million had been provided by A.I.D. and distributed at the provincial level without adequate accountability and control. The recommendation was closed based on the submission of an action plan from the Government of Indonesia which would lead to an accounting of all A.I.D.-financed commodities. Further, USAID/Indonesia would make quarterly follow-ups to ensure that the plan was working. Full accountability for all refrigerators was expected by May 30, 1989.

The follow-up audit showed that, even though the Government of Indonesia submitted an action plan as promised, no documentary evidence existed at USAID/Indonesia to

demonstrate that the action plan was being implemented. Project officials were unable to provide quarterly status reports or other evidence pertaining to the number of refrigerators that had been located. A project official indicated that quarterly follow-up occurred, but it had been done by telephone and he had no record of the conversations. He indicated, that he would prepare written reports in the future.

Subsequent to our follow-up visit, the USAID sent two letters to the Indonesian Ministry of Health requesting the status of its efforts to account for the 3,700 refrigerators. The USAID then advised us that about 70 percent of the refrigerators had been located and that a complete accounting was expected before June 1989. The USAID also advised us that the revised distribution information system could not be tested before the arrival of the next commodity purchase, which was expected by June 1989. Since an accounting for the refrigerators is well under way and the distribution information system has been revised, Recommendation No. 2 is considered resolved on issuance of this report. This recommendation can be closed when the efforts to account for the refrigerators have been completed and the distribution system has been successfully tested.

Recommendation No. 3 provided that USAID/Indonesia ensure the disposal of an excess piece of equipment in accordance with A.I.D. Handbooks 3 and 15. The piece of equipment, a vial-size gauging machine costing \$74,238, was not being used and was of no use to the project. The recommendation was closed based on the issuance to the Ministry of Health of Project Implementation Letter No. 52, dated May 20, 1987, requesting that disposal of the piece of excess equipment be carried out in accordance with Government of Indonesia regulations. Proceeds were to revert to the Expanded Program on Immunization Project Fund.

Despite the existing agreement to dispose of the piece of excess equipment, USAID/Indonesia had not, at the time of our follow-up visit, verified that these actions had been completed. Inquiries showed that project officials did not know if the piece of equipment had been disposed of by the Ministry of Health as planned. There was no evidence that a sale had taken place and no record of proceeds deposited into the Fund.

Subsequent to our follow-up audit, the USAID acknowledged that the piece of excess equipment had not been sold. Also, it advised that it will now be necessary to obtain additional information about the equipment from

AID/Washington before it can be sold. The USAID indicated that it had taken action to request the needed information. Since action necessary to sell the excess piece of equipment has been initiated, Recommendation No. 3 is considered resolved on issuance of this report. This recommendation can be closed once the equipment has been sold.

Recommendation No. 4 provided that USAID/Indonesia supply additional, larger, more permanent A.I.D. emblems to the Ministry of Health and ensure that they are attached to all A.I.D.-financed project commodities. The recommendation was closed after USAID/Indonesia provided a copy of a Ministry of Health directive indicating that emblems should be attached to project commodities.

A review of the Ministry of Health directive showed that the only reference to emblems was the following: "The refrigerators which have not had the USAID emblem should be recorded and we will send the suitable number to be affixed." There was no reference to larger, more permanent emblems and no reference to other A.I.D.-financed commodities such as vehicles. This directive was not sufficient corrective action to close the recommendation.

Our follow-up audit verified that no evidence existed that larger, more permanent emblems had been provided to the Ministry of Health or that they had been attached to A.I.D.-financed commodities. Project officials were unable to show that emblems had been distributed to the Ministry of Health. Further, there was no evidence available from Mission field trip reports to show that A.I.D. emblems were in fact being attached to A.I.D.-financed commodities consistent with the audit recommendation.

Subsequent to our follow-up visit, the USAID confirmed that additional emblems were ordered after the original audit but that they were not a larger size. On February 15, 1989, the USAID initiated an order for "*** 4,000 larger, more permanent, peel-off, pressure sensitive, waterproof, vinyl decals." Since the USAID has taken action to request the needed emblems, Recommendation No. 4 is considered resolved on issuance of this report. When the emblems have been attached to A.I.D.-financed commodities as evidenced through field inspections, this recommendation can be closed.

memorandum

DATE: February 24, 1989

REPLY TO
ATTN OF: Mr. David N. Merrill, Director USAID/Indonesia

David N. Merrill

SUBJECT: Audit of Expanded Program of Immunizations (497-0253)
Reopening of All Audit Recommendations

TO: Mr. William C. Montoney
Regional Inspector General, RIG/A/M



We were surprised to learn from your discussion draft report of January 20, 1989 (which we received on February 1) that all four of the recommendations for the subject audit which had been closed have now been reopened. We believe the information provided below on each of the recommendations along with supporting material, which is attached to this memorandum, indicates that we have taken serious measures to resolve your recommendations. As such, we suggest that all four recommendations again be closed.

Recommendation Number One: Help provide assistance to ensure that the Indonesian Ministry of Health develops an accurate and reliable information system on the incidence of disease and death for targeted immunizable diseases.

USAID Response: USAID provided the Ministry of Health with a medical epidemiologist from October 1986 to September 1988. The Mission views this as an extraordinarily important contribution to the EPI program because this assignment resulted in the development of the Integrated Surveillance System (ISS). For the first time, disease incidence information from two Directorate Generals within the Ministry of Health are being collected and analyzed and are now beginning to be used. The system is not yet perfect and will require continued monitoring and oversight from experienced epidemiologists. As we informed Mr. McPherson, Dr. Michael Linnan, a PASA assigned from the Centers for Disease Control in Atlanta, has joined the Mission staff as of January, 1989. As an epidemiologist in the EPI Project, part of his scope of work requires him to monitor the usefulness and accuracy of the information being generated from the ISS over the next two years. An update on the system is contained in a memorandum to the project officer dated February 6, 1989 (Attachment A).

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We also explained to Mr. McPherson that USAID staff meet with senior EPI officials and project consultants on a monthly basis to review project activities. Attached for your information is a copy of the workplan spread sheet which the attendees at these meetings use to discuss progress on elements of the project (Attachment B). We have highlighted portions relevant to the surveillance system. We did not (as claimed on page 4 of your memorandum) state that USAID had received none of the reports. O/PH staff, however, did explain that the development of a reliable disease surveillance system is a complex task and that while the system had been established, it will require continued analysis of the accuracy and reliability of the information being generated. The MOH is very much aware of this and as can be seen in the workplan, has developed plans to evaluate the system and to take any corrective action required to improve accuracy.

While it may not be obvious to those who are not directly involved in the program, the disease incidence and program coverage information being generated from the sentinel area health information and the ISS systems, both of which were developed with assistance from USAID, have already generated information which has led to special program efforts. An example would be the new attention currently being devoted to neonatal tetanus. The incidence of the disease in Indonesia is still high and the tetanus toxoid vaccine coverage still fairly poor. The MOH with USAID's assistance from another medical epidemiologist, Dr. Zeil Rosenberg, is developing the details of a national neonatal tetanus strategy. The system's usefulness in preparation for USAID assistance in the future is also referred to in Dr. Linnan's memorandum (Attachment A).

And finally, the primary "user" of the information generated by the ISS is the MOH and only secondarily, USAID. USAID will continue to use the information to monitor progress and in the final evaluation, help the MOH assess, using the ISS and other information systems which provide coverage information, progress made in improving immunization coverage and reducing mortality due to immunizable diseases. It is important to remember that most of the funding for the national immunization program comes from the Indonesian government itself. USAID, WHO and UNICEF provide special inputs into the program which make it more effective. Even if, at the end of the project, dramatic declines occur in the mortality rate for immunizable diseases, it would be difficult to attribute all of those to USAID. We believe we will be able to substantiate the important role USAID has played in institutionalizing an excellent national EPI program including developing a useful disease surveillance system which the MOH has used to make program related decisions. Based on the above information we believe this recommendation should be closed.

Recommendation Number Two: USAID/Indonesia require Indonesian Ministry of Health to revise its distribution and information system to ensure adequate end-use accountability for AID-financed commodities.

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USAID Response: We believe such a system has been instituted at our request. The recommendation was closed because documentation was presented showing a revised distribution information system. Your memorandum now states that "The Recommendation can be closed when assurance is provided that the revised distribution information system is ensuring adequate end-use accountability for AID-financed commodities." The test of the new system will be at the point that the MOH receives a new batch of commodities. Since this audit the only commodities which have been purchased have been vehicles. The original audit found no problems with the accountability with vehicles. The next commodities planned to be delivered are the steam sterilizers, expected to arrive within the next four months. These will be the next real test of the revised system.

In the meantime, the MOH is making a concerted effort to develop a complete list of locations and serial numbers of the 3,700 refrigerators distributed to 27 provinces throughout the country six years ago. 70% of the serial numbers are on file and efforts are continuing with the provinces to complete the records. There is no question that the earlier system for accountability was not sufficient but we believe that corrective action has been taken and that all reasonable efforts are underway to obtain the information we have requested. USAID sent the MOH a letter on December 1, 1988 (Attachment C) encouraging continuing efforts to complete the list of serial numbers and locations of the refrigerators. Another reminder was sent on February 10 (Attachment D) following receipt of your memorandum. The issue has been raised at the monthly meetings. The MOH is very much aware of the pressure to develop as complete a list as possible and we believe they will before June 1989. Based on the above information we believe this recommendation should be closed.

Recommendation Number Three: USAID/Indonesia ensure disposal of the excess piece of equipment in accordance with AID Handbook 3 and 15.

USAID Response: It is true that the piece of machinery has not been sold. Before it can be, additional information concerning the machine must be obtained from SER/COM in AID/W. Because the machine came without operating manuals and instructions, BioFarma, which has possession of the equipment cannot sell it. We have initiated a cable to AID/W to obtain the current value of the machine and any other information they can offer on where to obtain the manuals and instruction booklets. Once this information arrives, the Project Officer will return to the site and assist BioFarma with the sale procedures. Two possible buyers have been identified. BioFarma officials have been cooperative and are anxious to solve this problem as the machine serves no useful purpose for them. Again, we believe this recommendation should be closed.

Recommendation Number Four: USAID/Indonesia supply additional larger, more permanent emblems to the Ministry of Health and ensure that they are attached to all AID-financed project commodities.

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USAID Response: Additional emblems were ordered following the audit but unfortunately were not the "larger" size. USAID's Office of Contract Management is now ordering 4,000 larger, more permanent, peel-off, pressure sensitive, waterproof, vinyl decals. Although the recommendation calls for emblems, the metal emblems cannot be attached to the refrigerators and steam sterilizers and therefore the decals are preferable. The copy of the memorandum ordering the decals is attached (Attachment E). The new commodities arriving in four months will have these decals placed on the containers for the steam sterilizers and directly on the items for the refrigerators. As a result we believe this recommendation should be closed.

February 8, 1989

Michael Linnan, Medical Epidemiologist and TACS

Review of Integrated Surveillance System

Howard G. Miner, EPI Project Officer

Through: Joy Riggs-Perla, Head, Child Survival Division

While here on TDY at various times over the last year O/PH has indicated to me the great importance they attach to the Integrated Surveillance System (ISS). As a result, I have made the review of the ISS one of my first priorities on arrival at post. This memorandum is to apprise you of the state of the ISS and how the data is being used.

A 1986 review of surveillance systems for the MCH demonstrated major problems in these systems. The most important of these were problems with data collection (incomplete, irregular and poor quality) and utilization (little analysis, poor communication between existing systems and policy makers). As a result, USAID seconded a medical epidemiologist to the Communicable Disease Control (CDC) Center of the Ministry of Health to help establish a reliable and useful surveillance system.

As a result, an integrated surveillance system was established using data collected from the Directorates General of Community Health Service (BinKesMas), Hospital Services (YanMedik) and Communicable Disease Control (PPM-PLP). The surveillance system is based in the CDC and functions under the supervision of the subdirectorate of surveillance.

Data sources for the ISS are hospitals and health centers. Mortality and morbidity data are provided from hospitals in the form of inpatient data (bed census) and outpatient data (clinic visits). These hospitals are the approximately 800 general hospitals which treat infectious diseases. Community health centers report patient visits from a catchment area of 301 regencies, and represents 5500 health centers.

For the hospital data, monthly reports from the participating hospitals are aggregated at the regency, province and national levels and the data is entered into computers at YanMedik, with a copy of the data diskettes forwarded to PPM-PLP. The health center reports follow a similar route with data from the individual health centers going to the regency level then to province level, and finally to the national level. Summaries of these reports are entered into the BinKesMas computer system, and a copy of the data diskettes are forwarded to PPM-PLP.

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At PPM-PLP the data from the community health centers and the hospitals are entered into computers and quarterly and annual reports are generated. A quarterly report is generated showing disease incidence by month and source of report (hospital or health center). The annual report shows disease incidence by age group and source of report. The annual report contains case fatality rates for hospitalized cases, and is used to generate disease incidence rates for the facilities, and with adjustment, used to derive population based estimates of disease incidence.

The information reported upwards through the system is entered, analyzed and then fed back down through the system. Each regency receives reports for its own area and the province, which allows "near-neighbor" comparisons to be made. Each province receives information on the regencies it contains for comparison purposes and also a summary national report which allows inter-rpovince comparisons.

The system itself reports on the majority of the infectious disease of note. All of the EPI preventable diseases are covered by the system, as well as diarrheal diseases, malaria and dengue. Acute respiratory diseases as a category are not covered, but there are plans to include these in the system at a later date.

The ISS represents an unprecedented collaboration of Directorates General, and as such, many problems regarding data transfer, collation, and reporting occurred. It is a tribute to the importance that the planners in each directorate place on the information that the problems are being overcome in such short order. The system has now produced several quarterly reports, and is about to produce its first annual report. Various subdirectorates are now aware of the existence of information here-to-fore not available, and are designing internal systems which use the reported data for planning and evaluation purposes. I have been contacted by the subdirectorates of diarrhea and malaria (not part of EPI) for help in showing how best to use this data. We in USAID OPH are making more extensive use of this data in our planning for the new Child Survival Project. It will also help us to look at the impact of the EPI program in the future in actually reducing the incidence of certain diseases.

This system truly is quite an accomplishment here in Indonesia at this point in health information systems development. It will serve as an example of a national surveillance system which spans different sectors and brings reliable data to health policy planners for program review and assessment. It is likely the fore-runner of a national health information system.

ATTACHMENT B

EPI AMENDMENT WORKPLAN SUMMARY
LATEST UPDATE: 1/10/1989

PAGE 1/16

| ACTIVITY AREA | OBJECTIVES | ACTIVITIES | OFFICER RESPONSIBLE | ESTIMATED DURATION | LATEST COMPLETION DATE | PROBLEMS IDENTIFIED | ACTIONS TO BE COMPLETED BY: 02/03/1989 | COMMENTS |
|-----------------------------|--|---|---|--|--|--|--|----------|
| A. IMPROVING EPI GUIDELINES | <ul style="list-style-type: none"> DEVELOP STRATEGIES WHICH RESPOND TO EXISTING SITUATIONS BY: <ul style="list-style-type: none"> AA. UPDATING EXISTING STRATEGIES AND BY DEVELOPING CURRENT UNDERSTANDING AND COMPLIANCE WITH EPI GOALS AND OBJECTIVES. AR. FOCUSING SPECIAL ATTENTION ON NEONATAL TETANUS | AA. GENERAL AAA. INVENTORY GUIDELINE (BLUEBOOK) REQUIREMENTS IN 5 SAMPLE PROVINCES. AAB. IN A MEETING (WORKSHOP) ESTABLISH AGREEMENT ON GUIDELINES. AAC. REVISE SET OF GUIDELINES. AAD. REVIEW REVISION AT FUSAT. AAE. PRODUCE DRAFT OF REVISED BLUEBOOK. AAF. DEVELOP, IMPLEMENT, AND EVALUATE FIELD TEST OF REVISED GUIDELINES. AAG. PRODUCE FINAL BLUEBOOK. | AA.KA.SIE PERBAKUAN AAA. AAB. AAC. AAD. AAE. AAF. AAG. | AA. AAA. 1 MTH. AAB. 5 DAYS AAC. 1 WK. AAD. 2 WKS. AAE. 1 WK. AAF. 6 MTHS. AAG. 1 MTH. | AA. AAA. 26/7/88 AAB. 30/9/88 AAC. 15/10/88 AAD. 1/12/88 AAE. 8/12/88 AAF. 1/7/89 AAG. 1/8/89 | | AAE. REVISORS REVIEWED. | |
| | | AB. MEDICAL TETANUS ABA. DEVELOP CONTROL STRATEGY. ABB. DEVELOP GUIDELINES. ABC. CONDUCT OPERATIONAL RESEARCH OF STRATEGY AND GUIDELINES. ABD. DEVELOP PROVINCE-SPECIFIC STRATEGIES. ABE. DEVELOP EVALUATION STRATEGY. ABF. IMPLEMENT PROVINCE-SPECIFIC TETANUS STRATEGY. ABG. IMPLEMENT EVALUATION STRATEGY. | AB.KA.SIE PERBAKUAN ABA. ABB. ABC. ABD. ABE. ABF. ABG. | AB. ABA. 1 MTH. ABB. 1 MTH. ABC. 6 MTHS. ABD. 2 MTHS. ABE. 2 MTHS. ABF. 8 MTHS. ABG. 1 MTH. | AB. ABA. 1/10/88 ABB. 1/11/88 ABC. 1/6/89 ABD. 1/8/89 ABE. 1/8/89 ABF. 1/4/90 ABG. 1/5/90 | ABG. ASSUMES THAT IMPLEMENTATION AND EVAL. WILL BE ON INCREMENTAL BASIS. | ABB. 16 JAN. REVIEW. ABG. ASP GUIDELINE WILL BE USED. | |

COMMENTS ON PROGRESS

AAA. ON TARGET.
 AAD. SUGGESTED MODIFICATIONS PREPARED BY JONES/ROSENBERG
 ABB. GUIDELINE DISCUSSED AT LENGTH. DISTRIBUTED TO PROVINCES. SPECIAL UNICEF ACTION IN 4 PROVINCES: JABAR, JATIM JATENG, BANTU.
 ABG. PROGRESS ASSESSMENT COMPLETED.

Note: Pages 2/16 through 16/16
deleted from Attachment B.

Letter No. II/3574
December 1, 1988

Dr. S. Gunawan
Chief, Directorate of Immunization
and Epidemiology
Ministry of Health
Jl. Percetakan Negara No. 29
Jakarta Pusat

Subject: The Expanded Program on Immunization (497-0253) EPI Audit
Recommendation No. 2 ".... end-use accountability for
AID-financial commodities."

Ref: 1. Letter No. II/755 dated March 15, 1988
2. Letter No. 186-V/1983.04.01.EI
3. Jakarta 08041

Dear Dr. Gunawan:

The purpose of this letter is to request follow-up information on the status of accounting of the remaining USAID-funded refrigerators. This request is part of a quarterly follow-up and will become part of a final report to the Regional Inspector General/Audit/Manila (RIG/AM) on this subject to be made by May of 1989, in six months. A total of 1,769 refrigerators need to be accounted for by location and serial number. If a refrigerator is no longer operable, this needs to be noted as well.

I look forward to hearing from you soon. Should you have any question please contact me at any time. Thank you very much for your attention to this matter.

Sincerely,

Howard G. Miner
Health Development Officer
Office of Population and Health

Drafted:PHI:Miner:ch:11/28/88

Distr. PHI-3; CER-3

Clearances:1.OPH:JRiggs-Perla (in draft) (11/30/88)
2.OPH:JRogosch (in draft) (11/30/88)

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UNITED STATES OF AMERICA
AGENCY FOR INTERNATIONAL DEVELOPMENT
AMERICAN EMBASSY
JAKARTA, INDONESIA

Letter No. II/351
February 10, 1989

Dr. S. Gunawan
Chief, Directorate of Immunization
and Epidemiology
Ministry of Health
Jl. Percetakan Negara No. 29
Jakarta Pusat

Subject: The Expanded Program on Immunization (497-0253) EPI Audit
Recommendation No. 2 " end use accountability for AID -
financed commodities"

Ref: 1. Letter No. II/765 dated March 15, 1988
2. Letter No. 188-V/HL.03.04.01.EI.
3. Jakarta 08041
4. Letter No. II/3574, dated December 1, 1988

Dear Dr. Gunawan:

The purpose of this letter is to request a meeting to discuss additional information you may have received concerning the status of accounting for the remaining USAID-funded refrigerators.

The Regional Inspector General/Audit Manila (RIG/A/M) has decided to reopen all four EPI audits of which this is one. I will discuss this matter with you further at our next meeting.

I look forward to hearing from you soon. Should you have any questions please contact me at any time. Thank you very much for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Howard G. Miner", is written above the typed name.

Howard G. Miner
Health Development Officer
Office of Population and Health

February 15, 1989

Howard G. Miner, OPH

Procurement of AID Decals

Marc Stevenson, CM

Through: John Rogosch, Deputy Chief, O/PH

The purpose of this memo is to request that your office make the necessary arrangements for the procurement of the peel-off pressure sensitive - waterproof vinyl USAID Decals as follows:

Quantity 4,000, Stock number D-6, size 5 7/8" x 4 5/8" @ \$254.00/1000 x 4 = \$1,016. Funds for this purpose are available in PIO/C 497-0253-0-10510. Thank you for your prompt action on this matter.

Drafted:PH:HMiner:nb:2/7/89

Distr. FH-3

Clearance:PH:JRiggs-Perla (in dist)

List of Recommendations

| | <u>STATUS</u> |
|---|---------------|
| <u>Recommendation No. 1</u> | Closed |
| We recommend that USAID/Indonesia provide assistance to ensure that the Indonesian Ministry of Health develops an accurate and reliable information system on the incidence of disease and death for targeted immunizable diseases. | |
| <u>Recommendation No. 2</u> | Resolved |
| We recommend that USAID/Indonesia require the Indonesian Ministry of Health to revise its distribution information system to ensure adequate end-use accountability for A.I.D.-financed commodities. | |
| <u>Recommendation No. 3</u> | Resolved |
| We recommend that USAID/Indonesia ensure disposal of the excess piece of equipment in accordance with A.I.D. Handbooks 3 and 15. | |
| <u>Recommendation No. 4</u> | Resolved |
| We recommend that USAID/Indonesia supply additional larger, more permanent emblems to the Ministry of Health and ensure that they are attached to all A.I.D.-financed project commodities. | |

Report Distribution

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| Mission Director, USAID/Indonesia | 5 |
| Assistant Administrator, Bureau for Asia and Near East (AA/ANE) | 1 |
| Indonesian Desk (ANE/EA) | 1 |
| Audit Liaison Office (ANE/DP) | 1 |
| Bureau for External Affairs (AA/XA) | 1 |
| Office of Press Relations (XA/PR) | 1 |
| Office Legislative Affairs (LEG) | 1 |
| Office of the General Counsel (GC) | 1 |
| Assistant to the Administrator for Management (AA/M) | 2 |
| Assistant to the Administrator for Personnel and Financial Management (AA/PFM) | 2 |
| Office of Financial Management (PFM/FM) | 2 |
| PPC/CDIE | 3 |
| Office of the Inspector General | |
| IG | 1 |
| IG/A | 1 |
| IG/PPO | 2 |
| IG/LC | 1 |
| IG/ADM | 12 |
| IG/I | 1 |
| IG/PSA | 1 |
| Regional Inspectors General | |
| RIG/A/Cairo | 1 |
| RIG/A/Dakar | 1 |
| RIG/A/Nairobi | 1 |
| RIG/A/Singapore | 1 |
| RIG/A/Tegucigalpa | 1 |
| RIG/A/Washington | 1 |
| RIG/I/Singapore | 1 |