Regional Inspector General for Audit
Dakar

AUDIT OF USAID/MOROCCO'S FAMILY PLANNING/MATERNAL AND CHILD HEALTH V PROGRAM

Report No. 7-608-00-002-P
January 28, 2000

EXECUTIVE SUMMARY

Background

The family planning program in Morocco was born from demographic concerns. In 1965, the Moroccan Economic and Planning Department issued a report with population projections to the year 1985. It analyzed the economic repercussions of a continued growth rate of 3.2 percent and demonstrated the tremendous economic gains that would result from a lower growth rate of 2.4 percent by 1985. In addition, the Government recognized the important contribution that family planning could make in reducing both infant and maternal mortality. (See pages 1 and 2.)

In 1993 USAID began its Family Planning/Maternal and Child Health V Program (FP/MCH Phase V). This Program was originally signed with the Government of Morocco (GOM) as a Project Agreement and then transformed into a Strategic Objective Agreement in August 1997, and is due to end in December of 2000. As of June 30, 1999, USAID has obligated $52 million and expended approximately $45 million that includes more than $10 million in contraceptives. (See page 1.)

The Regional Inspector General's Office in Dakar reviewed USAID/Morocco's Population activities to determine 1) what progress the Mission has made towards achieving its strategic objective for population and 2) whether the Mission effectively and efficiently managed the commodities procured under its Family Planning/Maternal and Child Health Program? (See page 2.)

Summary of Audit Findings and Recommendations

The audit found that for its Family Planning/Maternal and Child Health Strategic Objective USAID/Morocco had made significant progress in achieving its strategic objective but had not met all of its planned intermediate targets. (See pages 3 and 4.)

For the Results Review and Resource Request (R4) report submitted in 1999 that included the reported performance target results for 1998, USAID/Washington requested that the Mission restrict its reported progress to no more than four indicators. In response to this request the Mission selected the four of its nine performance indicators for intermediate results which it believed were most indicative of the activities which it was conducting under

the program. For two of the indicators: "Met need for emergency obstetrical care in target areas" and "Policies/regulations supportive of improved FP/MCH service: access, quality and sustainability" the Mission reported that it had exceeded the progress targets for both indicators. With respect to the other two intermediate performance indicators, the Mission reported that for 1998 it had not achieved its planned targets. (See pages 3 and 4.)

Although USAID/Morocco's FP/MCH program has, overall, been successful in doing what it intended to do, we determined during the audit that the Mission needs to strengthen the manner in which it processes its performance data. Specifically, we found that the Mission does not in all cases verify the accuracy of the data that it reports nor in all cases did it document completely the baselines against which it is reporting progress. To address these weaknesses we recommended that the Mission: (1) develop a plan and time schedule by which it can verify the data that it reports to measure the progress of its performance indicators, and (2) review its baseline documentation and ensure that it has adequate supporting documentation for all of the baselines for the performance indicators it currently uses to manage and report on the progress of its FP/MCH program. (See pages 4 – 8.)

Regarding the management of commodities procured under USAID/Morocco's Family Planning/Maternal and Child Health Program, we found that generally the commodities were being managed effectively and efficiently with no apparent losses; however we did note some weaknesses with the inventory control system and the end-use checks. Specifically, we noted that the inventory listing for commodities procured under the program recorded inaccurate information for commodity identification tag numbers and commodity locations. In addition, the end-use checks on commodities were not being performed at the final commodity destination. We recommended that the Mission 1) adjust the commodity inventory to reflect accurate commodity identification tag numbers and commodity locations at the province level and 2) develop a plan to ensure end-use checks are done properly and in a timely manner. (See pages 10-14.)

Management Comments and Our Evaluation

In response to our draft report, USAID/Morocco provided written comments that are included in their entirety as Appendix II. We considered these comments in preparing the final report.

The Mission agreed with the audit report's three recommendations. Specifically, in response to recommendation No. 1 the Mission prepared and submitted to us a plan and schedule for data verification. Regarding recommendation No. 2, the

Mission stated that it has created supporting documentation files for the baselines of the performance indicators it currently uses to manage and report on its Family Planning/Maternal and Child Health Program (Program). For recommendation No. 3.1, the Mission stated that it has requested its contractor John Snow Inc. (JSI) adjust its inventory listing to accurately reflect the provincial location of all commodities procured under the Program. For recommendation No. 3.2, the Mission stated that it, along with JSI and the Ministry of Health (MOH) have developed a new plan to assure that the inventory numbers are accurate and that the MOH will be providing its provinces instructions for reporting the tag numbers for all new commodities. For recommendation No. 3.3, the Mission stated that it, along with JSI and the MOH are developing a plan to assure that end-use checks are made in a timely manner.

We believe that, based on the Mission's comments and the documentation it submitted, USAID/Morocco has made Management Decisions to address Recommendation Nos. 3.2 and 3.3 and has taken Final Management Action on Recommendation Nos. 1, 2, and 3.1. (See pages 9 and 14).

Henry J. Barrett
Office of the Inspector General
January 28, 2000

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INTRODUCTION

Background

As was the case with many such programs, the family planning program in Morocco was born from a combination of health and demographic concerns. In 1965, the Moroccan Economic and Planning Department issued a report with population projections to the year 1985. It analyzed the economic repercussions of a continued growth rate of 3.2 percent and demonstrated the tremendous economic gains that would result from a lower growth rate of 2.4 percent by 1985.

For many years now USAID has been the leading partner of the Government of Morocco's (GOM) Family Planning/Maternal and Child Health (FP/MCH) program. With USAID assistance, the Moroccan national program is now well established and has achieved dramatic improvements in national maternal and child health indicators including: a reduction in the total fertility rate, an increase in the percentage of married women using a family planning method, and a decrease in infant mortality.

In 1993 USAID began its Family Planning/Maternal and Child Health V Program (FP/MCH Phase V) which is due to end in December of 2000. As of June 30, 1999, USAID/Morocco has obligated $52 million and expended approximately $45 million including USAID contributions of more than $10 million of contraceptives. USAID/Morocco's FP/MCH program began as a project in 1993 and was transformed into a Strategic Objective Agreement in August 1997. The Strategic Objective is "Reduced fertility and improved health of children under 5 and women of child-bearing age." Indicators of achievement of the SO include a decrease of the total fertility rate, increased modern methods contraceptive prevalence rate and reduced infant mortality rate.

USAID/Morocco's FP/MCH Phase V Program consists of implementation components which conducts activities to:

1) promote greater access to quality FP/MCH services that are responsive to client demand;

2) improve the policy environment to support FP/MCH services;

4) promote the diversification of the resource base supporting the delivery of FP/MCH services.

Audit Objectives

Our audit was designed to answer the following audit objectives:

1) **What Progress has USAID/Morocco made towards achieving its Family Planning/Maternal and Child Health strategic objective?**

2) **Did USAID/Morocco effectively and efficiently manage the commodities procured under its Family Planning/Maternal and Child Health Program?**

Appendix I contains a complete discussion of the scope and methodology for the audit.

REPORT OF AUDIT FINDINGS

What Progress has USAID/Morocco made towards achieving its Family Planning/Maternal and Child Health strategic objective?

During the audit we compared the planned to the reported actual progress and determined that USAID/Morocco had made significant progress in achieving its strategic objective but had not met all of its planned intermediate targets.

The Mission established its Family Planning/Maternal and Child Health strategic objective as part its five-year Program Strategy for FY 1995 - 2000, which stated that its specific objective in the population and health area was "Reduced fertility and improved health of children under 5 and women of child-bearing age." For this strategic objective the mission established three performance indicators to measure its progress in accomplishing the strategic objective.

For the fiscal year ending 1997, the last date that data was available[1], the Mission had surpassed the planned performance targets for all three of its performance indicators at the strategic objective level. In 1997, the Mission continued its many Program activities supporting the acceptance and use of modern contraceptives in Morocco. The contraceptive prevalence rate, i.e. the proportion of women of child bearing age who are using a modern contraceptive method in Morocco, increased from 35.5 in 1992 to 51 in 1997 and the national fertility rate for Moroccan women aged 15 to 49 decreased from 4.6 children per woman in 1987 to 3.1 in 1997. With respect to the health sector, the Mission had planned to contribute to the reduction of child mortality in Morocco as measured by the achievement of the planned target of 55 infant deaths in Morocco per 1,000 live births – while in fact it achieved the actual result of 36 infant deaths per 1,000 births, surpassing its target by approximately 35 percent.

In addition to its performance indicators at the strategic objective level, the Mission also established four intermediate results with nine related performance indicators to measure its progress towards achieving its overall strategic objective. For FY 1998 the Mission recorded that it did not achieve four of the nine planned performance targets for its intermediate results while

[1] Data for these indicators is derived from nationwide health surveys that are performed approximately every three to five years. The next survey will be performed in the year 2002.

it recorded that it did achieve the planned performance for four targets and did not have sufficient data to determine the status for one other target.

For the Results Review and Resource Request (R4) report submitted in 1999 that included the reported performance target results for 1998, USAID/Washington requested that the Mission restrict its reported progress to no more than four indicators. In response to this request the Mission selected the four of its nine performance indicators for intermediate results which it believed where most indicative of the activities which it was conducting under the program. For two of the four indicators: "Met need for emergency obstetrical care in target areas" and "Policies/regulations supportive of improved FP/MCH service: access, quality and sustainability" the Mission reported that it had exceeded the progress targets for both indicators. With respect to the first indicator mentioned above, we found (as discussed later in our report) that the source of the reported data was not reliable and should not have been used.

For the other two of the four intermediate performance indicators (1) Percent of Couple Years of Protection (CYP) from the use of long-term (LT) methods in the public sector and (2) Total combined CYPs delivered by the commercial sector as a proportion of all CYP delivered by public and private sectors, the Mission reported that for 1998 it had not achieved its planned targets.

Although USAID/Morocco's FP/MCH program has, overall, been successful in doing what it intended to do, we determined during the audit that the Mission needs to strengthen the manner in which it processes its performance data. Specifically, we found that the Mission does not in all cases verify the accuracy of the data that it reports nor in all cases did it document completely the baselines against which it is reporting progress. Theses two areas are discussed below.

USAID/Morocco Can Improve the Verification of the Figures It Uses To Report Its Program's Progress

Having correct information is critical to making sound management decisions. Accordingly, Section E203.5.5e of USAID's Automated Directives System (ADS) which took effect October 1, 1995 requires operating units, at regular intervals, to critically access the data they are using to monitor performance to insure they are of reasonable quality and accurately reflect the process they are measuring. In addition, section 4.1115 of the Government Performance and Results Act requires federal agencies to develop performance plans which describe the means to be used to verify and validate measured results. During

a review of the Mission's internal controls, we found that USAID/Morocco had established a Mission Order titled "Quality Control of R4 Data" which addressees the need to verify the quality and accuracy of data reported for its performance indicators. However, we found that the Mission did not verify all the data that it reported in its R4. The Mission explained that the data was not always verified because in some cases there was insufficient time between when the final data was received and the date the report was to be submitted to Washington.

As a result of not verifying the data it collects for the indicators under its strategic objectives, the Mission may not be consistently reporting accurate results in its R4 report and Mission management may be using inaccurate data in monitoring its programs.

> **Recommendation No. 1: We recommend that USAID/Morocco develop a plan and time schedule by which it can verify the data that it reports to measure the progress of its performance indicators.**

ADS Section 203.5.5e states that operating units shall, at regular intervals, critically assess the data they are using to monitor performance to ensure that they are of reasonable quality. ADS Section E203.5.5(5) adds that data quality will be assessed as part of the process of establishing performance indicators and choosing data collection sources and methods. USAID's Performance Monitoring and Evaluation TIPS No. 6 similarly states that one consideration for choosing performance indicators is whether data of sufficiently reliable quality for confident decision-making can be obtained. In addition, section 4.1115 of the Government Performance and Results Act requires federal agencies to develop performance plans that describe the means to be used to verify and validate measured results. Moreover, the Mission had established an internal Mission Order entitled "Quality Control of R4 Data". This mission order required that: "Each Strategic Objective Team will verify the quality, accuracy and appropriateness of data reported as measures of performance indicators." In addition to the requirements of the Mission Order, the Mission's Office of Financial Management, as part of the Mission's R4 process, took on the responsibility of conducting a semi-independent review of the verification process.

In its FY 2001 R4 for Strategic Object No.1 "Reduced fertility and improved health of children less than 5 and women of child-bearing age", the Mission reported progress for 1998 for four[2] of its performance indicators related to

[2] Although USAID/Morocco uses 12 performance indicators to manage its FP/MCH program, USAID/Washington requested that the Mission report on no more than four indicators in its annual R4.

three of its intermediate results. For two of these indicators[3] data was required from Morocco's Ministry of Health and from private enterprises that were involved in the distribution of contraceptive products to compute the reported result. And for a third indicator[4] client service statistics were required from five pilot facilities in geographic target areas to compute the reported result. We found that for the reported results for these three performance indicators the Mission had not verified the accuracy of the reported results nor did it review and test the system that produced the data that the Mission used to monitor the progress it was achieving towards accomplishing its planned intermediate results and which it reported in its FY 2001 Results Review and Resource Request Report.

The auditors also found that for one of the three performance indicators[5], one of the Mission's implementing contractors had identified problems with the data collection system and during the audit the Mission staff confirmed that it was taking actions to strengthen the data collection system that produced data for the specific indicator.

The Mission explained that the data was not always verified because in some cases there was insufficient time between when the final data was received and the date the report was to be submitted to Washington. Additionally, the Mission stated that recent changes had been made to reviewing and verifying the accuracy of the indicator results data and that the Mission was in the process of implementing these improvements.

As a result of not verifying the data it collects for the performance indicators under its strategic objectives, the Mission may not be consistently reporting accurate results in its R4 report and Mission management may be using inaccurate data in monitoring its programs. For example, two[6] of the indicators that the Mission used to manage its program and which were reported in its R4 report used statistics concerning the contraceptives distributed by the Ministry of Public Health (Ministry) through its family planning activities. These statistics were compiled by the Ministry's Service of Health Studies and Information. The Mission did not verify the information it received from the Ministry and used to compile the reported progress for the two indicators.

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[3] "Percent of Couple Years of Protection (CYP) from use of long-term (LT) methods in the public sector" and "Total combined CYPs delivered by the commercial private sector as a proportion of all CYP delivered by public and private sectors".

[4] "Met need for emergency obstetrical care in target areas".

[5] "Met need for emergency obstetrical care in target areas"

[6] Percent of Couple Years of Protection (CYP) from use of long-term (LT) methods in the public sector and Total combined CYPs delivered by the commercial sector as a proportion of all CYP delivered by public and private sectors

The information received from the Ministry and that was used by the Mission for the two indicators was the quantity of contraceptives distributed for the period October 1997 to September 1998 for each of the Ministry's sixty-seven (at that time) provinces (or Delegations). The data for each province was a summary of the contraceptives distributed by the clinics ("Circonscription Sanitaire") and Dispensaries, the lowest level health centers, that reported to the specific province office.

As a part of the audit, we reviewed the supporting documentation for the distribution data for ten of the province's and a sample of the clinics and dispensaries that reported to them. The results of our review of the supporting documentation (as summarized in the following chart) shows that, for the sites that we selected, reported statistics for certain contraceptive commodities at some distribution levels varied from the amounts in the supporting documentation.

Summary of Percent Variances[7] between the Amount of Contraceptive Commodities Reported by the Ministry of Public Health as Distributed Through its Family Planning Activities for Fiscal Year 1997 and the Amount that is Supported by Ministry Documentation

Reporting Level	Type of Contraceptive Commodity				
	Lofemenal	Condom	DIU	Injectables	Sterilization
Ministry	-10.0	-11.0	-8.0	-24.1	+6.0
Province	+.5	+.1	-.3	+.2	-7.5
Clinic	-2.8	-8.5	-2.0	-4.3	N/A
Dispensary	-11.0	-16.4	-69.2[8]	N/A	N/A

[7]For the purposes of this audit we consider variances greater than five percent to be material.
The reported variance is the difference:
(a) at the Ministry level, between the amounts of commodities reported by the Ministry and those reported by the provinces;
(b) at the province level, between the provincial reports and the "circonscription sanitaire" (CS) reports;
(c) at the clinic level, between the CS report and the reports of the health facilities that constitute the CS;
(d) at the dispensary level, between the dispensary (a small clinic) report and the "fiches jounalières" (FJs).

[8] DIUs (Intrauterine Device) are not normally distributed at this distribution level and the even though the reporting variance is -69.2% the total quantity distributed was insignificant compared to the total DIUs distributed by the other reporting levels.

USAID/Morocco Should Prepare and Maintain Supporting Documentation for the Baselines for all of its Performance Indicators

USAID's Automated Directives System (ADS) E203.5.5 states that operating units shall establish performance monitoring systems which meet Agency standards for managing and documenting the data collection process. Although USAID requires its Mission to meet these Agency standards, USAID/Morocco did not in all cases retain documentation to support all of the baselines for the performance indicators which it uses to manage and report on the progress of its FP/MCH program. When the program began the Mission did not have procedures in place to ensure that the supporting documentation was maintained. By not retaining documentation to support its performance indicator baselines USAID/Morocco is unable to have easy access to the baseline data and the associated assumptions used in the establishment of the baseline in order to fully compare changes in data over R4 reporting periods. Thus USAID/Morocco cannot easily assess the data it uses for managing its program reporting process.

> **Recommendation No. 2: We recommend that the Mission review its baseline documentation and ensure that it has adequate supporting documentation for all of the baselines for the performance indicators it currently uses to manage and report on the progress of its Family Planning/Maternal and Child Health program.**

USAID's Automated Directives System (ADS) E203.5.5 states that operating units shall establish baselines and targets for each performance indicator and establish performance monitoring systems which meet Agency standards for managing and documenting the data collection process.

USAID/Morocco in the past few years has made significant improvements in increasing the quality of its performance data collection system. In 1997 the Mission established two Mission Orders (internal procedures) relating to the collection of performance data. One of these two Mission Orders entitled "Mission Central R4 Data Repository" requires that the Strategic Objectives Teams submit supporting documentation for all indicator baseline values. During our audit we found that for its Strategic Objective Number 1, relating to its FP/MCH program, that the Mission used 12 performance indicators at the strategic objective and intermediate results levels to manage and report on the progress of its program. During our audit we reviewed the documentation that the Mission maintained to support the performance results that it used to manage its program and report progress to Washington in its R4 report. We found that the Mission reported results that were adequately supported by

documentation (as described in Appendix III). However, we found that the Mission did not maintain documentation to support the baselines for three[9] of the ten indicators. The Mission staff explained to us that during the past couple of years that it has instituted changes to increase the quality of its data collection system but that there were a few instances where the necessary data was not maintained.

It is important that the Mission maintain adequate documentation to support the baselines of its performance indicators in order that it may critically assess its progress in all its program's areas. Without adequate baselines, movement in the selected performance indicator may be more a matter of an incorrectly measured starting point (e.g. baseline) rather than true achievement of progress towards a performance target. Likewise, underachievement of progress towards a stated performance target can often be explained by incorrect assumptions that were made when the initial measurement of the baseline was made.

Management Comments and Our Evaluation

USAID/Morocco agreed with Recommendation No. 1 and provided a copy of its plan and time schedule for verifying the data it reports to measure the progress of its performance indicators. Since the Mission provided evidence that it had developed the recommended plan and time schedule, RIG/Dakar believes the Mission has taken Final Management Action to address Recommendation No. 1.

Regarding Recommendation No. 2, USAID/Morocco agreed with the recommendation and has provided a detailed description of the documentation files that it has prepared to support the baselines for the performance indicators it currently uses to manage and report on its Family Planning/Maternal and Child Health Program. Base on the description of the supporting documentation that the Mission has prepared, RIG/Dakar believes the Mission has taken Final Management Action to address Recommendation No. 2.

[9] "Policies/regulations supportive of improved FP/MCH services: access, quality and sustainability"; "Proportion of provinces reporting the availability of a three-month supply of contraceptives every month of the year"; and "Total combined CYPs delivered by the commercial sector as a proportion of all CYP delivered by public and private sectors".

Did USAID/Morocco effectively and efficiently manage the commodities procured under its Family Planning/Maternal and Child Health Program?

Generally USAID/Morocco effectively and efficiently managed the commodities procured under the program.

USAID/Morocco managed the commodities procured under the Family Planning/Maternal and Child Health program by using several different means, including; 1) performing periodic site visits, 2) contracting the services of an independent contractor to develop a comprehensive inventory system and performing end-use monitoring and 3) providing assistance to the Ministry to strengthen its capability of managing commodities and relied on its system for obtaining, storing, distributing and tracking contraceptives and other non-expendable inventories. The contractor prepared a complete inventory listing, implemented a tag numbering system and ensured the USAID emblem was attached to USAID/Morocco provided commodities. Although during the audit no missing commodities were identified, several areas were found that could be improved.

Although the inventory system, as designed, is adequate to effectively and efficiently manage commodities, we noted weaknesses with the implementation of the system that affected its overall accuracy.

USAID/Morocco needs to improve the accuracy of its inventory control system for commodities

USAID assistance agreements require that commodities are effectively used for the purpose for which they were made available and USAID missions are responsible for the review of progress reports to verify that commodities financed by USAID are being effectively used in the activity. In fulfilling this responsibility USAID/Morocco contracted the services of John Snow Inc. to develop an inventory system and perform end-use monitoring of the materials procured under the Family Planning/Maternal and Child Health V Program. Although an inventory system had been developed, we found that the actual locations of commodities were different from those on the inventory listing, often times commodity identification tag numbers on commodities did not correspond to the numbers on the inventory listing and commodities listed as being verified (present/functional) were not verified at the final destination. The inventory system was not accurate because the Ministry of Health did not at all times communicate information concerning the movement of USAID financed commodities to the contractor, planned commodity distribution data was reported in the inventory listing rather than actual distribution data and

the contractor did not fully understand what was required to conduct an adequate end-use check. As a result of these deficiencies, USAID/Morocco does not have an accurate accounting for all of the commodities provided under the program thus making it difficult to determine if the commodities are being used effectively and for the purpose for which they were intended.

Recommendation No. 3: We recommend that USAID/Morocco:

3.1 instruct the contractor, John Snow Inc., to adjust its commodity inventory listing to reflect the current location of commodities, at the province level, procured under the Family Planning/Maternal and Child Health V Program;

3.2 along with the Ministry of Health and the contractor, John Snow Inc., develop procedures by which the location and identification tag numbers for commodities procured under the Family Planning/Maternal and Child Health V Program are communicated to the contractor in a timely manner upon receipt and/or relocation of the commodities; and

3.3 along with John Snow Inc., develop a plan to ensure that end-use checks are made properly and in a timely manner.

According to USAID's Automated Directives System (ADS) Section 324.5.1, it is an essential procedure that USAID assistance agreements shall provide that the cooperating country shall ensure that commodities are effectively used for the purpose for which they were made available. ADS Section E324.5.4 also states that the USAID Mission is responsible for the review of progress reports to verify that commodities financed by USAID are being effectively used in the activity. Moreover, ADS Section 324.5.6 states the USAID shall carry out, or arrange to have carried out, end-use checks on commodities.

Because of the size and complexity of the Family Planning and Maternal Child Health V Program (approximately $52 million in obligations and over $13 million in expenditures for commodities), USAID/Morocco decided to contract the services of John Snow Inc. (JSI) to act as its agent to assist the Moroccan Ministry of Health to better plan, implement and evaluate family planning and maternal child health activities. As part of the JSI contract, the contractor was responsible for the development of an inventory system and the performance of end-use monitoring of the materials procured. In order to determine how effectively and efficiently commodities procured under the program were managed, our audit concentrated on the inventory control system developed and implemented by JSI and the degree of end-use checking performed by JSI. Our

review disclosed several problem areas, such as, incorrect locations, incorrect or no identification tag numbers and end-use verification not being performed at the final commodity destination. These issues are discussed below.

Commodity identification and location not accurate

In order to perform adequate end-use checks and confirm that commodities are being utilized in accordance with the requirements of the underlying agreements the identification and location of the commodities are extremely important and necessary. For the Family Planning/Maternal and Child Health V Program the contractor, JSI, developed a comprehensive inventory listing of all commodities procured under the Program i.e. everything over $100. The inventory also included identification tag numbers and the location of the commodities to include the specific province (delegation), clinic or dispensary at which the commodity was located.

In verifying the accuracy of the JSI 1998 inventory listing we visited ten different Moroccan Ministry of Health provincial delegation offices and a sample of health clinics and dispensaries which report directly to the individual delegation offices. During our review of the ten provinces we noted identification tag number problems at all ten provinces and problems of commodity location at seven provinces.

The tag numbers listed in the JSI inventory listing often times did not correspond to the tag numbers on the commodities that were physically checked by the auditors. This problem with the tag numbers resulted because after the provinces received the commodities from the Ministry of Health's central warehouses in Casablanca or Rabat the commodities were then transferred to clinics and dispensaries without regard to the USAID identification tag numbers. Thus, it made no difference what JSI recorded as a tag number in its inventory listing, the delegations were only concerned with sending a particular type of equipment to the clinics with no regard as to the USAID tag number.

In addition to identification tag numbers listed in the JSI inventory listing not matching the specific commodity at a specified location, the auditors also noted that many commodities listed on the inventory did not have USAID tag numbers. The JSI commodities specialist stated that earlier in the project a decision had been made that, for certain commodities, kits would be prepared which included all the material required for a health facility. These kits would be prepared and crated in the U.S. This approach was intended to reduce the potential for losses as well as the time and expense of having individual items arrive in Casablanca and require assembly prior to being dispatched to the provinces. In preparing such kits, the JSI subcontractor would put USAID tags on the equipment prior

to shipping. A list was then prepared with tag numbers and the corresponding description and serial numbers. JSI/Morocco would receive the list once the equipment was shipped and would include it in the inventory upon reception. In a few cases USAID tag numbers were put onto the commodities by the subcontractor in the United States without sending the complete list of tag numbers to JSI/Morocco. Thus, JSI/Morocco could not record them in the inventory until they were advised by the provinces. On occasion the provinces, despite requests, did not inform JSI. As a result, at one province we found three crates of commodities that had not been opened and had been in Morocco since 1996. Without recording all tag numbers in a timely manner JSI does not have a complete inventory listing.

Not only were tag numbers a problem on the JSI inventory listing but commodity locations were often times inaccurate. Commodities are usually shipped from Ministry of Health central warehouses located in Rabat and Casablanca to the provincial delegations and then distributed by the delegations to designated sub-clinics and dispensaries. According to the JSI commodity specialist commodity locations on the JSI inventory listing were established based on the Ministry of Health's plan for distributing commodities and not where the commodities were in fact located. The JSI specialist further stated that once commodities are transferred to the provincial delegations, the delegations are responsible for the distribution of the commodities to the clinics and dispensaries. However, if the provincial delegations for some reason decide not to send a particular item to a sub-clinic or dispensary as was originally planned and instead send the item to a different location this information is not always communicated to the JSI representative in order that the inventory listing can be adjusted. Thus, the JSI inventory commodity location in the commodity listing is not accurate.

For example, for the items mentioned above in the unopened crates, the JSI inventory listing recorded these items as being located at several different clinics, but the commodities have actually remained at the province delegation warehouse since 1996. In another example, the auditors identified 73 refrigerators that were also received by the program in 1996 and were listed on the JSI inventory as being located at various province delegations and the clinics; however, the refrigerators were actually located at the Ministry's central warehouse and had been there since their arrival. We confirmed this with the JSI commodity specialist and a physical inspection conducted at the Ministry's Casablanca and Rabat central warehouses.

JSI needs to adjust its inventory listing to accurately reflect commodity tag numbers and locations. Because of the many differences in numbers and locations JSI should solicit the assistance of the various provincial delegations in determining exactly the locations of the commodities (by tag number) procured

under the program. Once this is done JSI will be in a better position to select a test sample for conducting end-use checks.

End-use verification

To comply with the requirement of conducting end-use checks, USAID/Morocco contracted the services of John Snow Inc. to do just that, "perform end-use monitoring of the materials procured." The JSI 1998 inventory listing does indicate that certain commodity items have been verified and under the "status category" in the listing specifically states "Present/Functional". But the listing report is not clear as to exactly what "Present/Functional" means. According to the JSI commodity specialist, commodities were noted as being "Present/Functional" when the commodities were received at the central warehouses in Casablanca and Rabat but does not mean that the commodities were seen in use at the final commodity destination; accordingly, the commodity specialist did not fully understand what was required to conduct an adequate end-use check.

End-use checks are supposed to confirm that commodities are being used as intended and not to only record commodity arrival and functional status. During our audit the JSI commodity specialist was beginning to conduct actual end-use checks, these need to be continued and the JSI inventory listing needs to be adjusted appropriately to reflect these end-use reviews. Because of the extensive number of commodities procured under the Program, the end-use checks should be performed on a test basis with representative samples being selected for review with special emphasis placed on larger dollar valued items.

Management Comments and Our Evaluation

USAID/Morocco agreed with Recommendation No. 3. For part 3.1 of the recommendation, the Mission submitted to us a copy of the letter in which it requested John Snow Inc. (JSI) adjust its commodity inventory listing to reflect the current provincial location of all commodities procured under the Family Planning/Maternal and Child Health Program (Program). Accordingly, since the Mission has provided documentation showing that it has requested JSI to make the adjustments discussed in the recommendation, RIG/Dakar believes that the Mission has taken Final Management Action to address part 3.1 of recommendation 3.

For part 3.2 of recommendation 3, the Mission stated that the Mission, JSI and the MOH have developed a new plan to assure that the inventory numbers are accurate. The Mission also stated that the Ministry of Health (MOH) will be

providing its provinces instructions for reporting the tag numbers for all new commodities and will be requesting that the provinces provide to it a revised list of all commodities that have been received. For part 3.3 of the recommendation, the Mission stated that the Mission, JSI and the MOH are developing a plan to assure that end-use checks are made in a timely manner. As such, RIG/Dakar believes that the Mission has made a Management Decision to address parts 3.2 and 3.3 of Recommendation 3. Final Management Action can be considered taken on the recommendation when the Mission provides evidence that: for part 3.2, the MOH has requested that its provinces follow specific procedures concerning communicating to JSI the location and identification tag numbers for commodities procured under the program; and for part 3.3, JSI has developed a plan to ensure that end-use checks are made properly and in a timely manner.

SCOPE AND METHODOLOGY

Scope

The Office or the Regional Inspector for Audit, Dakar audited the progress USAID/Morocco had made in its population activities and the Mission's management of commodities procured under the Family Planning/Maternal and Child Health V Program. The audit was conducted in accordance with generally accepted government auditing standards. It covered $45 million that had been disbursed for program activities including $10 million for contraceptives. Our audit examined results data from the Mission's FY 2001 Results Review and Resource Request Report (R4 Report) which was prepared in 1999 which included the Mission's reported progress for its programs through FY 1998. We also reviewed the progress reports of the Mission's primary contractor under the program, John Snow Inc.

We conducted our field work in Morocco from August 23, 1999 through October 8, 1999. Our field work was performed at USAID/Morocco and at the Moroccan Ministry of Health's locations in Rabat and at ten provincial locations throughout Morocco. The Director of USAID/Morocco made various representations concerning the management of USAID/Morocco's Family Planning/Maternal and Child Health Project activities in a management representation letter dated October 8, 1999.

Methodology

Audit Objective One

In conducting our fieldwork, we assessed internal controls relating to the Mission's performance reports. Our audit also included an analysis of pertinent regulations, policies and procedures, and the latest USAID/Morocco Control Assessment.

We gained an understanding of USAID/Morocco's program strategies, approaches and activities as they relate to the Missions Family Planning and Health Strategic Objective by interviewing cognizant USAID officials. In addition, we reviewed project files, project evaluations, and financial reports.

Furthermore, as illustrated in Appendix III, we traced the strategic objective and intermediate results contained in the R4 Report prepared in 1999 to the their related source documentation. For two of the indicators for which the Mission reported results in its R4 Report prepared in 1999, we reviewed the support for the data that was supplied to the Mission by the Moroccan Ministry of Health. Our review included an examination of the Ministry's supporting documentation at ten of its sixty-seven provinces.

For the purposes of this audit, results data were considered accurate if the number reported agreed with the source documentation within 5 percent: that is, +5 percent or –5 percent. We considered the reliability of the source documents, but we did not audit the figures reported in them.

Audit Objective Two

We reviewed the Mission's systems of internal controls relating to the control of commodities procured under the Family Planning/Maternal and Child Health V Program. Based on the results of these reviews and an assessment of risk exposure relating to this objective, we selected commodities for testing.

We reviewed and tested the information contained in the inventory listing that was prepared by USAID/Morocco's primary contractor under the program (John Snow Inc.). The inventory listing was the principle means of controlling commodities acquired under the program. Additionally, at ten Moroccan Ministry of Health provinces we reviewed and tested the control procedures relating to the shipment and receipt of USAID-financed contraceptives.

USAID

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JAN 11 2000

MEMORANDUM:

Date: January 7, 2000

TO: Henry Barrett, RIG DAKAR

FROM: John Wooten, Acting Director

SUBJECT: Audit of USAID/Morocco's Family Planning and Maternal Child Health V Program

Below please find USAID/Morocco's management comments to the audit report and recommendations. In addition to these comments included are two attachments, a data verification plan and a letter to JSI. Based on the information provided below, along with the supporting documentation in the attachments we request that RIG/Dakar make a determination that the Mission has made a management decision on all three of the audit report recommendations and has taken final action to close recommendations 1, 2, and 3.1.

Please let us know if you require any additional information. Thank you.

Attachments: a/s

Drafted by: Michele Moloney-Kitts, PH
Cleared by: Eric Shaeffer, CONT

USAID/Morocco Management Comments to Audit Report and Recommendations

Executive Summary

USAID/Morocco is pleased that the auditors found that USAID/Morocco had made significant progress in achieving our objectives and improving family planning and maternal child health in Morocco and that commodities have been effectively and efficiently managed. These findings reflect not only the quality of management within the Mission but also demonstrate the strength of our development partner, the Ministry of Health, and of our U.S implementing agencies and contractors.

Morocco's successful achievements in the health sector are evidenced by the fact that, according to the 1997 Papchild Survey, SO level indicators exceeded targets:

- Total Fertility Rate, planned 3.2 actual 3.05
- Infant Mortality Rate, planned 55, actual 36.6
- Modern Method Contraceptive Prevalence Rate, planned 45, actual 49

These achievements, during a period in which USAID was the lead donor in the sector, accounting, in some years, for almost 70% of donor resources, provide solid evidence that U.S. government funds were effectively used to achieve real benefits in the health and well-being of Moroccan women and children.

The quality of our development partnership in Morocco is also highlighted by the findings of the auditors relative to commodity procurement. The fact that there has been over $13 million worth of equipment and over $10 million worth of contraceptives procured with no apparent losses is a tribute to the management capacity of the GOM. Nonetheless, as the findings reflect, there are areas for improvement both in the area of performance monitoring and in the management of commodities.

Performance monitoring is not a simple task, especially in a developing country. Indeed, a substantial number of activities within the SO are specifically intended to help strengthen information management systems within the MOH. For example, USAID is funding technical assistance to develop a new data entry system, which has been introduced on a pilot level, and train MOH managers, both centrally and in the provinces, on the use of data.

In terms of the performance monitoring plan for the SO, the health team has, however, conscientiously reviewed the guidance available on data quality assessment procedures and tried to comply, within reason, with the spirit of the guidance. We believe that this is well evidenced by the depth and quality of our performance monitoring plan, a document which was developed based on extensive review of baseline data as well as an analysis of data quality. Thus, even though, in some cases, the Mission did not verify data at lower levels of the health system, we did undertake a number of steps to ensure validity. In this context it is important to note that the majority of indicators used for annual reporting are weaker "proxies" for data, such as contraceptive prevalence

rate which can only be obtained using large-scale household surveys. Thus, one key mechanism the Mission uses to verify the validity of annual data is through the use of trend analysis, in comparison with household survey data points. Also, a specific task of the expert technical assistance USAID is supplying to the MOH to improve data systems, is to undertake a systematic review and cleaning of data used for R4 submission at the central level. In addition, in 1999, the health team began working with our colleagues in the Office of Financial Management to develop a system of independent data verification.

We appreciate the thorough work done by the audit team in performing field visits. As we are at the start of a new objective in the health sector, the findings will be particularly useful in assuring that our performance monitoring plan and system are of the highest quality and respond to the concerns raised by the audit.

The findings relative to the management of inventory and commodities are also timely as we are beginning to finalize the inventory for all procurement under the SO as part of our close-out plan. Resolution of some of the issues identified by the auditors, particularly relating to problems with tag numbers, will be greatly facilitated by their conclusion that inventory reporting is only required to the provincial level. Spot checks and site visits can be used as an opportunity to check with provincial managers as to the actual location of commodities and as a means to confirm their presence and appropriate use. The SO team is also revising our trip report forms in order to better document the efforts the team has already undertaken to monitor commodities.

Audit Objective 1.

USAID/Morocco in general agrees with the findings of the audit team relative to performance monitoring in the PHN sector. As stated in the executive summary, however, performance monitoring is a complex undertaking and one that the PHN team has taken very seriously. For example, the auditors determined that for the indicator "met need" "the data was not reliable and should not have been used". In fact this indicator well represents the effort the Mission is undertaking relative to performance monitoring. One of the largest health problems in Morocco is maternal mortality associated with childbirth. USAID has been working on an innovative pilot project intended to reduce these deaths by improving access to emergency obstetrical care. As this is a relatively new area, indicators are not well established. USAID worked with partners and conducted a comprehensive literature review as well as lengthy consultations to determine a feasible means of measuring success in this area. Consensus, both here and in Washington, was reached on the use of this indicator – not only as a means of measuring our progress, but also to contribute to the state of the art in measuring these kinds of interventions. Introduction of this indicator involved revision of reporting tools used at facilities where babies are delivered, as well as fairly extensive training of staff. Regular monitoring of the information gathered was undertaken by USAID staff and the contractor team. Indeed, through this monitoring effort problems in the data were identified. As a result, revisions to the system and training are currently underway to improve the data quality. In fact, an interesting dilemma that the Mission continually grapples with is the relationship between the need for quality data to meet USAID reporting requirements in the context of a developing country where the quality of data management is known to be poor. In fact assistance to improve the capacity of host country managers to collect and use data effectively is a key part of our "raison d'être".

As the audit report states, the intention of data verification is to assure that the Mission is consistently reporting accurate results in the R4. Although the Mission did not review data at lower levels of the system (an exercise which the Mission found most useful during the audit visit), we did undertake a number of steps to verify data quality. An analysis of data quality figures prominently in our performance monitoring plan and was used in the selection of indicators. The Mission also comments on the quality of the indicators in the R4. For example, for the indicator most completely analyzed by the auditors, CYP, based on central level reviews and other efforts undertaken by the SO team, the Mission had rated the quality in the R4 as moderate - a finding substantiated by the audit conclusions. In the SO performance monitoring plan, the quality of the data for this indicator was actually identified as poor. This conclusion was based on the extensive analysis completed to identify appropriate indicators. The indicator was maintained because it is a USAID-recommended core indicator.

In addition to the routine efforts undertaken by the team to verify data quality, prior to the most recent R4, the Mission established an Office of Financial Management Performance Monitoring Team, whose function is to verify compliance with the Mission Order on "Quality Control of R4 Data". To accomplish this the OFM team would perform a semi-independent verification of portions of the data, if possible. As this effort was being undertaken for the first time, it was a learning experience for the team and not all of its goals were completely realized. Due to time constraints and staff turnover, the team's review of the PHN Strategic Objective was limited to a paper review of the SO team files, without the opportunity to perform any independent data verification. The team will benefit from the verification process undertaken in the audit by applying much of the auditors' methodology to subsequent reviews.

Concerning missing documentation of baseline data, the Mission agrees that the documentation should be easily available within the Mission. Baseline data was, however, thoroughly reviewed in 1997 and 1998 as part of the revision of the performance monitoring plan and in most cases is readily available at the MOH. Thus the SO Team has a high level of confidence that management decisions were based on solid information. We would like to note that the SO began with PRISM and has lived through several "reengineering" exercises, which partially explains why some of the initial documentation is missing.

In conclusion, however, the Mission finds the comments helpful and will work to establish a better system to verify data and will assure that baseline documentation is well maintained. These comments are particularly timely as we are at the start-up phase of a new Special Objective and will be applied as we move forward and establish a new performance monitoring plan and system.

Audit Objective 2.

USAID/Morocco has found the work of the auditors on commodity verification to be particularly helpful. We are especially pleased that the auditors found no losses of equipment. This finding alone highlights the fact that, despite some weaknesses in inventory management, the commodities themselves were, in general, effectively and efficiently managed.

USAID/Morocco has recognized some of the difficulties in managing the large inventory of commodities. Indeed, in an effort to improve efficiency and reduce the potential for losses, USAID/Morocco requested that JSI introduce a "kit" system, whereby all the commodities intended for a health facility were assembled in one "kit" in the U.S. and shipped as such. This avoided the issue of having large amounts of commodities arrive in-country requiring assembly in a central warehouse – an exercise which in the past had proved extremely arduous. Although the approach of assembling "kits" in the U.S. addressed many of these issues, it also created a new wrinkle relative to the inventory. The procedures that will be established as a result of the recommendations of the auditors should help resolve these issues. Certainly the guidance from the auditors that the inventory should include only items valued at $500 or above and that the JSI inventory need only report on them to the province level will make the overall management of these commodities more viable. Audit recommendations relative to end-use checks are also particularly timely as we are in the process of working on closing out the JSI contract as SO1 comes to a close. Both USAID and contractor staff will adjust site visit reporting forms to specifically include inventory and commodity verification. Finally it is worth noting that the audit has also prompted increased dialogue with the MOH on these issues and central level authorities are pleased to use the information provided in the audit to have a better accounting from the provinces on their inventory.

Scope and Methodology

As concerns the scope and methodology, USAID/Morocco found the methodology of the auditors to be perfectly reasonable. The only area of concern is relative to the use of a 5 percent variance as the basis for data accuracy. The Mission would like to know if, for national health sector data, this variance has been established as reasonable, based on solid evidence comparing data from multiple countries, particularly in the developing world. To our knowledge there is no actual research establishing a reasonable variance, and, in fact our substantial multi-country experience leads us to believe that 10 percent would probably be realistic in the developing country context. Assuming that such data is not available, USAID/Morocco would like to encourage the IG to consider discussing the possibility of undertaking such an exercise in collaboration with CDIE.

Mission Planned actions to implement Audit Recommendations

Audit Recommendation No. 1: We recommend that USAID/Morocco develop a plan and time schedule by which it can verify the data that it reports to measure the progress of its performance indicators.

Mission: Specific Planned actions to implement recommendation.

USAID/Morocco is including, as an attachment to this document, a plan and schedule for data verification.

Audit Recommendation No. 2: We recommend that the Mission review its baseline documentation and ensure that it has adequate supporting documentation for all of the baselines for the performance indicators it currently uses to manage and report on the progress of its

Family Planning /Maternal and Child Health program.

Mission: Specific Planned actions to implement recommendation.

USAID/Morocco has a new Country Strategic Plan approved in Washington in June 1999. Health sector interventions are defined through Special Objective 7 and a new Performance Monitoring Plan is the process of being defined. For each indicator a file is established obtaining all the baseline information. For indicators which have been established the baseline documentation is as follows:

SpO7 1 Modern Method Contraceptive Prevalence Rate: Baseline has been established through the 1997 PAPCHILD Household survey. Relevant tables and text from the final PAPCHILD Report have been copied and an individual file has been established.

SpO7 2 Policies and/or Regulations supportive of improved FP/MCH services: access, quality and sustainability: For reporting on progress in the policy environment for reproductive and child health, from 1999 on, SpO7 has targeted five important policy issues that will be tracked over the next five years. For each of these indicators, the first step according to the matrix developed by the Mission is "Identification of the issue." In this step, for each of the five issues a brief document will be prepared which describes the current policy constraint, its impact on the program, and the key stakeholders involved. This document will constitute the baseline documentation for the particular policy element, and a copy will be kept in an individual file.

SpO7 3 Percentage modern method contraceptive prevalence obtained through the private sector: Baseline has been established through the 1997 PAPCHILD Household survey. Relevant tables and text from the final PAPCHILD Report have been copied and an individual file has been established.

SpO7 1.1 Percent of couple years protection (CYP) in the public sector in target regions: The baseline is 1999 CYP data which has been obtained from SEIS and verified based on the protocol outlined under Audit Recommendation 1. The SEIS data and supporting verification documentation will be maintained in an individual file.

Indicator SpO7 1.2 Met need for emergency obstetrical care in target areas: This indicator will measure the impact of interventions to prevent maternal mortality through the introduction of Emergency Obstetric Care in the two pilot regions of Tangier/Tétouan and Souss Massa Draa. The baseline will be established based on population-based estimates of live births and a review of health facility records. This will be determined as a part of the needs assessment to design the activity (currently planned for the 4th quarter of FY00). A document will be prepared outlining the methodology on which the baseline was established along with photocopies of relevant GOM documents which provide the population data. This information will be maintained in an individual file.

Indicator SpO7 2.1 CYP delivered by the commercial private sector as a proportion of the total combined CYP delivered by public and private sectors: The baseline for the denominator (public sector CYP) is 1999 CYP data which has been obtained from SEIS and verified based on the

protocol outlined under Audit Recommendation 1. The baseline for the numerator (commercial sector CYP) is obtained from 1999 sales figures from the social marketing program collected by the contractor directly from the private companies that sell the products. These numbers are converted to CYP by USAID staff and then verified using contraceptive sales data from *Information Médicale et Statistique* (IMS). IMS is a reputable international firm specializing in obtaining and providing sales data to pharmaceutical companies. This information will be photocopied and compiled and maintained in an individual file.

Audit Recommendation No. 3: We recommend that USAID/Morocco:

3.1 instruct the contractor, John Snow Inc., to adjust its commodity inventory listing to reflect the current provincial location of commodities procured under the Family Planning and Child Health V Program;

3.2 along with the Ministry of Health and the contractor, John Snow Inc., develop procedures by which the location and identification tag numbers for commodities procured under the Family Planning and Child Health V Program are communicated to the contractor in a timely manner upon receipt and/or relocation of the commodities; and

3.3 along with John Snow Inc., develop a plan to ensure that end-use checks are made properly and in a timely manner.

Mission: Specific Planned actions to implement recommendation.

3.1 USAID has sent a letter to JSI requesting they adjust the inventory to accurately reflect the provincial location of all commodities. This letter is attached.

3.2 USAID/Morocco, JSI and the MOH have developed a new plan to assure that the inventory for items procured through the Family Planing and Child Health V program has accurate tag numbers and location of equipment. For items already distributed with USAID tag numbers, the MOH central level will send a letter to all the provinces following the end of Ramadan requesting a revised list of all commodities received be prepared specifying location, MOH inventory number and USAID tag numbers. These revisions will be added to the inventory which will have a new field for the MOH inventory number and will bring the inventory up-to-date for items already distributed. For all new equipment distributed new instructions will be provided by the MOH which will require that the MOH inventory number assigned by the provinces be noted, along with the USAID tag number on the receiving report. The receiving report is transmitted to the MOH central level and then communicated to JSI.

3.3 JSI, USAID and the MOH is developing a plan to assure that end-use checks are made properly and in a timely manner. By Feb.1, JSI will submit to USAID a comprehensive plan based on a representative sample with a calendar of proposed site visits. JSI will also submit a standard form to be used on end-use monitoring visits. USAID staff members will also undertake inventory checks on all project related site visits and complete the standard form.

Based on the activities planned to close this audit recommendation, JSI will have the information necessary to provide USAID with a final inventory report which has been verified through end-use site visits before the end of the JSI contract in September 2000.

Based on the planned actions as described above, USAID/Morocco requests that RIG/Dakar, upon issuance of the final report, make a determination that the Mission has made a management decision on all three of the audit report's recommendations and has taken final action to close recommendations 1, 2, and 3.1.

Results of the Review of the Mission's Supporting Documentation for 1998 Performance Results

	Planned	Progress Reported by Mission	Progress Supported by Mission Documen-tation	Variance	
				Actual	%
Strategic Objective 1. Reduced Fertility and Improved Health of Children <5 and Women of Child-Bearing Age					
1. Reduced total fertility rate	N/A[10,11]				
2. Reduced infant mortality rate.	N/A[9,12]				
3. Increased contraceptive prevalence rate.	N/A[9,13]				
Intermediate Result 1.1 Greater Access to Quality FP/MCH Services Responsive to Client Demand					
1. Percent of Couple Years of Protection from Use of Long-term Methods in the Public Sector	43%	36%[14]	36%	0	0
2. Proportion of sick children who were treated appropriately in health facilities in target areas.	60%	N/A[15]	N/A	N/A	N/A
3. Met need for emergency obstetrical care in target areas.	51%	55%[13]	56%	1	1.8

[10] There was no planned amount for 1998 because this number is based on a survey which was performed in 1997 with the next survey to be performed in 2000.
[11] For 1997 the planned level was 3.2 and the actual was reported as 3.1.
[12] For 1997 the planned level was 55 and the actual was reported as 36.
[13] For 1997 the planned level was 45 and the actual was reported as 51.
[14] This amount was sent to USAID/Washington and reported in USAID/Morocco's FY 2001 Resource Review and Resource Request (R4) document as the progress achieved in FY 1998.
[15] Data not available for 1998 because the planned survey to supply the data was not performed.

Results of the Review of the Mission's Supporting Documentation for 1998 Performance Results

	Planned	Progress Reported by Mission	Progress Supported by Mission Documen-tation	Variance	
				Actual	%
Strategic Objective 1. Reduced Fertility and Improved Health of Children <5 and Women of Child-Bearing Age					
Intermediate Result 1.2 Improved Policy Environment Supporting Expansion and Sustainability of FP/MCH Services					
1. Increased proportion of operating costs associated with USAID FP/MCH program financed by the GOM (including contraceptive costs met by the MOH).	75%	78%	76.7%	1.3	1.7
2. Policies/regulations Supportive of Improved FP/MCH Services: Access, Quality and Sustainability.	48%	55%[16]	54.3%	.7	1.3
Intermediate Result 1.3 Reinforced Capacity to Manage FP/MCH Programs in a Decentralized Demand-driven Mode.					
1. Proportion of provinces reporting the availability of a three-month supply of contraceptives every month of the year.	80%	70%	70%	0	0
2. Evidence of data driven FP/MCH program action in focus regions/provinces (Agadir and Meknes).	Discrete task	Task Accompl-ished.	Task Accompl-ished	0	0

[16] This amount was sent to USAID/Washington and reported in USAID/Morocco's FY 2001 Resource Review and Resource Request (R4) document as the progress achieved in FY 1998.

Results of the Review of the Mission's Supporting Documentation for 1998 Performance Results

	Planned	Progress Reported by Mission	Progress Supported by Mission Documen-tation	Variance	
				Actual	%
Strategic Objective 1. Reduced Fertility and Improved Health of Children <5 and Women of Child-Bearing Age					
Intermediate Result 1.4 Increased Diversification of Resource Base Financing the Delivery of FP/MCH Services.					
1. Total Combined CYPs Delivered by the Commercial Private Sector as a Proportion of All CYP Delivered by Public and Private Sectors	39	32[17]	32	0	0
2. Increased number of private sector practitioners providing MOH-sanctioned FP services.	45%	43%	42.5%	.5	1.7

[17] This amount was sent to USAID/Washington and reported in USAID/Morocco's FY 2001 Resource Review and Resource Request (R4) document as the progress achieved in FY 1998.

APPENDIX OF ACRONYMS, TERMS AND DOCUMENTS

ACRONYMS

ADS - Automated Directive System

CPR - Contraceptive Prevalence Rate

TIPS - Guidance from the USAID Center for Development Information and Evaluation

TERMS

Baseline - The value of a performance indicator at the beginning of a planning and/or performance period.

Intermediate Result - A key result which must occur in order to achieve the strategic objective.

Performance Data - Information related to the actions, decisions, events of activities.

Performance Indicator - A particular characteristic or dimension used to measure intended changes defined by an organizational unit's results framework.

Performance Information - The product of formal performance monitoring of systems, evaluative activities, customer assessment and surveys, agency research and informal feedback from partners and customers.

Performance Target - Specific and intended result to be achieved within an explicit timeframe and against which actual results are compared and assessed.

Representations - Assertions by management concerning the internal control structure, including disclosure to the auditor of irregularities that may impact the internal control system or environment.

Strategic Objective - The most ambitious results in a particular program area for which the USAID operation unit is willing to be held responsible.