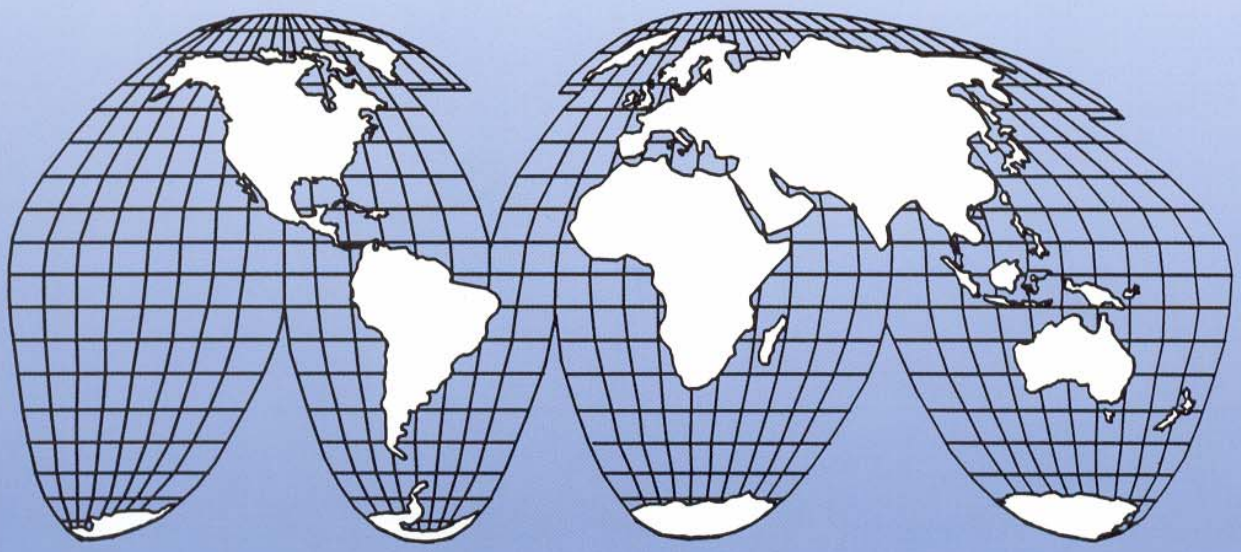
USAID

OFFICE OF INSPECTOR GENERAL

Audit of USAID/Benin's Health Program

7-680-04-002-P

January 8, 2004



Dakar, Senegal

January 8, 2004

MEMORANDUM

FOR: USAID/Benin Acting Director, Modupe Broderick

FROM: Lee Jewell III, RIG/Dakar /s/

SUBJECT: Audit of USAID/Benin's Health Program
(Report No. 7-680-04-002-P)

This memorandum is our final report on the subject audit. In finalizing this report, we considered management's comments on our draft report and included them in Appendix II.

This report contains three recommendations to which you concurred in your response to the draft report. Based on your plans and actions in response to the audit findings, management decisions have been reached on all three recommendations, and the first recommendation is considered closed upon issuance of this report. The remaining two recommendations remain open until final actions are taken by the Mission. Please coordinate final actions on these two recommendations with USAID's Office of Management Planning and Innovation (M/MPI).

I appreciate the cooperation and courtesies extended to the members of our audit team during this audit.

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Summary of Results

The objectives of this audit were to determine (1) if USAID/Benin had a monitoring system in place to assure proper oversight of its Health Program; and (2) if the Health Program achieved its intended results. (See page 7.)

USAID/Benin has not established a monitoring system that would fully provide management with proper oversight of the Family Health program activities. Although some monitoring efforts had been made, visits to implementing partner sites were not consistently documented nor conducted systematically. Staff did not conduct quarterly visits as described in the Performance Monitoring Plan, and during visits that were made, the partners' data were not validated. (See pages 7 through 9). Without procedures in place to systematically and consistently monitor the Family Health program activities, USAID/Benin cannot be fully assured that the program activities conducted by the implementing partners will lead to the achievement of the health strategic objective. (See page 9). We recommend the Mission establish a schedule and procedures for conducting site visits. (See page 9).

Relatedly, the Mission had not conducted a data quality assessment (DQA) of the information reported to USAID/Washington as required. (See pages 9 and 10). Although the accuracy of selected health program data for fiscal year 2002 was tested during the audit and no material errors were found, USAID/Benin cannot be assured as to the accuracy of the data reported to USAID/Washington in subsequent years without a formal, periodic DQA. (See page 11). We recommend the Mission develop procedures for conducting a DQA. (See page 11).

USAID/Benin's Family Health program has generally achieved its planned results for fiscal year 2002. A review of 22 performance measures showed that the actual results for more than half of those measures were at 100 percent or more of the planned results. (See pages 11 through 13). For four measures with results substantially lower than expected, the implementing partner responsible for the activities has implemented options to improve performance. (See page 14). However, challenges remain for the Mission in developing and maintaining the high-level government support for health policies and reform needed for effective programs, and in ensuring sustainability for the achievements made so far. (See pages 14 and 15).

USAID/Benin agreed with the recommendations in the audit report and based on plans and actions in response to the audit findings, management decisions have been reached on all three recommendations and the first recommendation is considered closed upon issuance of this report. The remaining two recommendations remain open until final actions are taken by the Mission and coordinated with USAID's Office of Management Planning and Innovation (M/MPI). (See page 16).

Background

In 1998, USAID established a Family Health program in Benin with the objective to increase the use of preventive health measures and family health services in a supportive policy environment. The results of a 1996 Demographic and Health Survey in Benin revealed the seriousness of the country's health problem -- Benin had among the worst maternal and child health statistics in Africa, the use of family planning services was among the lowest and the HIV infection rate was growing.

USAID/Benin's Family Health program's overall approach is two-fold. At the national level, interventions with the Ministry of Health focus on improving policies on key family health issues, improving weak management and planning systems, and strengthening fragile partnerships between the public and private sector. These interventions are complemented by a regional integrated family health program targeting the Borgou/Alibori area where health statistics were worse than the national average. The program also supports nationwide social marketing of contraceptives as well a national- and community- level campaign for HIV/AIDS prevention. The Family Health team, composed of five staff at the time of our audit, managed the program within the Mission.

USAID/Benin funds a number of implementing partners to conduct health programs in support of the Family Health program's objective. Three key partners during fiscal year 2002 were:

- Population Services International, responsible for implementing AIDSMark, the social marketing program of family health products, a 5-year, $7.5 million program that ended in March 2003.
- Africare, the lead in a consortium that also includes Johns Hopkins Program for International Education in Gynecology and Obstetrics, responsible for implementing the Benin HIV/AIDS Prevention Program, a 4-year, $4.5 million program begun in May 2002.
- University Research Co., LLC, the lead in a consortium that includes the Program for Appropriate Technology in Health, the Cooperative League of the USA, and the Association Béninoise pour la Promotion de la Famille, responsible for implementing the Benin Integrated Family Health program called PROSAF in the Borgou and Alibori departments, a 4-year, $12 million program, with a January 2004 completion date.

Total funding for USAID's Family Health program in fiscal year 2002 was $5,013,000.

Audit Objective

In accordance with its fiscal year 2003 audit plan, the Regional Inspector General, Dakar performed this audit to answer the following audit objectives:

- Does USAID/Benin have an activity monitoring program in place to ensure proper management oversight of its Health Program?

- Has the Health Program achieved its planned results?

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

Audit Findings

Does USAID/Benin have an activity monitoring program in place to ensure proper management oversight of its Health Program?

USAID/Benin does not have a system in place that provides for full management oversight of the Family Health program activities. Mission staff have made some efforts to monitor program activities, including performing some site visits and communicating with the program's implementing partners. However, problems regarding the monitoring of the program include the lack of a systematic and consistent approach to site visits and other partner encounters as well as the lack of a data quality assessment.

USAID/Benin staff indicated that they communicate regularly with the staff of the implementing partners, and the partners agreed that such communication does take place. In addition to this informal communication, staff have also been involved with more formal activities. For example, one Cognizant Technical Officer (CTO) on the Family Health team serves on a committee comprised of staff from AFRICARE and the Ministry for Health and attends monthly meetings to monitor the implementation of the national AIDS strategy. Another CTO responsible for managing the contract for the PROSAF project provided documentation for seven trips between December 2001 and June 2003. For example, in February 2002, the CTO visited the partner's office in northern Benin specifically to review the implementation of their Performance Monitoring Plan (PMP). The CTO also verified the distribution of computer and office equipment provided by the partner to local health department offices. Additionally, the Family Health team hosts a meeting each year, during which partners present their results for the preceding year and consensus is reached regarding which indicators to include in the Mission's annual report to Washington.

While these activities have provided the Family Health team with information for general program oversight, improvements are needed to assure proper management oversight of the Family Health program activities. This includes

developing procedures for a more consistent and systematic approach for site visits and performing data quality assessments.

More Consistent and Systematic Approach Needed for Site Visits

The Mission did not perform site visits in a systematic or consistent manner that would ensure adequate monitoring of the partners' activities. This is contrary to USAID guidance that performing site visits is an important part of program monitoring and documentation of such visits should be maintained. The inconsistency in site visits was a result of the lack of procedures that provided guidance for such visits. As a result, the Mission cannot be fully assured that the partners are carrying out activities that contribute to the achievement of the Mission's health strategic objective.

Although the Family Health team staff conducted some site visits, the documentation of these visits was extremely limited. As discussed previously, one CTO provided trip reports for seven visits made between December 2001 and June 2003, but the other CTO responsible for the activities of two other implementing partners stated that he did not routinely document his visits, but did provide an oral summary to the Family Health team leader. Additionally, although the PMP for the health program requires quarterly monitoring visits, the Family Health team staff acknowledged that such visits were not made each quarter. For example, the review of one CTO's documentation of site visits indicated that three visits were made in a two-month period, but there was a gap of 8 months until the next visit.

Our review of the site visit documentation that existed showed that visits were made for a variety of reasons but did not include any efforts to verify the validity of the data developed and reported by the partners. In several instances, USAID/Benin staff participated in meetings or workshops along with partner and government staff and officials. While these activities are worthwhile and important, they only provide partial assurance for management oversight.

USAID's Automated Directives System (ADS) section E303.5.13 states that site visits are an important part of effective award management and recommends that reports of the visits should be maintained in official files. Similarly, ADS section 303.3.4.c indicates that the responsibilities of the CTO include monitoring and evaluating the recipient and the recipient's performance by maintaining contact through site visits. Moreover, U.S. Government internal control standards require that important events be properly documented. We believe that site visits are an important event in the overall monitoring process and should be documented.

The lack of consistent and documented site visits occurred due to the fact that the Mission had not developed specific procedures for monitoring program

activities. Such procedures would provide a framework for conducting site visits to better ensure proper management oversight. A USAID/Benin Health Team official attributed the lack of structured procedures to various factors. The Family Health team leader indicated that he was relatively new in the position, due to turnover in the team's previous leadership, and was in the process of identifying where improvements could be made in the team's performance. He stated he usually received an oral account of meetings with partners, but recognized that more formal written records of the meetings were needed. He attributed the lack of documentation to staff time constraints and lower priority placed on administrative activities such as documenting meetings.

Without conducting timely and appropriate site visits, the Mission cannot be fully assured that the partners are carrying out activities that contribute to and ensure achievement of the health strategic objective. Furthermore, without formally documenting visits and other key encounters with implementing partners, important program information may not be available to Mission management, and would ultimately be lost if Family Health team staff were to leave USAID.

Therefore, to address the lack of consistent procedures during site visits that would ensure systematic monitoring of program activities, we make the following two recommendations.

> **Recommendation No. 1: We recommend that the USAID/Benin create a schedule of monitoring visits to be conducted for each partner implementing USAID health program activities in accordance with the Performance Management Plan.**
>
> **Recommendation No. 2: We recommend that the USAID/Benin develop procedures to monitor health program activities that would include a checklist specifying the purpose and activities to be conducted during each scheduled monitoring visit.**

Data Quality Assessment Needed for Annual Report Information

USAID/Benin did not perform a data quality assessment (DQA) in the three years preceding the submission of the data to USAID/Washington as part of the annual reporting process as required by the ADS. This was due to a misunderstanding of the purpose of technical assistance provided to the Mission in 2002. During the audit, the accuracy of selected health program indicators reported in the Mission's fiscal year (FY) 2003 Annual Report was tested and no material errors were found. However, without a formal, periodic

DQA that fully meets the ADS requirements, USAID/Benin cannot assure the validity and accuracy of the data reported to USAID/Washington in future reports.

USAID/Benin did not perform a data quality assessment on information included in their FY2003 Annual Report for health program activities that occurred during fiscal year 2002. The Family Health team staff member responsible for overall monitoring and evaluation stated that such an assessment had been performed as part of the technical assistance provided to the Mission in 2002 by USAID/Washington. However, a review of the documentation for this technical assistance revealed that the purpose was not to conduct a DQA, but rather to assist the Mission and implementing partners in finalizing their PMPs, validate data collection plans and identify means of independently verifying data. Some of these activities conducted during this assessment are similar to those that would be performed as part of a DQA. For example, a DQA would include a review of data collection, maintenance and processing procedures, some of which was performed as part of the technical assistance. However, the technical expert's report describing the results of the technical assistance does not include any references to verifying specific data, a key step in a DQA. Moreover, she was also tasked with and completed a scope of work for a data quality assessment to be conducted in the future.

ADS Section 203.3.5.2 states that data reported to USAID/Washington must have had a data quality assessment at some time within the three years before submission. It further states that when conducting data quality assessments of data from implementing partners, the focus should be on the accuracy and consistency of the data, and the findings should be documented in a memo to the file.

A data quality assessment was not performed as required due to confusion over the purpose and results of the technical assistance provided to the Mission in 2002. As a result, the Mission's annual report included data that had not been subjected to a DQA. As part of the audit, we tested the accuracy and validity of the eight indicators that USAID/Benin included in their FY2003 Annual Report. For all eight indicators, we traced the figures included in the annual report back to source documents, which included reports of the implementing partners' activities or nationwide survey results. For six of the eight indicators we found no discrepancies and only minor discrepancies in the remaining two. For example, the annual report includes data showing the change in the percentage of children who were exclusively breastfed between 1996 and 2001. However, the data for 1996 was for children age 0 to 3 months, and the 2001 data was for children age 0 to 6 months. While the comparison may not be completely accurate, the data reported for both points in time were accurate.

We also verified data reported by two partners back to their source documents, and found no discrepancies. For example, we traced Population Services International's sales data for socially marketed products including condoms,

oral contraceptives, and insecticide-treated bed nets back to their monthly sales records, and then back to individual product order sheets and invoices. We also successfully reconciled inventory records with the physical inventory of selected equipment provided by the University Research Co.,LLC-led consortium to a health clinic, a health zone office, and a regional pharmaceutical warehouse. We found no discrepancies and noted that the equipment was appropriately labeled with the USAID logo.

Although we found no errors in the data reported to USAID/Washington or the partners' source documents, without a formal, periodic DQA that fully meets the ADS requirements, USAID/Benin cannot assure the validity and accuracy of the data reported to USAID/Washington in future years. Without such an assessment, data limitations might not be recognized and flawed data might be reported and used for management decisions.

Therefore, to ensure that USAID/Benin is aware of the extent to which data can be trusted when making management decisions and to address the lack of the required data quality assessment, the following recommendation is made.

> **Recommendation No. 3: We recommend that USAID/Benin develop procedures that provide reasonable assurance that data reported to Washington have a data quality assessment performed at least once every three years.**

Has the Health Program achieved its planned results?

For the most part, USAID/Benin's Family Health program has achieved its planned results related to increased use of family health services and preventative measures. The Mission reported in its FY2003 Annual Report that the health program targets were met, and our review of the actual results for 22 performance measures showed that more than half achieved 100 percent or more of the planned results. Furthermore, for the measures where the actual results fell significantly short of the planned results, USAID/Benin and/or its partners have identified actions to improve performance. However, challenges remain for the Mission in achieving their objective related to facilitating a supportive policy environment -- a challenge faced by all the USAID/Benin teams.

In general, USAID/Benin's Family Health program achieved its intended results. In its FY2003 Annual Report for activities conducted in fiscal year 2002, the Mission reported that the program targets were met. For example, the report indicates that family health in Benin has significantly improved since 1996, with an increase in the use of contraception nationwide, a decrease in the average number of births per woman, and an increase in the use of key family health services and preventive measures. Additionally, there was an increase in the sales of socially marketed products, including condoms,

contraceptives, and insecticide-treated mosquito nets. This social marketing program has also promoted positive behaviors, including television and radio messages recommending sexual abstinence and fidelity as well as producing a quarterly magazine dealing with reproductive health issues for youth.

Our review of results reported for 22 performance measures for increased use of family health services showed that the actual results for 13 performance measures met or exceeded the planned results. (See Table 1 on the following page).

Table 1: Percentage of Planned Results Achieved for Selected Performance Measures for Fiscal Year 2002

Performance Measure	Results Achieved (percent)
Achieved 100 percent or more of planned results	
Knowledge of symptoms of sexually transmitted infections (two measures)	207 130
Oral rehydration therapy use	203
Health worker compliance with norms for managing child illnesses	140
Knowledge of modern methods of family planning	125
Sales of socially marketed retreatment kits for mosquito nets	121
Home treatment /care sought for fever and malaria (two measures)	119 100
Sales of socially marketed condoms	117
Sales of socially marketed insecticide-treated mosquito nets	117
Knowledge of malaria prevention (two measures)[a]	117 91
Cumulative sales points for socially marketed condoms	111
Exclusive breastfeeding rate	102
Sales of socially marketed oral contraceptives	101
Performance index score for community health committees	106
Achieved between 91 and 100 percent of planned results	
Fully vaccinated rate for children (two measures)	98 93
Contraceptive prevalence rate for women	92
Achieved between 51 and 90 percent of planned results	
Sales of socially marketed injectable contraceptives	90
Health centers with integrated family health services	77
Sales of socially marketed oral rehydration salts	67
Achieved 50 percent or less of planned results	
Health worker compliance with norms for family planning visits	47
Couple-years of protection (contraception use)	45
Health zone management and planning score	23
Health worker compliance with norms for prenatal visits	13

[a]Knowledge of malaria prevention is one measure with a single planned result, but actual results are reported by gender. We chose to show this in the highest category of achievement.

Table 1 also shows that for two measures the actual results were between 91 and 100 percent of the planned results, and for three measures the actual results were between 51 and 90 percent of the planned results.

However, the level of achievement for four of the measures was below 50 percent. According to the implementing partner responsible for reporting results, various factors contributed to the less-than-expected performance. For example, one measure called Couple-Years of Protection is a mathematical calculation designed to estimate the level of protection against pregnancy based on the volume of contraceptives sold and/or distributed. The actual results in fiscal year 2002 were only 45 percent of the planned results. The implementing partner attributed this lower achievement to the lack of up-to-date data in the national database used for the calculation, and planned to work with the government to improve the completeness of the database. Since reporting the data in September 2002, the issues for the most part have been resolved and the partner is reporting improved performance for this measure.

Another measure is the assignment of a score to each of seven health zones administrations measuring their management and planning skills. In fiscal year 2002, the actual results were only 23 percent of the results expected for that year. The partner attributed the less-than-expected performance to a mid-year change in the scoring mechanism, which became much stricter, but the results continued to be measured against the goal established for the more liberal scoring system. According to the partner, as of the third quarter of fiscal year 2003, performance has improved and the actual results now represent 89 percent of the 2003 planned results.

However, challenges remain for USAID/Benin in achieving their objective related to facilitating a supportive policy environment. For example, one continuing challenge to a successful HIV/AIDS prevention program is ensuring high-level support from the Beninese government. According to USAID/Benin, the country's relatively low rate HIV infection rate (when compared to other countries) creates a false sense of security, which impacts obtaining sustained political support. However, some positive efforts indicating the government's commitment were made in 2002. The government created a multi-sectoral HIV/AIDS control committee and, for the first time, the President spoke publicly about HIV/AIDS prevention. However, the challenge still remains to develop policies that will ensure continued high-level support.

Another challenge is to further the movement towards decentralization of government activities. The overall strategy of the health program was to develop a regional program that avoids the dysfunction of a highly centralized system. This approach also includes assisting the central government in passing effective power to the local level. Decentralization has been embraced in principle and there have been some success stories. In 2002, the community health zone management committees for two health zones prepared and defended health service budgets and plans of action. However, the Ministry of Health suffers from a long history of highly centralized bureaucracy, and much reform remains. For example, in 2002 the Ministry of Health established a second pharmaceutical warehouse in a town about 350 kilometers from the

capital city of Cotonou (where the first warehouse is located) to provide better access to medicine and medical supplies in central and northern Benin. While the opening of this warehouse could be considered part of a move towards decentralization, in reality, the central warehouse in Cotonou still controls the day-to-day logistical and financial operations of the warehouse.

Another continuing challenge is to ensure that the investments made so far are sustained at all levels. A mid-term evaluation of the PROSAF project conducted in 2002 states that many of the partner's innovations are sustainable, such as the training and the strengthening of coordination at the local level. However, it also states that the most significant constraint to sustaining the work started by this partner is financial. For example, computers and other basic office equipment and furniture were provided to a health zone office through the PROSAF project. During a site visit, the office manager indicated that the equipment was all functional with the exception of a printer, which lacked a new printer cartridge. PROSAF project officials acknowledged that they were aware of this problem, and while they could easily provide another ink cartridge, the equipment was provided to the health zone office with the understanding that the government would sustain the day-to-day operations of the office by supplying consumable supplies such as print cartridges and paper. However, some progress is being made in encouraging the local communities to take ownership and responsibility for assuring the sustainability of their health program. The same partner has been assisting health zone committees and management to develop a financing scheme to generate local funds for health programs. Under the partner's guidance, the communities have developed and implemented some income-generating activities, such as operating a small restaurant, establishing a taxi service, and opening a boutique. As of August 2003, five communities have generated the equivalent of approximately $7,000.

USAID/Benin officials stated that concerns about decentralization and sustainability are not unique to the health program but in fact, are issues faced in all USAID programs in Benin. They said they plan to specifically address these issues in the Mission's next strategic plan.

Management Comments and Our Evaluation

In response to the draft report, USAID/Benin agreed with all of the findings and recommendations in the draft audit report, and indicated that appropriate actions would be taken to address all three recommendations. Therefore, a management decision has been reached for all three recommendations. Based on actions taken, Recommendation No. 1 is considered closed upon issuance of this report. However, due to unforeseen circumstances, the issuance of final Mission orders needed to close Recommendations No. 2 and 3 did not occur on December 29, 2003 as indicated in the Mission response. In subsequent communication, the Mission indicated that the final orders will be issued on or about February 2, 2004. Therefore, these two recommendations remain open until final action is taken by USAID/Benin and coordinated with USAID's Office of Management Planning and Innovation (M/MPI). USAID/Benin's management comments included supporting attachments, which are not included in this audit report.

Recommendation No. 1 recommends that the Mission create a schedule of monitoring visits to be conducted for each partner implementing USAID health program activities in accordance with the Performance Management Plan. The Mission concurred with this recommendation and has developed a schedule for fiscal years 2004 and 2005 to conduct monitoring visits. In addition to providing specific dates for the monitoring visits, the schedule also indicates due dates for preparing trip reports.

Recommendation No. 2 states that the Mission needs to develop procedures to monitor health program activities that would include a checklist specifying the purpose and activities to be conducted during each scheduled monitoring visit. The Mission drafted a Mission Order that summarizes the requirements for conducting site monitoring visits, and incorporates a checklist to be used during such visits.

Recommendation No. 3 recommends that the Mission develop procedures that provide reasonable assurance that data reported to Washington have a data quality assessment performed at least once every three years. To address this recommendation, the Mission drafted a Mission Order regarding procedures and frequency of assessing indicator and data quality assessments that also incorporates a data quality assessment checklist to be used by each Strategic Objective team. The Mission is also requesting Strategic Objective teams to include information on data quality assessments during the annual portfolio review. Additionally, the Mission is recruiting a consultant to perform a data quality assessment by the end of the first quarter of 2004.

Scope and Methodology

Scope

The Regional Inspector General/Dakar conducted this audit in accordance with generally accepted government auditing standards. The purpose of the audit was to determine (1) if USAID/Benin had a monitoring system to provide oversight of its Health Program and (2) if the Health Program had achieved its planned results. The audit was conducted at USAID/Benin in Cotonou from September 26 to October 16, 2003. Site visits were also made to the offices of three implementing partners: Population Services International and Africare, both located in Cotonou, and University Research Co.,LLC-led consortium, located in Parakou.

During the site visit to Parakou, we also observed health program activities and talked with officials and staff during visits to various sites within the department of Borgou, including the Health Zone office in Bembereke, the Community Health Center in Gamia and the Centrale d'Achat des Medicaments Essentiels (CAME) medical warehouse in Parakou.

We assessed the management controls of the program using USAID guidance including the Automated Directives System, mission reports, and other internal policies and procedures. The audit scope focused on examining the procedures used by the Mission and the selected implementing partners to monitor health program activities. This included reviewing reports prepared by the Mission and partners, reviewing and tracking indictors back to a variety of source documents, and visiting partner offices and field sites to review documentation and observe activities. It also included reviewing the Mission's achievement of its reported results and assessing the data quality of selected performance data for fiscal year 2002.

Methodology

While conducting fieldwork, we performed limited tests of compliance with USAID procedures regarding results reporting and program monitoring at the Mission level. To verify the accuracy of performance indicator data that were reported to USAID/Washington in the FY 2003 Annual Report (for activities conducted in fiscal year 2002), we traced the reported data back to reports submitted by the implementing partners. We then traced the partners' data back to their supporting documentation. Our verification included examining source documents and electronic and manual records.

To determine the extent to which program results had been achieved, we compared the actual results in 2002 for 22 performance measures to the

planned results for the same year contained in the Mission's Performance Monitoring Plan.

We also interviewed responsible personnel at the USAID Mission in Benin as well as at the three selected implementing partners' offices and field sites concerning program activities, monitoring efforts and data accuracy issues.

In assessing the accuracy of the data, we used a threshold of one percent for transcription accuracy and five percent for computation accuracy.

Management Comments

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
C/O AMERICAN EMBASSY, 01 B.P. 2012 COTONOU, BENIN

MEMORANDUM

DATE: December 29, 2003

TO: Lee Jewell III, RIG/Dakar

FROM: Modupe Broderick, A/Director USAID/Benin /s/

SUBJECT: Audit of USAID/Benin's Health Program
(Report No. 7-680-04-00X-P)

As requested, the Mission has reviewed RIG's draft audit report on USAID/Benin's Health Program. Please find below our response to the audit recommendations.

Recommendation No. 1: We recommend that the USAID/Benin create a schedule of monitoring visits to be conducted for each partner implementing USAID health program activities in accordance with the Performance Management Plan.

Action taken: The Family Health Team has developed for each bilateral activity (PROSAF/URC, BHAPP/AFRICARE and Social Marketing of Family Health products/PSI) a schedule to conduct monitoring visits. The schedule developed by each Cognizant Technical Officer (CTO) is attached.

Recommendation No. 2: We recommend that the USAID/Benin develop procedures to monitor health program activities that would include a checklist specifying the purpose and activities to be conducted during each scheduled monitoring visit.

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Action taken: USAID/Benin has drafted a Mission Order that will serve as guidance for the checklist the CTOs will use for their site visits. The Mission Order will be issued by December 29, 2003. Please see attached.

Recommendation No. 3: We recommend that USAID/Benin develop procedures that provide reasonable assurance that data reported to Washington have a data quality assessment performed at least once every three years.

Action taken: USAID/Benin has drafted a Mission Order on indicators and data quality assessments (DQA) which will be issued by December 29, 2003. Please see attached.

The SO Teams are also asked to provide information on data quality assessment during Portfolio reviews and in the annual FMFIA Review process. Please see attached the Program Implementation Review template the SO teams fill out in their annual portfolio review.

In addition to the above mentioned procedures, a Statement of Work (SOW) supported by a MAARD is currently circulating to recruit a consultant to perform the data quality assessment for the health program. The DQA will be completed by the end of the first quarter of 2004.