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OFFICE OF INSPECTOR GENERAL

AUDIT OF USAID/UGANDA'S IMPLEMENTATION OF THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF

AUDIT REPORT NO. 4-617-05-006-P
AUGUST 1, 2005

PRETORIA, SOUTH AFRICA

Office of Inspector General

August 1, 2005

MEMORANDUM

FOR: USAID/Uganda Acting Mission Director, Elzadia Washington

FROM: Acting Regional Inspector General/Pretoria, James B. Gaughran /s/

SUBJECT: Audit of USAID/Uganda's Implementation of the President's Emergency Plan for AIDS Relief (Report No. 4-617-05-006-P)

This memorandum transmits our final report on the subject audit. In finalizing our report, we considered your comments on our draft report and have included your response in its entirety in Appendix II.

This report includes three recommendations that USAID/Uganda (1) schedule a data-quality assessment for one of its indicators, (2) develop a plan to identify alternate sources for test kits in case of emergency supply disruptions, and (3) revise its targets for Strategic Objective No. 8 and update the Performance Management Plan. In your written comments, you concurred with all three recommendations.

In response to the draft report, USAID/Uganda accepted all three recommendations and included corrective action plans and target completion dates. Therefore, we consider that management decisions have been reached for Recommendation Nos. 1 through 3. Please provide the Bureau for Management, Office of Management Planning and Innovation with evidence of final action in order to close the recommendations.

I want to express my sincere appreciation for the cooperation and courtesy extended to my staff during the audit.

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SUMMARY OF RESULTS

This audit, which was performed by the Regional Inspector General/Pretoria, is one in a series of audits conducted by the Office of Inspector General. The objectives of the audit were to determine (1) how USAID/Uganda participated in the President's Emergency Plan for AIDS Relief activities, (2) whether USAID/Uganda's HIV/AIDS activities progressed as expected towards planned outputs in their agreements and contracts, and (3) whether USAID/Uganda's HIV/AIDS activities contributed to the overall U.S. Government's Emergency Plan targets. (See page 5.)

As a result of our audit, we concluded that USAID/Uganda has had a principal role in the President's Emergency Plan for AIDS Relief activities in Uganda for HIV/AIDS prevention and care, as well as for HIV/AIDS treatment; its partners were progressing much better than expected towards meeting planned outputs in their agreements; and USAID/Uganda's HIV/AIDS activities were contributing significantly to the overall U.S. Government's Emergency Plan care and treatment targets for fiscal year 2004. (See pages 6, 10, and 14.)

This report includes three recommendations that USAID/Uganda (1) schedule a data-quality assessment for one of its indicators, (2) develop a plan to identify alternate sources for test kits for emergency supply disruptions, and (3) revise its targets for Strategic Objective No. 8 and update the Performance Management Plan. (See pages 12, 13, and 14.) Management concurred with all three recommendations and management decisions have been reached on the three recommendations. See page 17 for our evaluation of management comments.

BACKGROUND

Congress enacted legislation to fight HIV/AIDS internationally through the President's Emergency Plan for AIDS Relief (Emergency Plan). The $15 billion, 5-year program provides $9 billion in new funding to speed up prevention, care and treatment services in 15 focus countries.[1] The Emergency Plan also devotes $5 billion over five years to bilateral programs in more than 100 countries and increases the U.S. pledge to the Global Fund[2] by $1 billion over five years.

The fiscal year 2004 budget for the Emergency Plan totals $2.4 billion. Of this amount, $80.6 million was reported as being used in support of integrated prevention, care and treatment programs in Uganda, one of the 15 focus countries. Uganda has a population of 25 million people, of which 1 million are estimated as being infected with HIV. The prevalence rate[3] was estimated to be 6.2 percent for pregnant women in 2003. Moreover, there are currently estimated to be 2 million children in Uganda that have been orphaned due to HIV/AIDS.

The U.S. President and Congress have set aggressive goals for addressing the worldwide HIV/AIDS pandemic. The world-wide goal over five years is to provide treatment to 2 million HIV-infected people, prevent 7 million HIV infections and provide care to 10 million people affected by HIV/AIDS, including patients and orphans. The Department of State's Office of the Global AIDS Coordinator (O/GAC)—which coordinates the U.S. Government's (USG) fight against HIV/AIDS internationally—divided these Emergency Plan targets among the 15 focus countries and allowed each country to determine its own methodology for achieving its portion of the assigned targets by the end of five years. The U.S. Government Emergency Plan team in Uganda committed to achieving the following targets[4] by September 30, 2004:

Total # of Infections Averted	**Total # of People Receiving Care and Support**	**Total # of People Receiving Antiretroviral Therapy**
To Be Determined	225,000	24,410

The Emergency Plan is directed by the Global AIDS Coordinator and implemented collaboratively by country teams made up of staff from USAID, the Department of State, the Department of Health and Human Services, and other U.S. Government agencies. Within USAID, the Bureau for Global Health has general responsibility for USAID's

[1] Botswana, Cote d'Ivoire, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia in Africa; Guyana and Haiti in the Caribbean; and Vietnam in Asia.

[2] The Global Fund is a public-private partnership that raises money to fight AIDS, tuberculosis and malaria.

[3] The prevalence rate is defined as the number of cases of a disease during a particular interval of time, expressed as a rate.

[4] The infections averted (prevention) target, from the Uganda fiscal year 2004 Country Operating Plan, is currently being reviewed to determine basic methodologies to set the target.

participation in the Emergency Plan. More specifically, the Director of Global Health's Office of HIV/AIDS provides the technical leadership for USAID's HIV/AIDS programs.

Below is a map showing Uganda and adjoining countries.

Source: http://www.lib.utexas.edu/maps/cia04/uganda_sm04.gif

AUDIT OBJECTIVES

As part of the Office of Inspector General's fiscal year 2005 annual audit plan, this audit was conducted as one in a series of worldwide audits of USAID's implementation of the President's Emergency Plan for AIDS Relief. It was conducted to answer the following questions:

- How has USAID/Uganda participated in the President's Emergency Plan for AIDS Relief activities?
- Did USAID/Uganda's HIV/AIDS activities progress as expected towards planned outputs in their grants, cooperative agreements and contracts?
- Are USAID/Uganda's HIV/AIDS activities contributing to the overall U.S. Government's Emergency Plan targets?

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

AUDIT FINDINGS

How has USAID/Uganda participated in the President's Emergency Plan for AIDS Relief activities?

The President's Emergency Plan is divided into three broad categories: prevention, care and treatment. USAID/Uganda had a principal role in Emergency Plan activities in Uganda for prevention and care, as well as for HIV/AIDS treatment. The Mission's efforts in these areas are detailed below.

Prevention

The Office of the Global AIDS Coordinator (O/GAC) published guidance dividing the broad category of prevention into the following initiatives: (1) Prevention of Mother-to-Child Transmission (PMTCT), (2) Abstinence/Be Faithful, (3) Medical Transmission/Blood Safety, (4) Medical Transmission/Injection Safety and (5) Other Prevention. USAID/Uganda had a major role in all of these initiatives.

Prevention of Mother-to-Child Transmission (PMTCT) – Uganda was among the first countries in sub-Saharan Africa to initiate clinical PMTCT programs with a pilot program in 2000, which has since been expanded to many parts of the country with the help of the Ministry of Health. USAID/Uganda has supported this national program since its inception, with planned expansion to bring PMTCT services to several districts not currently receiving any services, as well as to lower-level centers. In fiscal year 2004, through its implementing partner, USAID/Uganda reported providing PMTCT services to over 70,000 women accessing antenatal care services in numerous health districts.

Photograph taken by USAID/Uganda Public Information Officer in January 2004 of a service provider weighing a child at a PMTCT Mukono Health Center site. Child-growth monitoring and follow-up is an important element of the PMTCT program. (Mukono, Uganda)

Abstinence/Be Faithful – USAID/Uganda reported that its overall Abstinence, Be Faithful and Condom use (ABC) prevention programming was based mainly on the "AB" model, where the "A" stands for abstinence and the "B" stands for "be faithful." The program also includes "C" for the use of condoms, which is discussed below. The Emergency Plan legislation requires that one third of prevention funding be allocated to abstinence and be faithful programs.

Uganda has experienced significant declines in HIV prevalence and incidence during the 1990s. Reasons offered for these successes include programming found in the above model that resulted in changes in sexual behavior, especially delaying sexual debut, reducing multiple partners, and using condoms. Following an AB approach, fiscal year 2004 focused on promoting abstinence among young people. Supported programs and activities involved development, adaptation, refinement, and dissemination of messages and skills that encouraged abstinence and delayed sexual debut. Initiatives were geared toward the central and district levels with a wide range of implementing partners. A major effort was school-based, with the development of age-appropriate materials and messages for primary school students.

Medical Transmission – USAID/Uganda reported supporting the national program to improve blood safety by strengthening safety precautions in 30 hospitals and 44 lower-level health centers. Additionally, the Mission has been the key supporter of injection safety practices in Uganda. In fiscal year 2004, a three-element approach was designed and implemented that addressed behavior change—targeting patients and healthcare workers to reduce injection overuse and develop healthy habits—and provided sufficient quantities of appropriate injection equipment and related supplies.

Other Prevention Activities – From its inception, the USAID/Uganda prevention strategy has also included training and technical assistance in the areas of treatment of sexually transmitted infections and the prevention of new infection by supporting condom use in high-risk groups such as uniformed servicemen and commercial sex workers.

Care

To establish consistency in reporting, the O/GAC has published guidance dividing the broad category of care into the following categories, all of which USAID/Uganda is heavily involved in: (1) voluntary counseling and testing, (2) palliative care, and (3) care for orphans and vulnerable children.

Voluntary counseling and testing (VCT) – As a point of entry for HIV/AIDS care, prevention and treatment programming, VCT serves a variety of purposes, one of which is determining eligibility for services. For this reason, USAID/Uganda was the primary supporter of counseling and testing services in over 46 districts in fiscal year 2004. One partner reported providing over 228,000 HIV tests, while a second reported 105,000 tested and a third reported 17,000 tested. Most of the centers have integrated basic healthcare, TB and STI management services into the VCT services. In addition, Mission support focused on building effective referral networks to link HIV counseling and testing to treatment, care and support services. USAID/Uganda also reported reaching over 1.7 million people with counseling and testing promotional campaigns, thereby encouraging counseling and testing while creating awareness of the benefits of testing. USAID/Uganda's approach was to move toward wider access to counseling and

testing through partners operating both direct sites and setting up services with the Ministry of Health.

Photograph of a laboratory technician testing a blood sample for HIV at the AIDS Information Center in Kampala, Uganda in March 2005. (Photo courtesy of USAID/Uganda)

Palliative care – USAID/Uganda reported taking a holistic approach to care, with a broad spectrum of interventions to optimize the quality of life for people living with HIV/AIDS and their immediate families. Key supported interventions include:

- psychosocial support
- clinical care for opportunistic infections
- home-based care
- pain management and symptom control
- nutritional support
- spiritual care
- culturally appropriate terminal care
- post-bereavement support

Palliative care still remains a critical supportive intervention to enhance positive behavior and adherence to treatment protocols. Under the Emergency Plan, USAID/Uganda was scaling up access to care through the development of networks for care and treatment that link families, communities, civil society organizations and health units to an expanded range of services. Referred to as a "Network Model," this concept was focused on building strategic public-private partnerships and the capacity of all participating institutions in order to implement a multi-sectoral response to HIV/AIDS. The network model in Uganda is a continuum of care focusing on identifying and supporting HIV positive individuals so they can receive prevention, care and treatment services. The network model is a holistic approach taking into consideration HIV-infected individuals' place with families and communities. The network model recognizes that any institution providing support, care, or treatment operates among other institutions providing complimentary services.

Care and Support for Orphans and Vulnerable Children (OVC) – In 2004, USAID/Uganda reported that there were an estimated two million children orphaned, of which approximately 50 percent were orphaned as a result of HIV/AIDS. Although the Ministry of Gender, Labour and Social Development has the mandate for ensuring a comprehensive response to OVC, service delivery has been fragmented, and there have been no quality standards or guidelines for critical service delivery. USAID/Uganda has had several projects to support the national program as well as capacity building and service delivery at the community level. At the national level, a national policy and implementation plan had recently been developed. At the district level, Mission partners reported supporting more than 70,053 orphans and vulnerable children—providing scholastic materials, short-term food security, income-generating activities, psychosocial support, and advocacy efforts, including legal assistance.

Treatment

USAID/Uganda played a major role in fiscal year 2004 administering the Emergency Plan Team's treatment programs in Uganda. Treatment reporting categories were divided into (1) antiretroviral (ARV) drugs, (2) ARV Services and (3) laboratory infrastructure.

ARV drugs – USAID/Uganda reported that, prior to 2003, few sites in Uganda had been accredited by the Ministry of Health to provide antiretroviral therapy (ART) to an estimated 150,000 to 200,000 HIV-infected Ugandans who required it. Through the Mission-supported Joint Clinical Research Center (JCRC), by the end of 2004, over 21,000 individuals were reached with ART, including nearly 800 orphans, at 25 sites. The JCRC focused on capacity building of both public sector and private sector clinics, providing support for infrastructure, training, communications, logistics and monitoring. USAID/Uganda also supported national leadership with the Ministry of Health and other organizations with the goal of meeting national targets to provide universal access to all who required treatment.

ARV Services – USAID/Uganda reported that it provided support for development of ART costing models with the Ministry of Health for determining best strategic approaches for subsidizing ARV drugs to increase numbers of people able to afford ARV services, a plan developed for long-term sustainability of ARV provision. In conjunction with other Emergency Plan partners, USAID/Uganda's strategy is to support national expansion of ART delivery and care services through a network of service delivery sites linked to care and support services—thereby enabling the delivery of a comprehensive package of quality ARV services to clients and their families through clinical and laboratory training, materials development, monitoring, support supervision and technical assistance.

Laboratory infrastructure – In fiscal year 2004, USAID/Uganda reported that it had undertaken a laboratory assessment in conjunction with the Centers for Disease Control and Prevention (CDC). This assessment identified major gaps in laboratory supplies, training, commodities, staffing and services, as well as a critical need to expand access to quality HIV/AIDS lab services in Uganda. To address these weaknesses, USAID/Uganda provided training of laboratory staff in 12 districts, support supervision and follow-up for 9 districts, and provision of basic laboratory equipment for 52 hospitals and health centers. Through an implementing partner, laboratories in all the sites

providing ART were upgraded. In conjunction with the CDC, USAID/Uganda worked to establish a laboratory supplies credit line with an integrated logistics system.

Although USAID/Uganda has been successful in scaling up its previous HIV/AIDS efforts into a very comprehensive and complex Emergency Plan program, the sustainability of the program remains uncertain. Despite the fact that USAID/Uganda's implementing partners have been encouraged by their substantial accomplishments in capacity building, which they believe is an important element of sustainability, identifying adequate future sources of funding for the program remains a problem.

Did USAID/Uganda's HIV/AIDS activities progress as expected towards planned outputs in their grants, cooperative agreements and contracts?

For those activities tested, USAID/Uganda's activities were progressing at a rate better than originally expected towards meeting planned outputs contained in agreements and contracts with the Mission's implementing partners. However, we determined that:

- the quality of one performance indicator needed improvement
- a plan was needed to provide HIV/AIDS test kits in the event of unexpected supply shortages
- the performance targets in the Mission's Performance Management Plan were outdated

USAID/Uganda's implementing partners reported significant outputs in providing prevention under the broad Emergency Plan categories of (1) prevention, (2) care, and (3) treatment. Under prevention for example, through the Elizabeth Glaser Pediatric AIDS Foundation, USAID/Uganda reported that 40 sites in seven districts have been providing PMTCT services to over 70,000 women accessing antenatal care services. Of these, more than 40,000 women were tested and over 60 percent of those who tested positive (2904 women) received a complete course of antiretroviral prophylaxis. The Foundation's performance targets for the PMTCT services were 69,000 of these, 2,810 received the complete course.

Under the category of care, USAID/Uganda maintained agreements with several partners, the largest of which was the AIDS/HIV Integrated Model (AIM) program run by John Snow, Inc. During 2004, AIM reported significant results for care and support, as well as for various types of capacity-building services, all of which were equal to or exceeded the respective targets. For example, the program reported 105,409 individuals receiving VCT, compared to planned output of 60,000. For OVCs receiving care and support, 56,817 children were reported compared to planned output of 40,000. The reported number of individuals receiving PMTCT services was 48,168, compared to a planned output of 24,100.

Under the category of treatment, USAID/Uganda's primary partner for delivering ART was the Joint Clinical Research Centre (JCRC). Through this local organization, 21,583 individuals were reported as receiving ART, against a planned output of 24,410 for the entire Emergency Plan. In addition to providing therapy, the JCRC also focused on

capacity building of both public and private sector clinics, providing support for infrastructure, training, communications, logistics and monitoring.

However, we did note three problems affecting the results reported under these indicators. The first involved improvement that was needed in the quality of the data for the PMTCT indicator. The second concerned a lack of test kits that could impact the ability to meet future PMTCT targets. The third concerned performance targets that were outdated. These issues are discussed below.

The Data Quality of One Indicator Needs Improvement

Reported results for the PMTCT indicator were not adequately supported as required by Federal guidance. This occurred because of inconsistent and poor record-keeping procedures at the service providers. Without accurate and reliable information, the purposes of a results-oriented management approach will not be met.

Under the PMTCT indicator, USAID's implementing partner, Elizabeth Glaser Pediatric AIDS Foundation, relied on secondary sources to report results to USAID. The principal secondary source was the Ministry of Health District Offices, which in turn relied on data provided by the various district health clinics and hospitals that were the actual service providers. We found errors in reported results at all three of the sites visited.

- At the first site visited, individual patient registers and supporting monthly reports to the District Office indicated that 16 babies receiving treatment. However, by the time the District reported to USAID's implementing partner, only 12 babies were reported as receiving treatment, which equates to a 25 percent error rate.

- At the second site visited, less than half of the 24 babies reported as receiving treatment were supported by patient registers. The Ministry of Health staff, however, was confident that the babies did receive the treatment. From both a medical and accounting standpoint, patient records should nevertheless accurately reflect all treatment that is provided to patients.

- The third site also had incomplete patient registers to support the reported 21 mothers and 15 babies receiving treatment. Ministry of Health staff, however, was confident that 16 mothers and 15 babies did receive treatment. Even if the 16 mothers did in fact receive treatment, five mothers were still not accounted for—an error rate of 24 percent.

Although the differences in numerical values for each site were relatively small, the number of sites in the program, combined with the large percentages for the reporting error rates, could result in a significant error rate for the PMTCT indicator across the entire program. For example, there were 16 sites reporting to the Foundation in just the Mukono District. The Foundation also operated in six other districts during fiscal year 2004, with plans to expand into additional districts in the future.

GAO's *Standards for Internal Controls in the Federal Government* states that all transactions and significant events need to be clearly documented and that the documentation should be readily available. Additionally, USAID's *Guidelines for*

Indicator and Data Quality, Tips Number 12, which summarizes the key references on performance measurement quality found in various parts of USAID's Automated Directives System, states that USAID's results-oriented management approach relies on both field and Washington managers to inform their decisions with performance information. Sound decisions require accurate, current, and reliable information, and the benefits of this results-oriented approach depend substantially on the quality of the performance information available. Periodic quality reassessments are processes that facilitate the maintenance of quality performance indicators and data. They should provide opportunities for independent checks concerning the quality of USAID's performance measurement systems. The reassessment is designed to confirm that performance indicators and data are at a level of quality that permits both confident decision-making by managers and effective reporting to those outside the program.

The discrepancies described above were due to inconsistent and poor record keeping procedures at the reporting health centers and hospitals, as well as to a data-collection problem at the district level. Clinic and hospital workers also used a variety of patient registers for different treatments, some of which were pre-printed and some of which were individually designed. Use of these registers, however, was inconsistent due to a lack of well-defined record-keeping procedures.

Without accurate and reliable information, the purposes of a results-oriented management approach will not be met. These purposes include (1) ensuring that budget decisions are as well informed as practically possible, (2) supporting efficient use of USAID resources, (3) meeting requirements of Federal legislation, and (4) addressing the information needs of USAID, as well as those of the Emergency Plan. To help ensure that these purposes will be met, we make the following recommendation.

> *Recommendation No. 1: We recommend that USAID/Uganda schedule a data-quality assessment for the performance indicator reporting the prevention of mother-to-child transmission to determine what training and technical assistance is necessary to ensure data quality.*

Alternate Supply Sources for Test Kits Need To Be Identified

Some service providers were not able to test all new antenatal clients as a result of unforeseen disruptions in the supply of HIV/AIDS test kits provided by other donors. Without a secure and stable supply of test kits, performance targets may not be met as required by the principles of performance management.

For some service providers, the current supply source of HIV/AIDS test kits was not secure and reliable. Due to a lack of HIV/AIDS test kits, the Elizabeth Glaser Pediatric AIDS Foundation was not able to test all new antenatal clients for over two months in order to provide services reported under the performance indicator for the prevention of mother-to-child transmission (PMTCT). The service providers supported by the Foundation relied on test kits provided by the Ministry of Health (MOH). The MOH, however, did not directly procure test kits, but relied on other donors, such as the World Bank and the Global Fund, to supply the kits.

During the period from January to March 2005, many of the Foundation's service providers were unable to test all of their new clients because of the lack of test kits. For example, at the Mukono Town Center Health Center, 709 new antenatal clients were reported during the period January through March, but only 100 of these new clients were reported as tested for HIV due to the shortage of test kits. Without test results, the health centers were unable to provide PMTCT services to those clients identified as needing treatment.

To avoid future unexpected disruptions in the supply of test kits, the Foundation would like to obtain grant authority to purchase its own kits, which are relatively inexpensive. USAID officials stated that they would prefer to continue using the Ministry of Health as the customary source for test kits, but did not see any problem with using alternate supply sources in the event of disruptions in the supply chain.

USAID's Automated Directives System (ADS) 200 defines performance management as the systematic process of monitoring the results of activities; collecting and analyzing performance information to track progress toward planned results; using performance information to influence program decision-making and resource allocation; and communicating results achieved, or not attained, to advance organizational learning and tell the Agency's story. ADS 202 also states that monitoring the quality and timeliness of outputs is a major task of cognizant technical officers and strategic objective teams. Outputs are specifically described in contract statements of work and grant agreement program descriptions, are critical to achieving results. Delays in completing outputs or problems in output quality provide an early warning that results may not be achieved as planned. Timeliness of key outputs may affect the achievement of performance targets. Early action in response to problems is essential in managing for results.

The lack of an adequate supply of test kits occurred as a result of unexpected supply disruptions from two primary donors. Although these disruptions were not foreseen and were beyond the control of USAID and its partners, sufficient alternate sources had not been identified or made available at the time of the shortage to provide an ample supply of the kits for the service providers supported by the Foundation.

Without a secure and stable supply of HIV/AIDS test kits, implementing partners providing PMTCT, as well as voluntary counseling and testing services, cannot perform the services set forth in the program descriptions of their grant agreements and funded by USAID and other donors. Therefore, their performance targets may not be achieved. Consequently, we make the following recommendation.

> *Recommendation No. 2: We recommend that USAID/Uganda develop a plan to provide implementing partners with either individual grant authority or other reliable sources of HIV/AIDS test kits in the event of unexpected disruptions in the supply chain.*

Performance Targets for Implementing Partners Were Outdated

Several performance targets for implementing partners were significantly outdated and needed revision as required by USAID guidance. This occurred because the targets were established prior to the implementation of the Emergency Plan. Without realistic performance targets, the intended purpose for having targets may not be met, which could negatively impact USAID's results oriented management approach.

Several of USAID/Uganda's performance targets for implementing partners under Strategic Objective (SO) No. 8, Improved Human Capacity, were significantly outdated and needed revision. For example, the fiscal year 2004 performance target in the Performance Management Plan (PMP) for the number of orphans and vulnerable children receiving care and support was 18,699. The reported result, however, was 70,053 (adjusted for double counting). The performance target for the number of individuals receiving VCT was 226,960. However, USAID/Uganda's performance database reported annual results totaling 269,680 (adjusted for double counting). For individuals receiving antiretroviral drugs, the target was 15,000 with actual results reported at 21,583.

USAID's *Establishing Performance Targets*, Tips No. 8, states that performance targets are critical to managing for results because they are key reference points for assessing program performance. They represent commitments that USAID operating units make about the level and timing of results to be achieved by the program. Targets help to justify a program by describing in concrete terms what USAID's investment will produce, orienting stakeholders to the tasks to be accomplished, and motivating individuals involved in a program to do their best to ensure that targets are met. They help to establish a clear management contract between a USAID operating unit and the managers to whom the unit reports. From a motivational standpoint, realistic targets build confidence about an operating unit's ability to plan and perform.

Performance targets should be included in an operating unit's Performance Management Plan. The Automated Directives System (ADS) 203.3.4.5, *Setting Performance Baselines and Targets*, states that, for each performance indicator, operating units should set performance targets in the unit's Performance Management Plan that can optimistically but realistically be achieved within the stated time frame and with the available resources. ADS 203 concludes by saying that targets that are set too low are not useful for management and reporting purposes.

The lack of realistic targets occurred because current SO 8 performance indicators and targets had been established prior to the funding and implementation of the Emergency Plan. Although USAID/Uganda had an extensive HIV/AIDS program in place prior to the Emergency Plan, the extent to which the Emergency Plan greatly increased Mission funding and program resources and capabilities was not known at the time the indicators and targets were set. Consequently, current performance targets for implementing partners did not reflect the additional program resources provided by the Plan.

Without realistic performance targets for indicators, the intended purpose for having targets will not be achieved, a situation which could negatively impact USAID's results-oriented management approach. Without good performance management, budget

decisions may not be as well informed as practically possible and efficient use of USAID resources may not be achieved. We, therefore, make the following recommendation.

Recommendation No. 3: We recommend that USAID/Uganda (1) revise the performance targets for its implementing partners under Strategic Objective No. 8 to take into consideration current program capabilities and resources, and (2) update its Performance Management Plan to reflect the revised targets.

Are USAID/Uganda's HIV/AIDS activities contributing to the overall U.S. Government's Emergency Plan targets?

USAID/Uganda's HIV/AIDS activities have contributed significantly to the overall U.S. Government's (USG) Emergency Plan care and treatment performance targets for fiscal year 2004, which generally were exceeded by the USG. In Uganda, the USG team consists of USAID, the Centers for Disease Control and Prevention, the State Department, the Defense Department, and the Peace Corps. The team, which is chaired by the Deputy Chief of Mission, meets weekly to discuss current issues and Emergency Plan progress. Ad hoc meetings are also held when considered necessary. The team also meets regularly with the Uganda AIDS Commissioner, and the Uganda Ministry of Health.

In the area of prevention, however, O/GAC was reviewing its methodologies for measuring the impact of prevention activities on ABC targets, which comprise 94 percent of prevention targets. Accordingly, it was not possible to determine USAID's contribution to those prevention targets. Nevertheless, for areas of care and treatment, USAID/Uganda played a critical role in contributing to the overall reported results for the U.S. Government's Emergency Plan in Uganda, as discussed below. This important role in meeting Emergency Plan targets is also reflected in the fact that USAID/Uganda received $49.6 million, or 62 percent, of the $80.6 million budgeted for the overall U.S. Government effort in Uganda.

It was not possible to determine USAID/Uganda's contribution to prevention targets due to the current review of basic methodologies for setting targets for infections averted. Nevertheless, we found that USAID/Uganda played a vital role in contributing to the total results for activities designed to avert infections. Under VCT, the total number of individuals reported was 308,730 receiving VCT, out of which USAID/Uganda reported 268,607, representing 87 percent of the total. For PMTCT, USAID/Uganda's reported contribution was 5,905 individuals receiving a complete course of antiretroviral prophylaxis out of a total of 5,948, which constitutes 99 percent of the total results.

USAID/Uganda's activities also made a major contribution to the overall U.S. Government's Emergency Plan targets for care. Under the performance indicator for care and support, USAID reported 128,126 individuals receiving care and support against a target of 225,000, which translates into a contribution of 56 percent of the target. For OVC activities, USAID reported 70,053 individuals against a target of 70,000, which equates to 100 percent of the target. Total USG reported results exceeded the Emergency Plan targets for these indicators, with 228,284 reported for care and support, and 70,053 for OVC.

Under the category of treatment, USAID/Uganda's HIV/AIDS activities contributed a substantial amount to the overall Emergency Plan targets. The USG target for HIV/AIDS treatment in Uganda was to provide 24,410 individuals with ARVs. USAID/Uganda reported providing ART to 21,583 patients, for a total contribution of 88 percent of the target. Total USG results reported were 26,415, which exceeded the target.

The table presented below highlights USAID/Uganda's reported accomplishments in prevention, care and treatment for Fiscal Year 2004.

Fiscal Year 2004
USAID/Uganda Reported Targets and Results (unaudited)

Indicators	USG Target	Total USG Results	USAID's Contribution	Percentage of USAID's Contribution
Prevention				
Number of pregnant women receiving a complete course of antiretroviral prophylaxis in a PMTCT setting	TBD[5]	5,948	5,905	99%
Number of pregnant women who received PMTCT services	TBD[5]	95,094	94,794	99%
Care				
Individuals receiving palliative care	37,600	147,980	134,322	90%
OVCs receiving care and support	70,000	70,053	70,053	100%
Counseling and Testing				
Number of individuals who received counseling and testing	0[6]	308,730	268,607	87%
Treatment				
Individuals receiving ART	24,410	26,415	21,583	82%

[5] "Prevention targets are not provided as the USG is currently reviewing basic methodologies to set targets." (Page 76, Emergency Plan for AIDS Relief FY 2004 Operational Plan dated May 2004)

[6] Table 3.2 of Fiscal Year 2004 Country Operational Plan for Uganda does not have a target number for counseling and testing. For indicators without set target numbers, total USG results were used as a denominator to compute the percentage of USAID/Uganda's contribution to overall USG's Emergency Plan results.

EVALUATION OF MANAGEMENT COMMENTS

In its response to our draft report, USAID/Uganda concurred with our recommendations and described the actions taken and those planned to be taken to address our concerns. The Mission's comments and our evaluation of those comments are summarized below.

In response to Recommendation No. 1, the Mission indicated that the implementing partner will continue to provide supervision to assist service providers to correct incomplete patient registers and improve processing for data collection. A data quality assessment is also scheduled for July 2005 with implementing partner and service provider participation. As a result of this, we believe that a management decision has been reached on this recommendation.

Concerning Recommendation No. 2, the Mission reported that the implementing partner has a concurrence letter from USAID/Washington providing approval for the purchase of a small supply of test kits for emergency purposes. Additionally, confirmation has been received that supplementary Emergency Plan funds have been approved for the purchase of test kits, which should provide additional protection from stock outs. Consequently, we believe that a management decision has been reached on this recommendation.

In addressing Recommendation No. 3, the Mission stated that, although it had not updated its Performance Management Plan at the time of the audit, it was working under more realistic targets based on Emergency Plan documents. The Mission indicated that the Performance Management Plan has now been updated to reflect current Emergency Plan targets. Accordingly, we believe that a management decision has been reached on this recommendation.

Management comments are included in their entirety in Appendix II. (See page 20.)

SCOPE AND METHODOLOGY

Scope

The Regional Inspector General/Pretoria conducted this audit in accordance with generally accepted government auditing standards. Fieldwork for this audit was performed at the USAID Mission in Uganda, as well as five implementing partners, four U. S. Government partners, and several service providers within Uganda between April 4, 2005 and April 22, 2005.

This audit was one of a series of worldwide audits conducted by the Office of Inspector General and selected Regional Inspectors General. It was designed to answer the following three questions: (1) How has USAID/Uganda participated in the President's Emergency Plan for AIDS Relief activities? (2) Did USAID/Uganda's HIV/AIDS activities progress as expected towards planned outputs in their grants, cooperative agreements and contracts? (3) Are USAID/Uganda's HIV/AIDS activities contributing to the overall U.S. Government's Emergency Plan targets?

The scope also included reviewing USAID/Uganda's role in the President's Emergency Plan for AIDS Relief and its contribution to the U.S. Government's total effort to meet targets. The scope, however, was limited due to our inability to assess progress for the number of infections averted as a result of an ongoing U.S. Government review of the basic methodologies for measuring results for this indicator.

In conducting our audit, we assessed the effectiveness of USAID/Uganda's internal controls with respect to consolidating reporting data to the U.S. Government annual progress report of its activities through September 30, 2004. We identified internal controls such as:

- USAID/Uganda's process for monitoring its partners' progress and reporting
- USAID/Uganda's partners' process for compiling data for its country-level reports

Methodology

To answer audit objective one, we reviewed USAID/Uganda's fiscal year 2004 Country Operational Plan, interviewed cognizant technical officers and partners, and reviewed other pertinent documentation. To answer audit objective two, we interviewed responsible Mission officials and in-country partners, as well as reviewed quarterly progress reports to determine progress towards outputs. To answer audit objective three, we reviewed the Emergency Plan Team's annual report and reported targets and compared these to individual partner reports to determine their role in achievement of these targets.

Additionally, we interviewed implementing partners providing program services to Uganda. We reviewed Mission-maintained work plan files and progress reports of implementing partners to compare planned outputs with progress. Finally, we conducted site visits to

partners and beneficiaries involved in prevention, care and treatment and observed facilities and operations.

A materiality threshold was not established for this audit since it was not considered to be applicable given the qualitative nature of the audit objectives, which focused on the USAID's participation, progression and contribution towards the overall U.S. Government's Emergency Plan targets.

APPENDIX II

MANAGEMENT COMMENTS

USAID | UGANDA
FROM THE AMERICAN PEOPLE

MEMORANDUM

FROM: Vicki L. Moore, USAID/Uganda Mission Director /s/

TO: Jay Rollins, Regional Inspector General/Pretoria

SUBJECT: Draft Report on Audit of USAID/Uganda's Implementation of the President's Emergency Plan for AIDS Relief (Report No. 4-617-05-00X-P

DATE: July 6, 2005

The purpose of this memo is to provide comments to the draft June 14, 2005 report on PEPFAR program implementation at USAID/Uganda. Below we have stated our position on each of the three recommendations in the report. Further, we have also included feedback on a few statements that were not correct.

Report Recommendations:

1. Improvement in the PMTCT indicator data quality

The Elizabeth Glaser Pediatric AIDS Foundation will continue to provide regular support supervision to assist individual sites to correct incomplete patient registers and to work with the Ministry of Health on improved processing for data collection. A second tier data quality assessment (DQA), at the district level, is planned for July 2005. The USG PEPFAR monitoring and evaluation contractor (MEEPP) will be implementing the DQA at district EGPAF sites with implementing partner and Ministry of Health participation.

2. Alternate supply sources for test kits need to be identified

The Elizabeth Glaser Pediatric AIDS Foundation (The Foundation) is eager to minimize unexpected program disruptions due to the stock out of critical HIV/AIDS test kits. Their preference, for sustainability reasons, is to continue to use the Ministry of Health as the main source for the test kits. The Foundation does plan on having a small supply of test kits on hand to cover the eventuality of stock outs. The Foundation has a concurrence letter from USAID/Washington dated April 25, 2005 indicating approval for such purchases. Further, the USG has received confirmation that supplementary PEPFAR funds for the purchase of 1.8 million test kits, to be provided through the Ministry of Health, has been approved and will secure the supply.

3. Performance targets for implementing partners were outdated

Though the audit report states that the SO8 performance monitoring plan (PMP) had low/outdated targets for the PEPFAR indicators, and that this could negatively impact USAID's results oriented management approach, the Mission did have updated targets in the PEPFAR working documents, including the country operational plan. At the time of the audit, the Mission had not yet updated the PMP with the new PEPFAR targets that were included in current Mission PEPFAR documents, but that does not mean the Mission was not working under more realistic targets based on increased HIV/AIDS funds. The SO8 performance monitoring plan has now been updated to reflect current PEPFAR targets.

Additional comments:

Page 6 – USAID's PMTCT program is country-wide, not in only seven districts. The EGPAF PMTCT program is only is seven districts, but AIM and other partners are covering many other districts throughout the country.

Page 7 – Abstinence/Be Faithful. USAID's overall prevention program is based on the "ABC" model, which includes abstinence, being faithful to your partner, and use of condoms. The report makes it seem as though USAID's program is based on an AB only model, which is not the case. Also, one third of prevention funding is for abstinence and be faithful programs (AB), not just A.

Page 9 – Care and Support for OVC. At the national level a national policy and implementation plan had recently been developed (not was being developed). Also, in FY04 Mission partners reported supporting 70,053 OVCs, your report states only 25,000.

Page 10 – ART, bottom of the page states that JCRC reported 21,583 receiving ART out of a planned output of 24,410. The target of 24,410 was for the whole USG, and the actual for the whole USG was 26,415, of which USAID, through its implementing partner JCRC, contributed 21,583, or 82% of the total.

List of Acronyms

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CDC	Centers for Disease Control and Prevention
HIV	Human Immunodeficiency Virus
NGO	Non-Governmental Organization
O/GAC	Office of the U.S. Global AIDS Coordinator (at the U.S. Department of State)
OVC	Orphans and Vulnerable Children
PMTCT	Prevention of HIV/AIDS Mother-to-Child Transmission
USAID	U.S. Agency for International Development
VCT	Voluntary Counseling and Testing

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