



USAID
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OFFICE OF INSPECTOR GENERAL

**AUDIT OF USAID/NIGERIA'S
PROGRESS IN IMPLEMENTING
THE PRESIDENT'S
EMERGENCY PLAN FOR AIDS
RELIEF**

AUDIT REPORT NO. 7-620-06-004-P
AUGUST 31, 2006

DAKAR, SENEGAL



USAID
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Office of Inspector General

August 31, 2006

MEMORANDUM

TO: Mission Director, USAID/Nigeria, Patrick Fleuret

FROM: RIG/Dakar, Nancy T. Toolan /s/

SUBJECT: Audit of USAID/Nigeria's Progress in Implementing the President's Emergency Plan for AIDS Relief (Report No. 7-620-06-004-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 one recommendation with which you concurred in your response to the draft report. Based on appropriate action taken by the Mission, a management decision has been reached, and the recommendation is considered closed upon issuance of this report. No further action is required of the Mission.

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

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SUMMARY OF RESULTS

This audit, performed by the Regional Inspector General in Dakar, Senegal, is part of a series of audits conducted by the Office of Inspector General. The objective of this audit was to determine whether USAID/Nigeria's Emergency Plan prevention and care activities were progressing as expected towards the planned outputs in its grants, cooperative agreements and contracts. (See page 3.)

We concluded that USAID/Nigeria's prevention and care activities were not progressing as expected towards the planned outputs in its grants, cooperative agreements and contracts. For 8 of the 15 key outputs reviewed, five partners did not achieve 90 percent or more of their fiscal year (FY) 2005 planned outputs by September 30, 2005. However, since September 30, partners have reported significant progress towards achieving their planned outputs. Additionally, USAID/Nigeria has taken steps to improve the management of Emergency Plan activities. (See page 4.)

Discrepancies were found in the data used by the Mission to assess and track the performance of its partners. The performance of one partner was overstated due to incorrect data used during a quarterly portfolio review. Furthermore, this same error and another error related to a different partner were carried into the data entered into the Mission's internal tracking system used to monitor partners' performance. (See pages 5 to 6.)

This report includes a recommendation that USAID/Nigeria develop specific procedures to cross-check and verify data used to monitor, report and/or assess the progress of Emergency Plan partners, including but not limited to Portfolio Reviews and the Mission's internal mechanism used to track partner progress, and that this verification should be documented in the activity files. (See page 6.)

USAID/Nigeria agreed with the recommendation and based on actions taken, a management decision has been reached and the recommendation is considered closed. The Mission also provided comments on other findings which are addressed in this report and included in their entirety in Appendix II.

BACKGROUND

Through the President's Emergency Plan for AIDS Relief (Emergency Plan). Congress enacted legislation to fight HIV/AIDS internationally. 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 5 years to bilateral programs in more than 100 countries and increases the U.S. pledge to the Global Fund² by \$1 billion over 5 years. The fiscal year (FY) 2005 budget for the Emergency Plan focus countries totaled \$1.03 billion.

The Emergency Plan is directed by the Department of State's Global AIDS Coordinator (AIDS Coordinator) and implemented collaboratively by country teams composed of staff from USAID, the Department of State, the Department of Health and Human Services, and other Federal agencies. The worldwide goal over 5 years is to provide treatment to 2 million HIV-infected people, prevent 7 million HIV infections, and provide care to 10 million people infected and affected by HIV/AIDS, including patients and orphans. The AIDS Coordinator divided these Emergency Plan targets among the 15 focus countries and allowed each country to determine its own methodology for achieving their portion of the assigned targets by the end of the 5-year period.

USAID's Bureau for Global Health's Office of HIV/AIDS (OHA) provides technical leadership for USAID's HIV/AIDS programs. OHA, along with the Office of the Global AIDS Coordinator (OGAC), works with the interagency country team in each focus country to develop and approve an annual Country Operational Plan (COP), which sets out the activities and expected outputs to be achieved with that fiscal year's funding.

The U.S. Government Mission in Nigeria was allocated \$79.1 million for FY 2005 activities, of which \$43.9 million³ was managed by USAID. Of this, USAID/Nigeria had grants, cooperative agreements or contracts totaling \$27.7 million for FY 2005 activities established with eight partners to implement care and prevention programs. USAID/Nigeria was also working with another three partners in prevention and care programs, centrally-funded from Washington, which totaled \$3.6 million for FY 2005. Over 85 percent of this combined funding was allocated to the following five partners:

- Family Health International/Global HIV/AIDS Initiative in Nigeria
- Society for Family Health
- Safe Blood for Africa Foundation
- Hope Worldwide
- John Snow Incorporated

¹ Twelve focus countries are in Africa (Botswana, Cote d'Ivoire, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia), and the three others are Guyana, Haiti and Vietnam.

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

³ This amount includes prevention, care, and treatment activities. The scope of this audit is only prevention and care.

AUDIT OBJECTIVE

This audit was conducted as part of a series of worldwide audits of USAID's progress in implementing the President's Emergency Plan for AIDS Relief included in the Office of Inspector General's fiscal year 2006 annual audit plan. The audit was conducted to answer the following audit objective:

- Are USAID/Nigeria's Emergency Plan prevention and care activities progressing as expected towards the planned outputs in its grants, cooperative agreements and contracts?

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

AUDIT FINDINGS

USAID/Nigeria's Emergency Plan prevention and care activities had not progressed as expected towards the planned outputs in its grants, cooperative agreements, and contracts due to the late receipt of FY 2005 funding. For the five partners reviewed, representing 86 percent of the Mission's prevention and care funding for FY 2005, 8 of 15 key outputs (53 percent) selected for review were not being met as of September 30, 2005.

However, partners have reported significant progress toward achieving planned outputs since September 30, 2005. For 11 of the 15 key outputs (73 percent) reviewed, partners reported achieving 90 percent or more of their planned outputs within six to twelve months of receiving FY 2005 funding. Further details on all five partners and the 15 selected outputs are contained in Appendix III.

The lack of progress as of September 30, 2005 represents the partners' achievements during a relatively short period of time after they received their FY 2005 funding, and does not represent the full year of program activities. According to Mission staff, the required report of accomplishments on March 30 and September 30 are "snapshots" capturing progress at regular intervals and are not necessarily expected to coincide with planned outputs set in the same COP year because the funding was not provided in the same timeframe. The Mission considers that a more accurate reflection of progress can be gained by measuring achievements occurring in the one-year period following the receipt of funds against the outputs specified in the grants, cooperative agreements and contracts, rather than against a fixed reporting date that typically represents less than one year of activity.

USAID/Nigeria has taken positive steps to strengthen the management of Emergency Plan activities and program. First, the number of staff on the strategic objective team responsible for oversight of Emergency Plan activities tripled, increasing from 5 to 15. Second, commensurate with the increase in staff, the number of Cognizant Technical Officers also tripled, from three to nine, allowing for better monitoring of partners and their activities. The Mission also implemented a comprehensive portfolio review process on a quarterly basis to assess partners' progress. Finally, to help track and monitor partners' progress outside of the centralized and composite OGAC reporting system, the Mission created an internal spreadsheet (called the Annual Report Tables) that contains achievement towards Emergency Plan outputs that are updated semi-annually.

However, despite the progress being reported by the partners and the improvements in Emergency Plan management at the Mission, the audit found discrepancies in the data used by the Mission to manage Emergency Plan activities.

Discrepancies Found in Data Used to Manage Activities

Summary: Discrepancies were found in data used by USAID/Nigeria during its portfolio review of partners and in data input by the Mission into its internal spreadsheet used to track partners' progress in achieving outputs. These discrepancies occurred because data was not adequately reviewed or cross-checked and verified to source documents. USAID guidance emphasizes the importance of data quality in the role of management decisions. Insufficiently checking the accuracy of data used to monitor and assess program activities could result in making management decisions that are inappropriate.

We found discrepancies in the data used by the Mission to assess and track the partners' performance in implementing Emergency Plan activities. The summary sheet prepared by Mission staff for the quarterly portfolio review for one partner contained data that was incorrect and overstated the partner's performance. This same error and incorrect data for another partner were carried into the performance data entered into the Mission's internal tracking system.

During a portfolio review of Safe Blood for Africa Foundation (SBFAF), the Mission used the output achievement of 3,682 individuals trained in blood safety procedures as of September 2005, the same figure reported in SBFAF's progress report. However, this figure should not have been used to assess SBFAF's progress in the USAID program as it reflected the results achieved from activities funded by both USAID and Centers for Disease Control and Prevention (CDC), another of SBFAF's Emergency Plan donors. At another point in time, the partner submitted data indicating the number trained as 3,075 and this figure was entered by USAID/Nigeria into its internal tracking spreadsheet called the Annual Report Tables. Regardless of which figure is used, the error still remains since the achievement was compared against a planned output of training 40 individuals. We believe this error should have been noticed when preparing for and conducting the portfolio review and when entering the data into the spreadsheet as using either of those figures resulted in a very questionable achievement rate of between 7,000 to 9,000 percent. While visiting SBFAF's office, partner staff provided a breakout of training data between donors that showed the training of seven individuals could be attributed to USAID specific outputs, an achievement level of 18 percent.

In another case, the Annual Report Tables showed that Family Health International/Global HIV/AIDS Initiative in Nigeria (FHI/GHAIN) had provided 9,695 HIV-infected clients with treatment for tuberculosis. However, the data collection template submitted by the partner (the source document for the tables) showed that only 345 individuals had received treatment.⁴

USAID guidance emphasizes the importance of data quality when that data is used to make management decisions. Automated Directives System (ADS) 203.3.5 states that Operating Units should ensure that the data used are of sufficiently high quality to support the appropriate level of management decisions. Additionally, USAID's Center of

⁴ This output was not selected as one of the outputs used to assess progress. However, when reviewing data for the selected outputs, we noted this error.

Development Information and Evaluation *Performance Monitoring and Evaluation Tips* (TIPS) Number 12 explains how USAID uses performance data in managing for results and that this results-oriented management approach relies on managers to inform their decisions with performance information. Sound decisions require accurate, current, and reliable information, and the benefits of this results-oriented approach depends substantially on the quality of the performance information available. TIPS Number 12 also states that transcription errors and other discrepancies can be easily avoided by carefully cross-checking the data to the source document. To further ensure data accuracy, it would be prudent to recalculate mathematical calculations used in reporting program results.

The use of inaccurate data during the portfolio review and the errors made in USAID/Nigeria's Annual Report Tables resulted from a lack of cross-checking and verification to source documentation. In all three of the cases cited, if cross-checking and verification of the data back to the relevant source documents had occurred, the errors would have been caught. The Mission indicated that the preparation for the portfolio reviews is a collaborative effort between the Program Office, Strategic Objective Teams and Cognizant Technical Officers (CTOs) to collect the performance data used during the review, and acknowledged that a more rigorous verification of the data could have been done before the formal review. Regarding the Annual Report Tables, the Mission said that the CTOs perform accuracy and completeness reviews of the documents submitted by the partners from which the data is extracted. However, these errors indicate that there is no further review or verification of the data once it is entered into the spreadsheet.

Because both the portfolio reviews and the Annual Report Tables are used to monitor and assess the performance of partners and as tools to make management decisions regarding program activities, it is essential to use quality data in order to make accurate assessments. Otherwise inappropriate management decisions could be made because they are based on inaccurate data. Therefore, we make the following recommendation:

Recommendation No. 1: We recommend that USAID/Nigeria develop specific procedures to cross-check and verify data used to monitor, report and/or assess the progress of Emergency Plan partners, including but not limited to Portfolio Reviews and the Mission's internal Annual Report Tables, and that this verification should be documented in the activity files.

EVALUATION OF MANAGEMENT COMMENTS

USAID/Nigeria provided detailed comments in response to our draft report. The Mission agreed with our recommendation and indicated that appropriate action had been taken. Therefore, a management decision has been reached for the recommendation.

Recommendation No. 1 states that USAID/Nigeria should develop specific procedures to cross-check and verify data used to monitor, report and/or assess the progress of Emergency Plan partners, including but not limited to Portfolio Reviews and the Mission's internal Annual Report Tables, and that this verification should be documented in the activity files. To address this recommendation, on August 11, 2006 USAID/Nigeria issued Mission Order 200-13 that specifically requires program office staff to footnote all data sources used in portfolio review narratives and review sheets and to ensure data is cross-checked by a verifier and that calculations are checked for accuracy. The order also requires that the staff and team leaders sign a form documenting that the accuracy of the data has been verified and the results of these processes will be documented in the activity files. The Mission also noted that a current Mission Order would continue to serve as the protocol for the preparation of the Annual Report and that this order requires similar verification and documentation of the data. As a result of the Mission's corrective action, the recommendation is considered closed upon issuance of this report.

USAID/Nigeria also submitted comments related to other findings in the draft report. The comments for which they expressed partial or complete disagreement are addressed below.

USAID/Nigeria disagreed with our conclusion that the activities were not progressing as expected by September 30, 2005. The Mission provided a copy of an email from the Office of the Global AIDS Coordinator showing that fiscal year (FY) 2005 results could be achieved in the 12-month period following the receipt of FY 2005 funds by headquarters agencies, defined as from April 1, 2005 through March 31, 2006. According to the Mission, if this timeframe was used for our report, more partners would be progressing as expected towards planned outputs. The Mission included a table showing the revised levels of achievement for the 'non-achieving partners'.

Regarding this comment, this audit was conducted as part of a series of worldwide audits of USAID's progress in implementing the President's Emergency Plan for AIDS Relief with the results of each individual audit summarized in an overall report. Therefore to ensure consistency with the other audits performed, we provided information on the achievements as of September 30, 2005. However, we also recognize the importance of this concern to the Mission. For that reason, we included language in the report emphasizing that the results as of September 30, 2005 reflect less than one year of funding. Additionally, we included data on progress reported after September 30, 2005. Regarding the table submitted by USAID/Nigeria, we are pleased to see that the Mission is reporting that progress has continued with these activities in the time period following our audit.

The Mission disagreed with the results we reported for the number trained in injection safety by John Snow Incorporated (JSI). As part of their response, the Mission provided documentation that was inadvertently omitted during the audit to support a corrected figure of 2,245 individuals trained. They also clarified that data provided to us during the audit included other training sessions and as such, the results we presented in Appendix III were overstated as of December 2005. Based on this new documentation and clarification, we revised the information presented in the appendix.

The Mission also noted that the number of individuals provided palliative care as of September 30, 2005 was not correct. We reviewed our documentation and agreed that an incorrect number had been extracted. We corrected the data in Appendix III however the percentage of the planned output achieved still remained under the 90 percent threshold.

Finally, the Mission disagreed in part with our statement that the Safe Blood for Africa Foundation (SBFAF) had not yet established the second service outlet in Lagos within the required one-year implementation time period. According to USAID/Nigeria, from December 2005 to March 2006, SBFAF opened two additional service outlets (including a service outlet in Lagos). However, in April 2006, the SBFAF Medical Director told us that only the service outlet in Abuja was open, with some delays affecting the opening of the center in Lagos. He also noted that two other centers were operational but these were not funded or attributable to USAID. Therefore, we did not revise our report.

USAID/Nigeria's comments are included in their entirety in Appendix II, except for the supporting attachments, which are not included in this audit report.

SCOPE AND METHODOLOGY

Scope

The Regional Inspector General/Dakar conducted this audit in accordance with generally accepted government auditing standards. Fieldwork for this audit was performed at USAID/Nigeria in Abuja between April 10 and April 27, 2006. Meetings with implementing partners and site visits were also conducted in three cities: Abuja, Lagos, and Calabar.

This audit was one in a series of worldwide audits being led out of the Performance Audit Division in Washington. The purpose of the audit was to determine if USAID/Nigeria's Emergency Plan prevention and care activities were progressing as expected towards the planned outputs in its grants, cooperative agreements and contracts.

The audit covered fiscal year (FY) 2005 Country Operational Plan (COP) prevention and care activities implemented under the Emergency Plan. USAID/Nigeria had a total of 11 partners scheduled to work in prevention and care. In the FY 2005 COP budget, eight of those partners were allocated \$27.7 million in funding directly from USAID/Nigeria for FY 2005 activities. The remaining three partners were centrally-funded from Washington and allocated \$3.6 million in funding for FY 2005 activities. We judgmentally selected 5 of the 11 partners—representing 86 percent (\$26.9 million) of the combined funding of \$31.3 million, for FY 2005 prevention and care activities—for an in-depth review.

In performing the audit, we assessed the effectiveness of internal control related to the reporting of performance results for Emergency Plan activities. We identified pertinent internal control such as USAID/Nigeria's process for monitoring its partners' progress; USAID/Nigeria's process for monitoring its partners' compilation of regional data to its country-level reports; and USAID/Nigeria's process for maintaining Emergency Plan data supporting the Annual Report sent to the Office of the Global AIDS Coordinator (OGAC).

Methodology

To answer the audit objective, we reviewed prior Emergency Plan audit reports and program strategy documents to obtain an understanding of the program. In addition, we performed an in-depth review of the FY 2005 Country Operational Plan for Nigeria. Of the 11 partners engaged in prevention and care activities for FY 2005, we selected 5 for review. We then judgmentally selected at least one output in each program area under prevention and care⁵ for which each selected partner was responsible and compared the output achievement rates against the audit threshold criteria to determine if planned outputs were achieved. The audit threshold criteria were as follows:

⁵ Program areas under prevention are Prevention of Mother-to-Child Transmission (PMTCT), Abstinence and Be Faithful, Medical Transmission/Injection Safety, Medical Transmission/Blood Safety, and Other Prevention. Program areas under care are Palliative Care: Basic Care and Support, Palliative Care: TB/HIV, Orphans and Vulnerable Children (OVC), and Counseling and Testing.

- If at least 90 percent of the selected key outputs have been achieved⁶, the audit objective would be answered positively.
- If at least 80 percent but less than 90 percent of the selected key outputs have been achieved, the audit objective would be answered positively but with a qualification.
- If less than 80 percent of the selected key outputs have been achieved, the audit objective would be answered negatively.

In assessing whether partners' activities were progressing as expected towards their planned outputs, we reviewed the status of each project and related outputs as of two dates:

- September 30, 2005, the end of the Emergency Plan fiscal year for 2005 which represented between 2 and 6 months of implementation.
- Most recent progress data available at the time of our audit which represented 6 to 12 months of implementation with FY 2005 funding.

We relied on a review of pertinent documentation such as funding instruments, partners' workplans and progress reports, and USAID/Nigeria's FY 2005 Annual Report Tables which provided outputs achieved as of September 30, 2005 that were reported to OGAC. We did not perform any data verification on those results. In addition, we obtained further information through interviews with Mission and partner staff on the progress and status of planned outputs and conducted site visits to observe activities first-hand.

We performed limited verification on the post-September data reported for 7 of the 15 selected outputs. For two of the five partners, this data was extracted from progress reports submitted to USAID/Nigeria and we obtained data for the other three partners during visits to their offices. Although the data we reviewed and validated could be linked to an output, the verification was not performed on the reported output in total. Instead, the verification was performed on a subset of the output such as several months of data or selected names on a register at one or two sites of a particular partner or sub-partner. The details of the verification performed on the seven outputs are provided in Appendix III.

⁶ The audit team considered an output to be achieved if the partner completed at least 90 percent of the expected (planned) output.

MANAGEMENT COMMENTS



USAID | **NIGERIA**
FROM THE AMERICAN PEOPLE

FOR: Nancy T. Toolan, RIG/Dakar

FROM: Natalie Freeman, USAID/Nigeria Deputy Mission Director /s/

SUBJECT: Mission Comments on Draft Report on Audit of USAID/Nigeria's Prevention and Care Activities under PEPFAR

Thank you for the opportunity to provide comments on the Regional Inspector General's (RIG) audit of USAID/Nigeria's prevention and care activities as part of the President's Emergency Plan for AIDS Relief (PEPFAR). The audit provided the Mission with an opportunity to strengthen our quarterly portfolio review process and served as the impetus for development and implementation of a data quality checklist. Below please find the draft RIG audit findings and recommendation along with corresponding USAID/Nigeria comments.

Draft RIG Audit Finding, p.1:

*We concluded that USAID/Nigeria's prevention and care activities were not progressing as expected towards the planned outputs in its grants cooperative agreements and contracts,. For 6 of the 15 key outputs reviewed, five partners did not achieve 90 percent or more of their fiscal year (FY) 2005 planned outputs **by September 30, 2005**. However, since September 30, partners have reported significant progress towards achieving their planned outputs. Additionally, USAID/Nigeria has taken steps to improve the management of Emergency Plan activities.*

USAID/Nigeria Response:

Disagree. USAID/Nigeria appreciates the consideration the Office of the Inspector General has given to previous requests to reconsider the date against which progress towards targets would be measured. To support our position that partners have 12 months from the date they receive funds to achieve their targets, we offer the following text contained in an email (see Annex 1) from the Strategic Information (SI) Unit of the Office of the Global AIDS Coordinator (OGAC):

Guidance for the partner targets states on page 18 of the FY05 Country Operational Plan Guidance:

Target's Timeframe: The targets in this section [3.3] relate to a DIFFERENT time period than the targets in Table 2. The FY05 targets for the program areas

in Tables 3.3 should reflect results to be achieved (and FY05 funds to be expended) in the 12-month period following receipt of FY05 funds by headquarters agencies. Although we do not know, nor can we predict, the exact date by which FY05 funds will be received by headquarters agencies, we are defining this 12 month period to be April 1, 2005 –March 31, 2006.

Pursuant to this guidance, we would like to submit the following table to demonstrate the performance of USAID/Nigeria's partners with the most recent data available measured against a 12-month timeframe from date of receipt of funds. If this timeframe were allowed, only one partner (as opposed to five) would not be progressing as expected towards its planned output on one indicator.

Update on Non-Achieving Partners in the Draft RIG Report: Audit of USAID/Nigeria's Progress in Implementing the President's Emergency Plan for AIDS Relief						
Implementing Partner	Indicator/Output	FY05 Target	Date of receipt of FY05 funds	Date by which FY05 targets should be achieved	Most recent progress	Percentage achieved as of most recent progress
FHI/GHAIN	Number of individuals provided with HIV-related palliative care	100,000	June 2005	June 2006	79000 (M&E Bulletin May 31, 2006)	79%
	Number of service outlets providing the minimum package of PMTCT services	37	June 2005	June 2006	35 (FY06 SAPR March 31, 2006)	95%
	Number of providers/caretakers trained in caring for OVC	490	June 2005	June 2006	1093 (FY06 SAPR March 31, 2006)	223%

Update on Non-Achieving Partners in the Draft RIG Report: Audit of USAID/Nigeria's Progress in Implementing the President's Emergency Plan for AIDS Relief						
Implementing Partner	Indicator/Output	FY05 Target	Date of receipt of FY05 funds	Date by which FY05 targets should be achieved	Most recent progress	Percentage achieved as of most recent progress
SFH	Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	640	July 2005	July 2006	The Emergency Plan no longer collects this output indicator	
	Number of individuals who received counseling and testing	8,000	July 2005	July 2006	0 (FY06 SAPR March 31, 2006)	0% ¹
SBFAF	Number of service outlets/programs carrying out blood safety activities	2	April 2005	April 2006	3 (FY06 SAPR March 31, 2006)	150%
	Number of individuals trained in blood safety	40	April 2005	April 2006	44 (RIG draft report)	110%
John Snow, Inc.	Number of individuals trained in injection safety	5620	April 2005	April 2006	6853 (RIG draft report)	122%

Draft RIG Audit Finding, p.5:

In another case, the Annual Report Tables showed that Family Health International/Global HIV/AIDS Initiative in Nigeria (FHI/GHAIN) had provided 9,695 HIV-infected clients with treatment for tuberculosis. However, the data collection template submitted by the partner (the source document for the tables) showed that only 345 individuals had received treatment.

¹ As noted in the draft audit report, the CTO of the SFH activity met with SFH to discuss this target. SFH accepted responsibility for the counseling and testing target and is working towards meeting the target. The recently approved work plan shows that this result will be realized in the fourth quarter of FY 2006. Progress will be monitored by USAID/Nigeria.

USAID/Nigeria Response:

Agree. USAID/Nigeria acknowledges the error in the Annual Report Tables. A transcription error occurred when the figure from the summary line instead of the Tuberculosis (TB) treatment line from the original data collection tool was entered in the Annual Report Tables. During future reporting cycles, USAID/Nigeria will ensure that data entry and transcription are cross-checked for completeness and accuracy by different individuals from Strategic Object (SO) 14's Emergency Plan staff and the Program Office.

Draft RIG Audit Finding, p. 5:

For example, during a portfolio review of John Snow Incorporated (JSI), the Mission used a cumulative output achievement of 2,245 individuals trained in injection safety to assess the partner's progress against the planned output of 5,620 individuals, resulting in a 40 percent achievement rate as of December 2005. The Mission expected JSI to have achieved at least 50 percent of the planned output by December 2005 and indicated to the partner that the assessment concluded that "activities are not clearly achieving results or do not have all the necessary tools in place for results-oriented management." However, this assessment was based on incorrect information that was incorporated into the summary sheet created by USAID/Nigeria and used during the portfolio review. In fact, JSI's December progress report showed that 1,533 individuals had been trained in the quarter ending December 2005, and when added to the 2,159 trained in the preceding quarter, the achievement rate was 66 percent, higher than expected.

USAID/Nigeria Response:

Disagree. In an appendix to the Monitoring and Evaluation plan, "Appendix D Performance Indicators for the Making Medical Injections Safer (MMIS) Project", JSI reported on page 21 that the number trained in injection safety in FY 2005 was 2,245 (see Annex 2). Unfortunately this table was inadvertently omitted during their audit although it was used during the portfolio review.

The figure reported by the audit team (3,692 trained in injection safety (IS)) is incorrect as this figure represents *total* training undertaken in the first quarter of 2006 plus the IS training in the last quarter of 2005. For example, the table entitled "No. of training, category, dates and no. of personnel trained" in the October-December 2005 quarterly report (see Annex 3) includes training for healthcare personnel but also other training such as training of logistics officers.

Draft RIG Audit Finding, p.5:

During a portfolio review of Safe Blood for Africa Foundation (SBFAF), the Mission used the output achievement of 3,682 individuals trained in blood safety procedures as of September 2005, the same figure reported in SBFAF's progress report. However, this figure should not have been used to assess SBFAF's progress in the USAID program as it reflected the results achieved from activities funded by both USAID and Centers for Disease Control and Prevention (CDC), another of SBFAF's Emergency Plan donors.

At another point in time, the partner submitted data indicating the number trained as 3,075 and this figure was entered by USAID/Nigeria into its internal tracking spreadsheet called the Annual Report Tables. Regardless of which figure is used, the error still remains since the achievement was compared against a planned output of training 40 individuals. We believe this error should have been noticed when preparing for and conducting the portfolio review and when entering the data into the spreadsheet as using either of those figures resulted in a very questionable achievement rate of between 7,000 to 9,000 percent. While visiting SBFAF's office, partner staff provided a breakout of training data between donors that showed the training of seven individuals could be attributed to USAID specific outputs, an achievement level of 18 percent.

USAID/Nigeria Response:

Agree. USAID/Nigeria acknowledges the discrepancy/error in the data used to prepare the SBFAF February 2006 portfolio review pointed out by the RIG audit team. The format of the SBFAF quarterly reports did/does not breakout outputs/results by agency funding source, i.e. between results achieved with USAID funds as opposed to results achieved with Center for Disease Control (CDC) funds. This is because when reporting programmatic achievements to OGAC, funding streams are not relevant. In fact, OGAC does not issue prescribed guidance or formulae on how to apportion targets when multiple partners or funding streams are involved in the same activity. Country teams with their implementing partners are left to make these decisions on their own. In Nigeria, we have had discussions within the USG Country Team and within the Strategic Information Working Group on this issue and the team now has an integrated work plan and budget which encompasses all activities and funding streams of the SBFAF project.

Draft RIG Audit Recommendation, p.6:

Recommendation No. 1: We recommend that USAID/Nigeria develop specific procedures to cross-check and verify data used to monitor, report and/or assess the progress of Emergency Plan partners, including but not limited to Portfolio Reviews and the Mission's internal Annual Report Tables, and that this verification should be documented in the activity files.

USAID/Nigeria Response:

Agree. USAID/Nigeria developed a Mission Order (see Annex 4) to ensure data quality for the portfolio review. Mission Order 200-10, Preparation of an Annual Report will continue to serve as the protocol for ensuring data quality for annual report submissions (see Annex 5). The relevant CTO and SI Advisor will review the narrative and quantitative information contained in the relevant sections of the annual report and ascertain whether it matches source documents. All data that have been aggregated and entered into tables or spreadsheets will be verified for accuracy (formulas checked, transcription errors eliminated, etc.) by at least one other member of the SI team. The SO 14 Project Development Officer will cross-check this data verification process for the annual report.

Draft RIG Audit Other Issues Section, p. 7:

USAID/Nigeria feels strongly that this section should remain in the final RIG audit report. In September 2006, USAID/Nigeria will be required to submit a waiver request to OGAC to allow specific partners, such as FHI/GHAIN, to possess more than 10% of the FY 2007 Country Operational Plan (COP) budget. It is USAID/Nigeria's contention that the "Ten Percent Rule" may negatively impact implementation and performance of the USG/Nigeria Emergency Plan.

Draft RIG Audit Finding, p.13:

FHI/GHAIN was working in three of the five prevention program areas and all four of the care program areas, and as of January 2006, was achieving or exceeding six of the seven outputs reviewed, representing approximately 7 months of activities. However, FHI/GHAIN experienced delays in its care activities, specifically to the output of providing individuals with general HIV-related palliative care. As of September 2005, (representing 3 months of activities), only 209 individuals were provided care against a planned output of 100,000. Four months later, FHI/GHAIN had provided care to over 34,000 individuals, but that still represented only 34 percent of the planned output. Partner staff at FHI/GHAIN attributed the lack of progress to a delay in implementation until a misunderstanding, due to a change in guidance, was resolved between them and USAID/Nigeria. FHI/GHAIN indicated that they anticipate meeting the planned output by June 2006.

USAID/Nigeria Response:

Disagree in part. According to the FY05 Emergency Plan Annual Progress Report data collection tool, Family Health International/Global HIV/AIDS Initiative Nigeria (FHI/GHAIN) provided HIV-related palliative care (including TB prophylaxis and/or treatment) to 6,957 individuals by the end of September 2005, a considerable number more than the 209 listed in the table on p.12 of the Draft RIG Audit Report. It is possible that the auditors used achievement data for the indicator, *Total number of individuals trained in palliative care according to national or international standards* (reported to be 206 individuals in the GHAIN December 2005 quarterly report) rather than the indicator *Total number of individuals provided with HIV related palliative care (including TB/HIV)*.

At the time of the RIG audit, GHAIN's provision of care services lagged considerably behind target. In March 2006, GHAIN successfully responded to a yellow letter with a road map for achieving its palliative care targets. As of May 2006, GHAIN had provided palliative care services to 79,000 persons and expects to achieve its target of reaching 100,000 by the end of June 2006—one year from the date of receipt of funds.

Draft RIG Audit Finding, p.15:

SBFAF's Emergency Plan activities did not progress as expected towards one of its two key planned outputs. While it exceeded its goal of training 40 people by March 2006, SBFAF had not yet established the second service outlet in Lagos within the required one-year implementation time period. USAID/Nigeria is working closely with SBFAF to

find alternative solutions for achieving expected outputs through the development of its FY 2006 workplan.

USAID/Nigeria Response:

Disagree in part. The RIG audit team likely gathered the data on the SBFAF service outlets from the SBFAF portfolio review worksheet. The data in that worksheet reflected SBFAF outcomes up to December 2005. From December 2005 to March 2006, SBFAF opened two service outlets (including a service outlet in Lagos). This data is reflected in the FY06 Emergency Plan Semi-Annual Data Collection Tool (see Annex 6). Presently, SBFAF has four sites in operation.

USAID/Nigeria appreciates the efforts of the RIG auditors and the valuable recommendation made in the draft audit report. It is our contention that the implementation of a data quality checklist addresses the first and only recommendation contained in the audit report and trust that this audit recommendation will be closed.

PROGRESS REPORTED TOWARDS OUTPUTS

Family Health International/Global HIV/AIDS Initiative in Nigeria (FHI/GHAIN) – FHI/GHAIN, a consortium of seven partners with FHI as the prime, is USAID/Nigeria's largest partner within the Emergency Plan and is working in almost every program area within prevention and care. FHI/GHAIN is in its second year of a 5-year \$200 million cooperative agreement with \$20.2 million provided to implement fiscal year (FY) 2005 prevention and care activities. FHI/GHAIN received FY 2005 funding in June 2005.

Output Description	FY 2005 Planned Output	September 2005 (3 months of activities)		January 2006 (7 months of activities)	
		FY 2005 Achieved Output	Percentage Achieved	FY 2005 Achieved Output	Percentage Achieved
1. Number of service outlets providing the minimum package of PMTCT services	37	27	73%	35	95%
2. Number of individuals reached through community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	105,000	776,143	739%	1,547,300	1,474%
3. Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	5	12	240%	12	240%
4. Number of individuals provided with general HIV-related palliative care	100,000	6,612	7%	34,298	34%
5. Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals	12	18	150%	19	158%
6. Number of providers/caretakers trained in caring for OVC	490	89	18%	747	152%

7. Number of service outlets providing counseling and testing	74	83	112%	71	96%
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FHI/GHAIN was working in three of the five prevention program areas and all four of the care program areas, and as of January 2006, was achieving or exceeding six of the seven outputs reviewed, representing approximately 7 months of activities. However, FHI/GHAIN experienced delays in its care activities, specifically to the output of providing individuals with general HIV-related palliative care. As of September 2005, (representing 3 months of activities), only 6,612 individuals were provided care against a planned output of 100,000. Four months later, FHI/GHAIN reported providing care to over 34,000 individuals, but that still represented only 34 percent of the planned output. Partner staff at FHI/GHAIN attributed the lack of progress to a delay in implementation until a misunderstanding, due to a change in guidance, was resolved between them and USAID/Nigeria. FHI/GHAIN indicated that they anticipate meeting the planned output by June 2006.

During the audit, we conducted a site visit to the Ministry of Health General Hospital Calabar in Cross River State, to observe FHI/GHAIN activities. FHI/GHAIN integrated three different program areas—"Counseling and Testing," "Prevention of Mother-to-Child Transmission (PMTCT)," and "Basic Care and Support"—creating a "one-stop shop" type of service at the hospital where individuals could receive counseling and testing to determine their HIV status and, if positive, could receive care and support through a monthly support group session and home-based care visits. There was also a PMTCT area offering services for pregnant HIV-positive women. In addition to observing activities, we also performed a limited test of selected data related to outputs number 1, 4 and 7 as shown in the preceding table to determine the reliability of data reported by the hospital to FHI/GHAIN and ultimately to USAID. We reviewed registers maintained by the laboratory showing the number of individuals tested during the months of July 2005 and February 2006. The numbers in the register matched the numbers reported back to FHI/GHAIN without exception. We also reviewed the patient register for the month of March 2006. The register showed that 175 pregnant women were tested, 22 were HIV-positive and 12 were treated with anti-retroviral drugs, part of the minimum package of PMTCT services. Finally, at an HIV-support center managed by a sub-partner of FHI/GHAIN, we reviewed the patient registers for the 600 patients that received services since July 2005. We also reviewed their home-based care registers where home-visits to patients were recorded. We observed that all the registers and logs were detailed and showed name, date, what services were provided during the visit, observations of the patients, recommendations, and whether a referral was given. This verification was focused more on assuring that individuals seeking services at his facility received palliative care, and on the quality and thoroughness of the data. We did not trace the 600 patients up the reporting chain to the 34,298 reported by FHI/GHAIN.

Society for Family Health (SFH) – In July 2005 SFH was awarded a 4-1/2 year cooperative agreement with USAID/Nigeria for \$9.8 million, with \$2.7 million for FY 2005 activities. SFH received its FY 2005 funding in July 2005. SFH was working within three program areas, "Abstinence and Be Faithful" and "Other Prevention" under prevention, and "Counseling and Testing" under care.

Output Description	FY 2005 Planned Output	September 2005 (3 months of activities)		December 2005 (6 months of activities)	
		FY 2005 Achieved Output	Percentage Achieved	FY 2005 Achieved Output	Percentage Achieved
1. Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful ^a	640	301	47%	640	100%
2. Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	6,000	9,478	158%	17,669	294%
3. Number of individuals who received counseling and testing	8,000	0	0%	0	0%

^aIn the response from USAID/Nigeria, the Mission indicated that OGAC has dropped this indicator due to inconsistent methods used to count programs.

As of December 2005, representing only 6 months of activities, SFH reported having met two of the three outputs reviewed but had not achieved any of its planned output of providing counseling and testing to 8,000 individuals. During discussions regarding progress in achieving outputs, SFH staff stated that they were no longer responsible for directly providing counseling and testing but were now focused on creating the demand and referring individuals to testing centers. However, the CTO responsible for this partner indicated that SFH was, in fact, still responsible for the counseling and testing as evidenced by a Modification of Contract. This situation was due to a misunderstanding between the partner and the CTO and was addressed at the time of this audit.

Due to lack of time during fieldwork, the team was unable to visit a regional center where the data was maintained that would allow the team to verify a sub-set of the 17,000 reached through this program to support output number 2 shown in the preceding table. However, we directly observed the program's activities at brothels and met commercial sex workers and other individuals who were the recipients of the program. We met with four SFH Behavior Change Officers in Lagos who visit brothels weekly, teaching commercial sex workers about HIV/AIDS and sexually transmitted diseases as well as basic money management skills to help them plan for a different type of future. At each brothel, the Behavior Change Officers would also train one sex worker to be a Peer Educator to mentor and teach the other commercial sex workers about prevention of HIV/AIDS and STDs. In speaking with the sex workers, they seemed to be very appreciative of the SFH staff. One in particular mentioned that she did not even know what a condom was before being involved in the program.

Safe Blood for Africa Foundation (SBFAF) – SBFAF’s activities are funded through a Global Development Alliance, a public-private partnership, which commenced in 2003, prior to the implementation of the Emergency Plan in Nigeria. SBFAF was provided \$731,000 to implement FY 2005 care activities under the program area of “Medical Transmission/Blood Safety”. SBFAF received its funding in April 2005.

Output Description	FY 2005 Planned Output	September 2005 (6 months of activities)		March 2006 (12 months of activities)	
		FY 2005 Achieved Output	Percentage Achieved	FY 2005 Achieved Output	Percentage Achieved
1. Number of service outlets/programs carrying out blood safety activities	2	1	50%	1	50%
2. Number of individuals trained in blood safety	40	7 ^a	18%	44	110%

^aAs discussed earlier, the partner’s original reporting of this output was much higher due to the combining of results for USAID- and CDC-funded activities.

While SBFAF reported that it had exceeded its goal of training 40 people by March 2006, SBFAF had not yet established the second service outlet in Lagos within the required one-year implementation time period. USAID/Nigeria is working closely with SBFAF to find alternative solutions for achieving expected outputs through the development of its FY 2006 workplan.

Hope Worldwide – Hope Worldwide received centrally awarded funding in the amount of \$235,000 to implement FY 2005 care activities under the program area “Orphans and Vulnerable Children (OVC).” Hope Worldwide received its FY 2005 funding in August 2005.

As noted in the table below, Hope Worldwide reported achieving both of its key outputs as of September 2005, after only 2 months of activities.

Output Description	FY 2005 Planned Output	September 2005 (2 months of activities)		March 2006 (8 months of activities)	
		FY 2005 Achieved Output	Percentage Achieved	FY 2005 Achieved Output	Percentage Achieved
1. Number of OVC programs	1	1	100%	1	100%
2. Number of OVC served by OVC program	150	348	232%	601	401%

At the time of audit, we observed a Life Skills Camp that Hope Worldwide was hosting for the children enrolled in its OVC program. It was a 5-day overnight camp where the children were taught life skills covering such subjects as self-esteem, peer pressure, and topics related to HIV/AIDS. In addition to classroom learning, recreational activities were incorporated into the daily schedule.

During our visit to Hope Worldwide's office in Lagos, we performed a limited test to verify the accuracy of Hope Worldwide's data. We reviewed the database to determine if it contained names for reported 601 children in the OVC program as of March 2006. The database only contained 558 names but had not been updated since February. The staff told us they update the system every two months and as such, the database did not contain all of the figures for March yet which explained the difference. We could not verify the number from March as some of the participant forms were still in the field. However, we considered the explanation reasonable. We judgmentally selected the names of four children from the main office's database who were shown as currently attending camp, then verified that their individual files were maintained at the office. During our site visit to the camp we verified that those selected children were in attendance. Two of the children are shown in the photo below.



Photos of children taking part in Hope Worldwide's 2006 Life Skills Camp in Ogun State. Photos taken on April 20, 2006.

John Snow Incorporated (JSI) - JSI received \$2.8 million in centrally awarded FY 2005 funding under the prevention program area "Medical Transmission/Injection Safety" to train medical waste handlers in the safe disposal of used needles. JSI received FY 2005 funding in April 2005.

As of September 30, 2005, with half the year remaining, JSI reported training 2,159 individuals, representing 38 percent of its annual planned output. As of December 31, 2005, with one quarter of the year remaining, JSI's progress report showed 2,245 people had been trained, representing 40 percent of their goal.

Output Description	FY 2005 Planned Output	September 2005 (6 months of activities)		December 2005 (9 months of activities)	
		FY 2005 Achieved Output	Percentage Achieved	FY 2005 Achieved Output	Percentage Achieved
1. Number of individuals trained in injection safety	5,620	2,159	38%	2,245	40%

While we did not verify the accuracy of all the individuals trained, during our visit to JSI's headquarters in Abuja, we performed a limited test of JSI's training data to determine if the data they submitted to USAID was reliable. At the JSI office, we verified that the number of names on attendance sheets for three training sessions reconciled with the number reported by JSI. For example JSI reported 38 participants in a 4-day training session held in September 2005; the attendance lists for each day varied between 38 and 43 participants which we did not consider material or significant. A similar variation occurred for a 2-day training program in November 2005. The attendance lists showed 44 signatures the first day and 36 for the second day. The partner reported 45, which is an immaterial and insignificant difference. There were no discrepancies related to a 2-day training session in February 2006 – the attendance list for both days showed 43 participants which was the number reported.

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