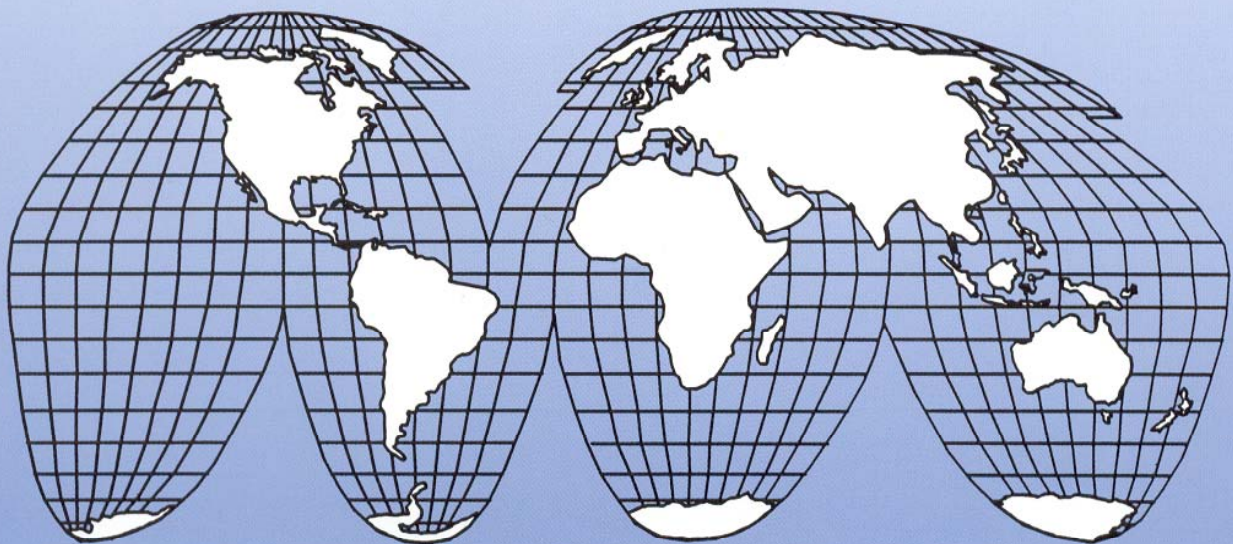# USAID

OFFICE OF INSPECTOR GENERAL

Audit of Selected USAID Operating Units' Monitoring of the Performance of Their HIV/AIDS Programs

Audit Report Number 9-000-03-004-P

February 3, 2003

Washington, D.C.

February 3, 2003

MEMORANDUM

FOR: GH/OHA, Constance Carrino

FROM: IG/A/PA, Dianne L. Rawl

SUBJECT: Audit of Selected USAID Operating Units' Monitoring of the Performance of Their HIV/AIDS Programs (Audit Report No. 9-000-03-004-P)

This memorandum is our summary report of eight audits performed of overseas operating units (See Appendix IV for detailed listing of subject operating units and audit reports) in addition to the results of fieldwork in the Bureau for Global Health's Office of HIV/AIDS. In finalizing this report, we considered your comments on our draft report and have included this response as Appendix II.

This report includes two procedural recommendations. Based on your written comments and documentation provided on actions taken, we consider that final action has been taken on both recommendations.

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

This page is intentionally left blank

Table of Contents

This page is intentionally left blank

Summary of Results

This report summarizes the results of fieldwork in the Bureau for Global Health's Office of HIV/AIDS (GH/OHA) and eight Office of Inspector General (OIG) audits conducted at selected operating units by Regional Inspector General offices and Washington, D.C. (See Appendix IV for a list of these audit reports.) The audits were designed to determine: 1) whether selected USAID operating units monitored the performance of their HIV/AIDS programs in accordance with Automated Directives System (ADS) guidance; 2) whether selected USAID operating units achieved intended results from their HIV/AIDS programs; and 3) the status of selected USAID operating units' efforts to meet anticipated additional HIV/AIDS reporting requirements. (See page 7.)

According to the individual audit reports, five of the eight operating units generally monitored performance in accordance with ADS requirements and other relevant guidance, while three did not. However, all eight operating units had areas for improvement that prompted audit recommendations. Those areas for improvement fell into two main categories: 1) improving performance monitoring plans and 2) planning, conducting, and documenting data quality assessments. (See pages 8-14.)

In addition to unit-specific corrective actions, there are also corrective actions that GH/OHA could take to improve performance monitoring for all USAID HIV/AIDS programs. In this report we recommend that OHA:

- provide training on performance monitoring development and requirements to appropriate operating units (see page 11) and

- provide training on performing and documenting data quality assessments to appropriate operating units (see page 14).

The eight audits also found that, for the 23 performance indicators tested, the operating units achieved intended results for 10 indicators, but did not achieve intended results for 5 indicators. As explained in the report, for the remaining 8 indicators, we could not assess whether the operating units met the intended results. (See pages 14-18.)

In fiscal year 2001, with increased resources from Congress, USAID developed an "Expanded Response" to the HIV/AIDS pandemic. Under this "Expanded Response," operating units were required to work closely with USAID offices in Washington to establish a comprehensive program monitoring and reporting system. In order to implement this "Expanded Response" more efficiently, a new HIV/AIDS operational plan was approved in April 2002. Among other things, the new operational plan:

5

- provides GH with approval authority over the technical content of operating unit HIV/AIDS strategies;

- requires operating units to update their strategic plans through joint programming with other offices and bureaus to ensure they meet standards and have measurable impacts;

- charges operating units with carrying out improved monitoring and evaluation as specified in the "Expanded Response;" and

- provides additional operating expense funds for staff, technical support, and planning and training workshops to implement the strategy.

We believe that, while these were positive steps in strengthening USAID's HIV/AIDS programs and monitoring and reporting methods, they did not specifically address the weaknesses found during the audits with respect to operating unit performance monitoring plans and data quality assessments. (See pages 18-22.) Accordingly, we made two recommendations to address these weaknesses. GH/OHA acknowledged the ongoing need for training and provided training and technical assistance to priority HIV/AIDS missions to meet the audit recommendations. Based on USAID's actions taken, we consider that final action has been taken on both report recommendations upon report issuance. (See pages 22-23.)

Background

According to the World Health Organization, approximately 40 million people are infected with HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome) and the number is growing. In 2001, some 3 million people died, while another 5 million were newly infected. Both infections and deaths are almost equally distributed between men and women. Half of all new infections–over 6,000 daily–are occurring among young people (15–24 years old).

Funding in support of USAID's efforts to address HIV/AIDS has increased dramatically from $139 million in fiscal year 1999 to more than $500 million in fiscal year 2002.

With the funding increase, there has been much interest in monitoring the impact of USAID assistance on the HIV/AIDS epidemic. In its report on USAID's fight against HIV/AIDS in Africa,[1] the U.S. General Accounting Office (GAO) noted that gaps in data gathering and reporting, the inconsistent use of indicators, and the lack of a routine system for

---

[1] *U.S. Agency for International Development Fights AIDS in Africa, but Better Data Needed to Measure Impact* (GAO-01-449, March 2001).

reporting program results limited USAID's ability to measure its overall impact on reducing HIV transmissions. The GAO recommended that USAID select standard indicators to measure performance, gather performance data on a regular basis, and report this data to a central unit for analysis.

USAID created the Office of HIV/AIDS (OHA) within its Bureau for Global Health and in April 2002, USAID's Administrator approved a new HIV/AIDS operational plan entitled "Stepping up the War against AIDS." This plan focused efforts on AIDS even further by launching a plan to accelerate the implementation of the expanded response strategy and maximize its impact.

Audit Objectives

Based on its audit plan, the Office of Inspector General conducted a series of audits that reviewed the status of selected operating units' HIV/AIDS programs. This audit report summarizes the results of fieldwork in GH/OHA and a series of audits performed by the Office of Inspector General in eight locations.[2]

The audit objectives and the scope and methodology for the audits were developed in coordination with USAID's HIV/AIDS office. The audit objectives were:

> **Did selected USAID operating units monitor the performance of their HIV/AIDS programs in accordance with Automated Directives System (ADS) guidance?**
>
> **Did selected USAID operating units achieve intended results from their HIV/AIDS programs?**
>
> **What is the status of selected USAID operating units' efforts to meet anticipated HIV/AIDS reporting requirements?**

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

---

[2] The eight locations included Zambia, India, Senegal, Rwanda, Uganda, Nigeria, Cambodia, and South Africa.

Audit Findings

Did selected USAID operating units monitor the performance of their HIV/AIDS programs in accordance with Automated Directives System (ADS) guidance?

According to the individual audit reports, five of the eight USAID operating units selected generally monitored the performance of their HIV/AIDS programs in accordance with USAID's Automated Directives System (ADS) guidance. The remaining three operating units either did not monitor or did not fully monitor their programs in accordance with ADS policy (see summary of USAID selected operating units' performance monitoring controls at Appendix V, page 39).

ADS 201.3.4.13 requires each operating unit to establish a performance monitoring system, including preparing a performance monitoring plan. This plan should include performance indicators with performance baselines and targets and should describe the data sources and methods of data collection. ADS 203.3.6.5 and ADS 203.3.6.6 require operating units to periodically assess the quality of data reported.

For the five operating units that generally met ADS requirements, in most cases their indicators were precisely defined, data sources were identified, data collection schedules were specified, appropriate assignments of responsibility to personnel had been made, and baselines were established.

However, all eight of the operating units needed some improvement in their performance monitoring plans (PMPs) to enable consistent collection and reporting of credible data. For example, four of the operating units did not precisely define all of their indicators, three did not correctly identify data sources, and three did not identify data collection responsibilities. In addition, six of the eight operating units did not perform and/or document data quality assessments for all of the HIV/AIDS indicators reviewed. These areas are discussed below.

Performance Monitoring Plans
Need to be Updated and Improved

USAID guidance requires operating units' PMPs to include: (1) precise indicator definition, (2) data source identification, (3) description of the data collection methods, (4) assignment of responsibilities, and (5) disclosure of data limitations. As noted above, all eight operating units needed some improvement in their respective PMPs. The principal reasons for these shortcomings were that operating unit personnel did not know or were not fully aware of the monitoring requirements, limited staff, HIV/AIDS programs were fairly new or evolving, and

operating units were not reviewing or updating their PMPs. Without plans that fully comply with USAID guidance, the operating units might not collect and report consistent, credible and useful performance information on the progress of their HIV/AIDS activities.

The PMP is a performance planning and monitoring tool that supports "results focused program management." ADS guidance lists the performance monitoring controls to be included in the PMP and by which USAID program managers should monitor the performance of programs. Specifically, ADS 201.3.4.13(a) indicates that a PMP must

(1) provide a detailed description of the performance indicators to be tracked;

(2) specify the source of the data;

(3) specify the data collection method;

(4) establish a schedule for data collection;

(5) assign responsibility for data collection to a specific office, team, or individual;

(6) disclose known data limitations, discuss the significance of the limitations for judging the extent to which goals have been achieved, and describe completed or planned actions to address these limitations; and

(7) describe the data quality assessment procedures that will be used to verify and validate the measured values of actual performance.

In addition, USAID guidance requires operating units to review and update their respective performance monitoring plans annually.

However, these policies were not being fully implemented. The following table describes the percentage of indicators tested during the series of audits that met and did not meet certain requirements of a PMP (also see Appendix V).

Table Showing Percentage of Indicators Tested
That Met Certain Requirements of a PMP

Operating Unit and Number of Indicators Tested [X]	Indicators Precisely Defined	Data Sources Identified	Data Collection Methods Described	Responsibilities Assigned	Data Limitations Disclosed
Zambia [3]	100%	100%	100%	100%	100%
India [2]	50%	100%	100%	100%	100%
Senegal [3]	100%	0%	100%	100%	0%
Rwanda [3]	0%	100%	0%	0%	0%
Uganda [4]	100%	100%	100%	100%	100%
Nigeria [3]	100%	0%	0%	0%	0%
Cambodia [3]	0%	67%	67%	0%	100%
South Africa [3]	67%	100%	100%	100%	0%
Percentage of indicators tested meeting the requirements	33% No 67% Yes	29% No 71% Yes	29% No 71% Yes	38% No 62% Yes	50% No 50% Yes

According to operating unit officials, the principal causes for the shortcomings were:

(1) the staff members responsible for implementing the plans were uninformed or were not fully aware of all monitoring requirements;

(2) limited staff;

(3) evolving plans and priorities; and

(4) lack of review and updating of performance monitoring plans.

Without performance monitoring plans that comply fully with USAID policy, operating units might be unable to collect and report credible data and, therefore, USAID will be unable to accurately determine if its HIV/AIDS activities are making progress as planned. The PMP serves as the primary tool to support results-focused program management, which requires access to useful, timely, and reliable information for decision-making. If elements from the PMP–such as

precise indicator descriptions, data sources, data collection methodology, assignment of responsibility, and data limitations–are incomplete or not specified for each indicator, the operating unit reduces its assurance that (1) data will be consistent from year to year, (2) users are aware of data limitations, and (3) reliable information will be reported. The completion and implementation of a PMP with its proper elements will assist the operating units in managing for results and meeting expanded reporting requirements.

The OIG made specific recommendations to each of the eight overseas operating units audited relating to their performance monitoring plans. For example, the OIG recommended that operating units take such actions as establish and follow a schedule in which the PMP is reviewed and updated, establish targets for all indicators used to monitor the performance of HIV/AIDS programs, provide training on performance monitoring to the staff responsible for implementing the plan, monitor program partner's data collection methods, and disclose known data limitations.

Although the selected operating units will benefit from the individualized recommendations, the extent of non-compliance demonstrates that USAID operating units as a whole needed improvement in performance monitoring and reporting. Therefore, to ensure that all responsible staff are fully informed of ADS requirements for performance monitoring plans and that HIV/AIDS performance monitoring plans are complete and updated regularly, we made the following recommendation in our draft report:

> **Recommendation No. 1: We recommend that the Bureau for Global Health, Office of HIV/AIDS provide training on performance monitoring development and requirements to operating units that have HIV/AIDS programs.**

Based on information provided by GH/OHA in comments to the draft report (see Appendix II), we believe that management has taken sufficient action since the dates of our audits to address this recommendation.

**Data Quality Assessments Should
Be Performed and Documented**

Contrary to USAID guidance, six of the eight overseas operating units audited neither described Data Quality Assessment (DQA) procedures in their performance monitoring plans nor performed required DQAs for all of the indicators tested. These conditions occurred in some cases because the operating units did not have systems in place to check the accuracy of results reported and/or operating units personnel were not fully aware of the requirements. Without such systems, data limitations might not be recognized and flawed data might be reported and erroneous management decisions could be made based on that flawed data.

ADS 201.3.4.13 states that, at a minimum, PMPs must contain a description of the DQA procedures that will be used to verify and validate the measured values of actual performance. Furthermore, ADS 203.3.6.5 and ADS 203.3.6.6 require that DQAs be performed when establishing indicators and at least every three years thereafter for all indicators reported in USAID's annual reports and for other data included "in special reports to Congress or other oversight agencies, such as the annual HIV/AIDS or micro-enterprise reports." Such assessments are intended to ensure that performance information will be sufficiently complete, accurate, and consistent. The guidance further notes that, when conducting DQAs, operating units must

- verify and validate performance information to ensure that data are of reasonable quality;

- review data collection, maintenance, and processing procedures to ensure that they are consistently applied and continue to be adequate; and

- retain documentation of the assessment in performance management files– a requirement that is in accord with general Federal requirements to document significant events and to retain such documentation for future examination.

The ADS further notes, "Meeting requirements for DQAs need not be excessively onerous…" The ADS goes on to say that the requirement might be met by activities such as

- reviewing partner reports;

- making site visits to spot check for reliability; or

- holding discussions with data source agencies on quality assurance procedures, if these discussions are sufficiently detailed, crosschecked and well documented.

In any case, the goal of a DQA is to ensure that the user of the data is aware of data strengths and weakness and the extent to which data can be trusted when making management decisions.

Moreover, the USAID Center for Development Information and Evaluation (CDIE) issued guidance for assessing data quality in its TIPS #12, *Guidelines for Indicator and Data Quality*, issued in 1998. That guidance states that it is important to critically assess performance measurement systems and data sources from time to time to make sure that indicators are measuring the results and that data are being collected as originally intended.

However, six of the eight operating units audited did not have DQA procedures described in their performance monitoring plans for all of the performance indicators selected for audit. Furthermore, required DQAs had not been conducted for all of the indicators tested (or documentation could not be provided).[3] As illustrated in the table below, operating unit performance monitoring plans did not contain descriptions of DQA procedures for 75 percent of the indicators reviewed and DQAs were not conducted for 74 percent of the performance indicators tested by the OIG.

Table Showing Percentage of Indicators Tested
With/Without Data Quality Assessments

Operating Unit and Number of Indicators Tested [X]	Data Quality Assessments Described In PMP	Data Quality Assessments Conducted
USAID/Zambia [3]	0%	0%
USAID/India [2]	100%	100%
USAID/Senegal [3]	0%	0%
USAID/Rwanda [3]	0%	0%
USAID/Uganda [4]	100%	100%
USAID/Nigeria [3][4]	0%	0%
USAID/Cambodia [3]	0%	0%
USAID/South Africa [3]	0%	0%
Percentage of indicators that did not Comply with the performance monitoring Control	**75%**	**74%**

The operating units that did not follow the policy and guidance regarding DQAs were non-compliant for a number of reasons:

(1) No system was in place to check the accuracy of the reported data–DQAs were not a part of operating units' PMPs;

---

[3] Similar findings were reported in Office of Inspector General report entitled, Audit of Performance Monitoring for Indicators Appearing In Selected USAID Operating Units' Results Review and Resource Request Reports, issued September 27, 2001 (Audit Report No. 9-000-01-005-P). This series of audits, which reviewed performance indicators across all operating unit program sectors, found that six of the seven operating units audited had not performed required DQAs.

[4] Because no data were reported for one indicator, only two indicators were tested to see if DQAs were conducted.

(2) Some staff members were not fully aware or were uninformed of the requirements;

(3) Operating units relied on their grantees because operating unit staff felt that the methods and partners were well-established and reputable; and

(4) Operating units stated that they performed the required data quality assessments, but did not document the DQA activities or findings.

DQAs are a key element of USAID's performance monitoring system. Without such assessments the quality of data being collected and reported is simply assumed and data limitations, if any, are not documented and recognized. As a result, flawed data may be reported and erroneous management decisions could be made based on that flawed data. Documenting such assessments helps ensure that they are done and that the results are available to successive managers.

In addition, with increased funding for HIV/AIDS and with expanded reporting requirements, we believe that it is even more urgent that operating units ensure that the data collected for all key indicators used to manage their HIV/AIDS programs be reliable. Therefore, we made the following recommendation in our draft report:

> **Recommendation No. 2: We recommend that the Bureau of Global Health, Office of HIV/AIDS provide training to the operating units that have HIV/AIDS programs on performing and documenting data quality assessments for HIV/AIDS indicators included in their Performance Monitoring Plans and special reports.**

Based on information provided by GH/OHA in comments to the draft report (see Appendix II), we consider that management has taken sufficient action since the dates of our audits to address this recommendation.

Did selected USAID operating units achieve intended results from their HIV/AIDS programs?

At the operating unit level, the eight audits found that for the 23 performance indicators tested under this objective, the operating units achieved intended results for 10 indicators but did not achieve intended results for 5 indicators. For the remaining eight indicators, we could not assess whether performance indicators met intended results. In many cases, operating units did not succeed for reasons outside their control.

Intended Results Achieved for Ten Indicators

Operating units met or exceeded their intended results for ten of the indicators reviewed. For example,

- USAID/Zambia achieved its targets for condom sales and condom use. Using market research techniques, the brand name *Maximum* was developed and condom sales grew from 4.7 million in 1993 to 8.6 million in 2000, surpassing the program's FY 2000 target of 7.5 million condoms sold.

- The results of USAID/Zambia's fiscal year 2000 survey of condom use showed that actual condom use during last sexual act with a non-regular partner was 34 percent for females and 40 percent for males. These levels were well above the indicator target levels for condom use of 28 percent for females and 35 percent for males.

- In the state of Tamil Nadu, USAID/India was successful in achieving intended results of increased condom use among high-risk groups. The Mission reported that, in FY 2000, 60 percent of the target group used condoms in the most recent sexual encounter with a non-regular partner, thus exceeding its target of 57 percent.

- USAID/South Africa's *condom availability* indicator measures the percent of the 677 Eastern Cape Province clinics that have condoms easily available. The operating unit had planned to achieve a level of 70 percent. USAID/South Africa reported that it exceeded this goal by reaching an 85 percent level in the Province's clinics.

Additional examples of indicators that met or exceeded their targets can be seen in the eight individual audit reports identified in Appendix IV, page 37.

Intended Results were not Achieved for Five Indicators

However, operating units did not meet their targets for five indicators. Of these five, four did not meet their intended results due, in part, to circumstances beyond the operating units' control. For example,

- USAID/Zambia did not achieve its target for *Sexually Transmitted Infections (STI) Diagnosis and Treatment* primarily because of host government policies. Until 1998, the operating unit supported a program that trained approximately 100 health workers in STI care management. In 1998 a combination of host governmental policy restricting health care training programs and the failure of another donor to provide anticipated STI drugs made continuation of the training program impractical.

- USAID/South Africa did not meet its intended results for its indicator, *access to HIV testing*, because of the host government's weakness in procurement and distribution of HIV test kits.

- USAID/Uganda did not achieve its fiscal year 2000 targets for two of its indicators. Intended results were not achieved for its *HIV testing and counseling* indicator primarily because strategies to improve performance were not implemented due to lack of funding. The other indicator, *HIV counseling*, did not achieve its intended results in 2000 because of a reduction in food aid for clients of AIDS support organizations and a policy change. However, it exceeded its target in 1998 and missed targets by 1 percent and 3 percent in 1997 and 1999.

- The fifth indicator that did not achieve its intended result was designed to measure the increase in *Sexually Transmitted Disease (STD) care-seeking behavior*, with a goal of reaching 72 percent of STD-infected individuals who sought treatment in 2000. The reported result was 65 percent. Although per USAID/India's data, it did exceed its intended results in the prior three years.

- The progress of USAID's HIV interventions was disappointing in another region of India. On September 15, 1999, the operating unit and the host government signed a bilateral agreement for USAID's HIV/AIDS project. The agreement called for USAID to provide $41.5 million over seven years to combat the region's growing HIV/AIDS epidemic. However, when the audit began in June 2001, the host government still had not satisfied all the conditions necessary for USAID to release the project funds.

The Results for Some Indicators Could Not Be Assessed

During our review, we could not assess whether the operating units were achieving their intended results for 8 of the 23 tested indicators because performance data were not available due to civil turmoil in the host country, performance targets had not been established, or performance target data were not yet due.

ADS 201.3.4.10(b) states that strategic objective teams should identify performance measures and formulate activities required to achieve those results for which the operating unit is taking responsibility. Per the ADS, the next steps include "developing a complete set of performance indicators, establishing related baselines and targets, and developing a Performance Monitoring Plan." Furthermore, ADS 201.3.4.13 indicates that baselines and targets should be determined for each of the performance indicators in the PMP. USAID's *Performance Monitoring and Evaluation Guidance*, TIPS No. 8, explains further

that operating units should establish a performance target for each performance indicator it selects.

- An assessment of three indicators at USAID/Rwanda could not be done because of circumstances beyond that particular operating unit's control. Prior to year 2000, reliable and pertinent data were not available from which the operating unit could choose baseline data that reflected indicator activities.

  Genocide and civil war had decimated the health infrastructure in Rwanda along with most of the relevant data. During that period, USAID focused its activity on emergency humanitarian assistance, instead of developing health and social services for HIV/AIDS. Until October 1999, the operating unit was exempt from most ADS requirements for monitoring and evaluation. Nevertheless, the operating unit was not relieved of all of its "evaluation and reporting" requirements. The PMP had not been updated in two years, even though the ADS applied to the operating unit during this time. Strategic Objective team members explained that the PMP might not have been updated due to staffing shortage.

- Results associated with three additional indicators, one at USAID/Nigeria and two at USAID/Cambodia, could not be assessed for achieving intended results because performance targets had not been set as required by USAID guidance. However, activities at these two missions appeared to be making progress towards the desired results.

  Officials at USAID/Nigeria stated that even though they did not establish a performance target for one of their HIV/AIDS indicators, they had collected data for the indicator in FY 2000 using a Behavioral Surveillance Survey (BSS) to serve as a baseline.

  USAID/Cambodia did not set targets for two of its indicators because it was not entirely aware of such requirements. In fact, mission officials were not certain whether they were required to report on the progress of the program because HIV/AIDS activities were organized under a special objective. This operating unit's performance monitoring plan did not completely meet USAID policy requirements, partially because operating unit officials were not fully aware of those requirements and, to some extent, because of being short-staffed. According to operating unit officials, the Monitoring and Evaluation Advisor position had been vacant since early 2000. It should be noted that this position was filled in February of 2002.

- We did not make an assessment whether the Mission was meeting intended results for the remaining two indicators because target data were

not due until the end of 2001 and 2003. A self-assessment by USAID/Senegal showed that it was achieving its strategic objectives of increased and sustainable use of reproductive health services.

As articulated earlier in the report, annual reviews and updates of operating unit PMP and data quality assessments are critical in recognizing areas for adjustment and improvement. Periodic updates ensure the usefulness and relevance of a PMP. ADS 203 states that a PMP should be the cornerstone of a strategic objective team's performance management system. An outdated (or incomplete) PMP provides little assistance in the timely and consistent collection of performance data. For those indicators that did not have the required performance targets in place, we believe that a lack of full understanding of performance monitoring requirements on the part of operating unit staff to be the cause. These issues have been addressed individually to operating units in their audit reports (see Appendix IV, page 37).

What is the status of selected USAID operating units' efforts to meet anticipated HIV/AIDS reporting requirements?

The OIG reviewed the selected operating units to determine if they were prepared to meet the new reporting requirements anticipated in USAID's draft "Expanded Response to the Global HIV/AIDS Pandemic, Monitoring and Evaluation Guidance."

Only one of the eight operating units was unaware of the new HIV/AIDS reporting requirements. The other seven operating units were in various stages of implementing actions to meet the new requirements. Some had already taken steps to meet the new reporting requirements while others were in the planning stage.

New USAID Monitoring and Reporting Requirements

Due to the significant increase in HIV/AIDS funding from 1999 to 2002, there has been a great deal of interest in monitoring the results of USAID's assistance in this area. In March 2000, USAID's Bureau for Global Programs, Field Support and Research developed a handbook of standard indicators that operating units could use to measure the progress of their HIV/AIDS programs. In March 2001, the U.S. General Accounting Office (GAO) issued its report on USAID's fight against AIDS in Africa, which reported the need for performance monitoring systems. In its report, GAO recommended that USAID's operating units adopt standard indicators to measure program performance, gather performance data on a regular basis, and report data to a central location for analysis.

To improve the monitoring process for its HIV/AIDS program, USAID has drafted "Monitoring and Evaluation Guidance" as part of USAID's Expanded Response to the Global HIV/AIDS Pandemic. This guidance establishes several global targets USAID expects to achieve with its additional funding and requires operating units to routinely monitor and evaluate their HIV/AIDS programs in a definitive, systematic way and to report on their progress. The draft guidance required "rapid scale-up countries" and "intensive-focus countries" to implement this enhanced monitoring and reporting system (see Appendix III for a description of "rapid-focus countries" and "intensive-focus countries"). The system would collect and report information at three levels:

- At the first level, operating units in rapid scale-up and intensive focus countries were required, by 2007, to develop a national sentinel surveillance system to report annually on HIV incidence rates so as to measure the overall effect on the pandemic of national HIV/AIDS prevention and mitigation programs. The standard indicator for this measurement, according to the draft guidance, would be HIV prevalence rates for 15-24 year olds.

- The second level required missions in these countries to conduct standardized national sexual behavior surveys every 3-5 years, beginning in 2001. Standard indicators proposed in the draft guidance for this area are *number of sexual partners* and *condom use with last non-regular partner*.

- At the third level, missions in these countries would be required to report annually, not only on trends at the national level–which may or may not directly reflect USAID-funded activities–but on progress toward implementing USAID's HIV/AIDS programs and increasing the proportion of the target population covered by these programs. The draft guidance lists seven standard indicators that operating units might use to measure progress in selected program areas.

Operating units were at different stages in preparing to meet the new reporting requirements at the time of the audits

Only one of the operating units reviewed was unaware of the new HIV/AIDS reporting requirements prior to the audits. Operating unit officials stated that they had not received copies of the draft "Monitoring and Evaluation Guidance." Upon review of the guidance, the operating unit believed that some of the requirements might not be applicable, given its complex geopolitical situation at the time. The operating unit wanted to obtain further clarification from Washington prior to being able to determine if it would be able to meet the anticipated requirements.

The remaining seven operating units audited were at different stages in preparing to meet the new reporting requirements. For instance, two of the operating units

were reported to be well on their way to meeting the new reporting requirements, others were in the midst of revising their strategic objectives, reviewing possible new indicators, selecting data sources, and transitioning to meet the reporting requirements. One operating unit had already provided additional training to its management staff on the new monitoring and reporting requirements, begun working with its partners to expand and improve HIV/AIDS surveillance systems, and had plans to identify monitoring indicators for the new program elements.

Current status of USAID operating units' ability to meet the "Expanded Response" requirements

In fiscal year 2001, with increased resources from Congress, USAID developed an "Expanded Response" to the HIV/AIDS pandemic. This strategy was designed to enhance the ability of countries to prevent new HIV/AIDS infections and provide services to those who are either infected or otherwise affected by the epidemic, especially children orphaned by AIDS.

Under this "Expanded Response," operating units would be required to work closely with USAID offices in Washington to establish a comprehensive program monitoring and reporting system. Washington would provide some funding and technical assistance to support this improved data collection, analysis, and reporting system, but participating operating units would also be required to invest some of their budget in this reporting system.

As of January 2002, USAID had determined that the implementation for this strategy was insufficient in several ways. In particular 1) there was insufficient technical support for priority countries, 2) the basic countries[5] suffered from insufficient resources and support from their regional bureaus and Washington, and 3) regional programs were operating inefficiently.

To combat these deficiencies and to improve support for HIV/AIDS programs, the strategy was revised in several ways: such as,

- The number of intensive focus countries was increased from 17 to 23.

- In fiscal year 2002, the total budget for HIV/AIDS programs was increased to approximately $510 million, which would provide for increased staffing and address other problems.

- The *basic* country strategy was to be revised by creating and strengthening seven HIV/AIDS regional offices (One in Central Asia, one in West Africa, South Africa, Barbados, Guatemala, Thailand, and one other

---

[5] Basic countries are countries that are not identified as rapid scale-up and intensive focus countries. In 2001, USAID had HIV/AIDS programs in 29 basic countries.

location). This strategy enrichment was to include increasing staff to assist the basic countries determine where resources should go.

On April 23, 2002, USAID's Administrator approved the Agency's new HIV/AIDS operational plan entitled "Stepping up the War against AIDS." In summary, the new HIV/AIDS operational plan will:

- Increase high priority countries from 17 to 23 and increase funding levels, technical assistance and staff allocations for these countries. USAID/Washington will identify means to help ensure that HIV/AIDS funding is considered additive and not be affected by country and regional ceilings.

- Maintain bilateral funding for those "basic" country programs that the regional bureaus, Bureau for Global Health (GH) and Bureau for Policy and Program Coordination (PPC) identify as critical.

- Strengthen HIV/AIDS technical capacity of regional field offices to track the epidemic and implement cross-border or other strategic interventions and provide support to bilateral and non-presence programs as needed.

- Require all operating units to update their strategic plans through joint programming with GH, PPC and regional bureaus to ensure that these plans meet Agency technical standards and have clearly identified and measurable impacts.

- Provide GH with approval authority over the technical content of operating unit HIV/AIDS strategies and plans consistent with regional bureaus' overall approval of country strategies in consultation with PPC and relevant pillar bureaus. GH, working with regional bureaus, will also develop incentives for innovative ideas or activities.

- Mandate that GH and PPC sign-off on country HIV/AIDS budgets in consultation with regional bureaus.

- Charge GH with monitoring the status of the pandemic and evaluating progress and impact of USAID programs at both the country and regional levels. Operating units will carry out improved monitoring and evaluation and submit data to GH, as outlined in a monitoring and evaluation cable.

- Make every effort to provide key technical staff to the priority operating units, regional offices and the newly created Office of HIV/AIDS. This includes U.S. direct-hires, as well as Foreign Service nationals and other staff.

- Provide additional operating expense funds needed to place key staff, provide technical support to the field, and jump-start the implementation of the revised plan through regional "State of the Art" and planning workshops.

In conclusion, with respect to the new operational plan, USAID has devised a major step to implement its new HIV/AIDS strategy. This plan provides for additional resources and technical assistance to operating units to assist them in implementing the HIV/AIDS strategy, and calls for improved program monitoring, evaluation and reporting. However, because the new operational plan did not specifically address the problems noted earlier in this report regarding performance monitoring plans and data quality assessments (see pages 8 to 14), we included the recommendations at pages 11 and 14. The actions management has taken and plans to take should help USAID operating units improve their performance monitoring systems to collect and report consistent, credible and useful performance information on the progress of their HIV/AIDS programs.

Management Comments and Our Evaluation

In response to our draft audit report, GH/OHA provided written comments that are included in their entirety as Appendix II. GH/OHA stated that, since the audit fieldwork was carried out, the Agency has instituted a comprehensive program encompassing guidance, training and technical assistance to ensure that HIV/AIDS data are of the highest possible quality. GH/OHA provided documentation on actions taken and believed these actions would address the two recommendations in the report.

In short, GH/OHA noted that a number of important actions have been carried out by:

- GH/OHA – to improve planning, monitoring and reporting on HIV/AIDS performance as well as to support and strengthen HIV/AIDS strategies in country;
- PPC – to strengthen the capacity of operating units to meet USAID's requirements for performance management; and
- Concerned missions – to develop new country strategies, align and update performance management plans (PMPs –formerly performance monitoring plans) and establish baseline and performance targets with the requisite documentation and quality assurance systems.

For example, in 2002 and early 2003, the Global Health Bureau conducted training on performance management, with emphasis on data quality assessment and on strategic planning for Bureau staff who provide

technical assistance to mission HIV/AIDS programs. Moreover, since the audit fieldwork, GH and PPC have provided priority HIV/AIDS missions with extensive training and technical assistance to meet the audit recommendations.

Based on information provided by GH/OHA, we consider that management has taken sufficient action since the dates of our audits to address the report recommendations, and thus, we consider that final action has been taken on both report recommendations.

This page is intentionally left blank

Scope and Methodology

Scope

These audits of selected operating units' controls over performance monitoring were conducted in accordance with generally accepted government auditing standards. The purpose of the audits was to determine (1) whether the selected USAID operating units were monitoring the performance of their HIV/AIDS programs in accordance with the Automated Directives System guidance; (2) whether the selected USAID operating units were achieving intended results from their HIV/AIDS programs; and (3) the status of each operating unit's efforts to meet the anticipated new reporting requirements. The Office of Inspector General in Washington performed additional audit work to determine the current status of the Bureau of Global Health's efforts to ensure that each operating unit meets the new reporting requirements.

The audits covered 24 indicators in the selected operating units' performance monitoring plans under Audit Objective No. 1 and 23 indicators under Audit Objective No. 2. The indicators were selected through consultation with HIV/AIDS technical advisers, mission officials, and by judgmental methods to provide good representations and cover major aspects of each mission's HIV/AIDS activities. Concerning the second objective, a determination as to whether intended results had been achieved was based on the fiscal year 2000 results of the indicators selected from the missions' PMPs. In evaluating for intended results, we recognized that, in many cases, other entities–including host countries–also participated in achieving these results. Because the third objective is a descriptive objective, the results were based on the facts given and statements provided at the time of the audits. See the individual reports for discussions of audit risk and materiality thresholds.

The auditors' review of mission management controls focused on each operating unit's performance monitoring plan and how well the Missions complied with USAID, Office of Management and Budget (OMB), and General Accounting Office (GAO) policies and guidance. Specifically, assessments were made of each Mission's internal controls for monitoring performance indicators, reporting data for baselines, and determining whether quality data were collected, maintained, and processed according to ADS guidance.

The fieldwork for the audits was conducted in:

- Zambia – Lusaka and Livingston, from March 26 through April 18, 2001;

- India – New Delhi, the state of Tamil Nadu, and USAID/ India, from June 11 through September 14, 2001;

- Senegal – Dakar, Louga, and Mbour, from August 9 through September 18, 2001;

- Rwanda – Kigali, Nyarusange, Kabgayi, and Gitarama, between September 27 and October 25, 2001;

- Uganda – Kampala, between October 10 and November 7, 2001;

- Nigeria – Accra, Abuja, and Lagos, from October 9 through November 2, 2001;

- Cambodia – Phnom Penh, between November 4, 2001 and March 1, 2002; and

- South Africa – East London and Port Elizabeth, from January 14 to April 11, 2002.

Methodology

To accomplish the first audit objective, a review was made of each Mission's performance monitoring plan, and it was compared to the requirements set forth in USAID's Automated Directives System. A further review of each PMP was conducted and 24 indicators were judgmentally selected to determine if data sources were specified, data quality assessments and procedures were completed, baselines were established, and if data agreed to source documents. Information was also obtained as to what methods were being used to monitor HIV/AIDS programs.

To answer the second objective, analysis was conducted of planned and actual performance results data for the 23 indicators presented in the Missions' PMPs and chosen for testing. Analysis and comparisons were done to data submitted in mission Results Review and Resource Request (R4) reports, source documents, and behavioral survey data.

For objective three, auditors reviewed USAID's "Handbook of Indicators for HIV/AIDS/STI Programs," USAID's "Expanded Response to the Global HIV/AIDS Pandemic" (a draft dated February 2001), and the status of each mission's implementation of this guidance. Additionally, the

auditors reviewed various documents from the Bureau of Global Health and obtained statements from Bureau officials.

This page is intentionally left blank

Management Comments

U.S. AGENCY FOR
   INTERNATIONAL
   DEVELOPMENT

MEMORANDUM

TO: IG/A/PA, Dianne L. Rawl

FROM: GH/OHA, Constance A. Carrino

SUBJECT: Draft Capping Report for Audits of Selected USAID Operating Units' Monitoring of the Performance of Their HIV/AIDS Programs

Thank you for providing the opportunity to comment on the draft audit report, which we read with interest. We certainly share your commitment to the use of sound data for performance management and reporting, and, since the audit fieldwork was carried out in 2001 and early 2002, we have instituted a comprehensive program encompassing guidance, training and technical assistance to ensure that HIV/AIDS data are of the highest possible quality. Since this program is already well underway, we are able to provide information and documentation below which, we believe, will permit you to determine that the audit recommendations can be closed.

We would like to note that, while your recommendations focus on the need for the Bureau for Global Health, Office of HIV/AIDS (GH/OHA) to provide training to operating units with HIV/AIDS programs, we work in concert with the Bureau for Policy and Program Coordination (PPC), which provides complementary training and technical assistance. We are equal partners in ensuring that missions have the needed guidance as well as the technical and programmatic skills in performance management and data quality assessment, in line with the audit recommendations.

In short, since the audit fieldwork was carried out, a number of important actions have been carried out by:

- GH/OHA – to improve planning, monitoring and reporting on HIV/AIDS performance as well as to support and strengthen HIV/AIDS strategies in country;
- PPC – to strengthen the capacity of operating units to meet the Agency's requirements for performance management, and, largely in consequence;
- Concerned missions – to develop new country strategies, align and update performance management plans (PMPs – formerly performance monitoring plans) and establish baseline and performance targets with the requisite documentation and quality assurance systems.

PPC has developed materials and training opportunities to enable operating units to manage performance in accordance with the Automated Directives Systems (ADS), as revised in September 2000. Specifically, PPC developed two courses, the Performance Management (PM) workshop and the Planning, Achieving and Learning (PAL) workshop, which both address performance management and data quality assessment in depth. More than 1200 USAID staff have benefited from these trainings since 2001. The ADS was revised in 2002-03 to provide clearer guidance on indicator selection and data quality analysis.

GH/OHA has worked closely with PPC to strengthen strategic planning, performance management and reporting guidance, training and technical assistance for HIV/AIDS programs. In 2002 and early 2003, the Global Health Bureau conducted trainings on performance management, with emphasis on data quality assessment and on strategic planning for Bureau staff who provide technical assistance to mission HIV/AIDS programs. OHA has provided missions worldwide with guidance for HIV/AIDS programs on the new monitoring and reporting system requirements as well as on strategic planning. Based on OHA input, PPC has incorporated such guidance into the latest draft of the ADS (January 2003). (Please see Tabs 1-4).

The guidance on monitoring and reporting (Tab 1) establishes new requirements for HIV/AIDS reporting and summarizes the standard indicators to be used in new technical areas, such as preventing mother-to-child HIV transmission. The guidance on strategic planning (Tab 2) requires missions to discuss the strategy's planned results, including the nature and magnitude of the expected change as well as indicators, targets, coverage and compliance with the new Agency HIV/AIDS reporting requirements.

Since the audit fieldwork, in 2001-2002, GH and PPC have provided priority HIV/AIDS missions[1] with extensive training and technical assistance to meet the audit recommendations. Tab 5 documents specific dates for each priority mission, including all the audited missions. (Tab 5 also includes regional training, which HIV/AIDS priority missions participated in as well as USAID/Washington training both for mission staff and for USAID/W staff who provide assistance to priority missions.)

Further details on the efforts of GH and PPC to strengthen performance management are provided below.

- The Bureau of Global Health:

  - Holds periodic 'State of the Art' (SOTA) regional workshops for all USAID PHN staff. In 2002, SOTA workshops were held for the Africa, the Asia and Near East, and the Europe and Eurasia regions. A SOTA workshop for all the Latin America and Caribbean missions will take place in March 2003. These SOTA workshops all include dedicated training sessions conducted by OHA on HIV/AIDS requirements for both monitoring and reporting as well as for strategic planning. OHA also provided such training in a "mini" SOTA for the Middle America (Central America plus Mexico) missions in November 2002.
  - Held recent (January 2003) training on HIV/AIDS performance management requirements with emphasis on data quality assessment for all USAID/Washington staff.

- The Office of HIV/AIDS:

  - Held week-long training on monitoring, reporting and performance management, including data quality assessment for all USAID/W providers of HIV/AIDS technical assistance in June 2002. PPC trainers participated as well to ensure that training was in accordance with ADS guidelines.
  - Provides extensive direct (see Tab 5) and telephonic/virtual technical assistance and support to HIV/AIDS programs worldwide. Such assistance is a top OHA priority.
  - Developed (in collaboration with PPC) the new Agency HIV/AIDS operational plan, "Stepping Up the War against AIDS", which, inter alia
    - requires all missions to update their strategic plans to ensure that these meet Agency technical standards and have clearly identified and measurable impacts;

---

[1] Brazil, Cambodia, Dominican Republic, Ethiopia, Ghana, Haiti, Honduras, India, Indonesia, Kenya, Malawi, Mozambique, Nepal, Nigeria, Russia, Rwanda, Senegal, South Africa, Tanzania, Uganda, Ukraine, Zambia, Zimbabwe.

- requires missions to carry out improved M&E and report to GH; and
- charges GH with monitoring and evaluating the progress and impact of the Agency's HIV/AIDS programs.

The Administrator approved this plan in April 2002 (Tab 6).

- Developed and transmitted "Guidance on the New Monitoring & Reporting System Requirements for HIV/AIDS Programs" (Tab 1) to all field missions (September 2002). This guidance establishes an improved, comprehensive system for routinely monitoring USAID HIV/AIDS program worldwide, managing resources and periodically reporting on the Agency's progress toward achieving its stated results.

- Completed the draft of new Agency handbook of HIV/AIDS indicators and data quality management (in December 2002). This handbook, which represents more than a year of work by expert committees, provides standard definitions for indicators to track progress in the newer HIV/AIDS program areas such as the preventing mother-to-child transmission, and care, support and treatment. The handbook will be printed and distributed to the field early in 2003.

- Will hold a refresher workshop on performance management, monitoring and data quality for all USAID/W staff that provide HIV/AIDS technical assistance to missions by the end of March 2003.

- Worked with United Nations agencies, bilateral donors and the U.S. Centers for Disease Control and Prevention to standardize HIV/AIDS indicators worldwide. Mechanisms are in place to add new indicators and to revise and update indicators as needed. These efforts foster simplified, standardized and strengthened country-level surveillance, data, targets, monitoring and reporting.

- The Bureau for Policy and Program Coordination:

  - Developed two courses, the Performance Management (PM) workshop and the Planning, Achieving and Learning (PAL) workshop, which both address performance management and data quality assessment in depth. More than 1200 USAID staff have benefited from these workshops since 2001.

  - Provides continuous guidance to OHA, USAID/W and field missions on performance management, including extensive training opportunities and technical assistance both directly and through the Integrated Managing for Results contract (Tab 5).

  - Revised and updated the ADS 200 series in 2003 to make requirements for data quality assessments clearer and more specific.

  - To standardize HIV/AIDS indicators Agency-wide, incorporated into the latest ADS draft (January 2003) the "USAID Handbook of Indicators for HIV/AIDS/STI Programs" and the "USAID Expanded Response Core Indicators for Monitoring and Reporting on HIV/AIDS

Programs" as mandatory references for all missions implementing HIV/AIDS programs (Tab 3).

▪ Is extending the Integrated Managing for Results contract to ensure that the technical assistance and training resources available through that contract will continue to be available through the end of FY 2004.

While the planned training and technical assistance outlined in Tab 5 run through 2003, OHA and PPC have established systems that will continue to provide the technical assistance and training that missions will require to ensure high quality data for performance management and reporting over the longer term.

Given the substantial training and technical assistance that has been provided since the fieldwork for the audits, which directly respond to the two audit recommendations, we respectfully request that the IG close the two recommendations at the same time that the report is issued.

<u>Attachments</u> (Note – These Attachments are not included in the audit report):

Tab 1: "Guidance on the New Monitoring & Reporting System Requirements for HIV/AIDS Programs"
Tab 2: "A Collaborative Approach to Reviewing HIV/AIDS Strategies" (HIV/AIDS Strategic Planning Guidance)
Tab 3: ADS 203 excerpt, Revised draft on Quality Performance Indicators for PMPs: "HIV/AIDS Indicators"
Tab 4: ADS 201 excerpt, Revised draft on "HIV/AIDS Strategies and Strategic Planning"
Tab 5: GH & PPC Monitoring & Evaluation and Strategic Planning Technical Assistance and Training, Completed or Planned in 2002-03
Tab 6: Action Memorandum approving the Agency's revised HIV/AIDS plan with the new USAID HIV/AIDS Operational Plan (April 2002)

This page is intentionally left blank

Rapid Scale-Up and Intensive Focus Countries

- Rapid Scale-Up Countries are defined as countries that will receive a significant increase in resources to achieve measurable impact within one-to-two years. This will result in an extremely rapid scaling up of prevention programs and enhancement-of-care and support activities. As of the time of the individual audits, Rapid Scale-Up countries included:

  Cambodia   Kenya   Uganda   Zambia

- Intensive Focus Countries are defined as countries where resources will be increased and targeted to reduce prevalence rates (or keep prevalence low in low prevalence countries), to reduce HIV transmission unit from mother to infant and to increase support services for people (including children) living with and affected by AIDS within three-to-five years. As of the time of the individual audits, Intensive Focus Countries included:

Ethiopia	Nigeria	Brazil
Ghana	Rwanda	India
Malawi	Senegal	Russia
Mozambique	South Africa	
Namibia	Tanzania	

- Basic Countries are those countries which USAID will support host country efforts to control the pandemic. USAID programs will continue to provide assistance, focusing on targeted interventions for populations who engage in high-risk behavior. In these countries, there will be an increased emphasis on maintaining credible surveillance systems in order to monitor HIV trends and allow timely warning of impending concentrated epidemics of HIV. In addition, USAID will assist country institutions to identify additional sources of funding to expand programming.

This page is intentionally left blank

Reports Issued on Selected Operating Units

Report No. 9-611-01-004-P, "Audit of USAID/Zambia's Monitoring of the Performance of Its HIV/AIDS Program," September 17, 2001

Report No. 5-386-02-001-P, "Audit of USAID/India's Monitoring of the Performance of Its HIV/AIDS Program," December 14, 2001

Report No. 7-685-02-002-P, "Audit of USAID/Senegal's Monitoring of the Performance of Its HIV/AIDS Program," March 8, 2002

Report No. 4-696-02-003-P, "Audit of USAID/Rwanda's Monitoring of the Performance of Its HIV/AIDS Program," March 11, 2002

Report No. 4-617-02-004-P, "Audit of USAID/Uganda's Monitoring of the Performance of Its HIV/AIDS Program," March 12, 2002

Report No. 5-442-02-002-P, "Audit of USAID/Cambodia's Monitoring of the Performance of Its HIV/AIDS Program," June 21, 2002

Report No. 4-674-02-006-P, "Audit of USAID/South Africa's Monitoring of the Performance of Its HIV/AIDS Program," June 28, 2002

Report No. 7-620-02-004-P, "Audit of USAID/Nigeria's Monitoring of the Performance of Its HIV/AIDS Program," July 23, 2002

This page is intentionally left blank

SUMMARY OF USAID SELECTED OPERATING UNIT'S PERFORMANCE MONITORING CONTROLS

Selected Operating Unit and Number of Indicators Tested [x]	Performance Monitoring Plan (PMP)							8. Data Quality Assessment Done**	9. Baseline Established	10. Data Agrees To Source	11. Other Means of Monitoring
	1. Indicator Precisely Defined	2. Data Sources Identified	3. Data Collection Method Described	4. Data Collection Schedule Specified	5. Responsibility Assigned	6. Data Limitations Disclosed*	7. Quality Assessment Procedures Described*				
USAID/Zambia [3] 1	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes
2	Yes	Yes	Yes	Yes	Yes	Yes	No	No[1]	Yes	Yes	Yes
3	Yes	Yes	Yes	Yes	Yes	Yes	No	No[1]	Yes	Yes	Yes
USAID/India [2] 1	Yes	Yes	Yes	Yes	Yes	Yes[2]	Yes	Yes	Yes	Yes	Yes
2	No	Yes	Yes	Yes	Yes	Yes[2]	Yes	Yes	Yes	Yes	Yes
USAID/Senegal [3] 1	Yes	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes
2	Yes	No	Yes	Yes[3]	Yes	N/A	No	No	Yes	Yes	Yes
3	Yes	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes
USAID/Rwanda [3] 1	No	Yes	No	Yes	No	No	No	No	No[4]	No	Yes
2	No	Yes	No	Yes	No	No	No	No	Yes	Yes	Yes
3	No	Yes	No	Yes	No	No	No	No	No[4]	Yes	Yes

Selected Operating Unit and Number of Indicators Tested [x]	Performance Monitoring Plan (PMP)							8. Data Quality Assessment Done**	9. Baseline Established	10. Data Agrees To Source	11. Other Means of Monitoring
	1. Indicator Precisely Defined	2. Data Sources Identified	3. Data Collection Method Described	4. Data Collection Schedule Specified	5. Responsibility Assigned	6. Data Limitations Disclosed*	7. Quality Assessment Procedures Described*				
USAID/Uganda [4] 1	Yes	Yes	Yes	Yes	Yes	Yes	Yes[5]	Yes[6]	Yes	N/A	Yes
2	Yes	Yes	Yes	Yes	Yes	Yes	Yes[5]	Yes[6]	Yes	No	Yes
3	Yes	Yes	Yes	Yes	Yes	Yes	Yes[5]	Yes[6]	Yes	No	Yes
4	Yes	Yes	Yes	Yes	Yes	Yes	Yes[5]	Yes[6]	Yes	No	Yes
USAID/Nigeria [3] 1	Yes	No	No	Yes	No	No	No	No	Yes	No/Yes[13]	Yes
2	Yes	No	No	No	No	No	No	No	Yes	N/A[8]	Yes
3	Yes	No	No	No	No	No	No	N/A[7]	No	N/A[7]	Yes
USAID/Cambodia [3] 1	No	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes
2	No	Yes	Yes	Yes	No	Yes	No	No	Yes	No	Yes
3	No[9]	No[10]	No	Yes	No	N/A	No	No	Yes[11]	No[12]	Yes
USAID/South Africa [3] 1	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes
2	No	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes
3	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes

SUMMARY OF USAID SELECTED OPERATING UNITS' PERFORMANCE MONITORING CONTROLS (CONTINUED)

Selected Operating Unit and Number of Indicators Tested [x]	Performance Monitoring Plan (PMP)							8. Data Quality Assessment Done**	9. Baseline Established	10. Data Agrees To Source	11. Other Means of Monitoring
	1. Indicator Precisely Defined	2. Data Sources Identified	3. Data Collection Method Described	4. Data Collection Schedule Specified	5. Responsibility Assigned	6. Data Limitations Disclosed*	7. Quality Assessment Procedures Described*				
Percentage of indicators tested that did not (No) or did (Yes) meet the monitoring requirements. (24 indicators tested)	No 33% Yes 67%	No 29% Yes 71%	No 29% Yes 71%	No 8% Yes 92%	No 38% Yes 62%	No 50% Yes 50%	No 75% Yes 25%	No 74% Yes 26%	No 13% Yes 87%	No 29% Yes 71%	Yes 100%

Note: Indicators marked as N/A were not included in the calculation for that column.

*Note that these requirements were added to the ADS as of September 1, 2000, and must be implemented starting June 1, 2001.
**Per the ADS, data quality assessments are required for indicators used to report progress in the annual Results Review and Resource Request (R4) report, and for data included in special reports to Congress or other oversight agencies, such as annual HIV/AIDS or micro-enterprise reports.

[1] Operating unit staff indicated that they performed data quality assessments. However, they did not include the results of their actions in operating unit files.

[2] Data limitations were disclosed in the operating unit PMP, but not in its R4 Report.

[3] Frequency specified in the PMP; however, the operating unit did not adhere to the schedule.

[4] Baseline data was not comparable to performance data.

[5] The operating unit submitted updated Performance Indicator Reference Sheets dated October 2001, which included data quality assessment procedures.

[6] The operating unit reviewed data quality assessments performed by its partners, the World Health Organization and the Centers for Disease Control.

[7] Not applicable. No data reported for this indicator.

[8] Not applicable. Data obtained from Behavioral Sentinel Surveillance survey was not reported externally. Per USAID/Nigeria, the data are used for internal program management decisions.

[9] According to the operating unit's PMP, the current definition of this indicator includes identifying the types of sexually transmitted diseases (STDs) assessed and treated as an element of the definition. The operating unit's PMP and results report did not identify types of STDs.

[10] According to the operating unit's PMP, the baseline assessment for the indicator was planned in year 1999 based on an external evaluation of STD clinics supported by Family Health International (FHI). However, two FHI staff members collected baseline data by completing a STD survey study in April 2000.

[11] According to the operating unit's PMP, the operating unit planned to report the baseline measure in year 1999. Due to a delay in conducting the baseline assessment by FHI, the operating unit reported the baseline assessment only in year 2001.

[12] According to FHI officials, the baseline assessment reported by the operating unit in year 2001 was erroneous and is being recalculated.

[13] "No" for FY 1999 data; "Yes" for FY 2000 data.

41

This page is intentionally left blank

Summary of Selected Audit Recommendations

Recommendations	Zambia	India	Senegal	Rwanda	Uganda	Nigeria	Cambodia	South Africa
Perform and document data quality assessments	X		X	*		X	X	
Modify the PMP to describe actions the operating unit will take to assess data quality	X		X	*		X		X
Establish indicators that directly measure progress towards goals, or scale down goals to reflect intended results		X						
Include appropriate performance measure(s) in its PMP		X					X	
Disclose known data limitations		X		*				*
Include a performance measure for significant activities funded by other USAID units in the PMP		X						
Establish a timeframe to begin specific interventions		X						
Establish/follow a schedule in which the PMP is reviewed and updated				X				
Operating unit should monitor its partners' methods of data collection					X			
Provide training on performance monitoring to the staff responsible for implementing the plan						X		
Establish targets for all indicators used to monitor the performance of its HIV/AIDS programs.						X	X	
Prepare a PMP for the operating unit's new strategic plan in accordance with ADS							X	

* Denotes that this issue was cited as a performance monitoring weakness in the audit report, but was not specifically addressed in the audit recommendations.