



# OFFICE OF INSPECTOR GENERAL

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## AUDIT OF USAID/HAITI'S PREVENTION OF SEXUAL TRANSMISSION OF HIV/AIDS PROGRAM

AUDIT REPORT NO. 1-521-13-004-P  
MARCH 27, 2013

SAN SALVADOR, EL SALVADOR



*Office of Inspector General*

March 27, 2013

**MEMORANDUM**

**TO:** USAID/Haiti Acting Mission Director, Herbie Smith

**FROM:** Regional Inspector General/San Salvador, Jon Chasson /s/

**SUBJECT:** Audit of USAID/Haiti's Prevention of Sexual Transmission of HIV/AIDS Program (Report No. 1-521-13-004-P)

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

The report contains eight recommendations to help USAID/Haiti improve the implementation of its Prevention of Sexual Transmission of HIV/AIDS Program. Based on planned actions described in your response to the draft report, management decisions have been reached on Recommendations 1, 2, 3, 4, 7, and 8. Final action has been taken on Recommendation 6. A management decision has not been reached for Recommendation 5 because the mission's response did not fully address the recommendation.

Please give us written notice within 30 days of any actions planned or taken to implement the recommendation. Please provide the Audit Performance and Compliance Division of USAID's Office of the Chief Financial Officer with the necessary documentation to achieve final action on the recommendations.

I want to thank you and your staff for the cooperation and courtesies extended to us during this audit.

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## Abbreviations

The following abbreviations appear in this report:

ADS	Automated Directives System
MARP	most-at-risk population
MSP	Ministère de la Santé Publique et de la Population (Ministry of Public Health and Population)
PLACE	Priorities for Local AIDS Control Efforts
PrevSIDA	Prevention of Sexual Transmission of HIV/AIDS in Haiti
PSI	Population Services International
RIG	Regional Inspector General

# SUMMARY OF RESULTS

Haiti has an HIV prevalence rate of 2.2 percent among adults between the ages 15 and 49,<sup>1</sup> the highest rate in Latin America and the Caribbean. To support HIV/AIDS prevention, USAID/Haiti initiated its Prevention of Sexual Transmission of HIV/AIDS (PrevSIDA) program in September 2010. The 4.5-year program's overarching goal is "the increased adoption of safer sexual behavior by Haitian youth and adults"<sup>2</sup> to help reduce the spread of AIDS.

PrevSIDA has two components, described below.

- Component 1 targeted the general population of youth and adults to provide support for prevention through behavior modification. USAID/Haiti awarded a \$9 million cooperative agreement to World Vision to implement Component 1.
- Component 2 targeted most-at-risk populations (MARPs),<sup>3</sup> groups with a high prevalence of risky sexual behavior. It sought to reduce the number of new HIV infections through the increased adoption of safer sexual practices. USAID/Haiti awarded an \$8.9 million cooperative agreement to Population Services International (PSI) to implement Component 2.

As of October 23, 2012, USAID/Haiti had obligated \$6,620,980 and disbursed \$3,392,394 for program activities.

The Regional Inspector General/San Salvador (RIG) conducted this audit to determine whether USAID/Haiti's PrevSIDA program was achieving its main goal of reducing the number of new HIV infections in Haiti through the increased adoption of safer sexual behaviors.

Two years into the program, PrevSIDA has made only limited progress toward meeting the objectives of its components. Specifically:

- Because World Vision did not perform as expected under Component 1, USAID/Haiti ceased funding the agreement after the first 15 months of implementation. The mission subsequently designed a new component and expected to award it by April 2013. Although USAID/Haiti took appropriate corrective action to address World Vision's nonperformance, the resulting delays hindered PrevSIDA's progress toward achieving the component's goals.
- PSI has made limited progress toward helping more MARPs adopt safer sexual behavior. During the first year of the program, PSI concentrated primarily on conducting studies to determine baselines. In 2011 PSI completed its Priorities for Local AIDS Control Efforts (PLACE)<sup>4</sup> study identifying venues and locations where high-risk behavior takes place.

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<sup>1</sup> This is from Haiti's fourth national health survey, *Enquête Mortalité, Morbidité et Utilisation des Services*.

<sup>2</sup> Request for Applications Prevention of Sexual Transmission of HIV/AIDS in Haiti, No. 521-10-002, February 5, 2010.

<sup>3</sup> MARPs include high-risk youth, men who have sex with men, and commercial sex workers.

<sup>4</sup> PLACE is a research tool created to systematically identify gaps in prevention programs and monitor

However, other studies the program funded either were delayed significantly or had not begun.

According to USAID/Haiti officials, the next HIV prevalence survey results will not be available until 2017. Thus, while PSI's behavior change messages were reaching MARPs through interpersonal communication activities, their impact on Haiti's HIV infection rates will not be known until 2 years after the program is scheduled to end in 2015. According to the program's monitoring and evaluation plan, PSI is not responsible for reporting the impact the program has on meeting its overall goal. Mission officials said they would use the data from the PSI surveys and activities to guide future prevention programs.

The audit also found that:

- Indicators lacked baselines and did not reflect agreement requirements (page 4). Two had no baseline data, and several others did not pertain to the PrevsIDA program.
- Some reported results were overstated (page 5). Some beneficiaries who attended training or public events were counted more than once, and this inflated the number of beneficiaries.
- PrevsIDA did not reach all targeted MARPs (page 6). It did not reach truck drivers, migrant workers, people living with HIV/AIDS, women engaged in transactional sex,<sup>5</sup> and men in uniform, primarily police.
- PSI did not communicate or coordinate its activities with the Ministry of Public Health and Population (MSPP) (page 6). Ministry officials said PSI did not keep them informed about activities going on in their regions.
- PSI did not include gender consideration in program activities (page 7). According to mission staff, this occurred partly because the focus on gender sensitivity issues came into effect 1.5 years after the program began.

To help USAID/Haiti improve PrevsIDA's efficiency and effectiveness, RIG/San Salvador makes the following recommendations.

1. Implement a corrective plan to address Population Services International's delays in conducting baseline studies, and determine relevant targets for each of the indicators selected for reporting (page 4).
2. Review and evaluate in writing whether agreement indicators accurately reflect program activities and goals, and require Population Services International to report on the progress of these indicators in its reports to USAID (page 5).

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program coverage over time. PSI uses it to conduct annual mappings of MARPs and the venues where they congregate.

<sup>5</sup> The agreement defines transactional sex as multiple, concurrent partnering in overlapping sexual partnerships for economic reasons, either to support basic needs such as food or rent, or for items such as cell phones and clothes.

3. Require Population Services International to conduct activities in locations and intervention zones identified in the relevant studies to reach different groups and to avoid repeatedly reaching the same audience (page 5).
4. Work with Population Services International to implement procedures for recording data on beneficiaries reached to avoid overcounting (page 5).
5. Implement an action plan to address the high-risk populations identified in the program objectives, and determine whether Prevention of Sexual Transmission of HIV/AIDS can help the identified vulnerable populations (page 6).
6. Require Population Services International to share information on planned activities with the Ministry of Public Health and Population at the departmental level within the departments in which program activities are conducted (page 7).
7. Coordinate with Population Services International and the Ministry of Public Health and Population to address communications regarding the program, and implement a plan for improving communications at the department level (page 7).
8. Implement a plan for incorporating gender-disaggregated data into its service delivery methods for most-at-risk populations (page 8).

Detailed findings appear in the following section. The scope and methodology are described in Appendix I. Management comments are included in their entirety in Appendix II, and our evaluation of management comments is on page 9 of the report.

# AUDIT FINDINGS

## Indicators Lacked Baselines and Did Not Reflect Agreement Requirements

Automated Directives System (ADS) 203.3.4.5 states that once an award is executed, the project staff must complete the agreement's monitoring and evaluation plan with relevant indicators and baseline data within the first 3 months. The cooperative agreement between USAID/Haiti and PSI included 13 indicators corresponding to 4 result areas and 3 program objectives. PSI was to conduct studies to determine the baseline data for the indicators. In addition, PSI was to submit reports to USAID on a semiannual basis to describe any progress it made toward reaching specific indicator goals.

After USAID/Haiti awarded the agreement, PSI provided baseline data for only 3 of the 13 indicators. More than a year into the program, PSI obtained baseline data for five more in December 2011. In September 2012 the mission and PSI modified the agreement, revised the program description, and dropped seven indicators. Subsequent to the modification, two of the remaining six agreement indicators lacked baseline data.

In addition, PSI has not been reporting on progress for the indicators. Only one (*Number of individuals reached through interpersonal communication activities, disaggregated by MARP group*) was reported in the semiannual reports. Instead, PSI reported on five indicators for each targeted MARP, four of which were not required by the agreement.

PSI also reported on two indicators that were not required by the agreement and were not related to PrevSIDA activities (*Number of condoms sold* and *Number of condoms distributed*). The condoms sold came from a different USAID-funded social marketing project. The condoms distributed at project activities came from other sources and were not funded or obtained through PrevSIDA.

PSI did not collect all baseline data primarily because of delays in completing the studies that were supposed to provide the data. According to PSI officials, they were late because of the cholera epidemic in Haiti and unrest surrounding the Haitian presidential elections in 2011. Furthermore, according to the mission's health monitoring and evaluation staff, USAID/Haiti did not require PSI to submit required data for all indicators because the mission only tracked two for reporting to the Office of the Global AIDS Coordinator: *Number of the targeted population reached* and *Number of MARPs reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required*.

The lack of accurate performance monitoring and reporting tools (including relevant indicators with baseline data and consistent progress reporting) makes it difficult for the mission to monitor the program effectively and to determine whether it is meeting its objectives. Furthermore, according to the agreement, the units of measurement for many of the end-of-program targets are percentage increases or decreases from baselines. The significant delays that have occurred in establishing baselines have decreased the amount of time by which to measure program interventions, lessening the measurable impact.

**Recommendation 1.** We recommend that USAID/Haiti implement a corrective plan to

*address Population Services International's delays in conducting baseline studies, and determine relevant targets for each of the indicators selected for reporting.*

**Recommendation 2.** *We recommend that USAID/Haiti review and evaluate in writing whether agreement indicators accurately reflect program activities and goals, and require Population Services International to report the progress of these indicators in its reports to USAID.*

## **Some Reported Results Were Overstated**

According to the terms of the cooperative agreement, each implementing partner is responsible for planning and conducting interpersonal communication activities (peer education sessions, town hall meetings, special events, and similar happenings) with MARPs in their intervention zones. Four PSI subpartners, each of which focuses on a different high-risk group, conduct these activities. In the program's semiannual progress reports to USAID, PSI reports on indicators that measure the number of MARPs reached through these interventions

A review of attendance records showed that two of the subpartners did not have controls in place to prevent overcounting beneficiaries. In some instances, these subpartners would count participants as "new beneficiaries" even if the participant previously had attended several activities on the same topics. The monitoring and evaluation staff confirmed that the practice was to count each person as a new beneficiary each time the person attended an activity, regardless of previous attendance. In addition, one of the subpartners counted members of the general population who attended various activities as *MARPs reached through interventions*.

These policies resulted in significantly overstated outreach results for some activities. For example, subpartner officials said about 60 to 65 percent of the beneficiaries attended outreach activities previously.

Subpartners said there are benefits to having beneficiaries attend multiple sessions. Over time, subpartners are able to maintain relationships with beneficiaries and build reliable referral networks to expand the number of first-time participants. Furthermore, the subpartners work with marginalized populations not easily reached because there is still a social stigma in Haiti against the gay population.

While maintaining contact with beneficiaries is an appropriate program goal, overstating the number of MARPs reached through interpersonal communication activities resulted in inaccurate reporting and misleading information on the MARPs.

**Recommendation 3.** *We recommend that USAID/Haiti ask Population Services International to conduct activities in locations and intervention zones identified in the relevant studies to reach different groups and avoid repeatedly reaching the same audience.*

**Recommendation 4.** *We recommend that USAID/Haiti work with Population Services International to implement procedures for recording data on beneficiaries reached to avoid overcounting.*

## **Program Did Not Reach All Targeted Groups**

Component 2 of PrevSIDA was designed to reduce the number of new HIV infections in Haiti by increasing the number of MARPs who adopt safe sexual behaviors. PSI planned to achieve this result by identifying the size, characteristics, and locations of MARPs, standardizing approaches to them, and reaching them nationwide through communications and improved service delivery.

PSI developed an outreach strategy for many MARP subgroups, including high-risk youth, commercial sex workers, clients of sex workers, and men who have sex with men. However, PSI did not develop effective outreach strategies for other at-risk populations, including truck drivers, migrant workers, internally displaced people, people living with HIV/AIDS, women engaged in transactional sex, and men in uniform, primarily police officers.

According to PSI, it was difficult to find partners willing to work with people living with HIV/AIDS and men in uniform because PSI underestimated the amount of funding needed to reach these two groups. Additionally, PSI officials said the program has not addressed women engaging in transactional sex because of difficulties in finding women who identify themselves as part of this population. For mobile populations (truck drivers, migrant workers, and internally displaced people), PSI's subpartner encountered difficulties reaching them and experienced high staff turnover, which resulted in terminating the subagreement in July 2012. USAID/Haiti asked PSI to work with other partners to reach these MARPs through other HIV prevention programs; however, efforts have not been successful.

Reaching individuals in high-risk groups is key to achieving program objectives. Furthermore, these vulnerable populations have significantly higher prevalence rates for HIV than the general population. If not reached, they could contribute to perpetuating higher prevalence rates, or pass the increased risk to the general population.

***Recommendation 5.** We recommend that USAID/Haiti and Population Services International implement an action plan to address the high-risk populations identified in the program objectives, and determine in writing whether Prevention of Sexual Transmission of HIV/AIDS can help the identified vulnerable populations.*

## **Partner Did Not Communicate and Coordinate Activities With Host Government**

A key aspect of the PrevSIDA program was to reinforce MSPP's decentralization by supporting and training department-level communications clusters to coordinate, manage, and supervise HIV prevention activities. According to the agreement, PSI was to support this effort by placing field coordinators in each of six departments outside of Port-au-Prince. MSPP was responsible for recruiting the field coordinators, and PSI was responsible for paying them to provide short-term technical assistance and build capacity within the ministry.

However, PSI fell short in its efforts to support the communications clusters. PSI and MSPP did not place field coordinators in the six departments as planned. In fact, only one was placed—in Nippes Department—and the coordinator has other roles and responsibilities besides PrevSIDA.

Furthermore, MSPP representatives in the Nord and Nord-Est Departments and in Petion-Ville said PSI did not communicate or coordinate its activities with MSPP. A representative in Nord said PSI had not kept them informed of project activities taking place in their own department. MSPP officials in Nord-Est said PSI did not provide a work plan listing all the subpartners, along with details about the activities going on in their department.

According to PSI and USAID/Haiti, the efforts to recruit departmental coordinators for five of the six departments failed because of the salary offered. USAID/Haiti has discussed with PSI the need for better communication and cooperation with MSPP, and PSI agreed to improve communications. Yet the problems raised by MSPP officials indicate that coordination problems persist.

Because of the lack of coordination and communication with MSPP, PrevSIDA is not reinforcing collaboration at the departmental level as envisioned in the program strategy. Moreover, MSPP officials in the Nord and Nord-Est Departments are not aware of PSI's HIV prevention activities being implemented in their departments, and that may impede achieving program goals.

***Recommendation 6.*** *We recommend that USAID/Haiti require Population Services International to share information on planned activities with the Ministry of Public Health and Population at the departmental level within the departments in which program activities are conducted.*

***Recommendation 7.*** *We recommend that USAID/Haiti coordinate with Population Services International and Ministry of Public Health and Population to address communications regarding the program, and implement a plan for improving communications at the departmental level.*

## **Partner Did Not Include Gender Consideration in Program Activities**

In its agreement with USAID, PSI stated that it would incorporate gender issues into the program because “women, particularly young women, are disproportionately affected by HIV, and because gender-based violence is a serious issue in Haiti.” PSI also stated that information based on specific behavioral motivations for men and women would be incorporated into its service delivery methods for MARPs, and that the program would address the “economic realities of girls and women that lead them to participate in transactional and commercial sex.”

Furthermore, the USAID Administrator emphasized in a message on April 26, 2011, that “gender issues remain at the forefront of our programming and policy.” Consistent with this message, effective January 17, 2012, ADS 200.3.1.1, “Promote Gender Equality and Female Empowerment,” requires the Agency to incorporate gender equality and female empowerment systematically across USAID’s ongoing programs and projects. Specifically, USAID would:

- Ensure that programs explicitly and deliberately seek to eliminate gaps between the status of men and women.
- Ensure that the different roles, responsibilities, and expertise of women and men are reflected in project design, implementation, and evaluation.

- Ensure that women and men are full and equal partners in consultation, planning, program and project design, as well as implementation and evaluation.
- Use the expertise and leadership skills of women and girls.

However, the audit found that USAID and PSI were not incorporating gender sensitivity issues into the program. Gender issues were not part of the activity design as noted in the lack of mention in the implementation plan or the monitoring and evaluation plan. While USAID and PSI had defined indicators disaggregated by sex in the agreement and the 2010-2015 PreVSIIDA performance management plan, these indicators were not tracked.

The data collected at the MARP level are disaggregated by sex. Yet doing this alone did not meet the goals or address the issues of gender equality as spelled out in the agreement, ADS 200, the 2007 gender assessment, or the activity approval document. PSI did not incorporate the information obtained from disaggregating the gender data into its service delivery methods for MARPs and had not addressed its concerns about women and girls who participate in transactional and commercial sex.

In addition, PSI did not use the information obtained to (1) design activities that would eliminate gaps between the status of men and women, (2) reflect the different roles, responsibilities, and expertise of women and men in project implementation and evaluation, (3) ensure that women and men are full and equal partners, and (4) use the expertise and leadership skills of women and girls.

According to mission staff, this occurred because the focus on gender sensitivity issues came into effect 1.5 years after the program began. In addition, the mission found the recommendations in the 2007 gender assessment vague and did not know exactly how to incorporate the factors and recommendations into the program design.

Without properly addressing gender inequalities, the program's impact will not be as strong, and the goals might not be achieved.

***Recommendation 8.*** *We recommend that USAID/Haiti implement a plan for incorporating gender disaggregated data into its service delivery methods for most-at-risk populations.*

# EVALUATION OF MANAGEMENT COMMENTS

In its response to the draft report, USAID/Haiti agreed with all eight recommendations. Based on our evaluation of management comments on our draft report, we acknowledge that management decisions have been reached on seven of the eight recommendations and final action has been taken on one. Our detailed evaluation of management comments follows.

**Recommendation 1.** USAID/Haiti agreed with the recommendation as it related to determining and documenting relevant targets for each of the indicators selected for reporting. The draft report also recommended that the mission implement a corrective plan to address PSI's delays in conducting baseline studies for agreement indicators. The mission addressed the aspect of the recommendation related to baseline studies by agreeing with PSI to drop indicators not required by PEPFAR from the agreement. Once that is done, all remaining indicators will have baseline data. The mission plans to amend the agreement and complete the target-setting exercise by April 30, 2013. Based on the mission's planned actions and estimated time frames, a management decision has been reached for this recommendation.

**Recommendation 2.** USAID/Haiti's Health Office and the Office of Acquisition and Assistance jointly agreed on the need to review and document all the agreement indicators for PSI's performance requirements accurately. The mission will select indicators to ensure that activities accurately reflect the project's goal and objectives, and require PSI to report on them. Mission officials expect to complete this action by April 30, 2013. Based on the mission's response and planned actions, a management decision has been reached on this recommendation.

**Recommendation 3.** USAID/Haiti's Health Office team worked with PSI to prepare service delivery network-level plans that link the zones identified in the relevant studies with the service delivery points in the same area. The mission expects PSI to complete these plans by the end of June 2013. Furthermore, the mission is working with PSI on developing a database linking service delivery and sales points with the identified zones for purposes of improving the referral process, and it expects to have the database available by April 30, 2013. Based on the mission's response and estimated time frames to complete these actions, a management decision has been reached on this recommendation.

**Recommendation 4.** The mission has taken action with PSI to develop a more robust monitoring and reporting system formalized in PSI's operations manual that includes processes to offset overcounting beneficiaries. USAID/Haiti plans to work with the Ministry of Health and its other partners at the National Behavior Change Communication cluster on how to address weaknesses in the current methodology used to count beneficiaries. USAID/Haiti will ask the Ministry of Health for input on providing updated national guidance for collecting site-level beneficiary data. The mission believes that the updated guidance should be sent out to partners by September 30, 2013. As a result of the mission's response, a management decision has been reached on this recommendation.

**Recommendation 5.** The mission agreed to develop an action plan to address the specific needs of the identified vulnerable populations under a new prevention project expected to be awarded in April 2013. However, the mission's response did not agree to determine in writing

whether the PrevSIDA project could further assist the identified vulnerable populations; nor did the mission provide time frames for completing proposed actions. Therefore, a management decision has not been reached on this recommendation.

**Recommendation 6.** Mission officials agreed to require PSI to share information on its planned activities with the Ministry of Health and Population's departmental directorates in the departments where program activities are conducted. The mission will require PSI to share information on its planned activities with the central level directorate. PSI also must submit documentation of transmitted documents to each of the project's five supported departments as well as to the central level directorate on a quarterly basis. Based on the actions taken by the mission, and documentation provided, a management decision has been reached on this recommendation and final action has been taken.

**Recommendation 7.** USAID/Haiti's Health team is working with PSI on developing a communications strategy for improving PSI's communications with Haitian health authorities. Mission officials and PSI also jointly agreed that PSI's country representative will make quarterly supervisory visits in the departments where program activities are conducted and meet with departmental authorities to provide project updates and discuss emerging issues. The mission expects to complete the communications strategy by March 31, 2013. Based on the mission's response, a management decision has been reached on this recommendation.

**Recommendation 8.** USAID/Haiti's Health and Program Offices agreed to work jointly with PSI to implement a plan for incorporating gender-disaggregated data into its service delivery systems for MARPs. The mission expects to complete this action by April 30, 2013. Based on the mission's response, a management decision has been reached on this recommendation.

# SCOPE AND METHODOLOGY

## Scope

RIG/San Salvador conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions in accordance with our audit objective. We believe that the evidence obtained provides that reasonable basis.

The purpose of the audit was to determine whether PrevSIDA is achieving its main goal of reducing the number of new HIV infections in Haiti through the increased adoption of safer sexual behaviors.

USAID/Haiti implemented the PrevSIDA program through two awards: a \$9 million, 4.5-year cooperative agreement awarded to World Vision, and an \$8.9 million, 4.5-year cooperative agreement awarded to PSI. USAID/Haiti ceased funding the agreement with World Vision in March 2012. As of October 23, 2012, USAID/Haiti had obligated \$6,620,941 and disbursed \$3,392,394 for program activities, which represents the amount tested.

The audit covered the period from the program's inception, September 15, 2010, through September 30, 2012. We conducted audit fieldwork from July 11 to October 30, 2012, at USAID/Haiti, PSI's offices in Petion-Ville and Cap-Haitien, and the offices of PSI's subawardees, the American Red Cross, Fondation pour la Santé Reproductive et l'Education Familiale, Management Resources for Community Health (MARCH), and SEROVie. We also met with MSPP representatives in the Nord and Nord-Est Departments and the Programme National de Lutte Contre le Sida section in Petion-Ville. We conducted site visits to activities in Petion-Ville, Cap-Haitien, Ouanaminthe, and Trou-du-Nord.

In planning and performing the audit, we assessed the significant internal controls that the mission used to manage the program. These included reviewing and approving work plans, reviewing semiannual progress reports, and conducting site visits. We also reviewed the mission's annual fiscal year 2011 assessment of internal controls required by the Federal Managers' Financial Integrity Act of 1982.

## Methodology

To determine whether USAID/Haiti appropriately managed the program activities, we met with USAID/Haiti officials, including the agreement officer's representative, HIV/AIDS coordinator, monitoring and evaluation adviser, and program officer. We reviewed relevant documentation including agreements, the technical proposal, work plans, the performance management plan, progress reports, and the program's PLACE study. We interviewed PSI staff members, including the chief of party, program managers, monitoring and evaluation employees, and the financial management director. We reviewed policies and procedures for program and financial management. We interviewed subgrantee staff members from the American Red Cross, Fondation pour la Santé Reproductive et l'Education Familiale, Management Resources for Community Health, and SEROVie. We also interviewed peer educators, field managers, and program beneficiaries.

We visited site locations in three of the six departments where program activities were implemented (Ouest, Nord, and Nord-Est). We judgmentally selected the locations to observe activities implemented by PSI and its active subpartners. We observed activities implemented by American Red Cross, Fondation pour la Santé Reproductive et l'Education Familiale, and SEROvie. We did not conduct site visits to Management Resources for Community Health activities because PSI terminated its contract with the organization before the audit site visits. Since the activities reviewed were selected based on a judgmental sample instead of a statistical one, the results are limited to the items tested and cannot be projected to the entire audit universe.

# MANAGEMENT COMMENTS



**To:** Jon Chasson, Regional Inspector General/San Salvador

**From:** Herbert Smith, Acting Mission Director /s/

**Date:** March 4, 2013

**Subject:** Mission Response to Audit of USAID/Haiti's Prevention of Sexual Transmission of HIV/AIDS Program (RIG Report No. 1-521-13-00X-P)

This memorandum represents USAID/Haiti's actions taken to address and reach the management decisions for the recommendations reported in the Audit of USAID/Haiti's Prevention of Sexual Transmission of HIV/AIDS Program (RIG Report No. 1-521-13-00X-P).

**Recommendation No. 1:** *We recommend that USAID/Haiti implement a corrective plan to address Population Services International's delays in conducting baseline studies, and determine and document relevant targets for each of the indicators selected for reporting.*

## Mission Response

We agree with the recommendation as it relates to determining and documenting relevant targets for each of the indicators selected for reporting. The corrective action will require PSI to solely report on the PEPFAR indicators required for reporting to the Office of the Global AIDS Coordinator (OGAC), as well as for tracking and reporting the project's performance under the current agreement by USAID/Haiti. Based on discussions between USAID/Haiti and PSI in December 2012, USAID is removing non-PEPFAR indicators from the agreement. It was some of these indicators which still required baseline studies to inform target setting. As these additional indicators will no longer be required, USAID/Haiti will not require additional baseline study activities. Baseline data for the required PEPFAR indicators is available and targets will be established based on FY09-FY12 targets and achievements. No additional baseline studies will be required to inform this target setting exercise. As this will require modification to the existing agreement, USAID/Haiti expects to complete the modification and target setting exercise by April 30, 2013.

**Recommendation No. 2:** *We recommend that USAID/Haiti review and evaluate in writing whether agreement indicators accurately reflect program activities and goals, and require Population Services International to report the progress of these indicators in its reports to USAID.*

## Mission Response

We agree with the recommendation. Both OAA and Health Offices have agreed upon the need to accurately review and document all the agreement indicators in reference to PSI's performance requirements. Indicators will be selected based on the need to track the project's performance. This action will be completed by April 30, 2013. In addition, corrective actions will include the modification of the agreement and require reporting on the newly selected indicators, as well as to require submission of quarterly performance reports in addition to semi-annual and annual reports. Within 15 days of receiving project quarterly reports, the COR will provide comments to PSI as they relate to necessary feedback and corrective actions. This feedback will be documented and placed within the project file. This will allow the Health Monitoring and Evaluation team to better monitor performance progress made and facilitate implementation of proactive and corrective actions to ensure that activities accurately reflect the project's goal and objectives. This action will be completed by April 30, 2013.

**Recommendation No. 3:** *We recommend that USAID/Haiti ask Population Services International to conduct activities in locations and intervention zones identified in the relevant studies to reach different groups and avoid repeatedly reaching the same audience.*

### **Mission Response**

We agree with the recommendation and appropriate actions have been already taken to ensure that PSI, in collaboration with other USG/PEPFAR partners, plan and implement prevention activities in locations and intervention zones identified as "hot zones" in the PLACE studies. First, the expansion of the HIV Testing and Counseling mobile strategy with the "Accompagnateurs" will allow PSI to expand outreach activities to targeted groups in their mobile testing catchment areas. This model ensures that for those clients testing HIV positive through the mobile testing services supported by PSI, a companion is provided (employed by PSI) to assist with engagement into treatment services. Documentation of this activity is provided through: 1) PSI testing registers (capturing HIV+ clients); 2) facility-based registers (capturing engagement into services); and 3) the MESI PEPFAR database platform which captures clients engaged into services at facilities receiving PEPFAR funding. In addition, the active use of mobile teams to respond to geographic areas (rather than receiving clients at static service delivery points) will allow for targeted intervention activities throughout the country. This approach will inform targeted interventions within geographic areas defined as HIV spots throughout the country. While there is risk for double-counting individuals receiving these interventions, efforts to ensure accurate data capture and reporting are being implemented to ensure accurate reporting to USAID/Haiti. In addition, efforts of Government of Haiti reporting systems being supported with USG assistance to further systematize improved reporting schemes. This is further clarified in the response to Recommendation No. 4.

Second, the Health Office team worked with PSI to prepare service delivery network-level work plans that links the identified locations or zones with the service delivery points in the same area. This will allow the beneficiaries to have access to HIV Counseling and Testing services and other health care services along a continuum of integrated package of primary health care based on a referral and counter-referral system. The work plans are to be completed by PSI by the end of Q3 FY13.

Third, USAID/Haiti is currently working with PSI to finalize a user-friendly data base that links the service delivery points, sales points and the hot spots. This will ease the referral and counter-referral process. This data base will be available by April 30, 2013.

**Recommendation No. 4:** *We recommend that USAID/Haiti work with Population Services International to implement procedures for recording data on beneficiaries reached to avoid over-counting.*

#### **Mission Response**

We agree with the recommendation. The Health Office M&E team has worked with PSI on their monitoring and reporting system to address weaknesses identified in their tracking and monitoring system following OIG recommendations after the audit of USAID/PROMARK, also implemented by PSI. A final product of this exercise has been the revision of the operational manual of their management and information system that was completed in FY12. This revised manual includes processes to offset over-counting. It has been mandated that PSI use this tool as the primary data collection instrument. PSI will work with its sub-grantees to ensure that they use the same norms and procedures to accurately collect and report data on all beneficiaries reached during program activities.

While USAID/Haiti will mandate that the above-defined tool for data collection be supported by the PrevSIDA project, there remain challenges with Ministry of Health information systems in Haiti. The procedure and registers used to collect site level data are determined by the Ministry of Health. It involves counting the number of beneficiaries reached versus the number of beneficiaries/sessions dispensed, based on the number of sessions required by module, to certify that beneficiaries have been exposed or trained on a specific topic. The USAID/Haiti Health team and PSI are discussing with the Ministry of Health and its other partners at the National Behavior Change Communication cluster how to address weaknesses in the current methodology and facilitate the harmonization of partners' approach to record data on beneficiaries reached during a counseling session. While it's not a stand-alone USAID action and will require input from the MOH, USAID/Health believes that updated national guidance should be sent out to relevant partners by September 30, 2013 in order to clarify and prescribe more robust processes for data collection and recording related to behavior change communication activities at the site level.

Meanwhile, USAID/Health will request PSI to stop using the Ministry of Health register and methodology because of the weaknesses identified by this audit recommendation. USAID/Health will instruct PSI to use its own management and information system (protocols, definitions, and registers) to collect and report data from the site level. Simultaneously, the MOH will be informed about USAID's decision to change the way it collects this information based on this audit recommendation.

**Recommendation No. 5:** *We recommend that USAID/Haiti and Population Services International implement an action plan to address the high-risk populations identified in the program objectives, and determine in writing whether Prevention of Sexual Transmission of HIV/AIDS in Haiti program can contribute any further efforts in working with the identified vulnerable populations.*

#### **Mission Response**

We agree with the recommendation and actions have been taken to respond to the needs of these high-risk populations. First, through prevention components under other projects (including PEPFAR-funded comprehensive service delivery providers), USAID ensured that these groups are exposed to general prevention messages.

Second, as stated earlier, efforts are underway to link these groups with health service delivery points that can respond to their specific needs through network level work planning between PSI and the PEPFAR service delivery partner organizations.

Third, In July 2012 Secretary Clinton announced a \$20 million Key Population Challenge Funds (KPCF) to support country-led plans to expand evidence-based, sustainable HIV services for key populations or high risk groups. In collaboration with USAID/PEPFAR in Dominican Republic USAID/PEPFAR Haiti submitted a joint proposal aiming to fill gaps in term of providing services to other vulnerable populations identified by PrevSIDA in their recent studies. Unfortunately the proposal was not approved for additional funding; however based on discussions with USAID/Health colleagues in the Dominican Republic, the two country teams are currently collaborating to move forward on activities defined within the proposal, using existing project funds in USAID/Haiti and USAID/Dominican Republic prevention projects. Lastly, with the EVIHT general prevention project expected to be awarded in Q2 FY13, USAID Health will continue to reinforce general prevention messages to reach these high risk groups while working with PEPFAR in-country and DC colleagues on developing an action plan that could help responding to the specific needs of the other identified high risk populations. By identifying other sources of funding and with the EVIHT project to be awarded soon USAID/Health believes that a more comprehensive and integrated package of prevention services will be offered to these groups by the end of September 2013.

**Recommendation No. 6:** *We recommend that USAID/Haiti require Population Services International to share information on planned activities in writing with the Ministry of Public Health and Population at the departmental level within the departments in which program activities are conducted.*

#### **Mission Response**

We agree with this important recommendation. In January 2013, USAID/Haiti held a meeting with PSI to mandate sharing of information on planned activities in their intervention areas with the departmental directorates [Direction Departementale de la Sante (DDS)], as well as at the Programme national de lutte contre le sida (PNLS) central level directorate. This action, motivated by the audit recommendation, allows USAID to ensure that Health Authorities are aware of PrevSIDA activities, as well as to facilitate informed and timely supervisory visits to assess the quality of services PSI is delivering to the targeted groups. PSI will be required to submit documentation of transmitted documents to each of the project's five supported departments, as well as the transmittal of documents to the PNLS, on a quarterly basis. USAID/Haiti will ensure that documentation of email exchanges between PSI and the Health Departmental Authorities has been forwarded to the USAID Health Office for archiving within the project file. USAID Health prioritizes technical feedback coming from the Ministry of health during these visits to ensure that PSI is implementing activities in compliance with government policies and guidelines, as well as in response to national HIV prevention strategies.

**Recommendation No. 7:** *We recommend that USAID/Haiti coordinate with Population Services International and Ministry of Public Health and Population to address communications regarding the program and implement a plan for improving communications at the department level.*

#### **Mission Response**

We agree with this recommendation and have already taken action. On November 14, 2012 USAID Health met with PSI to elaborate a communication strategy for improving communication with Departmental health authorities. This plan captures roles and responsibilities for

engagement with Government of Haiti counterparts, as well as capturing PSI project management field monitoring/supervisory visit frameworks. It was jointly agreed that PSI's Country Representative will conduct quarterly supervisory visits in the geographic departments where the project is implemented and will use that opportunity to meet with the Departmental Authorities to provide ongoing project updates, as well as to discuss emerging issues. Documentation/meeting notes related to these visits will be submitted to USAID/Haiti on a routine basis. Following the same approach, the Project Director is conducting monthly visits in these departments to assess project activities, as well as meet and conduct joint supervisory visit with the health departmental technical staff. The communication strategy will be completed by March 31, 2013.

**Recommendation No. 8:** *We recommend that USAID/Haiti implement a plan for incorporating gender disaggregated data into its service delivery method for most-at-risk populations.*

### **Mission Response**

We agree with the recommendation. As specific health services are being provided to men who have sex with men (MSM) and female commercial sex workers, USAID/Health M&E team, jointly with USAID/Haiti Program Office, will work with PSI to implement a plan for incorporating gender disaggregated data, including MSM, into its service delivery system. This action will be completed by April 30, 2013. USAID/Haiti will ensure that disaggregated gender data is clearly captured in all quarterly reporting and that AOR/PSI management discussions include updates on gender sensitive programming and responses (if needed) to issues identified in ongoing data analysis.

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