



OFFICE OF INSPECTOR GENERAL

AUDIT OF USAID/SOUTHERN AFRICA'S REGIONAL HIV/AIDS PROGRAM IN BOTSWANA

AUDIT REPORT NO. 4-674-10-005-P
MAY 12, 2010

PRETORIA, SOUTH AFRICA



Office of Inspector General

May 12, 2010

MEMORANDUM

TO: USAID/Southern Africa, Mission Director, Jeffrey Borns

FROM: Regional Inspector General/Pretoria, Nathan S. Lokos /s/

SUBJECT: Audit of USAID/ Southern Africa's Regional HIV/AIDS Program in Botswana
(Report No. 4-674-10-005-P)

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

The report includes six recommendations for your action. On the basis of your comments, corrective action plans have been developed addressing the six recommendations. Therefore, we consider that management decisions have been reached on all of these recommendations. Please provide the Office of the Chief Financial Officer, Audit, Performance, and Compliance Division (M/CFO/APC), with the necessary documentation to achieve final action on the recommendations.

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

CONTENTS

Summary of Results	1
Background	2
Audit Objective	3
Audit Findings	4
Are USAID/Southern Africa’s regional HIV/AIDS prevention and care activities in Botswana reaching people with prevention interventions and providing care to both persons suffering with HIV/AIDS and to orphans and vulnerable children as planned?	
Regional HIV/AIDS Program Management Status Not Defined	4
Program Results Not Fully Supported.....	6
Performance Indicator Definitions Not Consistently Applied.....	8
Performance Management Plan Not Completed.....	10
Data Quality Assessments Not Completed.....	12
Thorough Site Visits Not Conducted	14
Evaluation of Management Comments	16
Appendix I—Scope and Methodology	18
Appendix II—Management Comments	20
Appendix III— USAID/Southern Africa – Summary of Botswana HIV/AIDS Prevention and Care Program Performance for Fiscal Year 2009	25

SUMMARY OF RESULTS

USAID/Southern Africa's Regional HIV/AIDS Program in Botswana is a critical part of the mission's HIV/AIDS program.¹ The mission's fiscal year (FY) 2009 HIV/AIDS Botswana program included prevention and care activities that were implemented by the following three partners: (1) Research Triangle Institute, which had a task order that covered the period October 2008 to September 2013, (2) Project Concern International, which had a cooperative agreement that covered the period September 2008 to September 2011, and (3) Academy for Educational Development, which had a cooperative agreement that covered the period July 2008 to February 2012. As of the end of FY 2009, USAID/Southern Africa reported obligations of \$10.7 million and disbursements of \$3.9 million for those three partners' prevention and care activities (page 2).

Two main goals of the mission's regional HIV/AIDS prevention and care activities in Botswana are to (1) prevent transmission of HIV/AIDS by reaching people with prevention interventions and (2) provide care to both persons suffering with HIV/AIDS and to orphans and vulnerable children. Working through its implementing partners, the mission is striving to achieve these goals by a variety of means, including the following:

- Promoting HIV/AIDS prevention through outreach and training
- Providing HIV-related palliative care² and training related to palliative care
- Serving orphans and vulnerable children and providing training related to caring for such children
- Training individuals in institutional capacity building and community mobilization (pages 2— 4)

The mission reached a significant number of people with its interventions during FY 2009, which was the first year of these activities. For example, at least 4,817 individuals were reached with HIV/AIDS prevention messages and at least 274 orphans and vulnerable children received care during FY 2009. However, because of problems with data quality, it was not possible to determine whether USAID/Southern Africa's Regional HIV/AIDS Program in Botswana had provided individuals with planned levels of prevention and care services (page 4).

USAID/Southern Africa needs to strengthen its program by clarifying management authority and responsibility for the Regional HIV/AIDS Program, training the staff of prevention and care service providers, developing a complete performance management plan, and requiring that mission staff perform and document adequate data quality assessments and site visits (pages 4–15).

In response to the draft report, USAID/Southern Africa agreed with all six recommendations, reaching a management decision on each one of those recommendations.

¹ HIV/AIDS—human immunodeficiency virus/acquired immunodeficiency syndrome.

² Palliative care focuses on reducing the severity of disease symptoms.

BACKGROUND

Combining \$18.8 billion in funding and an integrated approach that includes prevention, treatment, and care, the U.S. Government's HIV/AIDS program³ has supported antiretroviral treatment for a reported 2.1 million people and care for more than a reported 10.1 million through September 2008. To build on these achievements, legislation was passed in July 2008⁴ to extend the HIV/AIDS program and authorize up to \$48 billion over the next 5 years to continue the Government's global efforts against HIV/AIDS, tuberculosis, and malaria.

Botswana, one of the 15 focus countries under the HIV/AIDS program,⁵ has the world's second highest HIV/AIDS prevalence rate. The Office of the Global AIDS Coordinator reported in 2008 that, according to U.N. estimates, 24.1 percent of adults aged 15 to 49 were HIV positive. The number of adults living with AIDS was approximately 270,000, and 14,000 children younger than 15 were infected with HIV. According to the Botswana 2006 HIV Sentinel Surveillance data, the HIV infection rate among pregnant women aged 15 to 49 was 32.4 percent. A growing problem of orphans and vulnerable children was also reported. The United Nations estimated that 120,000 children had been orphaned by HIV/AIDS. With so many people either infected or affected in other ways by HIV/AIDS, the epidemic is not only a severe health crisis, but also a threat to the future development of the country.

The Government of Botswana has made extensive progress in combating HIV/AIDS, an effort that USAID/Southern Africa's program intends to strengthen and expand. Prevention activities in Botswana include (1) prevention of mother-to-child transmission of HIV; (2) prevention of sexual transmission through abstinence, being faithful, and other prevention intervention programs; (3) blood safety and infection safety for medical transmission prevention; and (4) other prevention activities. All prevention activities attempt to link with treatment and care programs as much as possible.

Care activities include activities to strengthen training in community and home-based palliative care and to strengthen community organizations and nongovernmental organizations. Capacity building of health care providers also incorporates expanding care to patients with tuberculosis. Activities under the care component also address the needs of orphans and vulnerable children. These activities include the development of guidelines for providing care and support to children, as well as increased support to affected children.

The mission reported obligations of \$10.7 million and disbursements of \$3.9 million to fund its Botswana HIV/AIDS activities in FY 2009. The program consisted of three implementing partners and their respective service providers under a variety of

³ This program is commonly referred to as the President's Emergency Plan for AIDS Relief (PEPFAR).

⁴ Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (Public Law 110-293).

⁵ The 15 focus countries consist of 12 countries in Africa (Botswana, Côte d'Ivoire, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia) and 3 other countries (Guyana, Haiti, and Vietnam).

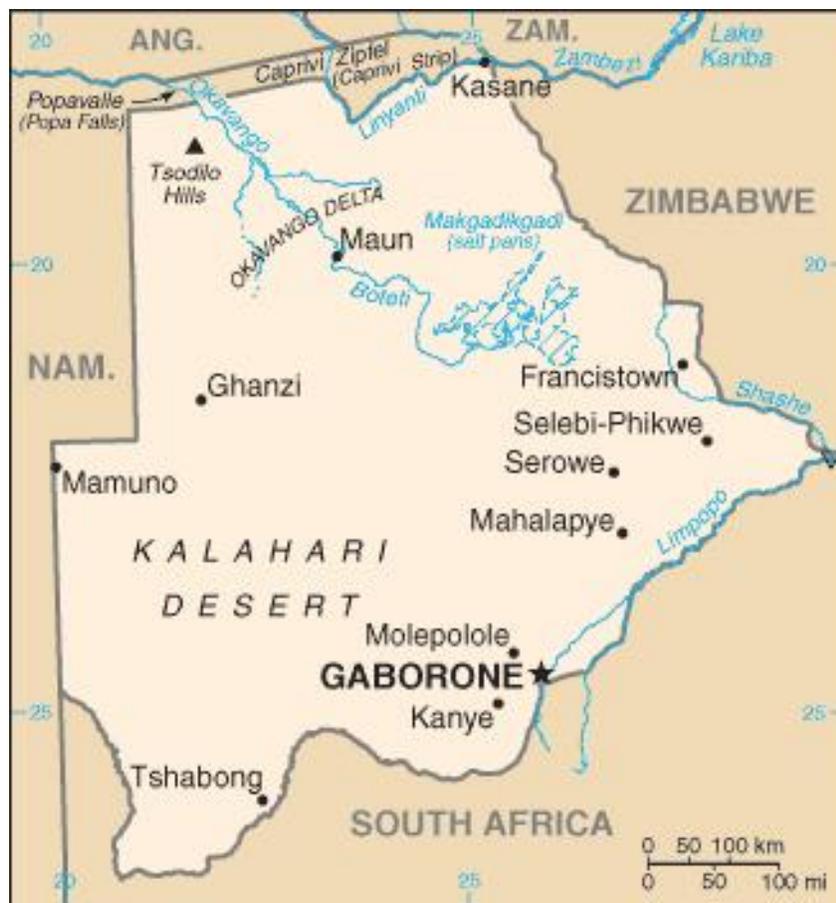
agreements. Research Triangle Institute was awarded a task order with a period of performance from October 2008 to September 2013. Project Concern International was awarded a cooperative agreement with a period of performance from September 2008 to September 2011. Academy for Educational Development was awarded a cooperative agreement with a period of performance from July 2008 to February 2012.

AUDIT OBJECTIVE

The Office of Inspector General conducted this audit as part of its FY 2010 audit plan to answer the following questions:

Are USAID/Southern Africa's regional HIV/AIDS prevention and care activities in Botswana reaching people with prevention interventions and providing care to both persons suffering with HIV/AIDS and to orphans and vulnerable children as planned?

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



Map of Botswana (Source: USAID/Southern Africa)

AUDIT FINDINGS

Are USAID/Southern Africa’s regional HIV/AIDS prevention and care activities in Botswana reaching people with prevention interventions and providing care to both persons suffering with HIV/AIDS and to orphans and vulnerable children as planned?

USAID/Southern Africa’s regional HIV/AIDS prevention and care activities in Botswana have reached significant numbers of people with prevention and care services during FY 2009, which was the first year of these activities. For example, one service provider receiving USAID funding had reached 4,817 individuals with HIV/AIDS prevention messages in FY 2009. Another service provider had cared for 274 orphans and vulnerable children during that same fiscal year. Nevertheless, because of the poor overall quality of performance data, it was not possible to determine whether USAID/Southern Africa’s regional HIV/AIDS prevention and care activities in Botswana reached the planned number of people with prevention interventions or provided appropriate care to the planned number of people, including orphans and vulnerable children (OVC).

USAID/Southern Africa’s Regional HIV/AIDS Program in Botswana began by establishing service providers that were capable of furnishing prevention and care services to beneficiaries. By the end of FY 2009, implementing partners reported that 22 service providers were offering those services, a significant component of the overall prevention and care program. The service providers supported by the mission also represent an important contribution to the Government of Botswana’s National Treatment Plan.

Although USAID/Southern Africa has reached a significant number of people with its interventions, the mission can further strengthen its program in several areas by (1) establishing its Regional HIV/AIDS Program’s management authority and responsibility, (2) improving the validity and reliability of reported results, (3) preparing a complete performance management plan that includes all of its performance indicators and provides for data quality testing, (4) completing thorough data quality assessments, and (5) conducting thorough site visits. These areas are discussed below.

Regional HIV/AIDS Program Management Status Not Defined

Summary: Contrary to good internal control practices, the management status of USAID/Southern Africa’s Regional HIV/AIDS Program office was not adequately defined. The principal cause was a prior reorganization of USAID offices and responsibilities that was not properly documented or implemented. Consequently, USAID/Southern Africa did not have a clear understanding of the authority and responsibilities delegated to its Regional HIV/AIDS Program in Botswana, which led to inadequate internal control over monitoring program results.

The Government Accountability Office (GAO) *Standards for Internal Control in the Federal Government* states that a factor affecting an agency's control environment is the agency's organizational structure. The structure provides management's framework for planning, directing, and controlling operations to achieve agency objectives. A good internal control environment requires that the agency's organizational structure clearly define key areas of authority and responsibility and establish appropriate lines of reporting. The control environment is also affected by the manner in which the agency delegates authority and responsibility throughout the organization. This delegation covers authority and responsibility for operating activities, reporting relationships, and authorization protocols.

Contrary to these internal control principles, the management status of USAID/Southern Africa's Regional HIV/AIDS Program has not been adequately defined. Through its Regional HIV/AIDS Program (RHAP) office, USAID/Southern Africa provides funding for HIV/AIDS services to the limited-presence countries of Botswana, Lesotho, and Swaziland, which do not have a USAID mission in country. In a prior audit⁶ concerning RHAP's activities in these countries, the Regional Inspector General/Pretoria (RIG/Pretoria) recommended that USAID/Southern Africa correct poor data quality by establishing a monitoring program for its HIV/AIDS activities in Botswana. The mission responded to the recommendation by stating that as of 2007 RHAP would be participating in neither the reporting process nor the management of the Botswana HIV/AIDS activities. In place of the mission, the Botswana Task Force Team would be responsible for the program. As evidence for final action to close the recommendation, the mission provided a memo from the acting regional director for the now closed USAID regional office in Botswana confirming that the Task Force Team would be responsible for the program. However, this organization was never created.

Consequently, RHAP's management responsibility for Botswana HIV/AIDS activities has been undefined since 2007. The RHAP office's regional organizational structure for Botswana does not clearly define key areas of authority and responsibility and does not establish appropriate lines of reporting or authority and responsibility for operating activities, reporting relationships, or authorization protocols. As a result, the internal control structure over monitoring program results was never strengthened as recommended by the 2007 audit report. This is demonstrated by the data quality problems discussed later in this report, which might have been avoided had an adequate organizational structure been in place. Rather than reopen the 2007 audit recommendation, this audit makes the following recommendation to define the management structure for the HIV/AIDS program in Botswana.

Recommendation No. 1: We recommend that USAID/Southern Africa define, in writing, the respective authorities, responsibilities, and reporting structure for its Regional HIV/AIDS Program office and its Botswana-resident country director and staff.

⁶ "Audit of USAID Activities in Limited-Presence Countries Managed by USAID/South Africa," Audit Report No, 4-674-07-004-P, February 14, 2007.

Program Results Not Fully Supported

Summary: Contrary to USAID guidance, HIV/AIDS program results were not fully supported with adequate documentation. The principal causes were inadequate record-keeping and reporting systems, resulting from a lack of training, as well as weak internal control over monitoring program results. Consequently, USAID/Southern Africa did not always have reasonable assurance that intended results were being achieved or that managers had reliable information upon which to make sound performance-based decisions.

USAID's results-oriented approach to management calls for its managers to consider performance information when making decisions. Sound decisions require accurate, current, and reliable information, and the benefits of USAID's results-oriented approach depend on the quality of performance information available.⁷ Additionally, the GAO *Standards for Internal Control in the Federal Government* requires accurate and timely recording of all transactions and significant events. These standards also require that transactions and significant events be clearly documented, with the documentation readily available.

Despite these provisions, the program's data quality and reporting could be strengthened considerably. Specifically, the key results reported for prevention and care were not fully supported by source documents. For example, at least 4,303 out of 24,432 individuals reportedly reached with prevention messages were either not supported by any form of documentation or were documented through headcounts, rather than lists of message recipients. Furthermore, at least 1,850 out of 3,835 OVC reportedly supported by USAID were not adequately documented.⁸ These examples are detailed below:

- FY 2009 prevention results reviewed were not fully supported by adequate documentation. The chief reason was the use of headcounts as supporting evidence. Although the audit team considered this practice acceptable for certain high-risk populations, such as sex workers and illegal residents, other groups were supported only by notes from service provider volunteers stating that 200 people were reached or by documents from school interventions that disaggregated the audience by gender and were signed by the school's principal. The audit team selected and reviewed the support for a judgmental sample at a significant portion of service providers, and determined that about 17 percent of the sample related to populations that were not high risk was supported only by undocumented headcounts. Other documentation issues involved lack of supporting records. For example, one provider lacked records to support 353 out of 6,510 individuals reported (5 percent). Another 1,340 of the 6,510 individuals reported (21 percent) were supported only by headcounts.

⁷ USAID's "Guidelines for Indicator and Data Quality" (TIPS No. 12).

⁸ The audit reviewed service providers whose results made up 84 percent and 94 percent of the total reported results for prevention and OVC support, respectively.

- FY 2009 care and support results reviewed were not fully supported by adequate documentation. For example, at only one of the nine service providers reviewed were the records within 10 percent of their reported number of OVC supported in FY 2009. Additionally, complete records that identified the individual child, the services provided, and the dates of those services were lacking at seven of the nine service providers reviewed. For example, at one provider, there were adequate documents to support only 111 out of a reported 767 children (15 percent) receiving OVC services. Another provider, which reported 139 individuals receiving palliative care, had lost 6 months (50 percent) of its care records and had no audit trail with which to reconstruct those records. Consequently, the audit team could not determine the degree to which reported amounts were misstated.
- When the U.S. Government HIV/AIDS staff in Botswana compiled the data for the annual HIV/AIDS progress report, there was a breakdown in communication between the RHAP team and other U.S. Government staff that led to the results from two implementing partners not being reported. During FY 2009, two organizations transitioned from being service providers to being implementing partners. Accordingly, their results were not included in the annual report of the partner previously responsible for the two service providers. However, the U.S. Government staff compiling the annual report for Botswana believed that the data had been included in that annual report. Consequently, the results for Botswana forwarded for inclusion in the annual HIV/AIDS progress report excluded 1,380 adults who were reported as having received palliative care and 1,406 OVC that were reported as having received support.

As a result of the above deficiencies, there was no reasonable assurance that the results reported by the two major prevention and care partners for their respective service providers were valid and reliable and met required data quality standards.

These data problems occurred because the staff at some of the service providers, which consisted of local nongovernmental organizations, lacked sufficient training and were not aware of data quality, record-keeping, and reporting requirements. Because of this lack of knowledge, service providers did not maintain adequate source documentation to ensure that reported results were valid, reliable, and accurately reported to implementing partners and ultimately to the mission. An incomplete performance management plan, as well as incomplete data quality assessments and site visits that did not include data verification (discussed later in this report), also contributed to the unsupported results.

As indicated in the examples above, USAID/Southern Africa did not always have reasonable assurance that reported data met standards of validity, reliability, and accuracy. Without reliable data, USAID managers are missing a key tool for making sound, performance-based decisions. The following recommendation is designed to strengthen the system of reporting results under USAID/Southern Africa's Regional HIV/AIDS Program in Botswana.

Recommendation No. 2: We recommend that USAID/Southern Africa develop and implement a plan, with milestones, to train all implementing partners and service providers for prevention and care services on how to properly maintain source documents and accurately report program results.



Exterior of OVC facility inspected during the audit in Palapye, Botswana (photo taken by implementing partner in October 2007).

Performance Indicator Definitions Not Consistently Applied

Summary: Contrary to USAID guidance, performance indicator definitions were not consistently applied by several service providers when reporting results. The principal cause was a lack of training, as well as weak internal control over monitoring program results. Consequently, USAID/Southern Africa did not always have reasonable assurance that intended results were being achieved or that managers had reliable information upon which to make sound performance-based decisions.

USAID's results-oriented approach to management calls for its managers to consider performance information when making decisions. Sound decisions require accurate, current, and reliable information, and the benefits of USAID's results-oriented approach depend on the quality of performance information available.⁹

To be valid, an indicator must accurately reflect the performance element that it purports to measure. This requirement is recognized by both USAID's Automated Directives System (ADS) and the *Guidelines for Indicator and Data Quality*. ADS¹⁰ states that indicators selected for inclusion in the performance management plan should measure changes that are clearly and reasonably attributable, at least in part, to USAID. The *Guidelines for Indicator and Data Quality* states that one of the critical requirements for an indicator is the degree to which it and the related data accurately reflect the process

⁹ USAID's "Guidelines for Indicator and Data Quality" (TIPS No. 12).

¹⁰ ADS 203.3.4.2.

the indicator is being used to measure. The guidelines further explain that “validity” refers to data that clearly and directly measure the result they are intended to measure; “reliability” refers to data that have a stable or consistent measuring process; and “timeliness” refers to data that are sufficiently up-to-date to be useful in decision making.

In addition to the above, it is important that performance information be recorded and documented. The GAO *Standards for Internal Control in the Federal Government* requires accurate and timely recording of all transactions and significant events. These standards also require that transactions and significant events be clearly documented, with the documentation readily available.

Four of USAID/Southern Africa’s results were not accurately reported by several service providers and in turn, by the mission’s two major implementing partners. These inaccuracies arose because of inconsistent and inaccurate application of performance indicator definitions, which resulted in the reporting of individuals who did not qualify under the various results. These problems are summarized below.

- **Prevention** – One service provider had difficulty classifying whether its prevention messages were abstinence only, abstinence and being faithful, or other prevention methods. On some occasions the service provider used a mixed message that was predominantly abstinence and being faithful, but also mentioned some other prevention methods. On these occasions, the service provider was uncertain as to how much discussion of other prevention methods would change the classification of the intervention. However, it was difficult to determine the correct classification because in many cases there was no documentation of the type of intervention message used. For example, the support provided by the service provider identified only 52 out of 378 individuals as having been reached with an “other prevention methods” message, while the type of intervention message directed at the other individuals was not noted. As a result, the correct classification for messages that reached those 326 individuals could not be determined.
- **Care** – Contrary to established guidance, three service providers stated that they counted OVC or palliative care patients as new if they received a service they had not received in the prior quarter. The indicator definition, however, specifies that a patient should be counted only once during a year. When the audit team judgmentally selected eight records that were listed as being for new children in the fourth quarter of FY 2009, three were for children who had received services from the provider earlier in FY 2009 but had not received any services in the third quarter of FY 2009. Because these children were counted earlier in the year and counted again in the fourth quarter, they were double-counted in the annual reporting.
- **Care Training** – One service provider reported the same 106 trainees under both OVC and palliative care training for the same training session. Another provider reported 250 people trained but had class attendance records for only 79 (32 percent).
- **Prevention Training** – Two service providers improperly reported people trained who did not complete every day of multiday courses. Of the 34 people reported as trained, documentation indicated that 13 (38 percent) did not complete all training sessions.

As a result of these significant variances, there is not reasonable assurance that the results reported by implementing partners were valid and reliable and met required data quality standards.

These data problems occurred because the staff at the service providers and implementing partners lacked proper training. Also, an incomplete performance management plan, as well as incomplete data quality assessments and site visits (discussed later in this report), resulted in weak internal control. The service providers, consisting of several types of local nongovernmental organizations, were not always aware of record-keeping and reporting requirements. With inadequate records and inconsistent and undocumented reporting systems, internal control for results reporting could not ensure that reported results were (1) valid, (2) accurate and supported, (3) accurately summarized before being reported to the mission, and (4) attributable to the specific performance indicator.

Without accurately reported results, USAID/Southern Africa could not reasonably ensure that reported data met standards of validity, reliability, and timeliness. Moreover, without reliable data, USAID officials and others may not be able to make optimal performance-based decisions. For these reasons, this audit makes the following recommendation to strengthen the results reporting system under the mission's HIV/AIDS program in Botswana.

Recommendation No. 3: We recommend that USAID/Southern Africa develop and implement a plan, with milestones, to train all implementing partners and service providers for prevention and care services in the Botswana HIV/AIDS program on how to correctly apply performance indicator definitions when collecting, summarizing, and reporting program results.

Performance Management Plan Not Completed

Summary: The RHAP performance management plan did not include the performance indicators for the Botswana HIV/AIDS program, contrary to USAID guidance. The mission attributed this problem to staffing constraints and the rapid expansion of the program, as well as to uncertainty over management responsibility. Without a complete plan to provide for adequate data quality, USAID/Southern Africa could not ensure that it was maintaining the elements essential to the operation of a credible and useful performance-based management system.

ADS 203.3.3 states that assistance objective teams must complete performance management plans for each assistance objective. ADS 203.3.3.1 indicates that such plans must (1) identify the performance indicators that will be tracked; (2) specify the source, method of collection, and schedule of collection for all required data; and (3) assign responsibility for collection to a specific office, team, or individual. Furthermore, USAID's *Performance Management Toolkit* states that a complete performance management plan contains a statement of all performance indicators that will be used to assess progress over the life of the strategic objective. Baseline values and

performance targets for each indicator should also be included, with specifications for the various data sources and collection methods to be employed. In addition to these requirements, the plan should include specifications for the schedule for data collection and a description of known data limitations.

The goal of assessing data from implementing partners is for missions to be aware of data strengths and weaknesses and of the extent to which data can be trusted when reporting and making management decisions. For data from implementing partners, the primary source used by managers of USAID/Southern Africa's Botswana HIV/AIDS activities, the Toolkit recommends that performance plans include periodically sampling and reviewing data for completeness, accuracy, and consistency. It also recommends conducting field visits to compare central office records with field site records, and visiting a broad range of sites.

In support of the above, USAID/Southern Africa's mission order on Performance Management and Evaluation¹¹ states that each strategic objective team (now referred to as assistance objective teams) is responsible for developing, implementing, and obtaining approval for a performance management plan. This task includes choosing indicators, setting targets, planning and budgeting for data collection, collecting baseline data, and tracking and analyzing data on progress toward results. Furthermore, the mission order states that the performance management plan should be modified as necessary during implementation, and that strategic objective teams should review the plan at least semiannually.

Notwithstanding the above requirements, the RHAP performance management plan did not contain the program performance indicators for the Botswana HIV/AIDS program. In addition to being dated 2005, the plan contained only regional-level indicators, with no indicators for the activities in Botswana. Without the performance indicators and their respective reference sheets, the plan lacked the basic format for outlining the monitoring controls to manage the program's individual activities as well as a description of controls for maintaining adequate data quality from implementing partners, which were the primary sources of program data. In the absence of a complete performance management plan, RHAP simply assumed that the data in partner reports were of adequate quality, and did not provide the necessary controls for confirming data quality.

The mission indicated that these omissions in its performance management plan for Botswana arose from a staff shortage and the program's rapid expansion. USAID/Southern Africa officials said that the mission could not comply with all ADS requirements because it was responsible for the rapid scale-up of a large and complex portfolio, merging its original portfolio with that of the former regional mission in Botswana, with a limited staff. Mission officials noted that there was also some uncertainty regarding management responsibility for the Botswana program, as discussed earlier in this report. The mission has since hired new staff members and is requesting two additional staff positions for FY 2010 for the Botswana program.

Without a complete performance management plan that provided all performance indicators, indicator reference sheets, and data quality testing for all program indicators, USAID/Southern Africa did not have reasonable assurance that program data met acceptable standards of validity, reliability, and accuracy. In the absence of such

¹¹ Mission Order 203.1, "Performance Management and Evaluation," pars. III.B and IV.A.2.

assurance, managers did not have all of the high-quality performance information needed to make sound decisions. Had the mission maintained a complete and current plan for the HIV/AIDS activities and regular data quality testing in Botswana, many of the data problems identified in the report could have been prevented or reduced. For these reasons, this report makes the following recommendation to strengthen the results reporting system for USAID/Southern Africa's HIV/AIDS program in Botswana.

Recommendation No. 4: We recommend that USAID/Southern Africa prepare an updated performance management plan for the Botswana HIV/AIDS program that is complete and that contains all current performance indicators and reference sheets.

Data Quality Assessments Not Completed

Summary: Contrary to USAID guidance, data quality assessments were not completed for the Botswana HIV/AIDS program. This problem arose from weak internal control and staffing constraints, as well as from uncertainty over management responsibility. As a result, data quality problems were not identified, leaving USAID/Southern Africa without reasonable assurance that officials had the high-quality data necessary for making sound, performance-based decisions.

USAID's ADS 203.3.5.2 states that the purpose of data quality assessments is to ensure that the USAID mission/office and assistance objective teams are aware of (1) the strengths and weaknesses of the data, as determined by applying appropriate quality standards, and (2) the extent to which data integrity can be trusted to influence management decisions. ADS also states that data reported to USAID/Washington in compliance with the Government Performance and Results Act of 1993 (Public Law 103-62) or for reporting externally on USAID performance must have had a data quality assessment within 3 years before submission.

USAID's *Performance Management Toolkit* elaborates on this statement, adding that missions should determine whether there are procedures to (1) ensure that data are free of significant error or bias; (2) periodically review data collection, maintenance, and processing; and (3) provide for periodic sampling and quality assessment of data. To assess the quality of partner data, the Toolkit recommends periodically sampling and reviewing partner data to ensure completeness, accuracy, and consistency and determining whether the partner appropriately addressed known data quality problems. To monitor whether implementation is on track toward expected results, missions can use field visits, data from other sources, and independent surveys or evaluations to ensure acceptable data quality. According to ADS, missions should assess whether reports accurately reflect performance in the field. All assessments should be documented and available.

USAID/Southern Africa's mission order on performance management and evaluation¹² is consistent with the above guidance. It states that all performance indicators reported in the annual report must have had a data quality assessment within the past 3 years. It

¹² Mission Order 203.1, "Performance Management and Evaluation," par. IV.A.3.

continues by stating that the assessments must also review data collection, maintenance and processing procedures to ensure that they are adequate and are consistently applied.



Interior of OVC facility inspected during the audit in Palapye, Botswana (photo taken by implementing partner in October 2007).

USAID/Southern Africa has not completed any data quality assessments for the performance indicators in its Botswana HIV/AIDS program. For the program beginning in FY 2004, the mission had been reporting results for 6 years without performing the required assessments. Although one of the implementing partners had done a review of data quality for its respective indicators, RHAP did not analyze the review to determine whether it was adequate to serve as a data quality assessment. As a result of these omissions, data validity and reliability problems were not identified or addressed before the mission reported results for its prevention and care indicators.

The mission stated that this problem resulted from program staffing constraints as well as the program's rapid expansion. According to mission officials, they were unable to comply with all ADS requirements because the limited staff had responsibility for a large portfolio implemented at a national level. There was also some uncertainty regarding management responsibility for the program, as discussed earlier in the report. RHAP has since hired new staff members and is requesting two additional staff positions for FY 2010 for the Botswana program. RHAP is considering adding an implementing partner to the program to conduct data quality assessments.

Without adequate testing for data integrity, USAID/Southern Africa did not have reasonable assurance that data used for performance-based decision making and reporting were valid and reliable. Unreliable data can undermine the appropriateness of management decisions and managers' ability to evaluate the effectiveness and

efficiency of their programs. Had the mission performed adequate data quality assessments in a timely manner and addressed the data integrity problems identified in those assessments, the problems of data validity and reliability identified in this report could have been corrected. For these reasons, this report makes the following recommendation.

Recommendation No. 5: We recommend that USAID/Southern Africa complete data quality assessments for the HIV/AIDS program indicators in Botswana in accordance with Automated Directives System requirements.

Thorough Site Visits Not Conducted

Summary: Contrary to USAID guidance, USAID/Southern Africa did not conduct thorough site visits at its implementing partner and service provider locations in Botswana. The mission attributed this problem to a staff shortage and the priority placed on program implementation, as well as to uncertainty over management responsibility. Without active monitoring and thorough site visits, the mission did not always have reasonable assurance that data used for performance-based decision making and reporting were valid and reliable.

ADS 202.3.4.6 states that assistance objective teams must ensure that they have adequate official documentation on agreements used to implement USAID-funded projects, as well as on the resources expended, issues identified, and corrective actions taken. Furthermore, ADS 202.3.6 states that monitoring the quality and timeliness of implementing partners' outputs is a major task of cognizant technical officers (now referred to as "contracting officer's technical representatives") and assistance objective teams. ADS specifies that problems in output quality provide an early warning that results may not be achieved as planned and that early action in response to problems is essential in managing for results. Additionally, a USAID/Southern Africa mission order¹³ states that strategic objective teams (now referred to as assistance objective teams) are responsible for monitoring and verifying the accuracy of reported results by regularly conducting site and field visits to review data collection and documentation at its source.

To assess the quality of partner data, USAID's *Performance Management Toolkit* recommends periodically sampling and reviewing partner data to ensure completeness, accuracy, and consistency, as well as determining whether the partner appropriately addressed known data quality problems. The Toolkit also recommends developing a simple site-visit guide, covering all topics of interest, to be used systematically by teams visiting all sites.

Although the HIV/AIDS team had conducted some site visits in Botswana, it did not have documentation to show that data validity and reliability had been verified during those visits. Moreover, the site visits were programmatic in nature and did not address data issues. This was a crucial omission for implementing partners and their service providers that had not maintained adequate record-keeping and reporting systems. According to RHAP officials, the absence of data quality testing and the documentation

¹³ Mission Order 203.1, "Performance Management and Evaluation," par. III.B.

thereof resulted from staffing constraints during FY 2009 and the program's rapid expansion. Site visits during that period focused exclusively on activity implementation and the examination of quality of services provided, but also should have provided for data quality testing. Additionally, there was some uncertainty regarding management responsibility for the program, which was discussed earlier in the report. RHAP has since hired new staff members and is requesting two additional staff positions for FY 2010 for the Botswana program.

Without active monitoring through regular site visits and data verification, USAID/Southern Africa did not always have reasonable assurance that data used for performance-based decision making and for reporting were valid and reliable. A program to monitor data quality through regular site visits could have identified documentation and reporting issues and prevented many of the problems with data reliability identified in this report. Therefore, this report makes the following recommendation to improve the data-monitoring capacity of site visits.

Recommendation No. 6: We recommend that USAID/Southern Africa develop and implement a risk-based monitoring plan for its Botswana HIV/AIDS activities that includes regular site visits involving programmatic review, verification of reported results, and the documentation of site visits performed.

EVALUATION OF MANAGEMENT COMMENTS

In its response to the draft version of this report, the mission concurred with all six recommendations. The mission described the actions it plans to take to address the noted concerns. The mission's comments and the audit team's evaluation of those comments are summarized below.

In response to recommendation no. 1, concerning the definition, in writing, of the respective authorities, responsibilities, and reporting structure for its Regional HIV/AIDS Program office and its Botswana-resident country director and staff, the mission will develop and issue a formal delegation of authority. This delegation will be from the USAID/Southern Africa Mission Director to the Botswana-resident country director and will set forth in detail the roles, responsibilities, authorities and reporting requirements, and structure between USAID/Southern Africa and the USAID office in Botswana. The mission intends to issue this delegation of authority not later than July 31, 2010. As a result of these planned actions, a management decision has been reached on the recommendation.

In response to recommendation no. 2, concerning a plan to train all implementing partners and service providers for prevention and care services on how to properly maintain source documents and accurately report program results, the mission secured the services of MACRO International in February 2010 to train all HIV/AIDS project managers, including USAID-funded staff in Botswana, in data quality assessments. The 2-week course included training on proper maintenance of source documents and accurate reporting of program results. Having now received this training, the USAID staff in Botswana is developing a training plan for implementing partners that will specify the standards for maintaining documentation and accurately reporting program results. The mission expects that the plan will be fully developed by July 2010, and training will be completed by the end of calendar year 2010. As a result of these planned actions, a management decision has been reached on the recommendation.

In response to recommendation no. 3, concerning a plan to train all implementing partners and service providers for prevention and care services in the Botswana HIV/AIDS program on how to correctly apply performance indicator definitions when collecting, summarizing, and reporting program results, the mission secured the services of MACRO International in February 2010 to train all HIV/AIDS project managers, including USAID staff in Botswana, in data quality assessments. The 2-week course included training on how to correctly apply performance indicator definitions when collecting, summarizing, and reporting program results. Following this training, all of the HIV/AIDS implementing partners working in treatment, care, and support attended a 2-day meeting on March 25–26, 2010, for an in-depth review of the new HIV/AIDS indicators that have been selected for use by USAID and the Botswana HIV/AIDS team. This same exercise is planned for HIV/AIDS implementing partners that work in the prevention area. The mission expects the plan to be fully developed by July 2010, and training to be completed by the end of calendar year 2010. As a result of these planned actions, a management decision has been reached on the recommendation.

In response to recommendation no. 4, concerning the preparation of an updated performance management plan for the Botswana HIV/AIDS program that is complete and that contains all current performance indicators and reference sheets, the mission is preparing a new plan that contains all current HIV/AIDS performance indicators and reference sheets. The plan also will incorporate other procedures that are recommended in this report. The mission expects that the plan will be fully developed by July 2010, and will be in use by the end of calendar year 2010. As a result of these planned actions, a management decision has been reached on the recommendation.

In response to recommendation no. 5, concerning the completion of data quality assessments for the HIV/AIDS program indicators in Botswana in accordance with Automated Directives System requirements, the mission has already provided training in assessing data quality to mission staff and some implementing partners. In addition to providing funding for additional technical assistance and training in conducting data quality assessments, the Botswana Country Operational Plan for FY 2010 includes funding for a USAID/Southern Africa team to conduct data quality assessments of USAID implementing partners in Botswana. This exercise is included in the performance management plan, which is under development. The data quality assessment will assess the new HIV/AIDS performance indicators that were officially changed in October 2009. The mission anticipates that the plan will be fully developed by July 2010, and fully completed, including the additional data quality assessment to be carried out by USAID/Southern Africa, by the end of calendar year 2010. As a result of these planned actions, a management decision has been reached on the recommendation.

In response to recommendation no. 6, concerning a plan for its Botswana HIV/AIDS activities that includes regular site visits involving programmatic review, verification of reported results, and the documentation of site visits performed, the mission is currently preparing a performance management plan that contains all new HIV/AIDS performance indicators and reference sheets. The plan will include a site visit schedule for programmatic review, verification of reported results, and the documentation of site visits performed. USAID/Southern Africa expects that the plan will be fully developed by July 2010 and fully operational by the end of calendar year 2010. As a result of these planned actions, a management decision has been reached on the recommendation.

SCOPE AND METHODOLOGY

Scope

The Office of Inspector General 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, based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective. The audit covered the period October 1, 2008, through September 30, 2009. Audit fieldwork was conducted at USAID/Southern Africa's offices in Botswana from November 17 to December 4, 2009.

In planning and performing the audit, the audit team assessed management controls related to management review, proper execution of transactions and events, and review of performance measures and indicators. Specifically, we studied and evaluated the following:

- FY 2008 country operational plan
- FY 2005 performance management plan
- FY 2009 annual progress report
- 2009 certification required by the Federal Managers' Financial Integrity Act of 1982
- Implementing partner agreements
- Performance measures for performance indicators
- Actual performance results
- Site visit reports
- Implementing partner progress reports
- Service outlet registers and source documents

We also interviewed key USAID/Southern Africa personnel, implementing partners, service providers, and U.S. Government program partners. We conducted the audit at USAID/Southern Africa's Botswana office and at the activity sites of two major implementing partners, as well as those of local service providers.

As of September 30, 2008, USAID/Southern Africa's prevention and care programs had agreements with three partners. We focused primarily on the agreements with Project Concern International and Academy for Educational Development because, although Research Triangle Institute had an agreement in FY 2009, it did not contribute to the reported results for FY 2009. This occurred because Research Triangle Institute was not

registered by the Government of Botswana until 6 months into FY 2009, preventing it from opening a bank account or opening an office until the second half of the fiscal year. As of the end of FY 2009, USAID/Southern Africa reported obligations of \$10,654,248 and disbursements of \$3,875,069 for the three agreements. Our audit primarily focused on the agreements with Project Concern International and Academy for Educational Development, which had combined reported obligations of \$7,840,748 and disbursements of \$2,945,534.

Methodology

To answer the audit objective, we reviewed the targeted and actual results in the FY 2008 operational plan and the FY 2009 annual progress report. At USAID/Southern Africa, the prevention and care programs reported on 12 major performance indicators in the FY 2009 annual progress report, 8 of which are summarized in Appendix III. We did not audit 4 of the 12 major performance indicators because of time constraints and the lesser significance of those indicators.

For the remaining indicators, we validated performance results and compared reported information with documented results for a judgmentally selected sample of results submitted by the two major implementing partners for FY 2009 (a statistical sample was not performed because of the large number of beneficiaries and the extensive geographical dispersion of the sites). This judgmental sample consisted of 16 of 22 reported service providers, and included service providers that were (1) both large and small providers, (2) supported by the two major partners, and (3) in the major geographical areas in which the program was implemented. The results from the sample cannot be projected to the universe of all service outlets on a statistical basis. However, we believe that our work provides a reasonable basis for our conclusions.

We reviewed the agreements, progress reports, and work plans of the major implementing partners and service providers that contributed results to the indicators we tested. We reviewed applicable laws and regulations—as well as USAID policies and procedures pertaining to USAID/Southern Africa’s prevention and care programs—including the Federal Managers’ Financial Integrity Act of 1982 certification,¹⁴ Automated Directives System (ADS) chapters 202 and 203, and supplemental ADS guidance.

In the process of testing the results of the selected indicators at 16 service providers, we conducted site visits at numerous other offices of implementing partners and U.S. Government partners. These visits included interviews with USAID/Southern Africa’s prevention and care team members, implementing partners, and service providers, as well as a review of relevant documentation.

¹⁴ 31 U.S.C. 3512.

MANAGEMENT COMMENTS



DATE : April 23, 2010

TO : Regional Inspector General/Pretoria, Nathan S. Lokos

FROM : USAID/Southern Africa, Mission Director, Jeff Borns /s/

SUBJECT : USAID/Southern Africa's Comments on Audit of
USAID/Southern Africa's Regional HIV/AIDS Program in
Botswana (Report No: 4-464-10-00X-P)

This memorandum transmits the USAID/Southern Africa comments, dated April 23, 2010, on the Regional Inspector General/Pretoria (RIG) Draft Report on the subject audit. These comments are provided both in hard copy and electronic format.

On behalf of USAID/Southern Africa, I wish to express our sincere gratitude for RIG conducting the audit and preparing the draft report for the purpose of strengthening USAID/Southern Africa's Regional HIV/AIDS Program in Botswana.

1. Audit Finding: Regional HIV/AIDS Program Management Status Not Defined

Audit Recommendation No 1: We recommend that USAID/Southern Africa define, in writing, the respective authorities, responsibilities, and reporting structure for its Regional HIV/AIDS program office and its Botswana-resident country director and staff

USAID/Southern Africa agrees with Audit Recommendation No. 1 and acknowledges that the respective authorities, responsibilities and reporting structure between USAID/Southern Africa, particularly the Regional HIV/AIDS Program (RHAP) office, and the Botswana-resident Country Director and staff needs to be better formulated and defined in writing. USAID/Southern Africa notes, however, that the Personal Services Contract (PSC) of the Botswana-resident Country Director does set forth in the Article I -Statement of Duties substantial responsibilities, authorities and reporting requirements of the Botswana-resident Country Director.

To meet this audit recommendation, USAID/Southern Africa will develop and issue a formal delegation of authority from the USAID/Southern Africa Mission Director to the Botswana-resident Country Director which will set forth in detail the roles, responsibilities, authorities

and reporting requirements and structure between USAID/Southern Africa and the USAID Office in Botswana. USAID/Southern Africa intends to issue this delegation of authority not later than July 31, 2010 and has already begun meeting with the Botswana Country Director and other staff of the USAID Office in Botswana to discuss in depth roles, responsibilities, authorities and reporting requirements between USAID/Southern Africa and the USAID Office in Botswana.

Prior to 2007, USAID/South Africa, through the RHAP office, had full responsibility for development and implementation of the bilateral USAID HIV/AIDS program in Botswana. At this juncture, there were no USAID employees in-country who were in a position to take on HIV/AIDS program management responsibilities or authorities. In July 2007, USAID/South Africa executed a Personal Services Contract (PSC) for a Country Director to provide on the ground program management for the USAID HIV/AIDS program in Botswana. Under the PSC, a number of program responsibilities, authorities and reporting requirements of said Country Director were delineated in the scope of work. These responsibilities and authorities include: providing program management for USAID funded partners, including technical and administrative oversight and regular monitoring of activities; technical oversight and project management to USAID funded activities; program budgeting and financial monitoring, including the allocation of the USAID PEPFAR annual budget among implementing partners, monitoring their expenditures ensuring maintenance of reasonable pipelines, and preparing internal USAID documents (e.g., MAARDs); strategic and program planning; policy dialogue; and development of community-based HIV/AIDS prevention and care programs. The PSC specifically states that the contractor has no authority to make commitments or obligations. All authorities and responsibilities relating to the Botswana HIV/AIDS program not conveyed in the PSC scope of work were maintained by RHAP or USAID/South Africa. The PSC requires the Country Director to report directly to the Director of the RHAP office within USAID/Southern Africa.

While not addressing all of the items needed to be included in a delegation of authority, the PSC Statement of Duties section does address some key areas of responsibility and authority conferred to the Botswana Country Director. Accordingly, the PSC scope of work would be referenced in the formal delegation of authority.

2. Audit Finding: Program Results Not Fully Supported

Audit Recommendation No 2: We recommend that USAID/Southern Africa develop and implement a plan, with milestones, to train all implementing partners and service providers for prevention and care services on how to properly maintain source documents and accurately report program results

USAID/Southern Africa agrees with this audit recommendation.

In February 2010, the Botswana PEPFAR Strategic Information Team (which includes the USAID Finance/M&E Officer) secured the services of MACRO International to train all PEPFAR project managers, including USAID funded staff in Botswana, in data quality assessments. The two week course included training on proper maintenance of source documents and accurate reporting of program results.

Having now received this training, the USAID staff in Botswana is developing a training plan

for implementing partners that will specify the standards for maintaining documentation and accurately reporting program results. Implementing partners are responsible for training the local organizations that they fund to provide prevention and care services to members of local communities. The training activities are included in the performance management plan that will focus on clarifying and standardizing performance monitoring of the PEPFAR Next Generation Indicators (NGI) that have been selected by USAID and the Botswana PEPFAR Team. It is expected that the plan will be fully developed by July 2010, and training will be completed by the end of the calendar year 2010.

3. Audit Finding: Performance Indicator Definitions Not Consistently Applied

Audit Recommendation No 3: We recommend that USAID/SA develop and implement a plan, with milestones, to train all implementing partners and service providers for prevention and care services in the Botswana HIV/AIDS program on how to correctly apply performance indicator definitions when collecting, summarizing, and reporting program results

USAID/Southern Africa agrees with this audit recommendation.

In February 2010, the Botswana PEPFAR Strategic Information Team (which includes the USAID Finance/M&E Officer) secured the services of MACRO International to train all PEPFAR project managers, including USAID staff in Botswana, in data quality assessments. The two week course included training on how to correctly apply performance indicator definitions when collecting, summarizing and reporting program results.

Following this training, all of the PEPFAR implementing partners working in treatment, care and support attended a two day meeting on March 25-26, 2010 for an in-depth review of the PEPFAR NGIs that have been selected for use by USAID and the Botswana PEPFAR Team. The training reviewed how to apply each of the indicator definitions and how each program would transition from the previous indicators that were being used to the NGIs. USAID implementing partners are responsible for training the local organizations in how to apply these new indicator definitions.

This same exercise is planned for PEPFAR implementing partners that work in the prevention area. It is scheduled to take place by June 2010. These training activities will be included in the performance management plan that will focus on clarifying and standardizing performance monitoring of the PEPFAR NGIs. It is envisioned that the plan will be fully developed by July 2010, and training will be completed by the end of the calendar year 2010.

4. Audit Finding: Performance Management Plan Not Completed

Audit Recommendation No 4: We recommend that USAID/SA prepare an updated performance management plan for the Botswana HIV/AIDS program that is complete and that contains all current performance indicators and reference sheets

USAID/Southern Africa agrees with this audit recommendation.

A performance management plan that contains all current PEPFAR NGI performance

indicators and reference sheets is being prepared. The plan also will include: a site visit schedule for programmatic review; verification of reported results and the documentation of site visits performed; the data quality assessment schedule; and, the training plans for USAID staff, partners and service providers in how to properly maintain source documents and accurately report program results and how to correctly apply performance indicator definitions when collecting, summarizing and reporting program results of the PEPFAR NGIs that have been selected by USAID and the Botswana PEPFAR Team. It is expected that the plan will be fully developed by July 2010, and will be in use by the end of the calendar year 2010.

5. Audit Finding: Data Quality Assessments Not Completed

Audit Recommendation No 5: We recommend that USAID/Southern Africa complete data quality assessments for the HIV/AIDS program indicators in Botswana in accordance with the Automated Directives System (ADS) requirements

USAID/Southern Africa agrees with this audit recommendation.

USAID staff received preliminary training in February 2010, when the Botswana PEPFAR Strategic Information Team (which includes the USAID Finance/M&E Officer) secured the services of MACRO International to train all PEPFAR project managers in data quality assessments (DQAs). The two week course included classroom training in the elements of a data quality assessment and how to conduct one. It also provided practical training in carrying out actual DQAs for indicators being reported by USAID and other Botswana PEPFAR Team implementing partners. As part of the training, ten partners (five from USAID and five from CDC) were visited and the DQA tool was applied to one indicator being used by each respective partner.

Following this training, all of the PEPFAR implementing partners working in treatment, care and support attended a two day meeting on March 25-26, for an in-depth review of the PEPFAR Next Generation Indicators (NGI) that have been selected for use by USAID and the Botswana PEPFAR Team and in how to carry out a data quality assessment and use the results to improve the quality and reliability of the data being reported. This same exercise is planned for PEPFAR implementing partners that work in the HIV/AIDS prevention area. It is scheduled to take place by June 2010.

The USAID staffers in Botswana, who accompanied the auditors on their field visits to the sites where the sub-partners were working, learned from the auditors how to go about verifying that source documents were properly maintained, program results accurately reported, and performance indicator definitions correctly applied. By participating in the data quality assessment exercise that was carried out by the auditors, they received further training in how to carry out the ADS requirements for DQAs. In addition to including funding in the Botswana Country Operational Plan (COP) for FY 2010 to fund the MACRO International technical assistance and training in conducting DQAs, the COP also includes funding for a USAID/SA team to conduct DQAs of additional USAID implementing partners in Botswana. This DQA exercise is included in the performance management plan which is under development. The DQA will assess the new PEPFAR NGI performance indicators that were officially changed in October 2009. It is anticipated that the plan will be fully developed by July 2010, and fully completed, including the additional DQA to be carried out by

USAID/Southern Africa, by the end of calendar year 2010.

6. Audit Finding: Thorough Site Visits Not Conducted

Audit Recommendation No 6: We recommend that USAID/Southern Africa develop and implement a risk-based monitoring plan for its Botswana HIV/AIDS activities that includes regular site visits involving programmatic review, verification of reported results, and the documentation of site visits performed

USAID/Southern Africa agrees with this audit recommendation.

A performance management plan that contains all current PEPFAR NGI performance indicators and reference sheets is being prepared. The plan will also include a site visit schedule for programmatic review, verification of reported results and the documentation of site visits performed. USAID/Southern Africa expects that the plan will be fully developed July 2010 and fully operational by the end of calendar year 2010.

**USAID/Southern Africa
Summary of Botswana HIV/AIDS Prevention and Care
Program Performance for Fiscal Year 2009**

Performance Indicator From Partner Work Plans	FY 2009 Target⁺	FY 2009 Reported
1. Number of people reached through community outreach that promotes HIV/AIDS prevention through abstinence or being faithful	10,000	18,105 ⁺⁺⁺
2. Number of individuals trained in HIV/AIDS prevention and program delivery	326	332 [*]
3. Number of orphans and vulnerable children (OVC) served by an OVC program, data disaggregated by sex	3,717	3,835 [*]
4. Number of providers/caretakers trained in caring for OVC	1,125	1,023 [*]
5. Number of individuals trained to provide treatment access and adherence support to children	802	288 ^{**}
6. Number of individuals provided with general HIV-related palliative care during the reporting period	3,742	1,924 [*]
7. Number of individuals trained to provide general HIV-related palliative care during the reporting period	1,248	383 [*]
8. Number of individuals trained to provide treatment access and adherence support to palliative care clients	939	219 ^{**}

Sources: Select USAID/Southern Africa's Botswana implementing partner work plans and annual progress reports.

⁺ The FY 2009 targets were established at the start of the prevention and care activities and were to be adjusted in the subsequent round of implementing partner annual work plans.

⁺⁺ This number excludes 6,327 individuals who were reported as being reached through outreach that promotes other prevention methods.

^{*} The validity and reliability of these results could not be confirmed.

^{**} Not audited.

U.S. Agency for International Development
Office of Inspector General
1300 Pennsylvania Avenue, NW
Washington, DC 20523
Tel.: 202-712-1150
Fax: 202-216-3047
www.usaid.gov/oig