OFFICE OF INSPECTOR GENERAL

AUDIT OF USAID/UGANDA'S PEPFAR-FUNDED ACTIVITIES FOR THE PREVENTION OF TRANSMISSION OF HIV

AUDIT REPORT NO. 9-000-10-008-P
June 15, 2010

WASHINGTON, DC

Office of Inspector General

June 15, 2010

MEMORANDUM

TO: USAID/Uganda Mission Director, David Eckerson

FROM: IG/A/PA Director, Steven H. Bernstein [Michael W. Clinebell for] /s/

SUBJECT: Audit of USAID/Uganda's PEPFAR-Funded Activities for the Prevention of Transmission of HIV (Report No. 9-000-10-008-P)

This memorandum transmits our final report on the subject audit. We have considered your comments on the draft report in finalizing the audit report and have included your response in appendix II of the report.

The report contains four recommendations for your action. Based on an evaluation of management comments, management decisions have been reached for all four recommendations. Determination of final action for these recommendations will be made by the Audit, Performance and Compliance Division upon completion of the planned corrective actions.

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

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SUMMARY OF RESULTS

The President's Emergency Plan for AIDS Relief, or PEPFAR, was signed into law on May 27, 2003, under the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act and committed $15 billion over 5 years for combating human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in the developing world. The Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act, signed on July 30, 2008, extended PEPFAR for 5 more years and committed another $48 billion (page 3).

During the first phase of PEPFAR, the U.S. State Department's Office of the Global AIDS Coordinator recommended that the 15 focus country teams[1] devote 20 percent of total PEPFAR funding to prevention efforts, with the goal of 7 million infections prevented by 2010. USAID/Uganda's budget for prevention was $24.7 million in fiscal year (FY) 2008 and $25.4 million in FY 2009, with the country goal of preventing 165,000 infections during the first 5 years of PEPFAR (page 3).

USAID/Uganda's activities for preventing sexual transmission of HIV have contributed to PEPFAR goals. USAID/Uganda's programs have reached millions of individuals with messages promoting abstinence, being faithful, and other methods of preventing HIV/AIDS transmission, such as condom usage. Additionally, in accordance with a key PEPFAR principle, USAID/Uganda's program to prevent sexual transmission of HIV aligns with Uganda's national HIV/AIDS strategy (page 6).

However, after 6 years and $116.4 million spent since the start of PEPFAR,[2] USAID/Uganda cannot demonstrate how much progress it has made in preventing infections and reducing the incidence of HIV. Thus, the mission has not been able to reliably demonstrate progress toward achieving assistance objectives, as required by USAID policy. This inability is attributable to several causes:

- The Office of the Global AIDS Coordinator is responsible for estimating the number of infections prevented in each country toward the total PEPFAR goal of 7 million; however, results will not be available until 2012—2 years after the end of PEPFAR.

- The Ugandan Ministry of Health carries out population-based surveys with assistance from USAID/Uganda and the PEPFAR country team. These surveys, a reliable way to measure change in preventive behaviors, depend on the cooperation of the Ugandan Government, and the last survey was conducted in 2005.

- Limited definitive research exists to support which interventions are most effective in preventing sexual transmission of HIV.

[1] PEPFAR's 15 focus countries are Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam, and Zambia.
[2] The amount $116.4 million reflects field and central funding for the prevention program areas of "abstinence," "be faithful," and "other sexual prevention" across FY 2004–9.

- The Office of the Global AIDS Coordinator sets output-level indicators on which the PEPFAR country team reports, however, infections prevented cannot be determined based on the achievement of output targets.

Though these circumstances are outside USAID/Uganda's control, in order to better demonstrate impact, the mission needs to devote more time and attention to the monitoring, oversight, and reporting of its sexual transmission prevention activities than it has done in the past (pages 6 and 7). Specifically:

- Performance management indicators are not being reported frequently enough to track incremental progress toward long-term goals (page 7).
- Inconsistent target setting for implementing partners makes it difficult to evaluate performance (page 9).
- Data quality assessments for sexual transmission prevention activities are not being performed (page 10).

The report recommends that USAID/Uganda:

- Develop and implement a strategy, in conjunction with the Centers for Disease Control and Prevention and the PEPFAR Coordinator's Office, to support and encourage the Ugandan Ministry of Health to produce regular reporting of clinical and surveillance data (page 8).

- Document a plan to collect data in key regions of the country with significant sexual transmission prevention activity, in the absence of host country data (page 8).

- Work closely with the PEPFAR Coordinator's Office and other U.S. Government implementing agencies to finalize and implement a terms of reference document with guidelines to improve target setting within the PEPFAR Prevention Working Group (page 10).

- Develop and implement a data quality assessment schedule for each implementing partner reporting on sexual transmission prevention indicators that are reported annually or externally (page 11).

USAID/Uganda agreed with all four recommendations and presented plans to implement the recommendations by October 30, 2010. Based on an evaluation of management's response to the draft report, management decisions have been reached on these recommendations (page 12).

Management comments are presented in their entirety in appendix II (pages 16-17).

BACKGROUND

The President's Emergency Plan for AIDS Relief (PEPFAR) was launched 6 years ago in response to the epidemic engulfing many parts of the developing world. Its authorizing legislation, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act, was signed into law on May 27, 2003, and committed $15 billion for prevention, treatment, and care for people afflicted or affected by human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS). On July 30, 2008, Congress signed into law the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, which extended PEPFAR for 5 more years and committed another $48 billion.

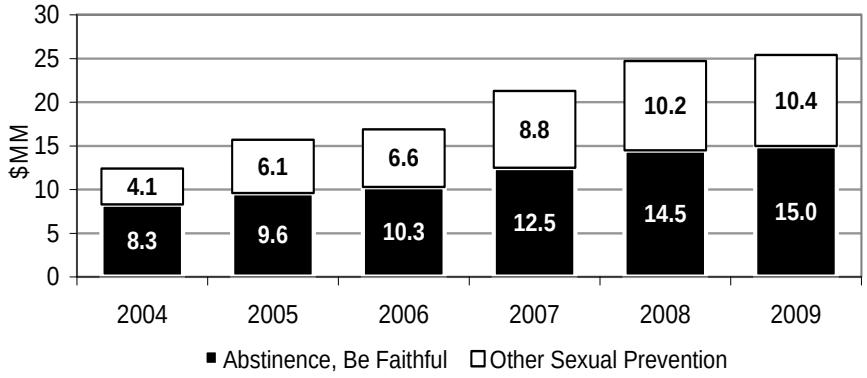
The Office of the Global AIDS Coordinator, which reports directly to the U.S. Secretary of State as part of the U.S. Department of State, sets overall goals for the 15 PEPFAR focus countries.[3] For the first 5 years, the Office of the Global AIDS Coordinator set an overall PEPFAR goal of 7 million infections prevented by 2010. Uganda specifically had the goal of 165,000 infections prevented in the first 5 years. Additionally, the Office of the Global AIDS Coordinator gives guidance on the use of PEPFAR funds. During the first 5 years, the office recommended that focus country teams devote 20 percent of total PEPFAR funding to prevention, with a required allocation of 33 percent of prevention funding to abstinence and being faithful programs and the remaining amount, approximately 66 percent, to other prevention programs.

The U.S. Government agencies that make up the PEPFAR country team are then collectively responsible for meeting performance targets and reporting aggregated indicator data twice a year to the Office of the Global AIDS Coordinator. The PEPFAR country team in Uganda is made up of U.S. Government agencies including USAID; the Departments of State, Defense, and Health and Human Services (including the Centers for Disease Control and Prevention); and the Peace Corps. However, USAID and the Centers for Disease Control and Prevention specifically carry out the bulk of the sexual transmission prevention activity in Uganda.

USAID/Uganda's prevention portfolio comprises bilateral and centrally funded and managed activities that are linked to treatment and care activities to provide a continuum of care. USAID/Uganda received $24.7 million in 2008 and $25.4 million in 2009, representing 81 percent of the PEPFAR country team's total funding for sexual transmission prevention during this period. (See figure 1 for USAID/Uganda's PEPFAR Activities from 2004 to 2009.)

[3] PEPFAR's 15 focus countries are Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam, and Zambia.

Figure 1. PEPFAR Funding for USAID's Sexual Transmission Prevention Activities in Uganda, 2004-09 ($ millions)



Uganda has been hailed as a global model in AIDS strategy because of its initial successes in reducing the HIV prevalence rate.[4] Studies credit a combination of factors that enabled this result, particularly Government leadership and political openness initiated by President Museveni's arrival in 1986 and a multisectoral approach that included community and faith-based organizations. Another factor was the widespread dissemination of behavior-change communications that raised awareness and fought discrimination and stigma while advocating abstinence, faithfulness, and condom use. According to estimates by the U.S. Census Bureau and the Joint United Nations Programme on HIV/AIDS (UNAIDS), in the early 1990s, the national HIV prevalence rate peaked at 15 percent and fell to 6.5 percent by 2004.

However, in recent years, progress in reducing HIV prevalence has reversed or slowed due in part to people with HIV living longer, owing to the increased use of antiretroviral drugs and better care and support for patients. Mission officials expect that the prevalence rate will continue to rise in 2010, by 0.5 to 0.55 percent. Representatives from USAID/Uganda, the PEPFAR country team, and Ugandan Government officials also believe that infection rates in Uganda are increasing.[5] Regional studies, such as a March 2009 study released by the Uganda AIDS Commission using data over a 16-year period from the rural Masaka district, also support this trend. The study shows that the HIV prevalence rate in the district rose from 6.2 percent (1999) to 7.7 percent (2004) to 8.0 percent (2005). The study attributed the rise in HIV prevalence to

Prevention is an essential component of PEPFAR and an increasingly critical priority. While treatment is incredibly important, treatment will not end the pandemic. In the absence of an HIV vaccine or cure, without effective prevention, the world will continue to face an ever-growing number of people requiring treatment, and inevitably, more death…. Globally, sexual transmission remains the primary driver of the epidemic, thus, prevention in this area is essential.

Dr. Eric Goosby, Global AIDS Coordinator

[4] The prevalence rate indicates the percentage of the population infected with HIV at a point in time.

[5] Infection rates, also known as incidence rates, reflect the number of new HIV infections.

increased risk-taking behaviors and decreased condom use. Although the results of a regional study cannot be extrapolated to the entire country, they can be considered strong indicators of larger trends.

AUDIT OBJECTIVE

This audit was included in the Office of Inspector General's fiscal year 2009 annual plan and was conducted to answer the following question:

- Have USAID/Uganda's activities for preventing sexual transmission of HIV contributed to overall PEPFAR goals?

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

AUDIT FINDINGS

The audit found that USAID/Uganda's activities are contributing to the goals of the President's Emergency Plan for AIDS Relief (PEPFAR) for preventing transmission of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS). However, USAID/Uganda cannot demonstrate how much progress it has made in preventing HIV infections.

USAID/Uganda's portfolio of activities for preventing sexual transmission promotes the "ABC" approach, which is advocated by PEPFAR in all focus countries, and is supported by studies. For example, a January 2009 study based on data from demographic and health surveys in four African countries concluded that reducing the number of sexual partners reduces the risk of HIV transmission.[6] The "ABC" approach is the balanced promotion of three behaviors that can prevent or reduce the likelihood of sexual transmission of HIV: "A" for abstinence (or delayed sexual initiation among youth), "B" for being faithful (or reduction in number of sexual partners), and "C" for correct and consistent condom use. This approach includes programs aimed specifically at high-risk groups such as out-of-school youth, displaced postconflict populations, and fishing communities.

USAID/Uganda reached more than 4 million individuals in 2008 and 6.4 million in 2009 with messages promoting prevention of HIV/AIDS transmission through abstinence and/or being faithful. Another 1.8 million were reached in 2008 and 2009 with messages promoting prevention through means other than abstinence or being faithful, such as condom usage. Additionally, in accordance with a key PEPFAR principle, USAID/Uganda's program to prevent sexual transmission of HIV aligns with Uganda's national HIV/AIDS strategy.

However, after 6 years and $116.4 million spent since the start of PEPFAR,[7] USAID/Uganda cannot demonstrate how much progress it has made in preventing infections—explicitly, reducing the incidence of HIV. Thus, USAID/Uganda has not been able to reliably demonstrate progress toward achieving assistance objectives, as required by USAID policy. This is attributable to several causes, which are outside the mission's control:

- The Office of the Global AIDS Coordinator is responsible for estimating the number of infections prevented in each country toward the total PEPFAR goal of 7 million; however, results will not be available until 2012—2 years after the end of PEPFAR.

[6] Vinod Mishra et al., "The Role of Partner Reduction and Faithfulness in HIV Prevention in Sub-Saharan Africa: Evidence from Cameroon, Rwanda, Uganda, and Zimbabwe," *DHS Working Papers* No. 61, Macro International Inc., Calverton, MD, 2009.

[7] The amount $116.4 million reflects field and central funding for the prevention program areas of "abstinence," "be faithful," and "other sexual prevention" across FY 2004–9.

- The Ugandan Ministry of Health carries out population-based surveys with assistance from USAID/Uganda and the PEPFAR country team. These surveys, a reliable way to measure change in preventive behaviors, depend on the cooperation of the Ugandan Government, and the last survey was conducted in 2005.

- Limited definitive research exists to support which interventions are most effective in preventing sexual transmission of HIV.

- The Office of the Global AIDS Coordinator sets output-level indicators on which the PEPFAR country team reports, however, infections prevented cannot be determined based on the achievement of output targets.

Furthermore, representatives from both USAID/Uganda and the Ugandan Government agree that prevention was not a high priority during the first 5 years of PEPFAR. Rather, the focus was on the emergency response to the epidemic and delivering antiretroviral drugs to people afflicted with AIDS. Accordingly, USAID/Uganda needs to devote more time and attention to its prevention activities than it has done in the past. In an effort to do this, Uganda's PEPFAR country team has already established a task force to determine how Uganda's prevention portfolio can better support the reduction of sexual transmission of HIV. The task force is chartered with reviewing Uganda's epidemic, PEPFAR's response to the epidemic, and best practices and lessons learned in the country. This analysis will lead to recommendations for the PEPFAR country team.

However, the audit found three additional areas, discussed in detail below, related to USAID/Uganda's monitoring, oversight, and reporting of its sexual transmission prevention activities where improvements are needed.

USAID/Uganda Cannot Track or Report Progress Toward Prevention Goals

Summary: USAID policy states that missions are responsible for measuring progress toward foreign assistance objectives. Further, the indicators selected should be practical and timely. However, the sole milestone indicator for tracking the progress of USAID/Uganda's prevention efforts (HIV prevalence among 15- to 19- and 20- to 24-year-old antenatal clients) could not be reliably reported because the mission could not obtain the needed data from the Ugandan Ministry of Health for 4 years. This is because USAID/Uganda is dependent on the Ugandan Ministry of Health for clinical and surveillance data and did not consider other methods of data collection. The lack of timely data in the latter stages of an assistance objective leaves the mission without important performance information for tracking and reporting results making decisions, and allocating resources.

USAID policy, under Automated Directives System (ADS) 203.3.2 on performance management, states that USAID missions and their assistance objective teams are responsible for measuring progress toward the results identified in the planning stage to achieve foreign assistance objectives. Further, ADS states that collecting and analyzing performance information is a principal step in performance management, and missions should be reporting on results in addition to outputs in the later years of an assistance objective. Finally, ADS 203.3.4.2 calls for indicators that are practical and timely.

USAID/Uganda's performance management plan (strategic objective 8: "Improved Human Capacity," finalized in May 2009) established three indicators that measure USAID/Uganda's progress in preventing new HIV infections. Two of the indicators established under this plan, "Reported condom use with a non-regular sexual partner" and "HIV incidence," are longer-term indicators that are not reported frequently enough to be useful for tracking progress toward goals. To measure progress toward a desired outcome over a shorter period, milestone indicators need to be used. According to the plan, milestone indicator data should be collected and available every year. However, USAID/Uganda was unable to collect and report data for the sole milestone indicator, "HIV prevalence among 15-19 and 20-24 year old antenatal clients," on an annual basis.

This occurred because USAID/Uganda is dependent on the Ugandan Ministry of Health for the clinical and surveillance data needed to report on this indicator. The mission stated that the Centers for Disease Control and Prevention has a contractual agreement with the Ministry of Health and is responsible for managing surveys collaboratively with the other U.S. Government agencies on the PEPFAR country team. However, the Ugandan Government had not released sexual transmission prevention indicator data of any kind since 2004—until it released the "HIV/AIDS Epidemiological Surveillance Report 2005-07" in November 2009, which still showed no definitive trend in HIV prevalence rates over the 3-year period studied (2005-2007). In spite of this limitation, USAID/Uganda did not gather relevant data through other methods, such as lot quality assurance sampling, a cost-effective tool used to rapidly gather information for monitoring and evaluation. This sampling method entails administering interviewer-led questionnaires to randomly selected households in each district until a 95-percent confidence level has been achieved. This method assists in measuring coverage of key prevention indicators, can identify gaps in performance, and can also help to enhance the capabilities of staff in the use of information for planning and decision making.

Without timely data to track progress, it becomes difficult to determine how effective USAID/Uganda's activities are. According to an HIV/AIDS specialist at the mission, in effect, HIV/AIDS prevention programming in the country was based on anecdotal data.

To address this matter, this audit makes the following recommendations:

Recommendation 1: *We recommend that USAID/Uganda develop and implement a strategy, in conjunction with the Centers for Disease Control and Prevention and the PEPFAR Coordinator's Office, to support and encourage the Ugandan Ministry of Health to produce regular reporting of clinical and surveillance data.*

Recommendation 2: *We recommend that USAID/Uganda, in the absence of host country data, document a plan to collect data in key regions of the country with significant sexual transmission prevention activity.*

USAID/Uganda Is Not Consistently Setting Performance Targets for Partners

Summary: According to USAID policy, missions are accountable for their targets, which should be ambitious but achievable. However, USAID/Uganda cannot explain how the target for its sole milestone indicator was set, and results for the six sexual transmission prevention indicators reported to the Office of the Global AIDS Coordinator in 2008 and 2009 were either significantly over or significantly under targets. This is due to a lack of guidance and focus on target setting. As a result, it is difficult to evaluate performance and assess reported results, impeding the mission's ability to make decisions and allocate resources based on performance data.

Performance targets are a critical part of managing for results. ADS 203.3.4.5 states that missions should be willing to be held accountable for targets, and that targets should be ambitious but achievable given USAID and other donor inputs. As stated in USAID's Performance Monitoring and Evaluation TIPS No. 8, "Establishing Performance Targets," once a program is underway, targets serve as guideposts for judging whether progress is being made on schedule and at the levels originally envisioned.

Implementing partners propose targets for sexual transmission prevention programs during the annual country operational planning process. USAID/Uganda, through the interagency PEPFAR Prevention Working Group, approves these indicator targets. However, in fiscal year (FY) 2008 results for USAID/Uganda's programs reporting on sexual transmission prevention indicators were mixed. (See appendix III for indicator targets and results.) Although the variances between results and targets were smaller in FY 2009 than they were in the previous year, two indicators still had a greater than 20 percent variance. Officials provided several reasons why results may differ greatly from targets,[8] but this pattern suggests that USAID/Uganda is not setting consistent targets for implementing partners.

Mission officials affirmed that the target-setting process can be so time-consuming and the working groups that oversee the process so short-staffed that a close review of targets proposed by partners is not always possible under the current structure. In addition, mission officials stated that the target for HIV prevalence in their performance management plan was inaccurate, but they could not explain why this occurred. These observations are corroborated by the April 2009 prevention portfolio review in which USAID/Uganda cited target setting as a challenge in multiple program areas.

To address these challenges, USAID/Uganda drafted a terms of reference document that included guidance to the interagency PEPFAR Prevention Working Group, which is cochaired by USAID, to oversee target setting for implementing partners every year during preparation of the country operational plan. This document outlined the roles, responsibilities, and operations of the PEPFAR country team. However, this document was drafted over 3 years ago and never finalized.

[8] Officials cited several reasons why indicator results may differ from indicator targets: new partners often underestimate the time needed to start a program, and they propose overly ambitious first-year targets; sometimes targets are based on inaccurate or incomplete information; or a change in methodology for computing indicator data may have occurred.

With inconsistent target setting, it becomes difficult to interpret results to evaluate performance, thereby impeding the mission's ability to make decisions and allocate resources based on performance data. For example, USAID/Uganda's 2008 sexual transmission prevention results were subpar for key indicators that measured the number of individuals reached with prevention messages. (See appendix III.) However, the inconsistently set targets hampered USAID/Uganda's ability to make effective performance-based decisions and to adjust sexual transmission prevention programming.

To address this matter, this audit makes the following recommendation:

> ***Recommendation 3:*** *We recommend that USAID/Uganda work closely with the PEPFAR Coordinator's Office and other U.S. Government implementing agencies to finalize and implement a terms of reference document that includes operational guidelines for target setting within the PEPFAR Prevention Working Group.*

USAID/Uganda Is Not Validating Partner Reporting Through Data Quality Assessments

Summary: USAID/Uganda did not conduct data quality assessments on reported indicator data relevant to sexual transmission prevention of HIV, contrary to USAID policy and Office of the Global AIDS Coordinator guidance. Data quality assessments were not performed because of limited resources and other priorities. As a result, USAID/Uganda lacked reliable data to monitor partner performance, which impeded the mission's ability to carry out its sexual transmission prevention activities effectively.

For performance data to be useful in managing for results and credible reporting, ADS 203.3.5.1 states that USAID missions should ensure that performance data for each assistance objective meet the data quality standards of validity, integrity, precision, reliability, and timeliness. Additionally, ADS 203.3.5.2 states that data reported to Washington, DC, or externally on agency performance must have had a data quality assessment within the 3 years before submission.

Additionally, the Office of the Global AIDS Coordinator provided country teams with guidance addressing the importance of data quality that stated, "Quality data are needed to inform the design of country operational plan activities, to monitor partner performance, and to set reasonable and achievable targets. In order for targets to be meaningful and realistic, the quality of the data on which they are based must meet minimum standards of acceptability." In addition, the guidance cautions that prevention data are particularly prone to double counting and advises added oversight.

However, of the 11 bilateral implementing partners working with USAID/Uganda in the area of sexual transmission prevention, 3 are overdue for a data quality assessment. Further, data quality assessments that USAID/Uganda did conduct within the last 3 years were incomplete. USAID/Uganda assessed indicator data for palliative care, treatment, counseling and testing services, and prevention of mother-to-child transmission; however, the mission did not include a review of the six sexual

transmission prevention indicators. For example, during FY 2008–9, USAID/Uganda assessed of the quality of data quality from an implementing partner working in sexual transmission prevention, but excluded relevant sexual transmission prevention data related to the partner's behavior-change activities.

When a mission does not allocate time and resources to data quality during the planning process, in an environment where priorities compete for limited resources, data quality will often be overlooked. According to the mission, data quality assessments were not performed on sexual transmission prevention data because of limited resources. Although the PEPFAR country team has contracted with a partner to carry out monitoring and evaluation activities for PEPFAR data, two assessments scheduled for 2009 were rescheduled so that staff could perform other tasks.

Monitoring and oversight of partner performance is critical to strengthen the reliability of reported data, particularly in prevention. Without data quality assessments, the mission does not have reliable data to monitor partner performance. The lack of reliable data impedes the mission's ability to carry out its activities effectively.

To address this matter, this audit makes the following recommendation:

> ***Recommendation 4:*** *We recommend that USAID/Uganda develop and implement a data quality assessment schedule for each implementing partner reporting on sexual transmission prevention indicators that are reported annually or externally.*

EVALUATION OF MANAGEMENT COMMENTS

In response to our draft report, USAID/Uganda agreed with the four audit recommendations. Based on an evaluation of management's comments, a management decision has been reached on each recommendation, and a determination of final action is pending.

Recommendation 1: The mission agrees with the recommendation to develop and implement a strategy to support and encourage the Ugandan Ministry of Health to produce regular reporting of clinical and surveillance data. Specifically, the mission will work closely with the Centers for Disease Control and Prevention and the PEPFAR Coordinator's Office and use existing interagency coordination, planning, and management structures for this effort. Although management's response indicates that the implementation of this strategy is effective immediately, a subsequent review of documentation indicated that the mission has not yet implemented its strategy. The mission's revised target date for final action is July 31, 2010. A management decision has been reached on this recommendation.

In response to management comments, we have updated the report to make explicit reference to both clinical and surveillance data.

Recommendation 2: The mission agrees with the recommendation to document a plan to collect data in key regions with significant prevention activity. Specifically, USAID/Uganda, in conjunction with an interagency working group, will develop an operational strategy that includes result-based objectives, activities, and a monitoring and evaluation plan for all implementing partners. A management decision has been reached, and the target date for final action is October 30, 2010.

Recommendation 3: The mission agrees with this recommendation, which was modified by the audit team to incorporate management's proposed changes. USAID/Uganda will work closely with the PEPFAR Coordinator's Office and other U.S. Government implementing agencies to finalize and implement a terms of reference document that includes operational guidelines for target setting within the PEPFAR Prevention Working Group. Although management's response indicates that the terms of reference document would be finalized by April 30, 2010, a subsequent review of documentation indicated that target setting procedures for all PEPFAR working groups had not yet been incorporated into the terms of reference document. The mission's revised target date for final action is July 31, 2010. A management decision has been reached on this recommendation.

Recommendation 4: The mission agrees with this recommendation. USAID/Uganda is in the process of awarding a new monitoring and evaluation contract for data management and reporting, and will approve a detailed work plan with required data quality assessment schedules. Although management's response indicates that the target date for final action is August 15, 2010, based on subsequent discussion, the mission revised its target date to July 31, 2010. A management decision has been reached on this recommendation.

The mission's written comments on the draft report are included in their entirety as appendix II in this report (see pages 16-17).

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 the audit team plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for findings and conclusions based on our audit objective. The objective of the audit was to determine whether USAID/Uganda's activities for preventing sexual transmission of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) have contributed to the goals of the President's Emergency Plan for AIDS Relief (PEPFAR).

The audit fieldwork was performed from August 2009 to February 2010 at USAID/Uganda and USAID/Washington. The audit examined activities performed during fiscal year (FY) 2008 and FY 2009. We analyzed USAID/Uganda's FY 2008 and FY 2009 prevention targets and results for bilateral partners that report on sexual transmission prevention indicators. The partners received a total of nearly $31 million in funding for the 2 years.

Criteria used to assess USAID/Uganda's prevention activities included guidance from the Office of the Global AIDS Coordinator, the Government of Uganda's National HIV and AIDS Strategic Plan, the PEPFAR Five-Year Strategy for Uganda, USAID's Automated Directives System, mission orders, various studies and reports on the AIDS epidemic in Uganda, and Government Accountability Office reports. We also reviewed previous Office of Inspector General reports, including the 2005 Office of Inspector General audit of USAID/Uganda's implementation of PEPFAR, noting that the one related recommendation had been implemented.[9] We visited and observed 4 of the mission's 11 bilateral implementing partner projects to help us determine whether USAID/Uganda's activities for sexual transmission prevention of HIV/AIDS have contributed to PEPFAR goals. However, because of our limited review, activity results cannot be projected to the entire population of USAID/Uganda's sexual transmission prevention activities.

Finally, we performed a risk assessment based on a recent Federal Managers' Financial Integrity Act report, a review of reporting documentation, and interviews with mission staff. We also considered and reviewed USAID/Uganda's system of internal controls as it pertained to sexual transmission prevention activities.

Methodology

To answer the audit objective, we considered USAID/Uganda's demonstrable contribution toward the PEPFAR Uganda goal of 165,000 infections prevented by 2010. We also examined target setting and performance reporting, monitoring and oversight of

[9] Office of Inspector General audit report number 4-617-05-006-P, issued on August 1, 2005.

implementing partners, and USAID/Uganda's adherence to and support of the national strategy for combating HIV/AIDS.

In Uganda, we interviewed personnel from USAID/Uganda and the PEPFAR country team. We also met with the head of the Uganda AIDS Commission, the Ugandan Government agency responsible for coordinating the HIV/AIDS response. In addition, we interviewed representatives of 4 of the mission's 11 bilateral implementing partners and selected the following activities for detailed review. The four partners received $18 million in 2008 and accounted for 59 percent of USAID's bilateral funding for sexual transmission prevention activities.

- Northern Uganda Malaria AIDS Tuberculosis Programme, implemented by John Snow, Inc.
- Ugandan Initiative for TDMS and PIASCY,[10] implemented by Creative Associates International, Inc.
- AFFORD, implemented by Johns Hopkins University
- Health Initiatives in the Private Sector, implemented by Emerging Markets

We visited project sites in the Gulu, Nakasongola, and Wakiso districts to support reported results. At these sites we reviewed participant lists for training and outreach, as well as records management at various levels. Additionally, we interviewed officials from the Monitoring and Evaluation of Emergency Plan Progress project, which collects, reports, and validates data from HIV/AIDS activities and partners funded under PEPFAR for the country team.

We reviewed relevant documents, including the PEPFAR country team's 5-year strategic plan and Uganda's national strategic plan. The mission provided country operational plans and indicator reporting documents. We also reviewed reports and studies on the HIV/AIDS epidemic in Uganda issued by U.S. Government agencies, the Ugandan Government, and other organizations, such as UNAIDS.

In Washington, we interviewed subject matter experts from the Office of the Global AIDS Coordinator; U.S. Census Bureau; USAID Bureau of Global Health, Office of HIV/AIDS; and USAID Bureau of Management, Office of Management Policy, Budget and Performance.

[10] Teacher Development and Management System and Presidential Initiative on AIDS Strategy for Communication to Youth.

MANAGEMENT COMMENTS

MEMORANDUM

DATE: April 9, 2010

TO: Steven H. Bernstein, IG/A/PA

FROM: Elise Ayers, SO8 Team Leader (AOO) /s/

THRU: Amr H. Elattar, Mission Controller (AMO) /s/

SUBJECT: Comments on IG/A/PA's Draft Audit of USAID/Uganda's PEPFAR-Funded Activities for the Prevention of Transmission of HIV (Report No. 9-000-10-00X-P)

Dear Steven,

The purpose of this transmission is to communicate USAID/Uganda's general comments regarding the recommendations for the subject report.

Recommendation No. 1: We recommend that USAID/Uganda develop and implement a strategy, in conjunction with the Centers for Disease Control and Prevention and the PEPFAR Coordinator's Office, to support and encourage the Ugandan Ministry of Health to produce regular reporting of clinical data.

Comment: The Mission agrees with this recommendation. Please note that the reference to clinical data should include clinical and surveillance data. The MOH reports regularly on clinical service delivery data through the Health Management Information System. The challenge in this case is the routine reporting of surveillance data from antenatal clinic (ANC) surveys. USAID/Uganda will work closely with CDC and the PEPFAR Coordinator's Office to support the MOH to develop routine ANC surveillance reports for USAID and other HIV/AIDS partner reporting requirements. U.S. Government (USG)/Uganda PEPFAR interagency coordination, planning and management structures will be used specifically for this purpose effective immediately.

Recommendation No. 2: We recommend that USAID/Uganda, in the absence of host country data, document a plan to collect data in key regions of the country with significant sexual transmission prevention activity.

Comment: The Mission agrees with this recommendation. The USG/Uganda interagency Transmission Working Group (TWG) recently developed recommendations for improving the sexual transmission prevention portfolio. A key component of our response to TWG recommendations is to develop an operational strategy that reflects changes in the USG prevention portfolio. The strategy will include result-based objectives, activities and a monitoring and evaluation plan for all implementing partners. An operational strategy is expected no later than October 30, 2010.

Recommendation No. 3: We recommend that USAID/Uganda finalize and implement a Terms of Reference document that includes operational guidelines for target setting within the PEPFAR Prevention Working Group.

Comment: The Mission agrees with this recommendation with modification. Recommendation should read: ….USAID/Uganda work closely with the PEPFAR Coordinator's Office and other implementing USG agencies to finalize and implement…. The final vetting process is currently underway and will be completed by April 30, 2010.

Recommendation No. 4: We recommend that USAID/Uganda develop and implement a data quality assessment schedule for each implementing partner reporting on sexual transmission prevention indicators that are reported annually or externally.

Comment: The Mission agrees with this recommendation. The award of a new monitoring and evaluation contractor for management of interagency PEPFAR data management and reporting requirements is currently under procurement. A detailed work plan with required DQA schedules will be approved no later than August 15, 2010.

cc. Ortencia Nichols, D/Controller
Ivan Ddungu, S/Financial Analyst

INDICATOR RESULTS

The table below presents (1) the six output indicators established by the Office of the Global AIDS Coordinator; (2) the targets established by USAID/Uganda in 2009; (3) the results reported by USAID/Uganda in 2009; (3) a comparison of the 2009 targets and results, expressed as a percentage; and (4) a comparison of the 2008 targets and results, expressed as a percentage.

These figures are based on the unadjusted totals reported by USAID/Uganda's implementing partners. Aggregated results are unaudited, but limited review was performed without exception in selected regions for selected programs, as described in the Scope and Methodology section.

USAID Targets and Results
(Bilateral Programs Only)

Indicators	2009 Target	2009 Result	2009 Percent	2008 Percent
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	6,897,675	6,356,956	92.2%	50.6%
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence	4,289,530	5,461,099	127.3%	50.4%
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	52,236	48,730	93.3%	131.2%
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,175,200	1,832,884	84.3%	57.2%
Number of individuals trained to promote HIV/AIDS prevention programs through other behavior change beyond abstinence and/or being faithful	15,560	17,677	113.6%	42.7%
Number of targeted condom service outlets	51,098	61,617	120.6%	203.2%

Note: "Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence" is a subset of "number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful."

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