



OFFICE OF INSPECTOR GENERAL

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

AUDIT REPORT NO. 4-663-12-007-P
APRIL 23, 2012

PRETORIA, SOUTH AFRICA



Office of Inspector General

April 23, 2012

MEMORANDUM

TO: USAID/Ethiopia Mission Director, Thomas Staal

FROM: Acting Regional Inspector General/Pretoria, Robert W. Mason /s/

SUBJECT: Audit of USAID/Ethiopia's PEPFAR-Funded Activities for Prevention of Transmission of HIV (Report Number 4-663-12-007-P)

This memorandum transmits our final report on the subject audit. We have considered management's comments on the draft report and have incorporated them as appropriate. Management comments have been included in their entirety in Appendix II.

The report contains three recommendations to strengthen USAID/Ethiopia's implementation of its PEPFAR-funded activities to prevent the sexual transmission of HIV. Based on management's comments on the draft report and our review of the supporting documentation provided, management decisions have been reached, and final action taken on all three recommendations. Consequently, all three recommendations are closed upon issuance of this report.

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

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Abbreviations

The following abbreviations appear in this report:

ADS	Automated Directives System
DQA	data quality assessment
FY	fiscal year
MARP	most-at-risk populations
OGAC	Office of the U.S. Global AIDS Coordinator
PEPFAR	President’s Emergency Plan for AIDS Relief
PLWHA	people living with HIV and AIDS
PMTCT	prevention of mother-to-child transmission of HIV
PSI	Population Services International
PwP	Prevention with Positive

SUMMARY OF RESULTS

Launched in 2003, the President's Emergency Plan for AIDS Relief (PEPFAR) is a comprehensive approach to combating HIV and AIDS around the world. PEPFAR and its partner countries confront the epidemics with treatment, prevention, and care and by training new health-care workers. Through these actions, the program aims to prevent more than 12 million new infections around the world.

PEPFAR encourages the governments in its partner countries, like Ethiopia, to create comprehensive HIV prevention programs. According to the August 2009 *Next Generation Indicators Reference Guide*, the programs can be offered in a variety of ways, such as in community-based workshops or through media campaigns, and they should be paired with appropriate medical and social services, such as counseling and testing. Additionally, the guide states, "Prevention programs should . . . address stigma and discrimination, and increase awareness of social norms that affect behaviors." Stressing abstinence, having fewer partners, and using condoms are also important themes.

The Ethiopian program focuses on (1) prevention of mother-to-child transmission of HIV (PMTCT), (2) people whose behavior puts them at risk for getting or transmitting HIV, and (3) "discordant" couples.¹ Other components of the program address gender issues that have an impact on the country's HIV epidemic and seek to improve access to treatments for rape victims and others who have been exposed to HIV. For fiscal year (FY) 2011, USAID and the Department of State requested \$324 million for HIV activities in Ethiopia.

The Regional Inspector General/Pretoria conducted this audit with two objectives. The first was to determine whether USAID/Ethiopia's HIV sexual transmission prevention activities achieved their main goal of reducing the sexual transmission of HIV by changing and maintaining attitudes, knowledge, and behaviors. The second objective was to determine whether USAID/Ethiopia implemented recommendations from Audit Report No. 9-663-09-008-P effectively.²

Regarding the first objective, the audit found that USAID/Ethiopia's activities to prevent sexually transmitted HIV diseases generally achieved their main goal. As illustrated in Appendix III, results on seven of eight knowledge indicators³ (also covers attitudes) showed favorable trends between 2005 and 2011. One result for men—*Knowledge that limiting sexual intercourse to one faithful and uninfected partner can reduce the chances of contracting HIV*—was unfavorable, declining from 79 to 74 percent.

The same survey showed that on three of four behavior indicators, conduct stayed the same or changed favorably. Results on the conduct that did not improve (*Among those [men] reporting they engaged in higher-risk sex during the 12-month period prior to the survey, the percent of those who reported a condom was used the last time they had higher-risk intercourse*) fell from

¹ A discordant couple is a pair of long-term sexual partners in which one has a sexually transmitted disease and the other does not, according to MedTerms Online.

² "Audit of USAID/Ethiopia's PEPFAR-Funded Activities and Commodities for the Prevention of Mother-to-Child Transmission of HIV," June 25, 2009.

³ There are actually four knowledge indicators, each of which is divided into women and men.

50 to 16 percent. However, this may be because of a change in the definition of “higher-risk intercourse” between the two surveys. While the 2005 survey defined higher-risk intercourse as “sexual intercourse with a nonmarital, noncohabiting partner,” the preliminary report for the 2011 survey did not specifically define the term and instead only referred to “sexual intercourse with 2+ partners in the past 12 months.” The change was made to comply with U.N. reporting systems, according to ICF Macro officials.⁴ They and mission officials said the change in definition makes trend analysis impossible; this audit agrees. They added that a more comprehensive analysis would be forthcoming when the final survey results are published.

**Audited PEPFAR Activities to Prevent Sexual Transmission of HIV
as of July 2011**

Project Title	Prime Partner	Start Date	Completion Date	Life of Project Amount (\$)
HIV Prevention for Vulnerable Adolescent Girls	Population Council	12/21/2007	12/21/2013	9,886,500
Targeted HIV Prevention	Population Service International (PSI)	3/14/2008	3/13/2012	8,752,676
TransACTION	Save the Children	4/1/2009	4/30/2014	40,000,000
HIV Prevention in Large-Scale Construction Sites in Ethiopia	World Learning	10/30/2008	12/31/2011	4,750,462
Grant Solicitation and Management	World Learning	9/1/2004	9/28/2012	10,187,750
Total				73,577,388

Since the above-mentioned activities primarily strive to change and maintain attitudes, knowledge, and behaviors through training, the audit examined specific training activities conducted by the programs shown in the table. For these activities, the partners reported how many people attended training sessions and compared that number with established targets. USAID/Ethiopia reported to the Office of the U.S. Global AIDS Coordinator (OGAC) that, overall, the implementing partners were on schedule to achieve their annual targets for the fiscal year; the mission reported that the numbers were at, near, or exceeding 50 percent of the targets for the first 6 months. (Appendix IV shows the actual number of people reached for the 6 months ended March 31, 2011, and the annual targets for FY 2011.) Nonetheless, the audit could not confirm this assertion because of data quality problems.

Despite the primarily positive answer to the first objective, the audit identified two challenges:

- Counting people living with HIV and AIDS was not done correctly (page 4).

⁴ ICF Macro is the U.S.-based organization that managed the survey in Ethiopia and presented the report.

- Reported results were incorrect and inconsistent (page 5).

To improve sexual transmission prevention activities, the audit recommends that USAID/Ethiopia:

1. Coordinate a session for partners to clarify how to report target populations under sexual transmission prevention, how to follow OGAC guidance, and revise any previously overstated achievements, if necessary (page 5).
2. Implement a plan to conduct data quality assessments (DQAs) on all indicators used for external reporting at least once every 3 years, including indicators for sexual transmission prevention activities (page 6).
3. Direct primary partners, in writing, to perform periodic DQAs of their subpartners, and direct agreement and contracting officers' technical representatives,⁵ activity managers, and other responsible officials to review such assessments periodically and document the results (page 6).

Regarding the second objective, the audit found that recommendations from the June 2009 audit were implemented effectively. For example, responsible personnel at health facilities had taken training in inventory management, which was one of the prior recommendations. In response to another recommendation, USAID/Ethiopia developed a performance management plan that includes PMTCT activities to help the mission better manage and evaluate performance.

Detailed findings appear in the following section, and the scope and methodology appear in Appendix I. Management comments appear in Appendix II, and our evaluation of management comments is on page 7 of the report.

⁵ On January 1, 2012, USAID changed the term "agreement officer's technical representative" to "agreement officer's representative" to align with changes in the Federal Acquisition Regulation. Because audit fieldwork was done before the change, this report uses agreement officer's technical representative.

AUDIT FINDINGS

People Living With HIV and AIDS Were Counted Incorrectly

PEPFAR's *Next Generation Indicators Reference Guide* divides target populations for sexual transmission prevention activities into general high-risk and most-at-risk individuals, who are reported under indicators P8.1.D through P8.3.D (Appendix IV). These two groups do not include people living with HIV and AIDs (PLWHA); if someone in this group receives at least six services (including medical interventions)⁶ that are not available to the general high-risk or most-at-risk targeted groups, he or she is reported under a separate indicator known as "Prevention with Positive" (PwP, Prevention Indicator P7.1.D).

Despite this requirement, the audit found that the partners overseeing three of five activities examined (PSI's Targeted HIV Prevention, Save the Children's TransACTION, and World Learning's HIV Prevention in Large-Scale Construction) had subpartners that were targeting and reporting significant numbers of PLWHA under indicators P8.1.D through P8.3.D for the 6 months ended March 31, 2011. PSI's subpartner reported approximately 9,000 PLWHA under P8.2.D, and Save the Children reported approximately 10,000 PLWHA under that indicator. World Learning reported approximately 1,200 PLWHA in its semiannual FY 2011 report, which presumably was included in the mission's semiannual report.

The audit found that partners were reporting PLWHA erroneously for several reasons:

- Agreements and work plans did not reflect the changes in PEPFAR *Next Generation*. For example, PSI has a 2008 agreement modification that specified PwP beneficiaries should be counted under sexual prevention transmission activities, but the agreement was not modified when the guide was issued in 2009.
- Mission officials wanted to take credit for the numbers of people being reached. They believed that since PLWHA were included in sexual transmission prevention sessions, any of them who did not receive the six services (as discussed above) included under PwP indicator results could be included under indicators P8.1.D through P8.3.D. The officials were concerned that if they followed *Next Generation*, activities that target PLWHA populations would not be counted among results achieved.
- OGAC's guidance and communication to missions, partners, and subpartners was confusing. Indicator P8.1.D explicitly states that PLWHA should not be counted under this indicator. However, in an apparent typographical error, it then states that PLWHA should be captured under indicator P8.1.D.

As a result, the numbers of people from targeted populations reported as having attended education sessions under the sexual transmission prevention indicators are overstated because they included "untargeted populations" as defined by OGAC guidance. In turn, managers and

⁶ The reason that PLWHA did not receive the six services is because the services include biomedical interventions, which fall under care and treatment, rather than prevention. Providing such interventions would be outside the scopes of the implementing partners' agreements, which focused solely on prevention.

decision makers may not be relying on comparable data for this indicator across countries or programs. To help resolve this issue, the audit makes the following recommendation.

Recommendation 1. *We recommend that USAID/Ethiopia (1) coordinate a session for partners to clarify how to report target populations under sexual transmission prevention and instruct partners on following Office of the U.S. Global AIDS Coordinator guidance received and (2) revise any previously overstated achievements, if necessary.*

Reported Results Were Incorrect and Inconsistent

Automated Directives System (ADS) 203.3.5⁷ states that USAID missions should confirm that data used for results management are of sufficiently high quality to support the appropriate level of management decisions. Such performance data should be as complete and consistent as management needs and resources permit. In keeping with these requirements, PEPFAR's *Next Generation* requires that people should be counted only once after they have attended all of the required sessions, and duplicate counting should be avoided. Further, ADS 203.3.5.1 recognizes the importance of data quality standards in managing results and ensuring credible reporting. As part of this effort, ADS 203.3.5.2 states that data reported to USAID/Washington that complies with the Government Performance and Results Act of 1993 or for reporting externally on agency performance must have had a DQA within 3 years before submission. ADS further states that operating units may conduct quality assessments more frequently.

Despite these requirements, the audit found errors and inconsistencies with data that USAID/Ethiopia reported to external parties. Although the mission was able to support the data it reported to OGAC as agreeing with information it received from its implementing partners, and implementing partners were able to support the data they gave to USAID as agreeing with the information they received from subpartners, auditors found significant problems with the underlying information. Specific examples are listed below.

- A subpartner of World Learning was counting individuals attending all eight of the required training sessions as eight separate individuals; thus the subpartner reported 64 people instead of 8.
- PSI's subpartner did not keep supporting schedules showing how it calculated the second-quarter number of approximately 24,000 beneficiaries reported. Consequently, auditors were unable to reconcile the reported numbers from the subpartner with PSI's records.
- One of Save the Children's subpartners could not provide supporting schedules or explain how the organization calculated 259 beneficiaries (including 74 PLWHA) for the quarter ended March 31, 2011, at a particular activity site.

Two factors caused the data quality problems. First, USAID/Ethiopia officials misinterpreted a recommendation from the June 2009 audit of PMTCT activities that the mission develop a plan to perform DQAs of PMTCT indicators. While that recommendation did specifically address

⁷ ADS 203, "Assessing and Learning," was partially revised on February 10, 2012. The citations in this report refer to the previous version of ADS, in effect at the time of the audit.

performing DQAs—the subject of audit—it did not relieve the mission of its responsibilities to comply with ADS for the other indicators.

Second, mission officials did not communicate adequately to their partners the significance of assessing the quality of data reported from their subpartners. This is especially important since the mission does not have the staff—nor is it required—to perform a DQA of the data from all subpartners, which number in the hundreds under PEPFAR. Therefore, missions have no choice but to rely on their partners to conduct DQAs of the subpartners' data periodically. If the partners do not do so, they could report wrong numbers of individuals who complete the HIV prevention sessions. Because those numbers become the basis for budget and policies, they must be accurate and reliable. Hence, the audit makes the following recommendations.

Recommendation 2. *We recommend that USAID/Ethiopia implement a plan to conduct data quality assessments on all indicators used for external reporting at least once every 3 years, including indicators for sexual transmission prevention activities.*

Recommendation 3. *We recommend that USAID/Ethiopia (1) direct primary implementing partners in writing to perform data quality assessments of their subpartners periodically and (2) direct agreement and contracting officers' technical representatives, activity managers, and other responsible officials to review such assessments periodically and document the results.*

EVALUATION OF MANAGEMENT COMMENTS

In its comments on the draft report, USAID/Ethiopia agreed with Recommendations 1, 2, and 3. Management decisions have been reached and final action has been taken on all three. A detailed evaluation of management comments follows.

Recommendation 1. USAID/Ethiopia agreed with the first part of the recommendation to conduct reporting sessions for PEPFAR implementing partners involved in preventing sexual transmission of HIV activities, including instruction on following OGAC guidance on the subject matter. The mission provided documentation of the training session that was held on October 5, 2011, which included reporting on sexual transmission prevention indicators.

USAID/Ethiopia disagreed with the second part of this recommendation to revise its FY 2011 reported figures for sexual transmission prevention activities, arguing that the errors found in the audit were within an acceptable 10 percent margin of error. On this basis, the mission asked that the second part of this recommendation be removed from the audit report. Since our audit tests cannot be projected to the reported populations, we are unable to determine whether the mission's assertion is accurate. What we can conclude is that there is a risk of significant overstatement of the reported numbers based on our audit tests. Since our recommendation acknowledged that the mission might not find the data reporting errors significant enough to require revision, we defer to the mission's judgment on this matter. Based on management's comments and the supporting documentation provided, a management decision has been reached and final action taken on Recommendation 1.

Recommendation 2. USAID/Ethiopia agreed to implement a plan to conduct DQAs on all indicators used for external reporting at least once every 3 years, including indicators for activities for preventing sexual transmission of HIV. The mission provided documentation showing that it had developed such a plan for assessing data quality, including that of subpartners. Based on management's comments and the supporting documentation provided, we consider that a management decision has been reached and final action taken on Recommendation 2.

Recommendation 3. USAID/Ethiopia agreed to (1) direct primary implementing partners to perform DQAs of their subpartners periodically and (2) direct agreement and contracting officers' technical representatives, activity managers, and other responsible officials to review such assessments periodically. The mission provided documentation showing that it had asked implementing partners to perform such assessments. The letter also stated that the contracting officers' technical representatives and other responsible mission officials would be monitoring these efforts. Based on management's comments and supporting documentation provided, a management decision has been reached and final action taken on both parts of Recommendation 3.

SCOPE AND METHODOLOGY

Scope

The Regional Inspector General/Pretoria conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions in accordance with our audit objectives. We believe that the evidence obtained provides that reasonable basis. The purposes of this audit were to determine (1) whether USAID/Ethiopia's sexual transmission prevention activities achieved their main goal of reducing the sexual transmission of HIV by changing and maintaining attitudes, knowledge, and behaviors and (2) whether USAID/Ethiopia effectively implemented recommendations from Audit Report No. 9-663-09-008-P.

The scope of the audit covered sexual transmission prevention results for activities beginning October 1, 2010, through the end of audit fieldwork on September 29, 2011. The audit team performed this audit at USAID/Ethiopia; at the primary implementing partner offices of Population Council, PSI, World Learning (which was implementing two activities), and Save the Children in Addis Ababa and Awasa; and at the offices of subpartners and Ethiopian Government organizations in Addis Ababa. This audit was conducted from September 13 to September 29, 2011.

In planning and performing the audit, the audit team assessed management controls related to USAID/Ethiopia's program reporting processes and controls over data quality that were significant in the context of the audit objectives. The following is a list of those controls.

- A DQA is one form of management internal control. We assessed the quality of the DQAs that mission officials performed of various partners involved in HIV prevention. One example was that of IntraHealth/Ethiopia conducted on October 14, 2009, by members of the mission's monitoring and evaluation team.
- We reviewed the mission's annual certification required by the Federal Managers' Financial Integrity Act of 1982 for internal control weaknesses affecting the audit.
- We assessed internal controls over the mission's reporting procedures of its partners' activities. For example, the mission said in its semiannual report that it had reached 114,082 most-at-risk populations (MARPs) through individual or small group interventions. Using judgmental sampling, we assessed the reporting process, tracing information from the subpartners' supporting documentation to the primary implementing partners to the mission, to determine how that number—and others—were determined. We assessed the mission's internal controls over indicators and similar types of performance information reported by partners involved in various sexual transmission prevention activities.
- Another mission internal control procedure is monitoring. We assessed the quality of the mission's monitoring of operations as an internal control mechanism, including whether the mission had actually performed any monitoring. For example, we reviewed the monitoring

reports that the mission prepared about the partners that were conducting the sexual transmission prevention activities in order to make a proper assessment.

USAID/Ethiopia reported obligations and expenditures of \$42.6 million and \$34.9 million, respectively, for all five of the selected sexual transmission prevention activities through September 30, 2011. The kinds and sources of evidence used included third-party reports, such as the 2005 and preliminary 2011 Ethiopia Demographic and Health Surveys and our analysis thereof; mission reports, such as USAID/Ethiopia's semiannual performance plan and report for FY 2011; reports prepared by USAID/Ethiopia's sexual transmission prevention primary and subprimary partners; and interviews with mission, primary, and subprimary partner employees. The techniques used to verify evidence consisted of analytical procedures, interviews with mission and partner officials, and tracing reported information to source documentation. We also inspected documents that USAID/Ethiopia submitted to the USAID Chief Financial Officer requesting closure of audit recommendations, as well as final action correspondence submitted to the mission.

Methodology

To determine whether the sexual transmission prevention activities were achieving their main goal, the audit team reviewed the results of the 2005 and preliminary 2011 Ethiopia Demographic and Health Surveys. Our review consisted of inquiries made of individuals who prepared the survey and analytical procedures performed on the data. During our review, nothing came to our attention to indicate that the reported figures were not stated fairly.

We also interviewed key USAID/Ethiopia personnel, implementing partner and subpartner staff, and individual beneficiaries at activity sites in answering the audit objectives.

We selected all three targeted populations for sexual transmission prevention activities to test the implementing partners' reported performance outputs. We then selected 5 of 16 sexual transmission prevention activities. The five selected (1) accounted for significant portions of the reported results through March 31, 2011, and (2) were still active at the time of audit.

The audit used sampling to support findings, conclusions, and recommendations. We judgmentally selected items from populations for testing because we believed it was the most efficient method for drawing conclusions given our time and resource constraints. For the indicator *Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required*, the total figure reported, or population, was 1,028,395; the five selected partners accounted for 189,329, or 18 percent, of this total, and the number of items tested in the sample in relation to the population was less than 1 percent. For the indicator *Number of the targeted population reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standard*, the total figure reported was 595,563; the five selected partners accounted for 56,574 or 9 percent of this total, and the number of items tested in the sample in relation to the population was 2 percent. For the indicator *Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required (by MARP type)*, the total figure reported was 114,082; the five selected partners accounted for 101,927 or 89 percent of this total, and the number of items tested in the sample in relation to the population was 23 percent. Results of these tests using judgmental sampling cannot be projected to the intended populations.

We judgmentally selected sites and sample sizes based on our risk analyses, as well as on time, resource, and geographic constraints. We visited five community-based sexual transmission prevention activity sites in Ethiopia. Four of the five were located south of Addis Ababa near the town of Awasa. The fifth was located in Addis Ababa. However, the answer to the audit objective was not based on the above tests. These output-level indicators directed at specific populations, if on target, were supposed to manifest themselves in favorable national demographic trends with respect to maintaining or favorably changing attitudes, knowledge, and behaviors that are conducive to stopping the spread of HIV. Therefore, we analyzed the 2005 and 2011 surveys for those trends to answer the audit objective.

We also reviewed the agreements, work plans, progress reports, and supplementary documents of the primary and subpartners that reported the results on the tested output indicators. In addition, we reviewed applicable laws, regulations, and USAID policies and procedures pertaining to USAID/Ethiopia's sexual transmission prevention activities, including ADS Chapters 200 through 203 and the PEPFAR *Next Generation Indicators Reference Guide*.

Our materiality threshold was that we would consider the objective had been met if a majority of the national demographic trends showed positive attitudes, knowledge, and behavior (as demonstrated by our analysis of the 2005 and preliminary 2011 surveys) were maintained or favorably improved.

For the second audit objective, all five recommendations needed to be implemented in order to have a positive finding. We assessed the effectiveness of the mission's implementation by making inquiries with responsible mission officials.

MANAGEMENT COMMENTS



USAID | **ETHIOPIA**
FROM THE AMERICAN PEOPLE

MEMORANDUM

DATE: March 13, 2012

TO: Christine M. Byrne, Regional Inspector General/Pretoria

FROM: Thomas Staal, USAID/Ethiopia Mission Director /s/

SUBJECT: Response to the Audit of USAID/Ethiopia's PEPFAR-Funded Activities for Prevention of Transmission of HIV (Report Number 4-663-12-XXX-P)

This memorandum presents USAID/Ethiopia's management response to the March 2012 RIG/Pretoria Audit of USAID/Ethiopia's PEPFAR-Funded Activities for Prevention of Transmission of HIV. USAID/Ethiopia appreciates the audit report and believes that the recommendations will improve program quality and will ensure that USAID/Ethiopia's PEPFAR-funded HIV prevention activities achieve the intended programmatic objectives.

On the basis of the actions taken by the Mission and supporting documentation provided, management decisions and final actions have been completed or initiated for recommendations 1.1, 2, 3.1 and 3.2. We request that recommendation 1.2 be removed for the reasons presented below.

Recommendation 1: We recommend that USAID/Ethiopia (1) coordinate a session for partners to clarify how to report target populations under sexual transmission prevention and instruct partners on following Office of U.S. Global AIDS Coordinator guidance received and (2) revise any previously overstated achievements, if necessary.

Response to Recommendation 1.1: USAID/Ethiopia concurs with this recommendation. USAID/Ethiopia technical staff discussed this issue with the audit team during their visit in September 2011. In response, the technical team conducted an Annual Progress Report 2011 (APR11) orientation session for PEPFAR partners on October 05, 2011. As part of this session, a guidance note was prepared and shared

along with a Power Point presentation to clarify how to report target populations. Selected indicators were thoroughly discussed, including PEPFAR prevention indicators P7.1D, P8.1D, P8.2D and P8.3D during the partners' meeting. Supporting documentation including the guidance note, Power Point presentation, meeting minutes, and e-mail communication with implementing partners can be found in Attachment 1 of this response document. USAID/Ethiopia believes that final action has been taken on recommendation 1.1 and requests that the recommendation be closed upon the issuance of this audit report.

Response to Recommendation 1.2: Only a few sub-partners included data in PEPFAR prevention indicators P8.1D and P8.2D instead of the more appropriate umbrella care indicator C1.1D. When sub-partner data for each of the indicators, P8.1D and P8.2D, are aggregated, the acceptable margin of error (less than 10%) is not exceeded. This means the errors committed when counting the reached individuals for these indicators fall within the threshold for data quality. Therefore, USAID/Ethiopia suggests this recommendation be removed from the audit report.

Recommendation 2: We recommend that USAID/Ethiopia develop and implement a plan to conduct data quality assessments on all indicators used for external reporting at least once every three years, including indicators for sexual transmission prevention activities.

Response to recommendation 2: USAID/Ethiopia concurs with this recommendation. The HAPN technical team developed a plan to conduct regular internal data quality assessments (DQAs) in September and began implementation of DQAs for selected prevention, care and human resources for health indicators in November 2011. This DQA was extended to prime partners as well as to a few sub-partners. The DQA team visited sub-partners which are operating in Addis Ababa and Amhara region. The internal DQA plan and implementation field report can be found in Attachment 2 of this response document. USAID/Ethiopia also conducts periodic external DQAs across Mission offices. We will continue implementing internal and/or external DQAs at least once every three years. With this, USAID/Ethiopia believes that final action has been taken on Recommendation 2 and requests that the recommendation be closed upon issuance of the audit report.

Recommendation 3: We recommend that USAID/Ethiopia (1) direct primary implementing partners to periodically perform data quality assessments of their sub-partners and (2) Direct agreement and contracting officers technical representatives, activity managers, and other responsible officials to periodically review such assessments.

Response to recommendation 3.1 and 3.2: USAID/Ethiopia concurs with this recommendation. We have developed an official communication instructing partners to perform periodic DQAs of their sub-partners and stating that AORs/CORs, Activity Managers and other responsible officials will be monitoring and reviewing

the implementation of such assessments. The communication that will be sent to partners can be found in Attachment 3 of this response document. This action will be completed by March 31, 2012.

**Changes in Attitudes, Knowledge, and Behaviors
in Ethiopians Between the Ages of 15 and 49**

Type of Indicator	2005 (%)	2011 (%)	Trend
Knowledge			
General awareness of AIDS			
Women	90	97	Favorable
Men	97	99	Favorable
Knowledge that limiting sexual intercourse to one faithful and uninfected partner can reduce the chances of contracting HIV			
Women	63	65	Favorable
Men	79	74	Unfavorable
Knowledge that use of a condom during sexual encounters reduces the risk of sexual transmission of HIV			
Women	40	56	Favorable
Men	60	82	Favorable
Knowledge that limiting sexual intercourse to one faithful and uninfected partner and condom use during sexual encounters reduces the risk of sexual transmission of HIV			
Women	35	43	Favorable
Men	57	64	Favorable
Behavior			
Among those who had sex in the previous 12 months, the percentage of those who reported having two or more partners during the period			
Women	< 1	<1	no change
Men	4	4	no change
Among those reporting they engaged in higher-risk sex during the 12-month period prior to the survey, the percent of those who reported a condom was used the last time they had higher-risk intercourse			
Women	24	47	Favorable
Men	50	16	Unfavorable

Sources: 2005 and preliminary 2011 Demographic and Health Surveys by ICF Macro.

**Sexual Transmission Prevention Indicators (Individuals Reached) Comparing Results for
6 Months Ended March 31, 2011, With Targets for FY 2011**

Sexual Transmission Prevention Indicator	Result	Target	Percent of Target Achieved
P8.1.D – Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	1,028,395	2,083,928	49
P8.2.D – Number of the targeted population reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standard	595,563	1,034,473	58
P8.3.D – Number of MARP (most-at-risk populations) reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required	114,082	154,828	74

Source: USAID/Ethiopia as reported to OGAC.

Note: The audit was unable to reach a conclusion regarding whether the results reported above were fairly stated; more information is on pages 2 and 3 of the Summary of Results.

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