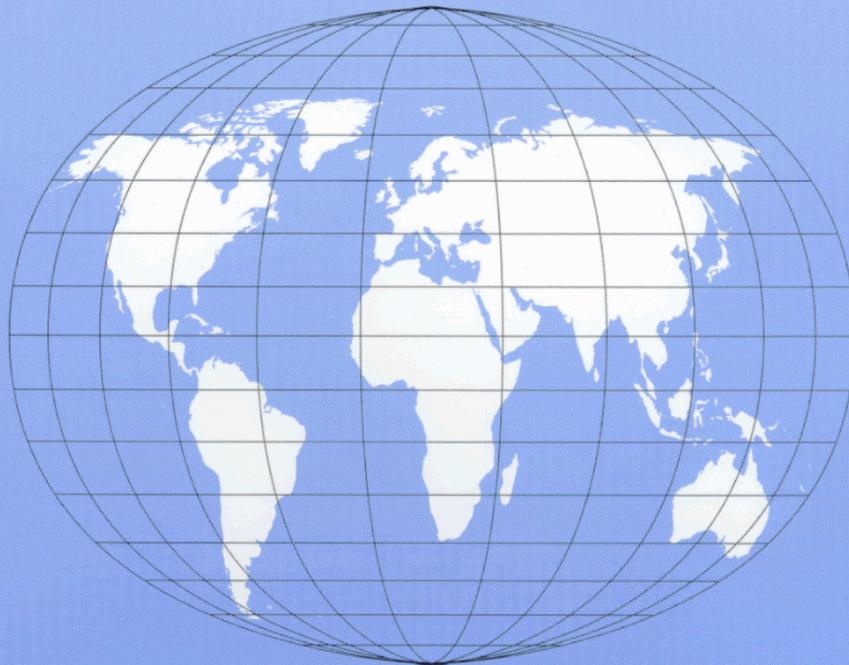


Report of Audit

Audit of USAID/South Africa's Monitoring of the Performance of Its HIV/AIDS Program

**Report No. 4-674-02-006-P
June 28, 2002**



**PRETORIA, SOUTH AFRICA
OFFICE OF INSPECTOR GENERAL
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT**



U.S. Agency for
INTERNATIONAL
DEVELOPMENT
RIG/Pretoria

June 28, 2002

MEMORANDUM

FOR: Mission Director, USAID/South Africa, Dirk W. Dijkerman,

FROM: Regional Inspector General/Pretoria, Joseph Farinella /s/

SUBJECT: Audit of USAID/South Africa's Monitoring of the Performance
of Its HIV/AIDS Program - Audit Report No. 4-674-02-006-P

This memorandum is our report on the subject audit. In finalizing this report, we considered management's comments on our draft report. We have included those comments, in their entirety, as Appendix II to this report.

This report contains one recommendation. Based on your response describing corrective actions begun, a management decision has been reached for Recommendation No. 1. Please advise the Bureau for Management, Office of Management Planning and Innovation, Management and Innovation Control Division (M/MPI/MIC), when final action is complete.

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

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Summary of Results

This is one of a series of audits the Office of Inspector General is conducting worldwide of USAID's monitoring of the performance of its HIV/AIDS program. The audit's purpose was to determine (1) if USAID/South Africa was monitoring performance of its HIV/AIDS program in accordance with Automated Directives System (ADS) guidance; (2) if USAID/South Africa is achieving intended results from its HIV/AIDS program; and (3) the status of USAID/South Africa's efforts to meet anticipated HIV/AIDS reporting requirements.

USAID/South Africa generally monitored performance of its HIV/AIDS program in accordance with USAID's ADS guidance. For the three HIV/AIDS performance indicators tested, the Mission implemented seven of eleven required controls. Mission staff did not adequately implement four controls because of a lack of familiarity with the requirements. USAID/South Africa has issued a Mission Notice to implement two of the four controls. To address the remaining two controls and to ensure improved compliance with the ADS, we recommend that USAID/South Africa update its plan to include a description of the quality assessment procedures, and to provide a detailed description of the indicator. Based on the Mission's description of the corrective actions it has begun, we consider that management decision has been reached for the recommendation. (See pages 6-9.)

USAID/South Africa generally achieved intended results from its HIV/AIDS program. The Mission achieved its intended results for two of the three HIV/AIDS performance indicators tested—*condom availability* and *access to HIV counseling*. The Mission did not achieve its target for the third indicator—*access to HIV testing*—because of circumstances beyond its control. The Mission has subsequently revised the targets for that indicator to more reasonably match expectations and it continues efforts to improve program performance in that area. (See pages 10-13.)

USAID/South Africa is preparing to meet anticipated HIV/AIDS reporting requirements presented in USAID's draft Monitoring and Evaluation guidance. Mission staff is considering potential data sources and is working to transition its partners to the use of standard performance indicators. Additionally, the pending revision and extension of the strategic objective for the health sector could provide the Mission with a timely opportunity to restructure its HIV/AIDS program to meet final reporting requirements when issued. However, the Mission's collection and reporting of certain data mentioned in the draft guidance from sources the Mission is currently contemplating might present significant challenges. (See pages 14-16.)

Background

USAID funding for HIV/AIDS has increased over the past three years – from \$142 million in fiscal year 1999 to over \$300 million in fiscal year 2001. USAID is organizing its response to HIV/AIDS around three categories of countries: rapid scale-up, intensive focus, and basic. (See Appendix III for a more complete description of these categories). These categories were developed based on 1) the amount of resources that USAID intends to apply and 2) expectations as to when a measurable impact might be achieved. For example, USAID defines intensive focus countries as those in which resources will be increased and targeted to reduce prevalence rates (or keep prevalence low in low-prevalence countries), to reduce HIV transmission from mother to infant, and to increase support services for people (including children) living with and affected by AIDS within three to five years. South Africa, a country of 43.5 million people, is one of the 13 intensive focus countries.

The following table details USAID/South Africa's HIV/AIDS funding in recent years:

Table of USAID/South Africa's Total Funding for HIV/AIDS in Fiscal Years 1999-2001 (millions of dollars)¹			
Fiscal Year	Bilateral Program Funding	Field Support Funding	Total Funding
1999	\$1.5	\$1.4	\$2.9
2000	2.2	3.5	5.7
2001	6.3	3.1	9.4

One of the Government of South Africa's priorities since 1994, the beginning of the post-Apartheid period, has been to correct past inequities—when 80 percent of the country's resources benefited 20 percent of the population. It is in this context of massive systemic transformations that the HIV/AIDS epidemic in South Africa materialized. The magnitude and severity of the epidemic in South Africa caught the Government by surprise and it exacerbated problems with an already inadequate and under-funded public health care system. In 1993-1994, the Government estimated that only "a few hundred" cases of HIV were present in South Africa. By 2000, the estimated number of South Africa's HIV infected was close to 4 million, which made it the country with the largest number of people living with HIV/AIDS, as well as a country with one of the world's fastest growing epidemics. A direct result of the epidemic has been a slowing down of the Government's expansion of equitable primary health care and an increased focus on HIV/AIDS.

¹ USAID/South Africa provided the data, which were not audited.

USAID/South Africa's integrated health strategic objective has similarly undergone a shift due to the epidemic. This strategic objective now consists of two major program elements: (1) sustainable development and transformation and, more recently, (2) HIV/AIDS epidemic response. The initial years of the program saw the establishment of the EQUITY Project activity, the solidifying of partnerships at national, provincial and district government levels, and the beginning of the response to the HIV/AIDS epidemic. During this time, the program focus remained primarily within the country's Eastern Cape Province, but some national expansion began a year earlier than anticipated. Currently, there are plans to expand activities to the national level and the other eight provinces. In fiscal year 2003, HIV/AIDS activities will expand to four provinces (Eastern Cape, Mpumalanga, North West Province and KwaZulu-Natal), covering approximately 51 percent of the country's population. Additionally, the program is increasing support to national non-governmental organizations and community-based organizations to further address the consequences of the HIV/AIDS epidemic. In FY 2003, the Mission plans to design a new multi-year HIV/AIDS and primary health care program to ensure uninterrupted support to the South African government's health program through the end of the decade.

Audit Objectives

This is one of a series of audits the Office of Inspector General is conducting worldwide of USAID's monitoring of the performance of its HIV/AIDS program. The audit's objectives, scope, and methodology were developed by the Office of Inspector General's Performance Audits Division in coordination with USAID's HIV/AIDS Division in the Bureau for Global Programs, Field Support and Research. RIG/Pretoria performed this audit in South Africa to review USAID/South Africa's HIV/AIDS program and, specifically, to answer the following audit objectives:

- Did USAID/South Africa monitor performance of its HIV/AIDS program in accordance with Automated Directives System guidance?
- Is USAID/South Africa achieving intended results from its HIV/AIDS program?
- What is the status of USAID/South Africa's efforts to meet anticipated HIV/AIDS reporting requirements?

Appendix I describes the audit's scope and methodology.

Audit Findings

Did USAID/South Africa monitor performance of its HIV/AIDS program in accordance with Automated Directives System guidance?

USAID/South Africa generally monitored performance of its HIV/AIDS program in accordance with USAID's Automated Directives System (ADS) guidance. For three HIV/AIDS performance indicators tested (*condom availability, access to HIV counseling, and access to HIV testing*), the Mission implemented seven of eleven required controls:

- data sources identified;
- data collection method described;
- data collection schedule specified;
- responsibility assigned;
- baseline established;
- data agreed to source; and
- other monitoring tools were used.

However, the Mission's performance monitoring plan did not include four other required controls:

- evidence of data quality assessments;
- disclosure of known data limitations;
- description of the procedures for assessing data quality; and
- detailed description of the performance indicator, *access to HIV counseling*.

The following is a discussion of the four controls not included in the performance monitoring plan. (Appendix IV provides a summary of the eleven controls).

Data Quality Assessments Must Be Performed

ADS 203.3.6.6 requires that for each indicator reported in the Results Review and Resource Request (R4) performance data tables, data quality must be reassessed as needed, but no less than once every three years. The ADS further states that when conducting data quality assessments, operating units must (a) verify and validate performance information to ensure that data are of reasonable quality; (b) review data collection, maintenance, and processing procedures to ensure that they are consistently applied and continue to be adequate; (c) document the assessment in the "Comment" section of the appropriate R4 performance data table; and (d) retain documentation of the assessment in the performance management files.

USAID/South Africa could not provide evidence that data quality assessments were performed for the three indicators. According to one Mission staff member, Mission staff conducted the assessments, but were unaware that there was a requirement to document them. Without such documentation, the Mission could not support assertions that the data used was sufficiently accurate and consistent to meet USAID's indicator quality requirements.

This weakness was reported in the Office of Inspector General's "Audit of USAID/South Africa's Performance Monitoring for Selected Indicators Appearing in the FY 2003 Results Review and Resource Request Report."² The audit report recommended that the Mission establish a procedure requiring independent reviews to verify the accuracy of all data presented in the Mission's R4 reports.

In response to the recommendation, USAID/South Africa issued Mission Notice 2001-168, which contains procedures to ensure the accuracy of all data reported in the R4 report. The Mission Notice assigns the Mission's Program Office the responsibility for reviewing and independently verifying the accuracy of data for the R4 or its successor document. In addition, the Program Office will serve as a repository for data source documents for all performance data reported in the R4. Since the implementation of this Mission Notice adequately addresses this finding, a recommendation is not necessary.

Data Limitations Must Be Disclosed

ADS 201.3.4.13 requires that performance monitoring plans must describe the known data limitations, discuss the significance of the limitations for judging the extent to which goals have been achieved, and describe completed or planned actions to address these limitations.

The Mission's performance monitoring plan did not disclose any known data limitations reported by the EQUITY Project, which is the source of data for the HIV/AIDS performance indicators. For example, the Equity Project's survey report, "Primary Health Care in the Eastern Cape Province 1997-2000," disclosed the data limitation that "facility surveys have often sampled different clinics, and data from routine information systems or special studies may not be entirely comparable to facility survey data." Furthermore, the survey report states that "where differences are small, caution is required in attributing significance to them." However, these limitations were not included in the Mission's performance monitoring plan.

² Audit Report No. 4-674-02-001-P, issued on November 9, 2001.

Such data limitation should have been disclosed in the plan. Its omission could impair understanding of the results presented because the reliability of data presented could be incorrectly assumed. A Mission staff member suggested that she knew about the data's limitations, but prior to the fiscal year 2003 R4 audit, she did not know about the requirement to include such limitations in the performance monitoring plan.

Similar to the data quality assessment issue discussed above, this finding was also reported in that same audit report. Mission Notice 2001-168 addresses this finding by reinforcing the message that Mission strategic objective teams are responsible for such disclosures in performance monitoring plans. Since the implementation of this Mission Notice adequately addresses this finding, a recommendation is not necessary.

Plan Must Include a Description of Data Quality Assessment Procedures

ADS 201.3.4.13 requires that performance monitoring plans describe the quality assessment procedures that will be used to verify and validate the measured values of actual performance. Furthermore, it states that strategic objective teams should review and update their performance monitoring plans at least annually as part of the portfolio review and R4 preparation.

The Mission's performance monitoring plan did not include a description of the quality assessment procedures. Also, the Mission did not revise the plan to include such procedures when the Mission performed its most recent annual portfolio review and R4 preparation.

The fact that the new requirement was not added to the ADS until August 2000 and implementation was not required until June 1, 2001 was part of the reason why the staff did not describe assessment procedures. A Mission staff member confirmed that Mission staff were generally unaware of the requirement to describe assessment procedures, as it was so new at the time.

Without set procedures to follow in conducting data quality assessments, Mission personnel could report incomplete, inaccurate, and inconsistent performance data in the R4. This could consequently compromise the validity, reliability, timeliness, precision, and integrity of the performance data. The recommendation for this finding is combined with the recommendation for the following finding, and is found on page 9.

Performance Indicators Must Be Described in Detail

ADS 201.3.4.13 requires that performance monitoring plans provide a detailed description of the performance indicators to be tracked. ADS 203.3.6.5 states that an indicator should be unambiguous about what is being measured, and what data are being collected. In addition, it states that performance indicators should be consistent and comparable over time and in different settings. According to TIPS No. 7, the indicator's definition should be detailed enough to ensure that different people at different times, given the task of collecting data for a given indicator, would collect identical types of data.

The Mission's performance monitoring plan did not describe the indicator, *access to HIV counseling*, in detail, because it did not clearly describe the exact measurement. The plan describes the indicator as the percentage of clinics where HIV counseling is available and accessible and is provided by trained staff. This description does not define what constitutes "available."

The data source used presented two measurements, which were very similar. One involved clinics where HIV counseling was available at least one day per week. The second involved clinics where it was available at least five or more days per week. Since the performance monitoring plan's indicator was not specific, with regard to the number of days per week, Mission staff in future years could present the data inconsistently—using the one day per week data one year, and the five days per week data another year.

A Mission staff member claimed that it was not clear to her as to how specific the description of an indicator should be. She added that she felt there was little danger of confusion with regard to which measurement to use because of her familiarity with the indicator and because personnel turnover at the Mission has been infrequent.

Based on the findings concerning descriptions of data quality assessment procedures and specificity in describing indicators, and to ensure USAID/South Africa's performance monitoring is more fully compliant with ADS 201 and ADS 203, we are making the following recommendation:

Recommendation No. 1: We recommend that USAID/South Africa update its performance monitoring plan to include a description of the quality assessment procedures, and to provide a detailed description of the indicator, access to HIV counseling.

Is USAID/South Africa achieving intended results from its HIV/AIDS program?

USAID/South Africa generally achieved intended results from its HIV/AIDS program. To measure the performance of its HIV/AIDS program in fiscal year 2000, the Mission used the performance indicators, 1) *condom availability*, 2) *access to HIV counseling*, and 3) *access to HIV testing*. The Mission achieved its intended results for *condom availability* and *access to HIV counseling*, but it missed its goal for *access to HIV testing*. These three areas are discussed below.

Condom Availability

The Government Performance and Results Act requires agencies to set performance goals to support results-oriented management. Office of Management and Budget Circular A-123 requires that federal managers use management controls, such as performance goals, to *reasonably* ensure that programs achieve their intended results.

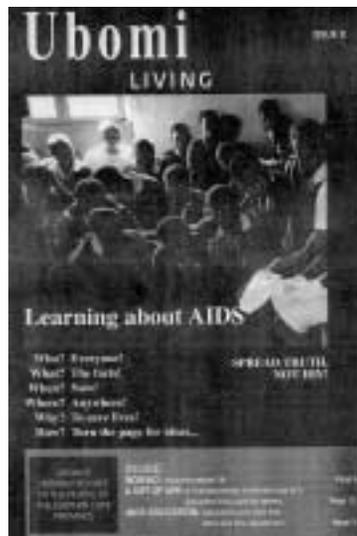
The Mission's *condom availability* indicator measures the percent of the 677 Eastern Cape Province clinics that have condoms easily available. The Mission had planned to achieve a level of 70 percent. It exceeded this goal. The Mission used a statistical survey conducted by District Health Information Officers, under the guidance of the EQUITY Project, that sampled 91 Province clinics and projected that 85 percent of the Province's clinics had condoms readily available.

The Mission achieved this result by working with its primary partner, the EQUITY Project, to increase the availability of and easy access to condoms in primary health care clinics in South Africa's Eastern Cape Province. This partnership's efforts have included activities such as assistance to the Eastern Cape Province Department of Health for the purchase and installation of approximately 1,600 "condocans." These colorful condom dispensers (pictured below) have dramatically increased the accessibility and availability of condoms in primary health care facilities in the province.



Photograph of a "Condocan" – EQUITY Project's purchase and installation of these condom distribution bins directly supports the Mission's intended result - *condom availability*. (February 2002)

The Mission also supported activities to encourage condom use. These information, education and communication activities included the publication of *Ubomi Living*, a newsletter, which features stories about HIV-infected people. *Ubomi Living* also contains practical information about topics such as living with HIV and the value of prevention methods such as using condoms.



Photograph of a copy of *Ubomi Living* obtained at an Eastern Cape Province primary health care facility. This EQUITY Project-sponsored publication contains practical information about topics such as living with HIV and the value of prevention methods such as the use of condoms. (February 2002)

Access to HIV Counseling

The Government Performance and Results Act requires agencies to set performance goals to support results-oriented management. Also, Office of Management and Budget Circular A-123 requires that federal managers use management controls, such as performance goals, to reasonably ensure that programs achieve their intended results.

The Mission's *access to HIV counseling* indicator measures the percent of the Eastern Cape Province's 677 clinics that routinely have HIV counseling available five or more days per week. The Mission had planned to achieve a level of 85 percent. It exceeded this goal. USAID/South Africa used a statistical survey conducted by District Health Information Officers, under the guidance of the EQUITY Project, which sampled 91 Province clinics. The survey projected that 89 percent of the Province's clinics had HIV counseling available at least five days per week in fiscal year 2000.

To achieve this result, USAID/South Africa, through its partner, the EQUITY Project, conducted activities such as counselor training. The EQUITY Project also provided assistance to the Province in developing plans for counselor mentoring and provided clinic counselors with informational materials to assist them in doing their jobs.

Access to HIV Testing

As with the two intended results mentioned above, the Government Performance and Results Act and Office of Management and Budget Circular A-123 require that federal managers use management controls, such as performance goals, to achieve results-oriented management. Also, ADS 201.3.6.2 states that USAID may be just one of several entities contributing to the achievement of intended results. ADS 201.3.6.2 further states it is vital to consider whether or not non-USAID activities, such as those of a host government, are likely to occur and how this could impact intended results.

The Mission's *access to HIV testing* indicator measures the percent of Eastern Cape Province's 677 clinics that routinely have HIV testing available. The Mission's target was 60 percent. To assess results, USAID/South Africa used a statistical survey conducted by District Health Information Officers, under the guidance of the EQUITY Project, which sampled 91 Province clinics. The survey showed that only 43 percent of the Province's clinics offered the testing in fiscal year 2000. Therefore, the Mission did not achieve its 60 percent target.

This occurred because HIV/AIDS testing at the clinic level proved to be more difficult to implement than the Mission had previously anticipated. Also, the

shortfall was due to continued weakness in the South African Government's procurement and distribution of HIV test kits. Additional shortfalls could result if the South African Government continues to fail to procure an adequate number of HIV test kits and if other HIV/AIDS programs are expanded. The Government of South Africa plays a large role in influencing the availability of HIV testing at its clinics, much of which is beyond USAID/South Africa's control.

As a result, USAID/South Africa considered the effects of Government of South Africa's influence on the performance results and modified its targets for *access to HIV testing* to more reasonably project likely results. Also, to improve performance results, the Mission continues to provide assistance to the Eastern Cape Department of Health in developing a budget for HIV/AIDS activities and assists districts in improving logistics systems.



Photograph of inventory cards, designed by the EQUITY Project, which assist a primary health care clinic near East London to ensure that drugs and other medical supplies, such as HIV test kits, are kept in stock. (February 2002)

Overall, USAID/South Africa generally achieved intended results from its HIV/AIDS program. Of three indicators tested, USAID/South Africa achieved its targets for two indicators used to monitor its HIV/AIDS program — *condom availability* and *access to HIV counseling*. The Mission did not achieve its target for the indicator, *access to HIV testing*. As stated above, circumstances beyond the Mission's control contributed to that result, but the Mission responded appropriately by modifying its targets and it continues to provide technical guidance to the host country government.

What is the status of USAID/South Africa's efforts to meet anticipated HIV/AIDS reporting requirements?

USAID/South Africa is preparing to meet anticipated HIV/AIDS reporting requirements presented in USAID's draft Monitoring and Evaluation guidance. Mission staff is considering potential data sources and is working to transition its partners to the use of standard performance indicators. Additionally, the pending revision and extension of the strategic objective for the health sector could provide the Mission with a timely opportunity to restructure its HIV/AIDS program to fit the final reporting requirements, once the final guidance is issued. However, the Mission's collection and reporting of certain data mentioned in the draft guidance from sources the Mission is currently contemplating might present significant challenges.

To improve the monitoring process for its HIV/AIDS program, USAID's Office of Health and Nutrition has drafted "USAID's Expanded Response to the Global HIV/AIDS Pandemic" dated February 28, 2001. At the time of our audit testing, the guidance had not been finalized.

The guidance identifies countries receiving additional funding for their HIV/AIDS programs and presents anticipated reporting requirements. The guidance identifies South Africa, as an "intensive focus country," and indicates that USAID/South Africa would be required to collect and report information at three levels.

At the first level, USAID/South Africa would be required, by 2007, to develop a national sentinel surveillance system to report annually on HIV incidence rates. This system should measure the overall effect of national HIV/AIDS prevention and mitigation programs on the pandemic. The standard indicator for this measurement will be HIV prevalence rates for 15- to 24-year-olds.

South Africa's Department of Health has gathered national prevalence data since 1990. The Department publishes this data in annual reports and USAID/South Africa has access to these reports. These reports provide the data, which USAID/South Africa plans to use to satisfy the guidance's reporting requirement on national HIV/AIDS prevalence.

However, the use of the Department of Health's data could pose problems. The Department gathers and distributes the prevalence data, not USAID. Consequently, USAID/South Africa can not control the timeliness of its receipt of the data and can not ensure its timely submission of the data to Washington.

The second level would require that standardized national sexual behavior surveys be conducted every three to five years, beginning in 2001. The standard indicators include "number of sexual partners" and "condom use with last non-regular partner." Since USAID/South Africa does not collect this information on

a national level, Mission staff suggested that they could use data from the Demographic and Health Survey's national health survey reports, primarily funded by the Department of Health. According to Mission staff, the two standard indicators anticipated by the guidance are typically included in such surveys.

As the data from these survey reports are the Department's, USAID/South Africa can not control the frequency and timeliness of the data's release. When our audit fieldwork began, the "South Africa Demographic and Health Survey 1998" was the most recent survey report and it was still in preliminary form. Only one of the two standard indicators, condom use, was included in that survey report. Accordingly, it is uncertain whether or not USAID/South Africa will be able to obtain and report all of the data required for this level, given the infrequent and incomplete nature of this source.

At the third level, USAID/South Africa would be required to report annually on their progress toward implementing their HIV/AIDS program and increasing the proportion of the target population covered by the program. USAID's draft guidance lists seven standard indicators that missions might use to measure progress in selected program areas.

While USAID/South Africa is not presently using any of the seven standard indicators exactly as they were presented in the guidance, some of the Mission's partners have already begun using indicators, which are similar to the standard indicators. Mission staff have been working with the partners to convey the value of data collection and the use of standard indicators.

Additionally, Mission staff indicated that their agreement with their primary HIV/AIDS program partner will expire at the end of fiscal year 2003. A Mission official noted that this event will provide an excellent opportunity to restructure USAID/South Africa's HIV/AIDS program to provide data required by the draft guidance, assuming the final guidance has been issued.

One challenge that the Mission faces is that the standard indicators do not, in every case, match well with USAID/South Africa's HIV/AIDS program. For example, with respect to condom distribution, the guidance's standard indicator pertains to the social marketing of condoms. USAID/South Africa is no longer involved with condom social marketing, because such an activity was not found to be a cost effective approach in a country where the Government makes condoms available for free. Instead, the Mission is working to improve the Government's program by increasing the availability of and easy access to condoms.

In summary, USAID/South Africa is preparing to meet anticipated HIV/AIDS reporting requirements. Mission staff is considering potential data sources and is

working to transition its partners to the use of standard performance indicators. Additionally, the pending revision and extension of the strategic objective for the health sector could provide the Mission with a timely opportunity to restructure its HIV/AIDS program to fit the final reporting requirements. However, knowing the content of the draft USAID guidance, the Mission is aware of the future challenges in collecting and reporting certain data.

**Management
Comments and
Our Evaluation**

USAID/South Africa concurred with the recommendation that the Mission update its performance monitoring plan to include a description of the quality assessment procedures, and to provide a detailed description of the indicator, *access to HIV counseling*.

In its response, the Mission advised RIG/Pretoria of actions taken to address the recommendation. The Mission's performance indicator, *access to HIV counseling*, has been modified and the Mission plans to include future data quality assessment procedures in its performance monitoring plan. The Mission also plans to undertake an independent assessment to verify and validate performance data and to review data collection and processing procedures, for adequacy and consistency.

Furthermore, the Mission included points for clarification of the report; we have modified the text as deemed appropriate.

Based on the Mission's description of the corrective actions it has begun, we consider that management decision has been reached for the recommendation.

**Scope and
Methodology****Scope**

Regional Inspector General in Pretoria, South Africa, conducted this audit in accordance with generally accepted government auditing standards. The purpose of the audit was to determine (1) if USAID/South Africa was monitoring performance of its HIV/AIDS program in accordance with the Automated Directives System guidance; (2) if USAID/South Africa is achieving intended results from its HIV/AIDS program; and (3) the status of USAID/South Africa's efforts to meet anticipated HIV/AIDS reporting requirements.

We collaborated with the Mission in selecting the three most meaningful performance indicators used to monitor the HIV/AIDS program in fiscal year 2000 for our review. Three indicators at the intermediate results level were selected.

1. Percent of clinics where HIV counseling is available and accessible and is provided by trained staff (*Access to HIV Counseling*)
2. Percent of clinics in the Eastern Cape that routinely have HIV testing available (*Access to HIV Testing*)
3. Percent of Clinics that have condoms easily available (*Condom Availability*)

To determine whether the mission achieved intended results, we tested the Mission's HIV/AIDS program results for fiscal year 2000. In addition, for one indicator, we used performance data prior to fiscal year 2000 for comparison purposes. In evaluating for intended results, we recognized that in many cases other entities—as well as the host country—also participated in achieving these results. Fieldwork was conducted at USAID/South Africa and at primary health care clinics in East London and Port Elizabeth, South Africa, from January 14 to April 11, 2002.

Our review of management controls focused on USAID/South Africa's performance monitoring plan and how well the Mission complied with USAID, Office of Management and Budget, and General Accounting Office policies and guidance.

Methodology

To answer the first audit objective, we tested eleven selected controls, which are contained in ADS 203 and 201, used to monitor performance progress. We reviewed the Mission's performance monitoring plan and tested it against seven controls. We also determined whether data quality assessments were completed, baselines were established, and data agreed to source documents.

We also obtained information as to what other methods for monitoring HIV/AIDS program performance were being used by the Mission.

To answer the second objective, we analyzed planned and actual performance data for the indicators we selected for review. We also reviewed baseline data and targets and compared actual data to targets, which the Mission had set. Actual data were traced to source documents. However, due to time constraints, we did not trace the source documents to the original documents.

To answer the third objective, we used USAID's "Handbook of Indicators for HIV/AIDS/STI Programs," and "USAID's Expanded Response to the Global HIV/AIDS Pandemic, Monitoring & Evaluation Guidance" (draft dated February 2001), to ascertain the status of the Mission's implementation of this guidance. We acknowledged and analyzed USAID's Administrator's March 12, 2002 cable about "New HIV/AIDS Monitoring and Reporting System." Since we deemed it was not the definitive guidance, we did not use it to answer the third audit objective.

In addition, we reviewed applicable federal and USAID regulations and guidance; interviewed Mission officials and reviewed Mission documents; interviewed project officials and reviewed project documents; interviewed program recipients; and visited program sites.

In assessing accuracy, we used two materiality thresholds: (1) for transcription, we used an accuracy threshold of plus or minus one percent and (2) for computation, we used an accuracy threshold of plus or minus five percent.

**Management
Comments**

Memorandum

To: Regional Inspector General/ Pretoria, Joseph Farinella

From: USAID/SA Mission Director, Dirk Dijkerman /s/

Date: June 22, 2002

Re: Audit of USAID'S HIV/AIDS Program - Audit report No. 4-674-02-XXX-P

This is to advise receipt of the draft audit report dated May 22, 2002, which summarises the results of the Mission's HIV/AIDS Audit. The recommendation made in the audit report is as follows:

Recommendation No.1: We recommend that USAID South Africa update its Performance Monitoring Plan to include a description of the data quality assessment procedures and to provide a detailed description of the indicator, access to HIV counseling."

The Mission concurs with the recommendation and is pleased to report that the Performance Monitoring Plan has been updated to include future data quality assessment procedures. The plan is to undertake an independent assessment to verify and validate performance data and to review data collection and processing procedures, for adequacy and consistency.

The recommendation also required the Mission to provide a detailed description of the indicator, access to HIV counseling. We have redefined the indicator in a more detailed manner as: "The percentage of clinics that offer HIV counseling 5 days a week provided by trained staff." The indicator definition has been reviewed by the Team Leader of the Health SO team and by the Mission Program Monitoring and Evaluation Specialist and is deemed to be adequate.

The Mission realizes the importance of documenting data quality assessments and has already begun documenting such assessments undertaken by a designated Health Team member, subsequent to the 2000 R4 (see memo attached). The memo outlines the process and findings of the data quality assessment exercise, undertaken by reviewing the data collection, maintenance and processing procedures used by the primary partner. Future data quality assessment procedures are outlined in the memo. The memo forms part of the documentation retained in the performance management files by the Health SO team.

The Mission requests that the wording that reads; "the pending renewal of the agreement with the primary HIV/AIDS contractor", in Pages 3 and 13 of the draft report, be clarified as "the pending revision and extension of the Strategic Objective for the Health Sector". The revised Health Strategic Objective will run through 2006 to be consistent with the Mission's current approved strategic plan. As part of this update, we will revise the HIV/AIDS indicators to reflect the latest guidance from USAID/Washington on appropriate HIV/AIDS indicators.

We further request that the first paragraph on page 5 in the background section be modified by deleting reference to the three time periods and their associated dates.

Based on these actions, the Mission requests closure on the recommendation. We would like to take this opportunity to commend the professional and cooperative manner in which your staff conducted the audit.



United States
Agency for
International
Development

Memorandum

DATE: 16 November 2001

TO: EQUITY Project File

FROM: Anita Sampson, EQUITY Activity Manager /s/

SUBJECT: Assessment of the Data Quality from the Annual Facility Survey

On 25 October 2001, I reviewed the data quality of the Annual Survey done by the EQUITY project (purple report) based on a recommendation from the August audit of the condom availability indicator. The discussion with MSH reviewed of the data quality by looking at the methods and procedures used by the EQUITY Project team in the collection of the data and in data-entry for the Annual Survey. This was a good time to bring this topic up because the fieldwork for the 2001 survey is scheduled to begin later this month. The operational definitions of the indicators were reviewed and we discussed the need to be consistent with USAID's indicator definitions. The Annual survey is a cross-sectional observational survey using a structured questionnaire.

During the interview, additional data is collected from the clinic monthly statistics collected by clinic staff. Record reviews are done for STDs, immunization, ANC, TB and minor aliment registers or from patients records/files in clinics where there are no registers. Fieldwork is normally done from late October through November/December each year by the DOH health information mangers. In reviewing the instrument, we felt that the questionnaire is a reliable method of collecting data. The language in the interview questionnaire is simple and straightforward and can be easily understood by both interviewers and respondents. In each of the 21 health, districts of the Eastern Cape clinics are selected at random by computer generated random numbers. In districts where there are both urban and rural clinics, proportional random sampling is used so that both types of setting are represented. There is no statistical quantification for the choice of sample size of four clinics per district and no effort made to weigh results either by number of clinics or population per district. Once the clinics are selected, they will be used each year for the survey. The sample size will increase each year to eventually include all clinics. Thus, this survey is consistent and free from any deliberate selection.

During the meeting, we discussed the need for an independent assessment of data quality of the Annual survey with the MSH team. The suggestion was to use the MEASURE Project based at the University of North Carolina (a centrally funded buy-in program) to perform an assessment on the Annual survey data to assure its quality. I plan to schedule this assessment in the calendar year 2002 probably by July 2002. MSH had no objections to this suggestion and it was agreed that we would pursue this mechanism.

**Rapid Scale-Up
and Intensive
Focus Countries**

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

Cambodia	Kenya	Uganda	Zambia
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- Intensive Focus Countries are defined as countries in which resources will be increased and targeted to reduce prevalence rates (or keep prevalence low in low-prevalence countries), to reduce HIV transmission from mother to infant, and to increase support services for people (including children) living with and affected by AIDS within three to five years. Intensive Focus Countries include:

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

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

Summary of USAID/South Africa’s Selected Performance Monitoring Controls

Indicator Number and Indicator Name:	Performance Monitoring Plan							8. Data Quality Assessment Done	9. Baseline Established	10. Data Agrees to Source	11. Other Means of Monitoring (If yes, indicate type)
	1. Indicator Precisely Defined	2. Data Sources Identified	3. Data Collection Method Described	4. Data Collection Schedule Specified	5. Responsibility Assigned	6. Data Limitations Disclosed	7. Quality Assessment Procedures Described				
1. <i>Condom Availability</i>	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes – Evaluation Reports and Independent and Technical Reviews
2. <i>Access to HIV Counseling</i>	No	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes – Evaluation Reports and Independent and Technical Reviews
3. <i>Access to HIV Testing</i>	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes – Evaluation Reports and Independent and Technical Reviews