

# USAID

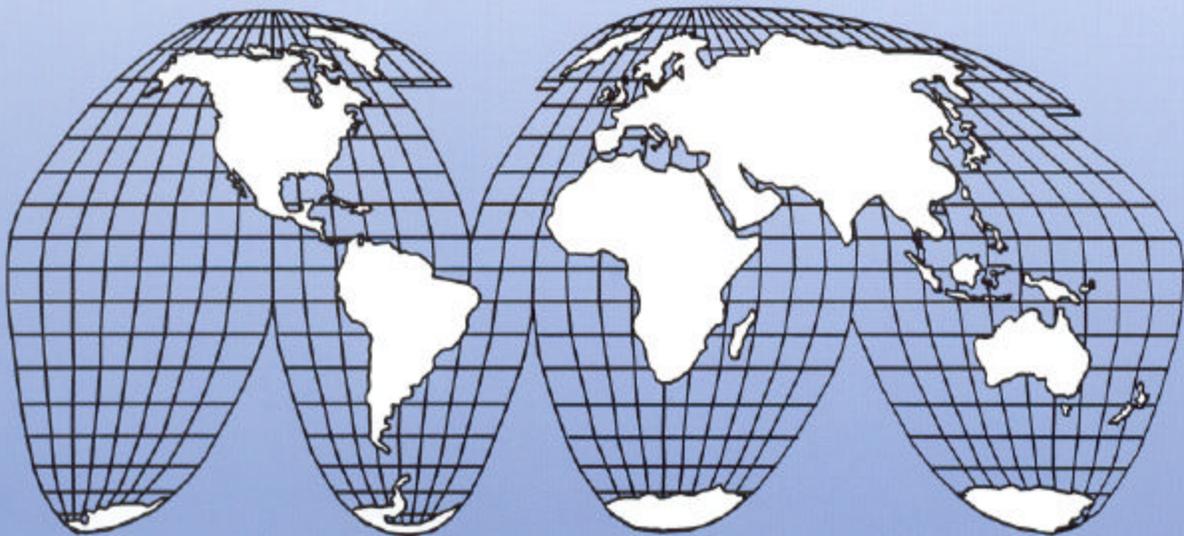
## OFFICE OF INSPECTOR GENERAL

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### Audit of USAID/Nigeria's Monitoring of the Performance of its HIV/AIDS Program

7-620-02-004-P

July 23, 2002



RIG/Dakar



OFFICE OF THE  
INSPECTOR GENERAL  
DAKAR, SENEGAL

July 23, 2002

## MEMORANDUM

**TO:** Dawn Liberi, Director, USAID/Nigeria

**FROM:** Henry Barrett, RIG/Dakar /s/

**SUBJECT:** Audit of USAID/Nigeria's Monitoring of the Performance of Its HIV/AIDS Program (Report No. 7-620-02-004-P)

This report presents the results of our audit on USAID/Nigeria's monitoring of the performance of its HIV/AIDS program. In finalizing this report, we considered management's comments on our draft report. We have included those comments, in their entirety, as Appendix II of this report.

This report contains five recommendations. Management decisions have been reached on all five recommendations. Final actions have been completed for Recommendations No. 1.1, 1.2, 3, and 4. Therefore these recommendations are considered closed upon issuance of this report. Regarding Recommendation No.2, USAID's Office of Management Planning and Innovation, Management Innovation and Control Division (M/MPI/MIC) is responsible for determining when final action has occurred. Accordingly, when final action is completed, USAID/Nigeria should submit such evidence to M/MPI/MIC for closure.

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

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## Summary of Results

Over the last three years, HIV/AIDS funding has increased dramatically from \$142 million in fiscal year 1999 to over \$300 million in fiscal year 2001. This increase in funding has created a demand for greater accountability on the part of USAID and its operating units, both as to monitoring progress and achieving intended results. (See pages 3-5)

USAID procedures for monitoring programs, including its HIV/AIDS programs, are contained in its Automated Directives System (ADS). To determine whether USAID/Nigeria managed its HIV/AIDS program in accordance with the ADS, we reviewed three indicators from the Mission's Performance Monitoring Plan (PMP) against eleven controls contained in the ADS and found that the PMP did not meet eight of the control elements. During our audit fieldwork, USAID/Nigeria was in the process of making revisions to its PMP to comply with ADS guidance. We recommend that USAID/Nigeria complete and finalize its PMP and perform and document data quality assessments for all HIV/AIDS indicators. (See pages 6-10.)

To determine whether the Mission is achieving intended results, we selected two of the six HIV/AIDS indicators: (1) number of condoms sold and (2) proportion of targeted group reporting condom use in the most recent act of sex with non-regular partner. We found that in 2000, USAID/Nigeria achieved intended results relating to condom sales, the first indicator. However, we could not assess the Mission's performance relating to the second indicator because the Mission did not set a target for this indicator in 2000. We also noted that incorrect FY 1999 performance data was reported in the Mission's R4 (Resource Review and Resource Request). We recommend that USAID/Nigeria establish targets for all indicators in the PMP and correct the error noted in its FY 1999 performance data. (See pages 10-14.)

To improve the monitoring and reporting process for its HIV/AIDS program, USAID has drafted monitoring and evaluation guidance. The guidance establishes several global targets USAID expects to achieve because of the additional funding it anticipates and requires missions to routinely report and monitor the performance of their HIV/AIDS programs using standard indicators. USAID/Nigeria has not initiated specific actions to meet the new requirement. Officials informed us that they were unaware of the new requirements prior to the audit. The Mission planned to obtain further clarification from Washington prior to making commitments on its ability to meet the new requirement. (See pages 14 and 15.)

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## Background

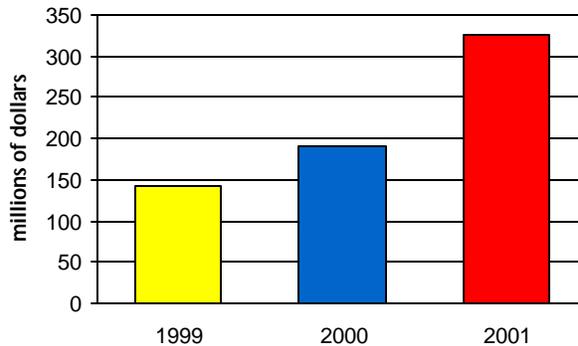
USAID funding for HIV/AIDS has increased dramatically over the past three years—from \$142 million in fiscal year 1999 to over \$300 million in fiscal year 2001<sup>1</sup> (see graph below). USAID is organizing its response to HIV/AIDS around

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<sup>1</sup> Information was provided by USAID and is unaudited.

the following three categories of countries: Rapid Scale-Up, Intensive Focus, and Basic. USAID/Nigeria is one of thirteen countries classified as an Intensive

USAID's HIV/AIDS Funding  
by fiscal year



Focus Country, that is, a country which will receive increased resources from USAID. The resources will be targeted to reduce prevalence rates and provide other HIV related services within three to five years (see Appendix III for a more complete description of these categories).

With the funding increase, there has been much interest in monitoring the impact of USAID assistance on the HIV/AIDS epidemic. In its report on USAID's Fight Against HIV/AIDS In Africa,<sup>2</sup> the U.S. General Accounting Office (GAO) recommended that USAID select standard indicators, gather performance data on a regular basis, and report this data to a central unit for analysis. In March 2000, USAID published a handbook that discusses standard indicators for monitoring and evaluating HIV/AIDS programs. In February 2001, USAID issued monitoring and evaluation guidance entitled *USAID's Expanded Response to the Global HIV/AIDS Pandemic*, which summarizes new reporting requirements for USAID's HIV/AIDS programs.

Nigeria, with an estimated population of 100 million, has experienced a rapid increase in the transmission of HIV/AIDS infections. From 1988 to 1999, the prevalence rate rose from 1.8 percent to 5.4 percent. A USAID/Nigeria Country Strategy Report suggests that approximately 4 to 5 million Nigerians are infected with HIV/AIDS, which, in actual numbers, is more HIV/AIDS infections than in countries in southern Africa with prevalence rates at 30 percent<sup>3</sup>.

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<sup>2</sup> U.S. Agency for International Development Fights AIDS in Africa, but Better Data Needed to Measure Impact (GAO-01-449, March 2001).

<sup>3</sup> USAID/Nigeria Country Strategy, August 1999.

USAID assistance to the Government of Nigeria (GON) has increased in recent years following the restoration of civilian rule in May 1999, after 16 years of military dictatorship. Funding for HIV/AIDS activities, for example, was increased from \$1.6 million in 1998 to \$12 million in 2001 and is estimated to more than double to \$26.8 million in 2003. The Mission, which previously worked primarily through non-governmental organizations (NGOs), is now developing partnerships with the GON. Consequently, the USAID/Nigeria office was recently relocated from Lagos to Abuja, the country's capital.

The Mission is also in the process of hiring needed staff to implement its increasing portfolio. These changes, which occurred within a relatively short time, appear to have been a major constraint on the Mission's capability to implement fully its HIV/AIDS activities in accordance with USAID requirements. Nevertheless, the Mission did have a performance monitoring plan (PMP), developed in 1998, which it used during the "transition period" to monitor the performance of its HIV/AIDS activities. The Mission was in the process of revising the PMP at the time of this audit.

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## **Audit Objectives**

This audit is one of a series, to be conducted worldwide, of USAID's monitoring of the performance of its HIV/AIDS program at the operating--unit level. The Performance Audits Division of USAID's Office of Inspector General (OIG) is leading the audits. The Regional Inspector General, Dakar (RIG/Dakar), conducted this audit.

The audit objectives and the scope and methodology for the audit were developed in coordination with USAID's HIV/AIDS Division in the Bureau for Global Programs, Field Support and Research. RIG/Dakar performed this audit in Nigeria to review USAID/Nigeria's HIV/AIDS program and, specifically, to answer the following audit objectives:

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

Appendix I describes the audit's scope and methodology.

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**Audit Findings****Did USAID/Nigeria monitor performance of its HIV/AIDS program in accordance with Automated Directives System (ADS) guidance?**

USAID/Nigeria did not monitor performance of its HIV/AIDS program in accordance with USAID's ADS. The ADS outlines USAID's policies and procedures for implementing a performance monitoring system. We reviewed USAID/Nigeria's performance against eleven control elements in the ADS. The Mission met two of the controls in the ADS requirements; had mixed results on one control element; and did not meet eight control elements.

As a result of these control weaknesses, we found instances when the Mission had erroneous performance data—one of which was reported in the Mission's annual report.

To answer the first objective, we reviewed three indicators from USAID/Nigeria's Performance Monitoring Plan (PMP), which fairly represent broad sections of the Mission's HIV/AIDS program: (1) number of condoms sold (or condoms sales indicator), (2) proportion of targeted groups reporting condom use in the most recent act of sex with non-regular partner (or condoms use indicator), and (3) proportion of AIDS patients managed at home through community-based organizations (or care indicator).

Our review of the PMP and other mission documents supporting the monitoring of these indicators disclosed that the Mission met two of the ADS requirements. Namely, the Mission did include a detailed description of each performance indicator in the PMP, and the Mission used other tools such as site visits and portfolio reviews to monitor its program, in accordance with the ADS. For one control element, "data agrees to source," the Mission had mixed results; that is, the data agrees for the year 2000 but not for 1999.

Finally, the Mission had weaknesses for eight control elements. Specifically, the Mission's performance monitoring system was weak regarding: (1) data sources, (2) data collection methodology, (3) data collection schedules, (4) assignment of responsibilities, (5) data limitations, and (6) data quality procedures. Additionally, we noted instances where (7) data quality assessments were not performed or documented and (8) baselines and targets were not established. The discussion of the last two requirements and the issue of erroneous performance data are discussed under objective two of this report. The following is a brief discussion of the other weaknesses noted.

## **Performance Monitoring Plan Does Not Comply with ADS**

In accordance with ADS 201.3.4.13 (a), the PMP must (1) provide a detailed description of the performance indicators to be tracked, (2) specify the source, (3) specify the data collection method, (4) establish a schedule for data collection, (5) assign responsibility for data collection to a specific office, team, or individual, (6) disclose known data limitations, and (7) describe the data quality assessment procedures that will be used to verify the actual performance data.

Based on the representative indicators included in the PMP, the Mission did not comply with six of the above ADS requirements, as noted below.

**Data sources** – The data sources cited in the Mission’s PMP for the indicators we reviewed were either not specific enough or were incorrect. For example, the data source listed for the sales indicator was “routine record keeping.” In accordance with USAID’s *Performance Monitoring and Evaluation Guidance, TIPS 7*, data sources should be as specific as possible to ensure consistency in the data collection process. The PMP should specify the organization, as well as the type of document used.

**Data collection methods** – The methodology should adequately describe the tools (type of forms/reports), techniques (questionnaire, focus groups, observation, etc.) and the steps that will be used to prepare the data for reporting purposes. Yet, the methodologies described in USAID/Nigeria’s PMP were not specific. For example, to describe the sales indicator, the PMP included the following statement: “PSI/SFH (Population Services International/Society for Family Health) records plus sales by other implementing agencies.” In this case, although the Mission stated that it obtained its sales data from PSI/SFH, it did not describe the method used for collecting that data.

**Data collection schedules** – The PMP also did not clearly specify data collection schedules for two of the three indicators reviewed. For example, for the condoms use indicator, the plan listed data collection frequency as 1998 and 2002 with a midterm survey collection frequency recommended in 2000. However, actual data collection occurred in 2000.

**Assignment of responsibility** - The Mission’s plan did not clearly assign responsibility for collecting and reporting the data as required by the ADS. The plan did not list the specific USAID/Nigeria team member(s) who were responsible for the performance indicators reviewed.

**Disclosure of data limitations** – The plan did not disclose any data limitations for the performance indicators we reviewed. The ADS requires that the PMP disclose any issue that may affect data quality.

**Description of data quality assessment procedures** – Finally USAID/Nigeria did not describe its data quality assessment procedures in the PMP. According to this ADS requirement, effective June 1, 2001, missions are required to describe the procedures that will be used to verify the performance indicator data.

Mission officials stated that the PMP had not been updated to comply with ADS requirements because the Mission was in transition. The following changes occurred at the Mission within a short period of time:

- (1) As result of the country’s transition from a military to civilian government, USAID resumed relationships with GON agencies;
- (2) the Mission was relocated from Lagos to Abuja; and
- (3) the Mission’s portfolio, funding and staff were increased significantly. For example, staffing doubled from 1999 to 2000, and the HIV/AIDS program increased substantially from \$3 million in 1999 to \$12 million in 2001.

Another reason for the incomplete PMP was that new staff with PMP responsibilities was not aware of all of the applicable ADS requirements. However, at the time of our audit, the Mission with the aid of a consultant was in the process of updating the PMP.

The PMP serves as the primary tool to support results-focused program management, which requires access to useful, timely, and reliable information for decision making. If elements from the PMP—such as data sources, data collection methodology, data limitations, and/or data quality assessment procedures—are incomplete or not specified for each indicator, the Mission reduces its assurance that (1) data will be consistent from year to year, (2) users are aware of data limitations, and (3) reliable information will be provided for reporting purposes. The completion and implementation of a PMP with its proper elements will assist the Mission in managing for results and meeting expanded reporting requirements.

**Recommendation No. 1: We recommend that USAID/Nigeria:**

- 1.1 complete and finalize its Performance Monitoring Plan to include specific sources of data, data collection methodologies, data collection schedules, assignment of responsibilities, data limitations, and data assessment procedures for all its indicators; and**
- 1.2 provide training on performance monitoring to the staff responsible for implementing the plan.**

## **Data Quality Assessments Should Be Documented**

USAID policy, as articulated in its ADS 203.3.6.5 and ADS 203.3.6.6, requires that data quality assessments be performed at least every three years for all indicators reported in USAID's annual reports and for other data included "in special reports to Congress or other oversight agencies." Such assessments are intended to ensure that performance information is sufficiently complete, accurate, and consistent. The guidance further notes that when conducting data quality assessments, operating units must:

- verify and validate performance information to ensure that data are of reasonable quality;
- review data collection, maintenance, and processing procedures to ensure that they are consistently applied and continue to be adequate; and
- retain documentation of the assessment in performance management files—a requirement that is in accord with general Federal requirements to document significant events and to retain such documentation for future examination.

However, for the three indicators reviewed, we saw no evidence that data quality assessments were performed. With reference to the condom sales indicator, the Mission officials said that they conducted site visits to assess data quality. The officials, however, did not provide documentation to support the assessment activities performed during the site visits. Similarly, regarding the condom use indicator, the officials did not provide documentation for any data quality assessments performed; rather, they explained to us the Mission's procedures to ensure data quality. Concerning the third indicator, "proportion of AIDS patients managed at home through community-based organizations," there was no data collected. USAID/Nigeria stated that it was dropping this indicator from the revised PMP. But the Mission provided no documentation on the assessment used to determine that this indicator was no longer appropriate.

Again, officials gave the Mission's transition status as a cause for this weakness. We believe also that the assessments were not performed or documented because the data quality assessment procedures were not included in the PMP. In fact, at the time of the audit, the Mission was in the process of updating its PMP.

Data quality assessments are a key element of USAID's performance monitoring system. Without such assessments the quality of data being collected and reported is simply assumed and data limitations, if any, are not documented and recognized. As a result, flawed data may be reported and erroneous management decisions could be made based on that flawed data. Documenting such assessments helps ensure that they are done and that the results are available to successive managers. In addition,

with increased funding for HIV/AIDS and with expanded reporting requirements (see third audit finding below), we believe that it is even more urgent that missions ensure that the data collected for all key indicators used to manage their HIV/AIDS programs be reliable. Although the ADS currently requires data quality assessments only for indicators reported in the annual reports or official documents being reported to Congress, the OIG believes that the data quality assessment requirements should apply to all indicators in a mission's PMP.

**Recommendation No. 2: We recommend that USAID/Nigeria perform data quality assessments for all indicators in its Performance Monitoring Plan and maintain documentation in its files.**

**Is USAID/Nigeria achieving intended results from its HIV/AIDS program?**

In fiscal year 2000, USAID/Nigeria achieved its intended results for the condoms sales indicator, but there was inadequate data to determine whether the Mission achieved its intended results for the condoms use indicator. There was inadequate data because the Mission did not establish targets for the indicator as required by USAID guidance. As a result, the Mission could not ensure that its activities related to the condom use indicator were achieving the intended results. In addition, an error was discovered in the performance data that the Mission reported in its FY 1999 annual report.

To answer our second audit objective, we reviewed Mission documents and activities related to two of the three indicators selected for our first objective: (1) number of condoms sold and (2) proportion of targeted groups reporting condom use in the most recent act of sex with non-regular partner. The third indicator, patients managed at home through community-based organizations, was not selected because the Mission stated that it was in the process of deleting this indicator from its PMP. In addition, we performed site visits to review some of the Mission's activities supporting the indicators selected.



Photograph of participants attending a USAID-funded one-day sensitization seminar on HIV/AIDS at Alaba International Market, Lagos, Nigeria (October 2001).

The Mission achieved its intended results for condom sales in FY 2000. The Mission's target for that year was 61 million condoms sold, and 71 million condoms were actually sold. Condom accessibility and availability are major components of USAID/Nigeria's HIV/AIDS program.

The AIDS social marketing project is implemented through PSI/SFH, a local non-governmental organization (NGO) focusing on creating demand for condoms and other HIV/AIDS and reproductive health services. While condom sales are not a perfect proxy of condom use, the Mission believes that condom sales are still a reasonable indicator of behavioral intention. USAID/Nigeria cites its increase in condom sales as an indication that performance for its HIV/AIDS program is on track.

Working with local partners, the program aims to increase demand for and use of condoms through information, education, and communication activities. We observed some of these activities during the audit (photo shown above). For example, we attended one of the seminars conducted by CHIEF, (Community Health Information Education Forum), one of USAID/Nigeria's local implementing partners, whose activities are designed to improve knowledge of HIV/AIDS and to promote safer sex practices among Nigeria's youth.

Although the data supporting the Mission's condom sales for FY 2000 were verified as accurate, an error was discovered in the performance data the Mission reported for FY 1999.

#### **Performance Data for Indicator Reported in R4 Not Verified**

USAID guidance ADS 203.3.6.6 requires missions to verify and validate performance information to ensure that data are of reasonable quality. However, our review of the indicator "number of condoms sold" disclosed that USAID/Nigeria did not perform a data quality assessment to verify the data reported. As a result, erroneous data was reported in the Mission's annual report.

The Mission's condoms sales data are generated by PSI/SFH. The amount reported in FY 1999 for PSI/SFH's monthly sales and distribution reports was reported incorrectly as 58 million condoms sold instead of the actual 53 million condoms sold. The Mission's target for the year was 55 million. Therefore, contrary to the Mission's report on its performance data in the FY 2003 R4, the Mission did not achieve its target of 55 million condoms sold for FY 1999. This error was not detected until our audit.

This condition occurred primarily because USAID/Nigeria did not perform a data quality assessment to verify the performance data reported for the indicator. USAID/Nigeria was unaware that the data reported for this indicator were incorrect. This, we believe, underscores the need for our earlier recommendation to train staff on performance monitoring, which includes data verification. As

articulated in objective one, data quality assessments are an important monitoring control and aid in detecting and correcting flawed or erroneous data that may be reported by the Mission and relied upon by decision-makers.

**Recommendation No. 3: We recommend that in its future annual reports and other special reports USAID/Nigeria report the correct data on “number of condoms sold” for fiscal year 1999.**

### **Targets Not Established for All Indicators**

The second indicator we used to assess whether the Mission was meeting its intended results was the condoms use indicator, specifically, “proportion of targeted groups reporting condom use in the most recent act of sex with non-regular partner”. Establishing safer sexual behavior has probably been the most important area of programming for most national HIV/AIDS programs to date. Programs seek to delay first sex among young people and encourage lifelong, mutually monogamous partnerships. Because such partnerships are more the exception than the norm in many cases, programs also encourage reducing the overall number of sexual partners and using condoms, especially with partners other than one's spouse.

Working with NGOs, USAID/Nigeria has several programs designed to promote and sustain risk-reducing behavior change in individuals and communities. Target populations for these interventions are youths, female sex workers (FSW), transport workers, and religious organizations. One such NGO that we visited during the audit in Lagos was the Life Link Organization (LLO). This NGO provides HIV/AIDS interventions to FSWs and their clients. The goal is to reduce the transmission of HIV/AIDS and other sexually transmitted infections by promoting risk reduction. LLO works with numerous brothels in five local government areas and provides seminars, workshops, counseling, and vocational training to the FSWs. Some of the FSWs we interviewed during our visit confirmed that as result of LLO's training, they insist on using condoms with all their clients.

Although the Mission's activities appeared to be making progress towards increasing the use of condoms in the population, the Mission did not establish performance targets to properly measure its performance.

USAID/Nigeria did not establish targets for all indicators. Specifically, targets were not established for the condom use indicator in FY 2000. ADS 201.3.4.13 indicates that baselines and targets should be determined for each of the performance indicators in the PMP. USAID's *Performance Monitoring and Evaluation Guidance*, TIPS No. 8 explains further that operating units should establish a performance target for each performance indicator it selects. USAID/Nigeria, therefore, needed to establish performance targets for all the indicators in the PMP.

The Mission stated that the first year of data collection for the condom use indicator occurred in FY 2000 using the Behavioral Surveillance Survey (BSS) and will serve as the baseline. A Mission official added that data was collected for this indicator, but the data was used primarily for internal program decisions and, thus, no targets were established. We believe the Mission should have used the previous year's data as a baseline and set a target for 2000.

Office of Management and Budget (OMB) Circular A-123 requires that agencies and individual Federal managers take systematic and proactive measures to develop and implement management controls for results-oriented management. It goes on to state that management controls are the policies and procedures used to reasonably ensure that programs achieve their intended results. These monitoring controls, also discussed under the objective one section of this report, consist of establishing indicators to manage for results, collecting baseline data for these indicators prior to project intervention, setting targets for the indicators, periodically collecting data to monitor results, and assessing the quality of the data being collected. Without the establishment of these monitoring controls, missions cannot reasonably ensure that programs, such as USAID/Nigeria's HIV/AIDS program, are achieving their intended results.

**Recommendation No. 4: We recommend that USAID/Nigeria establish targets for all indicators used to monitor the performance of its HIV/AIDS programs.**

#### **What is the status of USAID/Nigeria's efforts to meet anticipated HIV/AIDS reporting requirements?**

Because the Mission was unaware of the anticipated new HIV/AIDS reporting requirements prior to the audit, USAID/Nigeria had not initiated specific actions towards meeting those requirements. Mission officials said that they had not received copies of USAID's draft "Monitoring and Evaluation Guidance." Upon reviewing the guidance, the Mission believed that some of the requirements might not be applicable to Nigeria, given the country's complex geopolitical situation. The Mission proposed to obtain clarification from Washington prior to determining whether it would be able to meet the anticipated requirements.

Due to the significant increase in HIV/AIDS funding from 1999 to 2001, there has been a great deal of interest in monitoring the results of USAID's assistance in this area. In March 2000, USAID's Global Bureau developed a handbook of standard indicators that operating units could use to measure the progress of their HIV/AIDS programs. In March 2001, the U.S. General Accounting Office (GAO) issued its report on USAID's Fight Against HIV/AIDS in Africa, which reported the need to be able to better monitor progress (see page 4). In its report, GAO recommended that USAID's operating units adopt standard indicators to measure program performance, gather performance data on a regular basis, and report data to a central location for analysis.

To improve the monitoring process for its HIV/AIDS program, USAID has drafted monitoring and evaluation guidance entitled, *USAID's Expanded Response to the Global HIV/AIDS Pandemic*. This new guidance establishes several global targets which USAID expects to achieve with its additional funding and requires missions to routinely monitor and evaluate their HIV/AIDS programs in a definitive, systematic way and to report on their progress. The draft guidance would require USAID/Nigeria and the missions of other Intensive Focus Countries, to collect and report information at the following three levels:

- At the first level, the missions would be required, by 2007, to develop a national sentinel surveillance system to report annually on HIV prevalence rates so as to measure the overall effect of national HIV/AIDS prevention and mitigation programs on the pandemic. The standard indicator for this measurement, according to the draft guidance, would be HIV prevalence rates for 15-24 year olds.
- The second level would require the missions to conduct standardized national sexual behavior surveys every 3 to 5 years, beginning in 2001.
- At the third level, the missions would be required to report annually, not only on trends at the national level—which may or may not directly reflect USAID-funded activities—but on progress toward implementing USAID's HIV/AIDS programs and increasing the proportion of the target population covered by these programs. The draft guidance lists seven standard indicators that missions might use to measure progress in selected program areas.

At the time of the audit, the Mission was in the process of updating its Performance Monitoring Plan and revising its indicators. Therefore, we were unable to adequately assess which of the above requirements the Mission could meet. Mission officials said they would like to get clarification from USAID/Washington prior to making any commitments on whether they would be able to meet the new reporting requirements.

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**Management  
Comments and  
Our Evaluation**

Recommendation No. 1.1 requests the Mission to complete and finalize its PMP to include specific sources of data, data collection methodologies, data collection schedules, assignment of responsibilities, and data assessment procedures for all its indicators. The Mission concurred with this recommendation and provided, as part of its management comments, performance indicator reference sheets documenting its actions taken to date. We commend USAID/Nigeria on the development of such comprehensive indicator reference sheets. Based on the Mission's response and actions taken, this recommendation is considered closed upon issuance of this report.

Recommendation No. 1.2 requests USAID/Nigeria to provide training on performance monitoring to the staff responsible for implementing the plan. In February 2002, the HIV/AIDS program manager attended Measure Evaluation's "Workshop for Strengthening National HIV/AIDS Programs" held in Dakar, Senegal. The Mission stated that the HIV/AIDS manager also visited other USAID missions' HIV/AIDS project sites for on-the-job training. Based on the Mission's response and actions taken, this recommendation is considered closed upon issuance of this report.

Recommendation No. 2 requests USAID/Nigeria to perform data quality assessments for all indicators in its Performance Monitoring Plan and maintain documentation in its files. The Mission stated in its response that they have completed and documented all data quality assessments using ADS recommended data quality checklist as a guide. To close this recommendation, the Mission should submit evidence of completion of the data quality assessments to USAID's Office of Management Planning and Innovation, Management Innovation and Control Division (M/MPI/MIC).

Recommendation No. 3 requests that the Mission report the correct performance data for "the number of condoms sold" for FY 1999 in all future annual reports and other special reports. In its response, the Mission stated that the performance data for condom sales for FY 1999 was verified and corrected to approximately 51 million and documented in its HIV/AIDS PMP files. The Mission added that it would make the correction in all future reports. Based on the Mission's response and actions taken, this recommendation is considered closed upon issuance of this report.

Recommendation No. 4 requests that USAID/Nigeria establish targets for all indicators used to monitor the performance of its HIV/AIDS programs. The mission stated in its response that it established baseline and targets for all performance indicators reported in the annual report. Copies of the mission's indicator reference sheets, which were included with the mission's response, show that targets and baselines were established for its HIV/AIDS indicators. Based on the Mission's response and the actions taken, this recommendation is considered closed upon issuance of final report.

In summary, USAID/Nigeria's comments to the draft report, which are included in their entirety in Appendix II, indicate that management decisions have been reached on all five recommendations. Final actions have been completed for Recommendations No. 1.1, 1.2, 3, and 4. Therefore these recommendations are considered closed upon issuance of this report. Regarding Recommendation No.2, USAID's Office of Management Planning and Innovation, Management Innovation and Control Division (M/MPI/MIC) is responsible for determining when final action has occurred. Accordingly, when final action is completed, USAID/Nigeria should submit such evidence to M/MPI/MIC for closure.

**Scope and  
Methodology**

The Regional Inspector General, Dakar (RIG/Dakar), conducted this audit in accordance with generally accepted government auditing standards. The purpose of the audit was to determine (1) if USAID/Nigeria was monitoring performance of its HIV/AIDS program in accordance with Automated Directives System (ADS) guidance, (2) if USAID/Nigeria is achieving intended results from its HIV/AIDS programs, and (3) the status of USAID/Nigeria's efforts to meet anticipated HIV/AIDS reporting requirements. For the first objective, the audit covered three indicators in USAID/Nigeria's performance monitoring plan (PMP). The Mission confirmed that the selected indicators were a good representation of the Mission's HIV/AIDS activities. Concerning the second objective, determination as to whether intended results had been achieved was based on the fiscal year 2000 results of the two indicators selected from USAID/Nigeria's PMP. 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. Since the third objective is a descriptive objective, the results were based on the facts at the time of the audit. Fieldwork was conducted in Accra, Abuja, and Lagos from October 9 through November 2, 2001.

For fiscal year 2000, targets were not available for one of the two indicators selected. The Mission collected data for this indicator in 2000 that will serve as the baseline, but no targets were established. To evaluate USAID/Nigeria's achievements for its HIV/AIDS program, we used performance results reported to USAID/Nigeria by the Population Services International / Society for Family Health (PSI/SFH) for the "number of condoms sold". Auditors visited PSI/SFH in Lagos on October 24, 2001 to evaluate the reliability of the data, and obtained and reviewed monthly sales reported for condoms sold to ensure completeness, accuracy, and consistency. To assess data quality, we relied on the results from the testing and statements by PSI/SFH's personnel.

Our review of the Mission's management controls focused on USAID/Nigeria's performance monitoring plan and how well the Mission complied with USAID, Office of Management and Budget (OMB), and General Accounting Office (GAO) policies and guidance. Specifically, we assessed the Mission's internal controls for identifying and monitoring performance indicators, reporting data for the baseline, and determining whether quality data is collected, maintained, and processed according to ADS guidance.

**Methodology**

To answer the first audit objective, we reviewed the Mission's performance monitoring plan and compared it to the requirements set forth in USAID's ADS. We reviewed the PMP to determine if data sources were specified, data quality assessments and procedures were completed, baselines were established, and if data agreed to source documents. We also obtained information as to what other methods were being used by the Mission to monitor its HIV/AIDS program.

To answer the second objective, we analyzed planned and actual data for two of the indicators presented in the Mission's PMP and/or Results Review and Resource Request (R4). For the number of condoms sold, we reviewed monthly sales reports from PSI/SFH, which included tracing data from PSI/SFH's monthly sales report to quarterly reports submitted to USAID/Nigeria and, then, to the data reported in the FY 2003 R4.

To answer the third objective, we reviewed USAID's Handbook of Indicators for HIV/AIDS/Sexually Transmitted Infections (STI) Programs, "USAID's Expanded Response and Evaluation Guidance" (draft dated February 2001), and the status of the Mission's implementation of this guidance.

For all the above efforts, we reviewed applicable Federal and USAID regulations; examined Mission and program documents; interviewed Mission officials; and visited program sites, visits which included reviewing documents and interviewing project officials and program recipients.

We traveled to the city of Accra in Ghana to review USAID/Nigeria's financial data. USAID/Ghana is the accounting station for USAID/Nigeria. In Lagos, Nigeria, auditors visited two of USAID's main implementing partners, Family Health International (FHI) and PSI/SFH. At FHI and PSI/SFH, auditors interviewed program officials and reviewed program documents. We also visited two local NGOs working through FHI, Life Link Organization (LLO) and Community Health Information Education Forum (CHIEF). At CHIEF, auditors observed a seminar being conducted by the organization to increase the knowledge of HIV/AIDS prevention and to promote safer sex practices among youths. At LLO, we reviewed program documents and interviewed Commercial Sex Workers targeted by LLO about the services being offered through the USAID-funded program.

In assessing accuracy, we used two materiality thresholds. First, for transcription error, we used an accuracy threshold of plus or minus one percent. Second, for computation accuracy, we used an accuracy threshold of plus or minus five percent.

Management  
Comments



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NIGERIA

MEMORADUM

**TO:** Henry Barrett, RIG/Dakar

**From:** Sherry Suggs, Acting Mission Director /s/

**Date:** May 31, 2002

**Subject:** Audit of USAID/Nigeria's Monitoring of  
the Performance of its HIV/AIDS Program  
(Report No. 7-620-02-00X-P)

As requested, the Mission has reviewed RIG's draft report indicated above. Please find below our responses to the report's recommendations.

**Recommendation 1.1: Complete and finalize its Performance Monitoring Plan to include specific sources of data, data collection methodologies, data collection schedules, assignment of responsibilities, data limitations, and data assessment procedures for all its indicators.**

USAID/Nigeria concurs with this recommendation and we have completed our PMP for the transition strategy in accordance with ADS 201.3.13(a).

Prior to the RIG visit, USAID/Nigeria had commenced a review of the PMP in the health portfolio (Reproductive Health, Child Survival and HIV/AIDS). At the time of the RIG visit, the revision of the PMP

was an ongoing participatory process involving USAID/Nigeria's implementing partners with technical assistance from Measure Evaluation consultants. An integral part of the review process has been the completion of performance indicator reference sheets which are comprehensive reference sheets to record and update all relevant specifications and details for each indicator used for monitoring of PHN programs. The Reproductive Health and Child Survival and HIV/AIDS performance indicator reference sheets have been finalized. These reference sheets document the data and indicator concerns identified during the audit.

Based on actions taken to date and the attached performance indicator reference sheets, USAID/Nigeria request the closure of recommendation No. 1.1 upon issuance of final report.

**Recommendation No. 1.2: Provide training on performance monitoring to the staff responsible for implementing the plan.**

USAID/Nigeria has identified organizations and individuals responsible for the completion of the PMP. Training has been provided to those working on the PMP. In February 2002, the HIV/AIDS program manager attended the Measure Evaluation for strengthening National HIV/AIDS program training/meeting in Dakar, Senegal and visited other USAID Missions HIV/AIDS project sites for on-the-job-training.

The PMP review process has served as practical on the job training in performance monitoring for program managers who have been working closely with the Measure Evaluation consultants to complete the indicator reference sheets. Before the end of FY 2002, USAID/Nigeria proposes to have Measure Evaluation conduct a final workshop on PHN performance monitoring for program managers and the implementing partners to reinforce the lessons learned in revising the PMP. This will ensure that key personnel are updated and understand the requirements and methodology necessary to meet the USAID expanded M&E requirements.

USAID/Nigeria requests the closure of recommendation No. 1.2 upon issuance of final report.

**Recommendation 2: USAID/Nigeria perform data quality assessments for all indicators in its Performance Monitoring Plan and maintain documentation in its files.**

We have completed and documented all the data quality assessments. Data quality assessment is being performed using ADS recommended data quality checklist as a guide and in consultation with M&E experts from the Measure/Evaluation project. This task will be fully completed by the end of the fiscal year, 2002. The review process involves documentation of indicators and data quality as well as actions planned to address these issues. Quality assessments will continue to be an ongoing process incorporated into normal activity monitoring and field visits, and meetings with M& E officers in implementing agencies. This will be documented in USAID/Nigeria's HIV/AIDS PMP files.

Based on actions taken to date USAID/Nigeria requests that recommendation No. 2 be closed upon issuance of final report.

**Recommendation 3: We recommend that in the future annual reports and other special reports USAID/Nigeria report the correct data on "number of condoms sold" for fiscal year 1999.**

USAID/Nigeria will use the corrected fiscal year 1999 condom sales data in any future annual reports and other special reports. The condom sales figure of 58 million reported in fiscal year 1999 represented condom sales and samples for the calendar year January to December 1999. The actual condom sales in fiscal year 1999 have been verified to be approximately 51 million. The corrected figures for both calendar and fiscal years condom sales have been recorded in the USAID/Nigeria's HIV/AIDS PMP files.

Based on the verification and corrective actions taken USAID/Nigeria requests that recommendation No. 3 be closed upon issuance of the final report.

**Recommendation 4: We recommend that USAID/Nigeria establish targets for all indicators used to monitor the performance of its HIV/AIDS programs.**

An integral part of the PMP review process is to ensure that all indicators used for performance monitoring have accurate baselines from which program targets are calculated. USAID/Nigeria has established baseline and target values for all of the performance indicators reported in the annual report as required by the ADS. Copies of the completed HIV/AIDS performance indicator reference sheets have been attached for your information.

USAID/Nigeria requests that recommendation No. 4 be closed upon issuance of final report.

**Objective 3: What is the status of USAID/Nigeria's efforts to meet anticipated HIV/AIDS reporting requirements?**

USAID/Nigeria had initiated specific actions towards meeting the anticipated HIV/AIDS reporting requirements. We were pleased to see that now that these have been finalized in the Administrator's cable of March 2002, that these coincide closely with the indicators we have selected in our revised PMP. There are some technical issues relating to the data that are available in Nigeria, which we are discussing with USAID/Washington.

The sexual behavior survey (The Nigerbus) conducted by PSI/SFH will be revised before the end of FY02 in a participatory process involving PSI/SFH and USAID with technical support from Measure Evaluation. The review process will address data quality issues and ensure collection of indicators required for performance monitoring of the USAID expanded response to the HIV/AIDS epidemic.

Key members of USAID/Nigeria's staff attended the 3-day technical meeting in Senegal in February, which discussed the agency plans for expanded HIV/AIDS reporting and requirements. The mission is working with USAID/Washington and Measure Evaluation on determining which of these indicators will be appropriate for mission reporting. The mission already has national level data on at least three of the four

critical country indicators: sero prevalence among 15-24 year olds (national sero surveillance), use of a condom with an irregular sexual partner (Nigerbus survey) and sexual debut (1999 Demographic and Health Survey) and has or will have data on the relevant program coverage indicators. The mission will make final adjustments to its monitoring system to include as appropriate country and performance indicators once the expanded performance monitoring and evaluation guidance cable and supplemental guidance are issued and sent to the field. Final decisions on certain new program context indicators may not be able to be made until next summer after the agency finishes its field testing of new indicators and determines which ones will be recommended.

## Rapid Scale-Up, Intensive Focus, and Basic 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 increase 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

- Intensive Focus Countries are defined as countries where 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/NIGERIA’S SELECTED PERFORMANCE MONITORING CONTROLS**

Indicator (complete definition shown below)	Performance Monitoring Plan							8. Data Quality Assessment Done (b)	9. Baseline Established	10. Data Agrees to Source FY 1999/2000	11. Other Means of Monitoring (If yes, indicate type)
	1. Indicator Precisely Defined (c)	2. Data Sources Identified	3. Data Collection Method Described	4. Data Collection Schedule Specified	5. Responsibility Assigned	6. Data Limitations Disclosed (a)	7. Quality Assessment Procedures Described (a)				
Number of Condoms Sold	Yes	No	No	Yes	No	No	No	No	Yes	No/Yes	Yes (Portfolio Review)
Condom Use of Targeted Group	Yes	No	No	No	No	No	No	No	Yes	N/A (e)	Yes (Portfolio Review)
AIDS Patients Managed at Home through CBO	Yes	No	No	No	No	No	No	N/A (d)	No	N/A (d)	Yes (Portfolio Review)

- (a) Note that these requirements were added to the ADS as of September 1, 2000, and must be implemented starting June 1, 2001.
- (b) Per the ADS, data quality assessments are required for indicators used to report progress in the annual Results Review and Resource Request (R4) report, and for data included in special reports to Congress or other oversight agencies, such as annual HIV/AIDS or micro-enterprise reports.
- (c) Detailed description included in the PMP, but some ambiguity was noted with certain components of the indicator definition. Nevertheless, the definition was deemed acceptable.
- (d) Not applicable. No data reported for this indicator.
- (e) Not applicable. Data obtained from BSS survey not reported externally. Per USAID/Nigeria data used for internal program management decisions.

**Definitions of the indicators used**

- 1. Number of condoms sold.
- 2. Proportion of targeted group reporting condom use in most recent act of sex with non-regular partner.
- 3. Proportion of AIDS patients managed at home through community-based organizations (CBOs).