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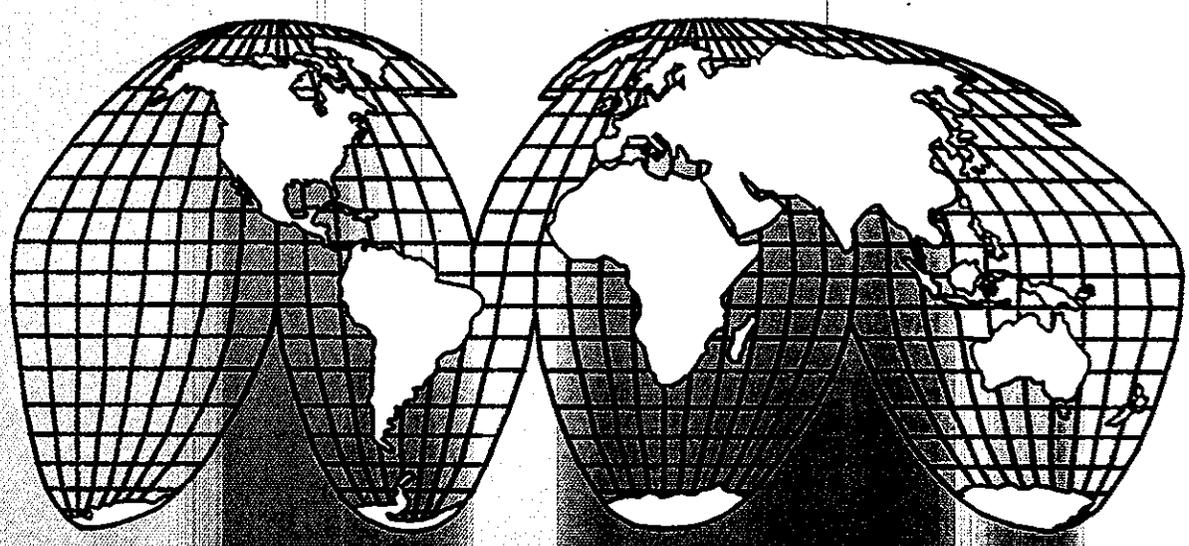
## OFFICE OF INSPECTOR GENERAL

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

Audit Report No. 7-685-02-002-P

March 8, 2002



U.S. Agency for International Development

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U.S. AGENCY FOR  
INTERNATIONAL  
DEVELOPMENT

*RIG/Dakar*

March 8, 2002

## MEMORANDUM

**FOR:** Donald Clark, USAID/Senegal Director

**FROM:** Dennis Bryant, Acting RIG/Dakar 

**SUBJECT:** Audit of USAID/Senegal's Monitoring of the Performance of its HIV/AIDS Program (Report No. 7-685-02-002-P)

This report presents the results of our audit on USAID/Senegal'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 three recommendations. Based on the Mission's responses and actions started, management decisions have been reached on Recommendations No. 1, 2.1, and 2.2. In accordance with USAID guidance, USAID's Office of Management Planning and Innovation, M/MPI/MIC, is responsible for determining when final action has occurred. To close these recommendations, USAID/Senegal should submit evidence of final actions to M/MPI/MIC.

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

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## Summary of Results

HIV/AIDS funding has increased dramatically over the last three years- 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 4-5)

USAID procedures for monitoring programs, including its HIV/AIDS programs, are contained in its Automated Directives System (ADS). The ADS sets forth requirements that operating units must follow in managing their programs, including, but not limited to, the establishment of indicators, identification of data sources, and the planned method by which data are to be collected. We tested USAID/Senegal's monitoring of its HIV/AIDS program against eleven controls contained in the ADS. USAID/Senegal's performance control system did not comply with four of the eleven controls. The Mission did not adequately identify data sources, disclose data limitations, and include procedures for data quality assessments in its performance monitoring plan (PMP). Additionally, the Mission did not perform or properly document data quality assessments for the selected HIV/AIDS indicators. We recommend that USAID/Senegal implement the controls by amending its PMP to include specific data sources, data limitations, and data quality assessment procedures, and by performing and documenting data quality assessments for all indicators used to manage its HIV/AIDS program. (See pages 6-11)

Results-oriented management must be used to reasonably ensure that programs achieve their intended results. USAID/Senegal uses twenty indicators to manage the performance of its HIV/AIDS program. Auditors selected three of the twenty indicators to evaluate whether USAID/Senegal was achieving intended results from its HIV/AIDS program: (1) proportion of persons in high-risk groups reporting condom use with non-regular partner during the most recent sexual act in the past 12 months for HIV prevention, (2) number of "PROTEC" brand sales points<sup>1</sup>, and (3) proportion of persons who cite condoms as means to prevent STI (Sexually Transmitted Infections)/HIV/AIDS transmission. A review of the three indicators showed that the Mission was achieving its intended results with regard to the second indicator, "number of PROTEC brand sales points". Targets for the other two indicators were not due until the end of 2001 and 2003, so they could not be evaluated at the time of the audit. Therefore, we are not making any recommendation in regard to this audit objective. (See pages 11-15)

To improve the monitoring and reporting process for its HIV/AIDS program, USAID has drafted monitoring and evaluation guidance entitled "*USAID's Expanded Response to the Global HIV/AIDS Pandemic*". The guidance

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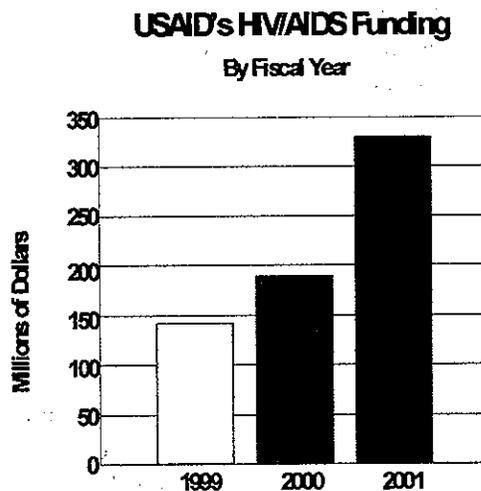
<sup>1</sup> PROTEC is the condom brand. And, sales points are the sales locations such as pharmaceuticals, restaurants, hotels, supermarkets, etc.

establishes several global targets USAID expects to achieve because of the additional funding it anticipates and requires missions to routinely report and monitor their HIV/AIDS programs using standard indicators. As a recipient of significant additional funding, USAID/Senegal is currently taking action to meet its additional monitoring and reporting requirements under the new guidance. (See pages 15-17)

In response to the draft report, USAID/Senegal accepted our recommendations to update its Performance Monitoring Plan (PMP) and to perform and document data quality assessments for all the indicators used to monitor the performance of its HIV/AIDS program. This report contains three recommendations and management decisions have been reached on all three.

## 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>2</sup> (see graph below). USAID is organizing its response to HIV/AIDS around the following three categories of countries: rapid scale-up, intensive focus, and basic. 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. USAID/Senegal is an intensive focus country, which means USAID will increase resources which 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.)



Senegal, which shares its borders with Mauritania, Mali, Guinea, Guinea-Bissau and Gambia, is one of thirteen countries classified as an intensive focus country. Senegal, with a population of about 8.2 million inhabitants, has one of the lowest

<sup>2</sup> Information was provided by USAID and is unaudited.

levels of prevalence and incidence of HIV/AIDS infection in sub-Saharan Africa and has managed to maintain the prevalence rate relatively stable at around 1.4%. Yet, the prevalence rate is considerably higher in some high-risk groups, such as female sex workers, whose prevalence rate was reported at 33.3% in Ziguinchor in 1997. The country's low HIV prevalence rate of 1.4% is attributed to a combination of efforts ranging from early and aggressive intervention and involvement to a conservative culture governing sexual behavior. The results of these efforts appear to be higher levels of sexual abstinence and greater use of condoms among young adults. Senegalese health professionals cite early intervention and assistance by the U.S. since the 1980s as one of the contributing factors of their success and note that the U.S. should continue to play an active role in assisting the country to control Sexually Transmitted Infection (STI) and AIDS. According to USAID, Mission funding for HIV/AIDS and related programs for fiscal year 2000 was about \$4 million.

There has been much interest in monitoring the impact of USAID assistance on the HIV/AIDS epidemic. 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. And, in March 2001, the U.S. General Accounting Office (GAO) issued a report entitled "*USAID's Fight Against HIV/AIDS in Africa*".<sup>3</sup> The GAO report observed that USAID had contributed to the fight against HIV/AIDS in sub-Saharan Africa, but that missions and regional offices used inconsistent indicators to measure performance, data collection was sporadic, and there was no requirement for missions and regional offices to regularly report the data they collected. GAO recommended that USAID select standard indicators, gather performance data on a regular basis, and report this data to a unit, to be designated by the USAID Administrator, for analysis.

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## **Audit Objectives**

This audit is one of a series of audits 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 Senegal to review

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<sup>3</sup> *U.S. Agency for International Development Fights AIDS in Africa, but Better Data Needed to Measure Impact* (GAO-01-449, March 2001).

USAID/Senegal's HIV/AIDS program and specifically, to answer the following audit objectives:

- Did USAID/Senegal monitor performance of its HIV/AIDS program in accordance with Automated Directives System (ADS) guidance?
- Is USAID/Senegal achieving intended results from its HIV/AIDS program?
- What is the status of USAID/Senegal'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/Senegal monitor performance of its HIV/AIDS program in accordance with Automated Directives System (ADS) guidance?**

USAID/Senegal generally monitored performance of its HIV/AIDS program in accordance with USAID's ADS, which outlines the agency's policies and procedures for implementing a performance monitoring system. However, we noted some weaknesses in four areas of the Mission's performance monitoring system. The areas were data source identification, data limitation disclosure, quality assessment procedures, and data quality assessments (see Appendix IV).

To answer the audit objective, we selected the following three performance indicators in USAID/Senegal's Performance Monitoring Plan (PMP): (1) proportion of persons in high-risk groups reporting condom use with non-regular partner during the most recent sexual act in the past 12 months for HIV prevention, (2) number of "PROTEC" Brand sales points, and (3) proportion of persons who cite condoms as a means to prevent Sexually Transmitted Infections (STI)/HIV/AIDS transmission. We found that, in accordance with the ADS, the Mission prepared a PMP that included many of the requirements, such as indicator descriptions, data collection methods, data collection schedules, and assignment of responsibility. In addition, the Mission established baselines for the indicators and reported data for the indicators, which agreed with supporting documentation. The Mission also uses other monitoring tools such as site visits, and the Mission plans to use a data quality assessment checklist as a further check of data consistency. The checklist was developed in FY 2000 and is not yet operational. (see Appendix IV.)

Nevertheless, the PMP did not adequately identify data sources, did not include data limitation issues, and did not include adequate quality assessment procedures. We also noted that the Mission did not perform or properly document data quality assessments for the selected HIV/AIDS indicators.

### **Performance Monitoring Plan Should Be Improved**

The PMP is a performance planning and monitoring tool, which supports “results focused program management.” ADS guidance lists the performance monitoring controls to be included in the PMP and by which USAID program managers should monitor the performance of programs. Specifically, ADS 201.3.4.13(a), indicates that a 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, and (5) assign responsibility for data collection to a specific office, team, or individual. The PMP must also (6) disclose 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. Finally, the PMP must (7) describe the quality assessment procedures that will be used to verify and validate the measured values of actual performance.

However, for all three performance indicators that we reviewed, the PMP did not adequately identify data sources, did not address data limitation issues, and did not include data assessment procedures. These weaknesses are explained further below:

**Data Source** – In explaining this ADS requirement, TIPS No. 7, issued by the USAID Center for Development Information and Evaluation, states that the identification of the data source should be as specific as possible so that the same source could be used routinely, and also to ensure consistency and avoid misinterpretation. We found that for one indicator, “proportion of persons in high-risk groups...” the PMP listed (a) Family Health International (FHI), and (b) “USAID and contractors” as the data source. These are not specific sources. FHI is a Non-Governmental Organization (NGO) with activities worldwide. FHI uses not only the Behavioral Surveillance Survey (BSS) but also gathers data from its various local NGOs, who are responsible for project implementation. Therefore, at a minimum, the plan should identify which type of FHI data should be used. In fact, for this BSS activity, FHI contracted with two local consulting firms, “Cabinet HYGEA” and “ISADE (Institut Supérieur Africain pour le Développement de l’Entreprise)”.

Similarly, the identification of data sources for the other performance indicators were not specific. For the indicator, “number of PROTEC brand sales points”, ADEMAs (Agency for the Development of Social Marketing), a local NGO, provided the data. However, the PMP listed USAID and contractors as the data source. Finally, for the performance indicator, “proportion of persons who cite condoms as means to prevent HIV”, the PMP cited USAID and Macro

International as the source, whereas a local NGO, Groupe SERDHA, performed the Health Indicator Survey.

**Data Limitation** – Data limitation is described as challenges that an agency faces in obtaining high-quality performance data or performance data that is unavailable or of low quality. The ADS 201.3.4.13 requires missions to disclose known data limitations in the PMP. The PMP provided by the Mission did not disclose any data limitations for the three performance indicators. However, we found that two of the performance indicators had limitations, which should have been included in the PMP. Other Mission documents provided as an “appendix” to the PMP at the end of our review disclosed several data limitations, such as, sampling frame, questionnaire design, selection procedures, and training of surveyors as limitations for the data on the condom use indicators.

**Quality Assessment Procedures** – ADS 201.3.4.13 requires that the performance plan contains a description of the quality assessment procedures that will be used to verify and validate the measured values of actual performance. However, for the three performance indicators reviewed, the PMP contained no description of the procedures to be used to perform a quality assessment. A mission summary report states that the Mission uses spot-checking to ensure the quality of the data of the BSS. The Mission cites the adequacy of this procedure because of its involvement in the implementation of the survey. Mission officials also stated that there are no specific policies and procedures for monitoring performance indicators. The Mission has developed an assessment tool “Check List for Evaluating the Quality of Performance Data, May 2000”, which we reviewed and found adequate. However, the Mission had not started using this checklist.

We believe one reason for the weaknesses in developing the PMP is the Mission’s misinterpretation of the ADS requirements. The officials questioned the level of detail required in the PMP. For example, with regard to the data source requirement, officials felt that listing the primary contractor was adequate. They stated that the subcontractor information was not available at the time the PMP was prepared and that it would have been cumbersome to include such detail information. For the problems pertaining to the lack of data limitation disclosure, Mission officials referred us to a document entitled “*Performance Indicator Reference Sheet*”, which disclosed data limitations for the indicators. Although, the PMP makes no reference to this document, which was provided near the end of the audit, the officials stated that it was an appendix to the PMP.

Additionally, the Mission stated that the PMP was incomplete because the health program at USAID/Senegal has been in a transition phase. Officials pointed out that the current HIV/AIDS program has only been in existence since October 1999. In fact, between 1997 until 1998, the Mission’s primary activities were with FHI’s Implementing AIDS Care and Prevention (IMPACT) program, and

prior to that, in 1996, the Mission had the AIDS Control and Prevention (AIDSCAP) program.

The PMP is intended to be used as a management tool. Failure to include specific sources of data, such as the actual organization that produced the data and the type of data, would minimize assurance that the data will be consistent from year to year. Additionally, by not discussing the data limitations in the PMP, project managers using the PMP may not be aware of all limitations. Finally, without data assessment procedures there is less assurance that data quality standards would be met.

The requirement to include a description of the data quality assessment procedures is a new ADS requirement.<sup>4</sup> Nevertheless, in addition to our recommendation for identifying data sources and including data limitation issues in the PMP, we are recommending that the PMP be amended in line with this new requirement to describe how the Mission plans to perform data quality assessments for each of its HIV/AIDS indicators.

**Recommendation No. 1: We recommend that USAID/Senegal update the performance monitoring plan to include specific sources of data, data limitations and quality assessment procedures.**

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

USAID policy, as articulated in ADS 203.3.6.5 and 203.3.6.6, requires that data quality assessments be performed at least every three years for all indicators reported in USAID's annual operating units' Results Review and Resource Request (R4) 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).

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<sup>4</sup> The new PMP requirements were added to the ADS as of September 1, 2000 and became effective on June 1, 2001.

The ADS further notes that “Meeting requirements for data quality assessments need not be excessively onerous....” The ADS goes on to say that the requirement might be met by activities such as:

- reviewing partner reports;
- making site visits to spot check for reliability; or
- holding discussions with data source agencies on quality assurance procedures, provided these discussions are sufficiently detailed, cross checked, and well documented.

However, for the only HIV/AIDS indicator reported in USAID/Senegal’s R4 report, “Number of private PROTEC-brand sales points,” the Mission did not perform a data quality assessment. For the other two indicators we audited (see Appendix IV Indicator 29 & 3), officials referred to trip reports prepared during site visits to assess program implementation. We found that the trip reports were inadequate. Among other things the trip reports did not address procedures for periodic review or sampling of the recipients’ data to ensure completeness, accuracy, and consistency.

One apparent reason the Mission did not assess the quality of its data is that the Mission and its primary NGO for the HIV/AIDS activities did not have a system in place to routinely check for the accuracy of the reported data. In fact, during a field visit, we found that one NGO had no records at all to support reported data.

**One NGO Had no Records to Support Reported Data** – The Society for Women Against AIDS in Africa (SWAA) was an NGO we selected for the field visits. This NGO supports the USAID HIV/AIDS activities through a sub-grant from FHI (Family Health International). SWAA’s objective is to help change sexual behavior in young people and women in the Louga region of Senegal. Because of the high migrant population in Louga, STI/HIV/AIDS has become a big problem.

SWAA’s peer educators target women and youth to provide them with information and counseling to prevent STI/HIV/AIDS. The material is in French, Wolof, and Arabic. A referral service is also provided. For each activity, the peer educators are required to complete an activity report on process indicators such as, the number of peer educators trained, number of people reached by small group educational activities, number of people referred to STI health facilities, and number of health materials and condoms distributed. This information is compiled monthly and reported to the regional office in Dakar. The regional office reports this data to FHI, which in turn reports the information to

USAID. When we visited the SWAA Louga office to verify some of the data reported, we found no source documents. The SWAA representative stated that all source documents, including those of the previous month, had been burnt due to lack of storage space. No one from USAID or FHI was aware of the disposition of the records. The SWAA representative confirmed that no one from USAID or FHI had ever visited her to verify the records.

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 defective data. Documenting such assessments provides evidence that they are done and the results are available to successive managers.

While the ADS requirement to do assessments of data outside of those reported in "special reports", is not entirely clear, we believe that data quality assessments are an important management control in ensuring that results are reliable. In addition, with increased funding for HIV/AIDS and with expanded reporting requirements, we believe that it is even more urgent that missions ensure the reliability of data collected for all key indicators used to manage their HIV/AIDS programs. USAID/Senegal appears to have recognized this deficiency and has developed a tool kit for performing data assessments in the future. We are therefore making the following recommendations to improve the Mission's performance monitoring system:

**Recommendation No.2: We recommend that USAID/Senegal:**

- 2.1 Perform and document data quality assessments for the indicator "Number of Private PROTEC-brand sales points; and**
- 2.2 Perform data quality assessments for all other HIV/AIDS indicators and maintain documentation of such in the Mission's files.**

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

In fiscal year 2000, USAID/Senegal achieved its targets for condom sales points. We were unable to make an assessment for the other two performance indicators because target information was not due at the time of our review. However, the Mission's self assessment reveals that the Mission believes that it is achieving its strategic objective of increased and sustainable use of reproductive health services.

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 controls consist of establishing indicators to manage for results, collecting baseline data for these indicators prior to project intervention, setting targets for these indicators, periodically collecting data to monitor results, and assessing the quality of the data being collected.

To answer our second audit objective, we used the same indicators we had selected for our first objective, i.e.:

- Number of private PROTEC brand sales points;
- Proportion of persons citing condoms as means to prevent STI/HIV/AIDS transmission, and
- Proportion of persons in high-risk groups reporting condom use with non-regular partner during the most recent sexual act in the past 12 months for HIV prevention.

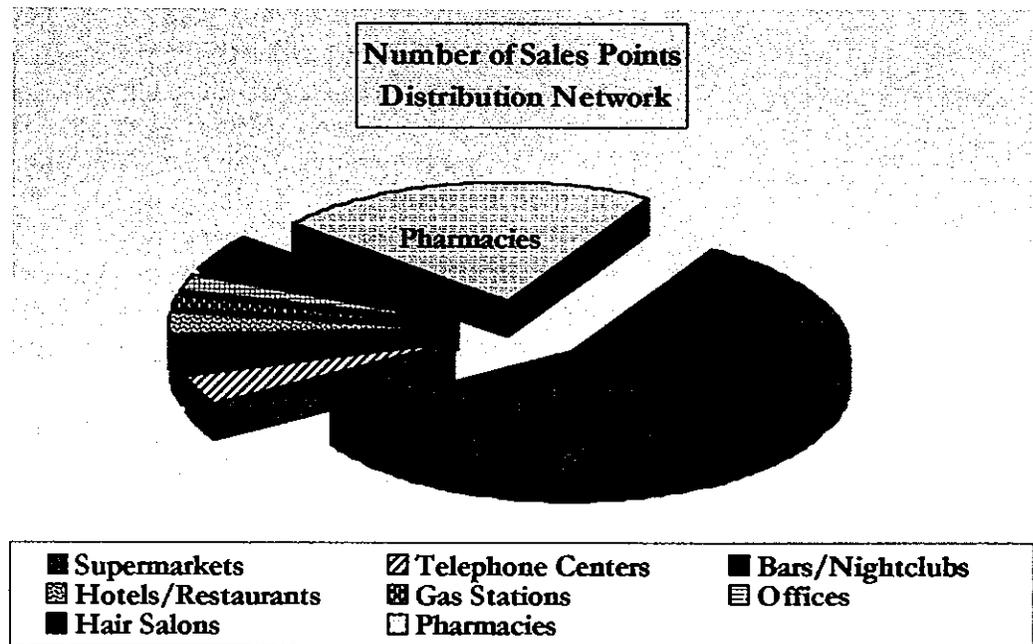
We reviewed USAID activities supporting the above indicators to assess whether the Mission was achieving its intended results for the HIV/AIDS program. As shown in the chart below, USAID/Senegal exceeded its target for FY 2000 for the indicator “Number of Private Brand Sales Points<sup>5</sup>”(see graph below).

Fiscal Year	Number of Sales Points	
	Target	Actual
1998 (baseline)	N/A	1746
2000	2000	2052

**Number of Condom Sales Points** – Condom accessibility and use are major components of USAID/Senegal’s HIV/AIDS program. As such, the Mission’s HIV/AIDS intermediate result goal is an expanded network of private sector service delivery points for the condom brand PROTEC. Since June 1998, the Mission has carried out a social marketing program to promote condom use through ADEMAs (an NGO). ADEMAs, which has partnered with organizations in the private sector such as distributors, wholesalers, trade unions,

<sup>5</sup> Figures obtained from USAID/Senegal’s FY 2003 R4 and are unaudited.

and community health committees, is supported by USAID through the Commercial Marketing Strategy (CMS). In June 1997, ADEMAs's distribution system was extended to non-pharmaceutical sales points in the private commercial sector. These non-pharmaceutical sales points are located in urban and peri-urban areas throughout Senegal. They include coffee shops, bars, restaurants, bus stops, hotels, nightclubs, supermarkets, hair salons, cosmetics shops, telephone kiosks, and gas station-based mini markets. The Mission uses the indicator, "number of condom sales points" to measure access to condoms and the expansion of the PROTEC sales network from the urban centers to the most rural areas of the country. The chart below indicates the current points of sale in Senegal<sup>6</sup>.



The number of sales points data is provided by ADEMAs from a sales database. The data originate from daily reports prepared by ADEMAs' promoters, as they visit each point of sale. During our visit to ADEMAs, we verified the supporting documentation for the data reported by USAID.

**Behavioral Change** – 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. The indicators "proportion of persons citing condoms..."

<sup>6</sup> Figures obtained from ADEMAs Sales Reports and were audited by RIG/Dakar.

and "proportion of persons in high-risk groups..." both measure behavior changes. At the time of the audit, target data was not yet available for these two indicators. A BSS study was in process (but not yet completed) that would provide data on the indicator "proportion of persons in high-risk groups..." in 2001; and the target date for data on the indicator "proportion of persons citing condoms..." is projected for 2003.

Working with NGOs, USAID/Senegal has several programs designed to encourage condom use. The activities of one such NGO that we visited are described below.

#### **Association for Women at Risk for AIDS**

The Association for Women at Risk for AIDS (AWA) is an NGO conducting USAID HIV/AIDS activities through a subgrant from FHI. As part of the audit, a team of OIG, USAID/Senegal, FHI, and AWA personnel from Dakar visited the AWA office in Mbour, Senegal. AWA's activities include training "peer educators" who would in turn train commercial sex workers (CSWs) and their clients about STI and AIDS; and targeting and encouraging clandestine CSWs (unregistered prostitutes) to register. AWA officials explained that registered CSWs are required to have regular check-ups and, as a result, it is easier to monitor their activities. At the AWA office, we observed a social worker counseling a CSW and using an instructional device to demonstrate the proper use of a condom.



NGO discussing HIV/AIDS issues with clients of CSWs (August 2001)

The team also visited a "clandestine house" to observe AWA activities. The house was a large fenced compound with several "huts", which unregistered sex-workers use with their clients. AWA would occasionally coordinate with the proprietor to have an outreach program session. The proprietor would invite sex workers and their clients, and AWA would make a presentation to

provide information on HIV/AIDS. We learned that there are many such clandestine houses in the Mbour area and they are often raided by the police. The proprietor was skeptical of outsiders but because the AWA staff had a good relationship with him, he allowed us to visit and interview him.

On the occasion of our visit, there were several men who appeared to be regulars. The proprietor confirmed that AWA came from time to time to do presentations. The proprietor found the presentations beneficial and stated that he would like to have them more frequently. He added that he always made condoms available for the sex workers. The other men agreed that they found AWA's activities useful. They were aware that they needed to use condoms to prevent HIV/AIDS.



*NGO officials explaining how the female condom works. (August 2001)*

To measure its performance and to collect HIV/AIDS data, AWA maintains records of its activities, which it reports to FHI and then to USAID. During the visit, we tested some of the data from FHI pertaining to the AWA field office. We found supporting documentation for the data we tested. However, we learned that USAID and FHI never visited to check the data reported.

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

USAID/Senegal has initiated steps to implement an improved monitoring and reporting system appropriate to its low prevalence of 1.4%. Specifically, the Mission 1) provided program managers with additional training, 2) is working

with other partners to expand and improve the HIV/AIDS surveillance system, and 3) plans to identify monitoring indicators for new program elements. Based on its current activities and plans, USAID/Senegal officials believe that they would be able to meet future HIV/AIDS reporting requirements in USAID's newly drafted guidance.

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 entitled "*USAID's Fight Against HIV/AIDS in Africa*", which reported the need to be able to better monitor progress (see page 5). 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 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. As an intensive focus country, the draft guidance would require USAID/Senegal to collect and report information at three levels. The following is a description of the levels and USAID/Senegal's status:

- At the first level, USAID/Senegal 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 on the pandemic of national HIV/AIDS prevention and mitigation programs. The standard indicator for this measurement, according to the draft guidance, would be HIV prevalence rates for 15-24 year olds. USAID/Senegal expects to have a surveillance system in place before the 2007 deadline. Mission officials informed us that, in the future, USAID/Senegal plans to work with the Ministry of Health to expand, strengthen, and improve the national sentinel surveillance system that is currently being implemented by the National Bacteriology and Virology Laboratory. This second generation surveillance system has the following three components, epidemiological and behavioral surveillance and a combined version of the two, targeting "bridge" groups such as clients of commercial sex workers who interact with both low and high risk groups.
- The second level would require the Mission to conduct standardized national sexual behavior surveys every 3-5 years, beginning in 2001. USAID/Senegal has already conducted the BSS in 1997 and 1998 and one is currently underway for

2001. The Mission plans to continue the survey every two years. Standard indicators proposed in the draft guidance for this area are "number of sexual partners" and "condom use with last non-regular partner." We noted that the proposed standard indicators are in the current BSS questionnaire for only CSWs, the questionnaire for the other groups is slightly different. Mission officials explained that the BSS is focused on target groups and the questions are more specific. For example, the indicator in the questionnaire for youth is "number of sexual partners in the last 30 days." USAID/Senegal needs to coordinate with USAID/Washington to ensure that its indicators would meet the proposed requirement.

- At the third level, 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. USAID/Senegal presently has data on two of the standard indicators: total condoms sold, and percentage of STI cases treated according to national standards. The Mission plans to open four voluntary counseling and testing centers, with one scheduled to be operational in December 2001. Then the Mission would be able to report on a third standard indicator, proportion of target population requesting HIV test and receiving counseling.

In summary, USAID/Senegal management stated that they will be able to meet reporting requirements for collecting all three levels of data anticipated by the draft guidance. They anticipate that a national sentinel surveillance system should be in place before the 2007 deadline. Furthermore, a BSS required by 2001 has been in place since 1997, and the Mission believes that it should be able to report on its progress towards implementing its HIV/AIDS programs.

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**Management  
Comments and  
Our Evaluation**

In response to the draft report, USAID/Senegal generally accepted our recommendations to update its Performance Monitoring Plan (PMP) and to perform and document data quality assessments for all the indicators used to monitor the performance of its HIV/AIDS program. The Mission stated that as an example of action taken since the audit, in January 2002, the Mission has begun using the checklist for assessing the quality of performance data that was developed in May 2000.

Recommendation No.1 calls for the Mission to update the PMP to include specific sources of data, data limitations, and data assessment procedures. The Mission agreed that it is time to update the PMP and we applaud the Mission on its planned actions. The Mission stated that the revisions to the PMP will consist of referencing the current annexes, "the Performance Data Table" and "the Performance Indicator Reference Sheets," to the PMP. The Mission also pointed out that these annexes provide a more detailed description of data sources, data limitations, and quality assessment procedures. The Mission stated that although the PMP, at the time of the audit, did not make reference to the annexes, data assessment procedures and data limitations did exist and were included in the annex documents. Concerning the annex documents, not only did the PMP not make references to the annexes, but also, the key personnel who were questioned about the PMP did not refer the auditors to the annexes. We believe the PMP including all its components is a useful management tool when updated regularly and made accessible to all staff responsible for the management of the program.

Recommendation No. 2.1 and 2.2 asked the Mission to perform and document data quality assessments for all indicators used to manage its HIV/AIDS program. The Mission stated in its response that it has started performing data quality assessments for HIV/AIDS/Sexually Transmitted Infections indicators in the PMP and will verify contractor reports during field visits and cross check the data generated. Regarding other general comments and suggestions made by USAID/Senegal, in some instances, we clarified certain ideas as suggested by the Mission to better reflect the information presented in the report.

Based on the Mission's responses and actions started, management decisions have been reached on all three recommendations. To close these recommendations, USAID/Senegal should submit evidence of final actions to USAID's Office of Management Planning and Innovation, Management Innovation and Control Division (M/MPI/MIC).

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

The USAID/Dakar Regional Inspector General conducted this audit in accordance with generally accepted government auditing standards. The purpose of the audit was to determine (1) if USAID/Senegal was monitoring performance of its HIV/AIDS program in accordance with Automated Directives System (ADS) guidance, (2) if USAID/Senegal is achieving intended results from its HIV/AIDS programs, and (3) the status of USAID/Senegal's efforts to meet anticipated HIV/AIDS reporting requirements. The audit covered three of the twenty HIV/AIDS indicators in USAID/Senegal's performance monitoring plan. The three indicators represent major aspects of the Mission's HIV/AIDS program which include a) condom sales activities by the Agency for the Development of Social Marketing (ADEMAS) and b) knowledge and behavior change activities by Family Health International (FHI). The Mission confirmed that the selected indicators were a good representation of the Mission's HIV/AIDS activities. Determination as to whether intended results had been achieved was based on the fiscal year 2000 results. 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/Senegal, FHI, the Society for Women Against AIDS (SWAA), and the Association for Women at Risk for AIDS (AWA) in Dakar, Louga, and Mbour from August 9 through September 18, 2001.

For fiscal year 2000, target data were not available for two of the three indicators selected. The data were not due until the end of 2001 and 2003, so they could not be evaluated at the time of the audit. The baseline data for the indicator "proportion of persons in high risk group reporting condom use..." was collected in 1998; and the baseline data for the indicator "proportion of persons citing condoms..." was collected in 1999. Data collection is planned every three to four years. Thus, the next scheduled data collection is projected for 2001 and 2003, respectively. As such, targets have been established for that time frame. To evaluate USAID/Senegal's achievements for its HIV Program, we used performance results reported by ADEMAS to measure the number of private PROTEC-brand sales points. RIG/Dakar visited the ADEMAS office in Dakar on September 18, 2001 to ensure reliability of the data. We tested supporting documentation to ensure completeness, accuracy, and consistency. We relied on the results from the testing and statements by ADEMAS personnel to assess data quality.

Our review of management controls focused on USAID/Senegal's performance monitoring plan and how well the Mission complied with USAID, OMB, and 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 per ADS guidance. In the FY 2000 Management Control Report, USAID/Senegal reported that its management controls generally complied with the Federal Manager's Financial Integrity Act of 1982 and OMB Circular A-123. There were no material weaknesses pertaining to USAID/Senegal's HIV/AIDS program in the report.

### **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, specifically chapters 201 and 203. We judgmentally selected a sample of three from a total of twenty performance indicators that USAID/Senegal uses to manage its HIV/AIDS program. Mission officials agreed that the three performance indicators were representative of the indicators used to manage its HIV/AIDS program. We determined 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 to determine what other methods were being used by the Mission for monitoring its HIV/AIDS program.

To answer the second objective, we analyzed planned and actual data for the indicators presented in the Mission's Results Review and Resource Request (R4). For the number of private PROTEC brand sales points, we reviewed ADEMAs activity reports and traced actual data to source documents. To answer the third objective, we reviewed "*USAID's Handbook of Indicators for HIV/AIDS/STI Programs*" and "*USAID's Expanded Response to the Global HIV/AIDS Pandemic*" (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 and guidance, interviewed Mission officials and reviewed Mission documents; interviewed project officials and reviewed project documents; interviewed program recipients; and visited program sites.

We traveled to the cities of Mbour and Louga to visit two local Non-Governmental Organizations that are responsible for implementing activities pertaining to USAID/Senegal's HIV/AIDS Programs. In Louga and Dakar, we visited SWAA. SWAA's principle activities include information, education, and communication intervention aimed at changing behavior in select targeted groups such as women, clandestine sex workers and their partners, and youth in the Ziguinchor region of Senegal. In Mbour, we visited AWA whose activities target Commercial Sex Workers (CSWs) and their clients through peer education activities in bars, hotels, and brothels. The goal of this initiative is to provide HIV prevention counseling to practice safer sex, to improve clandestine sex worker's

access to health services, and to encourage clandestine sex workers to become registered.

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.

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**Management  
Comments:**



**U.S.A.I.D. / SENEGAL  
memorandum**

*DATE:* January 31, 2002  
*REPLY TO:* Donald B. Clark, DIR   
*SUBJECT:* USAID Response to Audit Report on HIV/AIDS Program  
*TO:* Henry Barrett, RIG  
*REF:*

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Please find attached USAID's comments to your draft audit report of January 4, 2002. I hope you find our comments useful in preparing the final report. Please do not hesitate to contact us if you have any questions.

We want to thank you and your staff for the very useful observations and recommendations made to improve the quality of our HIV/AIDS program.

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**USAID/SENEGAL Response to the Audit of the Monitoring of the performance of its HIV/AIDS program (Report No 7- 685-02-00X-P)**

**USAID comments on recommendations**

USAID/Senegal generally accepts the three recommendations made by the audit team with the following comments and observations. However, it would like to provide specific information regarding the recommendations and make general comments and suggestions about the articulation of certain ideas in the draft report.

*Recommendation No. 1: We recommend that USAID/Senegal update the performance monitoring plan to include specific sources of data, data limitations and quality assessment procedures.*

**USAID accepts this recommendation and agrees that it is time to update the PMP**

**Updating the PMP**

The current PMP consists of a booklet with several annexes. It is important to recognize the PMP as a functional document for a program that is constantly evolving. It is not republished each time new information becomes available. The current annexes include the Performance Data Table and the Performance Indicator Reference Sheet that provide a more detailed description of data sources, data limitations, and quality assessment procedures. The revision of the PMP will consist of referencing these same annexes in the main booklet and inserting two additional columns entitled "data limitations" and "quality assessment procedures" in the table in the main booklet.

**Data source**

The Audit concluded that USAID did not fully disclose all data sources. The Mission will document additional data sources (sub-grantees) to the primary source (FHI) as these become known, but it is important to recognize that the list of sub-grantees is constantly increasing as the program expands. It is important to also state that FHI is responsible for the identification of new data sources. The Performance Data Table located as an annex to the PMP now contains the requested information on secondary data sources.

**Data limitation**

The Audit concluded that the data limitation documents was provided late. The mission acknowledges that the annex (Performance Indicator Reference Sheet) that contains data limitation information was not included in the initial set of documents provided to the Auditors. However it was provided to the auditors during the Audit period. USAID acknowledges that the late submission may have been inconvenient to the Auditors but rejects the insinuation that this annex was prepared during the Audit. In the revised PMP, the Mission will reference the Performance Indicator Reference Sheet as an official annex to the PMP.

**Data Quality Assessment procedure.**

The Audit team concluded that the PMP booklet does not contain procedures to perform data quality assessments. Mission acknowledges that while the current PMP booklet does not adequately include these procedures, they do exist in the Performance Indicator Reference Sheet. USAID has developed a checklist that is being used to monitor the quality of data. USAID agrees to further strengthen in the updated PMP the description of procedures for

satisfactory and excellent work performed by implementation agencies instead of just focusing on those that have not complied with the requirements.

Page 11: Paragraph 2: *"USAID/Senegal appears to have recognized this deficiency and has developed a tool kit for performing data assessment in the future."*

Comment: The Mission notes that this is an insinuation that implies that the Mission did not have a tool kit for performing data assessment but rather designed one halfway through the audit process. In fact, the Mission completed this document in May 2000.

Page 13: Number of Condom Sales Points *"The Mission believes condom sales points are a proxy indicator of condom use, and a variety of points will increase accessibility"*

Comment: The Mission does not use condom sales points as a proxy indicator for condom use. It uses this indicator to measure access to condoms and the expansion of the PROTEC sales network from the urban centers to the most rural areas of the country. The indicator "Use of condom" is measured on a regular basis by a different survey such as a BSS and serves to track behavior change.

Page 17: Paragraph 4 *"At the first level, USAID/Senegal would be required, by 2007, to develop a national sentinel surveillance system to report annually on HIV incidence rates so as to measure the overall effect on the pandemic of national HIV/AIDS prevention and mitigation programs. The standard indicator for this measurement, according to the draft guidance, would be HIV prevalence rates for 15-24 year olds."*

Comment: It should be clearly mentioned which data are required – incidence or prevalence data. The Mission supports the Ministry of Health in its generation of **prevalence data, not incidence data**. Incidence data requires specified procedures and methodology that are not part of this national surveillance system. USAID would like further verification that the new USAID policy would in fact require incidence data, in which case USAID will put in place a system to collect this required data.

Paragraph 4: *"USAID/Senegal expects to have a surveillance system in place before the 2007 deadline. Mission officials informed us that USAID/Senegal and the Center for Disease Control (CDC) are working with an NGO."*

Comment: The Ministry of Health does currently have a national sentinel surveillance system that is implemented by the National Bacteriology and Virology Laboratory. In the future, the Mission plans to expand, strengthen, and improve this national sentinel surveillance system.

Page 18 Paragraph 1: *"Our review of the 2001 BSS questionnaire shows that the survey does not specifically measure prevalence rates. USAID needs to ensure that the measurement is included in future studies."*

Comment: BSS are not designed to measure prevalence rates but rather to provide behavioral data such as information about use of condom. Prevalence data are generated by the national epidemiological surveillance system.

### General comments and suggestions

The Mission would like to make general comments and suggestions about the articulation of certain ideas in the draft report.

Page 7 Data source:

Paragraph 2: *"FHI uses not only the Behavioral Surveillance Survey (BSS) but also gathers data from its various local NGOs, who are responsible for project implementation. Therefore, at a minimum, the plan should identify which type of FHI data should be used. In fact, for this BSS activity, FHI contracted with two local consulting firms, "Cabinet HYGEA" and "ISADE (Institut Supérieur Africain pour le Développement de l'Entreprise)".*

Comment: In this section, two types of data sources are compared: the routine monitoring system that provides process data and is classified in the PMP at the IR level and the BSS that generates data related to behavior change and is classified in the PMP at the SO level. The BSS is a very specific methodology that periodically measures behavior change among defined groups based on a theoretical behavioral framework. Any qualified firm with proven statistical competencies can implement it and obtain the same results; the fact that two different firms conducted the two BSS does not affect the consistency of the data.

Page 8 Data limitation:

Paragraph 1 "The PMP provided by the Mission did not disclose any data limitations for the three performance indicators."

Suggestion: The Mission suggests that the Audit team remove this sentence from the text because it contradicts the last sentence in the paragraph, which states that Mission documents disclosed data limitations.

Paragraph 1 "However, we found that two of the performance indicators had limitations, which should have been included in the PMP."

Suggestion: The Mission suggests that this sentence be rephrased as "should have been stated in the PMP rather than referenced as a document in the annex."

Paragraph 2: *"However, for the three performance indicators reviewed, the PMP contained no description of the procedures to be used to perform a quality assessment. A mission summary report states that the Mission uses spot-checking to ensure the quality of the data of the BSS."*

Comments: This trip report is a part of the Data Quality Assessment document, which is referenced in the PMP.

*"Mission officials also stated that there are no specific policies and procedures for monitoring performance"*

Comments: The Mission suggests that this assertion be removed as it does not reflect the situation and is contradictory to the next sentence, which states that a Checklist for Evaluating the Quality of Performance Data exists.

Paragraph 3: *"One reason for the weaknesses in developing the PMP is the Mission's misinterpretation of the ADS requirements. »*

Comments: The Mission would like to highlight a difference in the interpretation of ADS Requirements between the Audit team and USAID officials and suggests that this sentence be rephrased accordingly

Paragraph 4: *" Additionally, the Mission stated that the PMP was incomplete because the health program at USAID/Senegal has been in a transition phase. Officials pointed out that the current HIV/AIDS program has only been in existence since October 1999. In fact, between 1997 until 1998, the Mission's primary activities were with the IMPACT program, and prior to that, in 1996, the Mission had the AIDSCAP program."*

Comments: The Mission would like to remind the Audit team that the PMP is an evolving document that the team uses as a management tool. USAID awarded FHI a cooperative agreement in May 2000, and the PMP cannot be finalized until the contractor has identified all of its sub-grantees. This is still a work in progress as the contractor has not identified and signed all sub-grants.

Page 9: Paragraph 1 *« Additionally, by not discussing the data limitations in the PMP, project managers using the PMP may not be aware of all limitations. Finally, without data assessment procedures there is less assurance that data quality standards would be met. »*

Comment: Data limitations are described and defined in the annex of the PMP and program managers consider it an integral part of the PMP. The Mission suggests that this negative speculation be removed.

Page 10:

Paragraph 2: *"Among other things the trip reports did not address procedures for periodic review or sampling of the recipients' data to ensure completeness, accuracy, and consistency. "*

Comment: The trip reports provided to the Audit team describe visits made to verify certain conditions (well-designed questionnaire, well-trained enumerators, well-structured survey teams, periodic supervision at all levels) that ensure that quality data will be collected for the BSS and ESIS surveys. The spot check is a commonly used quality assessment technique that can check the quality of data generated by a routine reporting system but that cannot check the quality of surveys such as BSS and ESIS. Other assessment techniques such as post enumeration and sampling are not meant to ensure quality data but rather to provide a rough estimation of the survey findings.

Paragraph 3: *"One apparent reason the Mission did not assess the quality of its data is that the Mission and its primary NGO for the HIV/AIDS activities did not have a system in place to routinely check for the accuracy of the reported data. In fact, during a field visit, we found that one NGO had no records at all to support reported data. "*

Comment: The Mission agrees to strengthen its procedures. However we must recognize that spot-checking is a random process, not a thorough examination, and can easily overlook certain occurrences. The Mission would like to encourage the Audit team to mention

data checks at the sub-grantee level by program managers during field trips. As an example of action taken since the audit, in January 2002, USAID started using the checklist for assessing the quality of performance data developed in May 2000.

**Recommendation 2: USAID/ Senegal**

2.1 Perform and document data quality assessments for the indicator “Number of Private PROTEC brand sales points” and

2.2 Perform data quality assessments for all other HIV/AIDS indicators and maintain documentation of such in the Mission’s files.

Comment: The following procedures will be adopted: 1) update the PMP, 2) require secondary data checks, 3) require FHI to develop their own system for secondary data checks, and 4) document observations made by program managers during field trips. The Mission will reinforce data quality assessment and generate a field monitoring report according to ADS requirements. Recently, the Mission started performing data quality assessments for the ten HIV/AIDS/STI indicators in the PMP and will verify contractor reports during field visits and cross check data generated.

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**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 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 where 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/SENEGAL'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*				
#3	Y	N	Y	Y	Y	N	N	N	Y	Y	Y-Trip Report
#23	Y	N	Y	Y***	Y	N/A (none encountered)	N	N	Y	Y	Y-site visits No trip report available
#29	Y	N	Y	Y	Y	N	N	N	Y	Y	Y-Trip Report

**Performance Indicator No.3:** Proportion of persons in high -risk groups reporting condom use with non-regular partner during the most recent sexual act in the past 12 months for HIV prevention

**Analysis of Performance Indicator No.23:** Number of private PROTEC-brand sales points

**Analysis of Performance Indicator No.29:** Proportion of persons who cite condoms as a means to prevent STI/HIV/AIDS transmission

\*Note that these requirements were added to the ADS as of September 1, 2000, and must be implemented starting June 1, 2001.

\*\*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.

\*\*\*Frequency specified in the PMP, however, the Mission did not adhere to schedule.