

Audits and Investigations Guidelines

Purpose of Document

The role of the Audits and Investigations Unit is essential for a cash transfer organization like New Incentives - All Babies Are Equal Initiative (NI-ABAE). To build a reputation for integrity and transparency, it is imperative to efficiently and cost-effectively organize, plan, execute, and report on audit activities.

The Audits and Investigations Guidelines provide the guidelines, process, and Service Level Agreements (SLAs) expected from the Unit.

Resources

Task Tracker Video Training Audit and Investigations Unit Structure Audits and Investigations 1on1s & Weekly Team Meeting Notes Audit Weekly Check-In Meeting Notes Whistleblower Policy **Disciplinary Actions Policy** ABAE Employee Handbook **Operations Case Management Issues & Work Plans** ABAE Employee Handbook Investigations and Fraud SOPs Fraud Dos and Don'ts Checklist Audited Week Staff Work Day Reports - Supervision visits Staff Work Day Reports - FO clinic review **Reference: List of Staff Members** Running file for Program Compliance Report **Clinic Distribution Report** Master Initial Data Expense Audit Call **Program Protocols** RI Hotline GDS **RI Hotline Monthly Report RI Hotline Responses RI Hotline doForm Data**

Terminologies

• CHC: Child Health Card

- OOL: Outside Of LGA (Local Government Area)
- OOC: Outside of the Catchment
- CIR: Child Immunization Register
- TSR: Tally Sheet Register
- LGA: Local Government Area
- Ops Team: Operations Team
- FO: Field Officer
- RI Hotline: Routine Immunization hotline
- DC Meeting: Disciplinary Committee Meeting

Essential Guidelines and SLAs for Disbursement Audit and On-Site Investigations

- The Audits and Investigations Unit should always be neutral and fair while performing their duties. Any conflicts of interest, such as a relationship between those requesting an audit or those being audited or investigated, as well as any sign of impartiality, shall lead to immediate employment review. The Compliance Coordinator, in collaboration with the Audits and Investigations Manager, is required to solicit and review potential conflicts of interest from auditors and report any such conflicts or breaches to Human Resources within 7 business days.
- The role of an Auditor is to observe, listen, assess, and report the findings of an audit or investigation in an objective and timely manner. An Auditor should never interfere with or influence field operations in any manner.
- The Audits and Investigations Unit is expected to maintain complete confidentiality of Work Plans and audit findings. Auditors should not disclose the findings of audits or investigations to anyone in the Operations Unit or other units without explicit approval from the Compliance Coordinator.
- Audits and Investigations field visits should be planned cost-effectively, using methods such as auditing two clinics in a day for a large majority of audits. Auditors should be encouraged to use public transport, especially on days when only one location is being audited. Car hire is only to be used when more than one clinic is scheduled in one day, when the audit destination is hard to reach, or when security is compromised. Refer to the <u>Car Hire Transportation Rate Guidelines</u>.
- Security: <u>Clinic and Settlement Security Assessments</u> sheet should be reviewed before planning/heading out for any activities to ensure that Auditors are not visiting clinics / settlements with 'HIGH' or 'No Go' risk ratings and are cautious about 'MEDIUM' rating locations.
 - Auditors should always comply with the 'Travel Safety Recommendations.'
 - If a visit to a 'HIGH' risk rating location is needed, documented approval from the Security Manager should be sought first. Auditors should NOT contact the Operations Unit or clinic staff before the audit.
 - Field Visit Security Checklist
- Each clinic is expected to be audited at least once every **eight weeks**. There should be no clinic without an audit in the prior eight weeks if it is randomly checked at any point in time.
- Any investigation assigned to the team should be carried out within seven days.
 - The Investigation Report for each on-site investigation carried out should be updated using the [Template] <u>Sample Investigation Report <IC Number>: <Name/Clinic>, <State></u> and added to the <u>Investigation Files folder</u> within 48 hours of the investigation visit.
 - Note: Do not edit the investigation report template make a copy instead.
- The Compliance Coordinator and the Audit Consoles should communicate with the Auditors and others in the organization using only the <u>audits@newincentives.org</u> Live Agent mailbox.

- All meetings for the Audits and Investigations Unit should be recorded and documented in the <u>Audits - Meeting Notes</u> document. Meeting invites should be accepted or declined as soon as they are received.
 - All team members are expected to attend the scheduled meetings without fail.
 - Team managers should make sure 1on1s are completed on time and all columns are updated on the <u>Audit 1:1s</u>
- All communication and comments should be maintained under the respective tasks.
 - G-Space should be used by the Audits and Investigations Unit for urgent clarifications and follow-ups **ONLY**.
- Any communications regarding audits and investigations outside of the above-approved channels is subject to Disciplinary Action.

Guidelines for Manual Work Plans

- Disbursement Audit:
 - Scheduling (Recorded Work Plan Creation Training)
 - Whenever two clinics are geographically near as per the <u>Clinics Map</u> and they are holding disbursement sessions on the same day as per the <u>Clinic Schedule</u> (Fixed or Outreach), both clinics should be planned for audit on the same day.
 - Check the last <u>Audited date/ week</u> to make sure the clinics to be scheduled are within the 8-week period. Review the <u>Supervision Visits Dashboard</u> to check if the last audit was successful.
 - If there are no nearby clinics with a disbursement session being held, an audit of a scheduled Outreach / Awareness / Defaulter tracking Work Plan activity at the settlements should take place. The Audits and Investigations Unit should wait 24 hours until the scheduled activity has been completed and the staff work day report / FO Clinic Review / expenses submitted. This helps surface cases whereby the Operations Unit reported the activity as completed but the auditors could not track down the particular activity.
 - Note: Random audits should be scheduled from time to time for the same clinic or same staff two consecutive times - regardless of the 8-week SLA. The goal is to ensure the audit visits are not predictable.
 - Smart Objectives
 - Open issues from <u>Issues & Work Plans</u> and <u>Investigations and Fraud SOPs</u> should be part of the work plan objective
 - The objective is to:
 - Assess if the issues are still present or have been resolved
 - Fraud status at the clinic: clear determination with supporting evidence in cases where fraud is identified
 - Low / High enrollments as per Performance Dashboard Enrollments page
 - Compare against overall Target and also against previous 3 months enrollment performance
 - For high enrollments, the objective should be to understand if there is any disbursement fraud (such as fake vaccination, multiple enrollments of the same caregiver or infant, OOL)

- For low enrollments, the objective should be to assess if there is noncompliance or block rejection of immunization services due to awareness issues, forced sale of items such as paracetamol or birth certificates, or other reasons
- Good / Poor Immunization Rates
 - Check for overall immunization rates for the clinic on the <u>Clinic</u> <u>Performance</u> page to understand the overall immunization rates, immunization rate at each stage, and progressive trend from Penta 1 to Measles 2.
 - Objective should be to assess the reasons behind good or poor immunization rates overall or for specific stages or increasing / decreasing trends across stages.
- Supply-Side Issues
 - Check the <u>Supply Side Dashboard</u> for frequent stockouts or runouts in the previous 4-6 weeks.
 - The objective should be to assess what is the impact of the supply side issues, current status, and measures taken.

• Activity Audit:

- LGA Trainings
 - Scheduled mainly to assess the quality of LGA Training sessions conducted every month. Auditors should visit different LGAs each time.
- Awareness / Outreach / Defaulter tracking Activities
 - This can be scheduled if the Work Plan for a day only covers one Disbursement Audit and an activity is planned and completed nearby as per the Operations <u>Work</u> <u>Plans</u>. This can also be scheduled as a full-day audit for an activity.
 - The settlements to be visited are randomly selected for the full-day activity audit. In some cases, these will be selected based on the new trends being identified, e.g., one or two staff in one LGA claiming defaulter tracking expenses yet not conducting the defaulter tracking.
 - The objective of the audit should be to assess if the activity was conducted, how well the activity is being carried out, and how the community members feel about the activity and the NI-ABAE program.

Expense Audit Calls

Auditors are to review all expense receipts submitted by the staff by making calls to the vendors and verifying if the full expenses were paid by the staff.

- Expense receipts are added in the Audit app
- Each Auditor has a target call of a minimum of 60 calls per week
- Record of calls are added <u>here</u>
- If potential fraud is identified, add the case to the Overview of Investigation Cases and initiate the next steps.
 - If adequate evidence is available, take action as per the Disciplinary Actions policy
 - If the evidence is not adequate, schedule an on-ground investigation

Communicating Audit Work Plans

- Each Auditor can view approved Work Plans for the coming week through their myDay App
- Additionally, the Audits and Investigation Manager shares SMART objectives with Auditors each week during the weekly team meetings, 1 on 1 sessions, and via a report every Monday 8:00 am WAT based on the most recent issues identified at the clinics.

Minimum Expected Outputs from Disbursement and Activity Audits

- Observations by Auditor of the following risk areas at a minimum:
 - Clinic staff protocol non-compliance
 - NI-ABAE staff protocol non-compliance
 - Supply-side issues
 - Awareness issues
 - Beneficiary fraud
 - Clinic staff fraud
 - NI-ABAE staff fraud
 - Security issues
 - Community volunteer fraud
 - ABAE staff bag check for blank / used CHCs and ABAE Cards
 - FO office money spot check
 - Issue Status
 - Issue 1 issue_1: Auditor assessment
 - Issue 2 issue_2: Auditor assessment
- Inputs from beneficiaries regarding:
 - Early closure or limiting of number of caregivers served by NI-ABAE staff
 - Behavior of NI-ABAE staff
 - NI-ABAE Program
 - Awareness issues in their communities
 - Any beneficiaries sent back due to shortage of funds with NI-ABAE staff
 - Prospective fraud
 - Behavior of clinic staff
 - Immunization services
- Inputs from clinic staff regarding:
 - NI-ABAE staff performance
 - Reasons behind good or bad clinic performance
 - Supply-side issues including staff or facility shortages
 - Community Awareness
 - Security issues
 - \circ Last visit from NI-ABAE staff, date, and reason
 - Compare the last disbursement session by the FO and ask clinic staff whether the FO attended an immunization session on that day

- Prospective fraud
- Inputs from NI-ABAE Staff
 - Reasons behind good or bad clinic performance
 - Supply-side Issues including staff / facility shortages
 - Community awareness
 - Security issues
 - Performance of the community helpers
 - Prospective fraud
 - Behavior of clinic staff
- Office Money Spot-check
 - [FO 1 Name]
 - Last week submitted balance (check Google Form submission)
 - Expenses in current week (as per myDay App)
 - Current bank account balance (Carry out balance SMS check, if network available. Check last balance SMS if network not available):
 - Take a good photo of balance SMS and attach in your myDay under office money spot check
 - Total Cash on Hand (including disbursement & transport expenses since morning):
 - Difference in actual vs. expected balance
 - Actual balance: bank account balance + cash on hand
 - Expected balance: last week submitted balance myDay expenses until yesterday
 - FO explanation
 - If the difference is more than N1000 (positive / negative)
 - Auditor conclusion:
 - Based on your assessment, is the FO managing the Office Money correctly?

Every Tuesday, the Audit Console Team Leader must assess findings from all completed audits during the week prior against the above inputs to determine which are adequately covered. The Audit Console Team Leader is expected to identify inputs that are being missed and provide detailed feedback to the auditors. AIM should take necessary steps (such as providing reminders and additional reinforcement) to ensure any missing inputs are audited and reported.

Format of Questions by Auditors

Auditors ask 2 types of questions: general questions (common for all audits) and objective questions (based on SMART objectives - including issues observed in the last audit).

NI-ABAE Staff

- General Questions
 - What do you think about the clinic staff's performance, protocol compliance, and behavior towards beneficiaries?

- Do you suspect any fraud / potential fraud by clinic staff or beneficiaries?
- Are you aware of any compliance issues in any settlement? Details? Reasons?
- What is the security situation in the catchment?
- What is your assessment of the contribution by community mobilizers?
- Who (FM / SFM) has visited the clinic last? Approximately when? What was the objective?
- Any outside LGA fraud suspected?
- Have the clinic faced supply-side issues recently?
- Any other observations, comments, or suggestions?
- Objective-based Questions:
 - What are the reasons for the increase / decrease in enrollment / immunization rates?
 - Have previously noted issues about potential fraud / compliance / security / clinic staff / supply-side were observed. Is the issue resolved? How?

Clinic Staff

- General Questions
 - What do you think about the NI-ABAE staff's performance and behavior toward beneficiaries?
 - Are you aware of any compliance issues in any settlement? Details? Reasons?
 - Any beneficiaries sent back due to insufficient cash with NI-ABAE Staff?
 - What is the security situation in the catchment?
 - Who (FM / SFM) has visited the clinic last? Approximately when? What was the objective?
 - Any outside LGA fraud suspected?
 - Have they faced supply-side issues recently?
 - Any other observations, comments, suggestions?
- Objective-based Questions:
 - What are the reasons for the increase / decrease in enrollment / immunization rates?
 - Last time, issue X about compliance / security / supply-side was observed. Is the issue resolved? How?

Beneficiaries

- General Questions
 - Why is immunization important? When are they supposed to visit next? What are the different stages of immunization? How much money are they expected to get for each visit? Why is the incentive given?
 - Are there any compliance issues in their household, nearby households, or community? Details?
 - How are they being treated by the clinic staff NI-ABAE staff?
 - Have they ever been sent back due to lack of funds or vaccines?
 - Have they noticed any fraud by clinic staff / NI-ABAE staff during or after the session? (examples: asking for money, special treatment to some caregivers)
 - Do they know of any caregivers getting disbursement who are not from the LGA?
 - What is the security situation in the catchment?
 - Any other observations, comments, suggestions?
- Objective-based Questions:
 - Have previously known issues about compliance / security at their settlement resolved?

Community Mobilizers

- General Questions
 - What are they doing to improve NI-ABAE program performance?
 - Are you aware of any compliance issues in any settlement? Details? Reasons?
 - What is the security situation in the catchment?
 - Are they getting paid on time? How much? When were they last paid?
 - Any other observations, comments, suggestions?

Onboarding New Auditors

- Auditors should be given two weeks of learning period and another two weeks of comprehension period. The new auditor is then expected to perform at the level of other auditors in the team.
- To ensure quick performance from the new auditor, the following are recommended on-boarding / training steps:
 - 2 to 3 training sessions with the supervisor the role of the Audits and Investigations Unit and Auditors, ways of working in the team, different tools to use, transportation planning, audit principles, how to carry out investigations, rules of engagement on the field, and other relevant activities in the unit.
 - Review known issues or fraud in clinics
 - Review recently concluded investigations
 - Full-day onsite training with experienced auditor
 - Introduction to other Auditors and appointment of a 'buddy' auditor who can be the guide to the new auditor during the initial period.
 - This is a critical step and should not be skipped
 - The 'buddy' auditor can be on a rotation basis so that each team member gets a chance to mentor
 - During the training period, the supervisor should provide feedback after each audit submission (where practical) so that the new auditor can correct the behavior immediately.
 - Training emphasis should also include correct grammar and evidence-based observations that can withstand scrutiny.

• Training Resources

- Supervision Visit Training For FOs (Essential Day 1 training)
- Supervision Visits Overview (Advanced training)
- Proper BCG Vaccination in ABAE Clinics: Auditor-in-training should review this
- <u>Fraud Reporting & Sign-off</u>: This is optional and can help get some answers on collecting evidence (listen to first 50 minutes)
- Office Money Spot-check Training
- Enhancing Fraud Identification
- Interviewing Skills Training