

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**THE CENTERS FOR DISEASE CONTROL
AND PREVENTION'S NAMIBIA OFFICE
DID NOT ALWAYS PROPERLY MONITOR
RECIPIENTS' USE OF THE PRESIDENT'S
EMERGENCY PLAN FOR AIDS RELIEF
FUNDS**

*Inquiries about this report may be addressed to the Office of Public Affairs at
Public.Affairs@oig.hhs.gov.*



Gloria L. Jarmon
Deputy Inspector General

November 2012
A-04-12-04020

Office of Inspector General

<https://oig.hhs.gov>

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OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

EXECUTIVE SUMMARY

BACKGROUND

The United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (P.L. No. 108-25) (the 2003 Act), authorized the President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR's initial authorization of \$15 billion expired on September 30, 2008. The Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (P.L. No. 110-293) (the 2008 Act) authorized an additional \$48 billion for the 5-year period beginning October 1, 2008, to assist foreign countries in combating HIV/AIDS, tuberculosis, and malaria.

The 2008 Act gives the Department of Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC) a leadership role in several key areas of research and evaluation in implementing HIV/AIDS programs, including program monitoring, impact evaluation, and operations research. Through its Global HIV/AIDS Program, CDC implemented PEPFAR, working with ministries of health and other in-country partners to combat HIV/AIDS by strengthening health systems and building sustainable HIV/AIDS programs in more than 75 countries in Africa, Asia, Central and South America, and the Caribbean.

HHS receives PEPFAR funds from the Department of State through a memorandum of agreement, pursuant to the Foreign Assistance Act of 1961 (P.L. No. 87-195), as amended, and the 2003 Act, as amended. For fiscal year (FY) 2009, CDC "obligated" PEPFAR funds totaling \$1.2 billion.

CDC has established offices in many of the countries where it awards PEPFAR funds. CDC's office in Windhoek, Namibia (CDC Namibia), is responsible for PEPFAR funds awarded to government agencies and for-profit and nonprofit organizations (recipients) in Namibia. The main focus of the PEPFAR program in Namibia is to strengthen health systems, prevent new HIV and tuberculosis (TB) infections, provide care and treatment services, support HIV and TB programs, and establish a global disease detection program. CDC awarded \$41 million to five recipients in Namibia during FY 2009.

This audit focused on \$39.5 million that CDC awarded to four recipients in Namibia during FY 2009. CDC awarded these funds through cooperative agreements, which it uses in lieu of grants, when it anticipates the Federal Government's substantial involvement with recipients in accomplishing the objectives of the agreements. The laws and regulations that apply to Federal grants also apply to cooperative agreements.

HHS's *Awarding Agency Grants Administration Manual* states that the program official has primary responsibility for the postaward administration phase and must document each monitoring action. The program official must document the adequacy of the recipients' performance at least annually during the project period.

OBJECTIVE

Our objective was to determine whether CDC Namibia monitored recipients' use of PEPFAR funds in accordance with HHS and other Federal requirements.

SUMMARY OF FINDINGS

CDC Namibia did not always monitor recipients' use of PEPFAR funds in accordance with HHS and other Federal requirements. There was evidence that CDC Namibia performed some monitoring of recipients' use of PEPFAR funds. However, most of the recipient cooperative agreement files did not include required documents or evidence that CDC Namibia had monitored all cooperative agreements. Of the four files reviewed:

- Three contained no evidence that CDC Namibia had evaluated the recipients' annual progress reports. In addition, CDC Namibia had not obtained the annual progress report from one recipient.
- Two contained no evidence that CDC Namibia had reviewed the recipients' annual financial status reports (FSRs). In addition, CDC Namibia had not obtained the annual FSR from one recipient.
- Three contained evidence that CDC Namibia had reviewed the annual audit reports. However, one file contained no evidence that CDC Namibia had received the annual audit report.
- Two contained no evidence that CDC Namibia had performed any site visits during the recipient's budget period. In addition, one of the files contained limited evidence of a site visit.

CDC Namibia did not consistently monitor the cooperative agreements for four recipients in accordance with HHS and other Federal requirements because it did not have written policies and procedures for the monitoring process. As a result, CDC Namibia did not have assurance that PEPFAR funds were used as intended by law. Subsequent to the audit period that we reviewed, CDC Namibia drafted standard operating procedures for managing cooperative agreements, including monitoring. We did not test these procedures and cannot comment on their effectiveness.

RECOMMENDATION

We recommend that CDC Namibia implement standard operating procedures for monitoring recipients' use of PEPFAR funds. These include, but are not limited to, documenting its:

- review of progress reports;
- review of expenditures and FSRs; and
- site visits, discussions, and meetings with recipients.

CENTERS FOR DISEASE CONTROL AND PREVENTION COMMENTS

In comments on our draft report, CDC concurred with our recommendation. CDC also described the corrective actions it had taken to improve and standardize grant administration, i.e., placing greater emphasis on documenting partner accountability, on technical oversight, and on strong financial management.

The actions CDC described included, but were not limited to, the following:

- developing expanded written standard operating procedures (SOPs) for grant management and monitoring,
- incorporating annual progress reports and financial status reports into SOPs,
- establishing an annual monitoring plan for each grantee,
- expanding and restructuring the CDC Namibia Management and Operations team to enhance internal coordination and build team capacity, and
- establishing controls to ensure all project officers take the CDC International Project Officer course and periodic refreshers.

CDC's comments are included in their entirety as the Appendix.

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INTRODUCTION

BACKGROUND

President's Emergency Plan for AIDS Relief

The United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (P.L. No. 108-25) (the 2003 Act), authorized the President's Emergency Plan for AIDS Relief (PEPFAR). The 2003 Act also requires the establishment of a Coordinator of United States Government Activities to Combat HIV/AIDS Globally within the Office of the Secretary of State and gives the Coordinator primary responsibility for coordination and oversight of all Federal Government activities to combat the HIV/AIDS pandemic internationally. PEPFAR's initial authorization of \$15 billion expired on September 30, 2008.

The Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (P.L. No. 110-293) (the 2008 Act), authorized an additional \$48 billion for the 5-year period beginning October 1, 2008, to assist foreign countries in combating HIV/AIDS, tuberculosis, and malaria. The 2008 Act requires the Offices of Inspector General of the Department of State and Broadcasting Board of Governors, the Department of Health and Human Services (HHS), and the United States Agency for International Development to provide oversight of the programs implemented under the 2008 Act.

Centers for Disease Control and Prevention

The 2008 Act gives HHS's Centers for Disease Control and Prevention (CDC) a leadership role in several key areas of research and evaluation in implementing HIV/AIDS programs, including program monitoring, impact evaluation, and operations research. Through its Global HIV/AIDS Program, CDC implemented PEPFAR, working with ministries of health and other in-country partners to combat HIV/AIDS by strengthening health systems and building sustainable HIV/AIDS programs in more than 75 countries in Africa, Asia, Central and South America, and the Caribbean.

HHS receives PEPFAR funds from the Department of State through a memorandum of agreement, pursuant to the Foreign Assistance Act of 1961 (P.L. No. 87-195), as amended, and, the 2003 Act, as amended.¹ For fiscal year (FY) 2009, CDC "obligated"² PEPFAR funds totaling \$1.2 billion.

¹ In addition to the funds CDC receives from the Department of State, it also receives direct HHS funding for its Global HIV/AIDS Program. We did not review these funds.

² "Obligated" funds are amounts for which the recipient has made binding commitments for orders placed for property and services, contracts and subawards, and similar transactions during a funding period that will require payment during the same or a future period per HHS's *Grants Policy Directives* (GPD) 1.02, the highest level of policy within HHS that governs grants.

Centers for Disease Control and Prevention in Namibia

CDC has offices in many of the countries where it awards PEPFAR funds. CDC established an office in Windhoek, Namibia (CDC Namibia), in 2002. Since then, CDC Namibia has assisted the Namibian Ministry of Health and Social Services (Ministry) to develop a comprehensive package of HIV/AIDS prevention, care, and treatment activities. CDC works with the World Health Organization and the Ministry to develop and implement a standardized clinical approach that integrates basic primary care with the delivery of specialized services for HIV/AIDS, sexually transmitted and opportunistic infections, maternal and child health, chronic diseases, tuberculosis (TB), and malaria. The main focus of the PEPFAR program in Namibia is to strengthen health systems, prevent new HIV and TB infections, provide care and treatment services, support TB and HIV programs, and establish a global disease detection program.

CDC awarded \$41 million to five recipients, made up of government agencies and both for-profit and nonprofit entities, in Namibia during FY 2009. CDC awarded these funds through cooperative agreements, which it uses in lieu of grants when it anticipates the Federal Government's substantial involvement with recipients in accomplishing the objectives of the agreements. The laws and regulations that apply to Federal grants also apply to cooperative agreements. CDC Namibia is responsible for managing four of the PEPFAR cooperative agreements in Namibia.³

Internal Controls

Pursuant to Office of Management and Budget (OMB) Circular A-123, *Management's Responsibility for Internal Control*, control activities include policies, procedures, and mechanisms in place to help ensure that agency objectives are met. Monitoring the effectiveness of internal control should occur in the normal course of business. In addition, periodic reviews and reconciliations or comparisons of data should be included as part of the regular assigned duties of personnel.

Department of Health and Human Services Requirements and Policies

The HHS *Awarding Agency Grants Administration Manual* (the *Manual*) provides detailed guidance for HHS staff members who manage grants and cooperative agreements. It implements the policies and procedures required by HHS's *GPD*.

The *GPD* 1.02 defines stewardship as:

... the responsible management of Federal grant funds by Federal officials. This involves ensuring adequate separation of responsibilities and internal controls, written policies and procedures and assessment of compliance with them, oversight of the process of evaluating and awarding grants, and active postaward management of grants to ensure that performance is satisfactory, funding is properly and prudently utilized, and applicable laws and regulations are followed

³ CDC Headquarters in Atlanta, Georgia, manages one of the cooperative agreements in Namibia.

According to the *GPD* 1.02, “monitoring” is a process for reviewing the performance of programmatic and business management aspects of a grant by collecting and assessing information from reports, audits, site visits, and other sources.

The *Manual*, chapters 3.06.106, emphasizes the documentation required for postaward monitoring and oversight of grantee performance. Chapter 1.04.104 provides HHS staff members with detailed guidance for managing grants.

Reports That Recipients Are Required to File

Pursuant to 45 CFR §§ 74.51(b) and 74.52(a)(1)(iv) and 45 CFR §§ 92.40 and 92.41(b)(4), recipients are required to file periodic progress reports and financial status reports (FSR).⁴ Annual reports must be filed within 90 days after the award year ends as specified in the regulation.⁵

The *Grants Policy Statement (GPS)* states that foreign recipients are subject to the audit requirements specified in 45 CFR § 74.26(d). This regulation requires recipients that are commercial organizations to file either a financial-related audit or an audit that meets the requirements of OMB Circular A-133, if they expend more than \$500,000 on one or more Federal awards during a FY.

OBJECTIVE, SCOPE, AND METHODOLOGY

Objective

Our objective was to determine whether CDC Namibia monitored recipients’ use of PEPFAR funds in accordance with HHS and other Federal requirements.

Scope

From October 1, 2008, through September 30, 2009, CDC obligated PEPFAR funds totaling \$1.2 billion. Our audit focused on \$39.5 million that CDC awarded to four recipients⁶ in Namibia through cooperative agreements. These funds were for recipients’ budget periods from April 1, 2009, through September 29, 2010.

⁴ The grant rules in 45 CFR part 74 apply to nonprofit organizations, hospitals, institutions of higher education, and commercial organizations. The grant rules in 45 CFR part 92 apply to State, local, and tribal governments. The HHS *GPS*, which provides general terms and conditions and HHS policies for grantees and others interested in the administration of HHS grants, specifies that foreign grantees must comply with the requirements of 45 CFR parts 74 and 92, as applicable to the type of foreign organization (*GPS* II-113). Thus, the rules in 45 CFR part 74 apply to a foreign nonprofit organization or university, and the rules in 45 CFR part 92 apply to a foreign government.

⁵ The grant rules allow for extensions of due dates for financial reports in certain instances, upon agency approval (45 CFR § 74.52(a)(1)(iv)). We did not see any evidence that CDC approved any extensions in the award files we reviewed.

⁶ There were five recipients of PEPFAR funds in Namibia, but we reviewed only four recipients because CDC Headquarters in Atlanta, Georgia, monitored the cooperative agreement for one recipient.

We did not review the overall internal control structure of CDC Namibia. We limited our review to CDC Namibia's internal controls for monitoring recipients' use of PEPFAR funds. Subsequent to the audit period that we reviewed, CDC Namibia drafted standard operating procedures for managing cooperative agreements, including monitoring. We did not test these procedures and cannot comment on their effectiveness.

We conducted fieldwork at CDC's offices in Atlanta, Georgia, from May through July 2011 and CDC Namibia in Windhoek, Namibia, from October through November 2011.

Methodology

To accomplish our objective, we:

- reviewed relevant Federal laws and regulations, HHS requirements and guidance, and CDC Namibia's policies and procedures;
- analyzed all four cooperative agreements monitored by CDC Namibia and reviewed the contents of CDC Namibia's cooperative agreement files;
- interviewed CDC officials concerning award files for the cooperative agreements reviewed;
- reviewed the official award file at CDC for the reporting and monitoring documentation (e.g., the notice of award, the FSR, progress reports, correspondence, and audit reports) that is required for each of the cooperative agreements;
- interviewed CDC Namibia officials;
- reviewed CDC Namibia's process for obtaining and reviewing the recipients' FSRs, annual progress reports, and audit reports;
- reviewed CDC Namibia's process for conducting and documenting site visits, meetings, and discussions with award recipients; and
- visited four recipients of PEPFAR cooperative agreements that provided education, counseling, or treatment on HIV/AIDS prevention.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

FINDINGS AND RECOMMENDATION

CDC Namibia did not always monitor recipients' use of PEPFAR funds in accordance with HHS and other Federal requirements. There was evidence that CDC Namibia performed some monitoring of recipients' use of PEPFAR funds. However, most of the recipient cooperative agreement files did not include required documents or evidence that CDC Namibia had monitored all cooperative agreements. Of the four files reviewed:

- Three contained no evidence that CDC Namibia had evaluated the recipients' annual progress reports. In addition, CDC Namibia had not obtained the annual progress report from one recipient.
- Two contained no evidence that CDC Namibia had reviewed the recipients' annual FSRs. In addition, CDC Namibia had not obtained the annual FSR from one recipient.
- Three contained evidence that CDC Namibia had reviewed the annual audit reports. However, one file contained no evidence that CDC Namibia had received the annual audit report.
- Two contained no evidence that CDC Namibia had performed any site visits during the recipient's budget period. In addition, one of the files contained limited evidence of a site visit.

CDC Namibia did not consistently monitor the cooperative agreements for four recipients in accordance with HHS and other Federal requirements because it did not have written policies and procedures for the monitoring process. As a result, CDC Namibia did not have assurance that PEPFAR funds were used as intended by law.

MONITORING OF RECIPIENTS' USE OF PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF FUNDS

Department of Health and Human Services Requirements and Policies

The *Manual*, chapter 1.04.104-3(E), *Program Officials Responsibilities*, lists the activities the program officials⁷ are responsible for in the postaward administration phase. These activities include, but are not limited to, the following:

⁷ "Program official" refers to the project officer assigned to the cooperative agreement. The project officer has primary responsibility for defining programmatic objectives; detailing objectives in program announcements; providing advice on the suitability of applications for funding; and guiding the postaward administration of projects (the *Manual*, chapter 1.04.104 (E)(1)).

- monitoring the recipient’s performance to ensure compliance with technical requirements,
- conducting site visits that are thoroughly documented,
- reviewing progress reports,
- reviewing financial reports, and
- reviewing other items requiring approval.

The *Manual*, chapter 3.06.106-5, *Grant Related Documentation and Files*, lists the documentation for postaward administration and monitoring that must be included in the award file. That documentation includes:

- all financial, performance, and other reports required by the terms and conditions of the award and evidence of program officials’ review and acceptability;
- site visit reports; and
- monitoring and assessment of financial performance.

According to the *Manual*, chapter 3.06.106-2(I)(1) and (J)(2), written documentation is required for each monitoring action that has taken place, and the program official must document the adequacy of the recipients’ performance at least annually during the project period.

Also, the Funding Opportunity Announcement (FOA)⁸ states that “[i]n a cooperative agreement, HHS staff are substantially involved in program activities, above and beyond routine grant monitoring” by engaging in activities such as:

- monitoring project and budget performance,
- meeting on a monthly basis to assess expenditures in relation to the approved work plan,
- meeting on a quarterly basis to assess financial progress reports, and
- meeting on an annual basis to review the annual progress.

⁸ The FOA is a formal published announcement of the availability of Federal funding under one or more Federal financial assistance programs. The announcement invites applications and provides information about the funding opportunity, such as eligibility and evaluation criteria, funding preferences/priorities, how to obtain application materials, and the submission deadline. HHS grant monitoring activities vary by program.

Evaluating Recipients' Program Performance

Program officials are responsible for evaluating annual progress reports and obtaining delinquent ones.⁹ They also are responsible for determining whether the progress reports contain sufficient information to adequately evaluate program performance (the *Manual*, chapter 1.04.104, Attachment 1, *Overview of Responsibilities*, and 1.04.104(E)(4)(b)(3)). Recipients must complete and submit annual progress reports no later than 90 days after the award year, according to 45 CFR §§ 74.51(b) and 92.40(b)(1). The annual progress report is for the recipients' 12-month budget period.

CDC Namibia's files did not contain evidence that it had evaluated the annual progress reports in accordance with HHS and other Federal requirements. The progress reports for three of the recipients contained no evidence that CDC Namibia had reviewed them. We noted that the progress reports for one of the three recipients did not address the recipient's progress in achieving goals and objectives. CDC Namibia had not obtained, nor was there evidence that it had attempted to obtain, the progress report from the fourth recipient.

CDC Namibia could not determine whether recipients met the goals and objectives in their approved applications without reviewing the annual progress reports. Although there was no evidence that CDC Namibia reviewed annual progress reports, it had reviewed interim progress reports¹⁰ for all four recipients.

Monitoring Recipients' Financial Performance

A program official is responsible for evaluating and obtaining any delinquent FSRs¹¹ per the *Manual*, chapter 1.04.104, Attachment 1, *Overview of Responsibilities*. Also, per the FOA, program officials are responsible for monthly monitoring of grantees' expenditures to determine whether expenditures relate to the cooperative agreement.

CDC Namibia's cooperative agreement files did not contain evidence that it had reviewed two of the FSRs in accordance with HHS and other Federal requirements. Additionally, the FSR for one recipient was not found in either the official award file maintained by CDC or the CDC Namibia recipient file.

There was no evidence that CDC Namibia attempted to obtain the missing FSR. In addition, there was no evidence that CDC Namibia met with recipients either monthly or quarterly to assess expenditures or financial progress. In the absence of CDC Namibia's review of the annual FSRs, it might not be aware of a recipient's expenditures of PEPFAR funds.

⁹ The main purpose of the progress report is to explain the recipient's progress (or lack thereof) toward goals established in the approved application.

¹⁰ The interim progress report is due 90 days prior to the end of the budget period and can be used in lieu of the non-competing continuation application for the next budget period, per the *GPD* 1.02. The interim progress report does not cover the entire budget period.

¹¹ The annual FSR is the mechanism that is used to monitor grantee expenditures.

Reviewing Audit Reports

The *Manual*, chapter 1.04.104(E)(b)(3), requires program officials to evaluate “programmatic performance, progress, and any requested changes in scope or objectives from the approved application using information in progress and financial reports, site visits, correspondence, and other sources.” Program officials are required to provide input to the Grants Management Office on findings in audits of recipients, including those conducted under OMB Circular A-133, per the *Manual*, chapter 1.04.104(E)(b)(14).

In accordance with HHS and other Federal requirements, CDC Namibia reviewed the audit reports of three recipients. In its review, CDC Namibia noted the audit issues and listed actions for resolving outstanding ones. However, one recipient’s file did not contain evidence that CDC Namibia received the annual audit report. Without an audit report to review, CDC Namibia would not be aware of the financial condition of the recipient, and, therefore, could not determine whether the recipient would be able to meet its obligations under the cooperative agreement.

Conducting Site Visits

The *Manual*, chapter 1.04.104(E)(b)(2) and (9), requires program officials to conduct site visits to substantiate progress and compliance with the award or to provide postaward technical assistance. They also are responsible for thoroughly documenting onsite reviews and any discussions with the recipient that may influence the project’s administration.

CDC Namibia’s files documented site visits for two recipients, but did not thoroughly document one of the visits. The documentation for that site visit consisted of handwritten notes in a daily logbook, which contained only the date and a few comments. The documentation did not include who was present, what issues were discussed, or the resolution or followup issues. The files did not contain evidence that CDC Namibia had conducted site visits at the remaining two recipients. Although CDC Namibia’s files that we reviewed were missing documentation of some site visits, while conducting our audit we observed CDC Namibia staff members interacting or communicating with recipients either daily or several times a week. Staff members interacted with recipients through either telephone or face-to-face meetings. Site visits are an important way to evaluate the progress being made towards the goals and objectives of the recipient’s cooperative agreement.

INADEQUATE INTERNAL CONTROLS FOR MONITORING RECIPIENTS’ COOPERATIVE AGREEMENTS

CDC Namibia did not consistently monitor the cooperative agreements of four recipients in accordance with HHS and other Federal requirements because it did not have written policies and procedures for the monitoring process. As a result, CDC Namibia did not have assurance that PEPFAR funds were used as intended by law. Subsequent to the audit period that we reviewed, CDC Namibia drafted standard operating procedures for managing cooperative agreements, including monitoring. We have not analyzed or tested these procedures.

RECOMMENDATION

We recommend that CDC Namibia implement standard operating procedures for monitoring recipients' use of PEPFAR funds. These include, but are not limited to, documenting its:

- review of progress reports;
- review of expenditures and FSRs; and
- site visits, discussions, and meetings with recipients.

CENTERS FOR DISEASE CONTROL AND PREVENTION COMMENTS

In comments on our draft report, CDC concurred with our recommendation. CDC also described the corrective actions it had taken to improve and standardize grant administration, i.e., placing greater emphasis on documenting partner accountability, on technical oversight, and on strong financial management. The actions CDC described included, but were not limited to, the following:

- developing expanded written standard operating procedures (SOPs) for grant management and monitoring,
- incorporating annual progress reports and financial status reports into SOPs,
- establishing annual monitoring plan for each grantee,
- expanding and restructuring the CDC Namibia Management and Operations team to enhance internal coordination and build team capacity, and
- establishing controls to ensure all project officers take the CDC International Project Officer course and periodic refreshers.

CDC's comments are included in their entirety as the Appendix.

APPENDIX

APPENDIX: CENTERS FOR DISEASE CONTROL AND PREVENTION COMMENTS



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

TO: Inspector General, Department of Health and Human Services

FROM: Director, Centers for Disease Control and Prevention

DATE: October 1, 2012

SUBJECT: Office of Inspector General's Draft Report: "The Centers for Disease Control and Prevention's Namibia Office Did Not Always Properly Monitor Recipient's Use of the President's Emergency Plan for AIDS Relief Funds" (A-04-12-04020)

The Centers for Disease Control and Prevention (CDC) appreciates the opportunity to review the subject draft report.

The Office of Inspector General (OIG) recommends that CDC Namibia implement standard operating procedures for monitoring recipients' use of PEPFAR funds, including but not limited to documenting its review of progress reports; review of expenditures and FSRs; and site visits, discussions, and meetings with recipients.

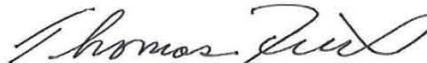
CDC Response: CDC concurs with this recommendation. Before the OIG review, CDC headquarters conducted a Country Management Support (CMS) review of CDC Namibia's fiscal management systems. CMS reviews contain a comprehensive assessment of both programmatic and fiscal management activities and include extensive on-site reviews of fiscal policies, procedures, controls, and records. These reviews are done routinely and have been conducted for all of CDC's PEPFAR-supported offices. Findings from the CMS Namibia fiscal management review agree with the OIG findings. Consequently, plans to address these findings were initiated before the OIG visit and now have been fully implemented. The corrective action taken improves and standardizes grant administration, placing a greater emphasis on documenting partner accountability, technical oversight, and strong financial management. These actions include but are not limited to the following:

- Developing expanded written standard operating procedures (SOPs) for grant management and monitoring.
- Incorporating annual progress reports and financial status reports into SOPs
- Establishing annual monitoring plan for each grantee.
- Expanding and restructuring the CDC Namibia Management and Operations team to enhance internal coordination and build team capacity.
- Establishing controls to ensure all project officers take the CDC International Project Officer course and periodic refreshers.

These actions will strengthen CDC Namibia's grantee monitoring activities. They will also ensure that evidence of these activities is documented to accurately reflect the full scope of monitoring that has long been standard practice. This monitoring includes weekly calls, site visits to evaluate activities, progress and performance, monthly/quarterly meetings at partner headquarters, and trainings and workshops to build the capacity of grantee fiscal management. Notably, CDC Namibia will also continue its close collaboration and daily monitoring of its partners, including the building of programmatic and fiscal capacity, which is essential to long term program sustainability.

CDC is committed to achieving the highest levels of fiscal accountability and will continue to assess program and partner fiscal management practices through its CMS program to ensure federal and HHS requirements are met and maintained.

Thank you for your review of this critical health issue. Please direct any questions regarding this response to Mike Tropauer at (404) 639-7009 or iggao@cdc.gov.



Thomas R. Frieden, M.D., M.P.H.