Country Monitoring and Accountability System Visit to Dominican Republic – June 10-14, 2013
Summary of Key Findings and Recommendations

Introduction

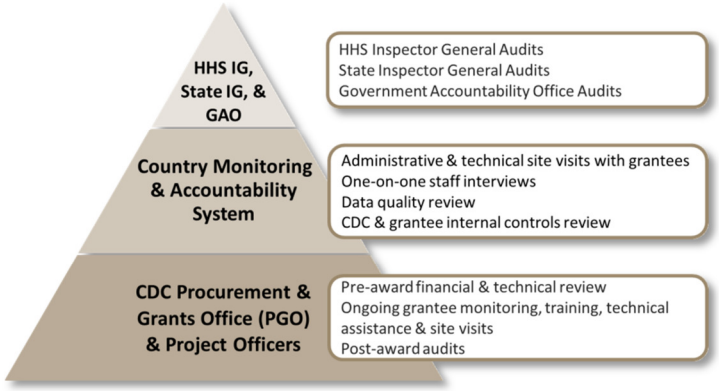
As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State's (DOS) Office of the U.S. Global AIDS Coordinator (OGAC). CDC uses its technical expertise in public health science and long-standing relationships with Ministries of Health (MOH) across the globe to work side-by-side with countries to build strong national programs and sustainable public health systems that can respond effectively to the global HIV/AIDS epidemic. CDC global HIV/AIDS PEPFAR-related activities are implemented by the Division of Global HIV/AIDS (DGHA) in CDC's Center for Global Health. PEPFAR activities represent the largest portfolio of global health activities at CDC.

CDC's Country Monitoring and Accountability System

CDC/DGHA launched the Country Monitoring and Accountability System (CMAS) in 2011 to identify challenges resulting from the rapid scale-up of complex CDC/PEPFAR programming as a part of CDC's commitment to transparency and accountability. This initiative serves as a basis for ongoing, monitored quality improvement of DGHA's programs and operations through internal programmatic and financial oversight. CMAS is a proactive response on the part of CDC to: 1) ensure accountability for global programs and proper stewardship of U.S. government resources by promoting explicit performance standards and defining expectations for brining all components of program accountability up to the highest standards; 2) ensure DGHA is supporting DOS, OGAC, and the Presidential Initiatives; 3) serve as a basis for ongoing, monitored quality improvement; and 4) effectively prepare CDC for future oversight audits, congressional inquiries, and special data calls.

CDC Commitment to Accountability

Ensures optimal public health impact and fiscal responsibility



CDC also maintains a Global Management Council chaired by CDC's Chief of Staff which meets regularly to address cross-cutting issues related to the management and oversight of CDC's global programs.

The CMAS strategy was designed to systematically assess CDC's accountability and proper stewardship of U.S. government resources and provide feedback on key business and program operations in the following key areas:

- **Intramural Resources**: Ensuring proper management and stewardship of financial resources, property, and human resources within CDC's overseas offices
- **Extramural Funding**: Ensuring responsible and accurate management of financial and other resources external to CDC's overseas offices
- **Public Health Impact**: Ensuring the delivery of consistently high quality interventions and technical assistance that positively impact the populations the program serves

The first round of CMAS visits (formally known as Country Management and Support visits - CMS I) took place between February 2011 and March 2012 and assessed 35 country offices. A second round of CMAS visits (CMAS II) evaluated 30 countries and one pilot. A few CMAS II visits were cancelled due to political unrest. CMAS II visits occurred between June 2012 and June 2014 and increasingly emphasized supportive technical assistance to ensure continual quality improvement. In addition to the focus on CDC's PEPFAR program activities, CDC's Office of the Chief Financial Officer reviewed financial transactions for CDC's other global health programs.

Scope

CMAS II visits were designed to provide an overview of CDC country programs and identify good practices and areas for improvement. While the scope of these visits was primarily focused on CDC/DGHA's activities implemented through PEPFAR, other CDC global health programs were assessed in countries where they have a significant presence. Financial management activities were assessed for all CDC programs in-country. CMAS II visits were not considered comprehensive, nor were they intended to replace Inspector General audits.

Objectives

DGHA conducted a CMAS II visit to Dominican Republic from June 10–14, 2013. The principal objectives of this visit were to:

- Perform a CDC headquarters assessment of internal controls in the field to ensure the highest level of accountability;
- Review intramural and extramural resource management to ensure financial stewardship of U.S. government funds;
- Generate a multidisciplinary snapshot of how CDC country offices are performing regarding programmatic effectiveness in the areas of AIDS-Free Generation Strategy, site visits, and data driven programs to ensure DGHA is achieving the greatest public health impact; and
- Provide clear feedback and technical assistance to the country office to improve current internal controls.

Methodology

CDC headquarters in Atlanta assembled a multidisciplinary team of eight CDC subject matter experts in the following areas to perform the CMAS II assessment: financial management, program budget and extramural resources, grants management, country management and operations, and several key technical program areas

(e.g., strategic information, HIV prevention and care programming).

The CMAS II team conducted a five-day visit to the CDC/DGHA office in the Dominican Republic (CDC/Dominican Republic). Team members reviewed financial and administrative documents at CDC/Dominican Republic and grantee offices and conducted administrative and technical grantee site visits, one-on-one meetings with staff, and data quality spot checks. Subject matter experts at CDC headquarters developed assessment tools and checklists in consultation with CDC field staff representatives. A standardized assessment instrument gauged performance using a four-level capability maturation scoring scale. Team members provided additional recommendations for quality improvement and noted good practices observed during the visit that will be shared across DGHA country programs. This methodology provides a "point-in-time" synopsis of CDC/Dominican Republic's operations.

Background on Country Program

CDC has provided HIV/AIDS technical assistance to the Dominical Republic since 2006 and opened a CDC office there in 2008. Working with the MOH and the Presidential Commission on HIV/AIDS, CDC helps to strengthen the Dominican Republic's public health systems and services through strategic focus in the following areas: laboratory systems and networks, blood safety systems, HIV services for key populations, HIV surveillance, and prevention of mother-to-child transmission of HIV.

Other activities carried out by CDC/Dominican Republic include the International Emerging Infections Program and work on influenza. CDC's International Emerging Infections Program in Central America has worked closely with the Dominican Republic MOH and the Universidad del Valle on the Central American Network for Foodborne Diseases (RECETA) to enhance the epidemiology and laboratory capacity for foodborne disease, train local staff, and sponsor national studies in advanced topics ranging from enhanced Salmonella surveillance to burden of illness.

Accountability for Intramural Resources

Country Operations and Human Resource Management

Major Achievements

CDC/Dominican Republic has nine locally employed staff, two direct hires, and seven contractors. The CMAS II team interviewed all staff members throughout the week. The interviews demonstrated staff's respect for senior management, their compassion and commitment in striving for an AIDS Free Generation, and the overwhelming agreement that the CDC/Dominican Republic office is a good place to work.

Fifteen CDC/Dominican Republic staff members completed an electronic survey (via Survey Monkey), providing an overview of the office environment. The CMAS II found that CDC/Dominican Republic has an open, communicative atmosphere where staff's input is taken into account. Excellent opportunities exist for personal and career development for both locally employed staff and contractors. One locally employed staff and two contractors have been promoted and/or given additional responsibilities within the organization. The

relationship between CDC/Dominican Republic and the U.S. Embassy's Human Resources Office, General Services Officer, Financial Management Office, and Front Office is strong and mutually respectful.

Major Challenges

The major challenge faced by CDC/Dominican Republic is a lack of office space. The office is currently co-located with a local university, which is unable to provide more office space. Senior management is actively engaged in identifying a new location. However, finding a location that meets the Regional Security Office's safety and security requirements and the needs of CDC/Dominican Republic proves to be challenging. Several locations have been viewed, including space at the MOH. So far, all of the locations do not meet general or seismic safety requirements and thus, have not been approved for occupancy. It should be noted that several safety issues also exist in the current CDC/Dominican Republic location. In addition, staff reported doing an overwhelming amount of work and feeling constantly exhausted and stressed as a result.

Recommendations

- Make CDC Center for Global Health Operations Office aware of the difficulty in finding adequate office space in Santo Domingo and solicit their support and guidance in resolving this issue to the satisfaction of all stakeholders at post.
- Provide guidance to staff about prioritizing work, including determining what true emergencies are as well as encouraging staff to use their annual leave and to limit routine work on evenings and weekends. At the present time, adding staff members is not possible in the PEPFAR budgetary context. Senior

Financial Resource Management

Major Achievements

CDC's Office of the Chief Financial Officer completed a desk review of CDC/Dominican Republic, which focused primarily on post held funds and internal controls of financial activities. This involved document sampling and transaction level analysis of all funds cabled to post. CDC/Dominican Republic also completed a questionnaire regarding fiscal activities at post and provided supporting documentation as needed.

Through the questionnaire responses and document reviews, the CMAS II team found that locally employed budget and financial staff members are knowledgeable of both DOS and CDC procedures. They are committed to ensuring adequate procedures are in place and followed.

Petty cash was held in a locked office. CDC/Dominican Republic took corrective action to resolve the finding related to petty cash listed in the CMAS I Office of the Chief Financial Officer report. CDC/Dominican Republic now maintains a database that houses all petty cash transactions and replenishment data.

U.S. Embassy and CDC financial reports were used to review unliquidated obligations. CDC/Dominican Republic should be commended for making considerable improvements in the reduction of their prior year unliquidated

obligations. At the time of the CMAS II review, CDC/Dominican Republic reduced the number of open unliquidated obligations for fiscal year 2009 through fiscal year 2011 by 79%, compared to the CMAS I visit in November 2011.

Following the CMAS I visit, CDC/Dominican Republic hired a dedicated financial specialist, which helped alleviate some of the burden for the Deputy Director. The Deputy Director, however, continued to provide primary oversight of daily budget operations. CDC/Dominican Republic received financial reports from CDC's Office of the Chief Financial Officer monthly and from the U.S. Embassy Financial Management Office upon request. The Deputy Director and Budget Analyst tracked the status of funds per CDC standards. There was a process in place for preparing cost of doing business figures, which compared historical spending levels and provided projections for a 12-month Country Operational Plan funding period. Self-generated budget reports were accessible for the current and previous fiscal years (2008-2012).

CDC/Dominican Republic had a financial database that was capable of summarizing and tracking all financial projections and transactions as well as embedding electronic financial files. However, the database did not include ceilings, which are necessary to create a more robust tracking system. CDC/Dominican Republic's Deputy Director demonstrated a strong understanding of first-in-first-out budgeting and knowledge of all budget and procurement systems.

CDC/Dominican Republic used an internal tracking system for property and kept internal tracking spreadsheets for all property procured, but this spreadsheet should be updated to reflect the current property in-country as custodians change. An inventory was performed at least once a year, and the office demonstrated adequate separation of duties in ordering, issuing, and doing an inventory of property.

Major Challenges

The last petty cash count occurred on April 18, 2013. The CMAS II team instructed the Deputy Director to perform petty cash counts monthly and conducted one during the CMAS II visit.

CDC/Dominican Republic exhibited routine procedures to review unliquidated obligations. At the time of the CMAS II review, the office had a number of open unliquidated obligation line items from fiscal years 2009-2013.

CDC/Dominican Republic had some challenges meeting CDC expectations for PEPFAR budgeting and financial tracking. Although there was a strong system in place, projections for cooperative agreements and contracts, pre-commitment and pre-obligation planning, and tracking of CDC headquarters and post transactions were not found to be updated regularly. Also, reconciled budget reports were not produced on a monthly basis.

Although the team had up-to-date training in Appropriations Law and contracts, there was a need for additional training on CDC's financial system to perform budget responsibilities. Further, the management and operations analysis did not provide projections by object class code and did not list object class 25 projection for International Cooperative Administrative Support Services and Overseas Building Operation separately. A spreadsheet was maintained tracking all outstanding Country Operational Plan activities to be funded, although

it was only reconciled annually.

The CMAS II visit provided an opportunity for technical assistance and reintroduced common budget terminology and actions. During the visit, the team reviewed the CDC financial system and provided descriptions of appropriation and Budget Advisory Committee numbers and budget terminology. The team also explained the new Overseas Allotment System (OASys) for requesting money from CDC headquarters and highlighted the importance of updating the financial database daily with country projections, commitments, obligations, and disbursements.

The CMAS II assessment found that property acquired locally is still not barcoded. A barcode was also removed from a CDC vehicle recently while being painted, and it had not been replaced. There were items on the Property Management Information System report which were incorrectly identified as CDC/Dominican Republic property. Also, 13 laptops/CPUs that are in-country were being used by staff, but they were not listed in the Property Management Information System.

Recommendations

- Continue to routinely monitor and review unliquidated obligations. Follow-up with U.S. Embassy Financial Management Office staff to ensure the appropriate action occurs and to clear transactions in a timely manner.
- Continue training for the Budget Analyst in Appropriation Laws and the CDC financial reporting system (IRIS).
- Update database at least weekly.
- Develop additional standard operating procedures and/or a policy handbook for office and budget operations.
- Provide budget reports to the Deputy Director on a bi-weekly basis.
- Update CDC headquarters and post transactions at least bi-weekly.
- Update pre-commitment/pre-obligation housed within the main budget report as they occur.
- Produce reconciled budgets on a monthly basis.
- Request data from the U.S. Embassy financial reporting system (COAST) on a bi-weekly schedule and review monthly.
- Revise the management and operations to provide projections by object class code.
- Complete Country Operational Plan reconciliation monthly.
- Deposit excess funds in the miscellaneous receipt account of the principal Class B Cashier.
- Work with CDC headquarters to update Property Management Information System to reflect all property in CDC/Dominican Republic.
- Obtain new barcode for vehicle.
- Work with CDC headquarters to remove property that is incorrect on the CDC/Dominican Republic property list.

Accountability for Extramural Resources

Grantee Management

Major Achievements

At the time of the CMAS II visit, CDC/Dominican Republic had one Project Officer and two Cooperative Agreement Managers who supported the management of eight cooperative agreements. The size of the team seemed appropriate given CDC/Dominican Republic's focus on providing technical assistance to local grantees and the MOH. Electronic cooperative agreement and contract files were available and largely complete. Although few country specific standard operating procedures for grants management existed, the cooperative agreement team was knowledgeable of CDC processes and procedures. The Deputy Director was able to access and process invoices in the acquisition management system and had completed all required trainings. He was scheduled to renew his Project Officer training in August 2013. The Cooperative Agreement Managers also completed the International Project Officers training.

In the area of cooperative agreement management, staff members were proactive and worked hand-in-hand with the grantees to provide technical and financial support as needed. Cooperative Agreement Managers and Activity Managers conducted both independent and joint grantee visits on a regular basis. In addition, CDC/Dominican Republic provided an orientation to all grantees annually, which also acted as a forum for grantees to exchange best practices and lessons learned. Substantial involvement with the grantees was obvious and seemed appreciated on both sides. Grantees noted that CDC/Dominican Republic staff are very engaged, knowledgeable, and accessible. Investment in capacity building of local organizations and the MOH and financial oversight of grantees (pipeline analysis, expenditure tracking and movement toward tracking grantee activities to expenditures) were found to be notable practices within CDC/Dominican Republic.

Major Challenges

While cooperative agreement files were largely complete, the shared drive could be better organized. Some correspondence/documents were also located in personal accounts of staff and not accessible to the entire cooperative agreement team. CDC/Dominican Republic had developed numerous tracking systems for cooperative agreement management; however, in the future, these systems should be combined into one comprehensive system containing all relevant grant information. Standard operating procedures regarding office roles/responsibilities and processing continuation applications existed; however, no standard operating procedures existed for post-award grant actions and site visits. Newly created standard operating procedures and site visit reporting forms had not yet been implemented and may require revisions before being finalized.

Constant change among CDC headquarters staff that support CDC/Dominican Republic this past year was challenging for both CDC/Dominican Republic staff as well as grantees. CDC/Dominican Republic should continue to work with grantees to ensure that they follow U.S. government rules and regulations regarding funding restrictions and that they understand the process to get funding restrictions lifted in a timely manner.

Recommendations

- Ensure that there is a clear transition plan for capacity building activities related to business systems. There should be clearly established annual goals for scale-back and transition of administrative support to local grantees as business systems are put into place (note: CDC/Dominican Republic should, however, continue providing substantial involvement as noted in the Funding Opportunity Announcement as needed).
- Restructure the electronic filing system to include specific folders for all post-award grant actions. Staff should also adhere to electronic filing system structure outlined in the Program Operations Manual.
- Develop one comprehensive tracking system that is updated regularly by the Project Officer and Cooperative Agreement Managers.
- Develop and implement written standard operating procedures for all grant actions and site visits using examples provided to the CDC/Dominican Republic team during the CMAS II visit.
- Work with grantees to lift outstanding human subject restrictions.

Grantee Compliance

Major Achievements

CDC's Procurement and Grants Office visited five grantees. All grantees interviewed demonstrate a clear understanding of CDC requirements in the following areas: audits, cash advances, facilities, direct costs, procurement practices, property, timekeeping, and travel. Additionally, all grantees had adequate policies and procedures in place further demonstrating their understanding of compliance with requirements in each aforementioned area. All grantees met their audit requirements.

Major Challenges

At the time of the visit, the CDC/Dominican Republic Project Officer was not submitting copies of site visit reports to CDC's Procurement and Grants Office to be filed in the official grantee file. Some grantees had irregular modifications in the timekeeping procedures. One grantee did not keep timesheets on one award due to non-payment, and timesheet cost allocation reconciliation was only done at the end of the month on the other. One grantee's personnel time was difficult to reconcile daily; they were working on a CDC cooperative agreement as well as in multiple departments of the MOH.

One grantee has an interim principal investigator and another recently hired a new principal investigator, business official, and procurement official. The newly hired principal investigator is the third on this award in the last three months.

Recommendations

- Implement an official, routine site visit plan. As a part of this plan, all site visit reports should be sent to CDC's Procurement and Grants Office.

- Ensure that the grantee provides supporting documentation to show that time is recorded daily.
- Provide additional technical assistance to the interim and newly hired principal investigators and business official to ensure there are no gaps in activities and compliance.

Accountability for Public Health Impact

Major Achievements

CDC/Dominican Republic demonstrated consistent representation high-level MOH planning as well as at the Technical Working Group level across areas. Funding to government entities and non-governmental organizations demonstrated strong support for national systems. CDC/Dominican Republic activities were geared towards strengthening technical and organizational capacities of the MOH through the cooperative agreement and technical assistance from CDC/Dominican Republic staff. In the area of key populations, indigenous non-governmental organizations were strengthened consistently through technical and financial support mechanisms.

At the time of the CMAS II visit, departments across the MOH reported an appreciation of the high quality technical assistance from CDC/Dominican Republic. The MOH Vice Minister mentioned that, "the Ministry benefits from CDC's expertise." The Pan American Health Organization and United Nations Program on HIV/AIDS also emphasized the office's contribution and leadership in the fight against the epidemic and that CDC/Dominican Republic is present and involved at all key national-level meetings on HIV and tuberculosis.

CDC/Dominican Republic's investment portfolio proved to be well-aligned with strategic priorities, as indicated by the epidemic context and national priorities. Considerable strides were made in designing and implementing evidence-based interventions in laboratory capacity building, for example, with public health impact in mind.

Cooperative agreements appropriately included process and outcomes objectives, indicators, targets, and results, contributing to strong program planning. Some program grantees had data quality strategies in place, and CDC/Dominican Republic was finalizing a data quality strategy to ensure program level results are well-monitored across all grantees. CDC/Dominican Republic additionally submitted grantee-level data for the Country Operational Plan and semi-annual progress report in a timely manner to CDC headquarters.

Since the CMAS I assessment, CDC/Dominican Republic improved their scientific capacity by developing standard processes for submitting, reviewing, and clearing publications and protocols. The Country Director performed Science Office functions in accordance with these standard operating procedures. All designated staff had completed the Scientific Ethics Verification training, but several staff should complete the Dual Use Research training.

Major Challenges

HIV is not the most pressing health issue in the eyes of the government of the Dominican Republic and the MOH. In addition, groups most affected by HIV in the Dominican Republic (e.g., men who have sex with men and commercial sex workers) are not considered priorities.

CDC/Dominican Republic's ability to engage the MOH on HIV proved to be exceptional in light of the low-level of attention paid by national health institutions to the AIDS epidemic. Reported challenges included difficulties in effectively engaging and planning regularly with the U.S. Agency for International Development counterparts due to staff shortage.

Further, it was clear that resources are dispersed across too many program areas and that there continues to be a need for CDC/Dominican Republic country leadership to revisit funding allocations to maximize efforts to control HIV infection among populations with unmet/unaddressed needs.

Not all grantees demonstrated fully implemented data quality procedures.

At the time of the CMAS II visit, language still posed a challenge, and due to this, most CDC/Dominican Republic staff had difficulty processing materials related to the Science Office.

Recommendations

- Continue to work with local organizations, MOH, and non-governmental organizations to strengthen their capacity to respond to the HIV epidemic, especially in areas to increase coverage of prevention and clinical services for key populations and the elimination of mother-to-child transmission of HIV.
- Continue to engage at all levels: U.S. government, MOH, multinationals, Global Fund, and non-governmental organizations.
- Consider gradual realignment to decrease dispersion of limited resources across several program areas. Difficult choices are necessary to ensure "critical mass" of activity for impact.
- As the program gets more grounded, continue to monitor the data to demonstrate outcomes of key strategies, such as the elimination of mother-to-child transmission of HIV. Conduct an annual meeting with MOH and present CDC-PEPFAR results to identify program and corresponding technical assistance priorities.
- Ensure that all grantees have data quality strategies in place. Finalize the CDC/Dominican Republic data quality strategy. Develop an evaluation plan at the CDC/Dominican Republic level and support the development of the national monitoring and evaluation strategy. Continue to work with MOH to establish patient-level information systems, which will lead to high quality data at the facility- and national-levels for program monitoring and disease surveillance.
- Document changes made to targets and results after submission of Country Operational Plan or semi-annual progress report on grantee agreements and communicate accordingly. Conduct semi-annual meetings with CDC staff to review portfolio, budget, and progress made in achieving outputs and outcomes and to inform strategic planning. Finalize CDC data quality strategy and for all grantees to have a full data quality strategy with instructions and attributes to be assessed (e.g., accuracy, completeness), frequency and calendar, person responsible, and tools.
- Ensure all appropriate staff complete Dual Use Research training. Consider additional Science Office training and capacity building to increase involvement of senior locally employed/contract technical staff in Associate Director for Science activities.

Next Steps

The CMAS II team shared their key findings and recommendations with the CDC/Dominican Republic office and CDC headquarters. The team also developed a scorecard for internal management use. The scorecard lists all of the issues identified during the visit, recommendations and due dates for their implementation, and primary point of contact for each issue. CDC headquarters will work with the CDC country office to create a plan and timeline to address and correct issues.