CDC's Country Monitoring and Accountability System II

Country Monitoring and Accountability System Visit to Mali – April 15-19, 2013
Summary of Key Findings and Recommendations

Introduction

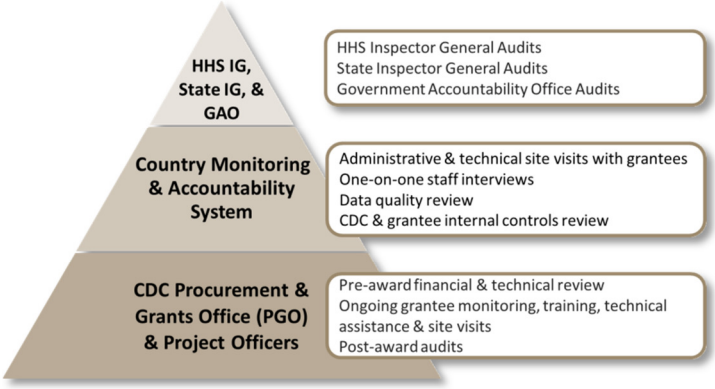
As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State's (DOS) Office of the U.S. Global 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 country offices and one pilot. A few CMAS II visits were cancelled due to political unrest. CMAS II assessments 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 Mali from April 15-19, 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 five 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., Monitoring and Evaluation, Surveillance, Strategic Information, and Prevention).

The CMAS II team conducted a five-day visit to the CDC/DGHA office in Mali (CDC/Mali). CDC's Procurement and Grants Office representative remained in Mali following the visit to provide technical assistance and training for the grantees. Team members reviewed financial and administrative documents at CDC/Mali 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 developed assessment tools and checklists at CDC headquarters 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/Mali's operations.

Background on Country Program

Since 2001, CDC/Mali has been supporting the Mali MOH in the areas of: HIV sexually transmitted infections surveillance; blood safety; laboratory capacity building; laboratory testing and quality control; national policy development; and HIV/STI prevention and care for vulnerable populations. CDC/Mali's main grantees include: Columbia International Center for AIDS Care and Treatment Programs, Association for Research, Communication and Support at Home for People Living with HIV/AIDS, Association for the Support of the Development of Population Activities, National HIV/AIDS High Council, National Public Health Research Institute, and National Blood Transfusion Center.

CDC/Mali provides technical assistance to enhance the capacity of the National Public Health Research Institute to carryout laboratory-based quality assurance/control programs and support HIV/STI surveillance. CDC/Mali supports the MOH through training and development of guidelines for HIV/STI diagnosis and treatment. CDC/Mali is improving Mali's capacity to implement programs for STI and HIV prevention in high-risk groups.

CDC/Mali supports prevention programs that provide counseling and diagnostic services for commercial sex workers and youth in partnership with two local non-governmental organizations. CDC/Mali provides surveillance support for the national prevalence surveys in antenatal clinics and for periodic behavioral surveys for key populations. CDC/Mali also supports activities that improve the safety of the blood donation program in Mali.

Unfortunately, Mali had suffered political instability since March 2011. Several military coups had occurred and an international United Nations intervention force was helping to restore peace in Mali. General elections were held in July 2013 and were a prerequisite for restoring international development aid. At the time of the CMAS II visit, the U.S. Embassy and U.S. government agencies had issues with existing staff curtailing their tours; CDC/Mali had been spared. Since December 2012, CDC/Mali had designated office space in the U.S. mission.

Summary of Key Findings and Recommendations

Accountability for Intramural Resources

Country Operations and Human Resource Management

Major Achievements

The management and leadership assessment of the CDC/Mali included individual interviews with nine staff members (two U.S. direct hires and seven locally employed staff), a meeting with the U.S. Embassy's Human Resources Officer, and completion of several assessments on inherently governmental functions, time and attendance records, travel orders, motor pool logs, and personnel files.

Overwhelmingly, staff members indicated that there is a high level of dedication and commitment from all staff to the CDC/Mali mission. Further, there was mutual respect between senior leadership and staff members. Although a number of the staff interviewed reported heavy workloads, staff communicated high job satisfaction and good morale. Staff also reported that they feel supported when making decisions, and a majority of staff said that CDC/Mali is a good place to work.

During the CMAS I visit, the team identified office space as a significant challenge. At the time of the CMAS II visit, CDC/Mali had moved since then and was collocated at the U.S. Embassy. Staff were pleased with the new office location. Storage space also posed a problem at the previous location, but CDC/Mali acquired a freight container to provide more storage space and kept it on U.S. Embassy grounds. There were concerns, however, that the new office space afforded limited potential for expansion or growth.

CDC/Mali was compliant with U.S. government regulations on the performance of inherently governmental functions and CDC regulations on time and attendance practices. In addition, CDC/Mali ensured that correct hiring mechanisms and authorities are used to hire staff and that CDC/Mali staff maintain excellent relationships with the U.S. Embassy front office as well as with other U.S. government agencies.

Major Challenges

Although CDC/Mali staff generally indicated satisfaction with office processes, many requested increased transparency regarding the decision-making process for travel and training opportunities. The CMAS II team also found that some staff were unaware of Work Development Plans and were not actively pursuing career development opportunities.

A requirement for all CDC/Mali staff, English proficiency was not widely spoken or understood in Mali. Many staff members spoke English as a third or fourth language and indicated a strong desire to improve their proficiency.

Regular staff meetings were not taking place and staff expressed a desire to have a structured place and time where they can voice challenges, successes, and concerns. While information was being maintained in staff

records, the information in the records was not always consistent, and personnel records maintained by both the U.S. Embassy's Human Resource Office and CDC/Mali were incomplete. Changes in work responsibilities should be reflected in revised position descriptions for both technical and administrative staff. Position description revisions also should be submitted for consideration of a higher grade as appropriate for program needs.

CDC/Mali should ensure that locally employed staff understand how to address questions or concerns regarding equal employment opportunities, discrimination, and general workplace protection. The CMAS II team found that many CDC/Mali staff were uncertain of how to obtain this information.

Recommendations

- Ensure that senior leadership consult senior staff in decision-making process.
- Ensure all staff members have a Work Development Plan in place and the opportunity to collaborate with their supervisor regarding opportunities for training that will improve job performance. This may require the provision of a dedicated time and space for employees to take online courses.
- Investigate English language training opportunities for CDC/Mali staff.
- Reinstate routine staff meetings to keep communication open with all staff and maintain high staff morale.
- Document and implement a standard practice for maintenance of personnel files for CDC/Mali staff.
- Ensure that increases and changes in work responsibilities are reflected in position description revisions for both technical and administrative staff. Revised position descriptions should also be submitted for consideration of a higher grade as appropriate for program needs.
- Post equal employment opportunity and other workplace/staff protection information in the office and ensure that locally employed staff are aware that the U.S. Embassy's human resource department handles these issues.
- Engage the U.S. Embassy's Human Resources Officer to participate in a CDC/Mali staff meeting to answer questions. Some topics the Human Resource Officers could cover are: locally employed staff promotion system, revisions to position descriptions, update on current (and proposed future) benefits and allowances, and equal employment opportunity processes.

Financial Resource Management

Major Achievements

Through the questionnaire responses and document review, the CMAS II team found that the locally employed budget and financial staff members were very knowledgeable of both DOS and CDC/Mali procedures. They demonstrated commitment to ensuring adequate procedures are in place and followed.

CDC/Mali maintained established standard operating procedures to review unliquidated obligations and ought

to be commended for making strides in reducing their prior year unliquidated obligations. At the time of the August 2011 CMAS I visit, CDC/Mali had open unliquidated obligations from fiscal years 2007 to 2011; however, during the CMAS II review, there were no open unliquidated obligations for fiscal years 2007 through 2009, representing a significant improvement in the reduction of prior year unliquidated obligations.

At the time of the CMAS II visit, CDC/Mali maintained a relatively small PEPFAR budget (approximately $1.5 million annually) and operated off a Country Assistance Plan rather than a Country Operational Plan. The CDC/Mali office did a good job at budget formulation. Cost of doing business estimates conformed to CDC standards and were maintained for multiple years. CDC/Mali received financial reports from the U.S. Embassy's Financial Management Office on a quarterly basis and CDC's Office of the Chief Financial Officer on a monthly basis. There was good communication between CDC/Mali, CDC headquarters, and the U.S. Embassy.

The office performed inventory performed on a bi-annual basis and did a good job of tracking their assets, keeping an inventory that is appropriate for the office size.

Major Challenges

At the time of this review, CDC/Mali had a number of unliquidated obligations from fiscal years 2010 to 2013. Despite receiving financial reports on a regular basis, CDC/Mali had not yet developed an in-country budget report that reconciled the U.S. Embassy and CDC financial reports and broke down projections, commitments, and obligations for CDC headquarters and post held funds. CDC/Mali also was not receiving the U.S. Embassy's Financial Management Office report frequently enough. The cable process was known, but a standard operating procedure should be created.

While the CMAS II team found that in-country property records were up to date and tracked well, not all property was accounted for in the Property Management Information System.

Recommendations

- Continue to routinely monitor and review unliquidated obligations. Follow up with the U.S. Embassy's Financial Management Office staff to ensure appropriate action to clear transactions in a timely manner.
- Utilize the budget template provided during the CMAS II visit to develop an in-country budget report with assistance from CDC headquarters, as needed. The in-country budget report should separate projections, commitments, and obligations for CDC headquarters and post held funds and compare the budgeted amount to expenditures and remaining funding by object class code.
- Reconcile the U.S. Embassy and CDC's Office of the Chief Financial Officer financial reports with the CDC Status of Funds report and incorporate it into the budget report.
- Receive financial reports from the U.S. Embassy's Financial Management Office on a biweekly basis in accordance with International Cooperative Administrative Support Services standards.
- Develop standard operating procedure for the cable process.
- Ensure CDC headquarters has a record of all property that is barcoded in the Property Management and Information System.

Accountability for Extramural Resources

Grantee Management

Major Achievements

CDC/Mali managed their five cooperative agreements well, especially given the small number of staff. There were no active contracts in-country. For internal cooperative agreement management, CDC/Mali had many tools and resources available given the small portfolio. Cooperative agreement files were largely restored electronically during the CMAS II visit. The Deputy Director, Country Director, and Project Officer have completed all CDC required trainings (International Project Officers and Appropriations Law).

For external cooperative agreement management, grantees noted strong relations with CDC/Mali. Grantees demonstrated positive working relationships with the Project Officer as well as in-country staff, and it was evident that CDC/Mali provided substantial coordination and oversight for each project. CDC/Mali staff had an acute familiarity with grantee issues, problems, and pending actions. CDC/Mali staff continued to work very closely with the grantees and offered technical assistance on a variety of topics to improve the grantees' implementing capacities. Formal site visits to the grantees' offices occurred on an-hoc basis.

Major Challenges

For internal cooperative agreement management, a simple standard operating procedure that defines roles and responsibilities within the cooperative agreement management team at CDC/Mali (Project Officer, Technical Specialists, and Cooperative Agreement Administrative Specialist) should be created and implemented. Standard operating procedures and templates, provided during the CMAS II visit, should also be utilized and implemented.

Currently, a tracking system for post award actions exists but was not comprehensive or updated routinely. Reporting requirements, correspondence, and site visit reports were also not consistently saved on the shared drive. A standard site-visit report template, provided during the CMAS II visit, should also be utilized and stored on the shared drive. Schedules for site visits and reporting requirements should be standardized, and site visit documentation can be improved. Annual orientation meetings for grantees are not currently being held.

Grantees also ought to be empowered to strengthen their relationships with CDC's Procurement and Grants Office to help improve their understanding of how to administer a cooperative agreement.

Recommendations

- Maintain newly-created electronic file structure and restore/maintain missing documentation.
- Create a simple roles and responsibilities standard operating procedure for the cooperative agreement management team.
- Utilize standard templates and tools (provided during CMAS II visit) for site visits, post award administrative actions, and internal standard operating procedures.
- Track standard site visits schedule and reporting requirements.

- Hold annual grantee orientation meetings.
- Foster relationship between grantees and CDC's Procurement and Grants Office Grants Management Specialist to empower grantees to take ownership for administering their cooperative agreement and improve grantee knowledge of cooperative agreement management.

Grantee Compliance

Major Achievements

All grantees provided documentation and displayed their existing/potential capacity to effectively and adequately manage U.S. government funds.

Major Challenges

The grantee visits revealed that the most common challenge was effectively and adequately tracking time and effort, which was also a finding from the CMAS I visit in 2011. A couple of grantees continued to encounter difficulties ensuring that appropriate implementation of existing policies and procedures regarding timekeeping and inventory (including vehicle registers) take place.

English is a third or fourth language for many local grantee staff. In the French-speaking West African context, many documents written in English are difficult for grantees to understand.

While CDC/Mali staff periodically perform and document technical and administrative site visits, these reports were not submitted to CDC's Procurement and Grants Office. The Project Officer was previously unaware of this new CDC requirement, which the CDC/Mali staff can implement.

Recommendations

- Work with the grantees to have them share best practices regarding management/administration and implementation of CDC/Mali-funded projects.
- Work with CDC/Mali to have key grants management documents (i.e. Code of Federal Regulations and trainings) translated into French.
- Provide CDC's Procurement and Grants Office at CDC with electronic copies of its site visit reports within 30-days of their completion.

Accountability for Public Health Impact

Major Achievements

Based on discussions with CDC/Mali staff members and a few of the national grantees, CDC/Mali proved to be engaged in the Government of Mali National HIV Strategy and contributed to the Government of Mali by playing a lead role in the Government of Mali National Strategic Information Technical Working Group. CDC/Mali and the MOH communicate on technical issues in formal meetings with the Strategic Information Technical Working Group (monitoring and evaluation).

CMAS II team members also found that CDC/Mali's investment strategy appropriately focused on providing prevention services for the most at-risk populations and strengthening the general health systems including laboratory capacity, blood donation services, and HIV/AIDS/STI surveillance. Furthermore, CDC/Mali had demonstrated a concerted effort to provide substantial and sustained technical involvement with grantees to identify relevant indicators to monitor performance of cooperative agreements. This was evidenced by staff members' ability to articulate their strategy for improving grantee capacity to conduct monitoring and evaluation. Finally, CDC/Mali had progressed since the CMAS I visit in aligning indicators, for measuring the progress of its grantees, with PEPFAR and other relevant indicators.

Major Challenges

One of the major recommendations of the CMAS I visit to Mali was that CDC/Mali should receive more headquarter technical assistance. Since then, CDC/Mali received surveillance, prevention, and monitoring and evaluation technical assistance in August of 2011. This involved support for surveillance activities including antenatal care surveillance and a bio-behavioral survey among men-who-have-sex-with-men, a review of the most at risk populations and youth prevention programming portfolio and accompanying monitoring and evaluation systems.

Although CDC/Mali and the National HIV/AIDS High Council formally met as part of regular technical working group meetings, there were few opportunities for the National HIV/AIDS High Council to meet one-on-one with CDC/Mali to discuss technical issues related to strategic information. Furthermore, it was difficult to sufficiently determine the extent to which CDC/Mali shared results (program plans and data) at the national level. Documentation that program results were being incorporated routinely into the national review of the country's HIV program, as well as the U.S. government's Global Health Initiative meetings, was not provided.

It was also difficult to determine if CDC/Mali performs a regular review of grantee data to ascertain achievement of targets as well as a review of expenditure data to inform program planning and assess grantee performance. While staff (Activity Manager and Technical Lead) stated that they did routinely review grantee data to determine target achievements, CDC/Mali was unable to provide documented evidence that such discussions had occurred with their grantees. Furthermore, written standard operating procedures that would operationalize the data reviews on a routine basis did not exist, nor did CDC/Mali have to report their achievements to the PEPFAR office through the semi-annual PEPFAR Program Results and annual PEPFAR Program Results reporting mechanism.

An overall CDC/Mali monitoring and evaluation plan and accompanying standard operating procedures for data quality assessments did not exist. The CMAS I visit identified a need for data quality assessment. Normalization of the political situation in Mali coupled with targeted technical assistance should help CDC/Mali to solve this issue in the near future. In addition, documentation of standard operating procedures for submitting, reviewing, and clearing publications did not exist, although the part-time Science Office staff members understood and followed procedures. Protocols and publications were stored electronically and physically; however, they were not easily accessible. Documentation of Dual Use Research training completion did not exist for all staff.

Recommendations

- Arrange separate meetings with national and U.S. government grantees to plan and discuss a timetable for a formal and routine review of CDC/Mali program plans and results.
- Develop a CDC/Mali Strategic Plan. The role of CDC in Mali is to strengthen the Government of Mali's use of surveillance and programmatic data for the purposes of developing an evidence base for program, training and surveillance activities and its relevance to the national program priorities. CDC/Mali has an opportunity to create a strategic vision to strengthen the capacity of the Government of Mali to identify key epidemic drivers and to use this data to plan/refocus plan and implement programs.
- Request technical assistance from CDC headquarters to develop a monitoring and evaluation plan that will accompany the CDC/Mali Strategic Plan.
- Request expenditure analysis technical assistance from CDC headquarters and include expenditure analysis as part of the overall CDC/Mali monitoring and evaluation plan.
- Complete standard operating procedures for regular site monitoring and begin to report to data for grantee monitoring as soon as possible. The purpose is to routinely review and report achievement of agency and grantee targets through data for grantee monitoring.
- Develop a site monitoring strategy for technical assistance provision. Request CDC headquarters' technical assistance and guidance.
- Develop a data quality assessment process to independently assess data quality of the grantees. Work with CDC headquarters to develop standard operating procedures.
- Develop standard operating procedures for submitting, reviewing and clearing publications and ensure that it is available and accessible to CDC/Mali staff.
- Systematize the physical and electronic (shared drive accessible to relevant staff) archiving of data protocols. Explore the idea of enlisting the assistance from existing administrative support staff.
- Complete Dual Use Research training for all relevant staff and supply documentation.

Next Steps

The CMAS II team shared their key findings and recommendations with the CDC/Mali 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.