CDC's Country Monitoring and Accountability System II

Country Monitoring and Accountability System Visit to Mozambique – September 9-13, 2013
Summary of Key Findings and Recommendations

Introduction

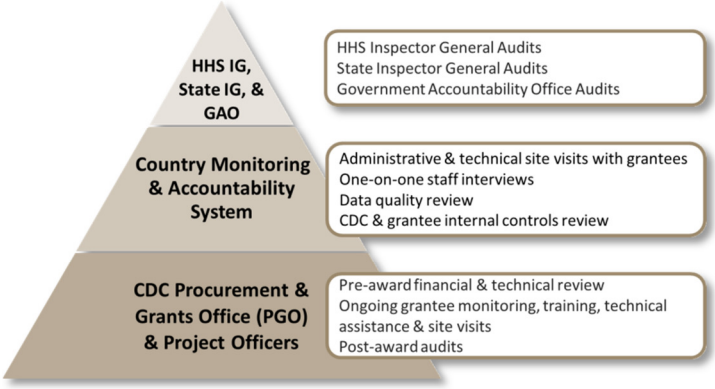
As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State's (DOS) Office of the U.S. Global 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 bringing 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 Mozambique from September 9-13, 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.

The CMAS II team conducted a five-day visit to the CDC/DGHA office in Mozambique (CDC/Mozambique). Following the core visit, CDC's Procurement and Grants Office provided additional technical assistance in grants management. Team members reviewed financial and administrative documents at CDC 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/Mozambique's operations.

Background on Country Program

Following a devastating post-liberation civil war, Mozambique has one of the lowest indices of human development in the world and a HIV prevalence of 11% among adults. CDC has worked in Mozambique since 2001 and has a large, multidisciplinary office with staff that work on several CDC programs, including global HIV/AIDS, malaria, and field epidemiology and training. DGHA's efforts in Mozambique are particularly concentrated on HIV treatment, prevention of mother to child transmission of HIV, male circumcision, and the development of high-quality strategic information. In general, substantial progress had been made in the face of HIV/AIDS in Mozambique given the challenging human resources context and post-conflict infrastructure.

Summary of Key Findings and Recommendations

Accountability for Intramural Resources

Country Operations and Human Resource Management

Major Achievements

CDC/Mozambique exhibited strong management and leadership. The office maintained good working relationships with the U.S. Embassy, other U.S. government agencies, and external stakeholders, particularly with the MOH. Internally, staff expressed tremendous job satisfaction and described their CDC colleagues as motivated, passionate, and intelligent. Challenges filling U.S. direct hire vacancies identified during CMAS I were addressed, with all essential U.S. direct hire positions now filled. CDC/Mozambique staff highlighted several good practices such as alternating staff meetings between English and Portuguese, establishing informal meetings with the Country Director, and conducting weekly round table technical updates.

Major Challenges

While the U.S. Embassy Human Resources Office reported having excellent relations with CDC/Mozambique, officials noted that CDC personnel actions can be more difficult to fill due to the technical nature of CDC's work. While fewer local hire vacancies existed than during the CMAS I visit, devising creative mechanisms for

attracting local technical talent continued to be a challenge. Given Mozambique's nearly 16 year civil war, building and growing technical capacity will take time.

In this vein, staff expressed a desire for additional technical and administrative training opportunities to improve current job performance. Some staff indicated a lack of clarity regarding the process for requesting work-related training. Others indicated a lack of funding and time to complete trainings listed in their Work and Individual Development Plans. Locally employed staff continued to experience the U.S. government's salary freeze as quite painful, especially given the ongoing inflation of the local currency in Mozambique.

Lastly, given the breadth and scope of CDC/Mozambique's various branches, communication across teams proved to be difficult. Staff raised this as a surmountable challenge – remedied by increased communication flows and inclusion of more staff members at meetings.

Recommendations

- Ensure that locally employed staff members have an updated Individual and Work Development Plan and understand the process for requesting trainings.
- Determine training opportunities to improve job performance and career advancement.
- Disseminate notes from the weekly senior staff meeting to increase flow of information between branches and teams.

Financial Resource Management

Major Achievements

CDC/Mozambique financial staff members continued to demonstrate high proficiency with all critical aspects of managing the budget. The team maintained an advanced comprehension and utilization of financial planning and reporting tools and correctly managed budgets and outlays according to CDC requirements. Both CDC and DOS budgeting and reporting tools were used and integrated effectively within the CDC financial management team. All status of funds were reconciled on a monthly basis, although this process was initiated from the field. CDC's budget was reconciled with the DOS financial report at least weekly. Financial staff and the Deputy Director continued to meet monthly to review financial reports and status of funds in various accounts, a practice that remains to be an effective internal control practice. CDC/Mozambique had an adequate system in place for requesting funds cabled to post and for systematically maintaining records of financial cables and post held funds. Budget reports were accessible for the current and prior fiscal years. In addition, most Country Operational Plans were documented with full funding history of the program.

The scope of CDC's Office of the Chief Financial Officer review primarily focused on post held funds and internal controls of financial activities occurring within CDC/Mozambique. This involved document sampling and transaction level detail analysis of all funds cabled to post, as well as interviewing key personnel who have responsibility and oversight over field office financial management activities, both at CDC/Mozambique and the

U.S. Embassy.

Through interviews and document review, CDC's Office of the Chief Financial Officer found that locally employed budget and financial staff members are very knowledgeable of both DOS and CDC/Mozambique procedures. They demonstrated commitment to ensuring that adequate procedures are in place and followed. The U.S Embassy Financial Management Officer expressed that CDC leadership is held responsible for ensuring that all transactions are consistent with applicable policies, authorities, and regulations. They also received training on various agency authorities and try to remain abreast of current legislation.

Major Challenges

Although the budgeting process greatly improved, few staff members were experienced in the use of the new system. The utility of the system had not yet being fully exploited by generating reports on a monthly basis.

CDC/Mozambique actively maintained an inventory list, and there was a proper separation of duties for asset management. However, similar to the first CMAS visit, CDC/Mozambique did not account for all property in the Property Management Information System and some items could not be found. A few items lacked the required CDC barcodes, and some were not found on the inventory sheet. Similar to the first CMAS visit, CDC/Mozambique also had excess equipment on hand that should be disposed of. CDC/Mozambique demonstrated that it had proactively disposed of excess desktop computers through the appropriate mechanism; however, a number of laptops remained on hand that should be transferred to the U.S. Embassy in Mozambique for sale.

CDC/Mozambique had established routine procedures in place to review unliquidated obligations. At the time of the review, the CDC office had a number of open unliquidated obligations from fiscal years 2010 to 2013. Further review of the unliquidated obligations is needed to reduce those that are not valid, particularly those from past fiscal years.

The office performed regular reconciliations of petty cash monthly. Routine cash counts were being performed by the Operations Coordinator. At the time of the CMAS II visit, the sub-cashier had not taken Federal Appropriations Law training and was not very familiar with the cashiering policies in the DOS Foreign Affairs Handbook.

Recommendations

- Obtain barcodes for all sensitive items. Instructions on how to obtain these barcodes were provided to CDC/Mozambique during the CMAS II visit.
- Dispose of property no longer in use. Instructions on transferring laptops to the U.S. Embassy in Mozambique for sale were provided to CDC/Mozambique during the CMAS II visit.
- Train additional budget staff on the CDC budget system.
- Work with CDC headquarters to get monthly budget reports.
- Continue to routinely review unliquidated obligations and follow-up with the U.S. Embassy's Financial Management Office staff to ensure appropriate action to clear transactions in a timely manner.

- Perform reconciliations of petty cash preferably on a daily basis, but no less than weekly.
- Ensure that the sub-cashier completes relevant training courses, including Federal Appropriations Law and those related to DOS petty cash procedures.

Accountability for Extramural Resources

Grantee Management

Major Achievements

CDC/Mozambique continued to excel in cooperative agreement management. Since the first CMAS visit, CDC/Mozambique improved its site visit strategy and had established monthly grantee meetings to address and monitor program implementation, progress towards agreed-upon work plans/milestones, financial issues, and to reported feedback. These monthly meetings were held both at CDC/Mozambique and the grantees' offices and required participation of key staff. CDC/Mozambique documented these meetings and maintained meeting notes to enable follow-up.

CDC/Mozambique also exceled at establishing an electronic business system; the system served as the primary repository for all cooperative agreement documents. The business system incorporated key elements from the Country Operational Plan and paired that information with each grantee's notice of award. Other noteworthy accomplishments included the creation and implementation of the following:

- Standardized report templates;
- Cooperative agreement management manuals for CDC staff and external grantees; and
- Cooperative agreement management 101 course that covers roles and responsibilities, key actions, U.S. government policies, procedures, and reporting requirements.

CDC/Mozambique demonstrated excellent contract management. All Contracting Officer's Representatives had completed the requisite trainings and a system had been established to monitor and keep staff up-to-date on training requirements. Contract folders were well-organized and complete.

Grantee Compliance

Major Achievements

All grantees visited maintained organizational charts; however, one grantee's chart was disjointed, leading to challenges in oversight and management of funding. All grantees used separate bank accounts and tracked CDC funding to allow for proper segregation of costs. Most grantees had written policies and procedures and maintained proper guidelines for timekeeping and timesheets. Employees were appropriately paid for by CDC funds, and staff time was properly managed.

Most grantees used Excel to track and monitor funds. Reconciliations were done on a monthly basis. All

requested costs go through a multi-level approval process and were verified with the approved CDC budget prior to payment. Funding was drawn down in advance and properly managed to ensure that there was not a surplus of funds in the bank. Necessary approvals were received for checks and payment of invoices. All costs were appropriately tracked and allocated to the CDC. Most grantees had an excellent process in place for payment of invoices and tracking payments. All, but one of the required grantees, completed an A 133 audit.

Major Challenges

The biggest challenge for local grantees was successfully registering their organization in the CDC system used to submit Federal Financial Reports. Grantees also indicated challenges with the submission of applications through the grants.gov website, where access was often limited to one person from the grantee organization. Not all grantees clearly distinguished the roles of Principal Investigator and Business Official/Grants Administrator. Often, only one person was authorized to draw down on the Payment Management System; when that person was ill or away from the office, no drawdowns could be made. Communications between grantees and CDC's Procurement and Grants Office's representatives were complicated, for reasons including language spoken and quality of telephone lines.

Improvements were made to timekeeping systems of CDC grantees, but managing those records would be much easier if a transition could be made to electronic timekeeping systems. Grantees all expressed interest in such a move.

Recommendations

- Consider implementing an electronic system for timekeeping.
- Provide two grantee representatives access to the grant.gov website.
- Authorize the Principal Investigator to drawdown individual items from the Payment Management System.
- Increase communication between grantees and the Procurement and Grants Office.
- Ensure that the Project Director/Principal Investigator and the Grants Administrator/Business Official are two separate individuals.

Accountability for Public Health Impact

Major Achievements

CDC strongly contributes to country ownership in Mozambique, engaging systematically at all levels from the Ministerial level, through regular communication with senior policy leaders, and finally through extensive and sustained technical collaboration in a wide range of Technical Working Groups. For example, it is likely that the planning and implementation of the current National Acceleration Plan for scaling up antiretroviral treatment, which is the centerpiece of the National HIV Strategy, would not have been possible without the technical assistance of CDC staff. It is clear that CDC staff are familiar and trusted colleagues at the MOH, at both national and provincial levels, as well as in specialized institutions such as the National Institutes of Health. International partners such as UN Organizations reported great respect and appreciation for the work being done by CDC in

Mozambique.

CDC/Mozambique maintains strong, positive relationships with the U.S. Embassy. Ambassador Griffiths lauded the "remarkable intellectual strength and work ethic" of the CDC team. He was impressed with the longer assignments that CDC staff typically maintain compared to DOS and U.S. Agency for International Development staff; as a result, this allowed CDC staff to be less insular within the U.S. Embassy community and more deeply connected to Mozambiquan friends, activities, and organizations. The Ambassador did feel that CDC was not always strategic in taking advantage of situations to communicate the important contributions to the health of Mozambiquans, but, it had improved with the recent addition of new communications staff.

In terms of public health impact, PEPFAR Mozambique pioneered an innovative approach to planning for Country Operational Plan 2013, designed explicitly around reaching World AIDS Day and National Acceleration Plan targets. Buttressed by the use of expenditure analysis data, this effort ensured that adequate resources were allocated to reach the most important targets. Although there were limitations to the application of expenditure analysis data to this purpose, the effort to apply a maximally evidence-informed process to budgeting for results was a major step in the right direction. For antiretroviral therapy, scale-up appeared to be on target with the acceleration plan. This generally seemed to be the case with prevention of mother-to-child transmission as well, but the prevention of mother-to-child transmission program suffered from important and structural data quality issues related to the system of log sheets that were used to track maternal and child health programs. Voluntary medical male circumcision continued to lag compared to the overall national goals, and significant implementation challenges remained. However, coverage was consistently improving.

Monitoring the quality of clinical service through the CDC Site Monitoring System process proceeded very well. It was rated among the top countries for Site Monitoring System implementation. Since CMAS I, the services of the Associate Director for Science improved substantially with no noted deficiencies. Scientific productivity also improved. In addition, CDC/Mozambique had the richest experience of any CDC office in developing and using expenditure analysis data, such as for portfolio review and for Country Operational Plan budget development.

Major Challenges

While the MOH improved its capacity for leading coordination activities across partners, it is still developmental. This contributed to great uncertainty in CDC's and PEPFAR's planning and implementation activities. Therefore, it is critical to stimulate these capabilities on the part of the government of Mozambique and MOH, especially as these relate to management and alignment of the Global Fund to Fight AIDS, Tuberculosis, and Malaria and PEPFAR inputs.

Although there is now less conflict in the interagency space than has occurred in the past, an optimal level of joint planning and programming has probably not yet been reached and is something to which to aspire.

Data quality challenges remain comprehensive and systemic as expected, given the weak underlying health information system in Mozambique. The slow, laborious process of developing more robust logbooks and associated data management tools that are now being implemented for maternal and child health and

prevention of mother-to-child transmission services may offer a roadmap for accomplishing similar information management tasks for other program areas. It would be ideal to see more clearly how the health informatics capacity is developing at Mozambique Open/Architecture, Standards and Information Systems through CDC's support to Jembi is assisting this effort.

While CDC Mozambique generally demonstrated an excellent job in disseminating its evaluation reports, it had not yet developed an evaluation policy and plan.

Recommendations

- Through embedding staff, mentoring, and other means, continue to support the maturation of management and leadership capabilities at the MOH and other governmental partners, particularly as it relates to improved coordination with the Global Fund to Fight AIDS, Tuberculosis, and Malaria.
- Continue to pilot and implement the rollout of new antenatal care/prevention of mother-to-child transmission registers that are essential for quality of programming for prevention of mother-to-child transmission as well as for data quality and strategic information considerations.
- Innovate and persevere through the challenges of voluntary medical male circumcision scale-up for the substantial long-term impact on the epidemic that voluntary medical male circumcision offers.
- In continuing to make exciting progress toward World AIDS Day targets, place a special focus on the underlying information systems that make health interventions work efficiently for providers and patients, not only on the monitoring and evaluation function.
- Develop an evaluation policy and plan for CDC/Mozambique.
- Balance numerical targets and especially commodities provision with critical nurturing of essential and CDC-like capabilities that only CDC can provide, and that will be essential in sustainable country systems.

Next Steps

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