CDC's Country Monitoring and Accountability System II

Country Monitoring and Accountability System Visit to Tanzania – February 25-March 1, 2013
Summary of Key Findings and Recommendations

Introduction

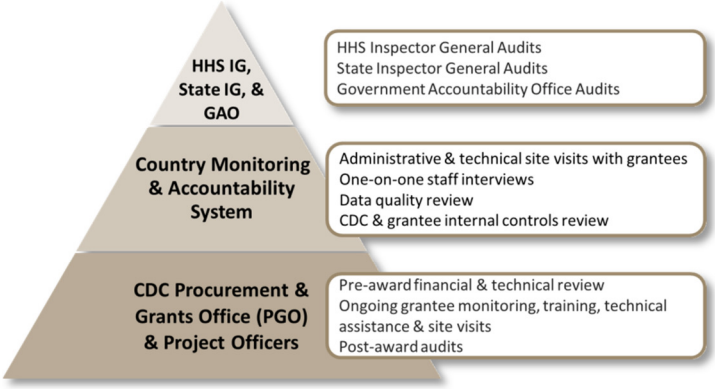
As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State's (DOS) Office of the U.S. Global 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 Tanzania from February 25-March 1, 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;
- 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 10 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., epidemiology, strategic programming).

The CMAS II team conducted a five-day visit to the CDC/DGHA office in Tanzania (CDC/Tanzania). Following the core CMAS II visit, CDC's Procurement and Grants Office stayed for an extended period to provide 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/Tanzania's operations.

Background on Country Program

Mainland Tanzania faces a generalized HIV epidemic with 5.1% prevalence (2011 Tanzania HIV/AIDS and Malaria Indicator Survey), a rapidly declining AIDS death rate, and a declining number of new HIV infections (UNAIDS 2013 Report on Global AIDS). Zanzibar, a separate nation within the United Republic of Tanzania, faces a concentrated HIV epidemic of less than 1% prevalence, driven by commercial sex, same sex behavior among men, and injection drug use.

CDC has worked with the United Republic of Tanzania and partner organizations since 2001 to address HIV and other health threats by providing technical and financial assistance supporting service delivery, by strengthening health systems and infrastructure, and by utilizing strategic information. PEPFAR is the principal development investment and only health program of the U.S. government in Tanzania. PEPFAR is committed to supporting Tanzania's public and non-public sectors to bring treatment services to the community level, strengthen HIV prevention programs, scale up male circumcision, mitigate the impact of HIV on children, and build the capacity of institutions. With PEPFAR support, approximately 40% of the eligible population now receives anti-retroviral therapy, and 74% of pregnant women attending antenatal care sites are now receiving prevention of mother-to-child transmission services.

Summary of Key Findings and Recommendations

Accountability for Intramural Resources

Country Operations and Human Resource Management

Major Achievements

The CMAS II team noted many positive achievements in the areas of management and leadership. Findings from staff surveys and interviews indicated that CDC/Tanzania staff feel supported and are very appreciative of leadership. In particular, staff appreciate senior management efforts to increase transparency and share

decisions and information with staff. The surveys and interviews also indicated high levels of respect between staff and senior leaders as well as a shared commitment to strive for an AIDS-Free Generation.

The CMAS II team found that CDC/Tanzania leadership is committed to career advancement opportunities for locally employed staff. At the time of the CMAS II assessment, four appointed locally employed staff were serving in Branch Chief or Deputy Branch Chief positions. In addition, the team noted that CDC/Tanzania has good working relationships with the U.S. Embassy, the United States Agency for International Development, the MOH, and other external stakeholders.

Major Challenges

The team identified challenges in three areas: (1) staff workload; (2) position classification for locally employed staff; and (3) training plans and opportunities. Staff reported that their workload exceeds the time available to do work, and many indicated working outside their tour of duty to complete tasks and meet deadlines. This has created challenges for staff in striving for a healthy work/life balance. In the area of position classification, staff indicated dissatisfaction with the U.S. Embassy position classification system, reporting that positions are being graded at a much lower level than expected. In addition, staff indicated that not all staff have a training plan in place. Staff also reported not understanding either the process for requesting training or the process used by management to determine whether they can participate in training opportunities. This presented challenges for ensuring that staff continue to have equitable access to career development opportunities.

Recommendations

- Ensure that senior staff provide guidance to staff on 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.
- Work with CDC's Workforce Management Office to review the process of position classification.
- Ensure all staff members have an Individual Development Plan/Work Development Plan in place.
- Ensure all staff members understand the process for requesting training and career development opportunities.

Financial Resource Management

Major Achievements

Through interviews and document review, the CMAS II team found that locally employed budget and financial staff members are very knowledgeable of both DOS and CDC/Tanzania procedures. They demonstrated commitment to ensuring adequate procedures are in place and followed. The U.S. Embassy financial management officer and general services officer expressed that CDC leadership is held responsible for ensuring that all transactions are consistent with applicable policies, authorities, and regulations.

At the time of the CMAS II review, CDC/Tanzania maintained a large PEPFAR budget (approximately $93 million

annually). Overall, budget formulation and budget execution met most CDC standards. For budget formulation, CDC/Tanzania adequately tracked cost of doing business, with major costs broken out by object class and estimates based on historical spending. CDC/Tanzania met weekly to discuss status of funds and outstanding budget issues. Budget reports were updated monthly and, based on recommendations from the CMAS I visit, consolidated balances for both CDC and post held transactions. Although not managed by the finance team, CDC/Tanzania reconciled their Country Operational Plan to actual obligations.

Overall, property was well-managed by CDC/Tanzania. The office had appropriate separation of duties between ordering, receiving, and issuing property and more than 99% of equipment was barcoded. CDC/Tanzania performed inventories every two months for the past year to resolve outstanding property issues. CDC/Tanzania was aware of the remaining property management issues and was continuing to work to resolve them.

Major Challenges

CMAS II team members found that routine reconciliations of petty cash were performed on a monthly basis; however, this should occur not less than weekly in accordance with the sub-cashiering procedures as stated the in the Foreign Affairs Handbook. In the past, petty cash had been used for recurring expenses such as periodical subscriptions and drinking water; however, these expenses should no longer be paid using petty cash. Despite the elimination of these petty cash expenses, which represented a significant portion of the petty cash expenditures for the review period, the advance amount of 3,500,000 Tanzanian shillings (approximately $2,000) seemed quite high.

The CDC/Tanzania office established routine procedures for reviewing unliquidated obligations. The office should ensure continued review of unliquidated obligations to reduce those that are not valid, particularly those that are aged (older than two years).

CDC/Tanzania leadership noted a need for the current budget team lead to provide further financial analysis and communication through analyzing the Country Operational Plan funding cycles versus the status of funds and explaining budget variances to the Country Director and Deputy Director. Further, during the CMAS II review, the CDC/Tanzania finance team had trouble locating documents. CDC/Tanzania budget staff were aware of cable procedures but did not have a standard operating procedure for the process. The in-country monthly budget reports were only available for the current fiscal year; budget reports and cables for fiscal year 2012 were not warehoused electronically. Organizational workload and delineation of roles and responsibilities around financial tasks associated with the cooperative agreements and the Country Operational Plan should be addressed.

Property overall was accounted for; however, one server and one laptop were missing from the Property Management Information System list. CDC/Tanzania had plans to dispose of excess desktops once new laptops were received.

Recommendations

- Ensure that petty cash reconciliations are optimally performed on a daily basis, but no less than weekly and monthly unannounced cash counts should be performed by the Deputy Director.
- Strongly consider reducing the size of the petty cash advance given relatively low usage.
- Routinely review unliquidated obligations and follow-up with U.S. Embassy Financial Management Office staff to ensure appropriate action to clear transactions in a timely manner.
- Electronically warehouse financial documents (budget reports, comeback cables) on CDC/Tanzania's shared drive.
- Obtain or create a standard operating procedure for overseas allotment (cable) requests.
- Consistently review the CDC financial reporting system (IRIS) data and update the monthly status report.
- Ensure that the finance team assumes the financial tracking of cooperative agreements and the Country Operational Plan reconciliation responsibilities.
- Improve communication of budget information to inform management decisions.
- Recommend the CDC/Tanzania budget team review and enter financial routing forms (1385s) into the financial projections.
- Resolve the few remaining property issues.

Accountability for Extramural Resources

Grantee Management

Major Achievements

At the time of the CMAS II visit, CDC/Tanzania managed more than 70 cooperative agreements, of which 53 were DGHA agreements. Despite the small staff size and vacancy of a key team lead position, the CDC/Tanzania cooperative agreement management team worked hard to provide adequate oversight of this very large portfolio of cooperative agreements. Extensive electronic cooperative agreement files were available on the shared drive. Following CMAS I, CDC/Tanzania developed and implemented a spreadsheet to track restrictions as the office works to lift them. While defined roles and responsibilities, standard operating procedures and in-country tracking systems with sufficient detail had not yet been implemented, staff appeared to know and were performing oversight duties.

For external cooperative agreement management, grantees noted positive relationships with CDC/Tanzania staff and CDC's Procurement and Grants Office. Administrative and budget support provided by CDC/Tanzania was adequate and occurred on an ad-hoc basis as needed. Technical support provided by CDC/Tanzania is good and occurs on a regular basis. The Deputy Director and Project Officer had completed CDC required trainings.

Overall, contracts management was adequate. CDC/Tanzania had 14 active task orders. A basic tracking system existed for contracts, and electronic contract files were properly safeguarded. The Contracting Officer's Representative completed the required contracts training as well as confirmed that contractors were not performing inherently governmental functions and were completing work within their written statements of

work.

Major Challenges

The two greatest challenges for CDC/Tanzania were the large number of cooperative agreements (which produces a very high administrative burden on staff) and vacancies on the cooperative agreement management team (particularly the team lead position). Without either reducing the number of cooperative agreements or quickly staffing up the cooperative agreement management team, CDC/Tanzania will continue to concentrate on simply processing actions and resolving issues rather than standardizing processes for consistent cooperative agreement oversight. Cooperative agreement management duties were shared between staff across several teams. As previously mentioned, the roles and responsibilities were not clearly defined, limiting the efficiency of the office, as standard operating procedures and in-country tracking systems with sufficient detail were not yet implemented. Further, several documents were missing from the electronic file system. The Contracts Manager did not have access to the acquisition management system. Consequently, acceptance and approval of invoices was done at CDC.

Recommendations

- Examine possibility of consolidating or reducing the number of cooperative agreements.
- Fill vacancies on the cooperative agreement management team, especially team lead position.
- Revise and implement cooperative agreement management standard operating procedures (internal and external).
    - Clearly assign and define the roles and responsibilities for administrative, budget, and technical teams.
    - Clarify and streamline the internal processing of administrative actions.
    - Standardize grantee reporting requirements, site visits, reports, and schedules.
- Restructure the electronic file system and restore missing documents.
    - Moving forward, use the Program Budget and Extramural Management Branch's structure and add Project Officer site visits, grantee reporting requirements, and technical correspondence.
    - Restore missing documents.
- Organize the shared drive and consolidate tracking spreadsheets.
    - Keep tracking spreadsheets updated; enforce version control.
- Pursue an automated SharePoint cooperative agreement management system (e.g., CDC /South Africa) for medium to long term tracking; Excel spreadsheets for tracking in the short-run.
- Implement external cooperative agreement management standard operating procedures to improve administrative support.
- Maintain up-to-date tracking systems to monitor administrative issues including post-award action status, grantee reporting requirement deadlines, and restrictions as well as site-visit schedules and reports.

Grantee Compliance

Major Achievements

The CMAS II team found that most grantees are in compliance with audit regulations as well as timekeeping policies and procedures. They also have access to and use of the Payment Management System. Grantees have worked closely with CDC/Tanzania to adjust work plans and ensure that critical services were not interrupted due to delays in funding. In addition, this review found that the grantees' Principal Investigators knew their roles pertaining to cooperative agreement management and were in compliance with relevant policies.

Major Challenges

While most grantees were in compliance with audit regulations, the team noted that some audit reports are past due, and some audit findings still remained unaddressed. With respect to timekeeping, the CMAS II team found that some grantees did not have adequate timekeeping procedures. Several grantees had challenges with the inventory and management of property purchased with CDC funds and were unable to demonstrate a clear method for tracking this equipment. In addition, grantees reported challenges with procurement, particularly delays in procuring equipment and supplies using CDC funds. These delays were related to national laws and MOH policies on the procurement of international funds, an issue that could be readily addressed at the time of the CMAS II visit. Finally, the team noted that CDC/Tanzania is not currently implementing the site visit monitoring program, which presents challenges for administrative oversight of grantees.

Recommendations

- Conduct past-due audits and address all audit findings.
- For all grantees, create a timekeeping tracking system in compliance with timekeeping policies.
- Ensure that equipment purchased by grantees with CDC funds have CDC barcodes and manage inventory using a tracking system.
- Implement a site visit monitoring program.

Accountability for Public Health Impact

Major Achievements

Since 2011, CDC/Tanzania has been actively transitioning its care and treatment portfolio from international to local grantees, with a "matched" local grantee for each international grantee. This program, formerly centrally funded at CDC headquarters, is now funded through the PEPFAR Tanzania Country Operational Plan, with more than 50% of CDC/Tanzania's program funds used to support agreements with local grantees such as the national Ministries of Health of mainland Tanzania and of Zanzibar, mainland regional health authorities, and indigenous non-governmental organizations implementing prevention, care, and treatment activities. CDC aligned its fiscal year 2012 program budget (adjusted for pipeline) with the World AIDS Day strategy.

CDC/Tanzania demonstrated strong relationships with local governmental and nongovernmental grantees and showed strong technical leadership in advancing the national program toward the principles and interventions

to achieve an AIDS Free Generation. Notably, with the advocacy and assistance of CDC/Tanzania, the government of Tanzania now fully adopted new World Health Organization guidelines for anti-retroviral therapy and will begin implementing prevention of mother-to-child transmission Option B+ (treating all pregnant women with antiretrovirals for the duration of their life, regardless of their CD4 count) near the end of calendar year 2013.

Since the CMAS I visit, CDC/Tanzania had improved their technical site visit process. At the time of the CMAS II assessment, CDC/Tanzania demonstrated a well-thought out and detailed site monitoring system strategy, with 98 site visits to date. Staff roles and responsibilities were well-defined for the Site Monitoring System, and an organized system for logistics and management was in place. There was clear evidence that site monitoring system feedback resulted in site-level improvements. There was also a system in place for the dissemination and discussion of findings with relevant CDC technical leads, grantees, and service delivery sites.

To monitor the quality of its programs, CDC/Tanzania employed a full-time direct hire for quality improvement who led efforts to implement CDC's Site Monitoring System. CDC/Tanzania also implemented expenditure analysis and exhibited robust processes to review grantee and program targets and results.

CDC/Tanzania reorganized its Science Office, clarifying roles and responsibilities among staff and culling its evaluation portfolio. This reorganization helped ensure that support continued for evaluations that align with program priorities and were implemented in a timely fashion. Also, it ensured that support is withdrawn for stalled evaluations or those not of highest priority. Of note was the completed negotiation and signing of a materials and data transfer agreement with the government of Tanzania.

Major Challenges

CDC/Tanzania faced several key challenges in the area of public health impact. Two of the three World AIDS Day programs encountered challenges reaching targets in fiscal year 2012. The prevention of mother-to-child transmission of HIV program expansion suffered from a shortage of test kits and showed an ambitious trajectory for the implementation of Option B+ later in 2013. The test kit shortage also caused a halt in male circumcisions; however, recognition that procedures could and should be done even without the test prompted resumption of circumcisions. The anti-retroviral therapy program, which stalled in fiscal year 2011, regained momentum in fiscal year 2012. It was back on track for expansion but must plan for further scale-up carefully to balance the capacity of local grantees with the high expectations of beginning the Option B+ approach.

CMAS II team members found that CDC/Tanzania is transitioning funds and functions to local grantees without an overarching, coordinated, strategic approach and without an approach to monitoring the capacity built during the transition. While CDC/Tanzania supported the government and its grantees in standards and guidelines for the execution of data quality assurance and assessment, the strategic information and program staff had not been to clinical sites in the previous 12-24 months to conduct data quality assessments of CDC/Tanzania's funded clinical grantees.

CDC/Tanzania used local solutions for the organization of targets and results, but these systems lacked an

automated interface with the data platform at CDC headquarters, creating data transfer and entry burden at every planning and reporting cycle. CDC/Tanzania also had no evaluation plan and could be more strategic about the public release and dissemination of evaluation reports and other products to an online searchable website.

The CMAS II assessment found that CDC/Tanzania was not on track to meet comprehensive site monitoring coverage requirements. A comprehensive list of service delivery sites linked with cooperative agreements does not yet exist. The office also had no specific delineation of data entry and management responsibilities for site monitoring visits as well as no standardized documentation for follow-up plans and score remediation reporting.

Recommendations

- Continue to work with the MOH, Tanzania National AIDS Control Program, and Medical Store Department to ensure the security of commodities and consider a buffer stock of rapid test kits. Conduct intensive real-time monitoring and evaluation of prevention of mother-to-child transmission of HIV to identify problems early as the Option B+ program commences.
- Ensure that voluntary medical male circumcision services continue even if the program faces test kit stock shortages again in the future.
- In consultation with the MOH and National AIDS Control Program, develop a sustainable transition plan to describe CDC's vision and strategy for investment in and capacity of local grantees to implement clinical services that are in alignment with the national strategic plan.
- Develop a comprehensive approach to assessment and measurement of capacity building for all - technical areas, but especially for health systems strengthening and clinical services. -
- Conduct service and data quality assessments on key World AIDS Day indicators annually, especially in the first year of local grantee agreements. Advance planning for the service and data quality assessments is tentatively planned for this calendar year.
- Continue to advocate for technical assistance on interface of local solutions (COPSTER and/or PROMIS) with the data platform at CDC headquarters to automate targets, results, and other data exchange.
- Following on the prioritization process, develop a formal CDC evaluation plan, following CDC and AEA guidance. Make evaluation reports and publications publicly available through searchable websites.
- Develop a comprehensive registry that includes all sites meeting the site monitoring system's site definition.
- Ensure patients/clients are counted in CDC numbers and/or facilities supported by CDC.
- Develop a detailed site visit plan to ensure comprehensive coverage going forward, determine responsibility for data entry and management, and define post-visit procedures for documentation of follow-up plans and score remediation. Define post-visit procedures for development of follow-up plans and score remediation.

<u>Center for Global Health</u>

CDC's Center for Global Health also joined the CMAS II visit. The Center for Global Health provides leadership and implementation guidance for several cross-cutting CDC program and policy initiatives, and it participated in

the CMAS II visit to: assess the level to which all CDC programs are integrated in-country; obtain information on Center for Global Health-managed initiatives to contribute to transparency, accountability, and adherence to U.S. Department of Health and Human Services and DOS regulations; acquire information on policy initiatives or best practices affecting the country office; and work with CDC and U.S. Embassy staff to provide technical assistance and guidance on operations and financial management.

Please note the following section pertains to all CDC/Tanzania in-country programs; however, the previous sections primarily focused on DGHA programming only.

Major Achievements

As a result of the Secure Embassy Counter-terrorism and Construction Act of 1999, all U.S. government staff are required to collocate with the U.S. Embassy unless a waiver is granted from DOS. In 2001, DOS made an exception for staff working in laboratories and MOH facilities. Security standards used for these facilities were based on "common sense" recommendations made by the Regional Security Officer, instead of the Overseas Security Policy Board. Additionally, instead of a waiver package, these facilities only required a notification. One of the major achievements was meeting with the Regional Security Officer and arranging a walk-thru of the CDC facility. This subsequently led to the Regional Security Officer completing a collocation notification cable shortly after the CMAS II visit.

Major Challenges

CMAS II team members found that most of the partners were paying value-added tax despite a bilateral agreement to exclude the U.S. government and its partners from paying. The U.S. Agency for International Development's partners seemed to be exempt while CDC's partners were paying. The Tanzania Revenue Authority was not treating partners the same in different regions so it was difficult to isolate the problems.

Recommendations

- Gather information and document the circumstances surrounding partners being denied the exemption to paying value-added tax. Once in order, CDC/Tanzania should meet with the Management Officer and other agencies to discuss strategies to overcome the TRA resistance to honoring the agreement.

Next Steps

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