CDC's Country Monitoring and Accountability System II

Country Monitoring and Accountability System Visit to Nigeria – April 7-11, 2014
Summary of Key Findings and Recommendations

Introduction

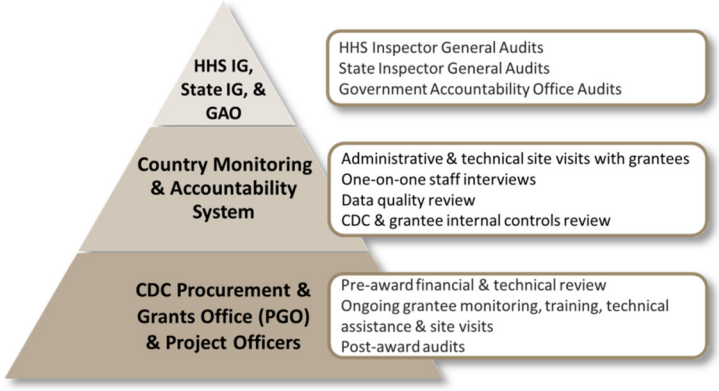
As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State's (DOS) Office of the U.S. Global 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 Nigeria from April 7-11, 2014. 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 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., site monitoring, clinical surveillance, HIV testing and counseling, tuberculosis/HIV, and prevention of mother-to-child transmission).

The CMAS II team conducted a five-day visit to the CDC/DGHA office in Nigeria (CDC/Nigeria). The participant representing CDC's Procurement and Grants Office stayed an additional week to carry out desk reviews and provide technical assistance, and CDC's Program Budget and Extramural Management Branch conducted a desk review following the CMAS II visit. Team members reviewed financial and administrative documents at CDC/Nigeria 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/Nigeria's operations.

Background on Country Program

CDC/Nigeria was established in February 2001. To achieve CDC/Nigeria's vision of "Public Health Excellence for Healthy Nigerians," the office supports the Nigerian Federal Ministry of Health (FMOH) and several key partners in the development, implementation, and evaluation of disease response efforts and programs that contribute to a strengthened public health infrastructure in Nigeria. CDC/Nigeria has seventy seven locally employed staff, seven U.S. direct hires, four non-DGHA U.S. direct hires, and two contract fellows.

Priority technical areas of CDC/Nigeria include the active and strategic scale-up of comprehensive HIV services. In accordance with the PEPFAR Nigeria strategic shift, CDC/Nigeria provides technical leadership and assistance to the FMOH and implementing partners to strategically scale up HIV testing, treatment and care, prevention of mother-to-child-transmission of HIV services, and continues to provide assistance to reach key populations in focal states with high HIV prevalence and disease burden. Another priority is the strengthening of laboratory systems and networks by providing technical leadership and assistance to build in-country capacity for high-quality national laboratory services and systems to assist with the rapid expansion of HIV treatment, diagnosis, and care as well as serves as the establishment of a national reference laboratory for tuberculosis and other diseases. Additionally, CDC/Nigeria provides technical leadership and direct assistance to the FMOH to strengthen epidemiology, surveillance, laboratory, blood safety, operations research, and workforce capacity.

Summary of Key Findings and Recommendations

Accountability for Intramural Resources

Country Operations and Human Resource Management

Major Achievements

At the time of the CMAS II visit, CDC/Nigeria was experiencing significant personnel transitions in leadership and management. Due to circumstances beyond their control, the Deputy Director assumed the Acting Country Director responsibilities, and DGHA representatives from CDC headquarters have been assuming the Deputy Director's responsibilities. Despite the inconvenient timing, the transition was well-managed and a positive example of leadership and management in a challenging and dynamic environment. A major achievement of CDC/Nigeria's senior management team was the cultivation of a high level of mutual respect between staff and management. Staff noted that they are optimistic that the office environment will continue to stabilize and that new management will help provide consistency and clear guidance to all levels of the organization.

Also, interviewed staff noted a significant improvement in the treatment of staff and morale throughout the office since CMAS I. From the 62 one-on-one interviews, the average job satisfaction on a scale of one to five (with one being least satisfied and five being most satisfied) was 3.9. On the same scale, the average response to the question of satisfaction on salary and benefits was 3.4. Finally, when asked to rank their comfort speaking in staff meetings, the staff average was 3.8. Over 25 staff reported that they are completely comfortable sharing their opinions and thoughts openly with all staff. All of these quantitative measures were above average and should be considered a notable achievement of CDC/Nigeria.

CMAS II team members found that all inherently governmental functions are carried out by appointed U.S. direct hires and that no contractors are being supervised by these direct hires. The motor pool assessment revealed strong management, a committed workforce, and regular submissions of maintenance and usage documents to CDC headquarters. Similarly, the information technology assessment demonstrated very strong systems, reliable connections, and a dedicated two-person support team. CMAS II team members provided clarity on rules and regulations regarding time and attendance practices for direct hires and corrected the approval process during the CMAS II visit. However, the time and attendance for locally employed staff was already managed appropriately. CDC headquarters commends the management and operations staff for adherence to protocol in these realms.

Major Challenges

CDC/Nigeria staff members expressed concerns with the rapid transitions of key leadership positions and requested more communication in advance of these transitions. Additionally, they would like more regular communication with their supervisors and assurances from CDC headquarters that key management positions will be filled swiftly with permanent hires. Additionally, staff noted challenges in terms of appropriate communication styles throughout the office on all levels of the hierarchy. They requested support from CDC

headquarters to improve communication to increase cohesion, morale, and improve channels through which important information can flow throughout the office.

The management and leadership assessment noted that there are a significant number of technical and administrative vacancies within the office and recommend that CDC/Nigeria's management team prioritize filling vacant positions and provide a group orientation to new hires. Interviewees noted that CDC/Nigeria's leadership wished to prioritize the upward mobility of CDC/Nigeria staff when considering these vacancies. Improving cross-training and appropriate training opportunities would enable staff to move into these positions. At the time of the CMAS II assessment, fewer than 20% of respondents reported that locally employed staff are in leadership positions or are being groomed for such. Improving the allocation of training opportunities (via a comprehensive staff-wide training plan), in addition to investing in cross-training, will help improve this perception. Lastly, CDC/Nigeria should conduct an overall review of its structure, including an assessment of current position descriptions. Both CDC/Nigeria's management team and staff expressed a desire for additional support from CDC headquarters to complete this task.

The housing allowance, specifically the large margins between grade levels, was a major concern among locally employed staff. An additional disparity noted was inconsistent allocation of overtime. Staff noted the impact on morale when there are no salary increases over long periods of time and no prospects of an increase in pay.

The security situation in Nigeria continued to be very challenging. Some of the cooperative agreement partners were located in dangerous zones, and staff must travel into those areas to provide Technical Assistance.

Recommendations

- Reinstitute the employee of the month program as well as other informal recognition practices.
- Ensure supervisors and management meet more regularly with staff.
- Schedule regular one-on-one meetings between supervisors and direct reports.
- Hold monthly all-hands meetings.
- Ensure that all management roles have a thorough understanding of training, travel, and supervisory policies and are able to apply them equitably among supervisees.
- Cross-train administrative staff within the same series to ensure ability to function in absence of team members.
- Request technical assistance from CDC headquarters to conduct an organizational design assessment with a particular concentration on streamlining of administrative functions.
- Create a comprehensive training plan for the whole office to ensure that the most important trainings are prioritized; trainings are linked to work plans; and funding is sufficient for the fair distribution of trainings. Promote trainings offered on the Department of Health and Human Services learning portal.
- Request temporary duty assignments from CDC headquarters to review, revise, and reclassify position descriptions for the U.S. Embassy's Computer-Assisted Job Evaluation system.
- Foster an environment of robust internal controls and personal discipline while respecting staff's judgment and expertise.

- Hold brown bag meetings for all staff on CDC headquarters and U.S. Embassy policies related to travel, trainings, human resource actions, salary and benefits.
- Continuously review the needs of the motor pool to ensure the safety of passengers and drivers in armored vehicles and in danger zones.
- Conduct an internal satisfaction survey to understand strengths and areas for improvement within the administrative support team.

Financial Resource Management

Major Achievements

CDC/Nigeria met most of the financial resource management standards for CMAS II. CDC/Nigeria demonstrated enhanced controls around all inventory and motor pool resources in a manner that continues to provide the greatest available support to CDC/Nigeria programs. The office accounted for and properly identified the vast majority of inventory reviewed.

A risk capability assessment and CMAS II evaluation showed that CDC/Nigeria has operational strengths in the areas of management of unliquidated obligations and takes a proactive approach in managing them. Overall, CDC Nigeria showed a commitment to sufficient internal controls, as defined by current policies and regulations.

CMAS II team members found that CDC/Nigeria uses Excel spreadsheets for budget tracking and produces an in-depth budget report each quarter which focuses on high priority items, including unliquidated obligations and travel obligations. The assessment also found that the quarterly budget report reconciles current obligations against the yearly budget. CDC/Nigeria produces a monthly summarized budget report that includes both post and CDC headquarters held funds, which is shared and discussed with CDC/Nigeria leadership.

The yearly budget development process reviewed was very detailed with actual obligations adjusted for the upcoming year. Each object class was separated on a different tab of the spreadsheet with projections included for each staff member (payroll, travel, etc.) at the lowest possible level.

The scope of CDC's Office of the Chief Financial Officer review primarily focused on imprest fund procedures and internal controls of financial activities occurring within CDC/Nigeria. This involved document sampling and transaction level detail analysis of all funds cabled to CDC/Nigeria as well as interviewing key personnel who have responsibility and oversight over field office financial management activities, both at CDC/Nigeria 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 CDC and Department of State systems and processes. Proper segregation of duties and fund certification procedures were in place to preclude unauthorized commitment and purchases. Procedures were used to ensure that all documents with financial

impact are processed through the U.S. Embassy's Financial Management Office. The U.S. Embassy's Financial Management Office rated CDC/Nigeria as its best customer.

Imprest funds were maintained to standard in accordance with the U.S. Embassy's guidance. CDC/Nigeria processed unliquidated obligations monthly, as evidenced by the low unliquidated obligations balance and line count.

Major Challenges

CDC/Nigeria developed a Country Operational Plan reconciliation document, but had not adequately track all active activities for the past three Country Operational Plan submissions. CDC/Nigeria had significant carryover funds which were not programmed in their current Country Operational Plan reconciliation document. Additionally, CDC/Nigeria did not have a standard operating procedure for cable requests. Since financial management was assessed through a desk audit, it was not possible to determine if all aspects of the standard operating procedure were performed adequately. The finance team was not included in the Country Operational Plan reconciliation process, which divided budget operations between the cooperative agreement and finance teams. Over the past year, the office resolved this situation with the finance team now included in cooperative agreement funding decisions and Country Operational Plan reconciliation.

CDC/Nigeria accounted for the majority of inventory; however, one vehicle found on the inventory list was broken down for spare parts, and the proper approved forms provided in support of this process were not included in the records at the office. Additionally, two new vehicles on the motor pool list and a new generator did not have the proper CDC headquarters inventory bar codes applied, but CDC/Nigeria provided documentation showing that they had requested the bar codes from CDC headquarters at the time of the CMAS II review.

To expand research capabilities and decrease dependency on CDC headquarters for information, CDC's budget and financial staff need expanded access to the CDC financial reporting system (IRIS). Additionally, the Delinquent Travel Advance report indicated that travelers are not consistently submitting travel settlement vouchers within the required five working days. Under the current U.S. Embassy system, a traveler is not allowed to submit a new travel request until the previous trip is settled. However, if the Delinquent Travel Advance report is not monitored closely, travelers could be approved for travel in spite of owing outstanding advances. Additionally, the report contains multiple errors.

Prior to December, the office lacked a policy or system to manage personal mobile phone bill reimbursements. Furthermore, imprest funds were used to purchase business cards. This is in violation of CDC headquarters' policy. Lastly, CDC/Nigeria's standard operating procedures addressed major subject areas, but did not provide guidance on how to complete and process specific tasks.

Recommendations

- Collaborate with CDC headquarters to develop a standardized procedure for tracking pre-commitment/obligation transactions within the budget to ensure the greatest level of accuracy.

- Complete a Country Operational Plan reconciliation of the past three years of approved Country Operational Plan implementing mechanisms and enter the remaining carryover funds, as applied to the pipeline in the 2015 fiscal year request.
- Complete a detailed standard operating procedure for cable requests that includes instructions for all stakeholders on the cable request process.
- Contact DGHA to request access to the CDC financial reporting system (IRIS).
- Contact the DGHA Budget Analyst for training in the CDC financial reporting system (IRIS).
- Establish a process to ensure that travel settlement vouchers are submitted within the required five working days timeframe. The U.S. Embassy's Financial Management Office should provide CDC/Nigeria monthly status reports of delinquent travel advances. If the traveler does not clear the advance within 30 days, initiate payroll deduction to settle the delinquent account. Coordinate with the U.S. Embassy and establish a date to correct reporting errors.
- Contact CDC's Procurement and Grants Office or CDC's Office of the Chief Financial Officer's Budget Analyst for guidance regarding business cards as a sole source item.
- Re-evaluate standard operating procedures and, where necessary, re-write to provide sufficient detail for staff to carry out specific tasks without further guidance.

Accountability for Extramural Resources

Grantee Management

Major Achievements

Since CMAS I, the cooperative agreement management team had transitioned into the partner management team. The team continued to have high staff morale and increased in-country capacity for the most effective roles to manage the partner management team, which included three U.S. direct hire Public Health Advisors, two locally employed Program Management Assistants, and two locally employed Public Health Management Assistants. Together, this team works with the Technical Activity Managers to manage and regulate activities for 36 active cooperative agreements across 25 grantees.

CDC/Nigeria should be commended for continuing the efforts from CMAS I, as indicated in the CMAS II desk review. CMAS II team members found that they maintained a well-managed system for tracking cooperative agreements, which included all funding actions as well as all approved budgets, available amounts, restricted amounts (by type), and project and budget periods. Best practices included the robust cooperative agreement filing system, along with the continuation application standard operating procedures and all post award actions, which contain a list of CDC/Nigeria staff roles and responsibilities, restrictions, and reconciliation tracking standard operating procedures.

CDC/Nigeria had a robust Site Monitoring Strategy system in place that addressed the need to visit service delivery sites in the field together with the grantee responsible for those sites. CDC/Nigeria also had a formal standard operating procedure in development to review the business systems of its grantees (titled the Business

Systems Review Strategy). This standard operating procedure will formalize the process and will be implemented in 2014. Routine orientation and notice of award review meetings were held with grantees once an award was made. There was a template agenda filed in the cooperative agreement library with a standard operating procedure for new awards that gave the basis for all the items to be covered in the meeting, including a review of the notice of award and management letter, as well as roles and responsibilities of all key players in the management of the award. Finally, the Project Officers, CDC technical staff, and the grantee Cooperative Agreement Manager met by phone or in-person quarterly.

The CMAS II assessment found that CDC/Nigeria's procurement team is organized and updates tracking tools frequently. This team had an excellent understanding of what documentation and information was required for maintaining complete contracts files. They were also doing an exemplary job interacting with CDC's Program Budget Extramural Management Branch procurement team via the procurement and invoice processing mailboxes.

Major Challenges

One of the challenges noted from the desk review was in reference to the grantee site visit reports. These reports were filed on the shared drive in a separate Site Monitoring System folder, but a plan needs to be put in place to ensure that they are sent to CDC's Procurement and Grants Office for their files.

At the time of the CMAS II visit, CDC/Nigeria was experiencing significant personnel transitions with respect to cooperative agreements. While CDC/Nigeria effectively managed many areas of the program within compliance guidelines, there were some developmental needs for the office. At the time of the CMAS II visit, the Contracting Officer's Representative had not completed the required training due every two years, and the locally employed purchase agent had not completed the Appropriations Law training. Additionally, not all Contracting Officer's Representatives had access to the Integrated Contracts Experts (ICE) system, and were therefore unable to perform key essential functions. This posed an immediate inherent risk to programmatic operations, specifically relating to procurement.

In addition, major challenges included Contracting Officer's Representative changes and reassignments leaving the new Contracting Officer's Representative unfamiliar with current contracts or leaving the office without a certified Contracting Officer's Representative. Furthermore, electronic files were not named or organized in a logical, standard way, which made locating documentation challenging.

Recommendations

- Update organogram to accurately reflect all staff positions. Ensure that someone is responsible for routinely updating organogram as staff changes occur.
- Reconcile and restore all Federal Financial Reports. The Cooperative Agreement Manager can contact their Grants Management Specialist at CDC's Procurement and Grants Office to obtain missing documents.

- Develop a process to ensure that each staff member receives and completes all trainings required to perform their functional roles as required by applicable CDC policies and regulations.
- Ensure that all Contracting Officer's Representatives have access to the Integrated Contract Experts system, which is essential to their defined role.
- Incorporate the provided standard file naming convention and incorporate required documents for each contract file.
- Ensure that more than one Contracting Officer's Representative is certified at all times to allow for coverage during times of personnel changes.
- Use the Integrated Contracts Expert (ICE) system to obtain contract documentation in order to maintain complete and accurate files.

Grantee Compliance

Major Achievements

In terms of overall cooperative agreement management, several of CDC/Nigeria's staff had been in their positions for less than a year. Leadership was taking this opportunity to revise and develop the internal operating procedures which will strengthen the processes of the team and overall grantee compliance. In terms of grantee relationships, the partner management team met with grantees and conducted site visits to facilities and operational sites on a quarterly basis. The team documented these visits and planned to send reports to CDC's Procurement and Grants Office on a more consistent basis moving forward. The partner management team was very pro-active in ensuring that expired agreements are closed-out in a timely manner. The team requested the CDC's Procurement and Grants Office provide any tools, templates, or checklists that might be available to further assist the closeout process.

Major Challenges

Based on discussions, the office lacked clear coordination within the partner management team regarding current funding decisions and the status of funding packages. However, CDC/Nigeria resolved these issues during the CMAS II visit. The partner management team also requested additional technical assistance from CDC's Procurement and Grants Office for in-country auditing firms to be better informed of U.S. government auditing requirements.

In terms of grantee compliance, six of the ten organizations had adequate systems in place, and only two were fully automated. The remaining five had partially automated processes or were paper-based. One of the grantees visited did not have the appropriate official available to address personnel and payroll questions. None of the grantees had been fully funded to the level of their approved budget. Several of the grantees were at critical points that are causing them to either halt activities or become anti-deficient (i.e., behind on salaries). Several of the grantees did not have standard operating procedures for use of federal electronic systems, and one of the ten did not keep timesheets.

One grantee had issues with the Payment Management System withdrawal, cash on-hand, and unauthorized carry-over. CDC's Procurement and Grants Office's CMAS II participant advised them of the correct procedures during their visit and advised them to attend the grants management training to reiterate the correct procedures. It was also recommended that the partner management team closely monitor these issues. One grantee had program income on hand. This issue was being addressed with the Grants Management Specialist/Grants Management Officer, CDC's Office of the Chief Financial Officer, and the Program Office. The grantee was advised of the proper procedures for reporting and addressing program income during the CMAS II visit. The issue will also be re-iterated during grants management training.

Recommendations

- Coordinate with CDC's Procurement and Grants Office to ensure site visit reports are submitted as required. Also recommend that the Project Officer coordinate with CDC's Procurement and Grants Office on the submission of historical reports.
- Develop or revise standard operating procedures to address internal controls. This will ensure that Project Officers are involved in and aware of funding decisions and status of actions.
- Inquire with the Risk Management and Compliance Activity at CDC's Procurement and Grants Office regarding the technical assistance request for in-country auditors. CDC's Procurement and Grants Office will also provide a checklist that summarizes basic areas that should be covered and addressed in an A-133 type audit.
- Ensure the partner management team participates in technical assistance training. Participants will also be provided with a soft copy version of CDC's Procurement and Grants Office toolkit that includes a closeout checklist.
- Work with CDC's Procurement and Grants Office to conduct grants management training to all local CDC grantees. Participants will receive tools and templates during the session. Ensure that the CDC/Nigeria partner management team follow-up with grantees to ensure standard operating procedures are developed.
- Advise the grantee with the Payment Management System withdrawal, cash on-hand, and unauthorized carry-over issues of the correct procedures and encourage attendance of grants management training where correct procedures will be re-iterated. Ensure that the partner management team closely monitors these issues.
- The grantee with program income should be advised of the proper procedures for reporting and addressing program income. The issue will be re-iterated during grants management training.

Accountability for Public Health Impact

Major Achievements

The CMAS II assessment found that CDC/Nigeria, through its system of Lead Activity Managers, continues to provide strong and frequent oversight of grantees. These Lead Activity Managers facilitated and streamlined communication between CDC/Nigeria and its grantees, enabling grantees to readily receive technical assistance

and support. In addition, CMSA II team members found that there is strong collaboration and communication between technical staff from FMOH, CDC/Nigeria, and the grantees, through both formal (e.g., technical work groups) and informal means. The Science Office, which had hired a full-time Associate Director for Science, was well-organized with detailed and well-implemented standard operating procedures. Furthermore, staff members in other technical areas were very familiar and experienced with CDC's scientific review process.

At the time of the CMAS II visit, CDC/Nigeria continually strengthened in-country capacity by funding indigenous organizations to provide the bulk of care and treatment and prevention of mother-to-child transmission services, as well as training and other capacity building interventions. The majority of funding was also appropriately channeled towards care and treatment and prevention of mother-to-child transmission (where Nigeria's greatest needs lie). The program proved to be on track to achieve its World AIDS Day targets. CDC/Nigeria implemented a data quality assessment in 2012, and at the time of the CMAS II visit, a follow-up assessment was being developed and planned for fiscal year 2015. Finally, CDC/Nigeria used data from an expenditure analysis to help set its targets and develop its Country Operational Plan during the 2014 planning cycle.

Major Challenges

While engagement with FMOH technical staff was found to be excellent, communication and coordination between senior CDC/Nigeria leadership with their counterparts at FMOH should be strengthened. In particular, changes in technical guidance, PEPFAR strategy, and funding priorities need to be communicated promptly and clearly so that high level decision makers in the FMOH can understand the public health and resource implications of these changes. In particular, discussions and agreements between CDC/Nigeria and the FMOH technical staff may not always be communicated promptly and clearly to senior FMOH officials.

While CDC/Nigeria-supported programs were on track to meet their World AIDS Day targets, CMAS II team members found that one of the major weaknesses of the Nigeria HIV control program is its poor anti-retroviral therapy and prevention of mother-to-child coverage. Also, since CDC/Nigeria had recently hired a dedicated Associate Director for Science, the staffing support for this position was still not sufficient to manage the workload and myriad of responsibilities that the Associate Director for Science office faces. Finally, CDC/Nigeria did not have a formal plan or strategy to evaluate its programmatic and strategic information interventions, nor had it been able to make CDC/Nigeria protocols or reports publically available through searchable Internet websites.

Recommendation

- Engage more effectively with FMOH decision makers, particularly in regards to major shifts in policy or funding. This may be done through engagement by CDC/Nigeria leadership with national policy setting groups (e.g., the Country Coordinating Mechanism) as well as presenting the Country Operational Plan and annual progress report results to senior FMOH leadership in U.S. government-FMOH bilateral meetings. Additionally, CDC/Nigeria should engage more with the FMOH during the Country Operational Plan development process.

- Work with grantees to find efficiencies in service provision to enable more aggressive target setting and scale up while working within the constraints of the current budget climate.
- Strengthen support for the Associate Director for Science office. In particular, this support will help increase the speed and quality of ethical and scientific reviews, enabling the Associate Director for Science to pursue other issues, such as guiding other technical areas in developing and implementing their scientific strategy and portfolio.
- Develop a formal evaluation plan and strategy for evaluating programmatic and strategic information activities. This plan could be part of a broad five-year strategic information strategy, which all DGHA country offices are encouraged to develop.
- Develop procedures for making CDC/Nigeria protocols or reports publically available through searchable Internet websites.

Center for Global Health

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 Department of State 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/Nigeria in-country programs; however, the previous sections primarily focused on DGHA programming only.

Major Achievements

In 2012, staff from the Office of Safety, Security and Asset Management conducted a site survey of the CDC/Nigeria offices in Abuja. This survey cited some security concerns and provided specific recommendations to mitigate the concerns to CDC/Nigeria leadership. During the CMAS II visit, the Center for Global Health representative conducted a follow-up site survey and found that the majority of those recommendations were completed. Those that had not been completed were either in progress or have been determined unnecessary by the Regional Security Officer; CDC/Nigeria will be moving into the new U.S. Embassy office within a year.

A meeting with the Regional Security Officer and Assistant Regional Security Officer indicated sufficient satisfaction with the security posture of the facility and confirmed that the Regional Security Officer would continue to support any maintenance requirements for current security equipment in CDC/Nigeria. Diplomatic Security within the Department of State requested an Inter-Agency Agreement between CDC/Nigeria and Diplomatic Security to cover some of these costs. This is an area for future discussion between the U.S. Department of State, OGAC, and CDC/Nigeria.

Major Challenges

CDC/Nigeria will be moving into the new U.S. Embassy office in October 2014. CDC/Nigeria has a large number of staff and property. The tasks associated with the move will be time-consuming and require additional staff support.

Starting almost immediately, there will be weekly meeting with the U.S. Embassy where various agencies will negotiate factors with lasting implications such as storage space, desk space, and shared space usage. It is essential that CDC/Nigeria have consistent temporary duty assignments to support and manage this move.

Recommendations

- Request temporary duty assignment support to oversee the move into the new U.S. Embassy office. This support should begin as soon as possible and continue until at least two weeks after the scheduled move. That will allow CDC/Nigeria leadership and the temporary duty assignment staff to develop a detailed timeline, outline necessary tasks, coordinate with the U.S. Embassy, decommission the old facility, and arrange for the disposal of all property no longer required. Given the current staffing conditions, this move-coordinator position cannot be absorbed by the CDC/Nigeria office and it is critical that a U.S. direct hire fill this position to represent CDC/Nigeria's interests at the U.S. Embassy meetings surrounding the move.

Next Steps

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