Country Monitoring and Accountability System Visit to Haiti – November 5-9, 2012
Summary of Key Findings and Recommendations

Introduction

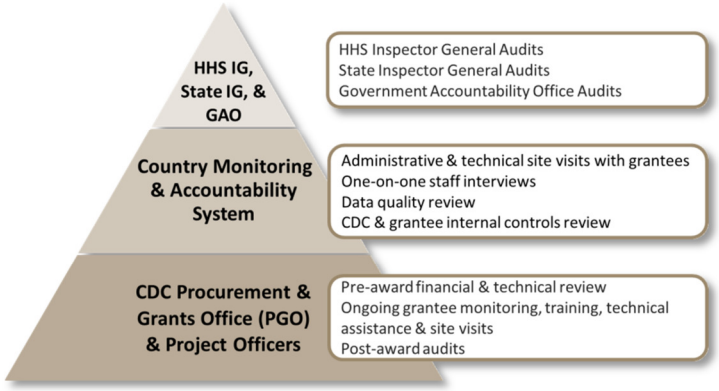
As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State's (DOS) Office of the U.S. Global 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 Haiti from November 5-9, 2012. 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 ten 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 Haiti (CDC/Haiti). Team members reviewed financial and administrative documents at CDC/Haiti 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/Haiti's operations.

Background on Country Program

The CDC/Haiti office opened in 2002 and focused on preventing the transmission of HIV/AIDS, providing care and treatment to those already infected, increasing laboratory and strategic information capacity, and building health care infrastructure. After the devastating earthquake in January 2010, CDC received one-time funding to reestablish and strengthen Haiti's public health system and address immediate public health needs. As part of these efforts, CDC is engaged with a wide range of activities from HIV and tuberculosis to cholera treatment and safe water. CDC's main partners include the Haitian MOH, Catholic Relief Services-AIDS Relief, Partners in Health, and the local non-governmental organization, Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections. At the time of the CMAS II visit, CDC/Haiti had 50 staff members (8 direct hires and 42 locally employed staff).

Summary of Key Findings and Recommendations

Accountability for Intramural Resources

Country Operations and Human Resource Management

Major Achievements

Similar to CMAS I, staff members overwhelmingly indicated that there is a high level of dedication and commitment from all staff to the CDC/Haiti mission as well as mutual respect between senior leadership and staff members. Although a number of the staff interviewed reported heavy workloads, the job satisfaction rate was generally high, and staff reported good morale overall. Staff noted feeling supported to make decisions, and a strong majority of staff felt that CDC is a good place to work.

CDC/Haiti was compliant with all CDC regulations on time and attendance practices, assured that correct hiring mechanisms and authorities were used to hire staff, and had satisfactory information technology communication capacity. In addition to this, CDC/Haiti staff maintained good relationships with the U.S. Embassy Front Office as well as with other U.S. government agencies.

Major Challenges

Although staff generally indicated a high job satisfaction rate, many commented on their heavy workload at

CDC/Haiti, which affected the ability to take trainings, find suitable times to meet with supervisors, and hold routine staff meetings. Specifically, over the past year, there were a number of staff who were unable to take trainings noted on their Work Development Plans due to lack of time.

The CDC/Haiti main office was located in Port-au-Prince, and it had five additional regional offices located in Cap Haitien, St. Marc, Jacmel, Cayes, and Jeremie. CDC could extend more career advancement and training opportunities to staff at CDC/Haiti regional offices. Also, some staff were unaware of having a Work Development Plan, and thus not actively pursuing career development opportunities.

This assessment found that a majority of the staff are uncertain of how to obtain information about equal employment opportunity, discrimination, and general workplace protection. It is important for local in-country staff to know where to go to address their questions or concerns related to these issues.

Recommendations

- Ensure that all staff, including regional staff, have a Work Development Plan in place and the opportunity to collaborate with their supervisor regarding opportunities for adequate training for improved job performance. This may come in the way of providing dedicated time and space for employees to take online courses.
- Reinstate routine staff meetings as a way of keeping communication open with all staff and maintain staff morale.
- Post equal employment opportunity and other workplace/staff protection information in the office and ensure that locally employed staff are aware that the U.S. Embassy Human Resource Office handles these issues.

Financial Resource Management

Major Achievements

Through interviews and document review, CDC's Office of the Chief Financial Officer found that locally employed budget and financial staff members demonstrated knowledge of both DOS and CDC/Haiti procedures. They ensured adequate procedures were 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. They also received training on various agency authorities and worked to remain abreast of current legislation.

At the time of the CMAS II visit, CDC/Haiti maintained a relatively large and complex PEPFAR budget (approximately $80 million annually), which includes multiple programs and funding streams. The Deputy Director tracked the budget for each program and monitored program expenditures per CDC standards.

CDC/Haiti did an excellent job of actively monitoring unliquidated obligations.

Accurate property management was especially important for CDC/Haiti due to the large volume of temporary duty assignments that occur in this office. CDC/Haiti had a full-time Warehouse Manager who was responsible for continuously tracking the status of property. The CDC/Haiti Deputy Director also made it a priority to assess the office's need for computers and other equipment. CDC/Haiti was doing an excellent job of managing their barcoded property, and surplus items were properly disposed of through the U.S. Embassy in Haiti and CDC's Procurement and Grants Office.

Major Challenges

The Deputy Director and Cooperative Agreement Audit Specialist were performing most of the financial management and program budget activities due to vacancies in the Office Manager and Finance Assistant positions. This placed a significant burden on both of these individuals.

CDC/Haiti established routine procedures to review unliquidated obligations. Continued review of unliquidated obligations is necessary to reduce those that are not valid, particularly those that are aged (older than two years).

Regular reconciliations of petty cash were performed on a monthly basis. The CDC/Haiti Deputy Director performed routine cash counts; however, regular unannounced cash counts were not conducted for the cash held by the sub-cashiers in the regional offices. Since travel to each site by the CDC/Haiti Deputy Director is not cost effective, the Deputy Director and U.S. Embassy Financial Management Officer agreed that reconciliation counts performed at the time of replenishment will be sufficient for the regional offices. Unannounced cash count performed during our review revealed a minimal cash shortage of 12.85 Haitian gourdes (approximately $0.30). At the time of our review, 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.

While program expenditures were monitored on a frequent basis, the office budget was not reconciled on a routine basis. Once the Office Manager and Finance Assistant positions are filled, it will be important to transition some of the budget responsibilities to these individuals.

Sample travel logs for the CDC/Haiti vehicles were reviewed. In several instances, trips were recorded on the logs which were not evidenced with a passenger's signature.

Recommendations

- Continue to work with the U.S. Embassy to fill vacant Financial Assistant position to relieve the burden on the Deputy Director and Cooperative Agreement Audit Specialist.
- Continue to routinely review unliquidated obligations and follow-up with the U.S. Embassy Financial Management Office staff to ensure appropriate action to clear transactions in a timely manner.
- Perform reconciliations of petty cash on a daily basis, but not less than weekly.

- Monthly unannounced cash counts for all CDC/Haiti sub-cashier advances (for the Port-au-Prince office) as well as reconciliation counts performed at the time of replenishment for the regional offices should be performed by the Deputy Director.
- Ensure that the sub-cashier completes relevant training courses, including Federal Appropriations Law and those related to DOS petty cash procedures.
- Store budget spreadsheets on the shared drive. Once hired, the Office Manager and Finance Assistant should be familiarized with the spreadsheets and trained on updating them.
- CDC/Haiti drivers should be reminded to obtain signatures of passengers for each trip taken, and CDC/Haiti management should review the travel logs to ensure this occurs.

Accountability for Extramural Resources

Grantee Management

Major Achievements

At the time of the CMAS II visit, CDC/Haiti managed 18 DGHA cooperative agreements and one contract, the latter of which expired on December 1, 2012. Cooperative agreement staff were knowledgeable and adequately performed roles and responsibilities. During the CMAS I visit, the team noted that grantee support was ad hoc, responding to issues as they arose. CDC/Haiti staff were now proactively working hand-in-hand with the grantees to provide technical and financial support. Grantees noted that communication between CDC/Haiti staff and CDC's Procurement and Grants Office was frequent and timely. Grantees demonstrated respect for Project Officers and the CDC/Haiti cooperative agreement team. All grantees expressed gratitude to the CDC/Haiti staff for the guidance and assistance they received. Having an Auditor and local Cooperative Agreement Specialist on the CDC/Haiti staff was a best practice.

In addition, CDC/Haiti recently focused efforts to resolve pending human subjects restrictions. Staff from CDC headquarters and CDC/Haiti made tremendous strides to clear up awards that had unresolved funding restrictions and/or restricted amounts that were unclear. CDC/Haiti will continue to work closely with CDC's Procurement and Grants Office until these funding restrictions are fully resolved.

All CDC/Haiti Project Officers completed the CDC required trainings. While the Deputy Director's Contracting Officer's Representative certification expired, he has plans in place to renew it by December 31, 2012.

Major Challenges

Lack of standard operating procedures, including tracking of due dates for required reporting and audits, continued to be an issue for cooperative agreement management. The country office was understaffed and unable to address this need. Site visit reports and correspondence from technical meetings were not stored in a central location nor were they documented on a consistent basis. In addition, CDC's Procurement and Grants Office did not receive copies of site visit reports.

Recommendations

- Develop standard operating procedures using templates provided by CDC headquarters, including one which ensures that site visit reports, recommendations, and follow-up documentation are sent to CDC's Procurement and Grants Office.
- Develop a procedure or use support staff to ensure the maintenance of cooperative agreement management files.
- CDC/Haiti's Deputy Director should complete Country Officer's Representative recertification by December 31, 2012.

Grantee Compliance

Major Achievements

The oversight of budgets by approving the Payment Management System drawdown on a quarterly/monthly basis worked well for the grantees. It provided a better linkage between expenditures and approved budgets, assuring grantees have the funding they need to operate in a cash-based system.

Major Challenges

90% of grantees reviewed are following up and correcting past audit findings. The visits revealed that the most consistent challenges faced by these grantees are assuring that appropriate timekeeping practices are in place, transferring property (e.g. vehicles) from prior agreements to new agreements, and allocating costs appropriately when funded by multiple CDC cooperative agreements to ensure no co-mingling of funds. In addition to these difficulties, grantees had minor problems with tracking inventory and with motorpool management/documentation.

While the primary responsibility of monitoring and evaluating sub-award vendors rests with the grantee, management of these contracts was a concern. Some of them were not aware that their sub-grantee must comply with the same regulations and guidance as themselves, of which the CDC can hold the grantee accountable for sub-recipient non-performance.

The CMAS II team noted new requirements for Notices of Award are included for fiscal year 2013 before communicating these changes to Project Officers. Several grantees mentioned delays in the processing of administrative grant actions by CDC's Procurement and Grants Office. These longer than expected processing times directly affect the grantees' ability to meet project objectives.

Recommendations

- Provide technical assistance to grantees on appropriate timekeeping practices, property protocols, appropriate cost allocation, and monitoring of sub-awards. Additional technical assistance on inventory and motorpool management/documentation may be needed as well.

Accountability for Public Health Impact

Major Achievements

CDC/Haiti was consistently represented in high-level MOH planning and at the technical working group level across areas. The office demonstrated regular contact between the Minister of Health and the CDC/Haiti Country Director, indicating accessibility at the highest level. CDC/Haiti had a lead role in many activities and played a lead coordinating role in the consolidation/move of the MOH into one compound, which will strengthen the MOH in the future. At the time of the CMAS II visit, the majority of CDC/Haiti PEPFAR funding (65%) was given to local grantees, and they were very appreciative of CDC/Haiti support.

CDC/Haiti and grantees made huge efforts to reach their prevention of mother-to-child transmission targets, especially post 2010 earthquake, and exceeded their target for prevention of mother-to-child transmission and antiretroviral treatment. Key HIV/AIDS programs were being implemented including prevention of mother-to-child transmission (B+: treating all pregnant women with antiretrovirals for the duration of their life, regardless of their CD4 count) and universal antiretroviral treatment coverage.

CDC/Haiti supported a strong national health information system that was used for planning and monitoring by the MOH and grantees. Every institution/grantee reported monthly aggregated results on HIV, tuberculosis, and maternal health (weekly for the case notification). CDC/Haiti provided a full 'package' of support through hardware, software, data entry, and trainings.

CDC/Haiti had a dedicated Associate Director for Science, who is based at CDC headquarters' Human Subjects Research Office and who has instituted procedures for protocol, abstract and manuscript clearance. Procedures were not yet cleared with the DGHA Science Office. All required CDC/Haiti staff completed Scientific Ethics Verification training; however, Dual Use Research training was not yet started.

CDC/Haiti developed a site monitoring system strategy that builds on a strong system of site supervision with regional care and treatment specialists, and will far exceed site coverage requirements. The site monitoring system team members demonstrated very strong clinical expertise and were able to provide on-the-spot technical assistance and mentoring.

Major Challenges

U.S. government assistance in Haiti is complex and has high visibility with the current administration reflecting many key positions in-country (e.g. Health Pillar, PEPFAR Coordinator, Global Fund Liaison and agency directors).

Many positions in the CDC/Haiti office continued to be vacant. Furthermore, several key staff will end their tours and leave post shortly. This will create an additional burden on the remaining staff. While there was currently coverage for Science Office-related responsibilities from CDC headquarters, no plan was found to transfer these responsibilities back to the in-country staff.

CDC/Haiti did not routinely provide verbal or written feedback to sites after site monitoring visits, and no system

was in place for the timely dissemination of results and follow-up of identified issues. CDC/Haiti did not use financial data for programmatic decision making. At the time of the assessment, the CMAS II team found no evidence of expenditure analysis.

A key unit of the MOH, the Ministry of Public Health and Population, is not co-located from the MOH. This was the unit that coordinates the CDC/Haiti cooperative agreement activities within the MOH. It could be beneficial that this unit moves to the single MOH compound so it can be fully integrated into the MOH. CDC/Haiti needs to pursue with MOH the issue of a unique patient identifier and reinforce data confidentiality.

Recommendations

- Advertise leadership positions and work with CDC/Haiti to ensure coverage during this transition period.
- Develop a plan for transferring Science Office duties from CDC headquarters back to CDC/Haiti.
- Incorporate an immediate feedback session for facility staff after site monitoring visits and develop standard operating procedures and templates for the dissemination and documentation of site monitoring feedback and the follow-up of site monitoring findings.
- Request CDC/HQ technical assistance for expenditure analysis assistance and start using this for making programmatic decisions.
- Request the Ministry of Public Health and Population move to the MOH compound.
- Continue to support the development of unique patient identifiers, and implement data confidentiality measures.

Next Steps

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