CDC's Country Monitoring and Accountability System II

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

Introduction

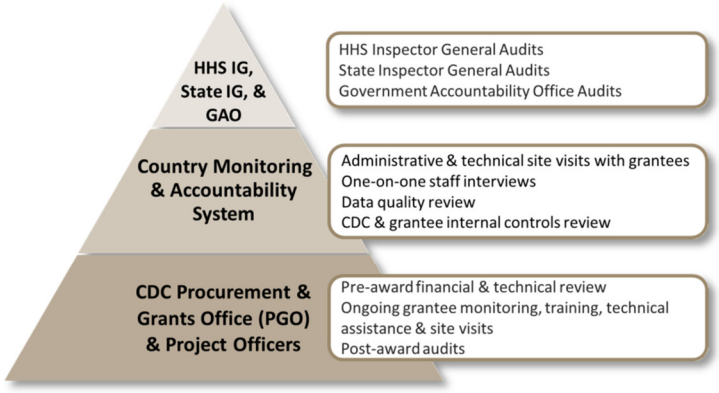
As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State's (DOS) Office of the U.S. Global AIDS Coordinator (OGAC). CDC uses its technical expertise in public health science and long-standing relationships with Ministries of Health (MOH) across the globe to work side-by-side with countries to build strong national programs and sustainable public health systems that can respond effectively to the global HIV/AIDS epidemic. CDC global HIV/AIDS PEPFAR-related activities are implemented by the Division of Global HIV/AIDS (DGHA) in CDC's Center for Global Health. PEPFAR activities represent the largest portfolio of global health activities at CDC.

CDC's Country Monitoring and Accountability System

CDC/DGHA launched the Country Monitoring and Accountability System (CMAS) in 2011 to identify challenges resulting from the rapid scale-up of complex CDC/PEPFAR programming as a part of CDC's commitment to transparency and accountability. This initiative serves as a basis for ongoing, monitored quality improvement of DGHA's programs and operations through internal programmatic and financial oversight. CMAS is a proactive response on the part of CDC to: 1) ensure accountability for global programs and proper stewardship of U.S. government resources by promoting explicit performance standards and defining expectations for bringing all components of program accountability up to the highest standards; 2) ensure DGHA is supporting DOS, OGAC, and the Presidential Initiatives; 3) serve as a basis for ongoing, monitored quality improvement; and 4) effectively prepare CDC for future oversight audits, congressional inquiries, and special data calls.

CDC Commitment to Accountability

Ensures optimal public health impact and fiscal responsibility



CDC also maintains a Global Management Council chaired by CDC's Chief of Staff which meets regularly to address cross-cutting issues related to the management and oversight of CDC's global programs.

The CMAS strategy was designed to systematically assess CDC's accountability and proper stewardship of U.S. government resources and provide feedback on key business and program operations in the following key areas:

- **Intramural Resources**: Ensuring proper management and stewardship of financial resources, property, and human resources within CDC's overseas offices
- **Extramural Funding**: Ensuring responsible and accurate management of financial and other resources external to CDC's overseas offices
- **Public Health Impact**: Ensuring the delivery of consistently high quality interventions and technical assistance that positively impact the populations the program serves

The first round of CMAS visits (formally known as Country Management and Support visits - CMS I) took place between February 2011 and March 2012 and assessed 35 country offices. A second round of CMAS visits (CMAS II) evaluated 30 country offices and one pilot. A few CMAS II visits were cancelled due to political unrest. CMAS II assessments occurred between June 2012 and June 2014 and increasingly emphasized supportive technical assistance to ensure continual quality improvement. In addition to the focus on CDC's PEPFAR program activities, CDC's Office of the Chief Financial Officer reviewed financial transactions for CDC's other global health programs.

Scope

CMAS II visits were designed to provide an overview of CDC country programs and identify good practices and areas for improvement. While the scope of these visits was primarily focused on CDC/DGHA's activities implemented through PEPFAR, other CDC global health programs were assessed in countries where they have a significant presence. Financial management activities were assessed for all CDC programs in-country. Further, these visits were not considered comprehensive, nor were they intended to replace Inspector General audits.

Objectives

DGHA conducted a CMAS II visit to the Central American Regional Office in Guatemala (CDC/Central America) from September 9-13, 2013. The principal objectives of this visit were to:

- Perform a CDC headquarters assessment of internal controls in the field to ensure the highest level of accountability;
- Review intramural and extramural resource management to ensure financial stewardship of U.S. government funds;
- Generate a multidisciplinary snapshot of how CDC country offices are performing regarding programmatic effectiveness in the areas of AIDS-Free Generation Strategy, site visits, and data driven programs to ensure DGHA is achieving the greatest public health impact; and
- Provide clear feedback and technical assistance to the country office to improve current internal controls.

Methodology

CDC headquarters in Atlanta assembled a multidisciplinary team of eight CDC subject matter experts in the following areas to perform the CMAS II assessment: financial management, program budget and extramural

resources, grants management, country management and operations, and strategic information.

The CMAS II team conducted a five-day visit to the CDC/DGHA Central American Regional Office in Guatemala (CDC/Central America). A representative from the CDC's Procurement and Grants Office remained in the field the week after the visit to provide direct technical assistance to grantees. Team members reviewed financial and administrative documents at CDC/Central America 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/Central America's operations.

Background on Country Program

Since 2003, CDC/Central America has worked to strengthen and coordinate strategic information and prevention strategies that target key populations to respond to the HIV epidemic in the region. CDC/Central America builds in-country capacity to design, implement, and evaluate HIV/AIDS-related surveillance systems. CDC/Central America also seeks to improve the broader national health information systems operated by the region's MOH to collect, store, analyze, and use high-quality data for the planning of HIV prevention, care and treatment programs.

CDC/Central America, in collaboration with other PEPFAR agencies in the region, developed a prevention reach model to estimate the coverage of HIV services for key populations in the region (men who have sex with men, transgender persons, and female sex workers). Regional coverage was estimated at 22.3% among men who have sex with men, 50.8% among transgender persons, and 43.5% among female sex workers. Population size estimates were also shared with national governments in the region, the Global Fund, and other stakeholders to better understand the gaps in current HIV prevention efforts, inform future investments, and better reach key populations.

CDC/Central America has been supporting HIV and sexually transmitted infection surveillance and control among sex workers, men who have sex with men, transgender persons, and people living with HIV in the region since 2006. The HIV and Sexually Transmitted Infections Sentinel Surveillance and Control Strategy is an HIV combination prevention strategy that combines HIV testing and counseling among key populations, sexually transmitted infections diagnosis and treatment, condom promotion, behavioral change, and an information system to monitor the impact of the project. The results of this program are the main source of programmatic key population behavioral and epidemiological data in the region. CDC/Central America is currently supporting 30 clinics in the region with plans to support 17 additional clinics by September 2014.

In addition to DGHA-related activities, CDC's Center for Global Health conducts programmatic work in the region through the Division of Global Disease Detection across six programs: the International Emerging Infections

Program and the Field Epidemiology Training Program, as well as Influenza, Lab Systems, Zoonotics, and Emergency Preparedness and Response.

Summary of Key Findings and Recommendations

Accountability for Intramural Resources

Country Operations and Human Resource Management

The CMAS II team gained in-depth feedback from CDC/Central America staff by holding one-on-one interviews with all nine current staff members (six locally employed staff and three U.S. direct hires) and disseminating an online survey, which all nine staff members completed. The CMAS II team also met with select CDC/Central America staff regarding country operations and human resource management and completed eight standardized checklists on subjects such as motor pool, time and attendance records, inherently governmental functions, facilities management, information technology systems, and travel orders. Additionally, the CMAS II team conducted meetings with the Human Resources Officer at the U.S. Embassy.

The overall findings for CDC/Central America indicated a positive outlook for the office under the current leadership and highlighted the staff's compassion and commitment in striving for an AIDS-Free Generation. The morale of the office significantly improved since the CMAS I visit. There was an atmosphere of mutual respect and care at all levels of the organization. Despite very tight physical space, staff reported feeling like a strong team who worked well together and enjoyed open communication, in addition to feeling trusted and empowered by senior management.

Over 50% of the staff had been employed by CDC/Central America for three years or more, providing deep organizational knowledge. Findings from CMAS I, which indicated challenges with career development tracks and performance reviews, were addressed robustly. Notably, each staff member was allocated an annual training budget to use for professional or personal development, with the added ability to roll over funds to following years. The annual Work Development Plan process was taken seriously as a collaboration point between supervisors and employees for professional development. The relationships between CDC/Central America and U.S. Embassy's front office, Human Resources Office, Financial Management Office, and General Services Office were strong and mutually respectful. These two innovations were noted as promising practices to share across CDC field offices.

Major Challenges

There was a perception among staff that locally employed staff were not being groomed for formal leadership positions and did not receive nominations for awards at the annual Mission Award Ceremony. In addition, technical staff members found it difficult to carve out time to attend trainings due to their workload and heavy administrative training requirements crowding out more meaningful trainings.

Recommendations

- Review the organizational chart to inform the development of a plan to guide and advance locally employed staff into formal leadership positions.
- Encourage technical staff to make training a priority at least once a year. Management can support staff in prioritizing training and development outside of normal training requirements, to ensure employees' professional improvement needs are met.
- Submit nominations for locally employed staff for the annual Mission Award Ceremony.

Financial Resource Management

Major Achievements

Overall, the CMAS II team found that CDC/Central America had adequate financial systems in place. Financial transactions were tracked at multiple levels and kept up-to-date. In-country generated budget reports included actual obligations and expenditures for post and CDC headquarters transactions by object class. The office produced reconciled budget reports on a monthly basis, and budget staff kept the Deputy Director and Country Director informed of major budgetary issues. CDC/Central America demonstrated a best practice regarding budget reports and comeback cables (confirmation of communications); current and multiple prior fiscal years were accessible and available for review.

Unliquidated obligations held at post were reviewed monthly. Also, CDC headquarters-based unliquidated obligations were reviewed on a quarterly basis, as required. There was standard operating procedures in place for processing cables and petty cash management. In addition, there were systems in place for managing and reviewing unliquidated obligations as well as preparing cost of doing business figures. All outstanding Country Operational Plan activities were tracked on a spreadsheet, with funding separated by each grantee. Country Operational Plan reconciliation was conducted when CDC/Central America submits funding packages and depends on the funding cycle, instead of the monthly requirement. The technical teams held monthly meetings with grantees to track activities and cooperative agreement funding. Budget staff reported completing all of the required trainings.

CDC/Central America staff made great progress since CMAS I in 2011 and the DGHA expanded management visit in May 2012 regarding property management. Inventory was performed yearly, and there was an adequate separation of duties.

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

Through interviews and a document review, CDC's Office of the Chief Financial Officer found that locally employed budget and financial staff members were very knowledgeable of both DOS and CDC/Central America procedures. Staff members demonstrated commitment to ensuring adequate procedures are in place and followed. The U.S. Embassy's Financial Management Officer indicated that CDC/Central America's leadership was responsible for ensuring that all transactions were consistent with applicable policies, authorities, and regulations.

Major Challenges

In reviewing the budget operations of CDC/Central America, the CMAS II team identified a few challenges. The data from both CDC and U.S. Embassy financial systems (IRIS and COAST) were requested less frequently than their respective monthly and bi-weekly standards. In the management and operations budget projections, some, but not all, object classes were used to organize the obligations; sometimes they were organized by activity instead. Financial staff completed trainings in the CDC financial system (IRIS), but the Deputy Director had not. In addition, when the CMAS II team inspected the property of CDC/Central America, a few items where either not barcoded or were barcoded and not found on the Property Management Information System list.

Even though CDC/Central America worked to reduce the use of petty cash, it still used a total of $21,658 for the period of August 1, 2012 through July 31, 2013. This was relatively high when compared to other CDC country offices. Guatemala City has a modern economy with contemporary stores and businesses that would allow CDC/Central America to use other methods of payment for the purchase of goods and services. The challenge is for CDC/Central America to establish better practices and find methods other than cash to purchase goods and services, especially for recurring expenses such as periodical subscriptions and office supplies. These alternative purchase methods could include contracts for recurring expenses and the use of credit cards for others. The petty cash advance is $1,500 (12,000 Guatemalan Quetzal) with a regular draw or replenishment being made approximately every three to four weeks. This level of advance is not being questioned by the U.S. Embassy; however, both the U.S. Embassy and CDC headquarters have current policies of petty cash reduction, and CDC/Central America should develop procedures for adherence.

CDC/Central America established routine procedures to review unliquidated obligations. At the time of the CMAS II review, CDC/Central America had a number of open unliquidated obligations from fiscal years 2010 to 2013. However, during the review, CDC/Central America de-obligated and cleared the remaining outstanding fiscal year 2010 unliquidated obligations. Continued review of unliquidated obligations is needed to reduce those that are not valid, particularly those that are aged (older than two years).

Recommendations

- Set up a calendar reminder and include the point of contact at the U.S. Embassy Financial Management Office to ensure that the U.S. Embassy financial system (COAST) data is obtained on a bi-weekly basis.
- Set up a calendar reminder and include the Budget Analyst at CDC's Office of the Chief Financial Officer to ensure that the CDC financial system (IRIS) data is obtained on a monthly basis.

- Ensure all object classes are utilized in projections. In the management and operations budget projections, some object classes are utilized, but not all.
- Ensure the Deputy Director receives training on the CDC financial system (IRIS).
- Barcode current non-compliant equipment, property and vehicles and ensure that all property is recorded in the Property Management Information System list.
- Consider reducing the amount of petty cash by reviewing purchased goods and services that petty cash is currently being used for today and pursuing alternate methods of procurement.
- Continue to routinely review unliquidated obligations, and aggressively follow-up with the U.S. Embassy's Financial Management Office staff to ensure transactions are cleared in a timely manner.

Accountability for Extramural Resources

Grantee Management

Major Achievements

In terms of cooperative agreement management, CDC/Central America continued to be a valued partner and collaborator to grantees in the region. They successfully implemented monthly one-on-one and semi-annual grantee meetings. The reports of these meetings were compiled and shared with CDC's Procurement and Grants Office.

Additionally, clear roles and responsibilities were assigned to the office staff managing the cooperative agreements/grantees, and there was an overall improvement in administrative guidance, oversight, and leadership from CDC/Central America to grantees. The office also strengthened communication with the grantees on expectations, outcomes, and reporting requirements. In terms of providing adequate technical support, CDC/Central America made substantial increases in official and standard oversight documentation in their cooperative agreement files. The office also developed electronic cooperative agreement files.

Major Challenges

CDC/Central America had insufficient guidance to grantees on roles, responsibilities, and PEPFAR goals and objectives. The office lacked tracking tools for continuations, post-award, or other extramural actions as well as a timeline for cooperative agreement action processing. In addition, cooperative agreement files did not contain certain elements. Further, CDC/Central America still had several incomplete standard operating procedures, which, upon completion, would help with general operations. Although the CDC/Central America office incorporated certain training elements to grantee monitoring meetings during the review, the CMAS II team identified the need for grants management training for grantees.

Recommendations

- Develop a cooperative agreement action processing flow chart and timeline.
- Create a post-award and restrictions tracking tool and keep it updated.

- Expand and consolidate the current standard operating procedure documents and store them on the shared drive.
- Complete the electronic cooperative agreement files and keep them updated. The Cooperative Agreement Manager or Deputy Director can obtain the remaining Funding Opportunity Announcements from www.Grants.gov and contact CDC's Program Budget and Extramural Management Branch specialist for assistance.
- Discuss the Notice of Award's terms and conditions, programmatic and administrative restrictions with grantees.
- Coordinate grants management training during fiscal year 2014 to ensure that CDC/Central America can provide better U.S. Federal grants management guidance to grantees.

Accountability for Public Health Impact

Major Achievements

CDC/Central America participates in the Regional Coordinating Mechanism meetings, which congregates the seven MOHs in the region and provides input along with other U.S. government agencies on discussions pertaining to HIV/AIDS, sexually transmitted infections, tuberculosis, and other issues. CDC/Central America's activities are geared towards strengthening technical capacities in the region and among individual MOHs. This is accomplished through cooperative agreements and CDC/Central America staff by focusing on key populations, laboratory improvements, tuberculosis/HIV, as well as surveys and surveillance systems.

Grantees, including the MOHs, reported an appreciation for the high-quality technical assistance from CDC/Central America. For example, grantees acknowledged all the good work that CDC/Central America accomplishes and that the HIV and Sexually Transmitted Infections Sentinel Surveillance and Control Strategy has been CDC/Central America's "greatest contribution to this region."

Other regional contributions focus on addressing health systems strengthening, strategic information, and prevention issues among key populations with a concentrated epidemic. Prevention interventions among key populations are provided based on Behavioral Surveillance Survey results. Health systems strengthening is also provided to ensure that laboratory services are of high quality by assisting in building lab testing capacity and that data are reliable and used for decision making by strengthening second generation surveillance (http://www.who.int/hiv/topics/surveillance/2ndgen/en/). These systems include case reporting, mentoring Field Epidemiology Training Program participants, the HIV and Sexually Transmitted Infections Sentinel Surveillance and Control Strategy, and the evaluation of HIV surveillance systems. This illustrates that CDC/Central America's investment portfolio is well-aligned with strategic priorities, as indicated by the epidemic context as well as regional and national priorities. Recent interest in a regional public health institute is promising and points to logical institutional context for future CDC/Central American partnerships around applied public health science activities.

CDC/Central America had a standard operating procedure for monthly meetings with grantees that covers

technical and administrative matters. It was used to monitor CDC/Central America's cooperative agreement expenses and progress made at meeting program targets, goals, and objectives. This is an excellent program planning tool that helps CDC/Central America monitor and track progress over time. CDC/Central America submitted grantee-level data for the Country Operational Plan and PEPFAR semi-annual and annual program results into the Data for Partner Monitoring system at CDC headquarters. The Deputy Director for Science and Programs was fulfilling the Associate Director for Science role for CDC/Central America, and there was a clear structure and tracking system for the human subjects review process.

Major Challenges

Funding to indigenous organizations constituted 42% of total funding for fiscal year 2012. This low figure was due in part to the limited capacity in the region to respond to Funding Opportunity Announcements. Also, timeliness of portfolio implementation was frequently compromised by changes in the agendas of MOHs and CDC/Central America staff as well as changes after national elections.

Part of CDC/Central America's portfolio included testing and counseling among key populations. Although referral of those who test positive took place at the HIV and Sexually Transmitted Infections Sentinel Surveillance and Control Strategy clinics, this needed to be documented by all grantees. All grantees conducted implementation supervision and coordinated these with CDC/Central America activity managers. However, there was no evidence of grantees having a data quality strategy or an evaluation plan that included main evaluation questions, type of evaluations, and budget allocation. Finally, although CDC/Central America had standard operating procedures for the clearance of protocols and publications, these were not yet submitted for clearance to CDC headquarters.

Recommendations

- Increase the pool of indigenous organizations that can compete for Funding Opportunity Announcements. This can be achieved by:
    - Working with grantees to establish a course on how to respond to Funding Opportunity Announcements and other proposals,
    - Providing seminars to academic, governmental and nongovernmental organizations on how to develop cooperative agreements,
    - Teaming with the U.S. Agency for International Development to include a cooperative agreement section in their grants application course,
    - Advertising funding opportunities through the Global HIV Monitoring and Evaluation Information web portal and Field Epidemiology Training Program network, and
    - Strengthening the technical arm of the Council of Ministers of Health from Central America to ensure technical needs in surveillance, information systems, and program monitoring and evaluation in the region can be met by local talent even when international donors decline. This will require a capacity building strategy.

- Continue to engage effectively with partners at all levels including the U.S. government, the Council of Ministers of Health from Central America, the MOH, multinationals, the Global Fund, and nongovernmental organizations.
- Document levels of linkage with care and treatment services for those who receive positive HIV results. This will require an agreement with the national programs.
- Develop a data quality strategy and ensure that cooperative agreement grantees adhere to it.
- Develop an evaluation plan at the CDC/Central America level.
- Submit standard operating procedures for the clearance of protocols and publications to CDC headquarters for review. Increase the involvement of CDC/Central America staff in the process other than the current Associate Director for Science point of contact.

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 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/Central America in-country programs; however, the previous sections primarily focused on DGHA programming only.

Major Achievements

One of the major achievements made this year has been the placement of all CDC/Central America staff in Guatemala within the University of the Valley of Guatemala campus, located on a single floor of a university building. This location meets the Regional Security Officer and the U.S. Ambassador's security requirements. A major accomplishment was the progress made in utilizing a plan to share costs equitably among various CDC programs in the region. All programs agreed to use the recommended "headcount" methodology.

The CDC/Central America platform, including DGHA and non-DGHA Center for Global Health programs, was operating in an integrated "One CDC" manner and implemented the supervision and oversight approach described in the CDC governance document. This was clear when speaking with the U.S. Ambassador, the Regional Security Officer, and others at the U.S. Embassy, and with other partners, such as Pan American Health Organization and the MOH. All expressed deep appreciation of CDC/Central America's commitment to the health of the region and willingness to partner across the region in a seamless manner.

Major Challenges

Several challenges in the Center for Global Health programs were encountered. The first involved the Division of

Global Disease Detection umbrella programs, which include the International Emerging Infections Program and the Field Epidemiology Program as well as Influenza, Lab Systems, One Health, and Emergency Preparedness and Response. CDC/Central America had only one person staffing each of these programs, and nearly all were operating under limited resources. This was further complicated by most, if not all, senior staff who were carrying out multiple jobs. Given the multi-country platform and the desire to meet the level of expectation expressed by the seven regional countries in Central America, the small number of staff and funding made accomplishing program goals challenging. Several of these programs have some degree of overlap in mission, leading to situations where it is not always inherently clear which group has the lead on a particular issue.

There were concerns that some staff were not as prepared as they could be, especially those taking an overseas assignment for the first time or coming to CDC/Central America from another agency or institution. In addition, career tracks for staff in country or those returning to CDC headquarters were not clearly defined.

Recommendations

- Work to better define roles and responsibilities, goals, and potential impact across the multiple disease programmatic lines.
- Ensure that the Center for Global Health and CDC headquarters programs better define (for each program and project) priority countries.
- Develop and better define career tracks and placement opportunities, especially for returning overseas staff. Related to that, as an agency that prides itself on its international work/programs, CDC/Central America has essentially non-existent language training, which is inexcusable for an agency doing global health.

Next Steps

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