Country Monitoring and Accountability System Visit to Caribbean Regional Office – September 23-27, 2013 Summary of Key Findings and Recommendations

Introduction

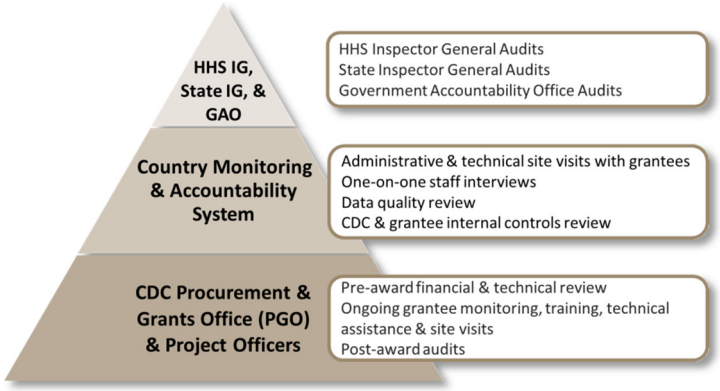
As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State's (DOS) Office of the U.S. Global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

CDC's Country Monitoring and Accountability System

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

CDC Commitment to Accountability

Ensures optimal public health impact and fiscal responsibility



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

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

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

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

Scope

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

Objectives

DGHA conducted the CMAS II visit to the Caribbean Regional Office from September 23-27, 2013. The principal objectives of this visit were to:

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

Methodology

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

resources, grants management, country management and operations, and several key technical program areas (e.g., epidemiology and strategic information).

The CMAS II team conducted a five-day visit to the CDC/DGHA Caribbean Regional Office in Barbados (CDC/CRO). Team members reviewed financial and administrative documents at CDC/CRO 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/CRO's operations.

Background on Country Program

Since 2002, CDC/CRO has worked with the MOHs of 12 countries and regional partners to strengthen HIV/AIDS programs and build public health capacity in the Caribbean region. CDC/CRO also serves as a platform to address other urgent public health problems in the region. CDC/CRO focuses on four key activities to address HIV/AIDS in the region: (1) increasing the availability of high quality data to improve programs; (2) strengthening laboratory systems and services; (3) preventing the transmission of HIV with a focus on key populations; and (4) strengthening health systems and building public health capacity.

Summary of Key Findings and Recommendations

Accountability for Intramural Resources

Country Operations and Human Resource Management

At the time of the CMAS II visit, CDC/CRO consisted of ten locally employed staff, five direct hires, and one fellow. CDC/CRO's main office was located in Barbados, with one technical locally employed staff located in Jamaica and one in Trinidad and Tobago. The CMAS II team interviewed all 16 staff members.

Major Achievements

An impressive 90% of the staff indicated that they understand the mission, goals, and objectives of the organization. Since the CMAS I visit, CDC/CRO made strides in ensuring that staff understand their roles and responsibilities within the organization, especially with regard to program management. Many staff members were able to attend training to further develop their skills for their job roles. The current leadership proved to be strong and responsive to both staff needs and grantees. The Country Director operated with an open door policy, and the relationship between CDC and the Human Resources Office, General Services Officer, Financial Management Office, and U.S. Embassy front office were strong and mutually respectful.

Major Challenges

CDC/CRO staff based in Trinidad and Jamaica indicated a need for additional communication with the office in

Barbados. Procedures for Employee Performance Reviews of locally employed staff were unclear in some cases. Based on staff surveys and interviews, the CMAS II team observed that overall staff morale and job satisfaction at all CDC/CRO offices required attention to address staff interpersonal issues, increase communication and flow of information for decision-making, and additional work to align professional development opportunities with career goals.

Recommendations

- Increase communication between the CDC/Barbados office and the offices in Trinidad and Jamaica, through both regular emails and conference calls. Calls (with action points) should be documented.
- Ensure all personnel involved in Employee Performance Review procedures complete the associated training provided by the U.S. Embassy Regional Human Resources Officer.
- Conduct a review of each staff member's Work Development Plan to ensure that professional development opportunities are, to the extent possible, in line with career goals in order to further support staff morale.
- CDC/Barbados should ensure that staff structure and program management responsibilities and activities are clearly defined and communicated. Recommend additional staff undergo Contracting Officer's Representative certification. CDC/CRO should identify and address gaps in staff's understanding of program management responsibilities and provide training and guidance as needed

Financial Resource Management

Major Achievements

CDC/CRO continued to meet all expected budget functions and tasks outlined by DGHA for PEPFAR program budget management, using detailed Microsoft Excel spreadsheets for budget tracking and reporting. Excel functionality and reporting improved since CMAS I; the Financial Analyst demonstrated more familiarity with PEPFAR budget operations.

For budget reporting, reports were accessible for the current and multiple prior fiscal years. An employee maintained access to the tracking system for locally and CDC headquarters held funds and could obtain data at any time. There was a process in place for property management. One hundred percent of the sample was accounted for (visually inspected or documented); 97% of the sample was barcoded if sensitive and accountable; and 60% of the sample that was accountable was in the property tracking system. The office performed inventory two to three times a year, which is more frequently than the yearly requirement.

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

Through interviews and document review, CDC's Office of the Chief Financial Officer found that locally employed budget and financial staff members are very knowledgeable of both DOS and CDC/CRO procedures. They demonstrated commitment to ensuring adequate procedures are in place and followed.

The U.S. Embassy Financial Management Officer expressed that CDC/CRO leadership is held responsible for ensuring that all transactions are consistent with applicable policies, authorities, and regulations. CDC/CRO leadership also received training on various agency authorities and worked to maintain awareness of legislative changes and updates.

Major Challenges

Although the office showed marked improvements from the CMAS I visit, the CMAS II team observed areas where program budget management could be improved, particularly related to finance team meetings and property management as well as establishing standard operating procedures to increase the integrity of financial tracking and reporting. In the area of property management, the challenges identified include segregating duties for asset management, updating property items in the property management system, and establishing the Deputy Director as property custodial officer for each account.

CDC/CRO was a small office with few staff, and while the definition of roles and responsibilities seemed adequate, additional care should be taken to ensure that duties are properly segregated.

CDC/CRO established routine procedures to review unliquidated obligations. At the time of the review, the office had a number of open unliquidated obligations from fiscal years 2012 and 2013. Continued review of unliquidated obligations is necessary to reduce those that are not valid, particularly those that are aged (older than two years).

Recommendations

- Ensure regular meetings of financial team with a standing agenda occur to ensure that all aspects of the budget are reviewed on a weekly and monthly basis as appropriate.
- Develop standard operating procedures to increase the integrity of daily financial tracking and reporting.
- Update the property management system to include all current and accountable property and establish the Deputy Director as property custodian.
- Ensure appropriate separation of duties in ordering, receiving, storing, issuing, and inventory of property.
- Continue to refine segregation of duties to ensure proper internal controls given the small size of the staff.
- Continue to routinely review unliquidated obligations and follow-up with U.S. Embassy Financial Management Office staff to ensure appropriate action to clear transactions in a timely manner.

Accountability for Extramural Resources

Grantee Management

Major Achievements

CDC/CRO had three Project Officers and one Cooperative Agreement Manager who manage ten cooperative agreements. Electronic cooperative agreement and contract files were available, well-organized, and complete. The cooperative agreement tracking system was thorough and updated regularly. Notable practices included embedded links to supporting documents in the tracking system and financial tracking broken down by both the cooperative agreement and programmatic area. The Cooperative Agreement Manager completed the International Project Officer training and was knowledgeable of CDC processes and procedures. CDC/CRO also had one Contracting Officer's Representative who had completed all required trainings.

In the area of cooperative agreement management, the Cooperative Agreement Manager provided administrative and financial support to grantees. Communication between the Cooperative Agreement Manager and grantees proved to be proactive and frequent. Grantees noted that the Cooperative Agreement Manager was dedicated, knowledgeable, and accessible. In addition to routine support, the CDC/CRO also provided an orientation for all grantees to review both the technical and administrative aspects of the cooperative agreements in 2012.

Major Challenges

The CMAS II team documented grantee management challenges in several areas. First, the team noted that CDC/CRO requires additional work to further document roles, responsibilities, and standard operating procedures for cooperative agreement management and site visits to ensure that site monitoring visits are conducted on a regular basis. Second, the team noted that CDC/CRO grantees have a number of outstanding funding restrictions related to human subjects data collection activities. Third, CDC/CRO cooperative agreement management staff would benefit from additional in-depth training on monitoring. Finally, the CMAS II team noted that CDC/CRO has some challenges related to contracts management, including processing invoices in the required system, maintaining all required documentation in contract files, and establishing a comprehensive contracts tracking system.

Recommendations

- Develop clear roles and responsibilities for the Cooperative Agreement Manager, Technical Monitors, and Project Officers.
- Develop and implement country-specific financial/administrative grants management standard operating procedures.
- Organize an in-depth training on grants management and grants monitoring for CDC staff and grantees.

- Continue to offer orientations for new grantees and, if possible, all grantees annually to review technical and administrative aspects of cooperative agreements.
- Conduct site monitoring visits to all grantees at least annually per the Awarding Agency Grants Administration Manual and send site visit reports to CDC's Procurement and Grants Office to include in the official grantee file.
- Reconcile the in-country funding restrictions list with CDC headquarters Science Office records and implement a process/team approach to help grantees lift outstanding restrictions.
- Certify a second Contracting Officer's Representative who is trained to provide back-up to the primary Contracting Officer's Representative.
- Establish a tracking system for contracts to appropriately document actions.

Grantee Compliance

Major Achievements

CDC's Procurement and Grants Office visited three grantees in two countries: the MOH in Barbados as well as the MOH and Caribbean Public Health Agency in Trinidad and Tobago. At the U.S. Embassy in Bridgetown, reverse visits occurred with the MOHs of the Bahamas, Dominica, St. Lucia, and Suriname and with the Director of the African Field Epidemiology Network in Jamaica. Overall, grantees demonstrated good business practices with few noted weaknesses. Grantees were pleased with the collaboration with CDC/CRO and felt they had a better understanding of managing their CDC cooperative agreements than they had one or two years ago. Grantees were comfortable reaching out to CDC's Procurement and Grants Office and maintained good relations with their Grants Management Officer. In addition, CDC's Procurement and Grants Office noted that CDC/CRO made significant progress since the CMAS I visit in tracking and monitoring grantee awards following the hiring of a new Cooperative Agreement Manager for the region.

Major Challenges

Grantees encountered challenges in several areas. CDC's Procurement and Grants Office participant noted that additional attention is necessary to address grantee response to funding restrictions for human subjects data collection activities. Backlogs of these restrictions caused significant delays in achieving milestones in the cooperative agreements and problems in grant close-out.

Further, grantees struggled to effectively utilize various grants management systems for timekeeping, accounting, and tracking cooperative agreement actions. Such systems included the Payment Management System to draw down funds, the electronic Research Administration for processing grants (eRA Commons), Grants.gov, and the System for Award Management website (SAM.gov).

Recommendations

- Develop an internal system with CDC/CRO Associate Director for Science, Cooperative Agreement Manager and Project Officers to monitor restrictions and work with the Associate Director for Science on the release of pending restrictions.
- Work with grantees and the Associate Director for Science prior to the submission of continuation applications to avoid unnecessary funding restrictions.
- Work collaboratively with grantees to monitor drawdown and provide technical assistance as needed.
- Engage CDC's Procurement and Grants Office to provide additional training to Project Officers, technical leads, other CDC/CRO staff and grantees on grants management.
- Improve internal review of grantee submissions of requests to ensure they are as complete as possible and follow CDC requirements.
- Conduct financial management site visits to grantees, including reviews of accounting records. All grantees should be visited during the current budget period. MOH visits should include Ministry of Finance staff, if possible.
- Send site visit reports to the Grants Management Specialist for inclusion in the official grant file. Documentation of follow-up on recommendations made during visits should also be included in official files.
- Ensure that CDC headquarters (COB) supplies examples of timekeeping systems.
- Provide refresher training to grantees on the process for submitting grant actions.

Accountability for Public Health Impact

Major Achievements

CDC/CRO demonstrated strong support for country ownership in the Caribbean Region and provided direct funding to government entities and regional organizations to support national and regional systems. Specifically, CDC/CRO engaged at high levels with the MOHs and regional partners and was strengthening their local capacity (technical and organizational) through cooperative agreements to support national and regional HIV/AIDS programs. Overall, CDC's funding and technical assistance strategies were in line with supporting MOHs to achieve the public health impact goals of their HIV programs. New, well-conceived agreements with the Caribbean Public Health Agency confirmed to be an important element of sustainable, impactful CDC/CRO activities in the region. CDC/CRO had dedicated staff to fulfill Science Office functions and standard processes in place for protocols, abstract, and manuscript clearance.

Major Challenges

CDC/CRO's technical engagement with grantees (planning, implementing, and monitoring) proved to be inconsistent. Technical staff were not always involved in setting targets and reviewing progress report results with grantees, and PEPFAR targets and results were not always included as outputs in all cooperative agreements. The frequency and quality of communication and subsequently joint planning between CDC and MOHs also varied considerably among countries where CDC had substantial investments. While some the office

demonstrated some improvement since CMAS I, more should be done to increase technical cooperation with grantees.

Further, CDC/CRO did not routinely review and assess its programmatic outcomes and impact in currently funded countries to inform decision-making on whether to expand activities into other CDC/CRO-funded countries. While some evaluations were conducted to assess impact of key CDC programs, CDC/CRO did not have a well-developed evaluation plan to assess quality of program results related to the provision of technical assistance. Thus, it was unclear whether CDC's program implementation was aligned with a clear public health strategy and whether resources were being effectively utilized to achieve impact. CDC/CRO also did not have a standard operating procedure or process in place for monitoring its grantees through routine site visits.

While CDC/CRO had dedicated staff to fulfill Science Office functions and standard processes for protocol, abstract, and manuscript clearance, not all staff completed their Scientific Ethics Verification training and obtained the Scientific Ethics Verification numbers.

Recommendations

- Ensure all appropriate staff have completed Scientific Ethics Verification and Dual Use Research training.
- Establish regular technical engagement and communication (CDC Project Officer and technical leads) with grantees.
- Continue to strengthen partnerships, joint planning, and information sharing with MOHs where CDC/CRO has substantial investments.
- Moving forward, ensure emphasis on realizing outcomes in currently funded countries prior to expanding activities into new CDC/CRO-funded countries. A realignment of resources across CDC/CRO-funded countries may better optimize public health impact.
- Develop standard operating procedures for partner grantee monitoring, which takes into consideration the availability of adequate human and financial resources for routine site visits.
- Develop an evaluation plan to assess outcomes and impact of prevention, laboratory, strategic information, and health system strengthening investments.
- Develop a strategy that ensures quality of program results, including quantitative and qualitative data. Systems strengthening (e.g., lab, surveillance) results should be well documented, archived and disseminated.

Next Steps

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