Country Monitoring and Accountability System Visit to Cameroon – December 9-13, 2013
Summary of Key Findings and Recommendations

Introduction

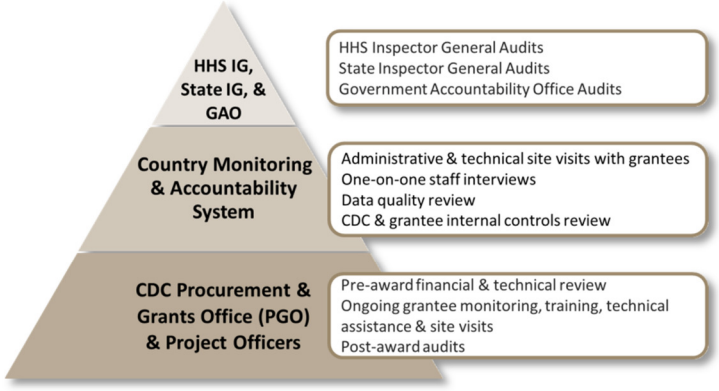
As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State's (DOS) Office of the U.S. Global 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. CMAS II visits were not considered comprehensive, nor were they intended to replace Inspector General audits.

Objectives

DGHA conducted a CMAS II visit to Cameroon from December 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 six 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., prevention of mother-to-child transmission, lab).

The CMAS II team conducted a five-day visit to the CDC/DGHA office in Cameroon (CDC/Cameroon) with additional technical assistance and training in the area of cooperative agreement management provided after the core CMAS visit. Team members reviewed financial and administrative documents at CDC/Cameroon 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/Cameroon's operations.

Background on Country Program

Through PEPFAR, CDC/Cameroon provides technical assistance to help the MOH implement an effective and efficient HIV program. Using a data-driven approach, CDC/Cameroon is working closely with the MOH to tailor their HIV national response to the unique characteristics of the local epidemic for maximum health impact.

The scale-up of high quality prevention services to reduce HIV transmission from mother to child and the integration of prevention of mother-to-child transmission services are key priorities. With CDC support, these services are being integrated into mainstream maternal, neonatal, and child health care. By the close of 2012, CDC has supported the scale-up of prevention of mother-to-child transmission programs in over 500 clinics across the country.

Other key activities include improving and expanding HIV counseling and testing, tuberculosis/HIV integrated service delivery, blood safety, and early infant diagnosis. Health system strengthening support includes building country capacity in the areas of workforce development, epidemiology, surveillance, health information systems, and program monitoring and evaluation to assess impact and make rapid course corrections to keep pace with changes in the local epidemic.

CDC/Cameroon launched a regional Field Epidemiology Laboratory Training Program in 2010 with support from the Gates Foundation. It serves three Central African countries (Democratic Republic of the Congo, Central African Republic, and Cameroon). This program trains health professionals and prepares them to respond to the challenges of detection, prevention and control of potentially epidemic diseases including disease surveillance and proper management of epidemic response. Thirty-five Field Epidemiology Laboratory Training Program fellows have been trained.

Summary of Key Findings and Recommendations

Accountability for Intramural Resources

Country Operations and Human Resource Management

Major Achievements

CDC/Cameroon met or exceeded CMAS II standards in management and leadership. The office demonstrated good working relationships with the U.S. Embassy, other U.S. government agencies, and external stakeholders. The bilateral agreement with the government of Cameroon was in place and did not have an end date. Internally, staff expressed that leadership is strong and provides clarity on mission, goals, and objectives of CDC/Cameroon. CDC/Cameroon successfully transitioned all but one staff member from the Mutengene office to the new office in Yaoundé. CDC/Cameroon staff also highlighted several good practices such as weekly staff meetings on Mondays, celebrating birthdays and other life events, and having the support of senior leadership. Moreover, CDC/Cameroon addressed earlier issues with personnel files in moving to the U.S. Embassy, since they are now co-located with the Human Resources Office.

Major Challenges

A theme during interviews, many CDC/Cameroon staff expressed a desire for more access to training (non-technical and technical). Staff mentioned that additional training in areas such as leadership/management and cooperative agreement management would be helpful. Similarly, staff expressed a desire for additional technical and administrative training opportunities to improve current job performance. Some staff indicated a lack of funding and time to complete trainings listed in their Individual and Work Development Plans. Finally, staff expressed a desire for in-depth discussions to better understand the direction and strategy of the country program; this would ensure a deeper understanding of issues impacting the country and the decision-making process related to the country program. In terms of safety and security, the U.S. Embassy Regional Security Officer conducted a review and examination of security protocol as part of the move to Yaoundé. CDC/Cameroon leadership should continue to ensure that recommendations from the review are implemented.

Recommendations

- Ensure that locally employed staff members have updated Individual and Work Development Plans and understand the process for requesting trainings. Additionally, CDC/Cameroon should identify training opportunities to improve job performance and career advancement.
- Develop a CDC/Cameroon handbook for operations that includes:
    - Expectations for working environment,
    - Standard operating procedures specific to Cameroon (based on templates provided by CDC headquarters),
    - Training policies, and
    - Equal Employment Opportunities procedures.

- Schedule strategy meetings including "brown bags" and/or retreats where programs are discussed and developed with input from the entire CDC/Cameroon team.

Financial Resource Management

Major Achievements

CDC/Cameroon met most standards of the CMAS II budget review. Overall, budget operations function well, and CDC/Cameroon has a simple, but impressive, tracking system for obligations and Country Operational Plan reconciliation. CDC/Cameroon used Microsoft Excel for budget and cooperative agreement financial tracking. The status of funds tracking was separated by object class and common accounting number. CDC/Cameroon maintained a system for tracking projections in process, had access to the CDC and U.S. Embassy financial reporting systems (IRIS and COAST), and was able to pull data as necessary. CDC/Cameroon completed a Country Operational Plan reconciliation which tracks obligations for each cooperative agreement and reviewed the Payment Management System report monthly.

CDC/Cameroon produced a reconciled budget from CDC's Office of the Chief Financial Officer monthly status of funds report and the U.S. Embassy financial reports (COAST P60/P62) and had budgets available for review from fiscal year 2009 to fiscal year 2014. CDC/Cameroon provided comeback cables (confirmation of communications) since fiscal year 2012. The office was aware of CDC's Office of the Chief Financial Officer and U.S. Embassy Financial Management Office contacts and requested assistance as needed.

The scope of CDC's Office of the Chief Financial Officer desk review primarily focused on post held funds and internal controls of financial activities occurring within CDC/Cameroon. This involved document sampling and transaction-level detail analysis of all funds cabled to post, as well as requesting supporting documentation from the field as needed. The review also included a questionnaire to complete regarding fiscal activities at post.

Through the questionnaire and document review, CDC's Office of the Chief Financial Officer found that locally employed budget and financial staff were very knowledgeable of both DOS and CDC/Cameroon procedures. In addition, CDC/Cameroon's leadership was held responsible for ensuring that all transactions are consistent with applicable policies, authorities, and regulations. The Deputy Director for CDC/Cameroon provided excellent support to the Office of the Chief Financial Officer and strengthened operations through the implementation of new policies and procedures. CDC/Cameroon demonstrated commitment to ensuring that adequate procedures are in place and sufficient documentation supports all financial transactions. CDC/Cameroon had effective processes in place relative to staff responsibilities. Review results showed a clear segregation of duties demonstrated in the supporting documentation provided. The office had also been diligent in reducing petty cash held on hand, as indicated in the trend of declining balances reported in the petty cash logs, which aligns with the U.S. Embassy's and CDC's current policies on petty cash reduction.

Major Challenges

CDC/Cameroon noted that additional training in the CDC financial reporting system (IRIS) would be helpful to pull additional data from the system and commented that the reports are often difficult to read due to their format. CDC/Cameroon used the Overseas Allotment System documentation provided by CDC's Office of the Chief Financial Officer but had not created a standard operating procedure specific to CDC/Cameroon. CDC/Cameroon reviewed CDC headquarters and post held unliquidated obligations quarterly and as required; however, reviews of post held unliquidated obligations should occur monthly.

CDC/Cameroon held a total of $3,000 (or 1,500,000 FCFA) in petty cash for the period of October 1, 2012 through September 30, 2013. In the recent past, the office held balances upwards of $6,000, due to the remote location of the office. To continue a declining trend of petty cash usage, CDC/Cameroon may consider finding other methods to purchase goods and services, such as contracts for qualifying recurring expenses.

Additionally, the office had established procedures to routinely review unliquidated obligations. At the time of the CMAS II review, CDC/Cameroon had a number of open unliquidated obligations from fiscal years 2011-2014. The number and dollar amount of unliquidated obligations grew from 2011-2013. Periodic review of unliquidated obligations is needed to identify invalid and/or aged outstanding unliquidated obligations.

Recommendations

- Modify CDC's Office of the Chief Financial Officer user guide to include specific information for CDC/Cameroon.
- Review the post held unliquidated obligations report monthly.
- Periodically review unliquidated obligations and aggressively follow-up with U.S. Embassy Financial Management Office staff to ensure transactions are closed in a timely manner.

Accountability for Extramural Resources

Grantee Management

Major Achievements

CDC/Cameroon grantees offered consistently positive reviews on CDC/Cameroon's performance. All grantees reported substantial involvement by CDC/Cameroon staff including thorough feedback at all stages of the award, frequent communication, and regular site visits. CDC/Cameroon maintains a portfolio of four in-country awards and seven awards (including two research awards) that are centrally managed at CDC headquarters. The management team consists of one Project Officer, one Activity Manager, and additional Technical Managers.

CDC/Cameroon should be commended for addressing several findings from CMAS I. Site visits now occur regularly, and the office developed a standardized tool for documenting and analyzing findings. The system for tracking Associate Director for Science restrictions was overhauled, and the process was commendable. Finally, CDC/Cameroon met with in-country grantees within two days of a Notice of Award being issued and discussed the associated information and action items. Staff were involved in resolving post-award actions.

Major Challenges

Managing the cooperative agreements is time-consuming, and much of the administrative work falls on the Project Officer, who is also CDC/Cameroon's Deputy Director. The shared drive was accessible but not maintained and lacks organization; important documents were missing for both cooperative agreement and contract files. The last contract expired in 2012, but files should be kept for three years. The tracking system for managing cooperative agreements was not complete and only maintained by the Project Officer.

Further, grantees communicated that the grant process was confusing, and thus, CDC's Procurement and Grants Office offered a formal training on grants management, which aimed to familiarize grantees with U.S. government regulations and principles governing their awards. There were no finalized standard operating procedures in place for cooperative agreement management and tracking awards. The draft versions of the standard operating procedures were available, but most staff were unaware that they exist.

Recommendations

- Hire a full-time Cooperative Agreement Manager. The new hire should be responsible for the following:
  - Reorganizing the shared drive in an easily-searchable, intuitive format;
  - Saving all necessary documents for agreements and contracts, both past and present, and ensuring that the other members of the management team are doing the same; and
  - Reorganizing and then maintaining the tracking system as a beneficial tool (e.g., if the grantee submitted a request to CDC's Procurement and Grants Office three weeks prior and there has been no response, follow up with CDC's Procurement and Grants Office to inquire about the status of the request).
- Offer formal grants management training to grantees.
- Finalize standard operating procedures for cooperative agreement management and award systems tracking, store them on the shared drive, and ensure that the team follows them.

Grantee Compliance

Major Achievements

Each grantee organization interviewed was able to describe and document their processes. Grantees demonstrate good business practices with few noted weaknesses. Grantees were pleased with their collaboration with CDC/Cameroon and feel they have a better understanding of how to manage their CDC cooperative agreements than they had one or two years ago. Grantees are comfortable reaching out to CDC's Procurement and Grants Office and have a good relationship with their Grants Management Officer. Grantees noted an improvement in the scientific restriction process which decreased the amount of funds tied to restrictions that were not available for use under their cooperative agreements.

Major Challenges

Grantees have expressed difficulty tracking individual cooperative agreement funds within the Payment Management System. Other systems also present a challenge in registration and usage such as the electronic Research Administration for grant processing (eRA Commons), Grants.gov, and the System for Award Management website (SAM.gov). This is due to Internet connectivity and a need for technical assistance.

Recommendations

- Ensure that CDC/Cameroon staff and CDC's Procurement and Grants Office work collaboratively with grantees to monitor the Payment Management System and provide technical assistance as needed.
- Work with CDC's Procurement and Grants Office to plan a training for Project Officers, Technical Leads and grantees on grants management processes, reporting and CDC applications.
- Continue to review grantee submissions of requests to ensure they are as complete as possible and follow CDC requirements.
- Continue conducting financial management site visits to grantees, including reviews of accounting records. All grantees should be visited during the current budget period.
- 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.
- CDC's Procurement and Grants Office should be more proactive in their efforts to provide technical assistance and resource materials to grantees and CDC/Cameroon staff.

Accountability for Public Health Impact

Major Achievements

Overall, representatives from the MOH, other grantees, and the PEPFAR team noted good relations with CDC/Cameroon and greatly value CDC/Cameroon's contributions to the national HIV/AIDS response. In addition, the relocation of the CDC/Cameroon office from Mutengene to Yaoundé proved to be a positive change. The government of Cameroon (i.e. MOH) noted its appreciation in having the CDC/Cameroon office in closer proximity and the ability to meet frequently with senior CDC/Cameroon staff. Although not officially acknowledged, CDC/Cameroon contributed to the development of the National Strategic Plan (2011-2015). CDC/Cameroon had plans to participate actively in its mid-term review in a more formal capacity.

CDC/Cameroon's activities were in alignment with the MOH's strategy. Investments to date were mainly directed towards prevention of mother-to-child transmission, early infant diagnosis, and laboratory capacity strengthening programs. Expansion to support the national treatment program will likely be a next step for CDC/Cameroon. Cameroon is a prevention of mother-to-child transmission acceleration plan country and is scaling up option B+ (providing lifelong antiretroviral therapy regardless of CD4 count of clinical stage).

MOH, other grantees, and the U.S. government's PEPFAR team relied strongly on CDC/Cameroon to lead the team in Country Operational Plan development and compilation of semiannual and annual PEPFAR Program

Results. Since CMAS I, CDC/Cameroon's Science Office became fully operational and was well-organized.

Major Challenges

The annual Country Operational Plan and PEPFAR Program Results were not formally presented to the government of Cameroon. Several operational national Technical Working Groups existed, but a treatment Technical Working Group does not yet exist. One of the larger government grantees (the National AIDS Coordination Commission) was unable to start prevention of mother-to-child transmission activities through its two sub-grantees this year. This grantee may be overstretched. CDC/Cameroon and its grantees made a concerted effort to reach their prevention of mother-to-child transmission targets, but there was still confusion about datasets, HIV prevalence, and population size estimation.

Since CDC/Cameroon moved to the capital, it will be a challenge to monitor grantees in the Southwest and Northwest regions where it previously worked. While grantees usually provided supervision, they did not routinely assess the quality of the data.

Another challenge for the CDC/Cameroon program proved to be building and implementing a robust plan to evaluate data quality. Currently, grantees were collecting data, but they did not routinely assess its quality. CDC/Cameroon carried out three evaluations on data quality, but these evaluation reports had not been finalized and were pending submission to the Associate Director for Science Office at CDC headquarters.

Recommendations

- In collaboration with the U.S. government's PEPFAR team, present CDC/Cameroon's annual plan and PEPFAR Program Results to the government of Cameroon to inform them of the overall support that the U.S. government provides.
- Work with the government of Cameroon and the multilateral agencies to establish a treatment Technical Working Group.
- Organize an internal retreat and request CDC headquarters temporary duty assignment support to discuss implications and strategy of moving into treatment.
- Clarify with the government of Cameroon and grantees how they estimate the number of expected pregnant women and develop a consensus on the methodology to derive projections.
- Consider (re)establishing a small satellite office in Douala/Mutengene, which would be cost efficient for grantee site monitoring system visits, technical assistance, and supervision.
- In terms of strengthening the quality of program data, CDC/Cameroon should work with grantees to define a strategy to routinely assess data quality.
- Develop an evaluation plan that includes the following: 1) monitoring the progress on program planning; 2) implementation of evaluation plan; and 3) an analysis of evaluation methods.
- Submit formal request to OGAC for additional treatment funding.
- Strengthen support for roll out of DHIS-2, a web based management information system.
- Develop paper-based and electronic monitoring and evaluation tools for treatment activities, especially at the facility level.

Next Steps

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