CDC's Country Monitoring and Accountability System II

Country Monitoring and Accountability System Visit to Botswana – March 17-21, 2014
Summary of Key Findings and Recommendations

Introduction

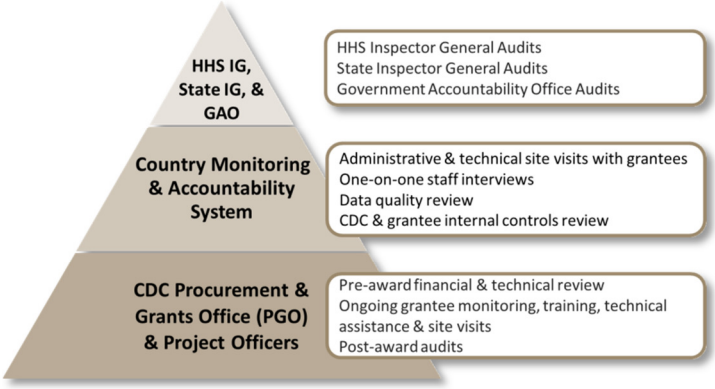
As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State's (DOS) Office of the U.S. Global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

CDC's Country Monitoring and Accountability System

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

CDC Commitment to Accountability

Ensures optimal public health impact and fiscal responsibility



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

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

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

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

Scope

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

Objectives

DGHA conducted a CMAS II visit to Botswana from March 10-17, 2014. The principal objectives of this visit were to:

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

Methodology

CDC headquarters in Atlanta assembled a multidisciplinary team of 11 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 Botswana (CDC/Botswana). Team members reviewed financial and administrative documents at CDC/Botswana 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/Botswana's operations.

Background on Country Program

The partnership between CDC and the government of Botswana began in 1995 with the goal of strengthening tuberculosis prevention and control through public health research. In 2000, the partnership grew to include HIV prevention, care and treatment, and strategic information program development in order to maximize the quality, coverage, and impact of Botswana's national response to the HIV epidemic. In 2013, CDC launched a four-year study called the Botswana Combination Prevention Project in partnership with the Botswana MOH and the Harvard School of Public Health. The overall goal of the study was to evaluate whether coordinated and strengthened community-based HIV prevention methods prevented the spread of HIV better than the current standard methods.

CDC provides technical and direct assistance to the government of Botswana to improve epidemiology, surveillance, laboratory operations, research, and workforce capacity. The relationship has supported collaboration in a number of areas, including HIV testing and counseling, HIV/tuberculosis control, voluntary medical male circumcision, and prevention of mother-to-child transmission of HIV. CDC also builds in-country capacity for skilled laboratory workers and national laboratory services, which are vital to the expansion of HIV treatment, diagnosis, and care.

Summary of Key Findings and Recommendations

Accountability for Intramural Resources

Country Operations and Human Resource Management

Prior to the visit, the CMAS II team disseminated an online staff questionnaire to the CDC/Botswana country team and received 74 completed entries. During the CMAS visit, the following activities took place: in-person interviews with the Country Director, Deputy Director, and 39 CDC/Botswana staff; a review of travel orders, inherently governmental duties, and time and attendance records; a general information technology and motor pool assessment; a meeting with the Human Resources Officer at the U.S. Embassy; and a review of a sample of CDC/Botswana personnel files.

Major Achievements

The results of the online staff questionnaire showed that 94.5% of staff who responded understand CDC/Botswana's strategy, mission, goals and objectives; 93.1% know the tasks that they are responsible for accomplishing; and 89.1% felt that there is a high degree of commitment to CDC/Botswana's mission, goals, and

objectives. Results of the CMAS II visit also indicated that U.S. direct hires are carrying out all inherently governmental functions and that CDC/Botswana adheres to time and attendance requirements for DOS personnel. The U.S. Embassy human resource files were complete and securely stored. While not meeting the defined criteria, efforts were being made to create a career ladder for locally employed staff, and substantial enthusiasm was evident.

Major Challenges

Due to challenges with interagency communication and different expectations around PEPFAR budgeting and programmatic activities, the relationship between the U.S. Embassy front office and CDC/Botswana was suboptimal. CDC/Botswana's incoming leadership was aware of these challenges and planned to address these issues diplomatically in order to improve relationships for a more productive and supportive PEPFAR working environment. The other major issue for CDC/Botswana was a lack of operational policies and procedures, particularly with regard to performance reviews, conflict resolution, and communication. A comprehensive orientation for new staff was also lacking as well as updates for existing staff on new policies and procedures.

Internal communication also proved to be a challenge, as information did not flow freely across all organizational levels of the CDC/Botswana office, particularly with the Francistown satellite location. Staff indicated a desire to be more directly informed of important strategic events and critical technical updates, through written and verbal communication. The majority of staff interviewed were not aware of their Work Development Plans. Some staff indicated that they had no knowledge of an office training policy that described the training request process and decision-making criteria and requested more training to enhance skills and career development.

The Information Technology Manager and Systems Administrator noted that locally employed staff experienced problems accessing the Health and Human Services Learning Portal. Also, encrypted thumb drives were not used by all staff, as many had not been issued one; however, additional thumb drives were ordered. CDC/Botswana did not exercise the emergency notification system, which includes all CDC/Botswana staff, contractors, and fellows, within the past year.

Recommendations

- Continue to develop strong relationships and regular communication with the U.S. Embassy, including consistent participation in standing meetings with appropriate management offices.
- Tailor templates on operational policies and procedures from the Center for Global Health and DGHA to fit CDC/Botswana's needs. Train and update staff on new procedures on a routine basis.
- Place policy documents on the shared drive to ensure all staff have access.
- Provide a comprehensive orientation to all new CDC/Botswana staff.
- Ensure that all staff are aware of and are utilizing their Work Development Plans.
- Update and disseminate a training policy to all CDC/Botswana staff.
- Work with information technology office at CDC headquarters to ensure that CDC/Botswana staff can access the Health and Human Services Learning Portal for all CDC/Botswana staff.
- Ensure that all CDC/Botswana staff have been issued and are using encrypted thumb drives on U.S. government computers.

- Enhance communication across branches and teams, including the Francistown office.
- Update the emergency notification system and implement a test.

Financial Resource Management

Major Achievements

Since CMAS I, CDC/Botswana hired a new Finance Chief. The individual is a former employee with the U.S. Embassy Financial Management Office and has a strong background in budgeting and financial oversight. As part of CDC's cost sharing agreement, the finance team provided support to all CDC programs in Botswana, not just PEPFAR-funded programs.

The scope of CDC's Office of the Chief Financial Officer review primarily focused on occasional money holder procedures and other internal controls of financial activities occurring within CDC/Botswana. 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 over field office financial management activities, both at CDC/Botswana and at the U.S. Embassy.

Through interviews and document assessments, the review found locally employed budget and financial staff members are very knowledgeable of DOS procedures. They demonstrated commitment to ensuring adequate procedures are in place and followed. They reviewed unliquidated obligations monthly as opposed to the minimum quarterly standard.

Major Challenges

As noted during CMAS I, CDC/Botswana required improvements to their budget reports and tracking of funds. Budget reports were produced for the management and operations funds at post, but they continued to exclude CDC headquarters held funds. As a result, the budget reports did not incorporate the funds for cooperative agreements, contracts, and other major programmatic expenses. CDC/Botswana also lacked a strong, systematic process for reconciling current and past Country Operational Plan activities to the budget.

CDC/Botswana's financial management staff required urgent training on Appropriations Law, the CDC financial reporting system (IRIS), and the Budget and Performance Integrated System. The staff were not knowledgeable of the support and functions of CDC's Program Budget and Extramural Management Branch and Office of the Chief Financial Officer, which is the cause of major job frustrations.

The Chief of Mission policy concerning U.S. government cell phones requires that phone bills be reviewed on a monthly basis to identify personal use, and staff must reimburse the U.S. government for personal use. The CMAS team found that cell phone records are routinely reviewed and well maintained; however, follow up on payments needs to be more substantial and consistent.

Communication between the partner management team and financial management team needs improvement. The partner management team was not including the financial management team in the cooperative agreement funding approval process. Any document that required funding approval must be approved by CDC's Office of

the Chief Financial Officer. There was also no standard operation procedures or complete desk manuals in place related to the approval process.

Recommendations

- Prepare budget reports that incorporate post held funds at CDC headquarters. The CMAS II team provided sample templates to CDC/Botswana during the visit.
- A new partner management Finance Officer position has been established to liaise between the financial management team and the partner management team. A process should be established that describes how this person will incorporate cooperative agreement funding information into the budget reports and maintain reconciled Country Operational Plans.
- Register CDC/Botswana financial management staff for Appropriations Law trainings.
- Ensure financial management staff complete the Integrated Resource Management System and Budget and Performance Integrated System trainings held on March 24-28, 2014.
- Establish procedures to ensure that personal phone call bills are settled within 30 days. Recommend that CDC/Botswana financial management staff provide monthly status reports of delinquent accounts to supervisors who in turn ensure staff adherence to the policies.
- Recommend that the partner management team include the financial management staff on any decision that has financial implications. CDC/Botswana's Financial Management Office function is to manage funds, and therefore is a vital part of the approval process.
- Provide sample standard operating procedures from the Office of the Chief Financial Officer that can be tailored to the CDC/Botswana office.

Accountability for Extramural Resources

Grantee Management

This CMAS II visit was unique; the CMAS team prioritized technical assistance to CDC/Botswana staff over grantee visits and internal document reviews. The team performed the traditional CMAS II review very quickly as a baseline in order to determine the necessary training and technical assistance conducted by CDC's Program Budget and Extramural Management Branch staff during the visit. CDC/Botswana's partner management staff were engaged and asked informed questions during training sessions and strategy meetings.

Major Achievements

CDC's Program Budget and Extramural Management Branch staff conducted several trainings for the CDC/Botswana finance and partner management teams. Training topics included roles and responsibilities, office differences, and office resources for CDC's Program Budget and Extramural Management Branch, Procurement and Grants Office, and Office of the Chief Financial Officer, as well as the basics of budgeting within the PEPFAR initiative (which included budget formulation, receipt of funds, pipeline, and Country Operational Plan reprogramming). Also included was training on the cooperative agreement life cycle, which consisted of all stages of cooperative agreement management and the responsibilities of each office at CDC headquarters and CDC/Botswana.

The team facilitated strategy and planning meetings and provided guidance to the partner management team

on issues involving the proper structure and function. Topics included roles and responsibilities, staff portfolios and assignments, work flow, reports and meetings to promote transparency, methods for becoming a resource for the entire CDC/Botswana team, formal and informal training needs, establishing tracking systems, resources at CDC headquarters for information and guidance, and an implementation plan for team building and improvement.

Budget and extramural staff at CDC headquarters also held a strategy and planning meeting with CDC/Botswana staff involved with the Botswana Combination Prevention Project. CDC headquarters staff provided advice and recommendations on tracking the Botswana Combination Prevention Project's budget with its multiple components and mechanisms, procedures for requesting additional tranches of funding from the Office of the U.S. Global AIDS Coordinator, engaging with the Health Resources and Services Administration as a mechanism, and managing Country Operational Plans and Botswana Combination Prevention Project activities within the same cooperative agreement.

Major Challenges

At the time of the visit, CDC/Botswana was building its partner management team from the ground up and had limited policies, procedures, and team structure. The team must establish itself as a resource and vital component of the larger CDC/Botswana team. This can be achieved through demonstrating accountability and transparency through interactions with programmatic staff and in-country leadership. Reports that are generated on a routine basis and utilized for partner management will also contribute to their value and help demonstrate the positive impact that organized, effective management can have on the program as a whole.

Finally, CDC/Botswana was effectively managing its limited number of contracts. However, one area for improvement included the need to provide a single point of contact to receive, track, and process U.S. Embassy-issued procurements.

Recommendations

- Identify a single point of contact to receive, track, and process U.S. Embassy-issued procurements.

Grantee Compliance

CDC's Procurement and Grants Office visited five grantees including the government of Botswana. Overall findings demonstrated efficient internal control procedures and documentation of expenditures. Some challenges existed with scheduling the performance of activities along with the expenditure of award funds as well as account maintenance of U.S. federal electronic systems to draw funds and submit reports. Major recommendations included creating manuals to document internal processes to prevent delays in meeting U.S. federal reporting requirements due to staff changes or lost records.

Major Achievements

Grantees had developed policy-based internal controls so that expenditures could be traced from the award through receipts and logbook records. Procedures were in place detailing the steps of award management, administration, cost allocation, and procurement procedures. All grantees demonstrated use and proficiency of

internal electronic accounting systems in addition to physical record-keeping.

Major Challenges

The use and maintenance of accounts with U.S. federal electronic systems presented challenges with the number of accounts needed, extensive online registrations, and the occasional unreliability of electricity that often prevents submission of reporting requirements. If staff members changed or were unavailable, no one had been authorized as a back-up official who knows how to access accounts and perform submissions.

As mentioned previously, some grantees experienced difficulty with planning the completion of activities along with the expenditure of award funds. Regular draw-downs proved to be a challenge for organizations with a multilayered financial management structure. Due to extensive routing of documentation among various branches, award funds remained unspent, which gave the appearance that the award was not needed.

Recommendations

- Create a procedure manual kept secure by only authorized employees and document the systems and accounts that are used to meet U.S. federal requirements. This manual should include account usernames and passwords as well as account maintenance schedules for each.
- Review strategies that foster regular drawdowns and expenditures as program activities occur and are completed.

Accountability for Public Health Impact

Major Achievements

CDC/Botswana's technical assistance investment strategy is focused on important, high-priority investment strategies that support national strategies and priorities (e.g., decentralization of antiretroviral treatment services, voluntary medical male circumcision implementation, patient information management systems, laboratory quality, surveillance and operations research, HIV counseling and testing models, and strengthening clinical training and mentoring). At the time of the CMAS II visit, the majority of funding was with national and indigenous organizations, as noted in the Country Operational Plans for 2013. Moving forward, the strategy is designed to enhance country ownership and co-financing for the program.

CDC/Botswana is engaged in high-priority research and evaluation that is poised to inform HIV programs broadly in Africa, such as the Botswana Combination Prevention Project and the Xpert Package Rollout Evaluation. CDC/Botswana's technical staff participate in national technical work groups and task teams on specific technical issues and priorities, but a lack of senior technical positions constrains representation.

Major Challenges

Despite excellent relations with the MOH, the CDC/Botswana Country Director and technical leads were not invited to meetings with the National AIDS Coordinating Agency to discuss PEPFAR strategy, which hampers CDC/Botswana's ability to effectively contribute to the high- level government of Botswana strategic planning efforts.

Challenges in the MOH's implementation of some PEPFAR-funded priorities and transition strategies were

identified, including large pipelines for the MOH's cooperative agreement and inadequate reporting and monitoring. Transition plans for the co-finance strategy with the government of Botswana through the CDC/MOH cooperative agreement were underway, but they were not always clearly documented and monitored.

The vacancies of many CDC/Botswana senior technical team leads were compromising the technical quality of program. In addition, the strategic information team was severely understaffed, causing critical monitoring and support functions to be compromised.

Recommendations

- Fill vacancies of senior technical staff, including the Deputy Director for Science and Program.
- Institutionalize senior technical leadership of the government of Botswana/MOH cooperative agreement and quarterly joint technical and financial reviews of implementation of activities to increase programmatic effectiveness.
- Improve the coordination of CDC/Botswana's internal technical activity managers across disciplines to ensure an integrated strategy with grantees and decrease fragmentation of technical/programmatic cooperative agreement management.
- For program areas that have transitioned to the government of Botswana/MOH, define the monitoring strategy and roles and responsibilities more clearly, including how oversight will occur.

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

Major Achievements

One of the major achievements was conducting a site survey of the G-West and Extension 12 facilities to obtain a status of the recommendations made in the 2012 Site Survey conducted by the Office of Safety, Security and Asset Management. Many of the recommendations on G-West required extensive renovation and construction. The International Project Review Team, comprised of subject matter experts from various CDC offices, had been working with CDC/Botswana over the past 18 months to finalize the first phase of the renovations, which involved reconstructing the perimeter wall. CDC/Botswana hired an engineer to oversee the renovations and serve as a facility officer. Filling this position was critical. During this visit, the Center for Global Health CMAS participant also met with the Regional Security Officer, Management Officer, and Deputy Chief of Mission to

ensure they understood CDC's commitment to security.

Another major accomplishment was the CDC/Botswana global cost sharing program, which was exemplary by being transparent, equitable, and agreeable. Any existing issues with spending ceilings had been resolved. In 2015, the Division of HIV/AIDS Prevention will be closing down their study, and the costs will increase for DGHA and the Division of Tuberculosis Elimination. DGHA has a new study that will absorb some of these increases.

Major Challenges

One of the challenges for CDC/Botswana was with International Cooperative Administrative Support Services and some of the support services they received from the U.S. Embassy. After meeting with the Financial Management Officer, the CMAS II Center for Global Health participant discovered that the U.S. Mission in Botswana did not have an active International Cooperative Administrative Support Services (ICASS) council. The U.S. agencies operating in Botswana ,which would comprise this council, were not meeting on a regular basis, and there was no one filling the ICASS chair position, a key position according to 6 FAH-5 H-222.3-2. Additionally, some of the service providers were not delivering adequate services.

Another challenge identified was that the MOH continued to show reluctance to sign the occupancy Memorandum of Agreement for allowing CDC/Botswana to use their facilities. These facilities required substantial upgrades to meet safety and security standards which will cost over $1.5 million. The Management Officer and the CDC/Botswana Country Director continued to meet with the MOH to finalize the agreement. The MOH agreed to allow CDC/Botswana to remain in the facility, but it had been difficult to obtain the required signatures and document clearance from the Government of Botswana.

CDC/Botswana followed the U.S. Embassy motor pool policies, which do not mirror the Department of Health and Human Services' policy. The U.S. Embassy policy allowed U.S. direct hire staff to self-drive a government owned vehicle during the first 90 days of their arrival, for up to 15 days when their cars were being repaired and if they were on a temporary duty assignment to Botswana. U.S. direct hire staff were required to sign a U.S. Embassy form for any "other than authorized" usage, which stipulated that they are charged 64 cents per mile. CDC/Botswana followed this policy; however, they were not charging since the money is collected against a DOS common accounting number, rather than applied to CDC/Botswana's operational costs. At the time of the CMAS II visit, CDC/Botswana did not have a mechanism in place to apply such a collection to operational costs. The Department of Health and Human Services policy only allowed home-to-work usage when there were compelling security concerns and required approval from the Department of Health and Human Services Secretary.

Recommendations

- Volunteer to serve as the International Cooperative Administrative Support Services chair. CDC/Botswana is the biggest customer, and doing so will ensure meetings are held on a regular basis. Additionally, this would be a forum to discuss any issues with the level of service being provided.
- Continue to work with the U.S. Embassy and MOH to finalize a draft occupancy agreement and run the draft through the Center for Global Health. The Center for Global Health will clear the revised

agreement through both the legal teams at the Department of Health and Human Services and DOS prior to the Management Officer signing.

- Follow the policy of the Department of Health and Human Services or seek approval from the fleet motor pool manager prior to deviating from the policy. U.S. direct hires should rent cars or carpool upon arrival and when their cars are being repaired. Most temporary duty staff stay at hotels within five miles of CDC/Botswana and have several restaurants at their hotel. Recommend that they provide only official motor pool services to temporary duty staff rather than providing a motor pool vehicle to use weeknights and weekends. Additionally, if given approval from the Department of Health and Human Services, CDC must charge for personal usage so that individuals do not receive a personal benefit from a government resource.

Next Steps

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