CDC's Country Monitoring and Accountability System II

Country Monitoring and Accountability System Visit to Brazil – December 3-7, 2012
Summary of Key Findings and Recommendations

Introduction

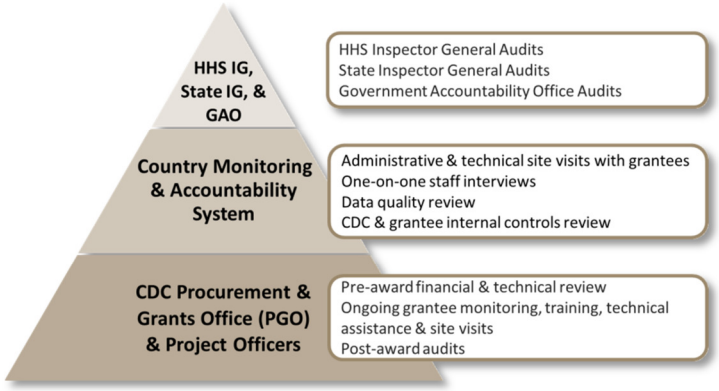
As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State's (DOS) Office of the U.S. Global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

CDC's Country Monitoring and Accountability System

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

CDC Commitment to Accountability

Ensures optimal public health impact and fiscal responsibility



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

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

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

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

Scope

CMAS II visits were designed to provide an overview of CDC country programs and identify good practices and areas for improvement. While the scope of these visits were 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 Brazil from December 3-7, 2013. The principal objectives of this CMAS 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., strategic information).

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

Background on Country Program

CDC/Brazil opened in January 2003. As of January 2011, CDC headquarters designated this office to represent all of CDC's programs in-country within the "One CDC" approach. The DGHA Country Director in Brazil became the CDC/Brazil Country Director, and along with being the single point of contact for the U.S. Embassy, MOH, and international partners, the Country Director was tasked with uniting the various health programs and ensuring greater efficiency and better use of CDC's resources. At the time of the CMAS II visit, the local office staff consisted of a locally employed Country Director, a Deputy Director of Programs, an Administrative Assistant, and a Driver. The Deputy Director at Large was based in Atlanta and travelled to Brazil frequently.

CDC/Brazil collaborates closely with the MOH to leverage technical expertise and use new technologies and innovations to achieve a sustainable, evidence-based national HIV response in Brazil, and to support global partnerships and capacity strengthening in high-burden HIV countries. CDC/Brazil's strategic plan includes the following components:

- Improving HIV program planning, monitoring, and evaluation capacity;
- Strengthening HIV surveillance methods;
- Advancing HIV laboratory science; and
- Fostering Brazil's scientific collaborations, exchanges, and capacity-building to other HIV high burden countries in support of "An AIDS-free Generation" priorities.

Summary of Key Findings and Recommendations

Accountability for Intramural Resources

Country Operations and Human Resource Management

Major Achievements

Overall, the CMAS II team found that CDC/Brazil is skillfully led and competently managed. The Country Director and Deputy Director at Large provided strong leadership and management; this was evident by the positive feedback provided by staff related to the office structure, roles and responsibilities, staff recognition practices, and interpersonal communication and relationships within the office. CDC/Brazil boasted the first and only locally employed staff Country Director in CDC/DGHA. A locally employed staff member also served as Deputy Director for Programs.

Similar to the CMAS I visit, both the anonymous surveys and the individual interviews indicated that CDC/Brazil staff continued to have high satisfaction in their current jobs and were being trained appropriately. Without exception, staff agreed that there is sufficient training available to improve their job performance and keep them up-to-date on CDC and Health and Human Services operational policies and procedures.

Relationships with the U.S. Embassy and other U.S. government agencies proved to be strong and gained more strength as CDC/Brazil's role in the country grows. The U.S. Ambassador to Brazil strongly commended CDC/Brazil's work. He indicated that CDC/Brazil was providing the "content of democracy" in Brazil.

The outgoing Deputy Director at Large was uniformly commended for strengthening the management and operations of the office since CMAS I. U.S. direct hires carried out inherently governmental duties, and CDC/Brazil's travel system functioned well. The office maintained accurate records, appropriately obligated and vouchered travel, and documented receipts correctly. Justification for travel and a description of why it was important to CDC/Brazil was sometimes weak.

Responsible for safety and security in the building, the MOH demonstrated good police, fire, and electrical safety practices. At the time of the CMAS II visit, CDC/Brazil had one vehicle and driver for the exclusive use of the office. A written motor pool policy existed that adequately addresses the necessary elements, although there was no policy regarding transport and signed releases from non-CDC/Brazil passengers.

CDC/Brazil was very satisfied with the regional support provided by the Information Technology Services Office, but often found that support provided by CDC headquarters was delayed and less effective. CDC/Brazil will receive a visit from their Regional Information Technology Services Office Advisor to update their systems, install their Voice-Over-Internet Protocol system, and address any outstanding issues.

Major Challenges

Time and attendance records and personnel files were maintained for all staff. However, a number of issues existed. First, per the process approved by the Senior Human Resources Officer at the U.S. Embassy, the Country Manager at CDC headquarters needed to sign off on the Country Director's time and attendance for inclusion in the U.S. Embassy's time and attendance system. Second, there was no back-up timekeeper, which meant that files were submitted with amendments when the timekeeper was on leave. CDC/Brazil was also in the process of updating the shared drive and restructuring their electronic files. Subsequently, documents were not filed appropriately. Lastly, locally employed staff were not currently eligible to receive overtime or compensatory time of any kind.

Though individual interviews indicated that two of the five staff members had not received training during the past twelve months, they had in the previous year and indicated there was sufficient training. Budget constraints will limit training opportunities in the future.

With the possible expansion of CDC activities in Brazil, additional operational budget and support will be required including space. Mechanisms, in compliance with Brazilian law, already existed through the U.S. Embassy to hire local interns, which may be an economical way to provide additional in-country support. Investigating and formalizing telework agreements with staff may be a possible means to increase available office space.

CDC/Brazil developed flow charts for administrative operations and needed to complete the process of developing detailed narrative standard operating procedures based on CDC headquarters' developed templates.

The MOH proved to be lax in entry control for their offices. The Regional Security Officer recommended visitor access control for the CDC/Brazil office located at the MOH and emergency notification system for all of CDC/Brazil employees.

Recommendations

- Ensure the Country Manager signs off on time and attendance for the Country Director and scan the document to the field for attachment to the time and attendance system in the U.S. Embassy system.
- Designate and train a back-up timekeeper.
- Appropriately file time and attendance in one central location according to CDC guidelines. All personnel records, including training certificates and awards, should be forwarded to the U.S. Embassy for filing in the official CDC personnel files.
- Ensure the Deputy Director at Large investigate overtime and compensatory time for locally employed staff with the Human Resource Office.
- Develop a clear training policy.
- Ensure that travel justifications provide clear information about the need for travel and the benefit to CDC/Brazil.
- Follow up on the Regional Security Officer's recommendation to improve visitor access control.

- Ensure that the Deputy Director at Large assist CDC/Brazil with drafting and testing an emergency notification system for all CDC/Brazil employees.
- Develop a more comprehensive and robust administrative operations manual that contains formally documented administrative/financial management policies and procedures. This should include an updated motor pool standard operating procedure with a protocol for non-CDC/Brazil passengers.

Financial Resource Management

Major Achievements

Through the questionnaire responses and document review, the CMAS II team found that locally employed budget and financial staff members demonstrated knowledge of both DOS and CDC/Brazil procedures and ensured adequate procedures were in place and followed. The CDC Deputy Director provided excellent support to CDC's Office of the Chief Financial Officer and was very open to exploring ways of strengthening operations at CDC/Brazil.

CDC/Brazil should be commended for reducing their prior year unliquidated obligations. At the time of this review, there were no unliquidated obligations remaining for fiscal year 2008 to 2011, which represents a significant improvement in the reduction of prior year unliquidated obligations.

CDC/Brazil had a small PEPFAR budget (approximately $300,000 annually). CDC/Brazil applied for an initiative that, if awarded, would require $100,000 in matching funds. If awarded, CDC/Brazil would obligate the required matching funds as partial funding during the first budget period as soon as fiscal year 2013 global health program funds became available in fiscal year 2014.

At the time of the CMAS II visit, the Deputy Director at Large was transitioning. The office should conduct a property inventory and change the custodian in the Property Management Inventory System. All property in Brazil was accounted for upon inspection and is properly listed in the Property Management Information System. It was not possible to visually inspect the server as it is housed in a secured building. Visual inspection was not possible for property outside of Brazil.

Major Challenges

The CDC/Brazil office demonstrated routine procedures to review unliquidated obligations. At the time of this review, CDC/Brazil had a number of unliquidated obligations remaining for fiscal years 2012 and 2013.

The fiscal year 2013 budget was over projected due to pay raises proposed by the U.S. Embassy. The fiscal year 2014 budget could have the potential for being similarly over budgeted. There was no budget allocated for staff training.

Recommendations

- Continue to routinely monitor and review unliquidated obligations, and follow up with the U.S. Embassy's Financial Management Office staff to ensure appropriate action to clear transactions in a timely manner.
- Reduce the cooperative agreement funding to account for the 20% pay raises. If the raises are not approved, a partial funding action for the grantee can be processed up until June 1, 2013.
- Ensure that CDC/Brazil leadership communicate to staff that the lack of a training budget is related to overall budget restrictions. CDC/Brazil staff attending the DGHA Annual Meeting should register for free trainings associated with the meeting, if possible.
- Ensure that property is signed over to the incoming Deputy Director at Large in the Property Management Information System to transfer ownership of the process.

Accountability for Extramural Resources

Grantee Management

Major Achievements

CDC/Brazil manages its one cooperative agreement well from an administrative and technical perspective. The positive rapport and substantial involvement with the grantee is obvious and seems appreciated on both sides. CDC/Brazil staff should continue doing what they are currently doing, including keeping lines of communication open, conducting regular grantee visits, and making regular site visits. They should also continue to document all grantee site visits.

Major Challenges

CDC/Brazil was in the process of updating their shared drive and restructuring their electronic files, including all cooperative agreement files. Contract files should be organized into formal files for each separate contract and included on the share drive. The reorganization will be very useful, but CDC/Brazil should commit time to finish transferring the files according to the new structure. CDC/Brazil might consider bringing on a student intern to assist with this project and other administrative duties.

CDC/Brazil developed numerous standard operating procedures. With the size of the office and only one grantee, the need for internal cooperative agreement management standard operating procedures may not seem obvious; however, they do help ensure institutional knowledge and are a DGHA requirement. The transition of Project Officer responsibilities needs to take place quickly, as the Deputy Director at Large will be departing December 14, 2012 and a new Deputy Director at Large will be joining CDC/Brazil on December 17, 2012.

Recommendations

- Finish transferring all files onto the new share drive, including cooperative agreement and contract files. CDC/Brazil might consider bringing on a student intern to assist with this project and other administrative duties.
- Complete the internal standard operating procedures, including developing the key summary flowchart into detailed written standard operating procedures.
- The incoming Deputy Director at Large should take the online Contracting Officer's Representative training in order to shift Project Officer responsibilities from the outgoing Deputy Director at Large to the incoming Deputy Director at Large by the first week of January 2013.

Grantee Compliance

Major Achievements

At the time of the CMAS II visit, the grantee demonstrated consistent performance by carrying out activities as agreed upon with CDC/Brazil. Grantee policies were generally clear and laid out in a manner that was easy to follow. The grantee travel tracking system for individuals listed under the cooperative agreement was remarkably clear and may be used as a model for other countries.

The grantee hired a new audit firm that will comply with U.S. regulations in order to better provide audit findings and resolutions.

Major Challenges

Timekeeping for tracking the payments to individuals who are not listed as an employees, contractors, or consultants proved to be a challenge. There are Brazilian laws that are not consistent with U.S. laws for these categories, and matters should be clear in order to prevent confusion under the cooperative agreement.

Based on Brazilian law, there were some obstacles to listing the Principal Investigator under the correct budget category in the application. Additionally, because of the manner in which the Principal Investigator's time and effort was recorded, the review found that this person was being paid twice for the same time under different payment mechanisms. However, after extensive discussions and a better understanding of Brazilian law, it was now clear that this person is not being paid twice for the same time, and activities adhered to U.S. regulations.

Recommendations

- Ensure that the Principal Investigator is listed under the correct budget category in the application, consistent with U.S. laws.
- Ensure that the Principal Investigator correct the listed time and effort to comply with U.S. regulations.

Accountability for Public Health Impact

CDC/Brazil is a technical assistance country and does not support any services directly or indirectly. Meetings conducted on the CMAS II visit included CDC/Brazil senior technical staff as well as the cooperative agreement Principal Investigator, point of contact, and activity Principal Investigators.

Major Achievements

In the area of CDC/Brazil's strategy related to country ownership, the team demonstrated success in joint planning. This was undertaken through the active participation of the CDC Country Director and Deputy Director of Programs in the ongoing MOH strategic planning processes. Discussions almost always resulted in agreement to support critical components of the MOH work plan that leverages CDC/Brazil's technical strengths with very few unresolved conflicts in prioritization. This success was certainly due in part to the Country Director and Deputy Director of Programs coming from the Brazil public health community themselves. Additional credit can be attributed to the effective communication between CDC and MOH, which has been built on Director to Director communication. This provided strategic direction and alignment of CDC support and ensured participation in technical monthly standing meetings to discuss MOH priorities, review plans and progress, address issues that arise, and ensure responsiveness.

Until recently, CDC /Brazil was co-located with the National AIDS Program. At the time of the CMAS II visit, the current office was still located in the MOH, but had been moved to be next to the tuberculosis program, which is also a new activity partner in the existing cooperative agreement with the MOH. The office demonstrated substantial use of ad hoc communications with the cooperative agreement point of contact, as well as the Principal Investigator on the cooperative agreement, which efficiently moved activities forward and resolved issues that arose.

As a result of the strong relationship and communications, CDC/Brazil's investment strategy was aligned with programs of public health impact. Annual MOH priorities were reviewed in routine meetings. CDC/Brazil's areas for support were reviewed by the National AIDS Program Director, which demonstrated results in a prioritized work plan. CDC/Brazil-supported activities leveraged its technical strengths and were focused to inform and support the capacity of MOH to develop and conduct targeted public health programming, particularly regarding needs in key populations. CDC/Brazil effectively collaborated with national partners in evaluating their strategic approach, including activities in monitoring, data use, and prevention program and laboratory testing methods with the MOH (AIDS, tuberculosis, universities, and research institutions). Although the 2012 Brazil Country Assistance Plan was submitted, the in-country team had not yet received feedback.

With regard to country ownership in program implementation, all CDC/Brazil funding supported local grantees through the MOH cooperative agreement in Brazil. Taking advantage of the strong institutional and technical capacity in-country, CDC/Brazil partners also reinforced other PEPFAR-supported country activities in several of the areas described above. To further build capacity of the indigenous partners through the investment strategy of the cooperative agreement, CDC/Brazil held a master's program in monitoring and evaluation and distance education programs with activity partners including the MOH, university, and research institutions.

CDC/Brazil ensured that measurable outcomes were included in the cooperative agreement developed to support its work, and grantees reported on achievements including defined interim and end-of-project objectives and deliverables. CDC/Brazil demonstrated substantial technical involvement with cooperative agreement grantees by providing direct technical support from the team in areas of expertise and linkage to support for cooperative agreement activities and other support opportunities aligned with country strategy priorities from CDC headquarters.

Overall, Brazil's Associate Director for Science was performing at a competent level with key standard operating procedures in place to support required processes including country institutional review board clearance.

Major Challenges

CDC/Brazil does not directly support HIV services, and therefore does not have responsibility for assessment and evaluation of service programs. However, they do support MOH priorities for intervention assessments and validation including focused prevention methods and point-of-care laboratory testing. For the monitoring and evaluation training activities and operations research, data quality assurance is described in activity protocols which are reviewed by the science office at CDC headquarters. This process is, at times, lengthy and confusing and should be clarified with the Science Office at CDC headquarters.

Recommendations

- Develop formal structures for monitoring and reporting on technical support provided to grantees including the MOH that is not directly linked to cooperative agreement funding.
- Develop custom indicators for specific program support, and develop mechanisms for reporting directly to CDC/Brazil and PEPFAR.

Next Steps

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