CDC's Country Monitoring and Accountability System II

Country Monitoring and Accountability System Visit to Central Asia Region – February 4-8, 2013 Summary of Key Findings and Recommendations

Introduction

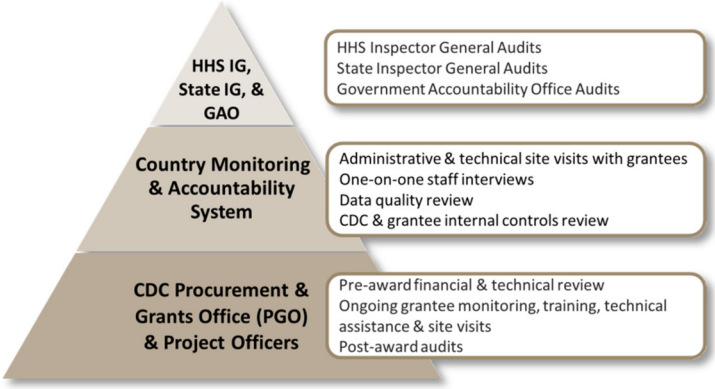
As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State's (DOS) Office of the U.S. Global 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 assess CDC's accountability and proper stewardship of U.S. government resources 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 CDC/Central Asia (Kazakhstan, Kyrgyzstan, and Tajikistan) from February 4-8, 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 offices in Kazakhstan, Kyrgyzstan, and Tajikistan (CDC/Central Asia). 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/Central Asia's operations.

Background on Country Program

In 1995, CDC formally established an office in Almaty, Kazakhstan to serve as the headquarters for coordinating activities throughout the Central Asia Region. CDC/Central Asia is located in Kazakhstan and also supports country offices in Kyrgyzstan, Tajikistan, and Uzbekistan. This support is tailored to the needs of each country with the goal of building host-country capacity to mount and sustain an effective national HIV response.

In Central Asia, CDC/Central Asia works with the MOH to: develop electronic surveillance and HIV case management systems; improve program monitoring and evaluation systems; and build workforce capacity in key areas including the use of data for informed decision-making and improved program performance. In the area of laboratory systems, CDC/Central Asia helps the MOH to: create high quality national reference laboratories; develop national strategic laboratory plans; implement laboratory quality management systems; conduct national external quality assessment and proficiency testing; implement quality assurance and control programs; and support laboratory accreditation activities.

Summary of Key Findings and Recommendations

Accountability for Intramural Resources

Country Operations and Human Resource Management

Major Achievements

The CMAS II team noted many positive findings in the area of management and leadership. In examining internal relations, the team found that, similar to CMAS I , staff continue to feel supported and are very appreciative of CDC/Central Asia leadership, indicating mutual and high levels of respect between staff and senior leaders. These findings were confirmed by responses to a staff survey, where 94% of respondents indicated that they feel a high degree of commitment to CDC's mission, goals and objectives and that CDC/Central Asia leadership trusts them to do their jobs well. In addition, 82% of respondents indicated that CDC/Central Asia is a good place to work.

The CMAS II team noted improvement in cross-program integration between the CMAS I and CMAS II visits. This extended to relations between different CDC/Central Asia programs in the region, such as DGHA, Influenza, Cooperative Biological Engagement Program, International Emerging Infections Program and the Field Epidemiology and Laboratory Training Program. Staff valued monthly staff meetings and opportunities to hear updates across programs. With respect to external relations, CDC/Central Asia maintained good relationships with the U.S. Embassy, United States Agency for International Development, and MOH partners.

Since the CMAS I visit, CDC/Central Asia clarified its policy regarding maintenance of personnel records; when co-located with the U.S. Embassy, CDC/Central Asia personnel files may be located within the U.S. Embassy's Human Resource Office. CDC/Central Asia personnel files were kept by the U.S. Embassy and meet CDC standards.

Major Challenges

The CMAS II team identified challenges in five areas: training for locally employed staff, time and attendance for U.S. direct hire staff, emergency notification systems, occupancy agreements, and information technology systems. In the area of training, several staff indicated that they do not have a Work Development Plan in place, and some staff indicated that they do not understand the process for requesting training and career development opportunities. This presented challenges for ensuring that individual staff members are empowered to operate more effectively. Second, in some instances CDC/Central Asia was not compliant with all time and attendance policies and training requirements. Third, while an emergency notification system was in place in all CDC/Central Asia offices across the region, not all offices performed regular exercises of this system. Fourth, occupancy agreements were not currently in place for the CDC/Central Asia offices in Tajikistan and Kyrgyzstan. Finally, several minor issues were identified with the information technology systems, requiring coordination with CDC headquarters.

Recommendations

- Ensure that all CDC/Central Asia staff have a Work Development Plan in place and that staff understand the process for requesting training and career development. Training and career development should align with staff job duties and serve as a vehicle to enhance and empower the individual to operate more effectively.
- Ensure that time and attendance approval occur in-country as appropriate, and that U.S. direct hire staff complete the required training and assign proxies as requested.
- Ensure that all CDC/Central Asia country offices in the region are performing regular exercises of the emergency notification system.
- Work with CDC's Center for Global Health to complete occupancy agreements for CDC/Central Asia offices in Kyrgyzstan and Tajikistan.
- Work to address minor challenges with information technology services.

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 are very knowledgeable of both DOS and CDC/Central Asia procedures. They demonstrated commitment to ensuring adequate procedures are in place and followed.

CDC/Central Asia reduced 75% of their prior year unliquidated obligations since the CMAS I visit in October 2011. At the time of this review, there were no open unliquidated obligations for fiscal years 2007 and 2008, which represents a significant improvement in the reduction of prior year unliquidated obligations.

CDC/Central Asia has a relatively small PEPFAR budget (approximately $7.8million in FY11, $1.6 million in FY12 and $6.9 million in FY13). In the area of program budget, CDC/Central Asia staff demonstrated a strong understanding of CDC policies and procedures with respect to: reconciling activities in the PEPFAR Regional Operating Plan to actual expenditures; reviewing unliquidated obligations; and processing cable requests. Since the first CMAS I visit, CDC/Central Asia replaced their budget Access database with a new budget tracking spreadsheet that is complete, accurate, and up-to-date. CDC/Central Asia also did an excellent job of reducing pipeline.

With respect to property management, CDC/Central Asia completed their annual inventory in 2012. The new CDC/Central Asia Deputy Director was familiar with the Property Management System. CDC/Central Asia recognized the need to update the property management system and was working on revising the property custodian.

Major Challenges

The CDC/Central Asia office had established routine procedures to review unliquidated obligations. At the time of the review, CDC/Central Asia still had a number of unliquidated obligations for fiscal years 2009 to 2013. For program budget, the CMAS II team found that the CDC/Central Asia budget report did not consolidate headquarters and post-held funds, and while common accounting numbers were tracked by CDC headquarters, the current process for tracking headquarters-held funds in-country did not include funds by common accounting number. For CDC/Central Asia, property was acquired locally through the U.S. Agency for International Development. With respect to property, equipment that was not barcoded as well as barcoded equipment that is incorrectly cataloged in the Property Management Information System continued to pose challenges. The team also found that CDC/Central Asia receives information technology equipment that is not requested by the country offices. CDC/Central Asia did not have a good system in place for disposal of property since the services were provided by the United States Agency for International Development, and the U.S. Embassy is too far away from CDC/Central Asia to easily dispose of equipment.

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.
- Create a comprehensive budget template that includes the total amount of available funding at any given time. Continue to empower CDC/Central Asia staff to increase responsibility for tracking CDC headquarters budget items.
- Continue the process of updating the property custodian in the Property Management System and request barcodes for all non-barcoded equipment.
- Determine the process to dispose of excess property and whether the United States Agency for International Development will transfer property to CDC's Property Management System.

Accountability for Extramural Resources

Grantee Management

Major Achievements

At the time of the CMAS II visit, CDC/Central Asia managed nine cooperative agreements and was working to empower locally employed staff to take greater responsibility for cooperative agreement management. The CMAS II team noted significant progress in the areas of internal controls and grantee management between CMAS I and CMAS II visits. CDC/Central Asia maintained electronic and hard-copy grantee files which are largely complete. CDC/Central Asia maintained a good human subject restriction tracking system in place and was working to remove restrictions on several awards. In the area of contracts management, a Contracting Officer's Representative was in place and had completed all necessary training. In addition, several other CDC/Central Asia staff completed Contracting Officer's Representative training. CDC/Central Asia had initiated the process to close out its active contracts.

Major Challenges

With respect to CDC/Central Asia staff, the CMAS II team found that roles and responsibilities for management and operations staff and cooperative agreement management staff were not clearly outlined. These staff members faced challenges in accessing grantee records, getting information about grantee business practices, communicating deadlines to grantees, and engaging with the CDC's Procurement and Grants Office and grantees on financial aspects of the cooperative agreements.

In addition, site visit reports currently were not sent to CDC's Procurement and Grants Office for inclusion in the official grant file. CDC/Central Asia also did not keep adequate contract files, nor did staff have sufficient information regarding the management or review of contracts.

Recommendations

- Clearly outline duties for management and operations and cooperative agreement management. Additional training may be needed. Staff should be empowered to work with the grantees on financial management of cooperative agreements.
- Continue to train staff on cooperative agreement policies and procedures.
- Update cooperative agreement and contract files with any missing documentation and warehouse electronic copies on the share drive.

Grantee Compliance

Major Achievements

Representatives from CDC's Procurement and Grants Office visited six grantees in three countries: Kazakhstan, Kyrgyzstan and Tajikistan. From these visits, the CMAS II team noted that CDC/Central Asia made significant progress in increasing the level of financial technical assistance provided to grantees since the CMAS I visit in 2011. A majority of the grantees visited were knowledgeable of cooperative agreement financial requirements and were able to access the Payment Management System, account for staff time, manage procurements according to MOH requirements, and follow MOH travel requirements. Grantees were pleased with their collaboration with CDC/Central Asia and felt that they have a better understanding of managing cooperative agreements than they had one year ago.

Major Challenges

The CMAS II team found that the greatest challenge that grantees encountered was removing human subject restrictions from their awards. This resulted in significant delays in achieving milestones in the cooperative agreements. Utilizing the Payment Management System to drawdown funding also proved to be a challenge for one grantee. Others found the system difficult but were working to resolve these challenges. Grantees also had challenges in submitting complete requests to CDC's Procurement and Grants Office for processing and language barriers continued to be a challenge. Lack of automated accounting systems by MOH grantees made it difficult to review their financial capability.

Recommendations

- Work aggressively with the grantees to lift human subject restrictions. For 2013 awards, work with grantees and the CDC's Science Office on potential protocols and other human subject issues prior to submission of continuation applications, in an attempt to avoid unnecessary restrictions.
- Ensure grantees drawdown from the payment management system.
- Improve review of grantee grants action requests to assure they are as complete as possible and follow CDC requirements prior to submission to CDC's Procurement and Grants Office.

- Conduct financial management site visits to grantees, including a review of their accounting records. All grantees should be visited during the current budget period. Site visit reports should be sent to CDC's Procurement and Grants Office for inclusion in the official grant file.

Accountability for Public Health Impact

Major Achievements

As a key partner for HIV/AIDS programming in Central Asia, CDC/Central Asia worked with national counterparts to build in-country capacity as well as influence policies with regard to HIV/AIDS prevention, care and treatment. CDC/Central Asia engaged in the development of a national strategy for surveillance and related strategic information activities. In an effort to have a larger public health impact, CDC/Central Asia developed a number of activities based on this strategy. As PEPFAR targets and results are reported in the Data for Partner Monitoring System, CDC/Central Asia maintains substantial involvement with partners in terms of development of targets and achieving measurable outcomes.

Since the CMAS I visit CDC/Central Asia designated one technical staff to serve as the Associate Director of Science and instituted a process for protocol, abstract and manuscript clearance. A number of staff members completed the Scientific Ethics Verification training and obtained the scientific ethic verification numbers. Electronic copies of protocols and other documents were stored appropriately.

Major Challenges

While there was regular communication and interaction, CDC/Central Asia could engage the MOH more fully in developing programs to have public health impact. CDC/Central Asia did not currently have a well-developed strategy or evaluation plan to assure the quality of program data at the agency level. As noted previously, human subject restrictions on approval of protocols significantly delayed implementation of grantees' activities. Relevant CDC/Central Asia staff also had not yet completed all required human subject trainings.

Recommendations

- Develop a strategy which engages MOH partners to have public health impact with clear and measurable outcomes.
- Facilitate implementation and operationalization of plans by partners for public health impact and request technical assistance from headquarters to resolve implementation issues.
- Continue to work within PEPFAR team to provide guidance to national and local partners on the development of appropriate programs, as the epidemic continues to be driven by people who inject drugs and other stigmatized populations,.
- Complete data quality assessment and develop an evaluation plan that is linked with the data quality strategy as all grantees begin to implement activities.
- Request technical assistance from the CDC's Science Office to provide training to Associate Director of Science assignee and in-country technical staff. Training should cover approval and clearance of

abstracts, manuscripts, and other reports, and all staff should complete scientific ethic verification training.

Next Steps

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