



CDC's Country Monitoring and Accountability System II

Country Monitoring and Accountability System Visit to Côte d'Ivoire – March 17-21, 2014 Summary of Key Findings and Recommendations

Introduction

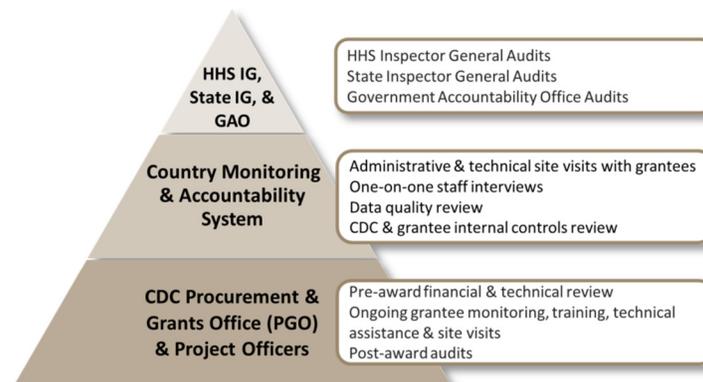
As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State's (DOS) Office of the U.S. Global 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. Financial management activities were assessed for all CDC programs in-country. The scope of this CMAS II visit was focused primarily on CDC/DGHA's activities implemented through PEPFAR; however, other CDC global health programs were assessed in countries where they have a significant presence. CMAS II visits were not considered comprehensive, nor were they intended to replace Inspector General audits.

Objectives

DGHA conducted a CMAS II visit to Côte d'Ivoire from March 17-21, 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 nine 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., laboratory, data quality management, science office).

The CMAS II team conducted a five-day visit to the CDC/DGHA office in Côte d'Ivoire (CDC/Côte d'Ivoire). CDC's Procurement and Grants Office provided additional technical assistance the week following the core CMAS visit. Team members reviewed financial and administrative documents at CDC/ Côte d'Ivoire 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/Côte d'Ivoire's operations.

Background on Country Program

In 1987, CDC began working in Côte d'Ivoire, establishing a field station in Abidjan and the Retrovirus Côte d'Ivoire to research some of the most important questions about HIV worldwide. This early effort expanded to include a vastly strengthened public health system through CDC/Côte d'Ivoire's support of PEPFAR. Key HIV focus areas included a comprehensive prevention program with voluntary counseling and testing, prevention of mother-to-child HIV transmission, abstinence and be faithful, blood and injection safety, and care and treatment. In addition, there is a strong focus on addressing opportunistic infections such as tuberculosis.

CDC/Côte d'Ivoire demonstrated close work with the MOH and Fight Against AIDS to integrate comprehensive diagnosis and care and treatment for HIV, including the provision of antiretroviral treatment in tuberculosis treatment centers. CDC also helped establish and strengthen a national HIV care and treatment coordination center within the MOH and Fight Against AIDS to engage all elements of the health sector and to advance national policy and research priorities. CDC/Côte d'Ivoire's unique and positive relationship with the MOH and Fight Against AIDS resulted in the development of additional ties with the Ministry of Education and the Ministry of Women, Families, and Social Affairs, enabling greater coordination and leverage of funds and programming across sectors.

Summary of Key Findings and Recommendations

Accountability for Intramural Resources

Country Operations and Human Resource Management

The CMAS II team met with select CDC/Côte d'Ivoire staff regarding stakeholder interactions, completing eight standardized checklists on administrative operations, country leadership and governance, safety and security, motor pool, information technology, and communications. Representatives also conducted one-on-one interviews with the Country Director, Deputy Director, and staff from various branches of CDC/Côte d'Ivoire.

Major Achievements

Even with severe challenges presented to CDC/Côte d'Ivoire over the last three years, staff continued with projects and activities successfully. The current Deputy Director, who was serving as the Acting Country Director during Côte d'Ivoire's recent political crisis and civil unrest, provided support and leadership to the staff under challenging circumstances. At the time of the CMAS II visit, CDC/Côte d'Ivoire had a new Country Director, which provided additional stability to the leadership team and freed up the Deputy Director to attend more closely to management and operations tasks. Staff appreciated the "open door" policy of senior management, and leadership should continue to seek input from the entire team.

In addition, to specifically address the emotional and mental health impact of the long-term civil unrest on staff and address a recommendation from CMAS I, CDC/Côte d'Ivoire leadership requested a special session with the State Department's Regional Medical Officer/Psychiatrist. The office also sponsored a training session for locally employed Staff about available psycho/social support.

Major Challenges

The CMAS II team noted that the CDC/Côte d'Ivoire staff were very professional and dedicated to their work as well as the mission of the program. COB representatives were able to meet and interview approximately 35 staff at various levels throughout CDC/Côte d'Ivoire. One of the concerns expressed by staff was a strong desire for additional training and professional development. While the Health and Human Services portal and CDC University were available for locally employed staff, additional clarity on the availability of career advancement and training opportunities was necessary. Additionally, staff felt that dedicating time for training is a challenge.

Recommendations

- As needed, provide support to assess and implement training and career advancement opportunities.
- Provide additional information at program-wide meetings to ensure all levels of staff understand policies and regulations concerning training requirements and opportunities.
- Request workforce development technical assistance from CDC headquarters.

Financial Resource Management

CMAS II financial management participants met with CDC/Côte d'Ivoire staff regarding the management of budget operations, cooperative agreements, contracts/procurement, and property. Assessments focused on CDC/Côte d'Ivoire's budgetary tracking measures in the office and on grantees to gauge communication and level of cooperation with CDC/Côte d'Ivoire staff.

Major Achievements

At the time of the review, CDC/Côte d'Ivoire's budget team was implementing a strong budgetary system. They also provided the requested budget tracking documentation. Strengths of the team included utilization of tracking spreadsheets with proper allocation and balance information, tracking monthly expenditures on vehicle

costs and phone bills, and updating these on a consistent basis in the appropriate financial systems.

Property staff maintained accurate tracking of line items. Inventory checks were performed yearly, as required. The team located and accounted for a randomly selected sample of property.

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

Through interviews and document review, CDC's Office of the Chief Financial Officer found that locally employed budget and financial staff members were very knowledgeable of both DOS and CDC/Côte d'Ivoire's procedures. They were committed to ensuring adequate procedures are in place and followed. The U.S. Embassy Financial Management Officer expressed that CDC leadership was held responsible for ensuring that all transactions are consistent with applicable policies, authorities, and regulations.

CDC/Côte d'Ivoire had been working to reduce reliance on petty cash, and based on petty cash expenditures for the first quarter of 2014, the office was on target to a significant reduction compared to 2013.

Major Challenges

Budget challenges included the lack of a standard operating procedure to ensure continuity of work for all staff as well as the lack of a distinction between actions that are still pending versus those that are officially committed or obligated.

CDC/Côte d'Ivoire established routine procedures to review unliquidated obligations. At the time of the review, CDC/Côte d'Ivoire had a number of open unliquidated obligations from fiscal years 2013-2014. While the office reduced them, it still maintained one of the highest balances for outstanding unliquidated obligations.

Recommendations

- Create standard operating procedures for daily budget activities. Topics should include: location of important documents on the shared drive; tracking projections, commitments, and obligations; using financial systems and how to transfer data to tracking mechanisms; reconciling unliquidated obligations; processing procurement actions; and preparation of Country Operating Plan Management and Operation figures.
- Consider reducing the amount of petty cash by reviewing purchased goods and services that petty cash is currently used for and pursuing alternate methods of procurement.
- Continue to routinely review unliquidated obligations, and aggressively follow-up with U.S. Embassy Financial Management Office staff to ensure appropriate action to clear transactions in a timely manner. The salary advances should be reviewed to determine the need for so many disbursed advances.

Accountability for Extramural Resources

Grantee Management

Major Achievements

CDC/Côte d'Ivoire implemented the project management's transition from hard copy files to an electronic system, which was almost complete at the time of the CMAS II review. CDC headquarters provided technical assistance to develop specialized standard operating procedures for cooperative agreement management. Grantees expressed appreciation of the relationship with CDC/Côte d'Ivoire and CDC headquarters. For contracts/procurements, there were proper tracking systems, standard operating procedures, and hard copy files.

Major Challenges

Site visit reports and correspondence from technical meetings were not all sent to CDC headquarters. The current tracking system for cooperative agreement management consisted of three separate spreadsheets and was manually updated by the project management team's administrative assistant. Invoice receiving functions for contracts was currently conducted at CDC headquarters.

Recommendations

- Cooperative agreement project managers should submit site visit reports and correspondence from technical meetings to CDC headquarters for the official file on a regular basis.
- Consolidate the cooperative agreement tracking system into one spreadsheet and reconcile it with the CDC headquarters tracking system.
- Certified Contracting Officer's Representatives should perform invoice receiving functions for all contracts/procurements.

Grantee Compliance

Major Achievements

The majority of grantees demonstrated good business practices with few significant weaknesses. During CMAS I and CMAS II, CMAS teams visited only two grantees on both trips. However, grantees showed significant improvement in policies and procedures. For example, most of the issues from CMAS I that required some follow-up (i.e., need for adequate identification of receipt and disbursement of each grant, records to be maintained monthly, competitive written procurement processes, grantees to familiarize themselves with the Code of Federal Regulations, and adequate written personnel, travel, and procurement policies) were no longer issues on the CMAS II visit. In addition, CDC/Côte d'Ivoire either addressed or is currently resolving audit findings.

Major Challenges

A significant finding from CMAS I was a lack of written subcontracting procedures. In CMAS II, the team found that the majority of grantees now have written procedures, but there were still issues with the management of subcontractors. The majority of grantees kept all vehicle logs inside the vehicles. This was discouraged since it may lead to the loss of all vehicle data. Eight out of nine grantees do not have a copy of policies and procedures in English. A recurring finding from CMAS I, three grantees had inadequate accounting systems, (i.e. using manual entry in Excel or not having different levels of access for different personnel). Many grantees continued to submit audits to the wrong place and cover the wrong timeframe, and many had issues with the Payment Management System (G-accts vs. P-accts, drawdowns, written policies). Every grantee also had issues with the System for Award Management (SAM.gov), including problems with registration, migration of data from previous sites, or obtaining Data Universal Numbering System numbers.

Recommendations

- Ensure that grantees develop written subcontracting standard operating procedures even if they do not plan to hire subcontractors to outline the process so that the process is laid out should the need arise. These procedures should be continually updated as new issues are identified.
- Include summary documents of policies and procedures in English. While it is understandable to not have policies and procedures in English as day-to-day operations are in French, it might be helpful for at least summary documents to be in English in case of an audit or visit from the Office of Inspector General.
- Convert manual accounting systems to automated systems; QuickBooks is recommended. Systems that have not been set up with various levels of access for different personnel and should be updated to allow for it.
- Send audits to the National External Audit Review Center in hardcopy with an electronic version sent to the Procurement and Grants Office. Audits should cover fiscal year instead of budget year.
- Grantees need training/assistance with the System for Award Management (SAM.gov) and Payment Management System.

Accountability for Public Health Impact

Major Achievements

CDC/Côte d'Ivoire demonstrated active participation, facilitation, and support to develop the national HIV strategy with the MOH and national partners, striving to maintain open communication with these organizations. At the time of the visit, the majority of the country's program budget funding was directed towards local and national partners. World AIDS Day planning, prioritizing, and target setting occurred with the engagement of local and national partners, was consistent with national targets, was evidence based, and used available tools and methods. Program results were on a trajectory to achieve key World AIDS Day targets with monitoring systems in place. CDC/ Côte d'Ivoire proved to have strong engagement and communication with key stakeholders and grantees, with regular use of email, phone, and in-person meetings.

Since CMAS I, CDC/Côte d'Ivoire and grantees established a comprehensive data quality assurance system and tools, which uses numeric scores to monitor the quality of quarterly program results. Active follow-up occurred between grantees and sites to resolve issues regarding data quality as they arise. Since CMAS I, CDC/Côte d'Ivoire established a comprehensive approach and standard operating procedures for the provision of technical input and review of publications, abstracts, reports, and protocols from grantees and CDC/Côte d'Ivoire staff prior to submission to the CDC headquarters Science Office. Engagement with relevant grantee and program staff on scientific documents occurred during the initial stage of development. A well-organized electronic system existed for the tracking of protocol and publication reviews and approvals.

Major Challenges

As a result of merging the MOH with the Ministry for the Fight Against AIDS, strategic planning and designation of roles within the MOH was delayed.

Although estimated unit costs per patient were used for setting budget levels, the recent expenditure analysis resulted in some data quality challenges in part due to English-to-French language translation of the data collection tools. Consequently, the country team was not able to use expenditure analysis data to inform strategic planning, grantee-level budget planning, and target setting.

Recommendations

- Continue to promote the MOH to take an active leadership role in the strategic planning of the national HIV response.
- Work with the CDC headquarters expenditure analysis team to revisit and re-assess quality of expenditure analysis grantee-level data.

Next Steps

The CMAS II team shared their key findings and recommendations with the CDC/Côte d'Ivoire 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.