



CDC's Country Monitoring and Accountability System II

Country Monitoring and Accountability System Visit to Ghana – November 18-22, 2013 Summary of Key Findings and Recommendations

Introduction

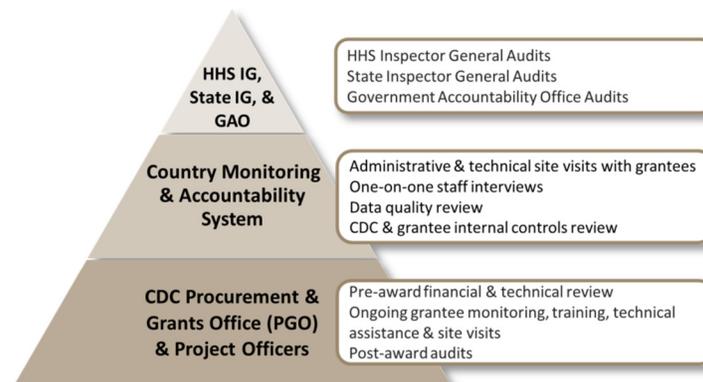
As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State's (DOS) Office of the U.S. Global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

CDC's Country Monitoring and Accountability System

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

CDC Commitment to Accountability

Ensures optimal public health impact and fiscal responsibility



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

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

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

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

Scope

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

Objectives

DGHA conducted the CMAS II visit to Ghana from November 18-22, 2013. The principal objectives of this visit were to:

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

Methodology

CDC headquarters in Atlanta assembled a multidisciplinary team of six CDC subject matter experts in the following areas to perform the CMAS II assessment: financial management, program budget and extramural

resources, grants management, country management and operations, and several key technical program areas of strategic information and epidemiology.

The CMAS II team conducted a five-day visit to the CDC/DGHA office in Ghana (CDC/Ghana). Following the core CMAS II visit, CDC's Procurement and Grants Office stayed for an extended period to provide additional technical assistance in grants management. Team members reviewed financial and administrative documents at CDC/Ghana 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/Ghana's operations.

Background on Country Program

The CDC/Ghana office opened in 2008 with a focus on the scale-up of HIV/AIDS prevention as well as care and treatment programming. The office has established close working relationships with the Ghana AIDS Commission and the Ghana Health Service, the body of government that makes and implements policy in Ghana, as well as with other implementing partners. CDC/Ghana is working directly with Ghana's MOH to build capacity and strengthen lab systems necessary to support the scale-up of HIV services in the country. CDC/Ghana's support includes assistance with development of the national laboratory strategic plan, laboratory policy and procedures, laboratory information systems, and quality management systems critical to the accreditation and long-term sustainability of public sector laboratories.

CDC/Ghana also provides support to establish in-country capacity and infrastructure to implement and evaluate HIV/AIDS-related surveillance systems and improve broader national health information systems to collect, store, analyze, and use high-quality data essential to improving services and programs. CDC supports the Ghana AIDS Commission through cooperative agreement funding to build monitoring and evaluation capacity at the community level and has supported Ghana in building capacity of the National Blood Transfusion Services.

Summary of Key Findings and Recommendations

Accountability for Intramural Resources

Country Operations and Human Resource Management

Major Achievements

The past few years were busy for CDC/Ghana, as the office increased activities. With four new locally employed staff hired since the CMAS I visit (June 2011), expanding to a satellite office was both necessary and appropriate. Also, the Center for Global Health selected CDC/Ghana to pilot the SharePoint roll-out. This site was a major

achievement and best practice to be emulated by other country offices. Not only was the SharePoint site easy to navigate, it served as an excellent repository for key management and operations documents, including standard operating procedures, temporary duty assignment logs, time and attendance records, and motor pool maintenance records. Additionally, in the absence of a PEPFAR Coordinator, CDC/Ghana played a pivotal role in keeping mission leadership abreast of PEPFAR goals and activities, and inter-agency partners expressed appreciation for CDC's proactive and collegial approach. Confidence in CDC's leadership was also echoed in the multi-lateral engagement space.

Major Challenges

Given CDC/Ghana's commitment to meeting PEPFAR targets, work/life balance was sometimes compromised to the detriment of team cohesion. Finding balance between technical and cooperative agreement management responsibilities proved to be a struggle for this newer program. Staff expressed a lack of recognition and appreciation for all they have accomplished within a short timeframe, particularly from CDC headquarters. In general, communications with CDC headquarters sometimes felt strained, and accessing support and resources remains a challenge. Lastly, training policies and decisions still lacked clarity despite the existence of a standard operating procedure.

Recommendations

- Conduct a strategic planning exercise to identify primary priorities and construct work plans accordingly. The presence of logical work plans in line with strategy will help address the issues around the balance of technical and cooperative management activities, as well as work-life balance. A team-building component should also be included in such a process to improve team cohesion. Discussions should be well-documented for ease of follow-up.
- Strengthen ties to CDC headquarters by 1) re-structuring bi-weekly management call structure, content and participants, and 2) soliciting temporary duty assignment support for CMAS II follow-up.
- Celebrate successes through opportunities such as the CDC and Embassy Award nominations process and/or by sending stories/photos to the DGHA Policy and Communications team for inclusion in the DGHA Weekly Update and/or quarterly newsletter.
- Increase transparency regarding financial ceilings, resource limitations, and barriers to receiving training in order to better manage expectations and tailor training opportunities to individual needs.

Financial Resource Management

Major Achievements

At the time of the CMAS II visit, CDC/Ghana was the pilot program for a new business system based on SharePoint. CDC/Ghana and the Center for Global Health developed the system two months prior to the CMAS II visit. This business system, identified as a best practice, contained budget, cooperative agreement, travel, and property information as well as standard operating procedures. SharePoint allowed CDC/Ghana to restrict

access to core staff members and provide read-only access for visitors.

CDC/Ghana met most of the requirements for the CMAS II budget review. The Deputy Director pulled reports monthly and maintained access to the CDC and U.S. Embassy financial reporting systems (COAST and IRIS). Budget data from the CDC and U.S. Embassy's financial reporting systems (COAST and IRIS) were downloaded into SharePoint and reviewed regularly. Unliquidated obligations on track for de-obligation were marked and tracked within the system. CDC/Ghana does not have a separate tracking system for the Country Operational Plan but included projections for all cooperative agreements within the budget report.

Although only required annually, CDC/Ghana conducted an inventory assessment quarterly. The property tracking sheet contained all CDC/Ghana items, and the Property Management Information System custodian was correctly listed as the Deputy Director.

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

Through a questionnaire and document review, CDC's Office of the Chief Financial Officer found locally employed budget and financial staff knowledgeable of both DOS and CDC/Ghana procedures. Based on the current financial profile, there was a material reduction of dollars associated with unliquidated obligations by CDC/Ghana. The office demonstrated commitment to ensuring adequate procedures are in place and followed. CDC leadership was held responsible for ensuring that all transactions are consistent with applicable policies, authorities, and regulations.

Major Challenges

The CMAS II team found that the Deputy Director and Country Director do not optimally communicate around budget issues. For improved budget operations, the CMAS II team believed that increased communication would be beneficial, and the Country Director should be more involved in country funding reviews. Meetings among the Country Director, Deputy Director, and technical staff should be held monthly. CDC/Ghana used the Office of the Chief Financial Officer's User Guide for the Overseas Allotment System as their standard operating procedure for cable transactions; however, it had not been modified for CDC/Ghana.

For property, CDC/Ghana had one vehicle that was not included in their Property Management Information System inventory list. CDC/Ghana had three laptops that should be transferred to the U.S. Embassy in Ghana for sale. Two of the three laptops did not appear on the CDC/Ghana Property Management Information System list.

The staff size for CDC/Ghana was small, and while the definition of roles and responsibilities seemed adequate, additional care should be taken to ensure duties are properly segregated.

The prior desk audit performed in fiscal year 2011 cited a number of unliquidated obligation line items for budget years 2008-2011. Subsequently, through diligent efforts, the CDC/Ghana office reduced unliquidated

obligations for the 2012 fiscal year. More recently, a number of unliquidated obligations remain for fiscal year 2013. CDC/Ghana should continue to periodically review all unliquidated obligations and take appropriate action to ensure funds are valid and/or de-obligate any funds that are no longer needed.

Recommendations

- Review budget status of funds and cooperative agreement pipeline monthly with the Country Director, Deputy Director and technical staff.
- Review grantee pipelines with technical staff and verify that technical activities align with funds expended.
- Modify the Office of the Chief Financial Officer user guide to include specific information for CDC/Ghana.
- Add vehicle recently purchased to Property Management Information System list.
- Transfer the remaining laptops that are no longer in use to the U.S. Embassy in Ghana for sale.
- Ensure extra oversight to mitigate inherent risks associated with the segregation of duties since CDC/Ghana is a small office.
- 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.

Accountability for Extramural Resources

Grantee Management

Major Achievements

At the time of the visit, the cooperative agreement system pulled data from CDC's Program Budget and Extramural Management Branch cooperative agreement library to provide the latest documents without duplication of files and effort. For documents not loaded into SharePoint by CDC's Program Budget and Extramural Management Branch, the CDC/Ghana team was transferring cooperative agreement documents (site visit reports, correspondence, etc.) stored on individual computers to the SharePoint site.

The CDC/Ghana grantees reported clear, positive, and frequent communication with the CDC/Ghana office. Grantees were very familiar with CDC points of contact and noted that CDC provides an overview of the terms and conditions when the continuation Notice of Award is received.

Major Challenges

The SharePoint site was missing several important types of documents, as CDC's Program Budget and Extramural Management document library does not include site visit reports, audits, Federal Financial Reports, grantee correspondence. Additionally, progress reports were not included in their cooperative agreement files. CDC/Ghana also did not have a system set-up to track cooperative agreement restrictions in SharePoint. DGHA's Program Budget and Extramural Management Branch and the Procurement and Grants Office will jointly need to determine a method for uploading all relevant documents into the SharePoint system.

Although grantees expressed great working relationships with CDC/Ghana, grantees were sometimes unclear

about processes required to release restricted funds and administrative requirements for post award actions.

Recommendations

- Work with CDC's Procurement and Grants Office and DGHA's Program Budget and Extramural Management Branch to add the remaining documents, such as site visit reports, Federal Financial Reports, audits, and correspondence to the CDC/Ghana SharePoint site.
- Create a restriction tracking system within CDC/Ghana's SharePoint site.
- Review the types of post-award actions with grantees.
- Review the restrictions process with grantees to ensure a greater understanding of the steps needed to lift restrictions.

Grantee Compliance

Major Achievements

CDC's Procurement and Grants Office participant had very productive meetings with three grantees including the National AIDS and Sexually Transmitted Infection Control Program, Global Health System Solutions, and the Ghana AIDS Commission. The CMAS II participants interviewed cooperative agreement staff members to determine if the grantees had internal controls in place to ensure the proper use of federal (especially PEPFAR) funds, how they track these funds, and how they assess program impact. The participants also had a special meeting with Ghana Health Services to discuss National AIDS Control Program funds to support Ghana's Field Epidemiology and Laboratory Training Program.

The grantees developed policy-based internal controls where expenditures can be traced from the initial award through receipts and logbook records. Procedures were in place outlining the steps of award management, administration, cost allocation, and procurement procedures. All awardees demonstrated use and proficiency of internal electronic accounting systems in addition to physical record-keeping.

Major Challenges

All grantees in Ghana continued to have issues with the Payment Management System in reference to drawdowns, cash transactions, interest earned, conversion from dollars to local currency, and value-added tax.

Recommendations

- Create procedure manuals and keep in a secure place with authorized employees, documenting the systems and accounts that are used to meet U.S. federal requirements. This manual should include account usernames and passwords, account maintenance schedules for each, etc.
- Provide more technical assistance, training, and guidance to grantees in regards to the Payment Management System, continuations, restrictions, and Federal Financial Reports.
- Ensure that all grantees receive additional guidance on reporting requirements.

Accountability for Public Health Impact

Major Achievements

CDC/Ghana demonstrated strong planning efforts at the national level. The office was engaged in the development of the National Strategic Plan (2011-2015); the National Monitoring and Evaluation Plan; sub-committees on research and monitoring and evaluation as well as most at-risk populations; the National Laboratory Strategic Plan; and the National Most At-Risk Populations Plan.

CDC/Ghana demonstrated effective communication with its national stakeholders. Its national level partners highly valued CDC and the scientific perspective that it brings. National level partners were appreciative of the CDC/Ghana team and the individuals comprising it. The value placed on CDC's collaboration and contribution within the Ghanaian context enabled it to advocate for improvements in national level HIV data quality and analyses.

CDC/Ghana effectively and efficiently reported within CDC's Data for Partner Monitoring System, which monitors the performance of CDC PEPFAR grantees with respect to their setting of targets and achievement of results in the area of laboratory and monitoring and evaluation capacity building.

At the time of the CMAS II visit, CDC/Ghana was shifting its funding priorities (in comparison to CMAS I) to focus on the exclusive funding of indigenous organizations. These indigenous organizations, visited during CMAS II, demonstrated significant technical capacity. CDC/Ghana also demonstrated a significant degree of technical engagement with the national level grantees receiving cooperative agreement funding to ensure their success in achieving the goals articulated within these agreements.

Major Challenges

Given the relatively small size of the CDC PEPFAR investment in Ghana, it was especially critical to have a strong strategy to focus the U.S. government's investment and yield the greatest return through CDC's core areas of surveillance, monitoring and evaluation, and laboratory (i.e. strategic information and health systems strengthening).

The PEPFAR program in Ghana reflected a targeted assistance model where technical assistance, rather than direct HIV treatment and care service delivery, is provided through the PEPFAR platform. Given that CDC's support in Ghana currently represented health systems strengthening and capacity building in surveillance, monitoring and evaluation, and laboratory, it proved to be challenging to use PEPFAR performance indicators to demonstrate the impact of the U.S. government's investment. Consequently a robust and custom monitoring and evaluation approach is necessary to measure the impact of the U.S. government investment.

Recommendations

- Review national level grantee funding through a strategic lens where all new CDC/Ghana investments are viewed in relation to the goal of achieving maximum public health impact with the investment.

- Align new national level grantee funding with CDC's goal of contributing to improved HIV data quality in Ghana (e.g., HIV treatment and prevention of mother-to-child transmission of HIV related data).
- In addition to PEPFAR related performance indicators, develop a more robust monitoring and evaluation approach that includes a CDC level evaluation plan, integration of cooperative agreement related evaluation plans, and evaluation plans for significant projects related to strategic information and health systems capacity building within the cooperative agreements.
- In addition to reporting on PEPFAR related performance indicators, develop custom indicators, success stories, etc.
- Develop a succinct annual report and talking points that demonstrate the impact of the U.S. government CDC investment in Ghana using PEPFAR and custom indicators, additional data sources, success stories, etc.

Next Steps

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