



CDC's Country Monitoring and Accountability System II

Country Monitoring and Accountability System Visit to Namibia – March 10-14, 2014 Summary of Key Findings and Recommendations

Introduction

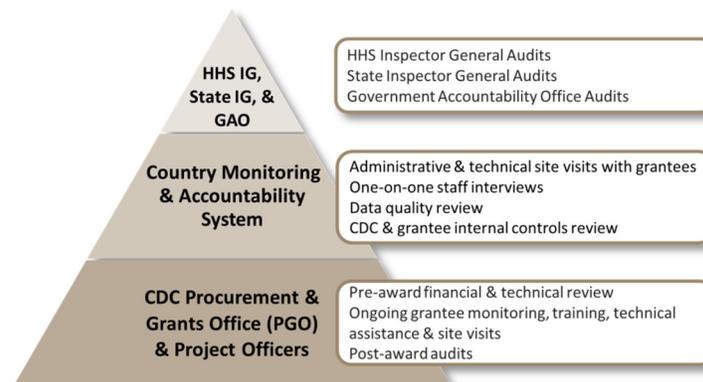
As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State's (DOS) Office of the U.S. Global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

CDC's Country Monitoring and Accountability System

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

CDC Commitment to Accountability

Ensures optimal public health impact and fiscal responsibility



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

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

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

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

Scope

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

Objectives

DGHA conducted a CMAS II visit to Namibia from March 10-14, 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 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.

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

Background on Country Program

Since its establishment in 2002, CDC/Namibia has assisted the Namibian Ministry of Health and Social Services (MOHSS) with developing a comprehensive package of HIV/AIDS prevention, care, and treatment activities. CDC/Namibia’s technical assistance has strengthened the accessibility and quality of clinical services offered in health facilities across the country.

CDC/Namibia provides technical assistance to the MOHSS and other grantees to strengthen epidemiological, surveillance, laboratory, operational research, and workforce capacity. CDC/Namibia also supports national efforts to integrate primary health care services and to promote the idea that HIV/AIDS investments can have an impact on maternity, pediatric, chronic disease, tuberculosis, and other services.

The Namibia Institute of Pathology, the Polytechnic of Namibia, and the MOHSS receive support from CDC/Namibia for the training of laboratory workers, attainment of accreditation, and enhancement of laboratory information systems. A stronger laboratory system has allowed Namibia to expand early infant HIV diagnosis, robust clinical monitoring of HIV-positive patients, and tuberculosis diagnostic services, among others. CDC/Namibia provides technical assistance to the MOHSS to establish the country’s first National Public Health Laboratory and accelerate the roll-out of point-of-care diagnostics.

Summary of Key Findings and Recommendations

Accountability for Intramural Resources

Country Operations and Human Resource Management

Prior to the visit, the CMAS II team disseminated an online staff questionnaire to the CDC/Namibia staff to assess various aspects of country operations and human resources management. Thirty staff completed the questionnaire. In addition, during the CMAS II visit, the following activities took place: in-person interviews with the CDC/Namibia Country Director, Deputy Director, and 21 other CDC/Namibia staff; reviews of travel orders, inherently governmental duties, time and attendance records; general information technology and motor pool assessments; a meeting with the Human Resources Officer at the U.S. Embassy; and reviews of a sample of CDC/Namibia personnel files.

Major Achievements

The results of the online staff questionnaire showed that 100% of staff who responded understood CDC/Namibia's strategy, mission, goals, and objectives; 96% felt that CDC/Namibia is a good place to work; and 96% indicated that leadership is respected within the organization. Results of the CMAS II visit also indicated that all inherently governmental functions are carried out by U.S. direct hires. CDC/Namibia adhered to time and attendance requirements for DOS personnel and maintains excellent record management and documentation of personnel files for locally employed staff time and attendance. The U.S. Embassy's human resource files were complete and securely stored. The U.S. Embassy's Human Resources Officer also indicated a growing relationship with CDC/Namibia. Motor pool procedures were in place and ensured that vehicles are used solely for the transportation of personnel and property in the conduct of official U.S. government business. At the time of the assessment, an emergency notification system was in place for CDC/Namibia that included all CDC/Namibia staff, contractors, and fellows. CDC/Namibia exercised this system within the past year (in November 2013), and the post Occupational Safety Health Officer or U.S. Embassy representative conducted a basic office safety assessment of non-U.S. Embassy CDC/Namibia facilities within the past two years (November 2012).

Major Challenges

While not meeting the defined criteria, CDC/Namibia was working towards placing locally employed staff in positions of leadership and authority. The majority of the staff interviewed reported having relevant training in the last year, but were working on outdated Work Development Plans. A colleague from the Center of Global Health was in-country providing technical assistance to update all plans. Finally, the Information Technology Manager and Systems Administrator noted a reliable internet connection; however, there were minor issues with the voice over internet phone system, which is being addressed by the CDC's Information Technology Service Office.

Recommendations

- In order to increase locally employed staff leadership opportunities, continue to develop locally employed staff for a potential opportunity as co-chair of a Technical Working Group and work to obtain an exception in order to recruit a locally employed staff at an increased pay grade (grade 13).
- Ensure that all staff have updated Work Development Plans in place and orient all staff to the new training policy.
- Continue to work with the IT Service Office to ensure issues with the VOIP system are resolved.

Financial Resource Management

Major Achievements

As noted in CMAS I, CDC/Namibia continued to operate a budget system that allows them to actively track projections and obligations and pull relevant data at any time. Budget staff keep CDC/Namibia's leadership

informed of budgetary issues. CDC/Namibia demonstrated familiarity with CDC's Office of the Chief Financial Officer and the U.S. Embassy's Financial Management Office personnel and contacted them for assistance as needed.

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/Namibia. This involved document sampling and a transaction-level detail analysis of all funds cabled to the office, as well as interviewing key personnel who have responsibility and oversight over field office financial management activities, both at CDC/Namibia and the U.S. Embassy.

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

CDC/Namibia also worked to reduce the use of petty cash, as demonstrated by only using a total of \$602 for the period of January 1, 2013 through December 31, 2013. At the time of the CMAS II assessment, CDC/Namibia had expended this amount through the U.S. Embassy and no longer managed a petty cash fund onsite.

Major Challenges

The CMAS II assessment found that CDC/Namibia needs to consolidate and organize their financial tracking information. The staff understood the various information reporting systems, but did not use the systems in a consistent manner, which are good tools for financial staff when properly and consistently utilized. CDC/Namibia also did not have a system in place for tracking and reconciling current and past Country Operational Plans and linking them to implementing mechanisms.

At the time of the assessment, CDC/Namibia had established routine procedures to review unliquidated obligations. CDC/Namibia had a number of open unliquidated obligations from fiscal years 2012 and 2013. Periodic review is needed to reduce and close-out invalid and aged (older than two years) unliquidated obligations. The Deputy Director was a Visa purchase card holder; however, the transactions were being approved at CDC headquarters. The purchase card policy was updated last year and requires international offices to have approval for Visa purchases completed at post.

Recommendations

- Use one version of each budget tracking system, archiving past versions.
- Follow the guidelines provided by PBEMB for reviewing and tracking current and past Country Operational Plans.
- Ensure that CDC/Namibia receives technical assistance with budget systems.
- 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 Deputy Director should explore methods to adhere to the current policy of having Visa purchases approved at post.

Accountability for Extramural Resources

Grantee Management

Major Achievements

CMAS II participants found that CDC/Namibia made some great advances in the management of their extramural portfolio. Since CMAS I, CDC/Namibia developed a cooperative agreement tracking system that is updated regularly. They recently developed standard operating procedures for all administrative, financial, and grants management policies and continue to train all staff and grantees on these procedures. CDC/Namibia also had standard operating procedures for meeting with their grantees and reviewing financial and technical issues, as well as a general cooperative agreement management manual.

CDC/Namibia demonstrated additional improvement since CMAS I, as the Technical Advisor and Financial/Grants Manager conduct joint site visits and meetings with grantees. CDC/Namibia's staff met regularly with grantees and documented visits in a standardized manner.

Major Challenges

During the review of contracts management, the contract files were found to be incomplete, with several items missing. In addition, CDC/Namibia did not have a contract/procurement tracking system or a standard operating procedure for contracts management. Finally, the Contracting Officer's Representative did not have training or access to the Integrated Contracts Experts (ICE) system, and was therefore unable to perform key essential functions.

Recommendations

- Submit requested documents for review and work with procurement specialists in the Program Budget and Extramural Management Branch to incorporate missing items into the contracts filing system.
- Refer to the samples and templates provided by the CMAS team to create a contract tracking system and standard operating procedure.
- Ensure that all Contracting Officer's Representatives have access to the Integrated Contract Experts system, which is essential to their defined role.

Grantee Compliance

Major Achievements

CDC/Namibia made several improvements in the area of grantee compliance since CMAS I. At the time of first CMAS visit, most grantees did not have any standard operating procedures in place. However, during the CMAS

II visit, each grantee was able to provide standard operating procedures for travel, timekeeping, procurement, inventory, consultancy, and contracts. The CMAS I review also found that training on grant monitoring was necessary for all recipients. CDC/Namibia had since sponsored the training for monitoring of cooperative agreements as well as webinar training for the Payment Management System and sought technical assistance from outside sources and the CDC's Procurement and Grants Office.

Additionally, the CMAS I review recommended that CDC/Namibia conduct regular site visits and send reports to the CDC's Procurement and Grants Office. At the time of the CMAS II assessment, CDC/Namibia staff made an average of two site visits to each grantee per month and held monthly grantee meetings to discuss changes and provide updates.

The CMAS I visit found that CDC/Namibia had assumed the responsibility for the drawdowns and tracking of expenditures for one of the grantees. Because this is considered beyond substantial involvement, both the grantee organization and CDC/Namibia were informed that drawdowns and tracking of expenditures are the grantee's responsibility. A recommendation was made to the grantee that they establish a team to monitor the funds for the cooperative agreement. Major improvements were made in this area, as the organization had since assumed full responsibility of their duties by monitoring their expenditures and drawdowns.

Furthermore, the CMAS II visit found that all grantees were current on their audit requirements, an improvement from CMAS I where several grantees were delinquent on their audits. During CMAS I, there was a focus on whether or not a grantee had documented internal controls and standard operating procedures in place to support financial and administrative management of their cooperative agreement funds and activities. All recipients demonstrated such controls and documented standard operating procedures at the time of the CMAS II assessment.

Major Challenges

Despite all the successes and achievements since the CMAS I visit, CDC/Namibia continued to experience challenges. Grantees were provided with a Payment Management System webinar training through CDC/Namibia and the Department of Payment Management; however, two grantees were unable to participate. The CMAS II team provided them the necessary link to the training. Additionally, the CDC/Namibia office worked with this grantee concerning drawdowns. One grantee was advised that they should attempt a drawdown by April 11, 2014 and notify CDC's Procurement and Grants Office once the drawdown was complete. All partners were advised that they are required to submit their Federal Financial Reports into the eRA Commons system.

Two grantees exhibited issues with inventory tracking. CMAS II participants advised them to account for all property that had a value of \$5,000 or more. If the property was no longer useful, they received instructions to liquidate and forward the funds back to the U.S. Treasury. The remaining property will be transferred to the current awards. Both grantees were requested to provide an update asset inventory list to the CDC's Procurement and Grants Office within 90 days of the CMAS II visit. Furthermore, one of the grantee organizations was inappropriately paying retainer fees using cooperative agreement funds. This was corrected immediately.

Recommendations

- Ensure that all relevant grantees receive the training on the Payment Management System.
- Require all grantees to forward Federal Financial Reports via email to the CDC's Procurement and Grants Office until the eRA Commons (Annual Federal Financial Report) system is fixed, and grantees can upload the Federal Financial Reports accordingly.
- Ensure the two grantees that are struggling with inventory issues track all inventory appropriately and provide the CDC's Procurement and Grants Office with an updated asset list.

Accountability for Public Health Impact

Major Achievements

CDC/Namibia demonstrated consistent senior representation on the National AIDS Executive Committee and the National Strategic Framework Mid-Term Review Steering Committee. CDC/Namibia also provided technical representation for all Technical Advisory Committees convened by the MOHSS. Formal structured meetings occurred at all levels on a monthly and quarterly basis. CDC/Namibia effectively supported the MOHSS in its lead role in formulating the national strategy, including participating in the mid-term review of the National Strategic Framework and the Global Fund to Fight AIDS, Tuberculosis, and Malaria Phase II renewal planning.

CDC/Namibia's investment strategy was aligned with programs of public health impact. Technical assistance investment was focused on high leverage, catalytic investment strategies that support national strategies and priorities, such as the roll-out and implementation of option B+ (treating all pregnant women with antiretrovirals for the duration of their life, regardless of their CD4 count) and new anti-retroviral therapy guidelines; strengthening human resources for health management, surveillance, and surveys; and planning support for national laboratory capacity development.

At the time of the CMAS II visit, the MOHSS was the lead partner in CDC/Namibia's funding portfolio and additional indigenous grantees were funded for key non-MOHSS roles, for example, human resources pre-service training. Cooperative agreements with international partners (such as I-Tech) required that substantial effort be directed to capacity-building for Namibian organizations. Seventy-three percent of CDC/Namibia's funding was allocated to indigenous grantees in the Country Operational Plan for 2013. CDC/Namibia actively engaged in mentoring and capacity building of MOHSS and grantee staff, and technical advisors were highly valued by the departments where they work. Close negotiation with the MOHSS and Permanent Secretary, as well as work with the Ministry of Finance, was on-going to ensure continued transition of key components of the program.

At the time of the CMAS II visit, CDC/Namibia demonstrated substantial technical involvement with cooperative agreement grantees. All grantees reported that CDC/Namibia does an outstanding job in having productive, proactive dialog and problem-solving to jointly plan and monitor activities, address bottlenecks and contextual problems, and support grantees in achieving their objectives.

Major Challenges

Voluntary medical male circumcision program support experienced ongoing delays in implementation on the PEPFAR and national level; however, a new national male circumcision strategic plan and CDC/Namibia implementation plan was in place at the time of the assessment. CDC/Namibia's pilot projects in two regions will inform the national voluntary male medical circumcision program roll-out.

Data quality assurance by grantees was still being developed. CDC/Namibia was working effectively with the MOHSS on institutionalizing data quality activities in various program areas and participated in data quality activities in several program areas (e.g., prevention of mother-to-child transmission data quality assessments, site-level data quality/validation tools development and implementation, and District Health Information System data quality review and supervisory visits). Lastly, existing plans were underway to integrate data quality reviews into regional program data reviews.

Recommendations

- Monitor and ensure that a plan for service and data quality is implemented in conjunction with the roll out of the voluntary male medical circumcision program.
- Ensure adequate support for implementing data quality strategies with the MOHSS that focuses on high priority technical areas that are developed and implemented in ways that encourage manageable and sustainable systems within Namibia to address data quality and improvement.

Next Steps

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