



# CDC's Country Management and Support Initiative

## Report Summary for February 2012 Country Management and Support Visit to Côte d'Ivoire

### Background

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 Office of the U.S. Global AIDS Coordinator. CDC uses its technical expertise in public health science and long-standing relationships with Ministries of Health 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. All CDC global HIV/AIDS PEPFAR-related activities are implemented by the Division of Global HIV/AIDS (DGHA) in CDC's Center for Global Health.

### CDC's Commitment to Accountability

CDC/DGHA launched the Country Management and Support (CMS) initiative in 2011 to identify any challenges resulting from the rapid scale-up of complex PEPFAR/CDC programming as part of CDC's commitment to transparency and accountability. This initiative serves as a basis for ongoing, monitored quality improvement of CDC/DGHA's programs and operations through internal programmatic and financial oversight. CMS is a proactive response on the part of CDC to ensure that CDC/DGHA is supporting the Presidential Initiatives, Department of State, and Office of the U.S. Global AIDS Coordinator. The CMS strategy is designed to assess CDC/DGHA's accountability 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

### Côte d'Ivoire Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in Côte d'Ivoire from February 27- March 2, 2012. The principal objectives of this CMS visit were to:

- Perform a CDC/DGHA headquarters assessment of internal controls in the field to ensure the highest level of accountability
- Provide clear feedback and support to the country office to improve current internal controls
- Refine, systematize, and modify CMS methodologies, processes, and associated tools for full implementation during future CMS visits across all CDC/DGHA-supported programs in the field

CDC/DGHA headquarters (CDC/HQ) in Atlanta, Georgia assembled an intra-agency multidisciplinary team of nine subject matter experts in the following areas to perform the CMS assessment: country management and operations, program budget and extramural management, grants management, financial management, and key technical program areas (e.g., PMTCT, laboratories, care and treatment).

### CMS Methodology

The CMS team conducted a five-day visit to the CDC/DGHA office in Côte d'Ivoire (CDC/Côte d'Ivoire), which included reviews of financial documents, administrative and technical site visits with grantees, one-on-one meetings with staff, data quality spot checks, and reviews of internal financial controls at CDC and grantee offices. Assessment tools and checklists were developed by CMS leadership in consultation with subject matter experts at CDC/HQ. This methodology was designed to provide a "point in time" synopsis of CDC/Côte d'Ivoire's operations.

### Scope

CMS visits are designed to provide an overview of CDC/DGHA country programs and identify best practices and areas for improvement. These visits should not be considered comprehensive and are not intended to replace Inspector General audits. The scope of this CMS visit focused only on the CDC/DGHA portfolio of global HIV/AIDS activities implemented through PEPFAR.

### Program Background

CDC began working in Côte d'Ivoire in 1987, establishing a field station in Abidjan and the Retrovirus Côte d'Ivoire Project (CDC Retro-CI) to research some of the most important questions about HIV worldwide. This early effort expanded to include a vastly strengthened public health system through the support of the President's Emergency Plan for AIDS Relief (PEPFAR). CDC/Côte d'Ivoire works closely with the Ministry of Health and the Ministry for the Fight Against AIDS to integrate comprehensive diagnosis and care and treatment for HIV, including the provision of antiretroviral therapy in tuberculosis treatment centers. CDC/Côte d'Ivoire also helped establish and strengthen a national HIV care and treatment coordination center within the Ministry for the Fight Against AIDS to engage all components of the health sector and to advance national policy and research priorities. CDC/Côte d'Ivoire has 106 staff of which 103 are locally employed staff, two are U.S. direct hires, and one is a contractor. The FY11 PEPFAR budget in Côte d'Ivoire was \$120 million, of which CDC received \$60 million.

## Summary of Key Findings and Recommendations

### Program Administration and Technical Oversight

**Country Operations.** The most salient findings related to country operations were the overwhelmingly positive staff morale, the need for comprehensive written standard operating procedures for training, and the increasing need to fill the vacant Country Director position. The process of hiring and deploying a qualified Country Director has been extraordinarily slow and created a significant gap in leadership. The Deputy Director contends with an ever-growing list of responsibilities including overseeing all financial transactions - as she is the only U.S. direct hire (person legally able to approve) financial transactions.

Côte d'Ivoire has suffered 10 years of instability and several months of civil war following the disputed election in late 2010. The PEPFAR program in Côte d'Ivoire, the CDC/Côte d'Ivoire team and the U.S. Embassy should be congratulated for the way in which the recent crisis was managed: services were maintained as much as possible and support for staff and families was ensured.

#### Recommendation:

- CDC/Côte d'Ivoire leadership should discuss the need to organize additional group and individual counseling sessions with the Embassy health unit to allow staff to express feelings and accelerate the healing process

**CDC Programmatic Portfolio and Management.** The PEPFAR model in Côte d'Ivoire is unusual in that for some years, CDC worked alone with no USAID presence. Thus, CDC ran all PEPFAR programs on its own, showing its capacity not only in “traditional” areas, but also in program implementation. When USAID returned to Côte d'Ivoire, a completely integrated PEPFAR program was created with no distinction from the front office between agencies and the Department of State hired a PEPFAR Coordinator.

Since the end of the crisis in 2011, routine and ad hoc technical visits to grantees have not yet returned to the same frequency as previously instituted. While visits are frequent enough for cooperative agreement management, grantees have requested more frequent opportunities for technical planning, exchange, and data use. Technical teams should ensure that standard operating procedures for grantee monitoring are in place and followed. Cross-team site visits are encouraged and are the norm.

Recommendation:

- Each CDC/Côte d'Ivoire technical team should adhere to a schedule determined across technical teams and then develop a meeting and oversight plan with key grantees and sites to support the advancement of technical priorities

**Science Office.** The CDC/HQ orientation for the incoming U.S. direct hire country Associate Director for Science was non-existent. The Associate Director for Science had to learn on his own and developed standard operating procedures without CDC/HQ assistance.

Recommendation:

- The CDC/HQ Science Office should provide better orientation for incoming science office staff at beginning of their tour

CDC/Côte d'Ivoire (RETRO-CI) is storing approximately 600,000 well-characterized specimens from different studies and activities that have occurred since 1987. CDC/HQ should work with CDC/Côte d'Ivoire to resolve the future of this important resource. The Minister of Health expressed his intention to organize a national meeting to discuss how to move forward.

Recommendation:

- CDC/HQ and CDC/Côte d'Ivoire should develop a specific plan for CDC specimens stored at CDC/Côte d'Ivoire. This includes an assessment of the integrity of specimens and a decision regarding long-term storage, including potentially exporting aliquots or whole specimens to CDC/HQ in a manner that upholds ethical principles.

**Technical and Programmatic.** Many indigenous nongovernmental organizations are graduating from being a sub-grantee with an international nongovernmental organization to a prime grantee with their own subcontracts. It is unclear how these indigenous nongovernmental organizations will manage and monitor these sub-grantees in areas including setting targets and recording achievements.

Recommendation:

- CDC/Côte d'Ivoire should develop and implement procedures and tools for prime grantee monitoring and make them available to prime grantees to use for sub-grantee monitoring

Laboratory strengthening is potentially underfunded in Côte d'Ivoire given the scope of laboratory activities and the central role that laboratory strengthening plays in the overall strategy of the HIV program. A key component of the laboratory strategy is to build more regional lab capacity to improve timeliness of results and to reduce the costs of specimen transport and handling.

Recommendations:

- CDC/Côte d'Ivoire should review lab strategies and current budgets and reconsider the current eight percent funding level for laboratory activities
- CDC/HQ should work with CDC/Côte d'Ivoire to determine the feasibility of supporting laboratory activity through direct investment from individual program areas

PMTCT uptake is low and technical teams are focusing on a strategy for improvement. It is believed that the primary issues are poor uptake of antenatal services, and loss of exposed children for further testing. Pediatric treatment numbers are very low and there are no staff within CDC/Côte d'Ivoire dedicated to improve the reach of these programs.

Recommendations:

- The CDC/Côte d'Ivoire PMTCT Technical Team Lead should convene a larger strategy team made up of PMTCT stakeholders to develop a strategy to improve PMTCT up-take and coverage
- CDC/Côte d'Ivoire should create a locally employed staff position that focuses on pediatric treatment

The U.S. direct hire Strategic Information Section Chief position has been vacant for several years. The branch is staffed entirely with locally employed staff hired by CDC. Per previous agreements, the Section Chief will be a USAID position. This will need to be closely monitored if the integrated interagency approach is to work effectively. The strategic information team routinely employs data across technical areas and grantees. The PEPFAR/Côte d'Ivoire team conducts grantee portfolio reviews every other week and reviews approximately two grantees in each. Staff complained that this process dominates other meetings. Staff do not understand the structure and the mandate of the two strategic information related branches at CDC/HQ.

Recommendations:

- PEPFAR/Côte d'Ivoire should fill the Strategic Information Section Chief position as soon as possible
- CDC/Côte d'Ivoire should monitor if this integrated interagency supervision works well
- The CDC/Côte d'Ivoire strategic information team should partner with technical teams to continuously review and improve data quality and use across programs and grantees. CDC/Côte d'Ivoire has already requested additional engagement in this area from the Epidemiology and Strategic Information Branch (DGHA/ESIB)

## Program Management

**Procurement and Grants.** The Procurement and Grants Office visited nine grantees that have cooperative agreements with CDC/Côte d'Ivoire. A majority of these grantees have knowledge of CDC guidelines and procedures and are capable of operating efficiently. All grantees visited were aware of U.S. government budget guidelines and were committed to following the notice of award budget. Overall, grantees had adequate financial reporting systems in place and were compliant with U.S. government regulations. Two of the grantees visited were currently soliciting auditors in order to comply with audit requirements listed in their notice of awards. All other grantees had conducted the necessary audits. All grantees had methods for timekeeping, policy and procedural manuals, and performed periodic checks on inventory of equipment. Subcontracting and procurement procedures, as well timekeeping and personnel policies, were not always clear.

**Recommendation:**

- Grantees should develop written subcontracting procedures outlining the considerations evaluated prior to the decision to contract out; the capabilities of in-house personnel or the value of adding to staff; and the competitive process required and ensure that the policies are adequate per the applicable code of federal regulations

**Program Budget and Extramural Management Branch.** In general, CDC/Côte d'Ivoire is managing the budget and extramural funding well, despite recent political instability and the mandatory evacuation of USG staff. CDC/Côte d'Ivoire has a comprehensive tracking and reporting system and the Associate Director for Management demonstrates a sound understanding of U.S. government and PEPFAR budget processes, regulations, and policies both at CDC/HQ and at post. CDC/Côte d'Ivoire adequately reviews unliquidated obligations for both HQ and post expenditures. CDC/Côte d'Ivoire had excellent internal cooperative agreement management resources, standard operating procedures, and strong external cooperative agreement management oversight.

**Financial Management**

Locally employed budget and financial staff members are very knowledgeable of both Department of State and CDC/Côte d'Ivoire procedures and are committed to ensuring adequate procedures are in place and followed. The CDC/Côte d'Ivoire office has established routine procedures to review unliquidated obligations and open advances. However, additional follow-up is needed with Embassy financial management staff to ensure appropriate actions to clear these transactions and to make certain they are fully carried out. CDC's petty cash funds are held by the Embassy Class B cashier and no documentation could be located that indicated routine announced or unannounced cash counts were being performed. Review of petty cash vouchers revealed several instances where incorrect object class codes were assigned to petty cash transactions.

**Recommendations:**

- CDC/Côte d'Ivoire should continue to routinely review unliquidated obligations and open advances, and follow-up with Embassy financial management staff to ensure appropriate action to clear transactions in a timely manner
- CDC/Côte d'Ivoire should reexamine the need for maintaining a petty cash fund. Given that the CDC office is now located in the US Embassy, CDC staff should be able to utilize the Embassy Class B cashier for all of its needs. The CDC country staff must also immediately follow required procedures for conducting routine announced and unannounced cash counts if it continues to maintain a CDC petty cash fund.

**Next Steps**

The CMS team shared their key findings and recommendations with the CDC/ Côte d'Ivoire office and CDC/HQ. The team also developed a scorecard for internal management use, which is populated with all of the issues identified during the visit, recommendations, due date and primary points of contact for each issue.