



CDC's Country Management and Support Initiative

Report Summary for May 2011 Country Management and Support Visit to Haiti

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

Haiti Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in Haiti from May 9-13, 2011. 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 of the CMS across all CDC/DGHA-supported programs in the field

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

CMS Methodology

The CMS team conducted a five-day visit to the CDC/DGHA office in Haiti (CDC/Haiti), which included one-on-one meetings with staff, administrative and technical site visits with grantees, data quality spot checks, and reviews of internal financial documents and 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/Haiti’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

In January 2010 Haiti experienced a devastating earthquake and in November its first cholera outbreak in over a century. These two events constituted major public health emergencies and CDC’s Emergency Operations Center was activated for Haiti for over a year. The PEPFAR platform was used, with CDC/HQ and Ambassador Goosby’s concurrence, to support emergency response efforts. Members of DGHA staff were often pulled in to support relief efforts, DGHA vehicles and drivers were used, and an influx of over 300 staff on temporary duty (TDY) visits from CDC/HQ went to Haiti in 2010. During this time, a series of acting Country Directors and Deputy Directors cycled through the CDC/Haiti office. The current Country Director was officially deployed in March of 2011, and the Deputy Director has been serving on long term TDYs with a plan to deploy in January 2012. CDC/Haiti has faced uniquely challenging circumstances over the past year but is currently transitioning out of the emergency phase to normal operations.

Summary of Key Findings and Recommendations

Program Administration and Technical Oversight

Country Operations. The most salient findings were the overwhelmingly positive staff morale, the need for comprehensive written standard operating procedures for various systems including motorpool, and the need to create Computer Aided Job Evaluations (CAJE) and fill numerous locally employed staff and U.S. direct hire positions. The process of hiring and deploying US direct hire staff has been extraordinarily slow and coverage for vacant positions poses a significant challenge. Since sharing the initial CMS findings and recommendations, prevention of mother-to-child transmission (PMTCT) and Biomedical Prevention locally employed staff positions have been submitted to Embassy Human Resources for processing.

Recommendations:

- CDC Senior Management should prioritize the issue of locally employed staff health insurance and raise with appropriate Department of State colleagues to secure more comprehensive health coverage for locally employed staff
- DGHA/Haiti should begin cost-sharing across divisions/programs since the division is supporting motorpool for the entire CDC office

- The Country Manager should follow-up to ensure equitable distribution of motorpool costs across CDC programs in country

Programmatic Portfolio and Management. The CMS team found that there are not enough technical staff to properly manage Haiti's programmatic portfolio, especially senior level technical staff. Only the Deputy Director (serving on TDY status) is formally trained in cooperative agreement management. There is a critical need for Public Health Advisor and other coverage during the Deputy Director's upcoming leave.

Recommendation:

- CDC/Haiti should train other locally employed staff to ensure proper management of U.S. government funding

Science. There is no clear delegation of Science Office responsibilities in Haiti. The process for reviewing and clearing protocols and manuscripts is unclear and documents are not being properly warehoused. It was also found that some staff have not completed required scientific ethics training.

Recommendations:

- CDC/Haiti should develop tracking systems and provide appropriate training to staff for accessing and maintaining Associate Director for Science files
- CDC/Haiti should develop repositories for maintaining all protocols, manuscripts, regulatory files, etc. and should avoid using personal email and files for official storage
- CDC/Haiti should ensure that remaining staff complete online certification exams and apply for a scientific ethics verification number

Technical Program Areas. CDC/Haiti's portfolio is heavily focused on care and treatment, systems strengthening activities, the prevention of mother-to-child transmission (PMTCT), and Blood Safety. CDC/Haiti has positive, supportive relationships with grantees, but grantee and site visits are neither systematized nor consistently documented. Lab stock-outs are common, and some grantees were unaware of how to return old or expired laboratory commodities.

Mother-to-child-transmission should be able to be virtually eliminated in Haiti as HIV prevalence is low and the first antenatal clinics visit is very high. However, in order to more effectively address this and achieve more impact, the PMTCT program needs to be drastically scaled up and CDC/Haiti needs to fill their vacant position to have a PMTCT focal point in the office.

Recommendations:

- CDC/Haiti should follow-up with USAID supply chain management system to address stock-out issues
- CDC/Haiti should focus on scaling up PMTCT to improve coverage rates and fill vacant PMTCT positions

Program Management

Procurement and Grants. CDC's Procurement and Grants Office staff visited two indigenous non-governmental organization grantees and two Haitian Ministry of Health grantees. The state of internal controls varied considerably among the grantees with some having very strong systems in place to properly account for U.S. government funds and others needing improvement. Additional technical assistance to grantees and training on U.S. federal regulations is recommended for all grantees. The CMS team asked for a series of documents from grantees during the visit and, since then, many of the most concerning issues with grantees have been addressed.

Recommendations:

- CDC/Haiti should ensure that all grantees are audited regularly. Any that have not been audited within the past two years should be prioritized and completed within the year.
- CDC/Haiti should require grants management training for all current and new grantees. CDC/Haiti should also conduct and document annual business/administrative visits to grantees to ensure that these and other internal controls are in place at all grantees.

Program Budget and Extramural Management. In general, CDC/Haiti is managing the budget and extramural funding well. There are plans to develop a formal budget system, and Haiti's management of unliquidated obligations stands out as a best practice. CDC/Haiti also has a cooperative agreement tracking system in place and updates it on a routine basis; the Project Officer/Cooperative Agreement Manager has completed all necessary trainings and the files are largely complete. It would be helpful if CDC/Haiti had written standard operating procedures (SOPs) in place for standard grants actions.

Recommendations:

- CDC/Haiti should move from a reactive to a proactive grantee support model
- CDC/Haiti should develop standard operating procedures and a formal system for succession planning and knowledge transfer to ensure that the backups have proper training and training materials are on file

Financial Management

CDC's Financial Management Office found that CDC/Haiti has several best practices in financial management including the establishment of two new positions for providing oversight and accountability for all CDC funds. CDC/Haiti is beginning to return to pre-earthquake conditions and efforts are currently underway to reduce reliance on petty cash. The process for managing petty cash generally aligns with the Department of State's established procedures and appears to be adequate to ensure that funds are not at high risk for abuse.

Recommendations:

- CDC/Haiti should develop a tracking system that records total fuel and phone cards purchased through petty cash. CDC/Haiti should consult with CDC's Procurement and Grants Office about procurement of business cards locally and determine if a waiver is possible.
- CDC/Haiti should continue to work with CDC/HQ on the various options around the most appropriate mechanism for supply chain management services

Next Steps

The CMS team shared their key findings and recommendations with the CDC/Haiti 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 dates, and primary point of contact for each issue.