



# CDC's Country Management and Support Initiative

## Report Summary for February 2012 Country Management and Support Visit to Kenya

### 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

### Kenya Country Management and Support Visit

CDC conducted a CMS visit to the CDC country office in Kenya 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 of the CMS across all CDC/DGHA-supported programs in the field

CDC headquarters (CDC/HQ) in Atlanta, Georgia assembled an intra-agency multidisciplinary team of 14 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., HIV care and treatment, prevention).

### CMS Methodology

The CMS team conducted a five-day visit to the CDC office in Kenya (CDC/Kenya), 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/Kenya’s operations.

### Scope

CMS visits are designed to provide an overview of CDC country programs and to identify best practices and areas for improvement. These visits should not be considered comprehensive and are not intended to replace Inspector General’s audits.

### Program Background

CDC has collaborated with Kenyan institutions including the Ministry of Health, Kenya Medical Research Institute (KEMRI), and non-governmental institutions since 1979. Initially focused on malaria, activities have expanded to include building Kenyan institutional capacity to implement programs and conducting surveillance. Additionally, CDC/Kenya, supported by several CDC divisions using non-PEPFAR funding is carrying out research related to HIV/AIDS, emerging infectious diseases, tuberculosis, influenza, malaria, diarrhea, refugee health, viral hemorrhagic fevers, and health systems capacity building.

Through PEPFAR, CDC/Kenya supports the Government of Kenya’s efforts to expand and strengthen national comprehensive HIV prevention, care, treatment, and surveillance by providing technical and financial support. Emphasis is placed on care and treatment, prevention, counseling and testing, voluntary medical male circumcision, adaptation and roll-out of evidence-based interventions for HIV prevention for maximal impact, prevention of mother-to-child transmission (PMTCT), tuberculosis control, surveillance, biosafety, laboratory services, blood safety, and work with non-military uniformed services. CDC staff monitor and improve the quality of treatment and prevention programs as well as pilot programs in new scientific areas.

CDC/Kenya also conducts HIV research studies focused on the prevention of HIV in discordant couples, high risk persons, adolescents, and pregnant women and their offspring in rural and urban communities. Study findings are shared with all stakeholders and have influenced Kenyan, U.S., and World Health Organization policies on HIV prevention. The internationally-accredited HIV Research Laboratory supports these research studies as well as diagnostic and clinical services throughout East Africa.

## Summary of Key Findings and Recommendations

### Program Administration and Technical Oversight

**Country Operations.** Important findings included overwhelmingly positive staff morale, the need for comprehensive staff training and career development opportunities, and the need to continue working on securing CDC user identification for all locally employed staff. The process of recruiting and hiring locally employed staff is reported to be timely and efficient based on discussions with the Embassy Human Resource Officer. Overall, job satisfaction is high and there is strong mutual respect between staff and senior management.

**Country Management.** CDC/Kenya's HIV/AIDS program represents a generally well-balanced portfolio comprising substantial care and treatment activities, biomedical prevention efforts, male circumcision, and treatment as prevention. CDC/Kenya has strong technical staff with in-depth technical and clinical knowledge and expertise in HIV/AIDS prevention, care, and treatment. There is strong locally employed staff leadership and substantial involvement of the CDC/Kenya technical staff with the grantees, including national strategic planning with the Ministry of Health.

**Science Office.** Science regulatory protocols, procedures, and staffing are in place within a Science and Ethics Team for most key Associate Director for Science functions, including review of research protocols, clearance of information products, lifting of human subject restrictions, and publication of findings. The Science and Ethics Team sits within DGHA's Epidemiology and Strategic Information Branch (ESIB) and the Senior Science Officer is supervised by the ESIB Branch Chief.

Recommendation:

- CDC/Kenya should clarify the duties, responsibilities, and authority of the Science and Ethics Team with respect to the larger mandate of the ESIB and other technical branches, the Cooperative Agreement Management Branch, and the Nyanza Province Branch

Most CDC/Kenya scientific staff meet the science training requirements with the exception of the Dual Use Research Training. Two national Ethical Review Boards, the Kenya Medical Research Institute (KEMRI), and the Kenyatta National Hospital oversee all CDC-funded research with Federal Wide Assurance. Science promotion and productivity at CDC/Kenya is notable with a large number of abstracts and manuscripts. CDC/Kenya also provided a successful training on writing manuscripts for grantees. CDC/Kenya has eight public health evaluations funded by PEPFAR and two new implementation science activities.

**Technical Program Areas.** Transition of the Track 1.0 Antiretroviral Therapy (ART) Program from international to nationally-based grantees is complete, ensuring sustainability and long-term host country direct leadership. The CDC/Kenya Care and Treatment Branch has prioritized data use and dissemination as well as the sustainability of the ART program with increasing numbers of patients on second line therapy. The Ministry of Health is discussing implementation of treatment programs as a form of HIV prevention, giving priority to high risk populations such as discordant couples and most-at-risk populations.

CDC/Kenya has a strong mother-to-child transmission (PMTCT) program with good coverage. However, continued high transmission rates (6-8%) remain in some provinces in Kenya, presumably due to incomplete PMTCT cascade including prophylaxis and/or treatment. The Ministry of Health of Kenya is considering implementing Option B+ for PMTCT to ensure access of treatment for pregnant women and preventing transmission to unborn and breastfeeding infants. This has strong support among all stakeholders, but there is also recognition of the considerable effort and planning required to make implementation of Option B+ successful.

CDC/Kenya's prevention activities have been successful, particularly in the scale up of voluntary medical male circumcision and HIV testing and counseling, including home based testing and counseling and provider initiated testing and counseling. CDC/Kenya also successfully implemented a number of evidence-based interventions such as RESPECT, Families Matter, and Healthy Choices. Future priorities include a focus on combination prevention and on evaluating the outcomes and impact of prevention programs.

## Program Management

**Procurement and Grants.** CDC's Procurement and Grants Office visited nine grantees over the course of the CMS visit. Overall, the majority of grantees had adequate financial reporting systems and operating policies in place and were compliant with United States Government regulations. Ninety percent of the grantees visited had recently been audited. While grantees have responded to some audit findings they still need to resolve a number of significant issues.

Recommendations:

- CDC/Kenya should work with the four grantees with significant audit findings to create a corrective action plan
- CDC/Kenya should work with the one grantee with an incomplete audit to finalize the preparation of that document

**Program Budget and Extramural Management.** In general, CDC/Kenya manages the budget well. The Kenya business system is a model budget system for post held funding. CDC/HQ funding is tracked in a separate system. CDC/Kenya uses internal tracking spreadsheets and conducts a yearly audit to account for all property on hand. However, several items were missing from the Property Management Information System (PMIS).

Recommendations:

- DGHA/Kenya should discuss the feasibility of adding a CDC/HQ held funds module to the Kenya business system
- CDC/Kenya should update PMIS for all new barcoded equipment and complete the process to transfer the PMIS property custodian role to the CDC/Kenya Deputy Director

While CDC/Kenya has an established cooperative agreement team dedicated to assisting grantees with the business aspects of their agreement, there is no clear definition of the roles and responsibilities for the Project Officer, Activity Manager, Technical Advisor, Cooperative Agreement Specialist, and Science Officer. Additionally, some grantees could not identify their assigned Project Officer and expressed frustration over receiving conflicting advice from CDC employees in relation to their award.

Recommendation:

- CDC/Kenya DGHA should review its structure for supporting PEPFAR funds. This includes defining roles and responsibilities, as well as holding cooperative agreement trainings to ensure that DGHA/Kenya staff receive the same training as CDC/Kenya grantees

## Financial Management

CDC's Financial Management Office noted that the CDC/Kenya office has established very close relationships with several partners in which there appeared to be little separation between the organizations. In addition, there are significant weaknesses in the management of petty cash at the CDC/Kisumu field station. The CDC/Kenya office has established routine procedures to review unliquidated obligations and open advances; however, their focus has primarily been on current year charges rather than on all open actions.

Continued review and follow-up is needed by CDC staff with the Embassy financial management staff to ensure that appropriate action is taken to clear all transactions.

**Recommendations:**

- CDC/Kenya should ensure that proper documentation is maintained for all petty cash expenses and that appropriate internal controls are established for stamps that are purchased with petty cash funds
- CDC/Kenya should carefully assess its petty cash needs for both Nairobi and Kisumu and reduce the petty cash advance amount to the minimum amount needed to cover monthly needs. CDC/Kenya should also conduct announced and unannounced cash counts on a regular basis (no less than monthly) as required
- CDC/Kenya 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

**Next Steps**

The CMS team shared their key findings and recommendations with the CDC/Kenya 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.