



# CDC's Country Management and Support Initiative

## Report Summary for April 2011 Country Management and Support Visit to Namibia

### 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

### Namibia Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in Namibia from April 25-29, 2011. The principal objectives of this CMS visit were to:

- Perform a CDC 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 nine subject matter experts in the following areas to perform the CMS assessment: country management and operations, program budget and extramural management, procurement and grants, financial management, science, and key technical program area (e.g., laboratory, prevention of mother-to-child transmission of HIV).

### CMS Methodology

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

### Scope

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

## Summary of Key Findings and Recommendations

### Program Administration and Technical Oversight

**Country Operations.** The CMS team found that there is overall high job satisfaction among staff. Staff feel that they work on a “good team” and believe that training opportunities are fairly allocated. Staff, however, noted that position descriptions do not accurately reflect workload and feel that turnover among senior leadership has hurt morale. CDC/Namibia and grantees lack necessary written standard operating procedures.

#### Recommendations:

- CDC/Namibia should update organizational charts; redefine position descriptions and re-classify positions, if appropriate
- CDC/Namibia Country Director and Deputy Director should hold monthly one-on-one meetings with all interested staff and organize biannual staff retreats to boost morale
- CDC/Namibia should continue to post and fill vacancies and communicate their efforts to work on Comforce contracts

**Country Management.** CDC/Namibia works in 13 PEPFAR programmatic areas and supports 12 cooperative agreements. The annual budget is and will remain flat-lined or decreased with increasing host country direct funding. The CMS team found that there is poor interagency collaboration and suboptimal knowledge sharing among CDC/Namibia staff due to staff being spread out between two different offices.

#### Recommendation:

- CDC/Namibia should institute technical and all-staff meetings to help bridge communication and organize staff activities, such as staff retreats to promote program coordination

**Technical Program Areas.** The team found that CDC/Namibia should support improving the quality of the prevention of mother-to-child transmission (PMTCT) program. The team also found that CDC/Namibia should engage more in high-level strategic policies for lab activities which were hindered by a lack of coordination between grantees.

## Recommendations:

- CDC/Namibia should prioritize filling the CDC PMTCT technical position
- CDC/Namibia should prioritize South-to-South collaboration for the 2012 country operational plan, meetings, and workshops. Technical assistant should be provided to lab grantees

**Science Office.** CDC/Namibia does not have a dedicated Science Office; however, the epidemiologist serves as the in-country associate director of science (ADS). There is no formal process for reviewing and clearing protocols and the public health evaluation clearance process is unclear. Some staff have not completed the required scientific ethics training.

## Recommendations:

- CDC/Namibia should create a dedicated Science Office. While current workload does not necessitate a full-time office, the assigned ADS should have document management and tracking support and should communicate regularly with the CDC/HQ ADS
- All CDC/Namibia staff should prioritize completing the scientific ethics and Dual Use Research trainings

### Program Management

**Procurement and Grants.** CDC's Procurement and Grants Office (PGO) visited four grantees. The state of internal controls varied considerably among the grantees with some having very strong systems in place to properly account for United States Government funds and others needing improvement. Grantees' success was also found to be heavily dependent upon their ability to work with the Ministry of Health. For-profit organizations may also be inaccurately charging fees, applying program income, and reporting funds.

## Recommendations:

- CDC/Namibia should ensure that all grantees are responsible for maintaining a financial management system with effective control over and accountability for all funds and other assets. The project officer should consult their Grants Management Specialist when providing financial management assistance to grantees
- CDC/Namibia Project Officers should ensure for-profit grantees report program income in accordance with Title 45 Code of Federal Regulations part 74.82

**Program Budget and Extramural Management.** DGHA's Program Budget and Extramural Management Branch found that, in general, CDC/Namibia is managing the budget and extramural funding well. A budget system was in place and CDC/Namibia is developing a cooperative agreement tracking system. While CDC/Namibia meets with grantees regularly to review financial and technical issues; there are no standard operating procedures in place.

## Recommendations:

- The CDC/Namibia technical advisor and financial/grants manager should conduct joint site visits and meetings with grantees
- CDC/Namibia should develop standard operating procedures for all administrative, financial, and grants management policies and train all staff on these procedures

## Financial Management

CDC's Financial Management Office (FMO) found that CDC/Namibia's process for managing petty cash appears to be adequate to ensure that funds are not at high risk for abuse. On several instances, the review team was unable to distinguish between the role of CDC/Namibia office and that of grantees indicating a need to clearly define financial roles and responsibilities. It was also found that there were some irregularities related to how invitational travel orders were processed through the Embassy where it was noted that a "flat rate" reimbursement was used.

### Recommendations:

- CDC/Namibia should ensure proper documentation (i.e., signature, adequate justification, etc.) for all procurement and petty cash requests submitted for reimbursement vouchers per Department of State requirements
- CDC/Namibia should ensure proper segregation of duties between staff involved in procurement, petty cash, motor pool and inventory
- CDC/Namibia should change its processes around invitational travel and not issue 'flat rate' travel reimbursements

## Next Steps

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