



CDC's Country Management and Support Initiative

Report Summary for January 2012 Country Management and Support Visit to Rwanda

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

Rwanda Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in Rwanda from January 29 - February 3, 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/DGHA headquarters (CDC/HQ) in Atlanta, Georgia assembled an intra-agency multidisciplinary team of 10 subject matter experts in the following areas to perform the CMS assessment: country management and operations, science, program budget and extramural management, procurements and grants, financial management, and key technical program areas (e.g., health systems strengthening).

CMS Methodology

The CMS team conducted a five-day visit to the CDC/DGHA office in Rwanda (CDC/Rwanda), 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/Rwanda’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

Rwanda has made tremendous progress since 1994 when there was a social collapse in conjunction with the genocide that killed over one million people. Since that time Rwanda has undergone a remarkable recovery and pursued ambitious development goals. The Government of Rwanda has endorsed Vision 2020, which aims to transform Rwanda from an impoverished, agrarian country to the information technology hub of East Africa by the year 2020. To date, Rwanda has met five of the seven Millennium Development Goals.

CDC/Rwanda supports the Government of Rwanda through the provision of technical assistance to the Ministry of Health in HIV prevention, TB, malaria, influenza, and other infectious diseases. Approximately 2.93% of the Rwandan population is infected with HIV. While Rwanda faces multiple health and development challenges, they have made great progress in several health indicators. Through funding provided by PEPFAR and the Global Fund, Rwanda has achieved one of the highest national anti-retroviral coverage rates in sub-Saharan Africa, reaching approximately 85% of adults and 60% of children in need. HIV prevalence has decreased from 4.3% to 2.93% over nine years. Rwanda has also seen a drop in infant mortality rates from 86/1,000 live births to 65/1,000 live births within a five year period.

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 improved staff orientation, and the need to elevate the importance of staff evaluations and individual and work development plans. CDC/Rwanda has recently developed robust time and attendance, motor pool, and records management policies. These high quality policies demonstrate significant effort by the management and operations team. Embassy relationships are strong and key Embassy leadership clearly recognize the commitment and dedication of CDC staff.

Country Management. CDC/Rwanda’s programming and staffing are adequately balanced to address Rwanda’s HIV epidemic and national priorities. Current CDC/Rwanda programming is appropriate to the level and drivers of the HIV epidemic in Rwanda. CDC/Rwanda’s main areas of focus and technical expertise include HIV clinical care, prevention, health systems strengthening, strategic information, TB/HIV, and laboratory systems. The Government of Rwanda has a history of active leadership and country ownership of resources and in their response to the epidemic, ensuring PEPFAR and other donor resources achieve the broadest possible health system impact. National priorities for PEPFAR funding continue to shift toward broader long-term health systems support.

Technical Program Areas. CDC/Rwanda has a Science Office led by the associate director for science (ADS). The ADS supervises six technical staff including advisors for surveillance, the field epidemiology training program, and TB. ADS responsibilities are clearly assigned within the Science Office for protocol and publication clearance. Protocols, abstracts, and publications follow the same review paths for pre-clearance and clearance. One issue reported by the CDC/Rwanda ADS was that the CDC/HQ Science Office's review of protocols and publications can take four weeks if not actively followed up by the country office.

CDC/Rwanda conducts adequate cooperative agreement grantee monitoring. Activity managers meet with grantees on a monthly basis and record the outcomes of these meetings on a grantee visit template. All grantees develop annual work plans based on GOR templates. These work plans are consistent with the GOR national resource tracking system. In addition, an electronic PEPFAR grantee reporting system is also in place and is managed by an interagency team.

Program Management

Procurement and Grants. CDC's Procurement and Grants Office (PGO) staff visited 6 of the 28 grantees that have cooperative agreements with CDC/Rwanda. The majority of grantees visited have knowledge of CDC guidelines and procedures and are capable of operating in an efficient manner. All grantees visited are aware of PGO budget guidelines and are committed to following the Notice of Award. Overall, grantees have excellent financial reporting systems in place and are compliant with the United States Government regulations. Two of the grantees visited are currently soliciting auditors in order to comply with audit requirements listed in their Notice of Award. All other grantees (both those visited and those not visited) have conducted the necessary audits. All grantees have methods for timekeeping, policy and procedural manuals, and perform periodic inventory checks on equipment.

Program Budget and Extramural Management. In general, CDC/Rwanda is managing the budget and extramural funding well. Budget reports summarize obligations by object class for each appropriation and show the current obligated amount as compared to the budget projections developed during the Country Operational Plan process. Property is sufficiently tracked at CDC/Rwanda; however, the Property Management Information System requires significant updates. CDC/Rwanda has dramatically improved their grantee oversight and cooperative agreement systems within the last six months. Standard operating procedures have been developed and distributed to CDC activity managers and grantee staff and are in the early stages of implementation. Activity managers conduct formal quarterly site visits and less-formal monthly grantee visits. Documentation of visits is provided to the Project Officer no later than three days after the visit.

Financial Management

CDC's Financial Management Office (FMO) staff found that, based on a limited review, internal controls within the CDC/Rwanda office appear to be adequate. Locally employed budget and financial staff members are very knowledgeable of both Department of State and CDC/Rwanda procedures. Senior Management and locally employed financial staff members are committed to ensuring adequate procedures are in place and followed. The Department of State stated that CDC leadership is responsible for ensuring that all transactions are consistent with applicable policies, authorities, and regulations. However, Department of State personnel also review CDC expenses for adherence to their regulations, which strengthens internal controls to help ensure funds are used appropriately.

Although adequate lodging is readily available within Kigali, there is a guest house that is assigned to CDC/Rwanda and is utilized by official travelers who visit Rwanda on a long-term or short-term basis. Although the lease is no longer assigned to the CDC, CDC/Rwanda pays 100% of the lease and repair costs.

Recommendation:

- CDC/Rwanda should provide supporting information (including usage data) that supports the guest house lease as being cost effective and in the best interest of the United States Government. Prior approval from the CDC FMO to continue entering into the lease should be obtained. Additional clarity around how fees collected by the Department of State for use of the CDC guest house by other Agencies are being handled. The official lease documents should also be corrected to reflect appropriate staff. If an official contracting officer is required, the lease must be processed through CDC's Procurement and Grants Office.

Next Steps

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