



CDC's Country Management and Support Initiative

Report Summary for June 2011 Country Management and Support Visit to South Africa

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

South Africa Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in South Africa from June 20-24, 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 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, procurements and grants, financial management, science, and several key technical program areas (e.g., monitoring and evaluation, 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 South Africa (CDC/South Africa), which included a review of financial documents, administrative and technical site visits with grantees, one-on-one meetings with staff, data quality spot checks, and review of financial policies at CDC and partner 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/South Africa’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

South Africa has one of the highest prevalence rates of HIV in the world, with 5.6 million citizens living with HIV/AIDS as of 2009. An estimated 310,000 South Africans died from HIV/AIDS and tuberculosis (TB) in 2009. Tuberculosis (TB), including drug resistant TB, accounts for one in eight deaths in South Africa and is the number one cause of death in the country. Subsequently, South Africa has the largest PEPFAR portfolio worldwide and receives \$551 million in PEPFAR funding annually from the United States Government. Key programmatic areas addressed by PEPFAR include lab systems strengthening and training, strategic information, monitoring and evaluation, health management information systems, prevention of mother-to-child transmission, support for antiretroviral drug provision, referrals, linkages, and scale-up, and TB/HIV integration.

Summary of Key Findings and Recommendations

Program Administration and Technical Oversight

Country Operations. CDC/South Africa staff expressed general satisfaction with their jobs (an average of 3.9 on a scale where 1 was the worst and 5 was the best). Staff are task-oriented and understand the mission, goals, and objectives of the organization. Internal communication appeared to be an issue, as only one-third of staff feel that information flows easily across boundaries of the organization, that there is good lateral communication, and that leadership is aware of what was going on “in the trenches.”

Recommendations:

- CDC/South Africa Country Director and Deputy Director should consider using all-hands meetings as a communication vehicle for staff to hear the same message at the same time and for updates about new policies and procedures
- CDC/South Africa Country Director and Deputy Director should also communicate important information through email.

Programmatic Portfolio & Management. The CMS team found that communication between grantees and CDC/South Africa needs improvement and oversight across all CDC programs should be strengthened.

Recommendation:

- CDC/South Africa should consider implementing regular meetings with grantees

Technical Program Areas. PEPFAR Provincial Liaisons have significantly improved laboratory efforts based on the specific laboratory processes being implemented for certification. Challenges include handling of the current Track 1.0 transition, lack of training for Provincial Liaisons and inconsistent communication with the CDC/South Africa office, and Embassy travel restrictions that impair the ability of CDC/South Africa employees to conduct site visits outside of Gauteng Province.

Recommendations:

- The number of children tested and receiving antiretroviral treatment should expand while also bolstering pneumococcal vaccination efforts
- CDC/South Africa should reinstate pipeline analysis of grantees

Science Office. The Country Director is currently serving as the acting Associate Director of Science. The CMS team found, however, that the CDC/South Africa program is struggling without a dedicated Associate Director of Science. A new employee specifically assigned to the Associate Director of Science position is needed to help establish responsibility for follow-up of restrictions placed on awards and standardize guidelines for activity managers.

Recommendation:

- CDC/South Africa should create and fill an Associate Director of Science position as quickly as possible to ensure that the office is better able to meet standards in this area

Program Management

Procurement & Grants. CDC's Procurement & Grants Office (PGO) staff visited 10 grantees. The state of internal controls varied among the grantees; some grantees have very strong systems in place to properly account for United States government funds and others need improvement. The CMS team found that there is poor communication between project officers and grantees.

Recommendations:

- CDC/South Africa should provide additional technical assistance, including training on U.S. federal regulations, to all grantees
- CDC/South Africa project officers should schedule regular calls and meetings with grantees

Program Budget and Extramural Management. The CMS team found that CDC/South Africa's SharePoint management tool is a best practice and could benefit other field programs. Documentation of grantee files has improved. Budget reports are produced in a timely fashion and capture obligations adequately; however, reports lack budget ceilings and summaries by major object class. In addition, there is no ownership of ADS restriction tracking.

Recommendations:

- CDC/South Africa budget reports should include Common Accounting Number ceilings and summaries by major object class
- CDC/South Africa's Extramural Grants Team should track Science Office restrictions while working with project officers and activity managers to expedite the required documentation to resolve existing restrictions

Financial Management

CDC/South Africa maintains 5,000 Rand (\$769 U.S. dollars) in petty cash. Internal controls related to petty cash funds appear to be adequate to ensure funds are not at high risk for abuse. Locally employed budget and financial staff members are very knowledgeable. In the past, the CDC/South Africa office had a task order contract with a local vendor through the Embassy to provide conference and meeting support. The task order contract issued at Post had already been cancelled by CDC/South Africa prior to the CMS visit. In the future, CDC/South Africa will be requesting conference and meeting support services through CDC/HQ exclusively.

Recommendation:

- CDC/South Africa should continue to identify opportunities to reduce the use of petty cash

Next Steps

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