



CDC's Country Management and Support Initiative

Report Summary for November 2011 Country Management and Support Visit to Tanzania

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

Tanzania Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in Tanzania from November 14-18, 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 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, and key technical program areas (e.g., prevention of mother-to-child transmission (PMTCT) of HIV and strategic information).

CMS Methodology

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

CDC/DGHA began supporting Tanzania in 2001. PEPFAR is the principal development investment of the U.S. Government in Tanzania and the only health program. PEPFAR is committed to supporting Tanzania’s public and non-public sectors to bring treatment services to the community level, strengthen HIV prevention programs, scale-up medical male circumcision, mitigate the impact of HIV on children, and build the capacity of institutions. With PEPFAR support, approximately 60% of the eligible population (at CD4 count threshold of 350) now receives anti-retroviral therapy and 85% of pregnant women attending antenatal care sites now receive PMTCT services.

Summary of Key Findings and Recommendations

Program Administration and Technical Oversight

Country Operations. The most salient findings were the high level of staff respect for senior management; the need for comprehensive, written standard operating procedures for various systems, including training allocation; and the need to re-classify 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. The US Embassy supports motor pool for the CDC office. While cost-sharing systems are in place across divisions/programs, the Country Manager should follow-up to ensure equitable distribution of International Cooperative Administrative Support Services costs across CDC programs in country.

Recommendation:

- CDC/Tanzania’s senior management should have discussions with appropriate Department of State colleagues about prioritizing locally employed staff award nominations and the impact that inflation is having on locally employed staff salaries

Country Management. The CDC/Tanzania portfolio has a wide range of programs and strong technical teams that support care and treatment, PMTCT, TB/HIV, prevention, home-based care, health system strengthening (which includes monitoring and evaluation), and malaria programs. There are also technical working groups for the majority of technical areas. Project officers, technical team members, and the quality improvement specialist conduct frequent site visits; however the process has not been standardized.

There is significant anxiety among grantees regarding the Track 1.0 clinical services transition and an expressed need for

clearer communication with CDC as the transition progresses.

Recommendations:

- CDC/Tanzania should standardize the site visit process, reporting tools, and action plan for follow-up. In doing so, CDC/Tanzania should clearly define roles and responsibilities
- CDC/Tanzania should schedule a meeting with grantees regarding transition issues, or include Track 1.0 transition as an agenda item for the next grantee meeting

Technical Program Areas. CDC/Tanzania displayed several notable strengths, particularly in the area of strategic information. The CDC/Tanzania team is actively involved in integrating strategic information into the cooperative agreement process from funding opportunity announcement planning, project development and technical review to ongoing cooperative agreement management. This facilitates an enhanced understanding of grantees' needs, monitoring and evaluation plan, and targets. There is also strong engagement with government and non-government grantees including regular communication with and oversight of grantees with strategic information-related activities. The technical staff at CDC/Tanzania are actively involved in multiple technical working groups. Grantees receive sufficient training on target setting (semiannual progress report) along with guidance tailored for Tanzania's national and direct indicators. The PEPFAR Records and Organization Management Information System is currently in use at CDC/Tanzania and generates a number of automated reports.

Despite the technical strengths of the strategic information team, there is room for better delineation of roles and responsibilities between strategic information and the science office staff, specifically regarding evaluation and other scientific responsibilities. The Health System Strengthening (HSS) Branch staff report challenges maintaining a balance between cooperative agreement management duties and technical assistance activities related to the branch's 11 cooperative agreements.

Recommendations:

- CDC/Tanzania's HSS Branch Chief should develop an HSS/strategic information strategic plan (including goals, objectives, priorities, team composition with roles and responsibilities, activities, products, outcomes, chain of communication)
- CDC/Tanzania's HSS Branch Chief and Science Office should decide where in the organizational structure an evaluation group belongs, and delineate their respective roles and rules of engagement with other program areas (including authorship), and build capacity accordingly
- CDC/Tanzania should continue to strengthen data quality assurance/improvement efforts and reach all program areas

Program Management

Procurement and Grants. Staff from CDC's Procurement & Grants Office (PGO) visited six grantees that have cooperative agreements with CDC/Tanzania. Overall, grantees had adequate financial reporting systems in place. However, two of the grantees visited need to improve their accounting systems. Two grantees also need to conduct the necessary audits. All grantees had methods for policy and procedural manuals for procurement and subcontracting and most had policies in place for property management although these policies did not include a timeline for inventory review. Most grantees did not have written procedures for travel.

Recommendations:

- PGO should follow-up with the two grantees to ensure that they complete their audits by the expected completion date
- Grantees should develop written travel policies that meet Code of Federal Regulations requirements

Program Budget and Extramural Management. CDC/Tanzania's budget is tracked separately for management and operations and cooperative agreements. There is no high level budget report that presents a complete financial picture of the CDC/Tanzania office. The Deputy Director does not review the budget on a regular basis and the branch chiefs are not provided regular budget reports for their technical areas. CMS team members from CDC/DGHA's Program Budget and Extramural Management Branch visually inspected property items in the CDC/Tanzania office based on the inventory list provided by PGO. Five barcoded desktop computers could not be located during the inspection.

Recommendations:

- CDC/Tanzania should generate a high-level report that combines the CDC/HQ-held and post-held funds to demonstrate the full picture of available funds
- CDC/Tanzania's Deputy Director should review the summary management and operations report and shares the budgets for each technical area with branch chiefs on a monthly basis
- CDC/Tanzania staff should perform another visual inspection in an attempt to locate the five desktop computers. If they are not found, CDC/Tanzania must submit a Report of Survey with the computers listed as "lost"

The CDC/Tanzania cooperative agreement management team maintains a good electronic filing system for cooperative agreement actions and a detailed spreadsheet organized by Country Operational Plan (COP) activities to track cooperative agreement actions. CDC/Tanzania has recently created a standard template to capture information from grantee site visits. A project officer manual is in the development stages but is not yet complete. A spreadsheet to track and monitor scientific award restrictions was maintained and utilized extensively in the past; however, the spreadsheet has not been updated recently. The cooperative agreement team is exploring the option of having a database developed for tracking restrictions.

Recommendations:

- CDC/Tanzania should complete the project officer manual quickly. PBEMB is able to provide assistance in developing and reviewing the manual
- CDC/Tanzania should resurrect and utilize the restrictions spreadsheet until a more sophisticated method is implemented

Financial Management

Locally employed budget and financial staff members seemed very knowledgeable of both Department of State and CDC/Tanzania financial procedures and are committed to ensuring procedures are followed. Based on a limited review by the Financial Management Office, CDC internal controls appear to be adequate; petty cash is secure, and policies and procedures are being followed. Department of State personnel indicated that CDC leadership is held responsible for ensuring all transactions are consistent with applicable policies, authorities, and regulations. However, DOS personnel also review CDC expenses for adherence to Department of State regulations. This strengthens internal controls to help ensure funds are used appropriately.

Next Steps

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

