



CDC's Country Management and Support Initiative

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

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

Zambia Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in Zambia 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 subject matter experts in the following areas to perform the CMS assessment: country management and operations, program budget and extramural resources, procurement and grants, financial management, science, and key technical program areas (e.g., strategic information, care and treatment).

CMS Methodology

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

The CDC/Zambia office opened in December 2000. CDC/Zambia works in collaboration with the Government of the Republic of Zambia (GRZ) and provincial health offices to fulfill PEPFAR’s goal of supporting Zambia’s national strategy to combat HIV/AIDS. Specifically, CDC/Zambia has partnered with the Zambian Ministry of Health (MOH) to implement and strengthen malaria prevention; pandemic influenza preparedness; and HIV/AIDS prevention, care and treatment. The two organizations also strive to improve health systems through the establishment of high quality laboratory infrastructure and capacity. These efforts are designed to increase the MOH’s capacity to ensure long term, sustainable programming.

Summary of Key Findings and Recommendations

Program Administration and Technical Oversight

Country Operations. Staff reported a high level of morale, mutual respect and rapport between staff and senior management, appreciation for the positive and respectful work environment, and excitement for the work they are accomplishing. The CMS team noted a need for transparency around workshop and conference selection; the need to increase and systematize trainings and career development; and the need to work with the Embassy to improve motor pool operations. While there are areas that need improvement, CDC/Zambia has a strong, highly committed and hardworking pool of employees who have made it possible for CDC to launch new initiatives such as SmartCare, Saving Mothers Giving Life, and the Pink Ribbon/Red Ribbon cervical cancer initiative.

Recommendations:

- CDC/Zambia should improve documentation of discrepancies in motor pool service delivery in order to bring their complaints forward to the International Cooperative Administration Support Services (ICASS) board (ICASS is an interagency program administered by the U.S. Department of State)
- CDC/Zambia’s leadership should increase transparency when explaining the selection criteria for workshops and conferences to staff. CDC/Zambia’s Country Director should also attempt to equalize opportunities for workshop and conference attendance among eligible staff
- CDC/Zambia’s leadership should ensure their staff are receiving necessary training and career development opportunities

Country Management. The CMS team found that, in general, CDC/Zambia provides technical support and



oversight to their grantees. Grantee site visits need to be systematized and documented in a standard manner. One area of positive impact is the prevention of mother-to-child HIV transmission (PMTCT), which is steadily making progress. More than 94% of pregnant women are seen at least once at antenatal clinics and of these, more than 85% are tested for HIV. Coverage and documentation of PMTCT services decline after initial testing, however. PMTCT services could be improved by providing linkages between services and increasing both antiretroviral therapy and highly active antiretroviral therapy (HAART). Finally, CDC/Zambia has invested significant resources in creating and utilizing an electronic medical record system (SmartCare), which incorporates unique patient IDs and portable record updating across facilities.

Recommendations:

- CDC/Zambia should develop standard operating procedures for site visits and the storage of documentation generated from these visits. CDC/Zambia should also visit each grantee regularly
- CDC/Zambia should focus on evaluating coverage of all steps of the PMTCT services patient flow, or cascade, to ensure high coverage in all regions
- CDC/Zambia should focus on evaluating the SmartCare system in the next year to determine its usefulness in supporting patient care and reviewing data for program monitoring, evaluation, and improvement

Science Office. The Science Office is monitored by a staff member who also has full branch duties. CDC/Zambia has a process in place for reviewing documentation but it requires branch staff to assist, adding responsibilities. Essentially all protocols are submitted directly to the country's Research Ethics Committee, which is equivalent to an Institutional Review Board. The standard operating procedure provided by the Research Ethics Committee for approval is adequate and is modeled after the U.S. model, in particular the University of Alabama at Birmingham. Once approved, the Research Ethics Committee notifies the CDC/Zambia office.

Recommendations:

- While staff are knowledgeable and work according to CDC policy, CDC/Zambia should improve documentation practice and finalize all standard operating procedures for Science Office administration and site visits
- CDC/Zambia should train staff on the purpose of technical reviews and clearance, which would include a review guideline or checklist as well as an ethics (SEV#)
- CDC/Zambia should develop or obtain from CDC/HQ DGHA Science Office software to allow tracking of all documents for internal usage
- CDC/Zambia's Acting Associate Director for Science should hire a full-time GS/9-11 level staff member to assist with tracking, storage, and other duties to improve supervision

Program Management

Procurement and Grants and Program Budget and Extramural Resources. CDC's Procurement and Grants Office (PGO) and DGHA's Program Budget and Extramural Management Branch (PBEMB) staff found that the CDC/Zambia office has solid internal controls and that they are good stewards of federal tax dollars. In general, CDC/Zambia manages the budget and extramural funding well. However, the absence of a Senior Financial Specialist has had a large impact on the office. This position has been vacant since March 2011; however, a new hire was recently selected and is scheduled to start in December 2011. Once the Senior Financial Specialist is on board, a comprehensive budgeting system that allows for continuous and consistent updating and reconciliation needs to be implemented.

During the review grantees generally had the required documentation on hand and were able to describe their processes and procedures accurately. The majority of grantees visited have excellent financial reporting systems. Grantees reported that CDC staff are readily accessible and are an integral part of their programs.

Recommendations:

- CDC/Zambia grantees with manual accounting systems should purchase an appropriate accounting software system to properly control and manage their US Government funds
- CDC/Zambia grantees should implement and be able to demonstrate inventory control regarding the condition and location of all equipment
- CDC/Zambia should improve its documentation practices and finalize all standard operating procedures for cooperative agreement administration and site visits

Financial Management

Financial Management. CDC's Financial Management Office (FMO) staff found that the process for managing petty cash operations at the CDC/Zambia office aligns with Department of State established procedures. Based on fiscal year 2011 petty cash expenditures, the amount of the petty cash, however, appears to exceed what is actually needed on a monthly basis. Open advances were not being routinely reviewed and addressed to ensure timely filing of travel vouchers and repayments of travel advances.

Recommendations:

- CDC/Zambia should continue to review unliquidated obligations and take appropriate action including working closely with the Embassy to deobligate unneeded obligations
- CDC/Zambia should routinely review open advances and take appropriate action including working with the Embassy to ensure they are cleared in a timely manner
- CDC/Zambia should take necessary steps to ensure timely submission of all travel requests and travel vouchers

Next Steps

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