



CDC's Country Management and Support Initiative

Report Summary for February 2012 Country Management and Support Visit to South Sudan

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 Sudan Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in South Sudan from February 20-24, 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 five subject matter experts in the following areas to perform the CMS assessment: country management and operations, program budget and extramural management, grants management, financial management, and key technical program areas including surveillance, laboratory strengthening, HIV testing and counseling, and prevention of mother-to-child transmission of HIV.



CMS Methodology

Three members of the CMS team conducted the CMS assessment during a five-day visit to the CDC/DGHA office in South Sudan (CDC/South Sudan); two other members conducted their assessments through a review of documents and telecommunication. The assessment included one-on-one meetings with staff, administrative and technical site visits with grantees, reviews of internal financial documents and controls at CDC and grantee offices, and meetings with senior staff of the U.S. Embassy, the Government of South Sudan, and other key stakeholders for CDC's mission in South Sudan. 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 Sudan'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 Inspector General audits. The scope of this CMS visit focused on the CDC/DGHA portfolio of global HIV/AIDS activities implemented through PEPFAR.

Program Background

CDC/DGHA began supporting southern Sudan in 2005 from the CDC/Kenya offices and in 2007 the CDC Country Director re-located to Juba. The first cooperative agreements were made in Fiscal Year 2006 for prevention activities. A field epidemiology training program was supported by CDC from 2006 to 2008. South Sudan's human development is among the lowest in the world, yet some health indicators such as maternal and child mortality are among the highest in the world. South Sudan has an estimated HIV prevalence rate of approximately 3% in pregnant women. HIV prevalence rates as high as 12 to 15% have been reported in some areas, while many areas have rates near or below 1%. PEPFAR is the most important HIV/AIDS donor in South Sudan other than the Global Fund for AIDS, TB, and Malaria, with a PEPFAR budget of approximately \$14.5m/year programmed by USAID, CDC, and the U.S. Department of Defense.

Summary of Key Findings and Recommendations

Program Administration and Technical Oversight

Country Operations. CDC/South Sudan staff reported high levels of job satisfaction and morale. All staff cited that they are well supported and given excellent opportunities to develop their skills in the workplace. There was also a high level of respect reported between employees and senior staff.

There are very tight space constraints for United States government (USG) staff in South Sudan. CDC/South Sudan is allocated one U.S. direct hire position for the Country Director and four locally employed staff positions, one of which is vacant. The program is supported by a locally employed staff member, who is stationed at the CDC/Kenya Office; this position will be terminated once the vacant South Sudan-based position is filled. Historically, CDC/Kenya housed all of the CDC/South Sudan staff while space and positions were secured at the US Consulate (now Embassy) in Juba. In addition, CDC/South Sudan is supported by a Deputy Director at Large from CDC/HQ. The Country Director position has been vacant for more than one year, and the Deputy Director at Large has been serving as Acting Country Director and spending approximately 70% of time in-country on temporary duty.

Recommendation:

- CDC/HQ should explore all avenues toward filling its permanent Country Director position

Country Management. CDC/South Sudan has focused substantially in its first years of PEPFAR on the core areas of surveillance, strengthening of laboratory systems, and promotion of HIV testing and counseling. The limited surveillance data on the HIV epidemic in South Sudan is not atypical of a post-conflict situation, but is a critical area for CDC to provide leadership.

Recommendations:

- CDC/South Sudan should support completion of the National Antenatal Care Sentinel Surveillance in 2012
- CDC/South Sudan should provide an Epi-Aid or other timely approach to investigating the higher prevalence of HIV infection in Western Equatoria State
- CDC/South Sudan should develop strategies and experience in using data such as HIV testing and counseling and prevention of mother-to-child transmission of HIV data to provide basic prevalence indicators in geographic areas that have little or no other HIV prevalence data to guide prevention programs

Program Management

Program Budget and Extramural Management. CMS team members from DGHA's Program Budget and Extramural Management Branch found that the CDC/South Sudan Project Officer (who is also the Acting Country Director) is fully trained and has thorough command of the management of cooperative agreements and also demonstrates a sound understanding of USG and PEPFAR budget processes, regulations, and policies at headquarters and post. In addition, the CDC locally employed Administrative Officer and the CDC locally employed Technical Officer serving as Activity Manager also have good understanding of the cooperative agreement requirements and process, which also includes the restrictions process.

Although files are kept for each cooperative agreement, there is no functional tracking system used for general tracking, restrictions, or standard operating procedures. In addition, there is no formal budget report created in-country that tracks management and operations, cooperative agreements, or contract obligations.

Recommendations:

- CDC/South Sudan should create an Associate Director for Science restriction monitoring system to track all outstanding restrictions
- CDC/South Sudan should download the cooperative agreement tracking spreadsheets for South Sudan from CDCGlobalHealth.net and use them to monitor funding, budget periods, and other post-award actions
- CDC/South Sudan should develop standard operating procedures for managing cooperative agreements or adapt existing standard operating procedures from CDC/HQ or another country office
- CDC/South Sudan should create a comprehensive budgeting system that allows continuous and consistent updating and reconciliation

Procurement and Grants. CMS team members from CDC’s Procurement and Grants Office conducted a desk audit and phone interview with administrative staff from the two CDC grantees in South Sudan. In general, the CDC/South Sudan grantees have adequate budgetary and written grants management procedures in place, as well as automated accounting systems, organizational charts, and written personnel policies.

Financial Management

No assessment by CDC’s Financial Management Office was done as part of this CMS visit.

Next Steps

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

