



CDC's Country Management and Support Initiative

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

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

Cambodia Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in Cambodia from January 30-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 nine 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 several key technical program areas (e.g., prevention of mother-to-child transmission of HIV, epidemiology, surveillance, laboratories).

CMS Methodology

The CMS team conducted a five-day visit to the CDC/DGHA office in Cambodia (CDC/Cambodia), which included document reviews, 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. The CMS team visited all three CDC/Cambodia grantees and conducted a site visit to the provincial hospital in Pursat, one of four CDC/Cambodia focus provinces. 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/Cambodia’s operations.

Documents reviewed by the CMS team in the CDC/Cambodia office included:

- Cambodia PEPFAR Country Operational Plans FY10 and FY11
- CDC/Cambodia policies and standard operating procedures documentation
- Intramural financial documents, including documentation regarding internal financial controls, at CDC/Cambodia and at the Embassy’s Financial Management Office
- Grantee technical and scientific documents
- Property inventory, travel records, and time and attendance documentation
- Trip reports, site visit reports, cooperative agreement records (electronic and hard copy)

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 and the Royal Government of Cambodia began a partnership in 2002 to support HIV prevention of mother-to-child transmission of HIV (PMTCT), blood and injection safety, and voluntary confidential counseling and testing programs; to strengthen clinical and palliative care and Tuberculosis (TB)/HIV programs; and to build laboratory and strategic information capacity. CDC provides technical leadership and direct assistance to the Ministry of Health to enhance service delivery quality, especially TB/HIV and PMTCT, epidemiology, surveillance, laboratory, operations research and workforce capacity.

Summary of Key Findings and Recommendations

Program Administration and Technical Oversight

Country Operations. CDC/Cambodia’s team is highly committed to supporting the Royal Government of Cambodia’s work to eliminate new HIV infections; to support quality surveillance and laboratory infrastructure development; and to provide effective, high-quality care and prevention services to HIV-positive Cambodians. There is a remarkably high level

of staff morale, which is bolstered by the prioritization of Cambodian staff development and the practice of offering translation during internal meetings. The latter allows staff to fully comprehend the information being presented and to participate in meetings more easily. The CMS team also noted the increasing demands on senior CDC/Cambodia staff for activities and requests that are not directly related to PEPFAR.

Country Management. CDC/Cambodia's portfolio spans an impressive range of technical areas, considering the small size of the team, with a particular emphasis on PMTCT and expansion of laboratory capacity. The program has adopted innovative approaches to surveillance, using routinely collected data to better understand HIV/AIDS epidemiology in Cambodia and to support the development of local capacity. Additional information regarding the epidemiology of entertainment workers, a most-at-risk population in Cambodia, and their access to HIV testing, care, and treatment will provide useful data on how to effectively reach a high burden marginalized population.

Recommendations:

- CDC/Cambodia leadership should appoint two technical leads for each cooperative agreement to ensure continuity
- CDC/Cambodia should continue to provide technical assistance in the area of economic evaluation in order to better support the development of the Royal Government of Cambodia's health policy

Technical Program Areas. CDC/Cambodia's technical staff is closely engaged in surveillance activities and program evaluation with the Ministry of Health and other grantees. The program has established effective internal processes for reviewing and finalizing PEPFAR reporting, including using national data systems to populate PEPFAR data reporting, where appropriate. CDC/Cambodia regularly uses program monitoring and surveillance to inform program planning and to support evidence-based decision making. The program's adoption of the "Strengthening Laboratory Management toward Accreditation" (SLMTA) approach is an internationally recognized best practice to build laboratory capacity and has resulted in demonstrated achievements in laboratory skill and quality of testing.

Recommendations:

- CDC/Cambodia technical staff should strive for closer collaboration with grantees to define specific roles and responsibilities
- CDC/Cambodia should pursue the College of American Pathologist accreditation for the reference laboratory
- CDC/Cambodia regional government-to-government and CDC country program-to-program knowledge sharing should be increased to build capacity
- CDC/Cambodia should centralize grantee monitoring documentation and develop tools to evaluate outcomes of technical assistance activities

Program Management

Program Budget and Extramural Management. CMS team members from DGHA's Program Budget and Extramural Management Branch found that, in general, CDC/Cambodia is managing the budget and extramural funding well. The budget is tracked at an appropriate level. The CDC/Cambodia Budget Analyst formulates shared costs with the Influenza and Japanese Encephalitis programs and transfers incurred costs from the CDC/Cambodia budget to the Influenza and Japanese Encephalitis program budgets. CDC/Cambodia is considered a valuable technical counterpart in the Cambodian health programs. CDC/Cambodia staff meets monthly with grantees and conducts site visits as frequently as once a month, but at a minimum once per quarter. While proper technical oversight is maintained through regular

meetings, grantees still exhibit a lack of familiarity with the Payment Management System, leading to a large amount of carryover from year to year.

Recommendations:

- CDC/Cambodia should collaborate with CDC/HQ to develop formal, signed cost sharing agreements among CDC divisions within CDC/Cambodia
- CDC/Cambodia's financial management team should take a more active role in the management of drawdowns by grantees

Financial Management

CDC/Cambodia maintains a small petty cash fund. Reconciliation of petty cash occurs on a regular basis, and the CDC Deputy Director performs routine and unannounced cash counts. A review of petty cash vouchers, however, revealed several instances where incorrect object class codes were assigned to petty cash transactions and a couple of unallowable expenses paid through petty cash. Similarly, the Cambodia office has established routine procedures to review unliquidated obligations and open advances, however, additional follow-up is needed to ensure these transactions are fully carried out and cleared.

Recommendation:

- CDC/Cambodia should give special attention to ensuring proper recording and processing of financial transactions

Next Steps

The CMS team shared their key findings and recommendations with the CDC/Cambodia 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 points of contact for each issue.