Report Summary for February 2011 Country Management and Support Visit to the Democratic Republic of Congo

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

Democratic Republic of Congo Country Management and Support Visit

CDC/DGHA conducted a pilot CMS visit to the CDC country office in Democratic Republic of Congo (DRC) from February 28-March 4, 2011. The principal objectives of this pilot 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 visit across all CDC/DGHA-supported programs in the field

CDC/DGHA headquarters (CDC/HQ) in Atlanta, Georgia assembled an intra-agency multidisciplinary team of ten subject matter experts in the following areas to perform the pilot CMS assessment: country management and operations, program budget and extramural management, procurements and grants, financial management, science,

and key technical program areas (e.g., prevention of mother-to-child transmission (PMTCT), strategic information, gender based violence).

CMS Methodology
The CMS team conducted a five-day visit to the CDC/DGHA office in DRC (CDC/DRC), which included one-on-one meetings with staff, administrative and technical site visits with grantees, data quality spot checks, and reviews of internal financial documents and 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/DRC'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 the CDC/DGHA portfolio of global HIV/AIDS activities implemented through PEPFAR.

Program Background

The Democratic Republic of Congo has a population of 71 million people and an HIV prevalence of 1.3%. Currently, only about 9% of Congolese that know their HIV status are receiving ARVs and only 22% of pregnant women have access to services for prevention of mother-to-child transmission (PMTCT) of HIV. CDC began supporting the Democratic Republic of Congo in 2002. CDC works directly with the Democratic Republic of Congo's Ministry of Health and other nongovernmental entities to provide in-country support in the implementation of the following activities: family-centered HIV services, gender based violence, strategic information, surveillance, institutional capacity development, and laboratory support.

Summary of Key Findings & Recommendations

Program Administration and Technical Oversight

Country Operations. It was found that CDC/DRC staff have a positive morale and an excellent working relationship with the Embassy. There were no major problems with the International Cooperative Administrative Support Services (ICASS), motor pool, human resources, procurement, the performance appraisal process, or with the residential housing board. Office communication is good; however, the use of English during meetings seemed to limit full participation of the locally employed staff whose first language is French.

Recommendation:

- CDC/DRC should hold as many meetings as possible in French. CDC/HQ should give consideration to assigning French speakers to CDC/DRC

Country Management. The CMS team found that too many grantees are involved in surveillance activities and that there is a need to rapidly scale-up PMTCT, treatment, and gender based violence activities in DRC.

Recommendations:

- CDC/DRC should ensure that surveillance efforts are well-coordinated among grantees
- CDC/DRC should rapidly scale up PMTCT, treatment, and gender based violence efforts

Science Office. There is no clear delegation of Science Office responsibilities in DRC and staff have not completed the required scientific ethics trainings. In addition, no formal scientific document or protocol review process exists. While the current volume of documents and protocols does not suggest the need to create a Science Office, having a designated, appropriately trained staff member to serve as the Science Officer, along with assigning a dedicated administrative staff to carryout document management and tracking, would be appropriate.

Recommendation:

- CDC/DRC should formalize a dedicated Science Office staff and structure

Technical Program Areas. CDC/DRC works in twelve program areas through nine cooperative agreements: Strategic Information (SI) and Surveillance, PMTCT, blood safety, laboratory capacity building, and gender based violence. The CDC PMTCT grantee has extensive expertise in DRC; however, there is some concern that its referral-based strategy does not prioritize decentralization and scale-up.

The CDC/DRC SI Team maintains the PEPFAR planning and reporting database which is linked to and automatically pulls data from 18 grantees. In general, it was found that the relationship between CDC/DRC and grantees is somewhat challenging. Not all grantees have a good understanding of the correct reporting procedures or the PEPFAR Next Generation Indicators, making it difficult to document their achievements.

Recommendations:

- PMTCT model should prioritize decentralization and scale-up to improve coverage rates
- CDC/DRC should work with grantees to make sure there is proper understanding of PEPFAR indicators and encourage grantees to use their most recent program data to set their own targets

Program Management

Procurement and Grants. Four grantees were visited by the Procurement and Grants team. The state of internal controls varied considerably among the grantees with some having very strong systems in place to properly account for USG funds and others needing improvement.

Recommendation:

- CDC/DRC should provide additional technical assistance and training on U.S. federal regulations for all grantees to be sure all have proper systems in place

Program Budget and Extramural Management. In general, CDC/DRC is managing the budget and extramural funding well. CDC/DRC has formal budget and grants management systems in place and reconciles unliquidated obligations on a quarterly basis. The finance and operations team has taken steps to centralize documentation for cooperative agreements, and a database was recently developed to track the budgeted and awarded amounts for each grantee. The Deputy Director and Management Officer have both had required trainings, though there is a general lack of training available for locally employed financial staff.

Recommendation:

- CDC/DRC should provide more financial and grants management training opportunities for locally employed financial staff

Financial Management

It should be noted that the CDC/DRC site review was limited to the Kinshasa field office, and does not equate to a comprehensive audit of financial activities.
The Department of State (DoS) processes financial transactions for all post held funds on behalf of CDC/DRC, and CDC leadership is held responsible for ensuring that all transactions are consistent with applicable policies, authorities, and regulations. The CDC/DRC Deputy Director works with the Financial Management Officer (FMO) regularly, though there does not appear to be a formal process for reviewing unliquidated obligations associated with travel, or for reviewing open travel advances. Locally employed CDC/DRC budget and financial staff members were found to be very knowledgeable. In regard to petty cash, internal controls related to petty cash funds appear to be adequate to ensure funds are not at high risk for abuse.

Recommendations:

- Given the differences between HHS/CDC and Department of State field operations, further guidance should be provided on specific laws, regulations, polices, or authorities that guide obligation and expenditure of HHS/CDC post held funds
- CDC/HQ should review delegations of authority for operational issues for their appropriateness to overseas offices, provide guidance to field staff, and identify ways to ensure consistent administrative procedures at CDC overseas field offices, as U.S. government personnel rotate every 2 to 4 years

Next Steps

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