



CDC's Country Management and Support Initiative

Report Summary for June 2011 Country Management and Support Visit to Ghana

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

Ghana Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in Ghana from June 13-17, 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 two subject matter experts to perform the CMS assessment in-country (Country Manager and Procurement Specialist). Country Management and Operations Branch, Program Budget and Extramural Management Branch, Procurement and Grants Office, and Financial Management Office conducted their assessment from CDC/HQ as a desk review. The Country Manager reviewed the technical areas of the Ghana program (e.g., laboratory, strategic information, systems strengthening).

CMS Methodology

The CMS team conducted a five-day visit to the CDC/DGHA office in Ghana (CDC/Ghana). The assessment 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/Ghana’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 opened an office in Ghana in 2008, with a focus on the scale-up of HIV/AIDS prevention, care and treatment programming. CDC is working directly with Ghana’s Ministry of Health to build capacity and strengthen lab systems necessary to support the scale-up of HIV services in the country. CDC’s support includes assistance with development of the national laboratory strategic plan, laboratory policy and procedures, laboratory information systems and quality management system critical to the accreditation of public sector laboratories and long-term sustainability of programs. CDC is also supporting Ghana to establish in-country capacity and infrastructure to implement and evaluate HIV/AIDS-related surveillance systems and improve broader national health information systems to collect, store, analyze, and use high-quality data essential to improving services and programs.

The CDC/Ghana office is small with only one permanent direct hire (Country Director). Additional support is provided through a Deputy-at-Large during tour of duty (TDY) visits due to the size of the Ghana program and the limited budget (\$3.4 million in FY 2011).

Summary of Key Findings and Recommendations

Program Administration and Technical Oversight

Country Operations. CDC/Ghana office only has one staff at post, the Country Director, and one Deputy Director at Large providing support through extended TDY visits. Both the Country Director and Deputy Director at Large are very appreciative for the tremendous support received from CDC/HQ. Staff morale is high and positive. The current Deputy Director at Large will transfer responsibilities to a new Deputy Director-at-Large by the end of June 2011.

CDC/Ghana currently has only one designated office room in the Embassy. This will be insufficient once more staff is hired. Therefore, CDC/Ghana has arranged to be given two extra office rooms at the National Aids Control Program (NACP).

Recommendation:

- CDC/Ghana should receive clarification on next steps from CGH in order to be granted permission to start security upgrades so office space can be made ready for when locally employed staff join

Country Management. The team felt that the need for two lab positions does not seem appropriate for such a small program. The CDC/Ghana office currently has one vacant NSDD-38 approved position, which was to be filled with a U.S. direct hire lab advisor.

Recommendation:

- The vacant NSDD-38 position should be converted into a permanent in-country Deputy U.S. direct hire to accommodate the increasing work load for the Ghana office

Science Office. The CMS team found adequate procedures in place for clearing protocols.

Technical Program Areas. Current CDC support to the national health management information system is very small and fragmented. It is unclear if it is aligned with the national strategic plan. There is a potential overlap/duplication of activities by two grantees in the area of organizing training efforts in monitoring and evaluation for non-government organizations. Also, no geographical maps exist to keep track of coverage of training in districts.

Recommendation:

- CDC/Ghana Country Director should take a more active role in strategic information issues and secure a scope of work from grantees. CDC/HQ strategic information activity manager should discuss future plans with the Country Director

Program Management

Procurement and Grants. The Procurement and Grant's Office visited four grantees over the course of the CMS visit; two of whom were local grantees. Both local grantees have adequate systems in place. However, there was some confusion among grantees concerning per diems for local travel and food expenditures.

Recommendation:

- CDC/Ghana should conduct regular visits to the partners to assure that all documents are in place and activities are being conducted as proposed. CDC/Ghana should send written documentation of visits to the Procurement and Grant's Office to be warehoused in partner's official file.

Program Budget and Extramural Management. CDC/Ghana completely relies on budget reports from FMO and the Embassy for budget tracking. The office has several spreadsheets for projected expenses and COP activities, however, obligations are not tracked against budget and COP spreadsheets.

Recommendation:

- CDC/Ghana should develop a simple budget planning and tracking tool

Financial Management

As the DGHA CDC/Ghana office is small with only one staff member and no petty cash transactions, no assessment from CDC's Financial Management Office was performed as a part of this CMS visit.

Next Steps

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

