



CDC's Country Management and Support Initiative

Report Summary for July 2012 Country Management and Support Visit to Guyana

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

Guyana Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in Guyana from July 18-22, 2012. The principal objectives of this CMS visit were to:

- Perform a CDC 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 eight subject matter experts in the following areas to perform the CMS assessment: country management and operations, program budget and extramural management, procurement and grants, financial management, and key technical program areas (e.g., prevention of mother-to-child transmission, laboratories, care and treatment).

CMS Methodology

The CMS team conducted a five-day visit to the CDC/DGHA office in Guyana (CDC/Guyana), 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/Guyana’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’s audits. The scope of this CMS visit focused on the CDC/DGHA portfolio of global HIV/AIDS activities implemented through PEPFAR.

Program Background

The CDC/Guyana office opened in September 2002. Since then, CDC has worked with the Ministry of Health to build in-country capacity to conduct HIV surveillance and diagnosis, monitor HIV patients on treatment, and to diagnose opportunistic and sexually transmitted infections. CDC/Guyana has worked with the Ministry of Health to establish the National Reference Laboratory and to improve the safety of the national blood supply.

Summary of Key Findings and Recommendations

Program Administration and Technical Oversight

Country Operations. The most salient finding by the CMS team was staff’s low morale. Due to lack of understanding of human resources policies, senior management applied human resource policies in an inconsistent manner to locally employed staff.

Country Management. Financial/administrative management is adequate but needs to be standardized. CDC/Guyana has very few technical staff. Technical staff members were recently hired, and a new Medical Officer will join CDC/Guyana in August. The roles and responsibilities of technical staff are not clearly defined. Grantees expressed some concern about potential for disruption of CDC support due to staff turnover. CDC/Guyana staff meet regularly with grantees but no formal system is in place to document findings, discussions, and follow-up actions.

Science Office. The Science Office found no clear delegation of associate director for science (ADS) responsibilities in Guyana. However, the senior epidemiologist has since been assigned ADS responsibilities. At the time of the CMS visit there were no protocols or publications under review.

Recommendations:

- CDC/Guyana should clearly delegate and define ADS responsibilities and provide ADS/ethics training for all appropriate team members. All technical staff should have a Scientific Ethics Verification number
- CDC/Guyana should document the review and clearance processes for Institutional Review Boards, CDC/Guyana Office, and CDC/HQ ADS

Technical Program Areas. In the area of strategic information and monitoring and evaluation, grantees are generally compliant with reporting requirements, and some monitoring and evaluation processes are in place or planned. However, surveillance and monitoring and evaluation data quality and validation are inadequate, not consistent, and not well documented. In terms of quality oversight, the Ministry of Health and National AIDS Programme have adopted the quality of care model known as HIVQUAL/HEALTHQUAL as the national quality model. This model focuses on strengthening and improving health systems through quality performance measurement. They are currently in their third round of data collection on selected quality monitoring indicators.

Recommendation:

- CDC/Guyana should develop and implement procedures to provide guidance and accountability to grantees for reporting and documentation requirements

An excellent investment has been in the area of laboratory. The National Public Health Reference Laboratory is certified by the Guyana National Bureau of Standards and is preparing to obtain accreditation by the Ontario Laboratory Accreditation. The DGHA Country Director oversees the blood safety program. This is the only lab performing viral load testing. In adult treatment, the medical officer position is currently vacant. This is an important position and requires expertise in many program areas, especially tuberculosis and HIV, and will be important for technical support to Guyana's Ministry of Health. The technical staff make regular site visits using a narrative tool in a PDF, non-savable format. There is no protocol for sharing results or tracking action plans.

Recommendations:

- CDC/Guyana senior leadership should consider filling the vacant Medical Officer position as soon as possible
- CDC/Guyana technical staff should consider developing protocols for sharing results or tracking action plans

Program Management

Procurement and Grants. CDC's Procurement and Grants Office (PGO) visited three grantees. These grantees have knowledge of PGO guidelines and procedures and are capable of operating in an efficient manner. The grantees are aware of PGO budget guidelines and are aware they need to follow them accordingly. The grantees have an excellent financial reporting system (Integrated Financial Management and Accounting System).

Recommendation:

- In order to maintain proper compliance, all grantees should attend Grants Management Training and Payment Management System training annually

Program Budget and Extramural Management. DGHA's Program Budget and Extramural Management Branch found that in general, CDC/Guyana is managing the budget and extramural funding well. CDC/Guyana conducts an extensive planning process and has adequate oversight of property tracking.

Financial Management

CDC's Financial Management Office's (FMO) site visit focused on obtaining a general understanding of internal controls around financial management processes to help ensure post held resources are protected from waste, fraud, and mismanagement as well as comply with policy, regulations, and agency requirements. The CDC/Guyana office's budget

analyst manages office funds. Unliquidated obligations (ULOs) are reviewed weekly and older ULOs are currently being de-obligated as soon as they are verified. Based on FMO's limited review, internal controls related to petty cash funds appear to be adequate to ensure that funds are not at high risk for abuse. While announced petty cash counts are occurring on a monthly basis, unannounced petty cash counts do not occur regularly.

Recommendation:

- The CDC/Guyana Deputy Director should conduct unannounced cash counts on a regular basis. The CDC office should also consider using blanket purchase agreements or other procurement mechanisms to purchase office and cleaning supplies; this would reduce the field office's dependence on the use of petty cash for these types of purchases.

Next Steps

The CMS team shared their key findings and recommendations with the CDC/Guyana 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 the primary point of contact for each issue.