



CDC's Country Management and Support Initiative

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

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

Lesotho Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in Lesotho from January 23-27, 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 six 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, science, and one key technical program area (laboratory). DGHA's Program Budget and Extramural Management Branch, CDC's Procurement and Grants Office, and CDC's Financial Management Office conducted their assessment from Atlanta as a "desk" review, while the Country Manager, a representative from DGHA's Country Operations Branch, and a laboratory technical reviewer spent five days in Lesotho performing an in-person assessment.

CMS Methodology

The CMS team conducted a five-day visit to the CDC/DGHA office in Lesotho (CDC/Lesotho), which included technical site visits with grantees, one-on-one meetings with staff, and data quality spot checks. Desk reviews included phone interviews with key CDC/Lesotho and grantee staff and reviews of financial/administrative documents and internal financial 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/Lesotho’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

DGHA began supporting the Lesotho Ministry of Health and Social Welfare and its grantees in 2007. They support improvement in public health policies, services, and capacity development. CDC and other U.S. Government PEPFAR implementing agencies in Lesotho signed a Partnership Framework with the Government of Lesotho in 2009, which guides the implementation of PEPFAR funding in the country. The Partnership Framework goals include improving HIV prevention, tuberculosis (TB) and HIV care and treatment, strategic information support, and laboratory. CDC country-led initiatives with the Lesotho Ministry of Health and Social Welfare and grantees have resulted in improved access to HIV counseling and testing, prevention, and health systems strengthening.

Summary of Key Findings and Recommendations

Program Administration and Technical Oversight

Country Operations. The Country Operations Branch measured staff morale, job satisfaction, senior leadership, communication, performance appraisals, and career development. The overall findings reflected strong and supportive leadership. The Lesotho office is comprised of seven staff. All staff rated job satisfaction, morale, and career development highly. A few key areas for improvement, however, include:

- *Awards and Recognition* – While most staff recognized that there is positive verbal recognition; a few staff expressed an interest in more formal awards and public demonstration for a job well done.
- *Communication* – Staff felt that senior leadership were very open and communicated well during staff meetings, yet there was room for improvement to ensure staff were informed of all CDC activities. CDC/Lesotho should try to improve lateral communication.
- *Performance Appraisals* – In one-on-one interviews staff felt the performance appraisal process was satisfactory. However, some staff felt that they would like more one-on-one feedback throughout the year rather than only at the prescribed annual review.
- *Career Development* – While staff felt senior leadership were very responsive to their training needs, several staff expressed the desire for more direct training by shadowing colleagues in the region or performing short temporary duty assignment in other country offices.

Country Management. The CDC/Lesotho portfolio is heavily focused on laboratory strengthening as well as male circumcision, voluntary counseling and testing, and blood safety activities. The technical team also noted that CDC/Lesotho's programmatic portfolio includes TB and strategic information/monitoring and evaluation programming components. However, they were not assessed during this CMS visit. Across all program areas there is clear understanding and cooperation between U.S. government (USG) agencies and grantees at all levels, which creates an atmosphere of achievement, support, and productivity. In general, staff exhibit adequate understanding of CDC policies and procedures related to cooperative agreement management, including project officer file maintenance. However, a specific system for monitoring cooperative agreement grantee sites is needed, that includes clear documentation and standard operating procedures.

Recommendation:

- CDC/Lesotho, in collaboration with CDC/HQ, should consider developing country-specific site and cooperative agreement monitoring tools for monitoring sites

Science Office. The Country Director is responsible for monitoring the associate director's for science (ADS) activities. CDC/Lesotho has a process for reviewing documentation. However, it requires other branch staff to assist, which adds to their workload. All protocols are submitted directly to the country Institutional Review Board. While staff are knowledgeable and work according to CDC policy, CDC/Lesotho needs to improve its documentation practices and to finalize all standard operating procedures for Science Office procedures.

Recommendations:

- CDC/Lesotho should ensure that all staff are trained on conducting technical reviews and the clearance processes since all staff are involved in ADS activities. The country program should include a review of ADS guidelines, provide a review checklist, and require scientific ethics training all staff. Upon completion staff would receive a unique Scientific Ethic Verification number
- CDC/Lesotho should develop or obtain from the CDC/HQ DGHA Science Office software that will allow them to track all ADS documents for internal use, such as in an Excel or Access database format

Program Management

Procurement and Grants. CDC's Procurement and Grants Office (PGO) conducted a desk audit of four grantees. The majority of grantees maintain adequate financial records and are able to provide copies of supporting documentation. Grantees had budgetary controls in place and maintain an adequate system of checks and balances in regards to financial record keeping and procurement. All grantees maintained procedural manuals for financial and administrative, human resources, procurement, property management and travel and most grantees performed annual inventory checks. However, only half of the grantees were able to reconcile their accounting records to their general ledger.

Recommendations:

- CDC/Lesotho should work with PGO on requirement all grantees to maintain records of timekeeping and provide adequate supervision
- All grantees should perform quarterly inventory checks to ensure the condition and location of all equipment
- CDC/Lesotho should provide grants management training at the local level (as required)

Program Budget and Extramural Management. The Deputy Director and Financial Management Specialist demonstrate a sound understanding of USG and PEPFAR budget processes, regulations, and policies and are managing the budget well. Property is also properly maintained and tracked. The CDC/Lesotho office manages a small portfolio of cooperative agreements and has a thorough knowledge of each. Grantees are visited on a regular basis; however, documentation of the site visits could be done in a more consistent manner.

Recommendation:

- CDC/Lesotho should create standard operating procedures for site visits so their documentation is consistent and performed on a regular basis

Financial Management

CDC's Financial Management Office (FMO) conducted a desk audit for the CDC/Lesotho office, which is currently comprised of two US direct hires, the Country Director and Deputy Director, five locally employed staff positions, and one personal services contract position which is currently vacant. The Country Director provides leadership, direction and overall execution of all CDC/Lesotho activities and is assisted by a Deputy Director who provides operational support, particularly in the areas of administrative, human resource, and financial management. The CDC/Lesotho field office does not operate an imprest/petty cash fund, nor do they have any International Merchant Purchase Authorization Card (IMPAC) holders on site at this time. There were no significant weaknesses identified during the period of the FMO review.

Next Steps

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