



CDC's Country Management and Support Initiative

Report Summary for October 2011 Country Management and Support Visit to Malawi

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

Malawi Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in Malawi from October 31-November 4, 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 nine subject matter experts in the following areas to perform the CMS assessment: country management, program budget and extramural management, procurements and grants, financial management, science, and key technical program areas (e.g., prevention of mother-to-child transmission of HIV).

CMS Methodology

The CMS team conducted a five-day visit to the CDC/DGHA office in Malawi (CDC/Malawi), 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 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/Malawi’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 has been working in Malawi since 2001. PEPFAR is the principal development investment of the U.S. Government (USG) in Malawi and the largest health program. PEPFAR is committed to supporting Malawi’s public and non-public sectors to bring treatment services to the community level, strengthen HIV prevention programs, scale-up voluntary medical male circumcision, mitigate the impact of HIV on children, and build the capacity of public health institutions. With PEPFAR support, approximately 60% of the eligible population (at CD4 count threshold of 350) now receives antiretroviral therapy and 85% of pregnant women attend antenatal care sites and receive services for prevention of mother-to-child transmission.

Summary of Key Findings and Recommendations

Program Administration and Technical Oversight

Country Operations. The most salient findings were the overwhelmingly positive staff morale, the need for a comprehensive review of U.S. direct hire personnel files pending guidance from CDC/HQ, and the need to maintain positive momentum over the coming months as economic conditions in Malawi continue to fluctuate. Overall, CDC/Malawi has robust standard operating procedures and policies for all major systems and implements them effectively.

Recommendations:

- CDC/HQ should provide CDC/Malawi with up-to-date guidance on the organization of personnel files
- CDC/Malawi Human Resources team should review personnel folders and update files with the appropriate forms

Technical Program Areas. CDC/Malawi has very strong and effective partnerships with grantees, particularly the Ministry of Health, and has played a critical role in the preparation for and implementation of the revised ground-breaking national HIV program guidelines. Grantee site visits occur on a quarterly basis and are systematically documented on CDC/Malawi technical supervision template forms. The current national economic situation presents numerous challenges to successful program implementation. Most grantees reported HIV test kit stock-outs, imminent antiretroviral drug stock-outs and unclear long-term funding of the national program. Concerns remain over the quality of HIV rapid testing in the field, and the proportions of antenatal care attendees receiving an HIV test and HIV-infected women receiving ARVs remain below PEPFAR targets.

Science Office. Responsibilities for scientific activities and functions are shared among the senior technical staff. CDC/Malawi produces a moderate volume of protocols and manuscripts for review and clearance. Forms from CDC's Procurement and Grants Office (PGO) and DGHA's Program Budget and Extramural Management Branch are used to guide and document technical and human-subjects review of funding opportunity announcements, new awards, and continuation applications. CDC/Malawi technical staff have completed required scientific ethics training.

Program Management

Procurement and Grants. PGO visited five grantees. All of the grantees visited have conducted the necessary audits. The grantees have adequate accounting systems in place, use their budget to control program funds appropriately, and have a system where all budget amendments are supervised by senior management. A minority of the grantees visited, however, had adequate methods in place for timekeeping and only some had adequate written policy and procedures for procurement, property management, sub-contracts, and travel.

Recommendations:

- CDC/Malawi and PGO should ensure all grantees have and follow written timekeeping standard operating procedures. CDC/Malawi and PGO should follow-up with the grantee who was found to lack this
- CDC/Malawi should offer a required grants management training for all current and new grantees. CDC/Malawi should ensure that procurement, property management, subcontracting, and travel procedures are covered in the training

Program Budget and Extramural Management. In general, CDC/Malawi is managing the budget and extramural funding well. Budget reports are generated regularly and reviewed by the Deputy Director on a monthly basis. The budget report is adequate and shows the amount of funding available, budgeted and obligated for all programs, as well as the source of funds. Pivot tables are used to reconcile planned budget items and actual obligations.

CDC/Malawi has an intensive budget-planning process which allows the country to properly estimate the amount of funds needed by quarter. CDC/Malawi has several pending issues regarding property management that need to be addressed, including the need to transfer, dispose of, or barcode equipment and to update the property management information system list.

Recommendation:

- CDC/Malawi should continue to resolve property issues with PGO and CDC's Center for Global Health

CDC/Malawi is managing their cooperative agreements well. They have a robust cooperative agreements management system in place, which tracks grants actions as well as funding restrictions. The Cooperative Agreements Manager meets with the Deputy Director and Project Officers regularly to discuss cooperative agreements issues and proactively works with grantees to get funding restrictions lifted. Standard operating procedures exist for grants management and are warehoused electronically for staff to access.

Financial Management

CDC's Financial Management Office (FMO) staff found that locally employed budget and financial staff members are very knowledgeable of both Department of State and CDC/Malawi procedures. Locally employed budget and financial staff members are committed to ensuring that adequate procedures are in place and followed. Based on FMO's limited review, internal controls related to petty cash funds appear adequate to ensure funds are not at high risk for abuse.

Department of State personnel indicated that CDC leadership is held responsible for ensuring that all transactions are consistent with applicable policies, authorities, and regulations.

Next Steps

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