CDC's Country Management and Support Initiative

Report Summary for February 2012
Country Management and Support Visit to Nigeria

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 State Department's 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

Nigeria Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in Nigeria from February 13-17, 2012. 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 and operations, program budget and extramural resources, procurement and grants, financial management, science, and several key technical program areas (e.g., prevention of mother-to-child transmission of HIV (PMTCT), laboratory services, care and treatment, surveillance, monitoring and evaluation).

CMS Methodology

The CMS team conducted a five-day visit to the CDC/DGHA office in Nigeria (CDC/Nigeria), which included reviews of financial documents, administrative and technical site visits with ten 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/DGHA Nigeria'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 the CMS visits focus only on the CDC/DGHA portfolio of global HIV/AIDS activities implemented through PEPFAR.

Program Background

CDC/DGHA began supporting Nigeria in February 2001 with the opening of the CDC/Nigeria office in Abuja. Since then, CDC/DGHA has supported the Nigerian Ministry of Health in its efforts to prevent the transmission of HIV/AIDS, treat and care for those who are already infected, increase laboratory capacity, and build health infrastructure to help support a sustainable national response. The CDC/Nigeria office has a staff of 57 employees: 45 locally employed staff, 7 U.S. direct hires, and 5 contractors and fellows. The PEPFAR budget in fiscal year 2011 was $488.6 million, of which $192 million was allocated to CDC/DGHA. In addition to the PEPFAR, CDC/Nigeria supports the Presidential Malaria Initiative, Global Immunization, and One Health initiatives with staff and financial resources. Recently, the Polio Eradication effort was added as a priority activity.

Program Administration and Technical Oversight

Country Operations. CDC/Nigeria's motor pool has a good overall rating and standard operating procedures in place. It is one of the few countries where the DriveCam program is implemented by the Department of State in all vehicles belonging to the US Mission. There is a growing influx of temporary duty staff from various programs across agencies. Due to the security situation in the country, the CDC/Nigeria fleet is the only recommended means of transportation in the country for HHS temporary duty staff (taxis are not allowed). With the recent scale-up of the Polio Eradication Program in Nigeria, the number of temporary duty staff in country has increased. The level of support needed for these staff (travel in- country and use of motor pool and Embassy resources, etc.) may interfere with the activities of the CDC/DGHA program and highlight the necessity for proper cost-sharing mechanisms to be in place.

Recommendation:

- CDC/HQ should develop policies as to how to allocate resources across CDC programs in a country like Nigeria where the security risk is high

Although the average score for job satisfaction was high, there are opportunities for improvement as many new changes have been implemented in a very short period. Communication methods and standard operating procedures can be improved to achieve cohesion among US direct hire and locally employed staff. Overall, many new changes have been implemented in a very short period. Although they may have proven to be effective, US direct hire staff may want to be aware of the pace for implementation and adjust according to the skillsets of locally employed staff.

Recommendations:

- The Country Manager should work with the CDC/Nigeria US direct hire staff on communication and interaction methods. US direct hire senior staff may want to be more aware of communication style and adjust accordingly (including use of emphatic messages)
- CDC/Nigeria, with support from CDC/HQ, should organize a staff retreat to improve oncommunication, increase cohesion and team spirit, and explain required management changes in an informal setting

Country Management. The CMS team found several best practices in CDC/Nigeria's programmatic portfolio. First, the transition of U.S.-based to local indigenous grantees is very important as it will increase availability of resources in country, help to scale up treatment efforts, and help to sustain these treatment efforts in the long run. Second, the CDC/Nigeria office has implemented several new management procedures that will result in substantial cost savings. Third, the interagency relations and collaborations are exemplary. USAID and the Department of State colleagues think highly of CDC senior leadership and have expressed their support and approval for current management on several occasions. Several programmatic challenges remain, however, including the substantial gap between the need for HIV/AIDS services and the actual numbers receiving services, especially antiretroviral treatment and PMTCT.

Recommendation:

- CDC/Nigeria, in consultation with the Nigeria PEPFAR Interagency Team, should critically review all U.S. Government-supported programs to determine if funds can be redirected from less evidence-based programs to testing, care, and treatment. CDC/Nigeria should work with grantees to find ways to increase the numbers of individuals in care and treatment

Science Office. The Science Office is well organized and managed by a Science Officer. Good standard operating procedures are established and in place and staff have a thorough understanding of clearance processes. The Science Officer would benefit from a full Associate Director for Science orientation at CDC/HQ (planned for April 2012) and continued guidance to maintain standards for all CDC/Nigeria technical staff.

Technical Program Areas. The supervision of the comprehensive care and treatment grantees by CDC/Nigeria's Lead Activity Managers is excellent. They and their sub-managers in the different programmatic areas, interact frequently with the grantees. Overall, the coverage of HIV care services is lagging behind other former PEPFAR focus countries. The Continuity of Care Team has recently had multiple vacancies and is in the process of filling four positions. Filling these positions with professional, dedicated staff in a timely manner will be critical, especially during the Track 1 transition from experienced U.S.-based institutions to local indigenous entities that will need a lot of administrative and technical support.

Recommendation:

- CDC/Nigeria should prioritize the filling of vacant positions and provide a group orientation to the new hires

Most HIV/AIDS care and treatment is done at the tertiary and secondary health facility levels. However, about 50% of the population lives in rural areas. Many local government authorities lack access to HIV/AIDS care and treatment facilities. The Government of Nigeria is promoting increased decentralization of health services, including HIV/AIDS care and treatment.

Recommendation:

- CDC/Nigeria should continue supporting the Ministry of Health decentralization process to provide HIV/AIDS care and treatment at the primary healthcare level. They should continue to fund and monitor the efforts of the National Primary Health Care Development Agency and other grantees to extend services to additional primary health centers

The National Blood Transfusion Service operates a network of blood banks in Nigeria. In addition, there are other blood banks run by tertiary health care facilities and the private sector. In some cases, these other blood banks are not following the national guidelines for screening blood for infectious agents prior to transplant.

Recommendation:

- CDC/Nigeria should consult with USAID/Nigeria to assist in resolving this issue

The Supply Chain Management System provides the bulk of the antiretroviral drugs and HIV rapid test kits in Nigeria. However, it is still operating as a parallel system to that of the Federal Ministry of Health. They have separate warehouses and distribution systems and have not developed the capacity of the Federal Ministry of Health system to take over.

Recommendation:

- CDC/Nigeria should consult with USAID/Nigeria to try to refocus the efforts of Supply Chain Management System on building the capacity of the Federal Ministry of Health supply chain system

The CDC/Nigeria office has an excellent appreciation of the challenges in the area of PMTCT and the way forward. Historically, the PEPFAR PMTCT grantees have functioned somewhat autonomously with service delivery not well standardized or rationalized. PMTCT service delivery packages funded by PEPFAR now conform to national and international recommendations and CDC/Nigeria is clearly in the driver's seat in terms of directing the grantees while also helping them and commanding their respect. Quarterly meetings are held with CDC grantees to review a specified list of issues, and each grantee has a budget, work plan, and prepares monthly template progress reports. Interagency visits with grantees are also held. However, there is currently no dedicated PMTCT staff person in the CDC/Nigeria office. CDC/Nigeria is planning to hire two locally employed staff for PMTCT, but more staff will be needed to assist and monitor grantees as more work is done in this area to increase PMTCT coverage.

Recommendation:

- CDC/Nigeria should fulfill plans to recruit dedicated CDC PMTCT staff

Strategic information has several challenges. The CDC/Nigeria strategic information technical staff is stretched with many competing priorities including grantee and cooperative agreement management in addition to their technical duties in epidemiology, surveillance, monitoring and evaluation and health information systems. Furthermore, as strategic information is a technical area that crosses all program areas, staff are pulled in many technical directions to provide support.

Recommendations:

- CDC/Nigeria Epidemiology and Strategic Information Branch, in collaboration with their program colleagues and with technical assistance from CDC/HQ (as appropriate), should:
    - Develop SOPs for data requests for use at CDC and within the interagency strategic information technical working groups
    - Lead the development of a data quality plan for CDC/Nigeria and its grantees; this plan could serve as a model for the United States Government and Federal Ministry of Health in Nigeria
    - Develop a Capacity Development Strategy in order to centralize efforts across the Federal Ministry of Health and United States Government in concert with the goals and objectives of the partnership framework, using PEPFAR and other CDC guidance as appropriate

Program Management

Program Budget and Extramural Management Resources.

DGHA's Program Budget and Extramural Management Branch (PBEMB) staff found that CDC/Nigeria uses standard operating procedures with specific tools for budget tracking, and produces a variety of reports, including one on grantee pipeline, on a monthly and quarterly basis. All reports are easily retrievable and reporting occurs frequently.

It was also found that budget staff have access to IRIS (CDC Integrated Resources Information System which is a management tool used for budgeting, reporting, staffing, and project planning) and COAST (the Department of State Consolidated Overseas Accountability Support Toolbox) and have taken IRIS training. During interviews, the budget staff demonstrated a good understanding of these systems and described how reports are retrieved and utilized. CDC/Nigeria needs to strengthen its budget reconciliation process. Although the budget planning process is robust, obligations against the budget plan should be further analyzed by budget staff. CDC/Nigeria instituted a tracking database to capture expenses from non-DGHA programs. The tracking spreadsheet is a best practice and helps CDC/Nigeria avoid violating appropriations law. CDC/Nigeria uses internal tracking spreadsheets to account for all property on hand. CDC/Nigeria's Property Management Information System list is up to date and only one computer (received with the new phone system) was not properly barcoded.

CDC/Nigeria has a well-managed system for tracking cooperative agreements which includes the tracking of funding actions as well as a spreadsheet which tracks approved budgets, available funding amounts and restrictions. In addition, the cooperative agreement team has a robust filing system as well as standard operating procedures to manage cooperative agreement files. The continuation application standard operating procedures contains a long list of roles and responsibilities for all CDC/Nigeria staff, and it was noted as a best practice. The only area where improvement could be found was to better manage documentation of site monitoring visits.

Recommendation:

- CDC/Nigeria should create a site visit template to document interaction with the grantee, ensure quality of service, and ensure proper management of grantee resources

The cooperative agreement team is aware of CDC policies and procedures. CDC/Nigeria's 40-page grantee orientation document (management letter) is a best practice. Another best practice is CDC/Nigeria's business assessment tool for grantees, which verifies that grantees meet US requirements for HR, finance, and property management.

Procurement and Grants. CDC's Procurement and Grants Office (PGO) staff found that, for the most part, all grantees visited were in compliance with CDC policies, regulations, and terms and conditions. There were several instances where a single grantee was unaware of a regulation and had to be advised by PGO staff what it meant to be out of compliance with the terms and conditions of the award and how to remediate this issue.

It was found that some grantees were not well versed on the restriction process and how to clear restricted funds. PGO staff was able to provide technical assistance to the grantees during the visit though a more substantial training should be done at a later date. Grantees also expressed concerns about the lack of timely communication between their office and PGO when releasing restrictions, as well as the length of time it takes to remove human subject restrictions after the required information was submitted to PGO.

Recommendation:

- PGO and CDC/Nigeria should hold grantee training to cover restrictions regulations and the clearing of restricted funds and should continue to work closely on tracking them

Financial Management

CDC's Financial Management Office (FMO) staff found that, based on a limited review, internal controls within the CDC/Nigeria office appear to be adequate. Locally employed budget and financial staff members are very knowledgeable of both Department of State and CDC/Nigeria procedures. Senior Management and locally employed financial staff members are committed to ensuring adequate procedures are in place and followed. Department of State stated that CDC leadership is held responsible for ensuring that all transactions are consistent with applicable policies, authorities, and regulations. However, Department of State personnel also review CDC expenses for adherence to government Department of State regulations. This strengthens internal controls to help ensure funds are used appropriately.

Improved clarity around motor pool policies is needed. The Department of State Chief of Mission motor vehicle policy for Nigeria applies to the use of government-owned vehicles by all agencies at post. The Department of State policy addresses business use of government-owned vehicles as well as full cost recovery for other authorized use. Other authorized use, as defined by Department of State, is the transportation of USG employees and their dependents for purposes other than business, when authorized by the Chief of Mission because public transportation remains unsafe or unavailable or because such use remains advantageous to the Government.

Recommendation:

- CDC/HQ should provide guidance around motor vehicle polices as well as address cost recovery issues; especially around personal use of government-owned vehicles

Next Steps

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