# CDC's Country Management and Support Initiative

## Report Summary for September 2011
## Country Management and Support Visit to Uganda

### 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

### Uganda Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in Uganda from September 26-30, 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 12 experts in the following areas to perform the CMS assessment: country management and operations, program budget and extramural management, grants management, financial management, and several key technical program areas (e.g., Science Office, strategic information, health systems strengthening).

**CMS Methodology**

The CMS team conducted a five-day visit to the CDC/DGHA office in Uganda (CDC/Uganda), 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 both 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 Uganda'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 began supporting Uganda in 2004; CDC has had an active presence in Uganda since 1991. PEPFAR is the principal development investment of the U.S. Government (USG) in Uganda. PEPFAR is committed to supporting Uganda's public and non-public sectors, bringing treatment services to the community level, strengthening HIV prevention programs, scaling up male circumcision, mitigating the impact of HIV on children, and building the capacity of institutions. CDC/Uganda supports comprehensive HIV/AIDS prevention, care, and treatment programs in 265 health facilities in 56 districts. CDC/Uganda's programs provide antiretroviral therapy (ART) to approximately 141,537 individuals (~57%), care to 261,080 individuals (~40%), and counseling and testing to 989,524 individuals. CDC/Uganda also has a large program targeting the prevention of mother-to-child transmission of HIV (PMTCT), treating 502,830 pregnant women in 2010 alone.

## Summary of Key Findings and Recommendations

### Program Administration and Technical Oversight

**Country Operations.** The most salient findings were the generally positive staff morale, the need to update comprehensive written standard operating procedures for various systems including motor pool, and the need to improve time and attendance processing and personnel files for U.S. direct hires. The CDC/Uganda office, co-located with Uganda Virus Research Institute in Entebbe, has fostered strong technical collaboration with host country scientists; however, it also presents many logistical challenges and inefficiencies for staff. CDC/Uganda is aggressively pursuing procuring office space for some portion of the staff in a suitable leased office space in Kampala.

Recommendations:

- CDC/HQ and CDC/Uganda Deputy Director should work together to improve attendance records and personnel files for all U.S. direct hires
- CDC/Uganda should continue to work with the Department of State to finalize a lease to move as many non-lab CDC staff as feasible to Kampala

**Country Management.** The CDC/Uganda program has made substantial contributions to the programmatic evidence base for effective HIV/AIDS interventions for Uganda and for other PEPFAR countries across Africa. CDC/Uganda's operational research has provided critical evidence for PEPFAR's flagship basic care package, and informed the development of model interventions for HIV counseling and testing and HIV discordant couple services as well as for care, treatment, and management of TB/HIV co-infection in low resource settings.
CDC/Uganda is adjusting its organizational structure to address a changing environment, reducing duplication, and aligning organizational resources such as staff, organizational structures, and research/strategic priorities, including intensifying focus on treatment, prevention of mother-to-child transmission of HIV, and voluntary medical male circumcision. CDC/Uganda is also addressing costing issues for continued programmatic scale up.

Recommendation:

- CDC/Uganda should complete its strategic planning and workforce analysis and carry out recommended actions from these analyses

Unlike most other countries in sub-Saharan Africa, epidemic models show no decline in HIV incidence or prevalence in Uganda. This is cause for great concern, especially given Uganda's early success in HIV/AIDS programming. Program scale-up issues and challenges go beyond the scope of the CDC/Uganda portfolio alone and are significantly impacted by PEPFAR planning processes that have failed to adequately address key program needs. The PEPFAR/Uganda team recently underwent a program rationalization exercise in order to reduce overlap between similar CDC and USAID-funded activities and grantees within the same geographic areas. This process appears to have resulted in some programmatic efficiencies.

Recommendation:

- CDC/Uganda should advocate for further efficiency gains through continued rationalization exercises. Informed by a greater use of epidemiologic and program data and proven, high-impact interventions, these exercises should focus on strategic program scale-up

**Technical Program Areas.** CDC/Uganda's Monitoring and Evaluation Branch reviews grantee monitoring plans and data quality, conducts PEPFAR reporting, and provides technical assistance to grantees on monitoring and evaluation. CDC/Uganda has instituted routine data quality assessment and improvement with grantees that includes protocols for both data verification and data management, and reporting systems. A multidisciplinary team including CDC/Uganda's Monitoring & Evaluation, Informatics, and Program Branches implements the assessment with support from the Monitoring and Evaluation Technical Assistance grantee. CDC/Uganda assessed 11 grantees on key care and treatment indicators during late 2010.

Recommendation:

- CDC/Uganda's Monitoring and Evaluation branch should proceed with plans for the development of more standardized quarterly reporting and monitoring and evaluation plan templates in collaboration with program areas. All grantees should have a monitoring and evaluation plan in place at the beginning of the award, and CDC/Uganda should monitor how Activity Managers use these to improve the program

CDC/Uganda has made significant progress in implementing a health systems strengthening and country ownership approach for laboratory, strategic information, and technical activities over the past two years, including the district-based support strategy for grantees. The rationalization of PEPFAR grantees to support key districts has decreased grantee overlap at sites, and the health systems strengthening team is working across program areas and with grantees to institutionalize district support strategies and work plans.

Linkages between the national, district, and facility levels to ensure systematic delivery of HIV services, adequate monitoring and supervision, and delivery of essential program commodities continue to be a significant challenge. Also, human resource issues at all levels continue to severely constrain the health system response in Uganda.

Recommendation:

- CDC/Uganda should develop a systematic approach to monitoring and evaluating the impact of district-based support program strategies, including tracking change in key district performance indicators (e.g. in Health Management Information System 2.0 implementation, service delivery and scale-up, laboratory services, per patient program costs, and commodity systems) over time

**Science Office.** The Associate Director of Science (ADS) coordinator is supported by five ADS point people from across CDC/Uganda who are the conduits for protocols, publications and abstracts from their program area. Although the ADS Coordinator frequently provides one-on-one mentoring to staff, there is no formal orientation for new staff.

Recommendation:

- CDC/Uganda should identify all key roles and responsibilities of the ADS office (funding restrictions, orientation of new area point people, CDC staff and grantee training) and ensure that all ADS staff members understand who will perform these roles

Clearance processes for publications and protocols are established and effective but procedures and communication vary somewhat by area point person. Key trainings, forms, and checklists are available electronically on the share drive in a resource folder to assist with submissions. No standard operating procedures have been established for ADS staff or grantees.

Recommendation:

- CDC/Uganda ADS coordinator should further develop the resource folder into a set of standard operating procedures for submission procedures, including grantee scientific outputs. This should be made available to all staff on the share drive

## Program Management

**Procurement and Grants.** CDC's Procurement and Grants Office (PGO) met with seven grantees during the CMS visit. Grantees included local nongovernmental organizations (NGOs), the Ministry of Health, and international NGOs. Most grantees had strong systems in place to properly account for USG funds and had adequate personnel policies. Some grantees had adequate written policies and procedures for procurement, property management, and travel. Grantees displayed variable levels of organization in managing inventory, property, purchase order documentation, and subcontracting.

Recommendation:

- CDC/Uganda should offer required grants management training for all current and new grantees and ensure that procurement, property management, subcontracting, and travel procedures are covered

**Program Budget and Extramural Management.** CDC/Uganda has a large grantee portfolio. CDC/Uganda's PEPFAR budget was $125,146,292 in FY11. CDC/Uganda's budget is adequate and covers both management and operations and cooperative agreement expenses. A defined cooperative agreement team has not been formally established in CDC/Uganda and while no cooperative agreement duties are listed on the organizational chart, the finance team branch chief is currently responsible for cooperative agreement administration. The cooperative agreement management team should be a key component of CDC/Uganda's re-organization that will take place in the fall of 2011. CDC/Uganda maintains cooperative agreement files and a cooperative agreement tracking system. However, the tracking system should be expanded to include all post-award grant actions.

Recommendations:

- CDC/Uganda should revise the organizational chart to clearly identify cooperative agreement management responsibilities
- CDC/Uganda should expand the cooperative agreement tracking system to include all post-award grant actions

### Financial Management

The review by CDC's Financial Management Office found that the process for managing petty cash operations at CDC/Uganda aligns with the Departments of State's established procedures. Due to the high volume of petty cash activity identified at the CDC/Uganda office, the Embassy's Financial Management Office decided to co-locate a Department of State Embassy Class B cashier at the CDC office in Entebbe. Prior to this CMS visit, CDC/Uganda was not routinely reviewing unliquidated obligations and open advances and follow-up was not being done to ensure timely filing of travel vouchers and any repayment of travel advances.

Recommendation:

- CDC/Uganda should develop a routine process to review unliquidated obligations and open advances, and take appropriate action to ensure they are all cleared in a timely manner

## Next Steps

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