



CDC's Country Management and Support Initiative

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

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

India Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in India from February 17-24, 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 eight subject matter experts in the following areas to perform the CMS assessment: country management and operations, program budget and extramural management, procurements and grants, financial management, science, and key technical program areas (e.g., strategic information, laboratory, human resource development).

CMS Methodology

The CMS team conducted a five-day visit to the CDC/DGHA office in India (CDC/India), 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/India’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

DGHA’s work in India began with the HIV LIFE Initiative in October 2001. In 2002, the India National AIDS Control Organization (NACO) requested that CDC support targeted interventions for high risk groups in Tamil Nadu and Andhra Pradesh.

Through aggressive work at headquarters, over the past 10 years NACO has successfully assumed the responsibility for all the funding and implementation of prevention, care and treatment programs and external partners have played a decreasing role in implementing targeted interventions. At the same time, CDC/India’s support for NACO has evolved into providing more technical assistance to support them in their enhanced leadership role. In 2010, DGHA signed a Letter of Agreement with NACO to provide high-level technical assistance across the country in three key areas: 1) laboratory system strengthening in over 130 State and National Reference Labs; 2) surveillance, monitoring and evaluation; and 3) human capacity development. In partnership with INCLIN, CDC/India supported NACO in the design of the next five-year National AIDS Control Plan (NACP-IV), which will be launched in the fall of 2012.

DGHA currently has four U.S. direct-hire staff and 11 locally employed staff working in three offices in India (New Delhi, Chennai, and Hyderabad). Due to the successful transition, the office in Chennai will close in early 2013 and field activities will be moved to Hyderabad (Andhra Pradesh State), which has the greatest burden of HIV/AIDS in the country. CDC/India will continue to provide technical assistance to NACO for the epidemic in other states.

In the next five years, CDC/India will work closely with the Government of India to provide technical assistance for exciting new developments in the health sector such as the new National Rural and Urban Health Missions. These missions are being established to be the umbrella agencies for primary health care in the country.

Summary of Key Findings and Recommendations

Program Administration and Technical Oversight

Country Operations. CDC/India senior staff have demonstrated outstanding leadership and management of the program. Interviews with staff consistently indicate a high satisfaction (4.54 on a scale where 1 is the lowest and 5 is the highest). Staff retention is extremely high; technical leadership and a sense of family were frequently reported sources of job satisfaction. Motorpool and time and attendance are managed well.

Country Management. After a successful and productive 10-year collaboration with NACO and State AIDS Control Societies in India, CDC/India has demonstrated its ability to deliver high quality technical assistance in key areas of HIV/AIDS interventions and transition to technical support with full host country ownership and implementation. Its contributions are highly-valued and respected by the Government of India and other grantees.

The CDC/India technical program is increasingly focused on the strategic priorities mutually agreed upon with NACO. Opportunities to further target the portfolio were discussed with the team in strategic information and human capacity development. Opportunities and challenges are expected during the next five years as the Indian health care system evolves into the National Rural and Urban Health Missions.

Recommendations:

- CDC/India should clarify operational research priorities for measuring the impact of technical assistance
- CDC/India should develop a strategy and plan for supporting NACO during the transition to the National Rural Health Mission
- CDC/India should conduct further study and analysis of the costs/benefits and trade-offs of providing more technical assistance by in-house staff rather than through partners
- CDC/India should review strategic priorities to ensure they are aligned with the new National HIV/AIDS five year plan
- CDC/India should review opportunities to enhance the strategic information component of technical assistance to the District AIDS Prevention and Control Units rather than on general human capacity development activities
- CDC/India should review and strengthen the technical strategy for the scale-up of the Centers of Excellence with a performance management plan with collaborating grantees

Human Capacity Development. The Strengthening Nursing Expertise in HIV aims to strengthen several aspects of nursing (e.g., community and palliative care to nursing school curricula and human resource information systems). However, the activities are not necessarily in line/coordinated with NACO goals towards strengthening nursing and the role of nursing in combating HIV/AIDS in India.

Recommendations:

- CDC/India should ensure that the nursing strategy articulates how the many activities relate to each other and be more focused on priority areas for the future. Priorities should have a demonstrable impact on patient care or strengthening the capacities of nursing councils
- CDC/India should ensure projects take advantage of expertise in CDC/HQ especially for Human Resources Information Systems
- CDC/India should develop outcome and impact indicators for the project

The Centers of Excellence for HIV training and care are a priority for NACO. The priorities and capacities of the U.S.-based grantee and its locally-based partner seemed misaligned. Indicators are process and programmatic. It will be important to demonstrate impact. Meetings with grantees are poorly documented.

Recommendations:

- CDC/India should improve oversight of the project to ensure that the quality of the project meets expectations
- CDC/India should develop impact and outcome indicators. Consider using PEPFAR guidelines to measure capacity building efforts

- CDC/India should document the project clearly and systematically. Technical staff should extract evidence of technical assistance from handwritten journal and transfer to electronic files.

Laboratory Systems. The development of a national quality assurance system for national and state HIV/AIDS reference laboratories in collaboration with NACO has been a significant achievement by CDC/India. This program continues to expand and is influential in promoting quality assurance in laboratory systems across India.

Science. There are no issues of concern regarding scientific oversight. A CDC/India Associate Director for Science has been identified and trained and there is good support for funded grantees in dealing with ethical and scientific issues.

Program Management

Procurement and Grants. In general, all of the grantees have well-developed financial management and accounting systems that are sound and reconciled with the general ledger. The majority of grantees have standard operating procedures that align with U.S. government regulations. However, a number of grantees need to document their internal policies and implement timekeeping, personnel, and procurement policies.

Recommendation:

- CDC/India site visits should include technical assistance to ensure grantees know and adhere to the requirements set out by U.S. government regulations and their Notices of Award

Program Budget and Extramural Management. In general, CDC/India is managing the budget and property well. CDC/India has a well-organized, comprehensive budget tracking and reporting system as well as an internal tracking system for all property. However, the Property Management Information System has not been fully implemented, and the alternate property custodian does not have access to the Property Management Information System. CDC/India does not have a grants management tracking system in place and documentation of the oversight of grantees was inadequate. With that said, communication between the CDC/India office and grantees is open and timely and technical and management staff work closely with the grantees to address grant-related issues. Grantees highly value the support they receive from CDC/India staff.

Recommendations:

- CDC/India's budget team should have "Read Only" access to Property Management Information System
- CDC/India should develop a grants management tracking database and files for official records of meetings and interactions with grantees. CDC/India should consider creating a Quarterly Oversight Report that can be periodically sent to CDC/HQ CDC's Procurement and Grants Office for their official files.

Financial Management

The Financial Management Office completed a desk review from CDC/HQ and reviewed several obligation and expenditure transactions for the prior fiscal year. Currently CDC/India is comprised of ten U.S. Direct Hire staff (USDH), sixteen LE staff, and one contractor. The CDC Country Director (a USDH) provides leadership, direction and overall execution of all CDC/India activities. The Country Director is assisted by a USDH Deputy Director who provides operational support, particularly in the areas of administration, human resource, and financial management. The CDC/India field office does not operate an imprest/petty cash fund, nor does it currently have an International Merchant Purchase Agreement Card holder. CDC/India was found to have formally documented administrative/budget policies or procedures and is currently developing a policy manual. No significant weaknesses were identified during the period of our review.

Next Steps

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