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ASAP Webinar for USAID Local Partners:

COP22/FY23 Expenditure Reporting

September 13, 2023

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USAID/OHA Expenditure Analysis Branch

Please type an answer to either of the questions in the chat box:

What was your biggest challenge reporting to ER, in previous years?

OR

What is your greatest concern, if you are doing ER for the first time?

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Common Questions and Challenges

How do I get started??

Are there acceptable rates or variances for budget versus expenditure?

How should expenditures be aligned to budgets?

How is the USG using the data?

How should IPs use the data?

Are there expectations for certain thresholds (e.g. % of budget for PM)?

How are MER and ER data linked?

Under which category should XYZ activity be counted?

What is the best way to map our expenditures to the ER framework?

How should expenditures be allocated to various beneficiaries?

What if we haven't paid an invoice before Sept 30?

How can we translate our cost categories into the ER-defined cost categories?

What are the best ways to allocate staff time to interventions?

What is the last date to report FY23 expenditures?

Welcome and Agenda

- ★ Overview of the PEPFAR Financial Framework
- ★ Requirements/What’s new for FY23 reporting
- ★ ER Resources to Assist IPs
- ★ USG Financial Data Use
- ★ Hearing from the IP Perspective:
  - ○ Common Questions, Challenges, and Best Practices: Templates and tools for translating implementing partner tracking into Expenditure Reporting
- ★ Q&A and Discussion

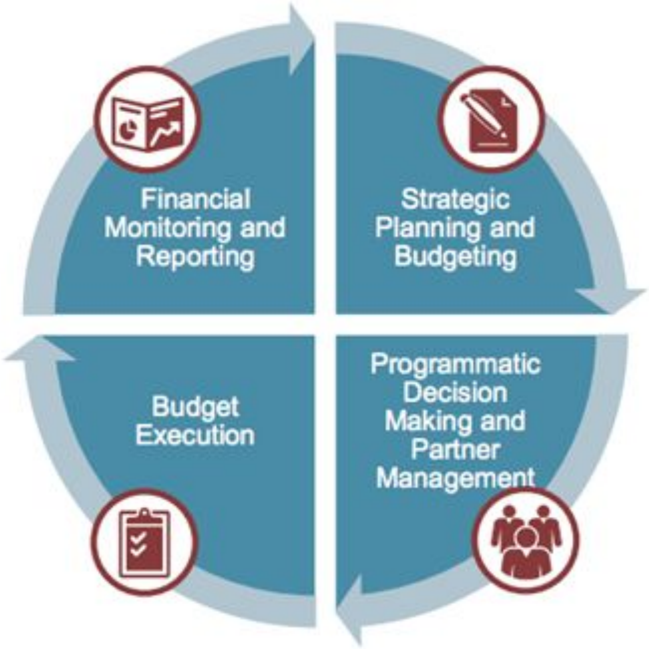
What is the PEPFAR Financial Framework?

Introduction to the PEPFAR Financial Framework: Why Must We Report on Budget & Expenditure Data?

Increase reliability, usability, and timeliness of financial data to achieve program impact

Improve **accountability and efficiency** of PEPFAR programs

Clarify linkages between COP/ROP (Country Operational Plan/Regional Operational Plan) and central funding budgets, **program implementation**, budget execution and **financial management and reporting**


Financial Monitoring and Reporting
Strategic Planning and Budgeting
Budget Execution
Programmatic Decision Making and Partner Management

Financial Process Timeline

COP Budgeting

Jan

Agency inputs to COP level budgets

Feb

Planning Level Letters released by SGAC, which sets topline funding by Agency & OU Earmarks

March-May

COP Budget Development & Approval Meetings

Work Planning

June-Aug

Partner Work Plan Development

Sept

Final Work Plans Approved

Expenditure Reporting

Oct

Close of Fiscal Year & Kick Off of Expenditure Reporting

Nov

Initial Expenditure Reporting Completion & Partner Submission

Dec

Partner Revisions & Final Expenditure Reporting Submission

**starting with COP23/FY24, work plan budget templates no longer need to be submitted in DATIM

Financial Classification Overview

Goal: To have common classifications across both budgeting and expenditure reporting that will answer the following questions:

Organization classification: **Who is spending the money?**

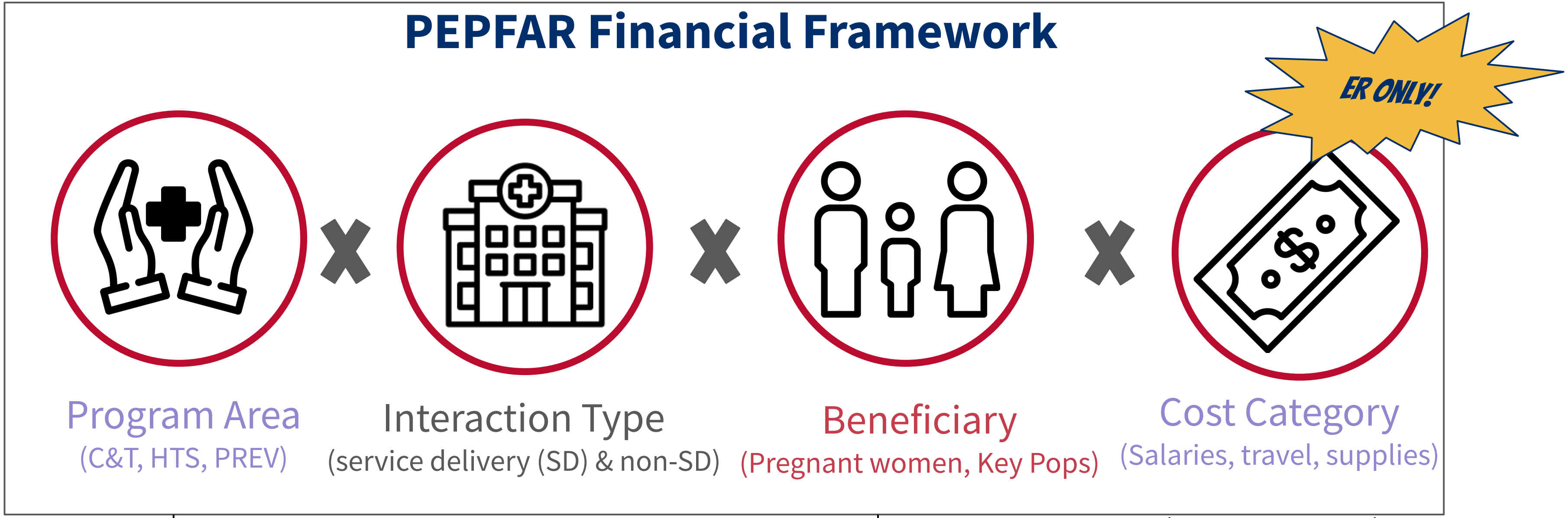
Program classification: **What is the purpose?**

Beneficiary classification: **Who is benefitting?**

Interaction type: **Is there direct interaction with the beneficiary?**

Cost category: **What is being purchased?**

The Building Blocks of IM-Level Budget & Expenditures



PEPFAR Financial Framework

ER ONLY!

Program Area
(C&T, HTS, PREV)

×

Interaction Type
(service delivery (SD) & non-SD)

×

Beneficiary
(Pregnant women, Key Pops)

×

Cost Category
(Salaries, travel, supplies)

INTERVENTION: Determined by in-country teams and approved by GHSD during the COP process. Interventions are the basis for both budgeting (as reflected in the FAST) and expenditures (as reflected in ER submissions)

For **EXPENDITURE REPORTING ONLY,** Partners further breakdown interventions by cost categories = “what we are buying”

Program Classification: Site Level & Above-Site Level

Site Level

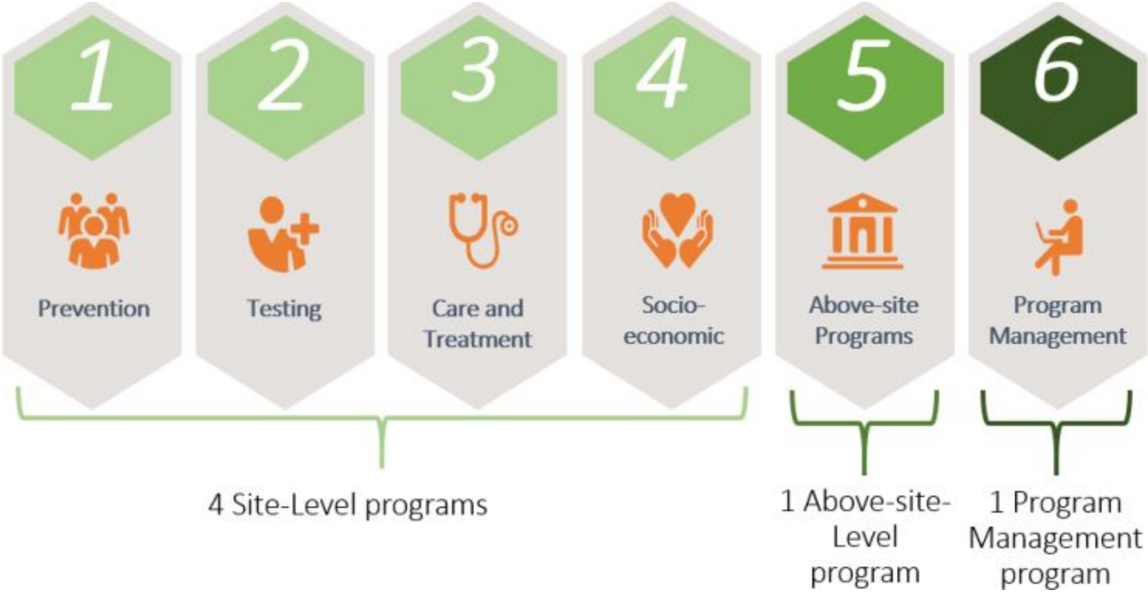
Activities that occur at the point of service delivery or facility level, and are categorized by the implementation of prevention and treatment activities in specific communities or facilities

Above Site Level

Activities that support the broader program or the health system, including program management, PSNU/SNU level quality improvement, surveillance and health systems strengthening

Financial Classifications: #1 Program Area

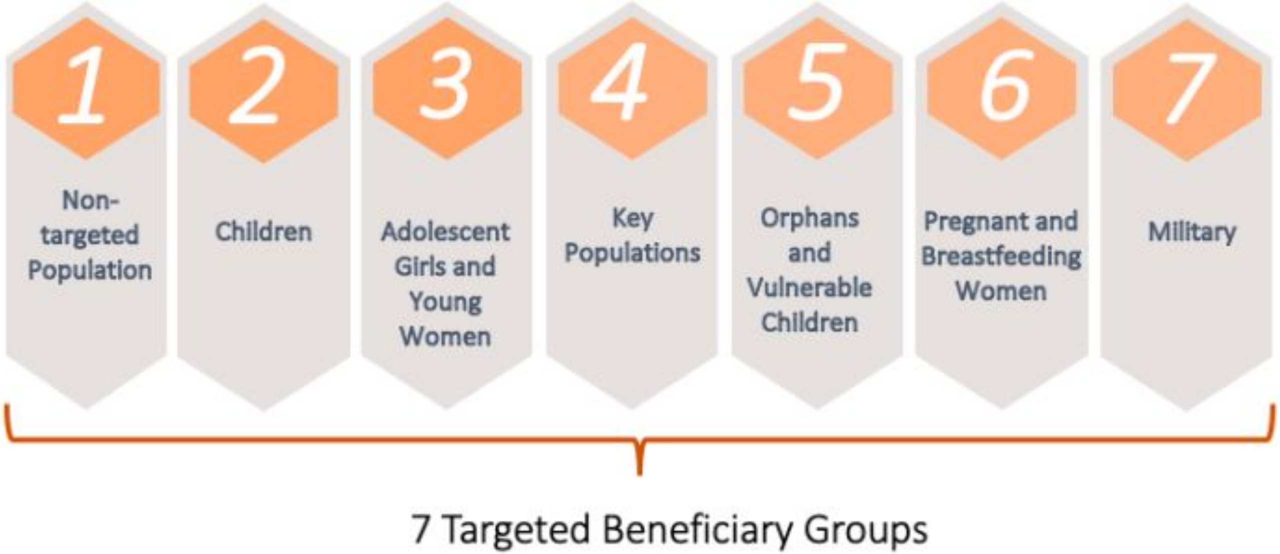
- Program areas are the broadest aggregation of PEPFAR efforts, encompassing everything PEPFAR does to achieve and sustain control of the HIV/AIDS epidemic
- Each program area is disaggregated into subprograms, which are unique to the program


1
Prevention
2
Testing
3
Care and Treatment
4
Socio-economic
5
Above-site Programs
6
Program Management
4 Site-Level programs
1 Above-site-Level program
1 Program Management program

Financial Classifications: #2 Beneficiary

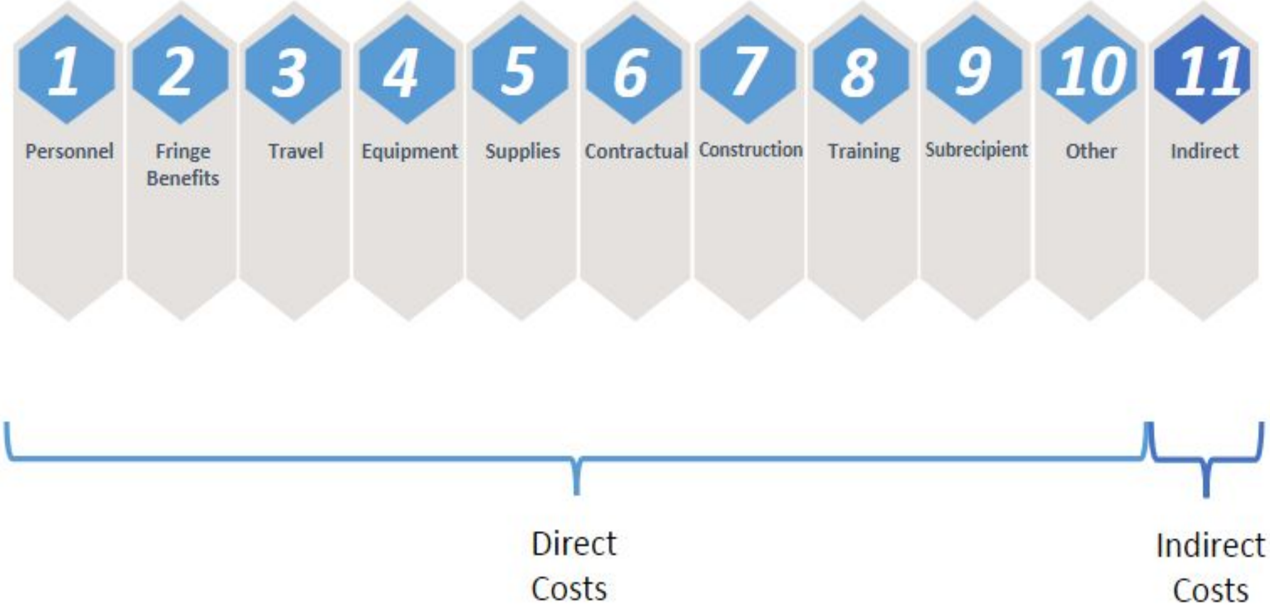
The targeted beneficiary populations are the *intended* recipients of the PEPFAR programs. The following requirements must be met:

1. Specific activities that clearly help the targeted beneficiary group in a unique way
2. Severable funding that is easily accounted for separately from other interventions, especially those with similar program areas.


1
Non-targeted Population
2
Children
3
Adolescent Girls and Young Women
4
Key Populations
5
Orphans and Vulnerable Children
6
Pregnant and Breastfeeding Women
7
Military
7 Targeted Beneficiary Groups

Financial Classifications: #3 Cost Category

What is the implementing partner purchasing with their PEPFAR money?



1 Personnel
2 Fringe Benefits
3 Travel
4 Equipment
5 Supplies
6 Contractual
7 Construction
8 Training
9 Subrecipient
10 Other
11 Indirect

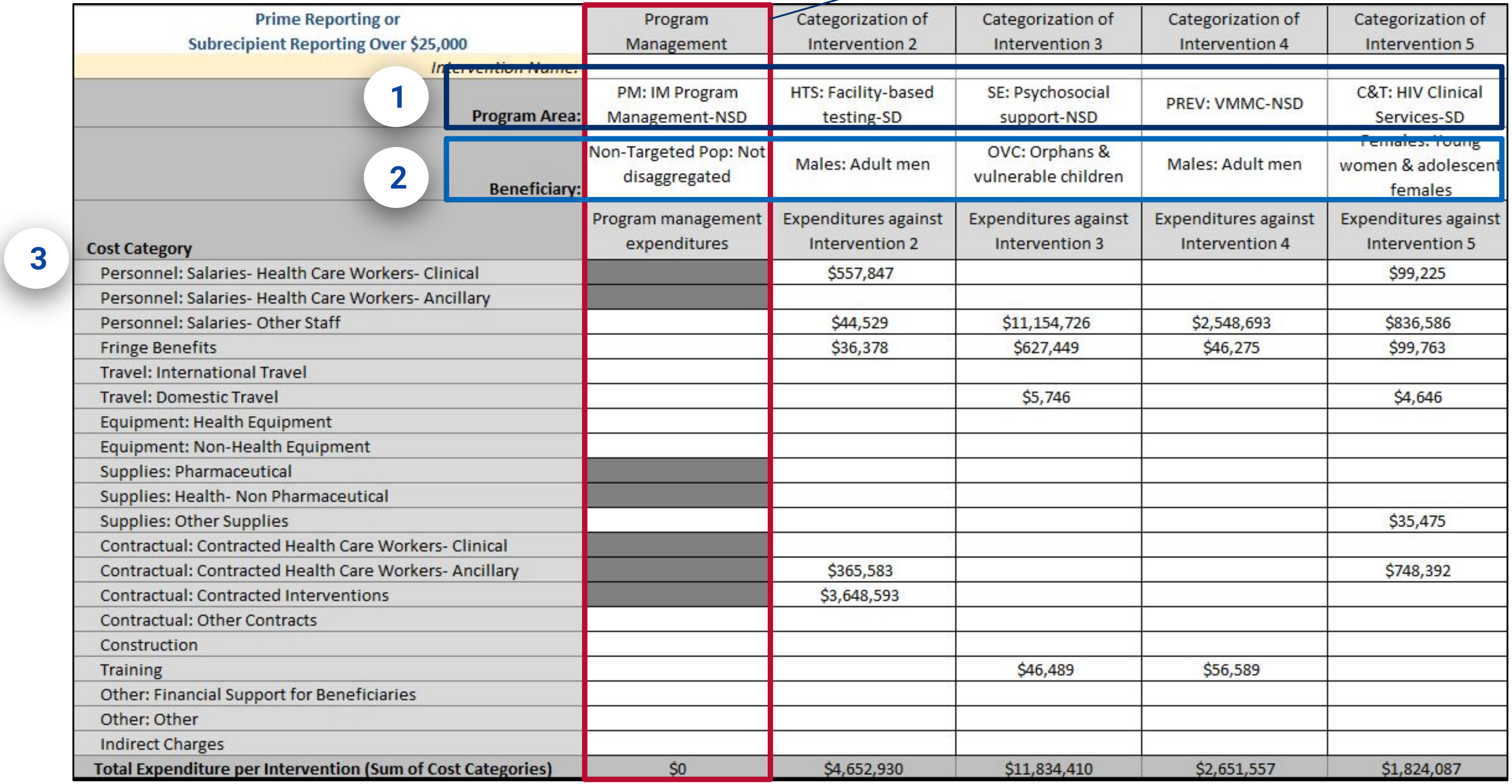
Direct Costs

Indirect Costs

*This Data Element is ONLY introduced during Expenditure Reporting

Expenditure Reporting Template

Going down the column we see investments by unique interventions of spend per program area, beneficiary, and cost category



Prime Reporting or Subrecipient Reporting Over $25,000	Program Management	Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4	Categorization of Intervention 5
Intervention Name:					
Program Area:	PM: IM Program Management-NSD	HTS: Facility-based testing-SD	SE: Psychosocial support-NSD	PREV: VMMC-NSD	C&T: HIV Clinical Services-SD
Beneficiary:	Non-Targeted Pop: Not disaggregated	Males: Adult men	OVC: Orphans & vulnerable children	Males: Adult men	Females: Young women & adolescent females
Cost Category	Program management expenditures	Expenditures against Intervention 2	Expenditures against Intervention 3	Expenditures against Intervention 4	Expenditures against Intervention 5
Personnel: Salaries- Health Care Workers- Clinical		$557,847			$99,225
Personnel: Salaries- Health Care Workers- Ancillary					
Personnel: Salaries- Other Staff		$44,529	$11,154,726	$2,548,693	$836,586
Fringe Benefits		$36,378	$627,449	$46,275	$99,763
Travel: International Travel					
Travel: Domestic Travel			$5,746		$4,646
Equipment: Health Equipment					
Equipment: Non-Health Equipment					
Supplies: Pharmaceutical					
Supplies: Health- Non Pharmaceutical					
Supplies: Other Supplies					$35,475
Contractual: Contracted Health Care Workers- Clinical					
Contractual: Contracted Health Care Workers- Ancillary		$365,583			$748,392
Contractual: Contracted Interventions		$3,648,593			
Contractual: Other Contracts					
Construction					
Training			$46,489	$56,589	
Other: Financial Support for Beneficiaries					
Other: Other					
Indirect Charges					
Total Expenditure per Intervention (Sum of Cost Categories)	$0	$4,652,930	$11,834,410	$2,651,557	$1,824,087

Questions?

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COP22/FY23 Expenditure Reporting Requirements & What's New?

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PEPFAR Expenditure Reporting Process Basics

Methodology

- Report all expenditures for the fiscal year that just ended, COP22/FY23 (Oct 1, 2022 – Sept 30, 2023)
- Cash basis of accounting, from the perspective of the reporting IP
- Reported annually in USD ($), not local currency!
- Only PEPFAR funding (i.e. do not count USAID malaria $, or Gates HIV $)
- The Prime Partner is responsible for either:
  1) directly entering into DATIM all FY23 expenditures on behalf of **all IPs**

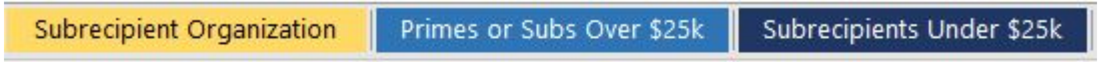
  OR

  2) Uploading and submitting **all eligible ER templates** (prime and all subs) into DATIM, for successful completion of this PEPFAR reporting requirement

For complete definitions of program areas, beneficiaries, and cost categories please refer to the 'PEPFAR Financial Classification Reference Guide" found on datim.zendesk.com.

What’s New for COP22/FY23 Q4 Expenditure Reporting

- **Simplified Offline Template (Updated ER Template)**
  - The new data entry functionality will integrate with the 2 expenditure tabs found in the template (IPs should complete only one of the tabs below!)
    - “Primes or Subs Over $25k”
    - “Subrecipients Under $25k”
  - This offline ER template is still available to all reporting organizations to ensure that offline work can still be done, and then copied and pasted or imported into the ERB app in datim.org



Tabs to be completed in the offline ER template

  - The template(s) can then be imported into the ERB app in DATIM, or the values can be copied and pasted into the direct entry screen as needed
  - The template is available on DATIM Zendesk **here**

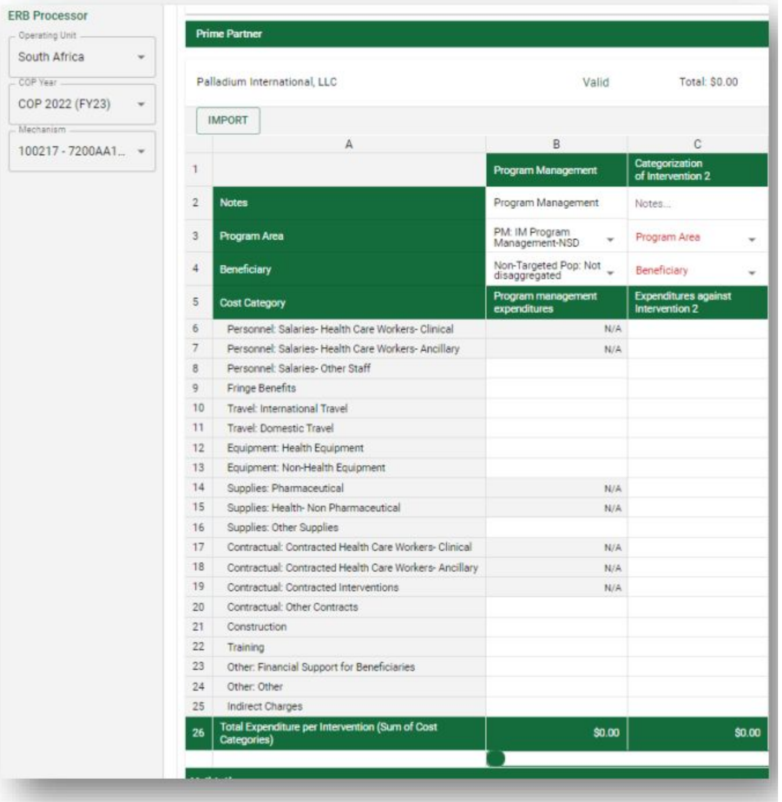
What’s New for COP22/FY23 Q4 Expenditure Reporting

- **One Partner Organization Per Template!**
  - The template will only allow users to enter data for 1 IP per template, by either entering expenditures on the “Primes or Subs Over $25k” tab or the “Subrecipients Under $25k” tab. The user must choose only 1 tab, representing expenditures for 1 prime or 1 subrecipient.
    - It may be easiest to ask each subrecipient (regardless of spend over or under $25k) to complete an ER template that will be uploaded to DATIM.
      - The tab to be completed will depend on the threshold of spend
    - The option for subrecipients with expenditures <$25k to report expenditures (without cost category detail) on the prime partner’s template is no longer available. Each IP (prime or sub) should complete a template.

USAID recommends that subrecipient templates are completed from the perspective of the subrecipient’s cash basis of accounting methodology for reporting expenditures.

What’s New for COP22/FY23 Q4 Expenditure Reporting

- **Online Data Entry**
  - Data entry can now be completed within the Expenditure Reporting & Budget (ERB) Processor app in datim.org
    - The app now provides the **Prime Partner** users with the ability to enter intervention information and expenditure amounts into the ERB app in DATIM directly
    - The new data entry functionality **integrates with the Expenditure Template** tab of the downloadable version of the ER template, to ensure that offline work can still be completed and then copy/pasted or imported into the app
    - The online data entry functionality will also have **real time validations** providing error and warning messages if unlikely interventions with cost categories are entered



Operating Unit: South Africa

COP Year: COP 2022 (FY23)

Mechanism: 100217 - 7200AA1...

Palladium International, LLC Valid Total: $0.00

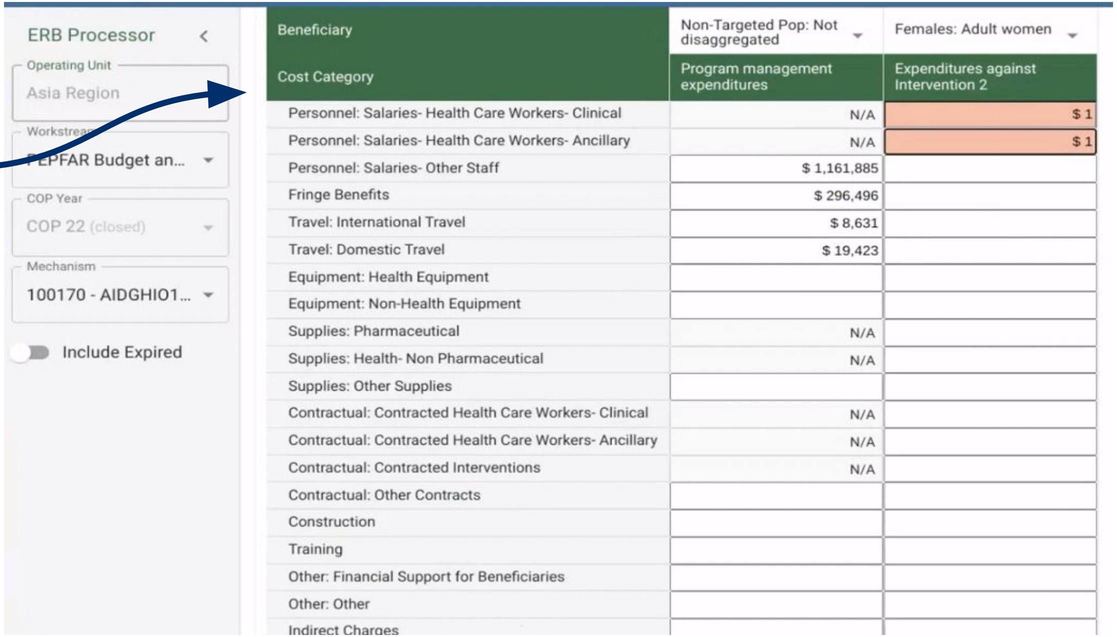
	A	B	C
1		Program Management	Categorization of Intervention 2
2	Notes	Program Management	Notes...
3	Program Area	PM: IM Program Management-NSD	Program Area
4	Beneficiary	Non-Targeted Pop: Not disaggregated	Beneficiary
5	Cost Category	Program management expenditures	Expenditures against Intervention 2
6	Personnel: Salaries- Health Care Workers- Clinical	N/A	
7	Personnel: Salaries- Health Care Workers- Ancillary	N/A	
8	Personnel: Salaries- Other Staff		
9	Fringe Benefits		
10	Travel: International Travel		
11	Travel: Domestic Travel		
12	Equipment: Health Equipment		
13	Equipment: Non-Health Equipment		
14	Supplies: Pharmaceutical	N/A	
15	Supplies: Health- Non Pharmaceutical	N/A	
16	Supplies: Other Supplies		
17	Contractual: Contracted Health Care Workers- Clinical	N/A	
18	Contractual: Contracted Health Care Workers- Ancillary	N/A	
19	Contractual: Contracted Interventions	N/A	
20	Contractual: Other Contracts		
21	Construction		
22	Training		
23	Other: Financial Support for Beneficiaries		
24	Other: Other		
25	Indirect Charges		
26	Total Expenditure per Intervention (Sum of Cost Categories)	$0.00	$0.00

Above: New ERB Processor App Data Entry Fields

What’s New for COP22/FY23 Q4 Expenditure Reporting

Cost categories are listed down the rows with Interventions entered across the columns.

These will largely be based on the Budget interventions but may differ based on implementation.



ERB Processor

Operating Unit: Asia Region

Workstream: PEPFAR Budget an...

COP Year: COP 22 (closed)

Mechanism: 100170 - AIDGHI01...

Include Expired

Beneficiary	Non-Targeted Pop: Not disaggregated	Females: Adult women
Cost Category	Program management expenditures	Expenditures against Intervention 2
Personnel: Salaries- Health Care Workers- Clinical	N/A	$ 1
Personnel: Salaries- Health Care Workers- Ancillary	N/A	$ 1
Personnel: Salaries- Other Staff	$ 1,161,885	
Fringe Benefits	$ 296,496	
Travel: International Travel	$ 8,631	
Travel: Domestic Travel	$ 19,423	
Equipment: Health Equipment		
Equipment: Non-Health Equipment		
Supplies: Pharmaceutical	N/A	
Supplies: Health- Non Pharmaceutical	N/A	
Supplies: Other Supplies		
Contractual: Contracted Health Care Workers- Clinical	N/A	
Contractual: Contracted Health Care Workers- Ancillary	N/A	
Contractual: Contracted Interventions	N/A	
Contractual: Other Contracts		
Construction		
Training		
Other: Financial Support for Beneficiaries		
Other: Other		
Indirect Charges		

Note! Layout is still similar to the structure of the historical ER templates

Warnings and errors are flagged as data is entered and saved for partner review and revision before submission

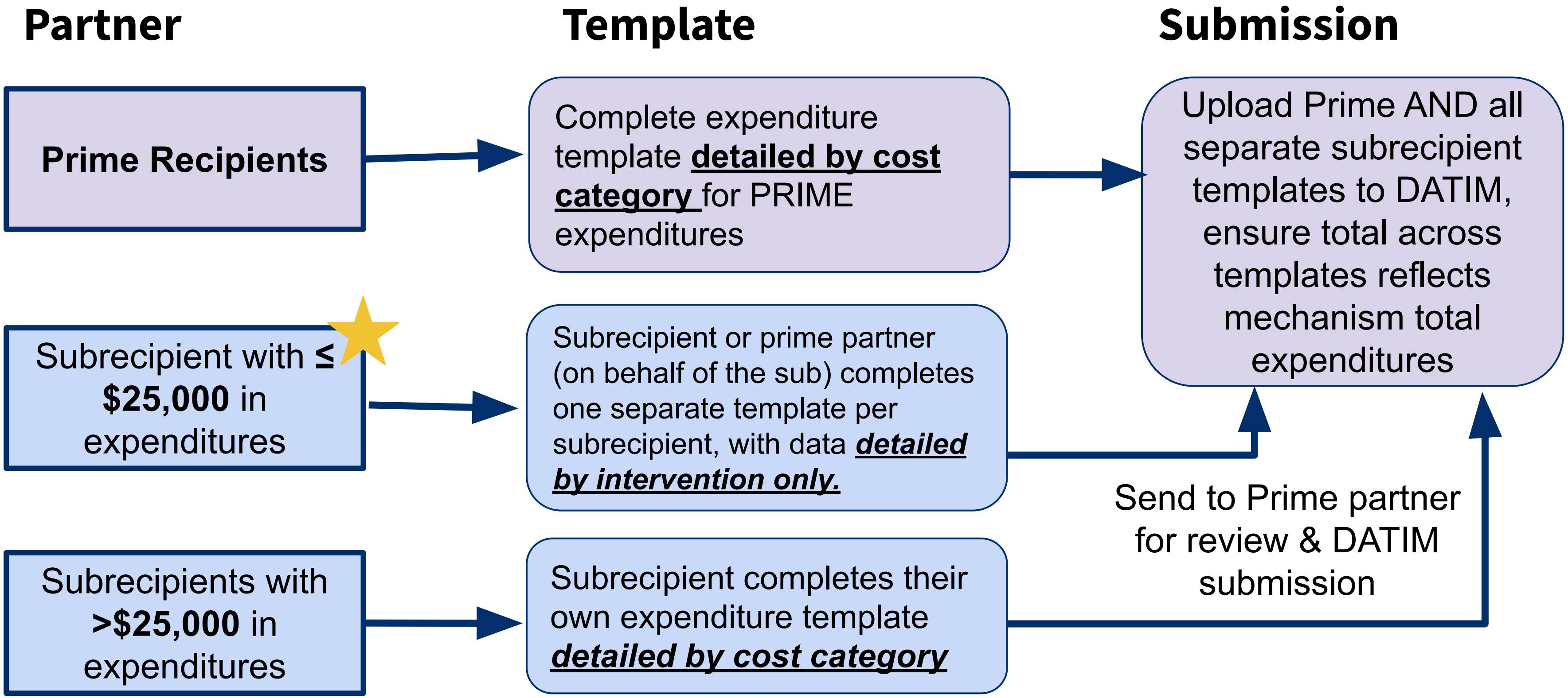
Starting in FY23, Expenditure Reporting Templates can be entered directly into DATIM by Partners and reviewed in DATIM by USAID

What’s New for COP22/FY23 Q4 Expenditure Reporting

- **Workflows for Data Entry**
  - **Option 1**: Direct Reporting
    - Enter all expenditures directly into the ERB processor app in datim.org
  - **Option 2**: Reporting Expenditures in the ER Template
    - Enter all expenditures into the template(s)
    - You must include one template per organization
    - Import the template data into the ERB processor app in datim.org
  - **Option 3**: Hybrid
    - Enter expenditures into the template(s)
    - Copy & paste the expenditures for each column into the ERB processor app in datim.org

What’s New for COP22/FY23 Q4 Expenditure Reporting

One Partner Organization Per Template!



Partner

Template

Submission

Prime Recipients

Complete expenditure template **detailed by cost category** for PRIME expenditures

Upload Prime AND all separate subrecipient templates to DATIM, ensure total across templates reflects mechanism total expenditures

Subrecipient with ≤ **$25,000** in expenditures

Subrecipient or prime partner (on behalf of the sub) completes one separate template per subrecipient, with data ***detailed by intervention only.***

Subrecipients with **>$25,000** in expenditures

Subrecipient completes their own expenditure template ***detailed by cost category***

Send to Prime partner for review & DATIM submission

COP22/FY23 Q4 Expenditure Reporting Timeline

	Date	Owner	Expenditure & HRH Reporting
	Prior to 10/1	Partner	DATIM users (prime partners only) request accounts or reactivate expired accounts for ER & HRH
	Oct 2	Partner	**DATIM OPEN:** The soonest IP can upload FY23 IM ER & HRH submissions
★	**Nov 14**	**Partner**	**INITIAL ER & HRH SUBMISSION DEADLINE**
	Nov 21	USAID	**DATA RELEASE:** Initial submission dataset released and available to aid USAID review of initial IP submissions for data quality (OHA resources available)
	Nov 30	Partner	**DATIM OPEN**: IP cleaning and re-upload of FY23 IM expenditure & HRH reporting
	Dec 8	**Partner**	**Recommended updated data partner submission**: proposed timeline for partners to share cleaned FY22 ER & HRH data for Agency staff review and approval ahead of final submission.
	Dec 9-15	**USAID**	**USG Review Revised Data**- Review partner revisions to submissions. - *Recommended to provide any agency feedback to IP ahead of the cleaning window!*
★	**Dec 15**	**Partner**	**FINAL ER & HRH SUBMISSION DEADLINE**

DATIM Accounts & Submission

- At least one person from each prime partner organization will need to have a registered ER/Budget DATIM.org account in order to successfully upload and submit an ER template in DATIM

- If you have logged into DATIM the past 95 days:
  - Access will be granted to DATIM automatically as your account has not been deactivated due to lack of activity

- If you have not logged into DATIM the past 95 days, your account has been deactivated, and you will need to contact DATIM technical support here to start the manual reactivation process:
  1. Go to DATIM ZenDesk Support
  2. Select “Submit a Request”
  3. Select “User Accounts” and complete all required information
  4. Under “Description,” write “Expenditure Reporting account reactivation request”

- If you have not logged into DATIM at all:
  - Users without existing DATIM accounts will need to request a new account.
    - Register at https://register.datim.org/

DATIM Accounts & Submission: UEIs

EVERY organization will need to include their Unique Entity Identifier (UEI) with their ER submission, regardless if you are a prime partner or a subrecipient partner.

More background information regarding the UE can be found here

- If a subrecipient UEI is unknown at the time of reporting, use '111111111111' (12 digits).
- If a subrecipient is not required to have a UEI (such as PIOs), please enter '999999999999' (12 digits). TBD subrecipients are not permitted to report.
- For G2G awards, the person completing the template will need to enter a dummy number of 111111111111 (the "1" digit entered 12 times) for any field asking for a partner “UEI” in the ER template.

Data Entry Options:

-Offline ER Template

-Direct entry in DATIM

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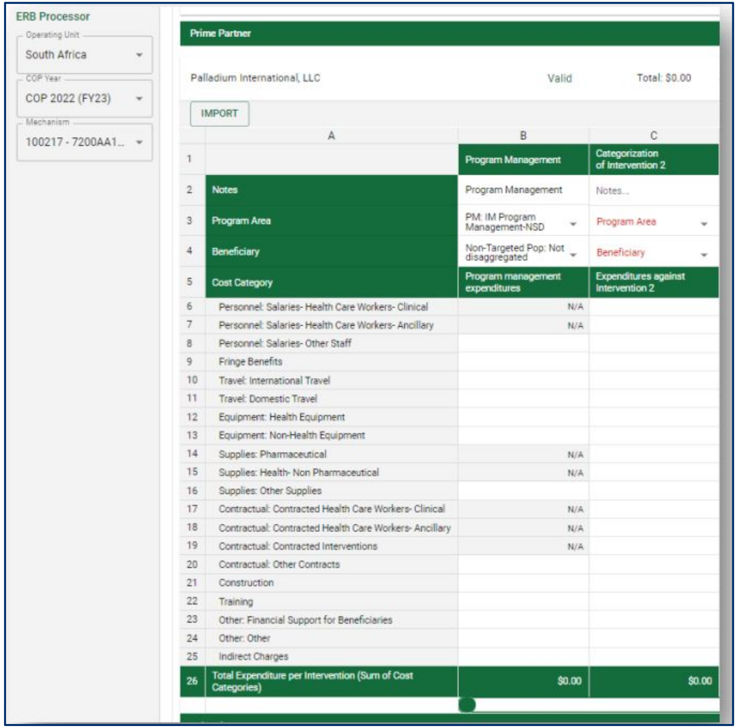
Links to Data Entry Instructions

Direct data entry instructions



ERB Processor

Operating Unit: South Africa

COP Year: COP 2022 (FY23)

Mechanism: 100217 - 7200AA1...

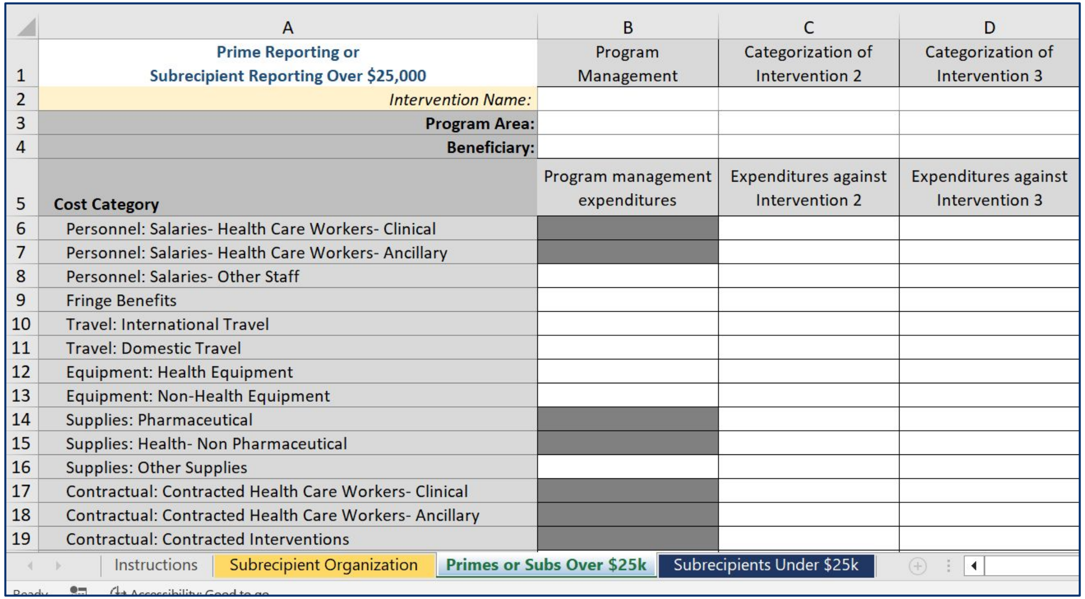
Prime Partner

Palladium International, LLC — Valid — Total: $0.00

IMPORT

	A	B	C
1		Program Management	Categorization of Intervention 2
2	Notes	Program Management	Notes...
3	Program Area	PM: IM Program Management-NSD	Program Area
4	Beneficiary	Non-Targeted Pop: Not disaggregated	Beneficiary
5	Cost Category	Program management expenditures	Expenditures against Intervention 2
6	Personnel: Salaries- Health Care Workers- Clinical	N/A	
7	Personnel: Salaries- Health Care Workers- Ancillary	N/A	
8	Personnel: Salaries- Other Staff		
9	Fringe Benefits		
10	Travel: International Travel		
11	Travel: Domestic Travel		
12	Equipment: Health Equipment		
13	Equipment: Non-Health Equipment		
14	Supplies: Pharmaceutical	N/A	
15	Supplies: Health- Non Pharmaceutical	N/A	
16	Supplies: Other Supplies		
17	Contractual: Contracted Health Care Workers- Clinical	N/A	
18	Contractual: Contracted Health Care Workers- Ancillary	N/A	
19	Contractual: Contracted Interventions	N/A	
20	Contractual: Other Contracts		
21	Construction		
22	Training		
23	Other: Financial Support for Beneficiaries		
24	Other: Other		
25	Indirect Charges		
26	Total Expenditure per Intervention (Sum of Cost Categories)	$0.00	$0.00

Offline ER template completion instructions



	A	B	C	D
1	Prime Reporting or Subrecipient Reporting Over $25,000	Program Management	Categorization of Intervention 2	Categorization of Intervention 3
2	*Intervention Name:*			
3	**Program Area:**			
4	**Beneficiary:**			
5	**Cost Category**	Program management expenditures	Expenditures against Intervention 2	Expenditures against Intervention 3
6	Personnel: Salaries- Health Care Workers- Clinical	▨		
7	Personnel: Salaries- Health Care Workers- Ancillary	▨		
8	Personnel: Salaries- Other Staff			
9	Fringe Benefits			
10	Travel: International Travel			
11	Travel: Domestic Travel			
12	Equipment: Health Equipment			
13	Equipment: Non-Health Equipment			
14	Supplies: Pharmaceutical	▨		
15	Supplies: Health- Non Pharmaceutical	▨		
16	Supplies: Other Supplies			
17	Contractual: Contracted Health Care Workers- Clinical	▨		
18	Contractual: Contracted Health Care Workers- Ancillary	▨		
19	Contractual: Contracted Interventions	▨		

Check out this direct data entry demo video!

Data Submission Options:

-Offline ER Template

-Direct entry in DATIM

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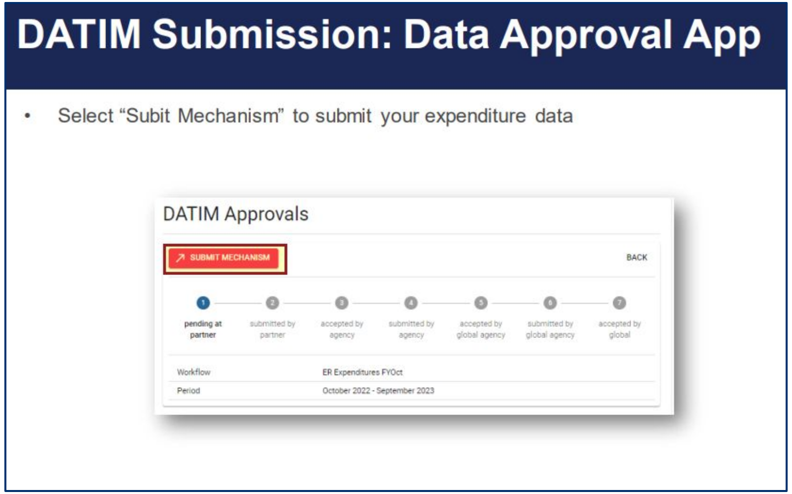
Links to Data Submission Instructions

Don’t Forget! All users must submit their ER submission in the Data Approval App!

Direct data submission instructions

Offline ER template submission instructions



DATIM Submission: Data Approval App

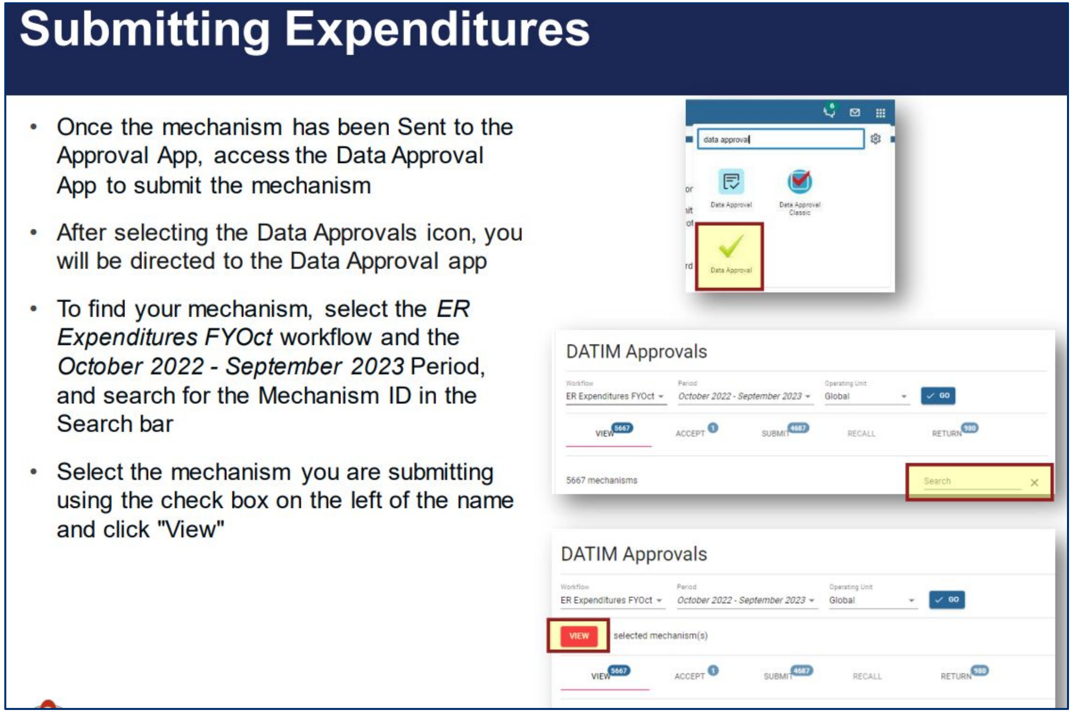
- Select “Subit Mechanism” to submit your expenditure data

DATIM Approvals

Workflow ER Expenditures FYOct

Period October 2022 - September 2023

SUBMIT MECHANISM
BACK
1 pending at partner
2 submitted by partner
3 accepted by agency
4 submitted by agency
5 accepted by global agency
6 submitted by global agency
7 accepted by global



Submitting Expenditures

- Once the mechanism has been Sent to the Approval App, access the Data Approval App to submit the mechanism
- After selecting the Data Approvals icon, you will be directed to the Data Approval app
- To find your mechanism, select the *ER Expenditures FYOct* workflow and the *October 2022 - September 2023* Period, and search for the Mechanism ID in the Search bar
- Select the mechanism you are submitting using the check box on the left of the name and click "View"

data approval

DATIM Approvals

Workflow ER Expenditures FYOct

Period October 2022 - September 2023

Operating Unit Global

5667 mechanisms

DATIM Approvals

Workflow ER Expenditures FYOct

Period October 2022 - September 2023

Operating Unit Global

selected mechanism(s)

Data Approval
Data Approval Classic
Data Approval
GO
VIEW 5667
ACCEPT 1
SUBMIT 4687
RECALL
RETURN 980
Search
VIEW

Questions?

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COP22/FY23 Expenditure Reporting RESOURCES

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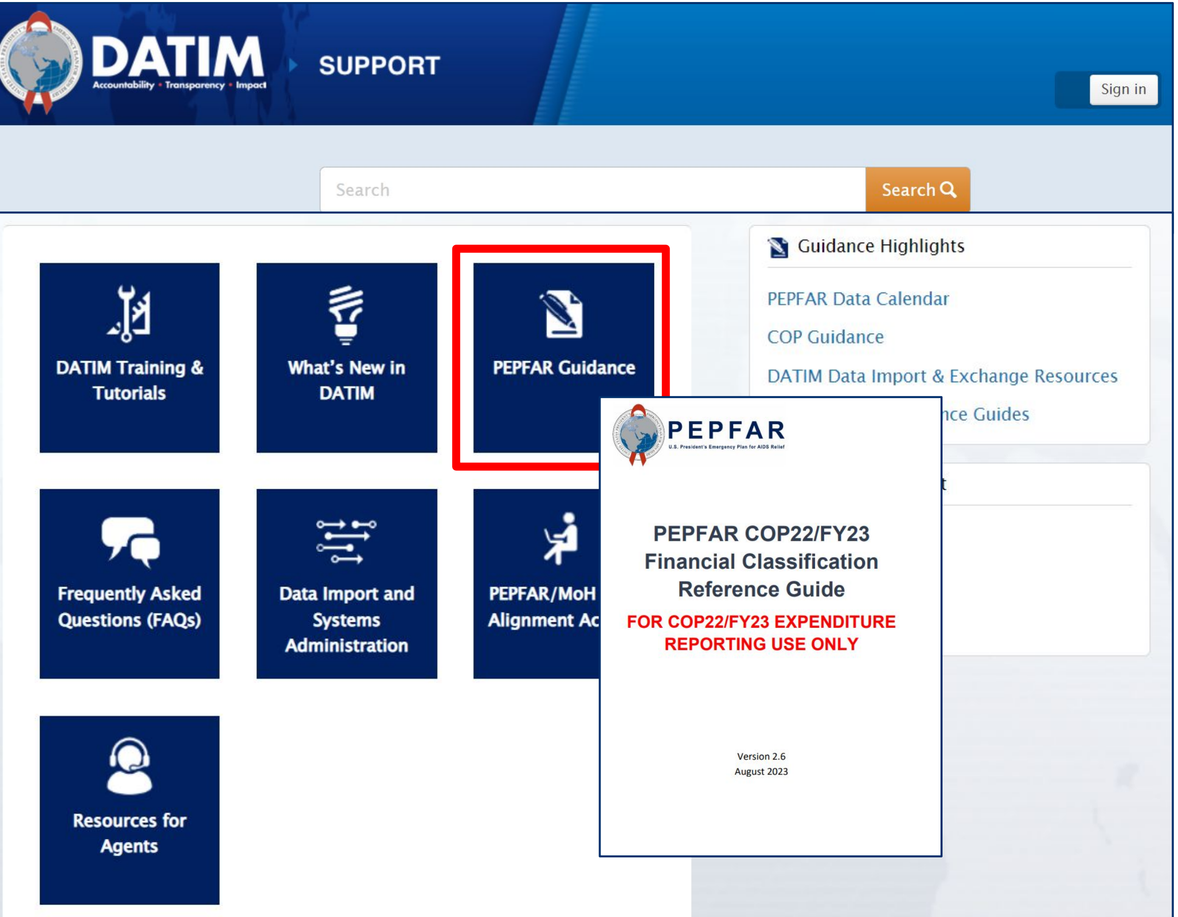
Expenditure Reporting Available Resources: Guidance


DATIM
Accountability • Transparency • Impact
SUPPORT
Sign in
Search
Search
DATIM Training & Tutorials
What's New in DATIM
PEPFAR Guidance
Frequently Asked Questions (FAQs)
Data Import and Systems Administration
PEPFAR/MoH Alignment Ac
Resources for Agents
Guidance Highlights
PEPFAR Data Calendar
COP Guidance
DATIM Data Import & Exchange Resources
nce Guides
PEPFAR
U.S. President's Emergency Plan for AIDS Relief

PEPFAR COP22/FY23 Financial Classification Reference Guide

FOR COP22/FY23 EXPENDITURE REPORTING USE ONLY

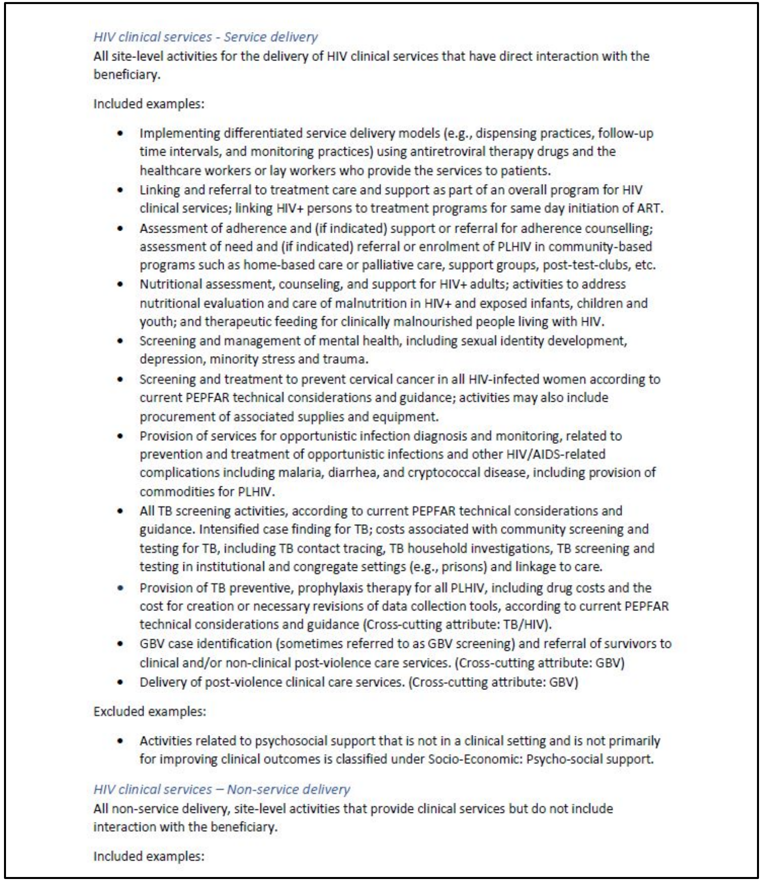
Version 2.6
August 2023

Resources *NOW* Available On DATIM Zendesk:

1. Guidance for data entry
2. Guidance for data submission
3. COP22/FY23 ER template
4. Classification Reference Guide version 2.6 (August 2023)
5. What's New for COP22/FY23 Reporting?

Navigate to datim.zendesk.com, PEPFAR Guidance

The Financial Classification Reference Guide Has All of the Answers to Your Questions!



HIV clinical services - Service delivery

All site-level activities for the delivery of HIV clinical services that have direct interaction with the beneficiary.

Included examples:

- Implementing differentiated service delivery models (e.g., dispensing practices, follow-up time intervals, and monitoring practices) using antiretroviral therapy drugs and the healthcare workers or lay workers who provide the services to patients.
- Linking and referral to treatment care and support as part of an overall program for HIV clinical services; linking HIV+ persons to treatment programs for same day initiation of ART.
- Assessment of adherence and (if indicated) support or referral for adherence counselling; assessment of need and (if indicated) referral or enrolment of PLHIV in community-based programs such as home-based care or palliative care, support groups, post-test-clubs, etc.
- Nutritional assessment, counseling, and support for HIV+ adults; activities to address nutritional evaluation and care of malnutrition in HIV+ and exposed infants, children and youth; and therapeutic feeding for clinically malnourished people living with HIV.
- Screening and management of mental health, including sexual identity development, depression, minority stress and trauma.
- Screening and treatment to prevent cervical cancer in all HIV-infected women according to current PEPFAR technical considerations and guidance; activities may also include procurement of associated supplies and equipment.
- Provision of services for opportunistic infection diagnosis and monitoring, related to prevention and treatment of opportunistic infections and other HIV/AIDS-related complications including malaria, diarrhea, and cryptococcal disease, including provision of commodities for PLHIV.
- All TB screening activities, according to current PEPFAR technical considerations and guidance. Intensified case finding for TB; costs associated with community screening and testing for TB, including TB contact tracing, TB household investigations, TB screening and testing in institutional and congregate settings (e.g., prisons) and linkage to care.
- Provision of TB preventive, prophylaxis therapy for all PLHIV, including drug costs and the cost for creation or necessary revisions of data collection tools, according to current PEPFAR technical considerations and guidance (Cross-cutting attribute: TB/HIV).
- GBV case identification (sometimes referred to as GBV screening) and referral of survivors to clinical and/or non-clinical post-violence care services. (Cross-cutting attribute: GBV)
- Delivery of post-violence clinical care services. (Cross-cutting attribute: GBV)

Excluded examples:

- Activities related to psychosocial support that is not in a clinical setting and is not primarily for improving clinical outcomes is classified under Socio-Economic: Psycho-social support.

HIV clinical services – Non-service delivery

All non-service delivery, site-level activities that provide clinical services but do not include interaction with the beneficiary.

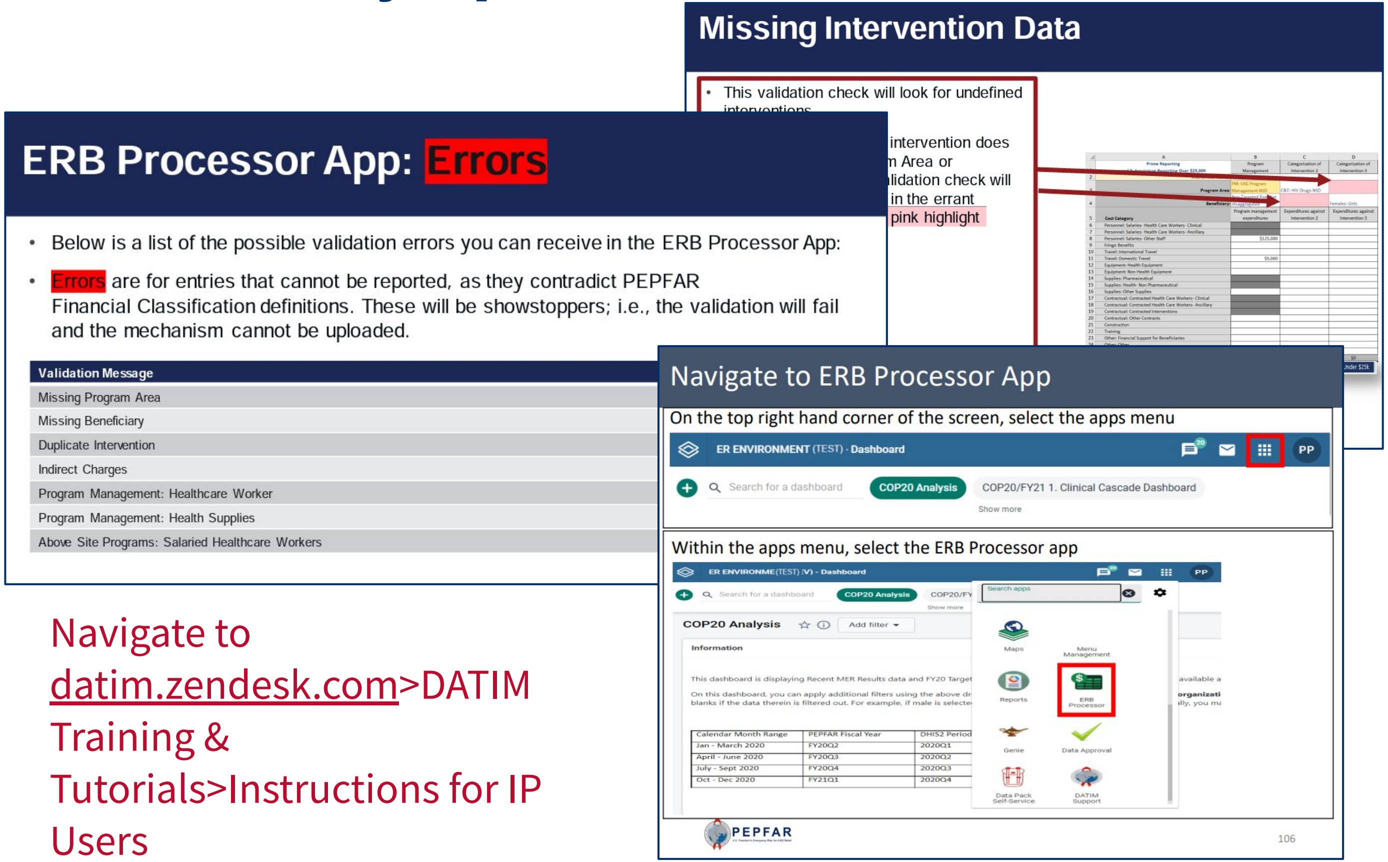
Included examples:

Common questions:

1. Should a certain activity be categorized as service delivery or non-service delivery?
2. Which cost category should I choose to allocate IP office rental expenditures
3. Should referrals and linkage related activities go under testing or treatment?
4. I don’t see a DREAMS beneficiary as an option, which group should I choose to classify DREAMS activities?

Navigate to datim.zendesk.com>PEPFAR Guidance>Section 2: COP22/FY23 Template and Reference Documents>COP23/FY23 PEPFAR Financial Classification Reference Guide

Step-by-Step Instruction on Errors, Warnings, & How to Successfully Upload & Submit



Missing Intervention Data

- This validation check will look for undefined interventions

intervention does
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pink highlight

ERB Processor App: Errors

- Below is a list of the possible validation errors you can receive in the ERB Processor App:
- Errors are for entries that cannot be reported, as they contradict PEPFAR Financial Classification definitions. These will be showstoppers; i.e., the validation will fail and the mechanism cannot be uploaded.

Validation Message
Missing Program Area
Missing Beneficiary
Duplicate Intervention
Indirect Charges
Program Management: Healthcare Worker
Program Management: Health Supplies
Above Site Programs: Salaried Healthcare Workers

Navigate to ERB Processor App

On the top right hand corner of the screen, select the apps menu

ER ENVIRONMENT (TEST) - Dashboard
PP
Search for a dashboard
COP20 Analysis
COP20/FY21 1. Clinical Cascade Dashboard
Show more

Within the apps menu, select the ERB Processor app

ER ENVIRONME(TEST) :V) - Dashboard
PP
Search for a dashboard
COP20 Analysis
COP20/FY
Show more
Search apps
Maps
Menu Management
Reports
ERB Processor
Genie
Data Approval
Data Pack Self-Service
DATIM Support
COP20 Analysis
Add filter
Information

This dashboard is displaying Recent MER Results data and FY20 Target ... available a

On this dashboard, you can apply additional filters using the above dr ... organizati
blanks if the data therein is filtered out. For example, if male is selecte ... lly, you ma

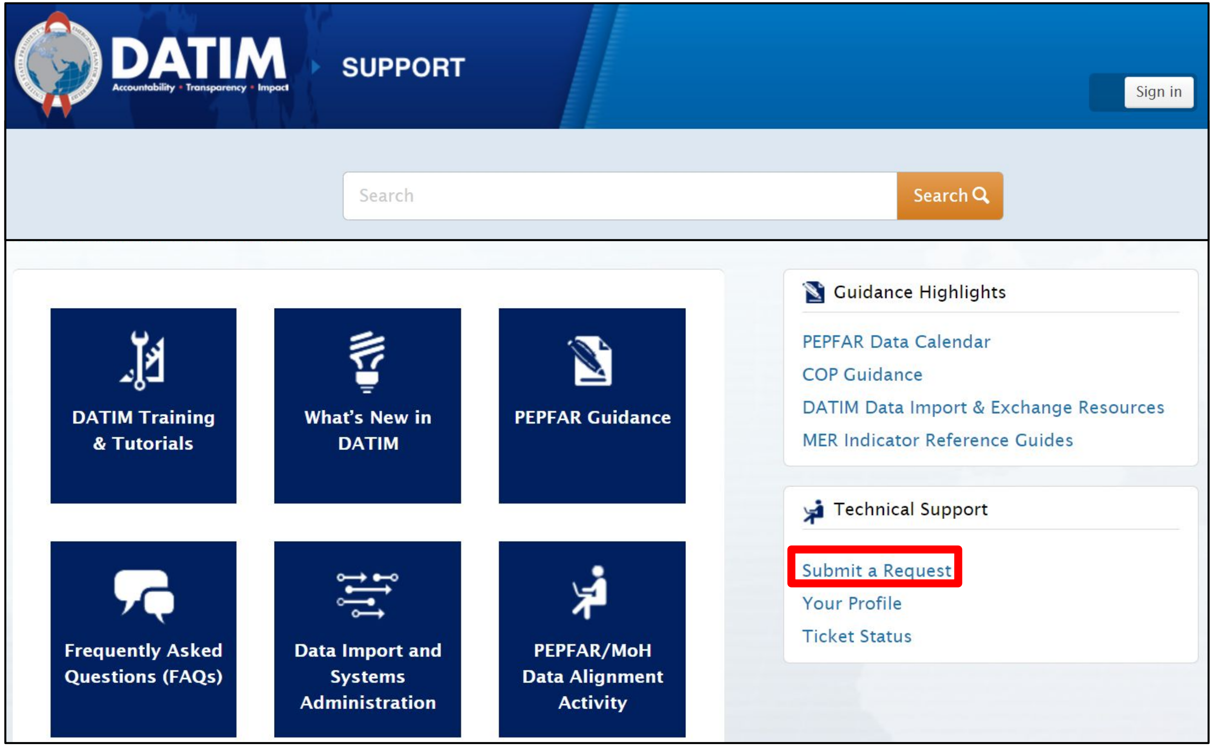
Calendar Month Range	PEPFAR Fiscal Year	DHIS2 Period
Jan - March 2020	FY20Q2	2020Q1
April - June 2020	FY20Q3	2020Q2
July - Sept 2020	FY20Q4	2020Q3
Oct - Dec 2020	FY21Q1	2020Q4

Navigate to datim.zendesk.com>DATIM Training & Tutorials>Instructions for IP Users

How to I clear this red flag error? How do I submit in DATIM?:

1. List of all errors and warnings
2. Step-by-step instructions on how to clear errors or better understand warnings
3. How to submit a template OR complete direct data entry

Expenditure Reporting Resources: Help Desk Tickets


DATIM
Accountability • Transparency • Impact
SUPPORT
Sign in
Search
Search
DATIM Training & Tutorials
What's New in DATIM
PEPFAR Guidance
Frequently Asked Questions (FAQs)
Data Import and Systems Administration
PEPFAR/MoH Data Alignment Activity
Guidance Highlights
PEPFAR Data Calendar
COP Guidance
DATIM Data Import & Exchange Resources
MER Indicator Reference Guides
Technical Support
Submit a Request
Your Profile
Ticket Status

Navigate to datim.zendesk.com, click on 'Submit a Request'

Reasons to Contact the Help Desk:

1. Invalid template upon upload and cannot clear the error after checking DATIM tutorials
2. Mechanism is missing in DATIM
3. Cannot upload/submit
4. Cannot reject/recall a template
5. Username/password issues
6. Technical glitches or questions navigating the system

USAID-Specific Resources

1. COP22/FY23 COP Budget Reference Files (*reach out to your COR or activity manager and request this*)
2. Additive Data Reporting Guidance*
3. Best Practices for USAID Implementing Partner Reporting*
4. Financial Data Quality Framework*

* To be distributed to USAID Country Teams the week of September 18, or you can reach out to oha.ea@usaid.gov to request a copy of these resources

Technical Assistance for Local Partners

Through the ASAP IM, technical assistance **consultants** will be available to support USAID **local partners**, **located in Africa only**, throughout the ER and HRH data reporting process (October--December 2023)

LPs will be notified shortly of their designated consultant POC

Consultants can help with:

- Categorizing and allocating expenditures
- Understanding the financial framework as outlined in the PEPFAR Classification Reference Guide
- Reviewing data for completeness and accuracy prior to submission
- Resolving errors and warnings from data validation checks
- Navigating data submission process

Local partners based in Asia and the Western Hemisphere will still have technical assistance available through USAID/HQ backstops, and oha.ea@usaid.gov

Technical Assistance for All USAID IPs and OUs

Each OU USAID team will have a HQ-based USAID ER backstop to support the ER process.

- Backstops will provide oversight and high-level technical assistance, particularly around data analysis and use
- Questions regarding categorizations, or definitions of program areas/cost categories can also be routed to your A/COR, and/or you can contact someone from the EA team at OHA by emailing oha.ea@usaid.gov.

All questions related to DATIM submissions (error upon upload, forgotten password, IM does not appear in DATIM, data approval app isn't visible, etc.) please **contact technical support at DATIM Zendesk by clicking on 'Submit a Request'**

Questions?

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PEPFAR Financial Data Use

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What Happens to PEPFAR Work Plan and Expenditure Data After an IP Submits to USAID?

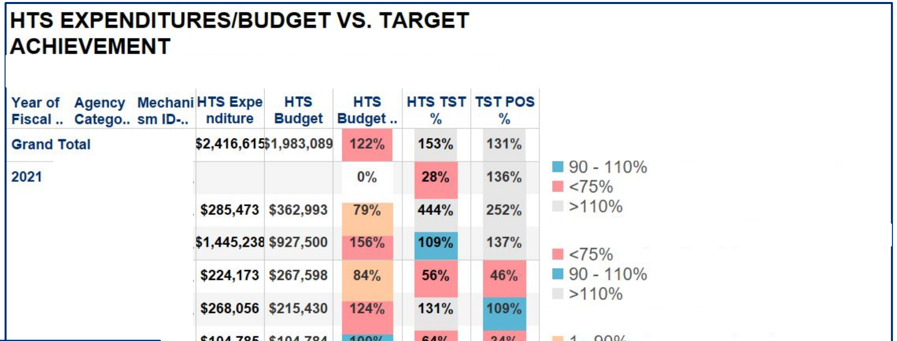
Data Considerations

Why did we not achieve 100% of targets and yet we expended 100% of the budget? **Was service delivery disrupted or more costly than anticipated?**

Are we seeing **efficiencies** over time as IMs mature from start-up?

Can we improve our budget projections for next year?

Are we **investing at the right amounts** for the groups of people we are targeting in our testing, linking them to treatment, and reaching them through prevention programs?



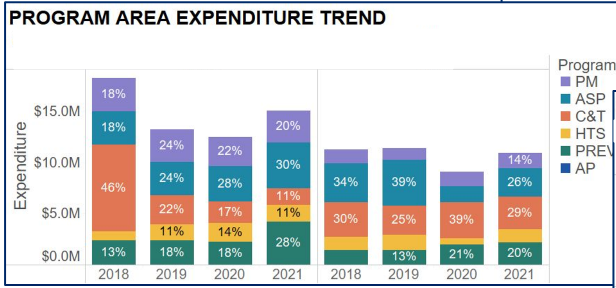
HTS EXPENDITURES/BUDGET VS. TARGET ACHIEVEMENT

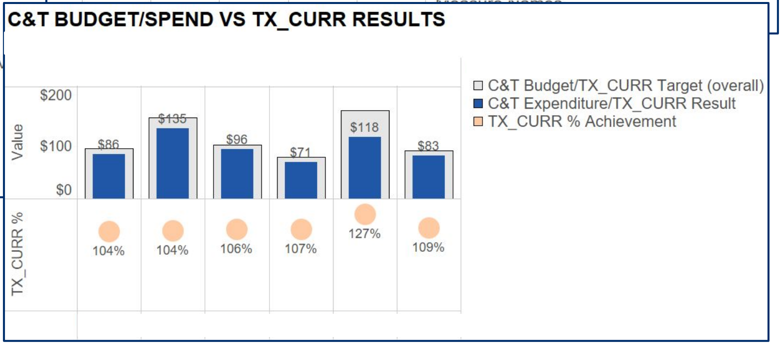
Year of Fiscal ..	Agency Catego..	Mechanism ID-..	HTS Expenditure	HTS Budget	HTS Budget ..	HTS TST %	TST POS %
Grand Total			$2,416,615	$1,983,089	122%	153%	131%
2021					0%	28%	136%
			$285,473	$362,993	79%	444%	252%
			$1,445,238	$927,500	156%	109%	137%
			$224,173	$267,598	84%	56%	46%
			$268,056	$215,430	124%	131%	109%
			$104,785	$104,784	100%	64%	34%
			$88,890	$104,784	85%	182%	148%

🟦 90 - 110%
🟥 <75%
⬜ >110%

🟥 <75%
🟦 90 - 110%
⬜ >110%

🟧 1 - 90%
🟦 90-110%
🟥 >120%


PROGRAM AREA EXPENDITURE TREND


C&T BUDGET/SPEND VS TX_CURR RESULTS

What types of activities/program areas should we be investing in order to get closer to epidemic control? **Do we see that in the data?**

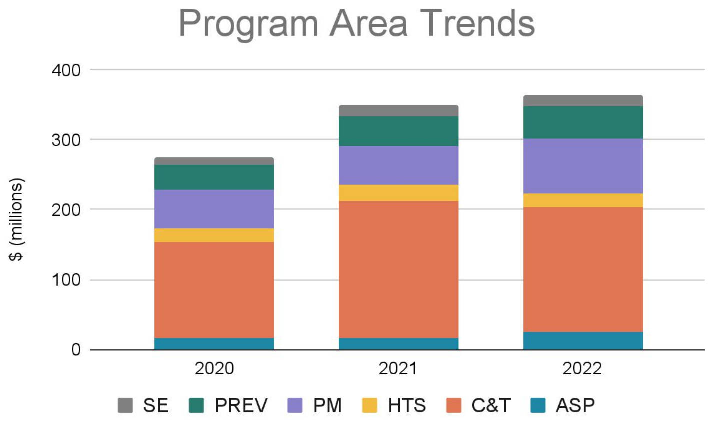
How Does Financial Data Lead to Program Improvements?

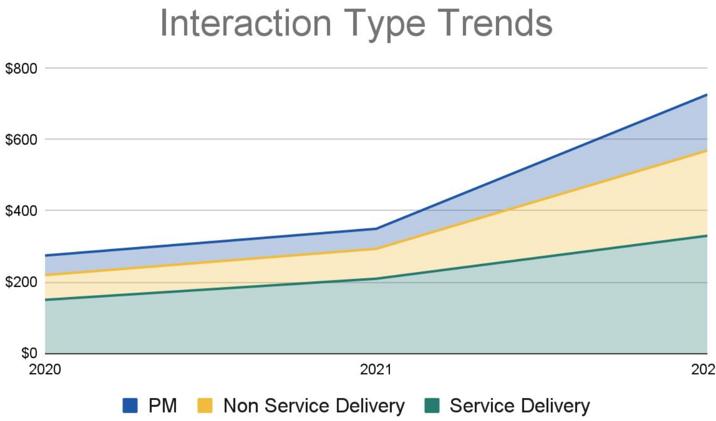
- Access to **routine, standardized**, and **comprehensive** detailed financial data across the PEPFAR portfolio allows us to monitor and plan our programs in different and better ways

- Expenditure and budget data can be used to inform:
  - Assessment of **performance**
  - **Allocation of resources** at the partner and agency level
  - Major shifts in **strategy** and/or **focus**
  - Formulation of **data-driven** budget

What is the Purpose of the Spend?

- ➢ How were **investments** spent **over time** and how has funding changed for different program areas?
- ➢ Are we **focusing our resources** on the right strategies to **reach our targets**?
- ➢ What **does the data tell us** about the types of activities/program areas we should be focusing on in order to get closer to **epidemic control?**

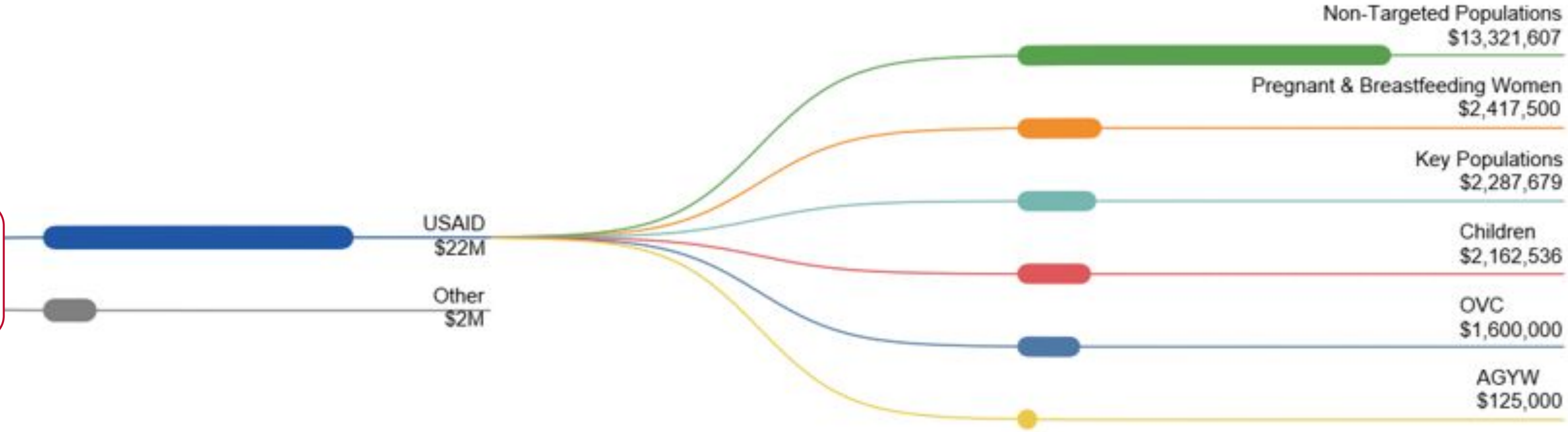




Who are we Serving?

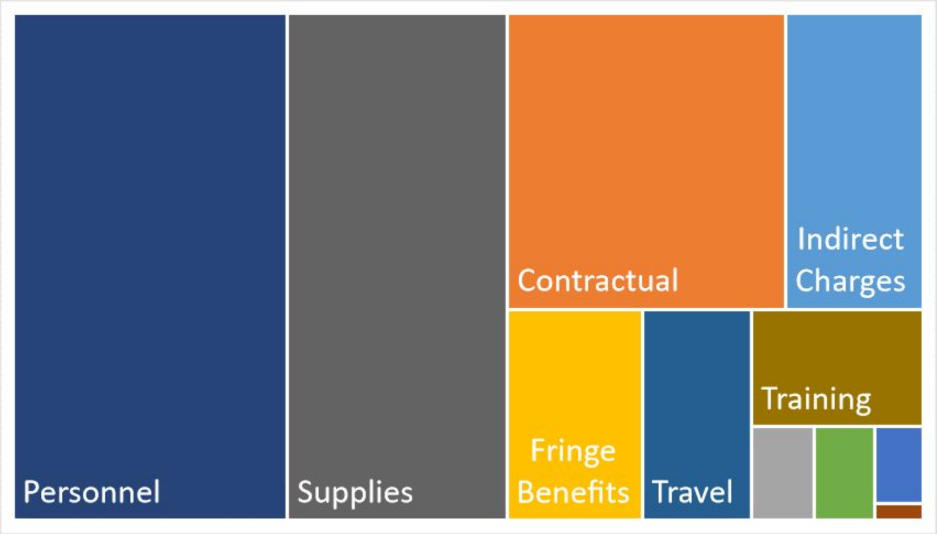
- What **beneficiary groups** are our resources reaching?
- Are we **focusing our resources** on the **right populations?**
- Where should **resources be targeted** in order to better reach our targets across different **beneficiary groups**?

COP Budget= $24 million



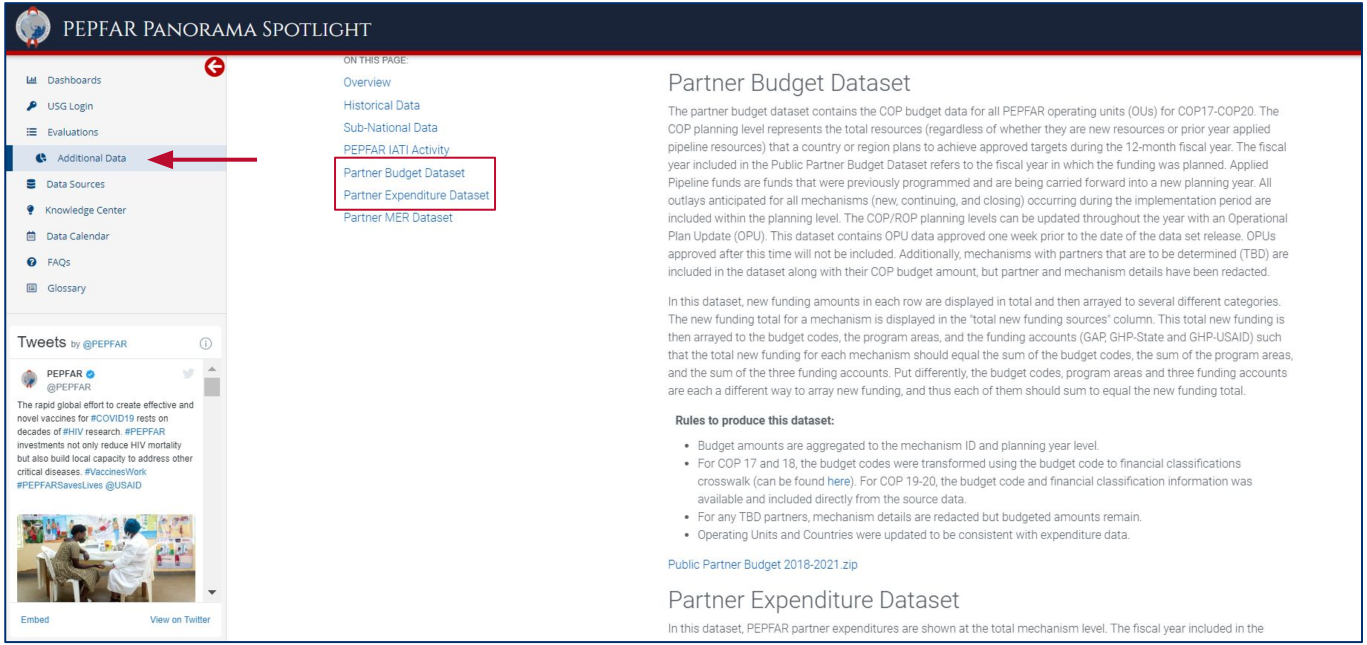
What are our Investments Buying?

- Are we **spending our resources on the right things** to meet our program goals/targets? Are different **implementation models** reflected with different **spending patterns**?
- How should we potentially **shift investments** in the next fiscal year to achieve greater program success?



Accessing ER Data: IPs Can Download IM-Level Financial Data on PEPFAR Panorama Spotlight

- Spotlight is PEPFAR’s public data source
- Budget amounts are aggregated to the mechanism ID, budget code, and planning year level.
- PEPFAR implementing partner expenditures are shown at the total mechanism level



The rapid global effort to create effective and novel vaccines for #COVID19 rests on decades of #HIV research. #PEPFAR investments not only reduce HIV mortality but also build local capacity to address other critical diseases. #VaccinesWork #PEPFARSavesLives @USAID

Partner Budget Dataset

The partner budget dataset contains the COP budget data for all PEPFAR operating units (OUs) for COP17-COP20. The COP planning level represents the total resources (regardless of whether they are new resources or prior year applied pipeline resources) that a country or region plans to achieve approved targets during the 12-month fiscal year. The fiscal year included in the Public Partner Budget Dataset refers to the fiscal year in which the funding was planned. Applied Pipeline funds are funds that were previously programmed and are being carried forward into a new planning year. All outlays anticipated for all mechanisms (new, continuing, and closing) occurring during the implementation period are included within the planning level. The COP/ROP planning levels can be updated throughout the year with an Operational Plan Update (OPU). This dataset contains OPU data approved one week prior to the date of the data set release. OPUs approved after this time will not be included. Additionally, mechanisms with partners that are to be determined (TBD) are included in the dataset along with their COP budget amount, but partner and mechanism details have been redacted.

In this dataset, new funding amounts in each row are displayed in total and then arrayed to several different categories. The new funding total for a mechanism is displayed in the "total new funding sources" column. This total new funding is then arrayed to the budget codes, the program areas, and the funding accounts (GAP, GHP-State and GHP-USAID) such that the total new funding for each mechanism should equal the sum of the budget codes, the sum of the program areas, and the sum of the three funding accounts. Put differently, the budget codes, program areas and three funding accounts are each a different way to array new funding, and thus each of them should sum to equal the new funding total.

Rules to produce this dataset:

- Budget amounts are aggregated to the mechanism ID and planning year level.
- For COP 17 and 18, the budget codes were transformed using the budget code to financial classifications crosswalk (can be found here). For COP 19-20, the budget code and financial classification information was available and included directly from the source data.
- For any TBD partners, mechanism details are redacted but budgeted amounts remain.
- Operating Units and Countries were updated to be consistent with expenditure data.

Public Partner Budget 2018-2021.zip

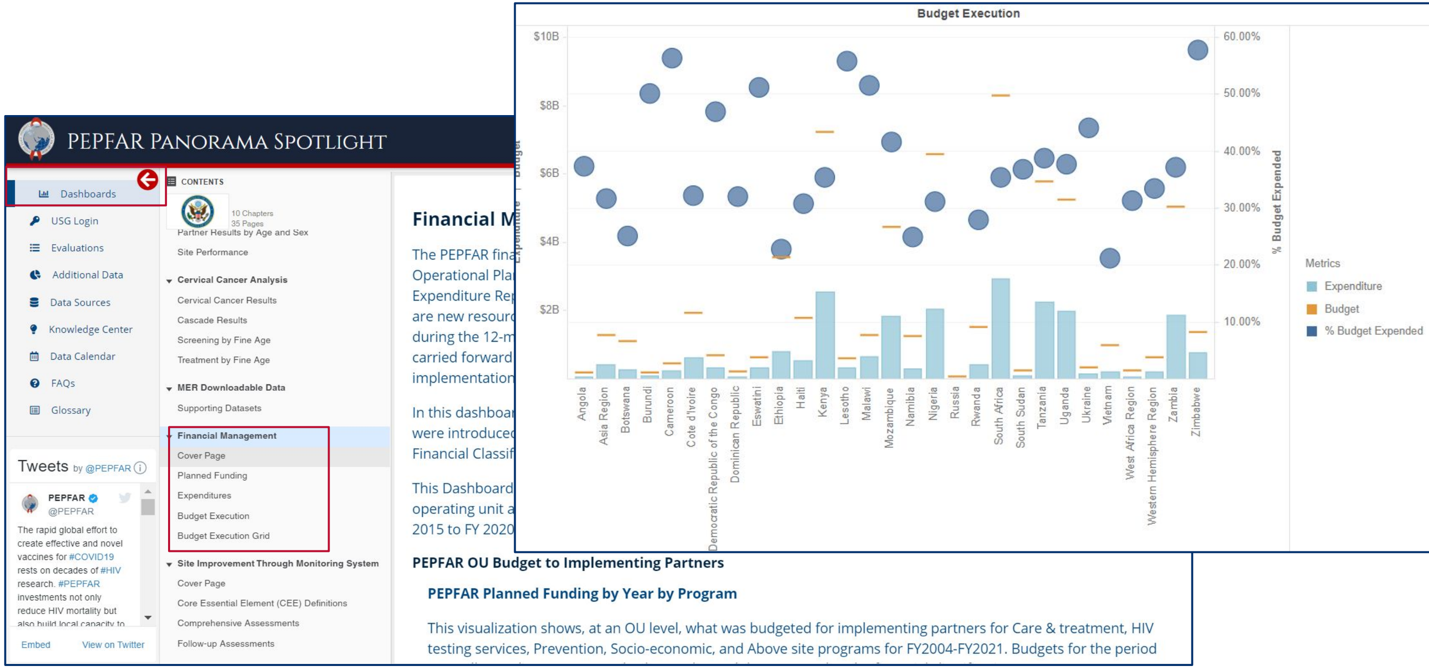
Partner Expenditure Dataset

In this dataset, PEPFAR partner expenditures are shown at the total mechanism level. The fiscal year included in the

PEPFAR Panorama Spotlight: https://data.pepfar.gov/additionalData

PEPFAR Panorama Spotlight Dashboards

- Financial management visuals look at total funding and expenditure
- PEPFAR Implementing Partners can review their budget execution at IP/IM level
- Reach out to oha.ea@usaid.gov if you would like to learn more about your analyzed financial data


PEPFAR PANORAMA SPOTLIGHT
Dashboards
USG Login
Evaluations
Additional Data
Data Sources
Knowledge Center
Data Calendar
FAQs
Glossary
CONTENTS
10 Chapters
35 Pages
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Site Performance
Cervical Cancer Analysis
Cervical Cancer Results
Cascade Results
Screening by Fine Age
Treatment by Fine Age
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Budget Execution Grid
Site Improvement Through Monitoring System
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Core Essential Element (CEE) Definitions
Comprehensive Assessments
Follow-up Assessments
Tweets by @PEPFAR
PEPFAR
@PEPFAR
Embed
View on Twitter
Budget Execution
$10B
$8B
$6B
$4B
$2B
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
% Budget Expended
Angola
Asia Region
Botswana
Burundi
Cameroon
Cote d'Ivoire
Democratic Republic of the Congo
Dominican Republic
Eswatini
Ethiopia
Haiti
Kenya
Lesotho
Malawi
Mozambique
Namibia
Nigeria
Russia
Rwanda
South Africa
South Sudan
Tanzania
Uganda
Ukraine
Vietnam
West Africa Region
Western Hemisphere Region
Zambia
Zimbabwe
Metrics
Expenditure
Budget
% Budget Expended

The rapid global effort to create effective and novel vaccines for #COVID19 rests on decades of #HIV research. #PEPFAR investments not only reduce HIV mortality but also build local capacity to

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carried forward
implementation

In this dashboar
were introduced
Financial Classif

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2015 to FY 2020

PEPFAR OU Budget to Implementing Partners

PEPFAR Planned Funding by Year by Program

This visualization shows, at an OU level, what was budgeted for implementing partners for Care & treatment, HIV testing services, Prevention, Socio-economic, and Above site programs for FY2004-FY2021. Budgets for the period

PEPFAR Panorama Spotlight: https://data.pepfar.gov/library

Questions?

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Hearing from the IP Perspective: Expenditure Reporting Tips and Tricks from the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)

Expenditure Reporting: Experiences and Perspectives from an Implementing Partner

Sushant Mukherjee

Director, Economic Analysis

Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)

Sept. 13, 2023

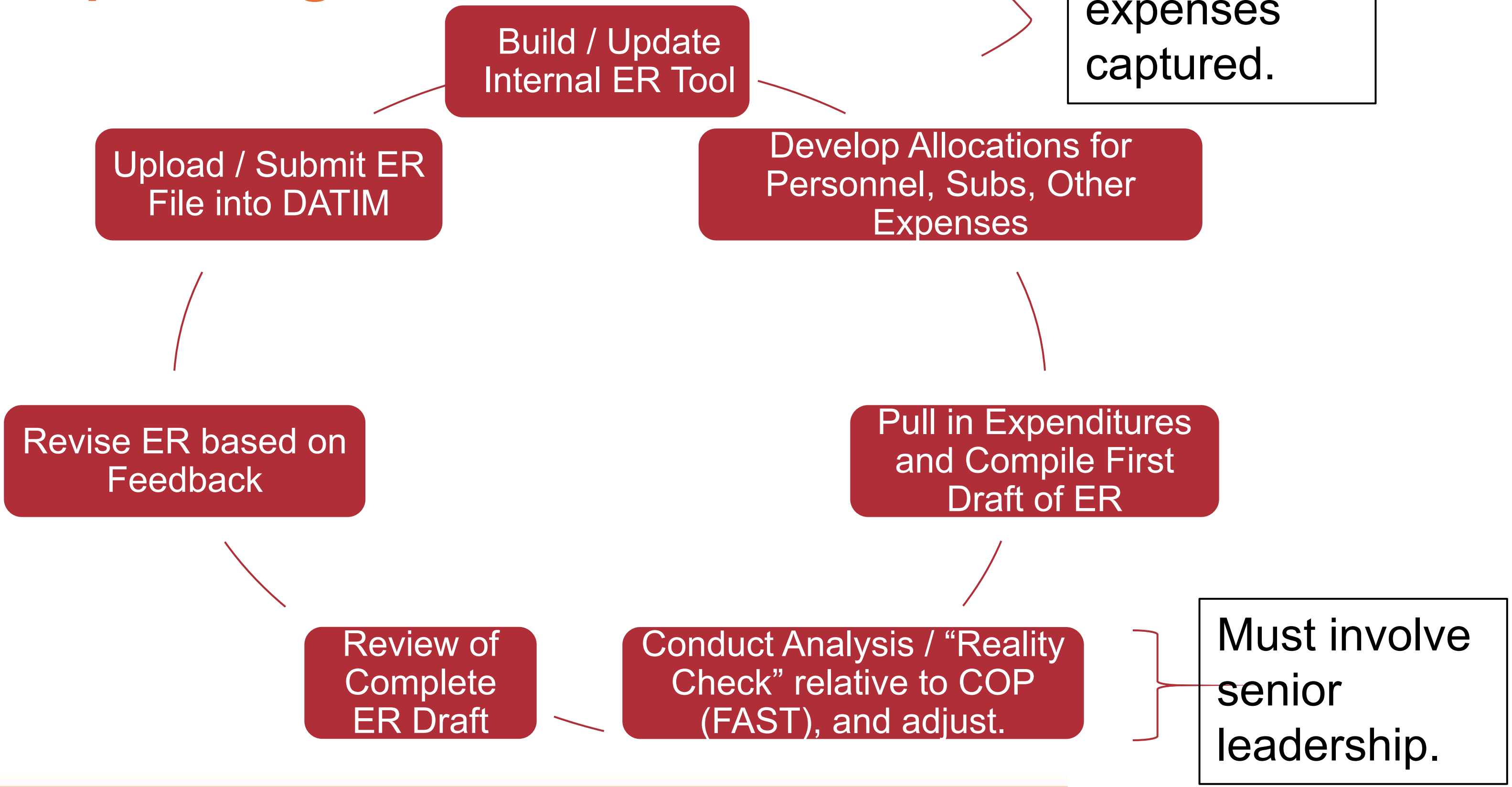
ER Approach: Guiding Principles

- **“Don’t let the perfect be the enemy of the good”:** this is a complex and dynamic exercise; obtaining **thoughtful estimates** that reasonably represent the reality of project’s spending is a more realistic goal than trying to rebuild systems from scratch to capture this data at a high level of precision.
- **Dialogue and Collaboration**: ER necessarily involves a wide range of stakeholders, including finance, programs, M&E, grants; reports should not be completed without close collaboration from all stakeholders, as well as clear dialogue with donor throughout ER process.
- **Learning**: As much as feasible, EGPAF is committed to using ER data to learn about its programs, including whether it is adequately investing in certain program areas, over-resourced in areas that are no longer strategic priority, using ER data to have more informed dialogues with donor, etc.

Methodology at a Glance

- **Directly Assigned Costs**: Where feasible to directly assign expenses, we will do so. For example, if we purchase Cervical Cancer supplies, we can clearly assign to a Cervical Cancer intervention under *Supplies-Health.*
- **Salaries**: Staff time for non-operations staff is assigned to specific interventions based on Level of Effort (LOE) estimation, as undertaken by senior programs staff.
- **Sub-grantees**: Sub-recipient costs are assigned to specific interventions based on estimation of which interventions relate to their technical scope.
- **Other cross-cutting costs** that benefit more than one intervention (the majority of our costs) are allocated using one of a number of possible strategies:
    - LOE (e.g. we often allocate travel costs by LOE of program staff, since, for large projects, it is not feasible to code each site visit expense with a specific intervention, plus labor is seen as an appropriate proxy for travel).
    - Technical Allocation (senior program staff will determine the most appropriate distribution of certain costs by intervention)
    - Patient Volume (e.g. we may allocate certain costs by volume of patients related to a given intervention)

ER Reporting Process



Build / Update Internal ER Tool

Develop Allocations for Personnel, Subs, Other Expenses

Pull in Expenditures and Compile First Draft of ER

Conduct Analysis / "Reality Check" relative to COP (FAST), and adjust.

Review of Complete ER Draft

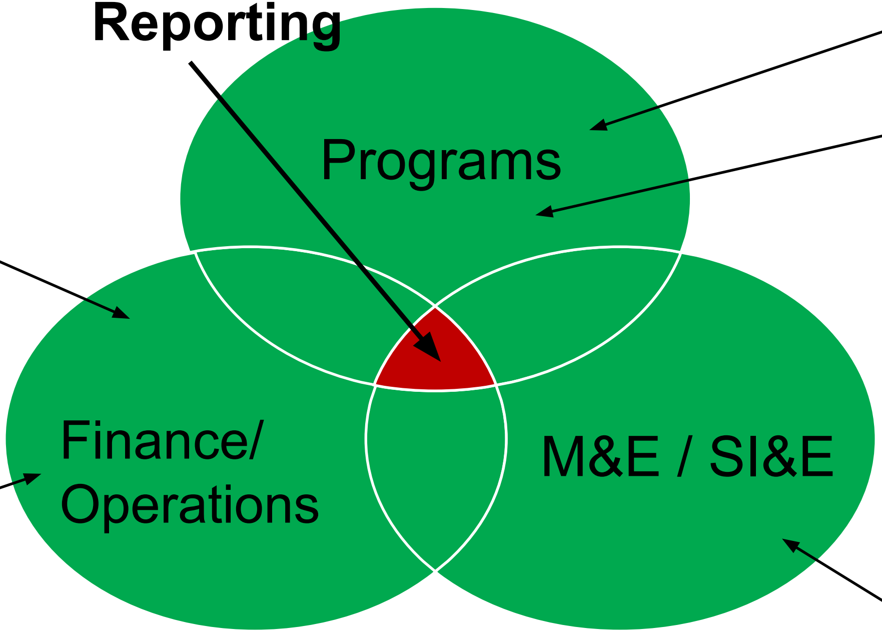
Revise ER based on Feedback

Upload / Submit ER File into DATIM

Can start before all expenses captured.

Must involve senior leadership.

A Multi-Disciplinary Approach is Essential



Expenditure Reporting

- Ensuring total $ align with spending during reporting period.
- Coding / tagging individual transactions to interventions.

- Technical allocations for staff and subs
- Help to define cross-cutting allocations – e.g. we renovated a waiting area – what intervention(s) benefited?
- Triangulating with MER data – e.g. we report MER data on VMMC and HTS_INDEX but no costs reported for HTS or VMMC.

Lessons Learned and Recommendations

- **Staff**: Having senior management develop allocations for all staff elicits better data quality than asking individuals to disaggregate timesheets by intervention.
- **Sub-Grantees**: Grants and technical teams can work together to determine which interventions are relevant for a sub-award based on its technical scope. In FY23, when all subrecipients (with spend <>$25,000) will have to report expenditures, the prime should develop internal guidance and an internal training for sub partners to ensure subs have same understanding of ER guidance.
- **Communicate with Donor / Mission regularly**: Critical to reach out proactively to missions about ER prior to submission, including any advice they have on how to handle inevitable deviations between $ by intervention in the ER and the COP allocations / FAST tool. Also reach out to USAID HQ liaisons for ER reporting, who can play a key role interfacing between missions and partners.

Lessons Learned and Recommendations

- **Radical changes in coding and capturing data is not always necessary or advisable**. Focus more on how you can adapt existing systems / procedures to capture better data, and less on rebuilding systems from scratch, or hiring additional human resources, to focus exclusively on ER. Examples of changes we made include:

    - Rather than trying to find new accounting software, or fundamentally change how we capture financial data, we used a field in QB to start tagging expenditures that could be directly assigned (e.g. program supplies, trainings), with ER interventions.
    - We modified budget template to clarify which staff and contracted workers are Clinical vs Ancillary vs "Other."

Lessons Learned and Recommendations

- **State your assumptions**. Allocations and assumptions are fine, but clearly state and document assumptions in any internal template you are using. This will also help to ensure consistency in reporting.
- **SD versus NSD? Just do your best, and focus on getting the program area right**. For SD versus NSD distinctions, FAST / COP allocations typically do not provide funding to sufficient NSD interventions. E.g. you do training and supervision on HTS, but only intervention for HTS is SD. If mission will not allow you to add an intervention, just classify NSD spending under SD for the appropriate program area.
- **Start early**. Most work related to ER reporting can be completed well before all expenditure data is captured. For annual ER reporting, EGPAF typically begins revisiting assumptions, updating allocations, and compiling initial spending data as early as August.

Elizabeth Glaser
Pediatric AIDS Foundation
Fighting for an AIDS-free generation

Thank you!

- Contact Information:
  - Email : smukherjee@pedaids.org

Elizabeth Glaser Pediatric AIDS Foundation

Fighting for an AIDS-free generation

Q&A

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