ASAP Webinar for USAID Local Partners:
*COP22/FY23 Expenditure Reporting*

---

September 13, 2023
Erin Dunlap & Grace Morgan
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?
Common Questions and Challenges

- How should IPs use the data?
- How is the USG using the data?
- Under which category should XYZ activity be counted?
- How are MER and ER data linked?
- Are there acceptable rates or variances for budget versus expenditure?
- Are there expectations for certain thresholds (e.g. % of budget for PM)?
- How do I get started?
- What is the best way to map our expenditures to the ER framework?
- How should expenditures be aligned to budgets?
- How should expenditures be allocated to various beneficiaries?
- What are the best ways to allocate staff time to interventions?
- How can we translate our cost categories into the ER-defined cost categories?
- What if we haven’t paid an invoice before Sept 30?
- 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 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?*
**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”
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.
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.

![Diagram showing 7 targeted beneficiary groups]

- 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.

<table>
<thead>
<tr>
<th>Program Areas</th>
<th>Categorization of Intervention 2</th>
<th>Categorization of Intervention 3</th>
<th>Categorization of Intervention 4</th>
<th>Categorization of Intervention 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM: IM Program Management-NSD</td>
<td>HTS: Facility-based testing-SD</td>
<td>SE: Psychosocial support-NSD</td>
<td>PREV: VMMC-NSD</td>
<td>C&amp;T: HIV Clinical Services-SD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>Program management expenditures</th>
<th>Expenditures against intervention 2</th>
<th>Expenditures against intervention 3</th>
<th>Expenditures against intervention 4</th>
<th>Expenditures against intervention 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel: Salaries - Health Care Workers - Clinical</td>
<td>$557,847</td>
<td>$11,154,726</td>
<td>$2,348,893</td>
<td>$836,586</td>
<td></td>
</tr>
<tr>
<td>Personnel: Salaries - Health Care Workers - Ancillary</td>
<td>$44,529</td>
<td>$602,449</td>
<td>$46,275</td>
<td>$95,763</td>
<td></td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$36,328</td>
<td>$37,746</td>
<td>$5,746</td>
<td>$4,646</td>
<td></td>
</tr>
<tr>
<td>Travel: International Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel: Domestic Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment: Health Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment: Non-Health Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies: Pharmaceutical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies: Health - Non Pharmaceutical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies: Other Supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractual: Contracted Health Care Workers - Clinical</td>
<td>$365,583</td>
<td>$748,392</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractual: Contracted Health Care Workers - Ancillary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractual: Contracted Interventions</td>
<td>$3,648,593</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractual: Other Contracts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: Financial Support for Beneficiaries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect Charges</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Expenditure per Intervention (Sum of Cost Categories): $0 | $4,852,930 | $11,834,410 | $2,851,557 | $1,824,087 |
Questions?
COP22/FY23 Expenditure Reporting Requirements & What’s New?
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
  - 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

Above: New ERB Processor App Data Entry Fields
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.

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**

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.
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

Prime Recipients

Subrecipient with ≤ $25,000 in expenditures

Subrecipients with >$25,000 in expenditures

Template

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

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

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

Submission

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

Send to Prime partner for review & DATIM submission
## COP22/FY23 Q4 Expenditure Reporting Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Owner</th>
<th>Expenditure &amp; HRH Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to 10/1</td>
<td>Partner</td>
<td>DATIM users (prime partners only) request accounts or reactivate expired accounts for ER &amp; HRH</td>
</tr>
<tr>
<td>Oct 2</td>
<td>Partner</td>
<td><strong>DATIM OPEN</strong>: The soonest IP can upload FY23 IM ER &amp; HRH submissions</td>
</tr>
<tr>
<td>Nov 14</td>
<td>Partner</td>
<td><strong>INITIAL ER &amp; HRH SUBMISSION DEADLINE</strong></td>
</tr>
<tr>
<td>Nov 21</td>
<td>USAID</td>
<td><strong>DATA RELEASE</strong>: Initial submission dataset released and available to aid USAID review of initial IP submissions for data quality (OHA resources available)</td>
</tr>
<tr>
<td>Nov 30</td>
<td>Partner</td>
<td><strong>DATIM OPEN</strong>: IP cleaning and re-upload of FY23 IM expenditure &amp; HRH reporting</td>
</tr>
<tr>
<td>Dec 8</td>
<td>Partner</td>
<td>Recommended <strong>updated data partner submission</strong>: proposed timeline for partners to share cleaned FY22 ER &amp; HRH data for Agency staff review and approval ahead of final submission.</td>
</tr>
</tbody>
</table>
| 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
Links to Data Entry Instructions

Direct data entry instructions

Check out this direct data entry demo video!

Offline ER template completion instructions
Data Submission Options:
- Offline ER Template
- Direct entry in DATIM
**Links to Data Submission Instructions**

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

---

**Direct data submission instructions**

**DATIM Submission: Data Approval App**

- Select "Submit Mechanism" to submit your expenditure data

**Offline ER template submission instructions**

**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"
Questions?
COP22/FY23 Expenditure Reporting
RESOURCES
Expenditure Reporting Available Resources: Guidance

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!

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

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

Navigate to datim.zendesk.com>DATIM Training & Tutorials>Instructions for IP Users
Expenditure Reporting Resources: Help Desk Tickets

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

Navigate to datim.zendesk.com, click on ‘Submit a Request’
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?
PEPFAR Financial Data Use
**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?

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
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: https://data.pepfar.gov/library
Questions?
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

1. Build / Update Internal ER Tool
2. Develop Allocations for Personnel, Subs, Other Expenses
3. Pull in Expenditures and Compile First Draft of ER
4. Conduct Analysis / “Reality Check” relative to COP (FAST), and adjust.
5. Review of Complete ER Draft
6. Revise ER based on Feedback
7. Upload / Submit ER File into DATIM

Can start before all expenses captured.

Must involve senior leadership.
A Multi-Disciplinary Approach is Essential

- 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:
  
  o 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.
  
  o 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.
Thank you!

• Contact Information:
  • Email: smukherjee@pedaids.org
Elizabeth Glaser
Pediatric AIDS Foundation
Fighting for an AIDS-free generation