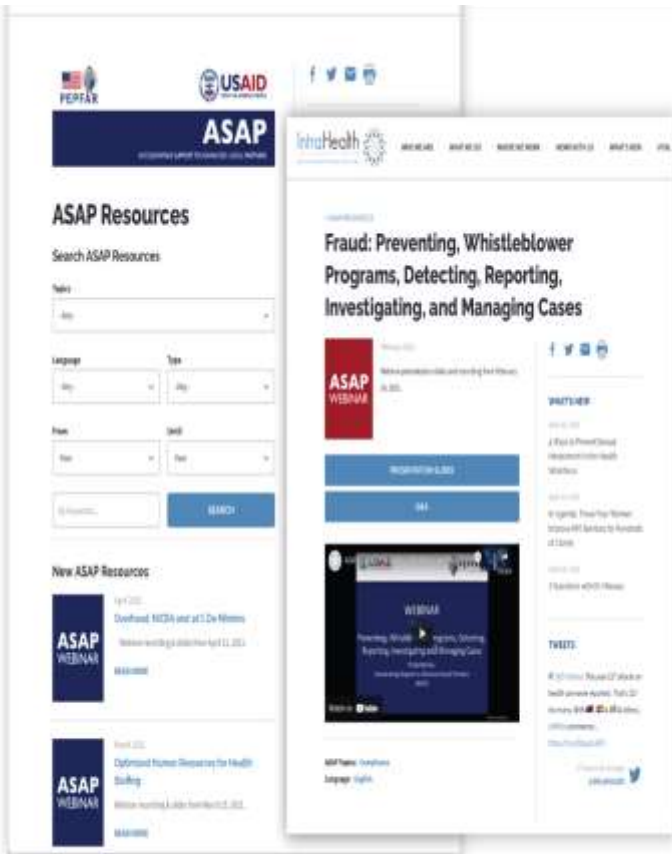


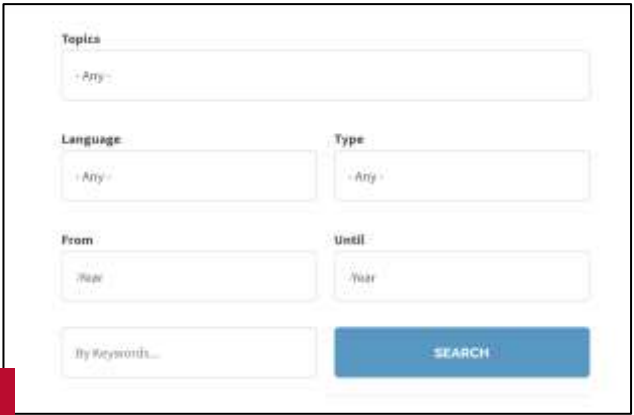
# WELCOME ALL - FY23 HRH Inventory Training

1. Please let us know where you are from **in the chat**.
2. Please use the **Q&A box to ask questions** and the chat box for answering questions asked by the presenters.
3. We have **a few polls** during the webinar today.
4. The presentation for today's webinar will be saved on ASAP's website at **[www.intrahealth.org/asap-resources](http://www.intrahealth.org/asap-resources)**



**VISIT**  
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USAID/ASAP has broadcasted **95 webinars** for more than **21,000 attendees** in **76 countries**.



**AVAILABLE IN 3 LANGUAGES**

# UPCOMING WEBINARS

## French and Portuguese Language

### **COP22/FY 23 Expenditure Reporting**

French- September 26

Portuguese- September 28

### **FY23 HRH Inventory Training**

French - October 5

Portuguese- October 4

**Links to register are  
available here:**

[www.intrahealth.org/upcoming-asap-webinars](http://www.intrahealth.org/upcoming-asap-webinars)

# TODAY'S PRESENTERS

Jason Roffenbender

Social Scientist

Health Workforce Branch, Office of HIV/AIDS, USAID

Risa Griffin

Data Scientist

Health Workforce Branch, Office of HIV/AIDS, USAID

Kyle Borces

Data Analyst

Health Workforce Branch, Office of HIV/AIDS, USAID



PEPFAR



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FROM THE AMERICAN PEOPLE

# FY23 HRH Inventory - Implementing Partner Training

September 20, 2023

# Agenda Overview

8:30 - 8:35 am	Introduction and Process Review
8:35 - 9:10 am	Overview of FY23 HRH Inventory Template and Changes
9:10 - 9:45 am	HRH Inventory Template Demo w/ Staffing Examples
9:45 - 10:10 am account	Overview of Data Reporting / How to obtain a DATIM
10:10 - 10:30 am	Next steps

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# Introduction

Presenter: Jason Roffenbender, Health Workforce Branch



# Monitoring Human Resources for Health investments is critical for optimizing current programming and informing sustainability planning

## FY22 USAID by the numbers



In FY22, USAID partners employed over **204k staff**, representing **32%** of total USAID expenditures.



## The HRH Inventory reporting requirement captures PEPFAR-supported staffing and related expenditures

- As PEPFAR looks forward to the next 5 years, understanding and optimizing HRH is **critical to reaching and sustaining epidemic control**.
- More robust data enables **further optimization** and **increases accountability** of HRH investment by providing insight in:
  - Staffing functions
  - Staffing location
  - Staffing compensation
- HRH Inventory data informs sustainability planning

# Alignment of the HRH inventory to Expenditure Reporting (ER)

- **HRH** Employment Titles are mapped to **ER** Cost Categories
- **HRH** Inventory collects Mode of Hiring (Salary, Contract, Non-monetary only) aligned to **ER** Cost Categories
- **HRH** Primary Program Areas are the same as **ER** Program Areas
- **HRH** Inventory collects Expenditure, which is the same as **ER**
- **HRH** Inventory separates Salary/Contract Expenditure from Fringe Expenditure, which is the same as **ER**

Keep an eye out for this note on later slides

*Important Note:  
Connecting HRH to ER*

# HRH Inventory Format and Reporting Process



## HRH Inventory Excel Template

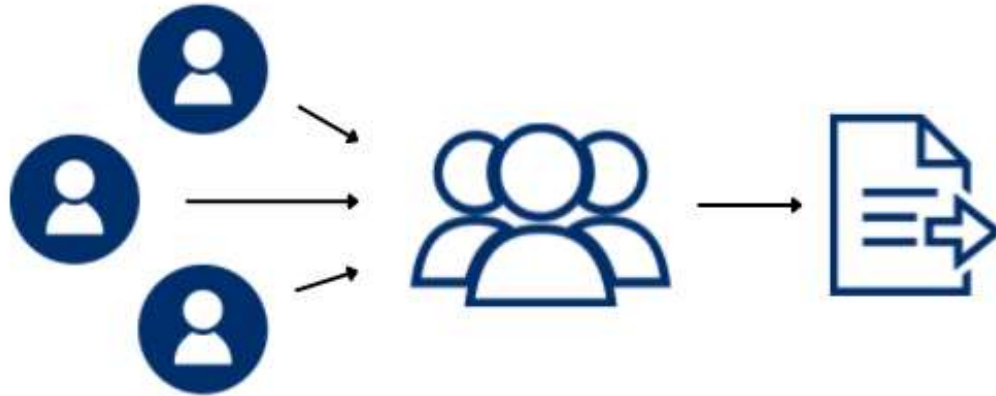
- The final version of the FY23 template is currently available to download within the HRH DATIM App
- 1 template per mechanism
- 1 entry (row) in template per individual
- **Do not modify the HRH template (e.g. do not add or delete columns)**

## Template Submitted to DATIM

- All those submitting or reviewing HRH Inventory templates will need to request an HRH DATIM account
- **All data validation checks will be shown upon upload into DATIM and will need to be corrected before the template is accepted.**

## Who Needs to Report HRH Inventory

All mechanisms that report staffing expenditures to ER (Expenditure Reporting) should report to the HRH Inventory\*

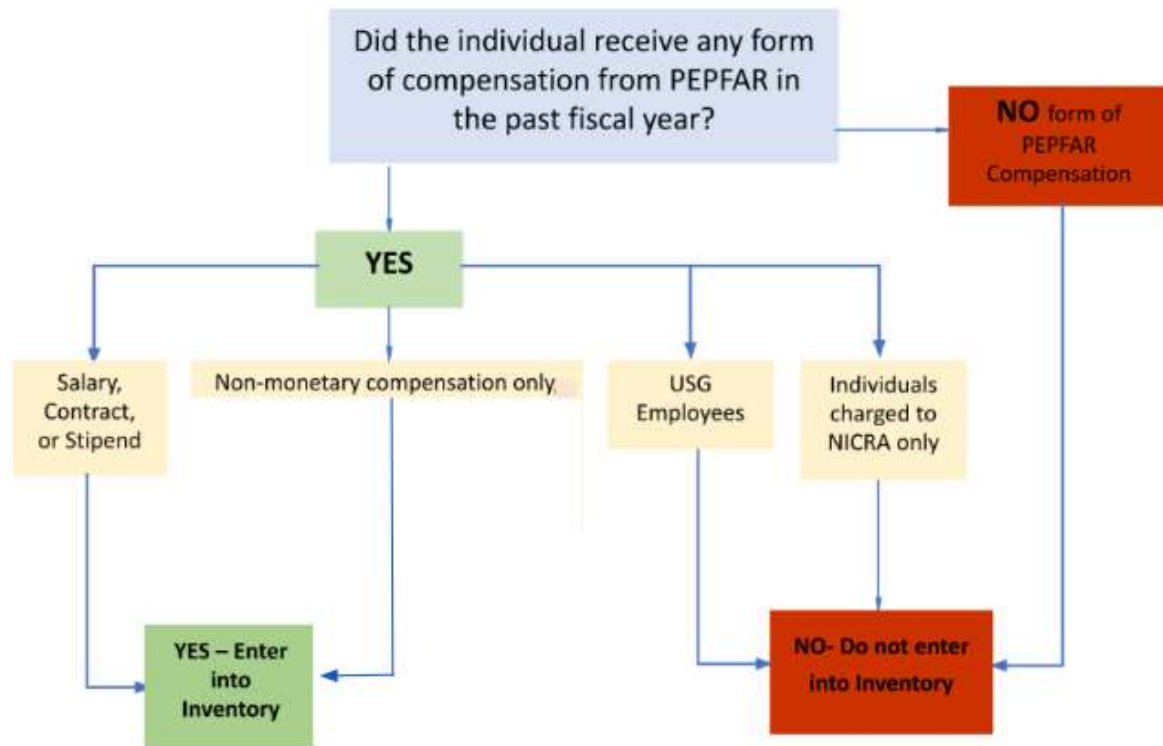


Subrecipient partners submit completed templates to prime

Prime partner consolidates prime and subrecipient staffing and submits **one template per IM**

\*all mechanisms with expenditures associated with COP approvals

# Applicable individuals/ staff to be reported in the HRH Inventory



Every individual that has received any form of compensation from PEPFAR over the past fiscal year:

- ALL types of staff: Health workers, program management, TA, HQ-based staff charged directly to the IM
- Salary, stipend, contract, fringe including non-monetary support
- Prime and subrecipient IPs

Not included in the Inventory:

- Staff charged to NICRA only
- USG

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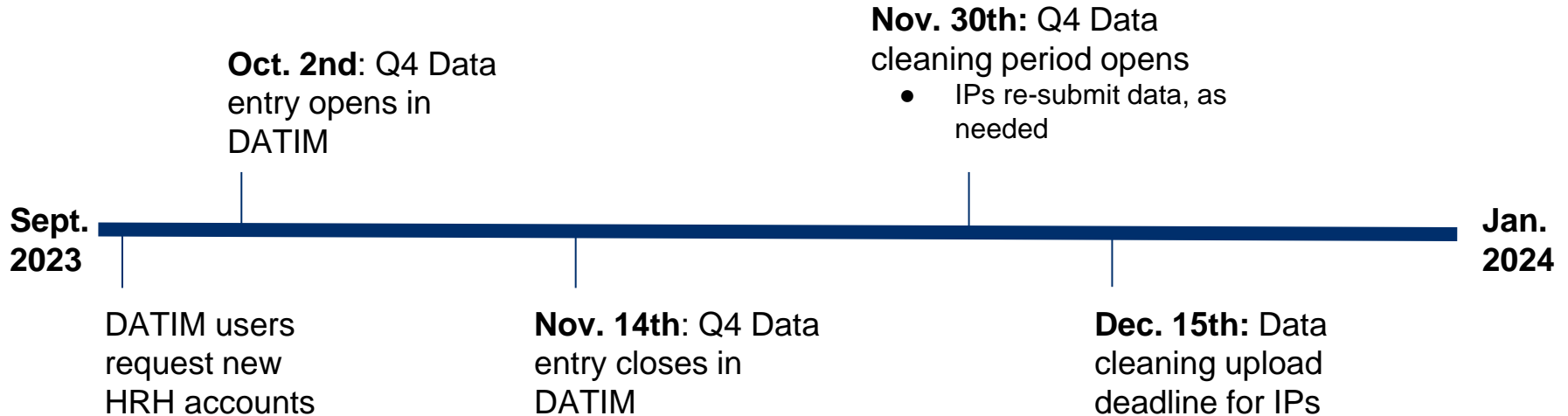
# FY23 HRH Reporting Timeline

Jason Roffenbender, Health Workforce Branch



# FY23 HRH Inventory Reporting Timeline

**Current Reporting Timeline** *(matches other PEPFAR data streams and is included in the published FY23 PEPFAR Data Calendar):*



# What is needed in order to complete the HRH inventory requirement?

- 1. A copy of the OU specific FY23 HRH Inventory Template**
  - a. A final version of the template is available to download within the HRH DATIM app
- 2. The HRH Inventory Guidance Materials**
  - a. See DATIM Zendesk materials [here](#)
- 3. Internal Records**
  - a. HR/ Payroll
  - b. Program Records that capture staff work and location
- 4. An HRH DATIM Account**
  - a. Register.datim.org (see later slides)





## Knowledge Check

- **What mechanisms need to complete and submit the HRH Inventory excel tool?**

***Response: All mechanisms that report in ER and that have expenditures associated with COP approvals.***

# Knowledge Check

## What types of staff should be included?

- a) Prime partners
- b) Sub-recipients
- c) Program management staff
- d) Clinical and ancillary staff who deliver services
- e) Other staff that provide technical assistance and support non-service delivery activities
- f) All of the above

*Response: f) **All staff** that receive some form of support should be reported: health workers, program management, TA, and HQ-based staff charged directly to the IM. This applies to prime partner and subrecipient staffing. Staff receiving all types of compensation should be included (salary, stipend/contract, non-monetary support).*

# Knowledge Check

**Should staff working for subrecipient partners be reported in the HRH inventory?**

- a) Yes
- b) No

*Response: **a ) Yes** All PEPFAR-supported subrecipient staff working for a mechanism should be reported. There should be one template submission per IM, which should include staffing information for the prime partner as well as any subrecipients.*

# Knowledge Check

**When can partners begin to submit completed FY23 HRH Inventory templates into DATIM?**

*Response: HRH Inventory follows the standard PEPFAR Reporting Calendar for Q4. **DATIM will open October 2nd 2023.***

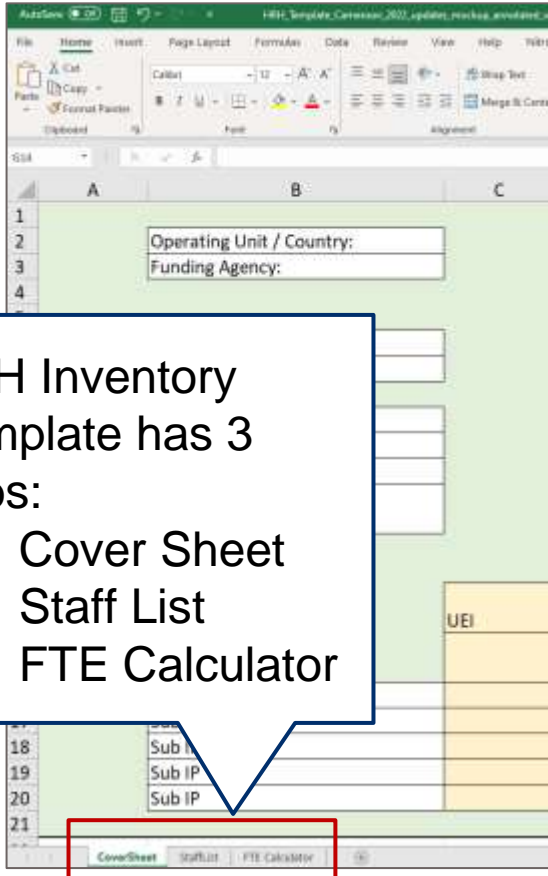
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# Overview of Key HRH Inventory Template Data Elements

Presenters: Risa Griffin, Kyle Borces & Jason Roffenbender,  
Health Workforce Branch



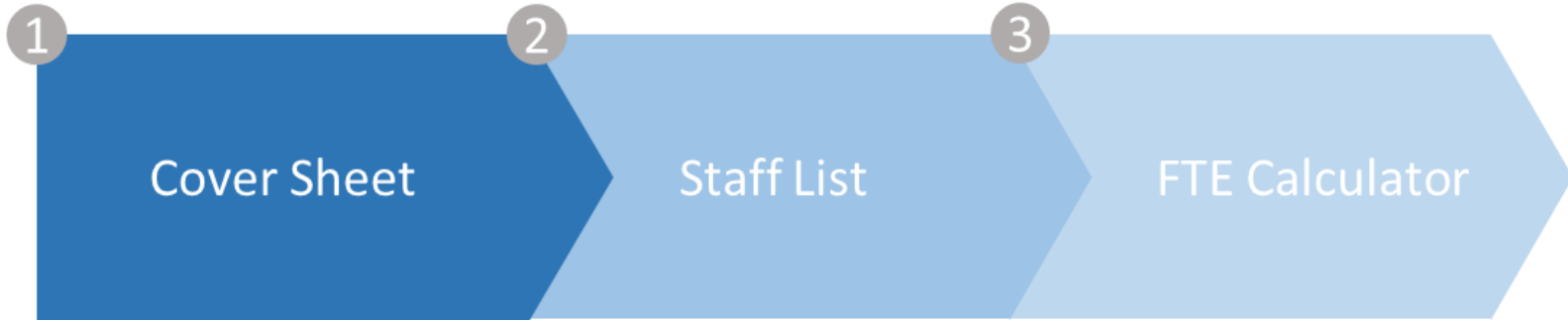
# HRH Inventory Template



- There are designated HRH Inventory Templates (Excel based) for each OU
- Each Mechanism must download, complete, and submit **one** template to DATIM
- This section will review key elements of the template

# HRH Inventory Template

The template contains three main sections:



**Cover sheet** - contains background/general questions about the operating unit, funding agency, and implementing mechanisms

**Staff list** - includes detailed list of questions for each individual staff member including title, mode of hire, FTE, and staffing expenditure

**FTE calculator** - contains a user-friendly Excel tool that calculates the average FTE per month for each staff member (to be used in the 'Staff list' tab)

# HRH Inventory Template

Note: we will mainly focus on describing the data elements within the Staff List tab in this deck



**Cover sheet** - contains background/general questions about the operating unit, funding agency, and implementing mechanisms

**Staff list** - includes detailed list of questions for each individual staff member including title, mode of hire, FTE, and staffing expenditure

**FTE calculator** - contains a user-friendly Excel tool that calculates the average FTE per month for each staff member (to be used in the 'Staff list' tab)



# Overview of template: Cover sheet tab

Operating Unit / Country:	Zambia
Funding Agency:	
Completion Date	
Completed By	
Mechanism ID	100211
Mechanism Name	Health Improvement Partnership Project
PRIME IP Point of Contact	
PRIME IP Contact Info	
PRIME UEI	
Count of Subrecipients	

The first tab contains data fields asking for:

- Unique information about the IM, such as name and mechanism ID
- Name of the prime partner organization
- Name of the person at the prime IP who can be contacted for follow-up questions regarding the data submitted
- The prime partner's unique entity identifier (UEI). Users should add "111111111" if not known, and enter "99999999" if the IP is not required to have one
- Complete list of sub IPs that were contracted by the prime partner organization

These elements must be completed by the Prime for the final template submission to the DATIM app. Sub recipients may choose to complete this tab, but only the consolidated template with Prime information will be submitted into DATIM



# Order of questions and corresponding data elements on the *staff list* tab

1. Record Number - optional
2. Employed through Prime or Sub IP
3. If Sub, Select IP Name
4. Gender
- 5. Employment Title**
6. Mode of Hire
7. MOH Staff or seconded to MOH
8. Month of work in the past year
9. Average FTE per Month
10. Does this staff primarily support work in the community?
11. Does this staff member work in/support multiple sites (Roving Staff)?
12. Does this staff primarily provide technical assistance?
13. Is this staff member based outside of the OU?
14. DATIM Hierarchy columns (i.e. geography)
- 15. What PEPFAR Program Area does the staff member PRIMARILY support?**
16. Who is the primary beneficiary that is being supported by this staff member?
17. Does this staff member deliver services DIRECTLY to beneficiaries?
- 18. In the past year, has this Staff Member provided support for other public health emergencies?**
19. Sum of Annual PEPFAR Expenditure for Staff Member: Salary, Contract, Stipend (USD)?
20. Expenditure on Annual Fringe from PEPFAR, if any (USD)?
21. Expenditure on Non-Monetary Costs, excluding fringe?

## **Legend**

**NEW**  
**EXPANDED**  
**UNCHANGED**

# What has changed in the HRH Inventory Template for FY23?

Most areas have remained the same with minor changes

1. **EXPANDED** Employment Titles to include IP Program Management: Senior Leadership, IP Program Management: Procurement, IP Program Management: Grants Management, as well as DREAMS
2. **EXPANDED** Program Area to include Site Level: C&T: HIV/TB
3. **REFINED** Program Management classification to 'IP Program Management'

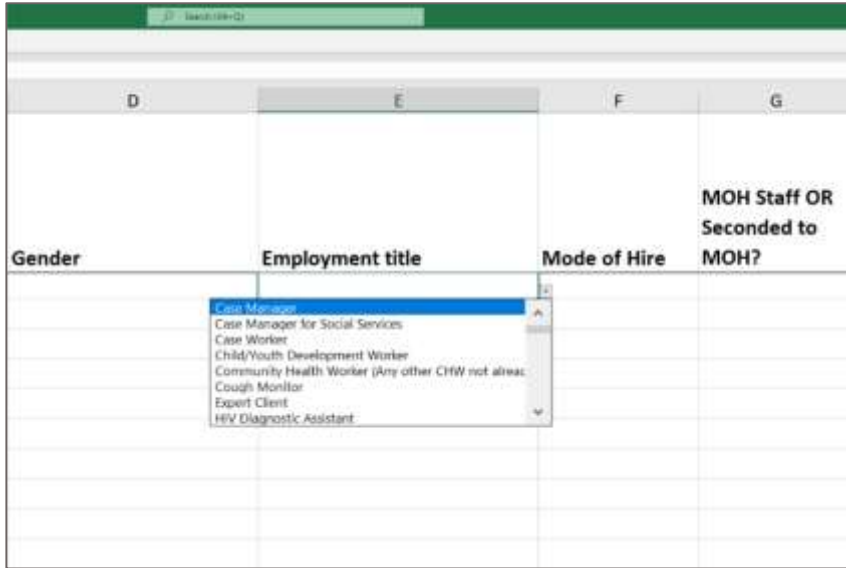
# Template data elements: *Record number, Prime/sub, Sub-IP, Gender*

<b>Question</b>	<b>Description</b>	<b>Notes</b>
<b>Record number (Optional)</b>	This is an optional, alphanumeric field that can be assigned to staff entered in the reporting template	USAID does <b>not recommend</b> completing this field
<b>Employed through Prime or Sub IP</b>	Indicate whether the Prime or Subrecipient IP hired the PEPFAR-supported worker	If the individual is working for both the Prime and a Subrecipient IP, select their PRIMARY employer
<b>If Sub, Select IP Name</b>	If employed through a subrecipient, then please select the IP name from the dropdown	
<b>Gender</b>	Select the recognized gender of the PEPFAR-supported worker	Options: Male, Female, Transgender, Non-binary, Other, Don't Know

## **Legend**

UNCHANGED

# Template data element: *Employment Titles*



The image shows a screenshot of an Excel spreadsheet with a dropdown menu open for the 'Employment title' column. The spreadsheet has columns labeled D, E, F, and G. The headers are 'Gender', 'Employment title', 'Mode of Hire', and 'MOH Staff OR Seconded to MOH?'. The dropdown menu lists the following titles: Case Manager, Case Manager for Social Services, Case Worker, Child/Youth Development Worker, Community Health Worker (Any other CHW not above), Cough Monitor, Expert Client, and HIV Diagnostic Assistant.

Gender	Employment title	Mode of Hire	MOH Staff OR Seconded to MOH?
	Case Manager		
	Case Manager for Social Services		
	Case Worker		
	Child/Youth Development Worker		
	Community Health Worker (Any other CHW not above)		
	Cough Monitor		
	Expert Client		
	HIV Diagnostic Assistant		

## *Legend*

EXPANDED

- Select the employment title that primarily captures the role of each individual
- Please note: The job titles may not exactly match the official job title of the individual. Select the employment title that *best* describes the official job title of the individual
- Each staff member should be represented in one row only
- Dropdown list of alphabetical titles
- **All titles are defined in the HRH inventory handbook**

# Template data element: *How to determine Employment Title*

Employment title should reflect the work being done, **NOT** training or qualifications

## How to Determine Employment Title

Employment Title:



Current Employment Title



Degree or Training

Example: A nurse who primarily provides facility management / administration and not nursing services should be reported in the template as a **Facility Administrator**, not as a nurse

# Organization of Employment Titles

## Full List of Employment Titles Under Each ER Cost Category

HCW: Clinical	HCW: Ancillary	Other Staff
<ul style="list-style-type: none"> <li>-Doctor</li> <li>-Clinical Officer</li> <li>-Medical Assistant</li> <li>-Nurse</li> <li>-Auxiliary Nurse</li> <li>-Nursing Assistant</li> <li>-Midwife</li> <li>-Auxiliary Midwife</li> <li>-Clinical Social Worker</li> <li>-Clinical/Retention Case Manager</li> <li>-Testing and Counseling Provider</li> <li>-Laboratory Technologist/Technician</li> <li>-Laboratory Assistant/Phlebotomist</li> <li>-Pharmacy Assistant</li> <li>-Pharmacy Technician</li> <li>-Pharmacist</li> <li>-Psychologist</li> <li>-Psychiatrist</li> <li>-Psychology Assistant</li> <li>-Other clinical provider not listed</li> </ul>	<ul style="list-style-type: none"> <li>-Peer Educator</li> <li>-Peer Navigator</li> <li>-Expert Client</li> <li>-DREAMS mentor</li> <li>-Economic Strengthening Facilitator</li> <li>-Prevention of HIV and Sexual Abuse Facilitator</li> <li>-Community Mobilizer / Facilitator</li> <li>-Lay Counselor</li> <li>-Linkage Navigator</li> <li>-HIV Diagnostic Assistant</li> <li>-Lay worker providing adherence support</li> <li>-CHW</li> <li>-Mother Mentor</li> <li>-Community based TB worker</li> <li>-Social Worker</li> <li>-Social Welfare Assistant</li> <li>-Case Manager or case worker</li> <li>-Child/Youth Development Worker</li> <li>-Other community-based cadre</li> </ul>	<ul style="list-style-type: none"> <li>-IP Program Management Accounting Workers</li> <li>-IP Program Management Administrative Staff</li> <li>-IP Program Management Finance Workers</li> <li>-IP Program Management Legal Staff</li> <li>-IP Program Management: Procurement / Grants Management Staff</li> <li>-IP Program Management: Other Program Management Staff</li> <li>- IP Program Management: Senior Leadership</li> <li>-Facility Administrator</li> <li>-Laboratory Manager</li> <li>-Pharmacy Manager</li> <li>-Human Resource Manager</li> <li>-Cleaner / Janitor</li> <li>-Maintenance</li> <li>-Security Guard</li> <li>-Transportation staff for personnel</li> <li>-Transportation staff for commodities and patients</li> <li>-Central / regional warehouse worker</li> <li>-Other supportive staff not listed (example, reagent)</li> <li>-Biostatistician</li> <li>-Information Systems Worker</li> <li>-M&amp;E Officer / Advisor</li> <li>-Data Officer</li> <li>-Data Clerk</li> <li>-Data Managers</li> <li>-Other: DREAMS</li> <li>-Trainer</li> <li>-Technical Advisor</li> <li>-Logistics Manager</li> <li>-Supply Chain Advisor</li> <li>-Epidemiologist</li> <li>-Other Professional Staff</li> </ul>

For full list of definitions of employment titles, please refer to the HRH Inventory handbook [here](#)

**-IP Program Management** staff refers to administrative, financial, and technical planning of program activities

**-Senior Leadership** refers to executive management roles related to program planning and program implementation including Chief of Party, Chief of Staff, Program Directors, etc. Please use only if other categories do not fit



# Organization of Employment Titles

## Full List of Employment Titles Under Each ER Cost Category

HCW: Clinical	HCW: Ancillary	Other Staff
<ul style="list-style-type: none"> <li>-Doctor</li> <li>-Clinical Officer</li> <li>-Medical Assistant</li> <li>-Nurse</li> <li>-Auxiliary Nurse</li> <li>-Nursing Assistant</li> <li>-Midwife</li> <li>-Auxiliary Midwife</li> <li>-Clinical Social Worker</li> <li>-Clinical/Retention Case Manager</li> <li>-Testing and Counseling Provider</li> <li>-Laboratory Technologist/Technician</li> <li>-Laboratory Assistant/Phlebotomist</li> <li>-Pharmacy Assistant</li> <li>-Pharmacy Technician</li> <li>-Pharmacist</li> <li>-Psychologist</li> <li>-Psychiatrist</li> <li>-Psychology Assistant</li> <li><b>-Other clinical provider not listed</b></li> </ul>	<ul style="list-style-type: none"> <li>-Peer Educator</li> <li>-Peer Navigator</li> <li>-Expert Client</li> <li>-DREAMS mentor</li> <li>-Economic Strengthening Facilitator</li> <li>-Prevention of HIV and Sexual Abuse Facilitator</li> <li>-Community Mobilizer / Facilitator</li> <li>-Lay Counselor</li> <li>-Linkage Navigator</li> <li>-HIV Diagnostic Assistant</li> <li>-Lay worker providing adherence support</li> <li>-CHW</li> <li>-Mother Mentor</li> <li>-Community based TB worker</li> <li>-Social Worker</li> <li>-Social Welfare Assistant</li> <li>-Case Manager or case worker</li> <li>-Child/Youth Development Worker</li> <li><b>-Other community-based cadre</b></li> </ul>	<ul style="list-style-type: none"> <li>-IP Program Management Accounting Workers</li> <li>-IP Program Management Administrative Staff</li> <li>-IP Program Management Finance Workers</li> <li>-IP Program Management Legal Staff</li> <li>-IP Program Management: Procurement / Grants Management Staff</li> <li><b>-IP Program Management: Other Program Management Staff</b></li> <li>- IP Program Management: Senior Leadership</li> <li>-Facility Administrator</li> <li>-Laboratory Manager</li> <li>-Pharmacy Manager</li> <li>-Human Resource Manager</li> <li>-Cleaner / Janitor</li> <li>-Maintenance</li> <li>-Security Guard</li> <li>-Transportation staff for personnel</li> <li>-Transportation staff for commodities and patient samples</li> <li>-Central / regional warehouse worker</li> <li><b>-Other supportive staff not listed (example, receptionist)</b></li> <li>-Biostatistician</li> <li>-Information Systems Worker</li> <li>-M&amp;E Officer / Advisor</li> <li>-Data Officer</li> <li>-Data Clerk</li> <li>-Data Managers</li> <li><b>-Other: DREAMS</b></li> <li>-Trainer</li> <li>-Technical Advisor</li> <li>-Logistics Manager</li> <li>-Supply Chain Advisor</li> <li>-Epidemiologist</li> <li><b>-Other Professional Staff</b></li> </ul>


For full list of definitions of employment titles, please refer to the HRH Inventory handbook [here](#)

-Please only select the 'Other' staff titles as a **LAST RESORT**

-Select Other Clinical Provider, Other Community-based Cadre, Other Program Management Staff, Other Supportive Staff, Other DREAMS Staff, or Other Professional Staff **ONLY IF** all the traditional employment titles do not fit

# Tracking of **DREAMS** staffing footprint

Comments
DREAMS
DREAMS
DREAMS
DREAMS
DREAMS
DREAMS
DREAMS
DREAMS



- The tracking or tagging of DREAMS-related staff is currently very limited based on the structure of the HRH template
  - As a workaround, we ask that all staff that are PRIMARILY supporting DREAMS programming be identified by using the Comments column
- If the staff member is primarily supporting DREAMS, please enter **'DREAMS'** in the Comments column

## Knowledge Check

- **You have a medical doctor by training, but they are working for your program as a Technical Advisor for HIV care and treatment. Should you select “Doctor” or “Technical Advisor” as their employment title?**
  - a) Doctor
  - b) Technical Advisor

*Response: **Technical Advisor**. You should select an employment title based on the job the person is hired to do - not based on their education level or qualifications.*

# Template data elements: *Mode of Hiring*

Indicate **the mode or how** the individual is hired. Select the option that best reflects the primary mode of hire for each staff.

The image shows a screenshot of a data entry form. The form has three columns labeled E, F, and G. Column E is labeled 'Employment title', column F is labeled 'Mode of Hire', and column G is labeled 'MOH Staff OR Seconded to MOH?'. A dropdown menu is open over the 'Mode of Hire' field, showing three options: 'Salary', 'Contract', and 'Non-Monetary ONLY'. The 'Salary' option is currently selected.

- Salary is defined as PEPFAR-funded compensation for workers who are employed by an IP and receive a salary or wage. *Salaried staff must enter both salary and fringe amounts (see later slides)*
- Contract is defined as PEPFAR-funded compensation through contract(s) for a worker who is not directly employed by an IP, but contracted to perform services. *Note: This includes PEPFAR-supported workers that receive stipends.*
- Non-Monetary ONLY
  - Defined as PEPFAR-funded compensation for workers that is provided in the form of **non-monetary** compensation
  - This can include purchased goods (e.g. household goods, clothing, etc.), or air time (e.g. phone cards) for **personal use**
  - Non-monetary DOES NOT include supplies or other resources required for fulfilling job duties

## **Legend**

UNCHANGED

Please note that these are mutually-exclusive fields. For example, if an individual receives both a salary and non-monetary

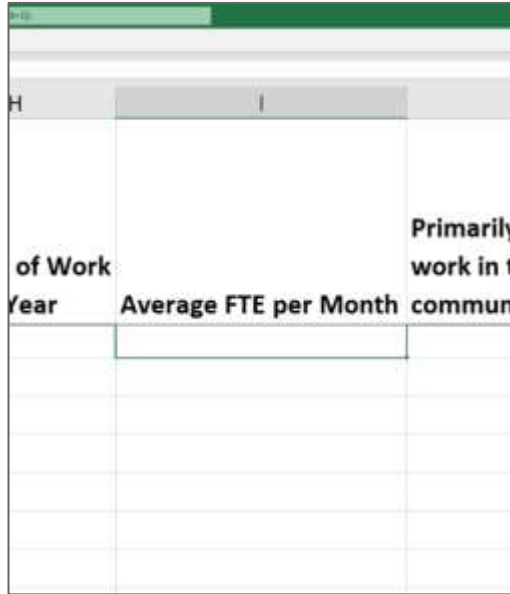
# Template data elements: *MOH staff*, and *Months of work*

<b>Question</b>	<b>Description</b>	<b>Notes</b>
MOH Staff or seconded to MOH	Indicate if the individual supported by the IM is a) officially designated as a government MOH staff, b) seconded by PEPFAR to serve in that capacity, or c) none of the above	
Months of work in the past year	Indicate the total number of months the PEPFAR-supported worker worked during the last USG fiscal year (October 1 – September 30) in this role	<ul style="list-style-type: none"><li>• If the worker worked for part of a month, count the number of weeks worked in the partial month (no need to count the number of days), and include as a decimal</li><li>• For example, if a doctor worked 3 weeks in one month, that would be counted as 0.75. It is not necessary to subtract regular leave days when calculating (count paid leave days as work)</li></ul>

## **Legend**

UNCHANGED

# Template data element: *Average Full Time Equivalence (FTE) per Month*



The screenshot shows a data entry form with a table. The table has three columns: 'Year', 'Average FTE per Month', and 'Primarily work in t...'. The 'Average FTE per Month' column is highlighted with a green border, indicating it is the active field for data entry. The 'Year' column has a dropdown menu with 'H' selected. The 'Primarily work in t...' column has a dropdown menu with 'I' selected. The table has several rows, with the first row being the header and the subsequent rows being data entry rows.

Year	Average FTE per Month	Primarily work in t...
H	I	I

## **Legend**

UNCHANGED

**Full-Time Equivalent (FTE):** A way to understand and measure staffing size when the number of hours worked vary by worker

Enter the average percent of full-time equivalent (FTE) worked by the individual staff per month.

- Enter free text, value 0 - 1.0
- Reported as a decimal, where 0 = no work on average per month, and 1 = full time work per month.
- Only enter the FTE supported by PEPFAR on the IM being reported. Do not report FTE supported by MOH or other entities.

# FTE Calculator Examples

- For staff that work less than full-time, please utilize the FTE Calculator to assist in entering average FTE field.

FTE Calculator Option	Example	Average Monthly FTE
1. The PEPFAR worker's hours generally remain constant per week	A nurse works 20 hours per week each week all year	0.5
2. The PEPFAR worker's hours generally remain constant per month	A case manager works 50 hours every month all year	0.289
3. PEPFAR worker's hours differ per week in a month	A data clerk works 40 hours for three weeks and 20 hours the last week of each month	0.875
4. PEPFAR worker's hours vary month to month	A community health care worker works 40 hours per month from Jan-Mar, but does not work the rest of the year	0.059
*These examples assume a full time work week is 40 hours, this can be adjusted using line 4 in the FTE calculator		

# Overview of the *FTE Calculator*

## Average FTE per Month Calculator Tool for Column H in HRH Inventory Template

### To use this calculator:

1. Enter the # of hours in a standard full time work week, line 4, blue box
2. Choose which of the **4 options** best represents your PEPFAR supported worker.
3. Enter values in yellow box(es) of the corresponding option to generate Average Monthly FTE (green box).
4. If your worker has no hours worked for a given week/month, enter 0 in the corresponding box, **DO NOT** leave the box blank.
5. Enter Average Monthly FTE into the HRH Inventory Template

Enter # of hours in a standard **full time** work week

0

\*Standard full time work weeks are typically 40 or 36 hours

### Option 1: The PEPFAR worker's hours generally remain constant per week

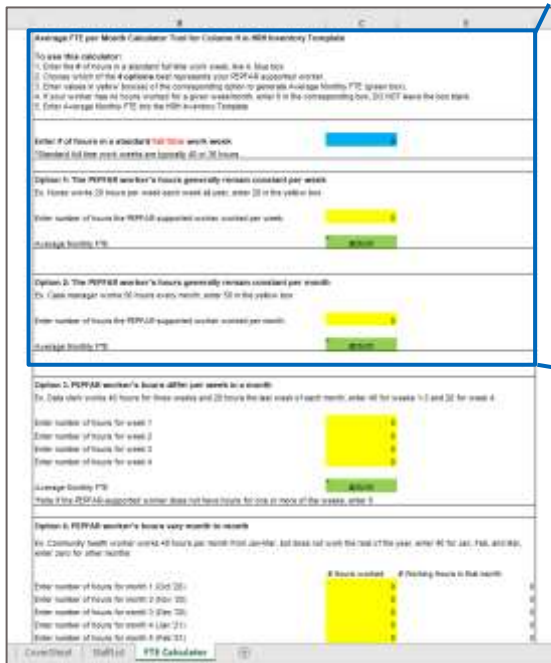
Ex. Nurse works 20 hours per week each week all year, enter 20 in the yellow box

Enter number of hours the PEPFAR supported worker worked per week:

0

Average Monthly FTE

#DIV/0!





# Template data element: *Primarily support in the community*

The screenshot shows an Excel spreadsheet with a search bar at the top. The main data area has columns labeled I, J, and K. Column J contains the text 'Primarily support work in the community?' and column K contains 'Work in or support multiple facility sites (Roving Staff)?'. Below these headers, there is a row for 'Average FTE per Month'. A dropdown menu is open over the cell in column J, showing 'Yes' and 'No' options.

I	J	K
	Primarily support work in the community?	Work in or support multiple facility sites (Roving Staff)?
Average FTE per Month		
	Yes	
	No	

## ***Legend***

UNCHANGED

- This primarily refers to ancillary staff delivering or supporting the delivery of non-facility based activities at the community level (e.g. social mobilization, health education, etc.)
- Some examples of community-level staff can include:
  - Community health worker
  - Peer educator
  - Peer navigator
  - DREAMS mentor
  - Community mobilizer / facilitator
  - Case manager / case worker
- See full list of potential community-based roles in the [HRH handbook](#)

# Template data element: *Work in Multiple Sites (Roving Staff)*

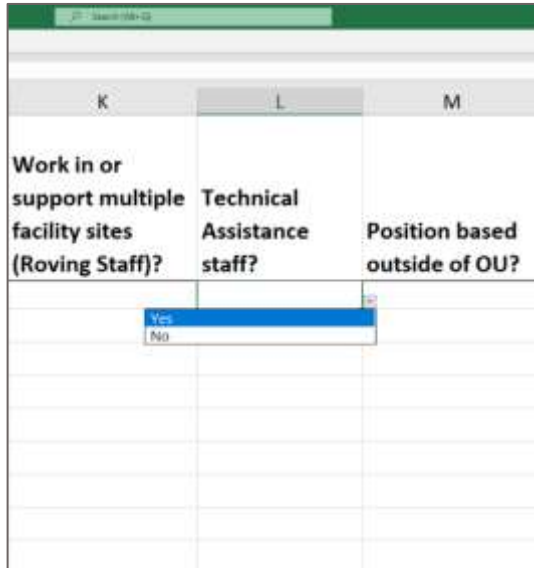
J	K	L
Primarily support work in the community?	Work in or support multiple facility sites (Roving Staff)?	Technical Assistance staff?
	Yes No	

- **Roving Staff Definition:** PEPFAR-supported worker who provides services at multiple *facility* sites on a regular basis
- Enter yes/ no for each individual staff:
  - **NO:** Individual staff **do not** provide work at multiple facility sites. This includes workers that occasionally or rarely provide services to more than one site - since the worker does not provide services to more than one site on a regular basis
  - **YES:** Individual staff **does** work at multiple facility sites.
- Roving Staff **are only associated** w/ site level program areas, and will need to be reported at the community level (i.e. working in multiple facilities in a community)
- Ex. Nurse providing care and treatment services in multiple health facilities on a regular basis.

## **Legend**

UNCHANGED

## Template data element: *Technical assistance staff*



The screenshot shows a data entry form with three columns labeled K, L, and M. Column K contains the text 'Work in or support multiple facility sites (Roving Staff)?'. Column L contains 'Technical Assistance staff?'. Column M contains 'Position based outside of OU?'. A dropdown menu is open over the first row, showing 'Yes' and 'No' options.

K	L	M
Work in or support multiple facility sites (Roving Staff)?	Technical Assistance staff?	Position based outside of OU?

### **Legend**

UNCHANGED

- **Definition:** Technical Assistance (TA) staff primarily support/improve the delivery of services, but do not directly interact with patients or beneficiaries in response to their health care needs
- Examples of TA activities can include:
  - Conducting training workshops to improve technical capacity of staff
  - Provide expert guidance on specific topics (e.g. monitoring and evaluation, supply chain management, health financing, etc.)
- All above-site individuals that primarily facilitate or strengthen service delivery providers should select “Yes” in answer to this question
- Ex. Monitoring and Evaluation (M&E) Advisors, Supply Chain Advisors, Health Financing Advisors/Specialists, Health Systems Strengthening Advisor, etc.

# Template data element: *Is this position based outside of the OU?*

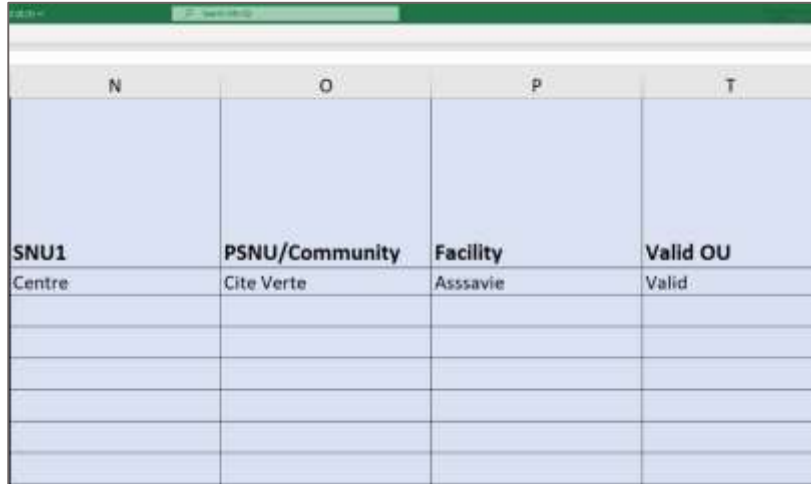
L	M	N
Technical Assistance staff?	Position based outside of OU?	SNU1
	<input type="text" value="Yes"/> <input type="text" value="No"/>	

## **Legend**

UNCHANGED

- Please indicate whether this position is primarily based in a location outside of the operating unit (OU)
- Any INTERNATIONAL WORKERS, such as U.S. based staff that spend a portion of their time supporting the project/mechanism, should leave all geographic hierarchy columns blank, unless supporting an IM in a specific PEPFAR operating unit, in which case they should select the country in SNU1 (Column N).
  - Staff that work in a position based outside of the OU should select Above Site or Program Management as their program area
  - Ex. An M&E Advisor based in Washington DC that provides technical assistance support to a PEPFAR project in South Africa

# Template data element: *DATIM Geographic Hierarchy*



N	O	P	T
<b>SNU1</b>	<b>PSNU/Community</b>	<b>Facility</b>	<b>Valid OU</b>
Centre	Cite Verte	Assavie	Valid

## **Legend**

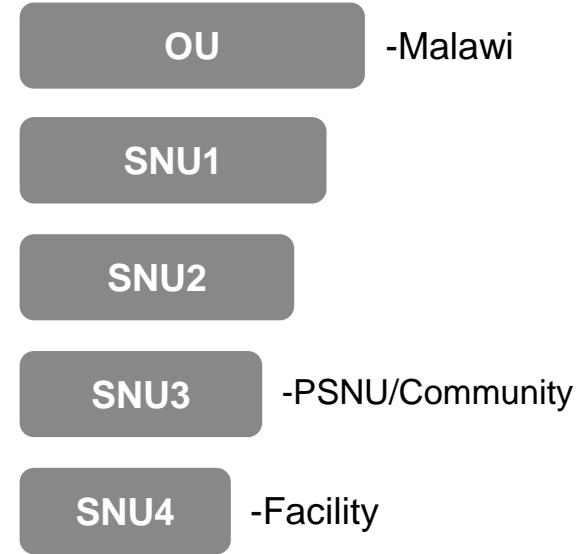
UNCHANGED

- Select the DATIM Geographic Hierarchy component that corresponds to the primary location where work was performed.
- In instances where individuals work in multiple locations, indicate where the majority of work was performed. If work is split evenly, choose one.
- Note: You must fill out the template from largest geographic area (left most column) to smallest (see next slides to determine how to report each type of staff)
- Hierarchy components on all templates (there are three types templates (see later slides))
  - OU (Regional Only)
  - SNU1
  - PSNU
  - Community (Select templates only)
  - Facility

# Template data element: *DATIM Hierarchy Example - Malawi*

## Key Definitions

- **OU** - Operating Unit. Either a Country or Region.
- **SNU** - Sub-National unit. A smaller geographic area than the OU. (SNU1 is larger than SNU2, etc.)
  - **PSNU** - Priority SNU. The geographic unit/level at which PEPFAR program targets are set
  - **Community** - A geographic area/unit higher than the facility level, sometimes equivalent to the PSNU
  - **Facility** - lowest SNU in the DATIM hierarchy



Malawi\_template (1) Search (Alt+Q)

Template columns are labeled with PSNU, Community, and Facility Designations (except for regional templates)

SNU1	SNU2	PSNU/Community	Facility	Valid OU
------	------	----------------	----------	----------

# Template data element: *DATIM Hierarchy*

There are three different types of HRH data collection templates:

## DATIM Template

#1:

(**Combined** PSNU and Community columns)

SNU1	PSNU/Community	Facility	Valid OU

*Botswana  
Cameroon  
DRC  
Ethiopia  
Malawi*

*Mozambique  
Namibia  
Ukraine  
Zambia  
Zimbabwe*

## DATIM Template

#2:

(**Separate** PSNU and Community columns)

PSNU	Community	Facility	Valid OU

*Angola  
Burundi  
Côte d'Ivoire  
Eswatini  
Haiti*

*Nigeria  
Rwanda  
S. Africa  
S. Sudan  
Tanzania*

*Kenya  
Lesotho  
Uganda  
Vietnam*

## DATIM Template

#3:

(**Regional** template showing SNU columns only)

Country/SNU1	SNU2	SNU3	SNU4	SNU5	Valid OU

*Asia Regional  
Western Hemisphere  
Region  
West Africa Region*

# Examples of locations of workers

- Each entry must complete the DATIM Hierarchy down to the *appropriate level*
- The appropriate level is based on the location of the worker
- The location of work is defined as **where** the individual performs their work



# DATIM Hierarchy option 1: OUs with PSNU/Community Level

OUs with combined PSNU/Community Columns					
Location of Work	Work in or support multiple sites (Roving Staff)?	SNU1	PSNU/Community	Facility	
Outside of OU	No	No	No	No	<i>Botswana Cameroon DRC Ethiopia Malawi Mozambique Namibia Ukraine Zambia Zimbabwe</i>
National and Military	No	Yes	No	No	
Above Site Workers	No	Any valid combination of Geographical Selections <b>Above Facility</b>		No	
Community	No	Yes	Yes	No	
Roving Across Facilities	Yes	Yes	Yes	No	
Facility/ TA at one facility	No	Yes	Yes	Yes	

# DATIM Hierarchy option 2: OUs with separate PSNU and Community Levels

OUs with separate PSNU and Community Columns					
Location of Work	Work in or support multiple sites (Roving Staff)?	SNU1	PSNU	Community	Facility
Outside of OU	No	No	No	No	No
National and Military	No	Yes	No	No	No
Above Site Workers	No	Any valid combination of Geographical Selections <b>Above Facility</b>			No
Community	No	Yes	Yes	Yes	No
Roving Across Facilities	Yes	Yes	Yes	Yes	No
Facility / TA at one facility	No	Yes	Yes	Yes*	Yes

*Angola  
 Burundi  
 Côte d'Ivoire  
 Eswatini  
 Haiti  
 Nigeria  
 Rwanda  
 S. Africa  
 S. Sudan  
 Tanzania  
 Kenya  
 Lesotho  
 Uganda  
 Vietnam*

\*If community is not known, choose the same value as the PSNU

# DATA Hierarchy Option 3: OUs using Regional Level Templates

Regional Hierarchy Columns						<i>Asia Regional</i>  <i>Western Hemisphere Region</i>  <i>West Africa Region</i>
Location of Work	Work in or support multiple sites (Roving Staff)?	Country/SNU1	Any valid combination of Geographical selections <b>above Facility Level</b>	Any valid combination of Geographical Selections <b>Stopping at and including PSNU</b>	Any valid combination of Geographical Selections down to the <b>Facility Level</b>	
International	No	Yes	--	--	--	
National, Military	No	Yes	Yes	--	--	
Above Site Workers	No	Yes	Yes	--	--	
Community	No	Yes	--	Yes	--	
Roving Across Facilities	Yes	Yes	--	Yes	--	
Facility / TA at one facility	No	Yes	--	--	Yes	

# Knowledge Check

- **For community workers not attached to specific facilities, how would you answer the question “does staff work in or support multiple sites”?**
  - a) Yes
  - b) No

*Response: **b) No** Staff that are working only at the community and are not attached to any facilities should answer no. This question is intended to capture facility-based workers that move across multiple facility sites.*

# Template data elements: *Primary Program Area*

The screenshot shows a data entry form with three columns: 'Valid OU', 'Primary Program Area?', and 'Primary Beneficiary?'. The 'Valid OU' column has a dropdown menu open, showing a list of program areas. The first option is 'Above Site: Blood supply safety', which is highlighted. Other options include 'Above Site: HIV/S, surveillance, & research', 'Above Site: Human resources for health', 'Above Site: Injection safety', 'Above Site: Laboratory systems strengthening', 'Above Site: Laws, regulations & policy environment', 'Above Site: Policy, planning, coordination & manag', and 'Above Site: Procurement & supply chain managem'.

Select the primary PEPFAR program area that the individual staff supports.

- If the individual supports multiple program areas, please select the one that occupies the majority of their time.
  - If the individual supports two areas equally, please select one to report. The other may be listed in the comments section, if desired
- Only workers who support work at a community or facility (including rovers) can select a Site Level program area, as per the Financial Classification definition of Site Level. All others must select an Above Site program area.

## Legend

**EXPANDED**

For full list of definitions of program areas, please refer to the HRH Inventory handbook [here](#)

# Overview of UPDATED *Program Area Options*

Site Level				Above Site	
Prevention (PREV)	Socioeconomic (SE)	Testing (HTS)	Care and Treatment (C&T)		
Comm. mobilization, behavior & norms change	Case Management	Community-based testing	HIV Clinical Services	Blood supply safety	Policy, planning, coordination & management of disease control programs
Condom & Lubricant Programming	Economic Strengthening	Facility-based testing	HIV Drugs	HMIS, surveillance, and research	Procurement & supply chain management
Medication assisted treatment	Education Assistance	General HTS	HIV Laboratory Services	Human resources for health	Public financial management strengthening
PrEP	Food and nutrition		General C&T	Injection safety	Laws, regulation, and policy environment
Primary prevention of HIV and sexual violence	Legal, human rights & protection		HIV/TB	Laboratory systems strengthening	General above site
VMMC	Psychosocial support				
	General socioeconomic				
IP Program Management					

Refers to clinical services related to integrated HIV/TB care

# Overview of UPDATED *Program Area Options*

Site Level				Above Site	
Prevention (PREV)	Socioeconomic (SE)	Testing (HTS)	Care and Treatment (C&T)		
Comm. mobilization, behavior & norms change	Case Management	Community-based testing	HIV Clinical Services	Blood supply safety	Policy, planning, coordination & management of disease control programs
Condom & Lubricant Programming	Economic Strengthening	Facility-based testing	HIV Drugs	HMIS, surveillance, and research	Procurement & supply chain management
Medication assisted treatment	Education Assistance	General HTS	HIV Laboratory Services	Human resources for health	Public financial management strengthening
PrEP	Food and nutrition		General C&T	Injection safety	Laws, regulation, and policy environment
Primary prevention of HIV and sexual violence	Legal, human rights & protection		<b>HIV/TB</b>	Laboratory systems strengthening	General above site
VMMC	Psychosocial support				
	General socioeconomic				

*ASP or above site program activities refer to technical assistance activities aimed at strengthening specific areas of the health system*

# Overview of UPDATED Program Area Options

Site Level				Above Site	
Prevention (PREV)	Socioeconomic (SE)	Testing (HTS)	Care and Treatment (C&T)		
Comm. mobilization, behavior & norms change	Case Management	Community-based testing	HIV Clinical Services	Blood supply safety	Policy, planning, coordination & management of disease control programs
Condom & Lubricant Programming	Economic Strengthening	Facility-based testing	HIV Drugs	HMIS, surveillance, and research	Procurement & supply chain management
Medication assisted treatment	Education Assistance	General HTS	HIV Laboratory Services	Human resources for health	Public financial management strengthening
PrEP	Food and nutrition		General C&T	Injection safety	Laws, regulation, and policy environment
Primary prevention of HIV and sexual violence	Legal, human rights & protection		HIV/TB	Laboratory systems strengthening	General above site
VMMC	Psychosocial support				
	General socioeconomic				
<p><i>IP program management refers to administrative and planning activities for implementing the technical work of the award. This includes planning/coordination of programmatic work, financial administration of the award, and other related overhead activities</i></p>					
IP Program Management					



# Summary of Locations of Work and Program Area



**Reminder!**

You have already determined location of work in the DATIM Hierarchy section

Location of Work	Primary Program Area
Above Site	Above Site (ASP) or IP Program Management
Community	Site Level (C&T, HTS, SE, Prev., or IP Program Management)
Roving Staff	
Facility	

# IMPORTANT Note about Primary Program Area

If the PEPFAR-supported worker works on more than one program area you must:

1. Choose a *primary* program area
2. Report FTE and Expenditure (\$\$) for the **entire** worker, not just for the primary program area

Example: You are reporting a full-time nurse who spends  $\frac{3}{4}$  of her time on HIV care and treatment services, and  $\frac{1}{4}$  of her time on HIV testing. Total annual expenditure is \$2,500.

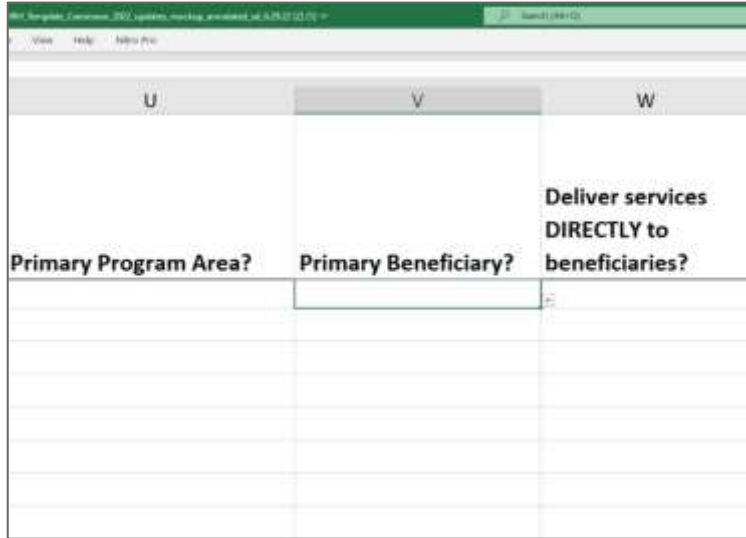
**You would report this worker on one line in the template:**

Primary Program Area = General C&T

FTE = 1

Expenditure = \$2,500

## Template data element: *Primary beneficiary*



The screenshot shows a data entry form with three columns labeled U, V, and W. Column U is titled 'Primary Program Area?', column V is 'Primary Beneficiary?', and column W is 'Deliver services DIRECTLY to beneficiaries?'. The form has several rows for data entry.

U	V	W
Primary Program Area?	Primary Beneficiary?	Deliver services DIRECTLY to beneficiaries?

### ***Legend***

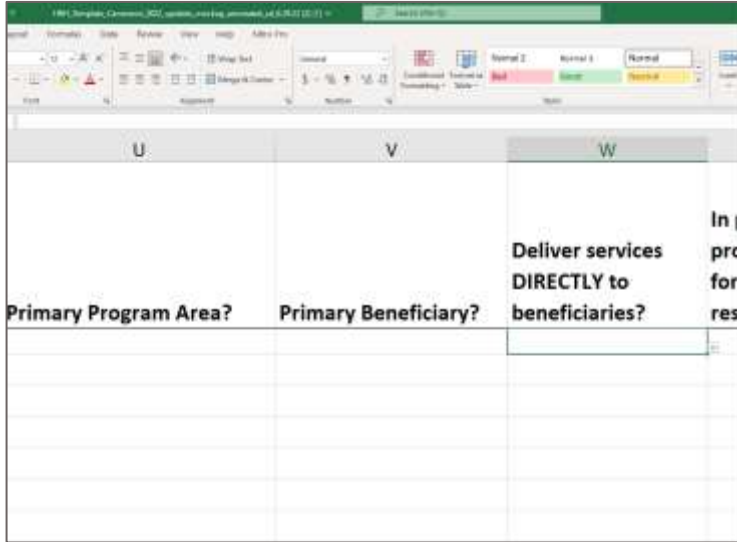
UNCHANGED

Please indicate the primary beneficiary of services provided/supported by this staff member:

1. Females
2. Females: Young Women & Adolescent females
3. Males
4. Males: Young Men & Adolescent Males
5. Non-Targeted Pop
6. Non-Targeted Pop: Children
7. Non-Targeted Pop: Young People & Adolescents
8. OVC
9. Pregnant & Breastfeeding Women
10. Key Populations
11. Priority Pops

See detailed guidance on each primary beneficiary in the [PEPFAR Handbook](#)

# Template data element: *Service and Non service Delivery (SD/NSD)*



U	V	W
Primary Program Area?	Primary Beneficiary?	Deliver services DIRECTLY to beneficiaries?

## Legend

UNCHANGED

Note: All employment titles have a suggested category for SD/NSD in the HRH Inventory handbook [here](#)

- Select whether the individual directly provides services to beneficiaries or supports non-service delivery activities:
  - **Direct Service Delivery (SD):** *Program activities involving direct interaction with the beneficiary are defined as **service delivery**.*
    - Interactions may be in person, or through other mediums, such as telehealth.
    - Only employment titles of clinical and ancillary staff
  - **Non-Service Delivery (NSD):** *Program activities that support, facilitate, or strengthen the facility, site, service providers, or subnational unit or national system are defined as **non-service delivery**.*
    - Applicable to program management staff and other staff
    - All above-site programs areas are, by definition, non-service delivery.
- There may be instances where staff provide both service-delivery and non-service delivery. For reporting, please select the type of interaction that the worker provides **most often**.

## Template data elements: *Public Health Emergency*

W	X	Y
Deliver services DIRECTLY to beneficiaries?	In the past year, provided support for other public health emergency?	Sum of Annual PEPFAF Expenditure, excluding Fringe and Non-Monetary (in USD)

- Indicate whether the individual supported delivery specific services in response to a Public Health Emergency at any point during the reporting period
- Supporting a public health emergency response may include service delivery, and can also include administrative support, such as funds disbursement for public health emergency response
- Public health emergencies may include: response activities related to COVID-19, Ebola outbreak response, Cholera, and other related infectious disease outbreaks

### ***Legend***

REFINED

Template data elements: *Expenditure*

The HRH Inventory collects **Expenditure**, which is the same as ER

Expenditure is how much was spent in the last fiscal year on the PEPFAR-supported worker

The HRH Inventory **does not** collect annual salary

The HRH Inventory collects Expenditure in three columns

1. Sum of Annual PEPFAR Expenditure, excluding Fringe and non-monetary expenses
2. Annual PEPFAR Fringe Expenditure
3. Annual Non-Monetary Expenditure, excluding Fringe

*Important: Connecting HRH to ER*

# Template data elements: *Sum of Annual PEPFAR Expenditure, excluding Fringe*

X	Y	Z
In the past year, provided support for other public health emergency?	Sum of Annual PEPFAR Expenditure, excluding Fringe and Non-Monetary (in USD)	Annual PEPFAR Fringe Expenditure excluding Non-Monetary (in U

Enter the total amount expended on the individual staff's compensation, excluding fringe and non-monetary expenditure, over the past fiscal year

- Free text, numeric
- **All salary, wage, contract fees, stipends, and other financial payments** made to staff should be entered here
- All PEPFAR expenditure data must be reported in United States dollars (USD)
- Include expenditures from October 1, 2022 to September 30, 2023

## **Legend**

UNCHANGED

*Important: Connecting HRH to ER*

# Template data elements: *Annual PEPFAR Fringe Expenditure*

Y	Z	AA
of Annual PEPFAR Fringe Expenditure, excluding Monetary and Non-Monetary (in USD)	Annual PEPFAR Fringe Expenditure, excluding Non-Monetary (in USD)	Annual PEPFAR Non-Monetary Expenditure, excluding Fringe (in USD)

Enter the total amount expended on individual staff's fringe benefits (in USD)

- Free text, numeric
- Fringe should include the cost of employer's share and should exclude any fringe benefits that are included as part of an approved indirect cost rate
- Include expenditures from October 1, 2022 to September 30, 2023

Note: Salary, stipends, wages should NOT be entered here - only the cost of fringe benefits should be included

## ***Legend***

UNCHANGED

*Important: Connecting HRH to ER*



# Overview of Annual PEPFAR Fringe Expenditure

Included Costs	Excluded Costs
<ul style="list-style-type: none"><li>● Fringe benefits in the form of regular compensation paid to employees during periods of authorized absences from the job, such as vacation, sick leave, military leave.</li><li>● Fringe benefits in the form of employer contributions or expenses for social security, employee insurance, workmen's compensation insurance, pension plan costs, etc.</li><li>● Other allowable costs for fringe benefits (see OMB Circular A-122), such as housing assistance and rural housing allowance.</li></ul>	<ul style="list-style-type: none"><li>● Stipends, cash awards, bonuses or performance-based pay should all be entered in the “Sum of annual PEPFAR Expenditure, excluding fringe.”</li><li>● PEPFAR funding for the construction or renovation of housing for healthcare workers, even if in place of providing a housing allowance to obtain housing on the market, should not be included in the HRH Inventory.</li><li>● Costs of fringe benefits that were classified as indirect</li></ul>



## Summary of Mode of Hiring and Expenditure (USD\$) for Salaried Workers

Staffing Scenario Examples		Mode of Hiring (column F)	Sum of Annual PEPFAR Expenditure, excluding Fringe (column Y)	Annual PEPFAR Fringe Expenditure (column Z)	Annual PEPFAR Non-Monetary Expenditure (column AA)
1	Salaried Worker	Salary*	Salary Expenditure	Fringe Expenditure	...
2	Salaried Worker receiving an additional smaller stipend		Salary Expenditure + additional stipend expenditure	Fringe Expenditure	...
3	Salaried Worker receiving an additional non-monetary amount		Salary Expenditure	Fringe Expenditure	Non-monetary compensation estimate

\* All Salaried workers must enter an amount for fringe, if the worker does not receive fringe, enter zero

# Summary of Mode of Hiring and Expenditure (USD\$) for Contract Workers

Staffing Scenario Examples		Mode of Hiring (column F)	Sum of Annual PEPFAR Expenditure, excluding Fringe (column Y)	Annual PEPFAR Fringe Expenditure (column Z)	Annual PEPFAR non-monetary expenditure (column AA)
1	Contract Worker	Contract	Contract Expenditure	...	...
2	Stipend Worker		Stipend Expenditure	...	...
3	Contract Worker receiving fringe benefits		Contract Expenditure	Fringe Expenditure	...
4	Stipend Worker receiving non-monetary compensation		Stipend Expenditure	...	Non-monetary compensation estimate

# Summary of Mode of Hiring and Expenditure (USD\$) for Non-monetary ONLY

Staffing Scenario Examples		Mode of Hiring (column F)	Sum of Annual PEPFAR Expenditure, excluding Fringe (column Y)	Annual PEPFAR Fringe Expenditure (column Z)	Annual PEPFAR non-monetary Expenditure (column AA)
1	Non-monetary only worker	Non-monetary ONLY	...	...	Non-monetary compensation estimate

---

# Q&A

Moderator: Jason Roffenbender, Health Workforce Branch



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# HRH Inventory Template Demo w/ Staffing Examples

Presenter: Kyle Borces, Health Workforce Branch



# Staffing Scenarios

## **Scenario A**

- Direct Service Delivery at a single facility

## **Scenario B**

- Direct Service Delivery at multiple facilities

## **Scenario C**

- Direct Service Delivery within a community but not facility-based

## **Scenario D**

- HRH Advisor seconded to the Ministry of Health

## **Scenario E**

- Project manager providing project management/coordination support

## **Scenario F**

- Part-time volunteer that received non-monetary compensation

## **Scenario G**

- Finance manager providing financial administration



# Staffing Scenarios

## Scenario A: Direct Service Delivery at a single facility

A female nurse works full-time throughout the entire year at an IP-supported facility. She was hired at the start of the year to provide general HIV care and treatment services and is paid her salary directly by the prime implementing partner. In the past year, she was asked to divert some of her time to focus on COVID-19 testing. Her total salary expenditure over the 12 months was \$11,000, and her annual fringe expenditure totaled \$1,820.

HRH_Inventory Column Heading	Response
Employed through Prime or sub IP	Prime
Gender	Female
Employment Title	Clinical: Nurse
Mode of hire	Salary
MOH Staff/ Seconded to MOH	No
Months of Work in Past Year	12
Average FTE per month	1.0
Primarily support work in the community	No
Work in or support multiple sites (Roving Staff)	No
Technical assistance staff	No
Position based outside of OU	No
SNU Level to Report	All SNUs (down to, and including, FACILITY)

# Staffing Scenarios

## Scenario A: Direct Service Delivery at a single facility

A female nurse works full-time throughout the entire year at an IP-supported facility. She was hired at the start of the year to provide general HIV care and treatment services and is paid her salary directly by the prime implementing partner. In the past year, she was asked to divert some of her time to focus on COVID-19 testing. Her total salary expenditure over the 12 months was \$11,000, and her annual fringe expenditure totaled \$1,820.

HRH_Inventory Column Heading	Response
Primary Program Area	Site Level: C&T: General C&T
Primary beneficiary	Non-targeted population
Deliver Services DIRECTLY to beneficiaries	Direct Service Delivery
In past year provided support for other public health emergencies?	Yes
Sum of Annual PEPFAR Expenditure, excluding Fringe and non-monetary expenses	\$11,000
Annual PEPFAR Fringe Expenditure	\$1,820
Annual PEPFAR non-monetary expenditure, excluding Fringe	\$0

# Staffing Scenarios

## Scenario B: Direct Service Delivery at a multiple facilities

A female nurse provides HIV clinical services primarily for pregnant & breastfeeding women, and works full-time supporting multiple facilities. She was hired halfway through the year. Her salary is paid directly by the prime implementing partner. In the past year, she helped screen and test clients for COVID with part of her time. Her total salary expenditure over the period she worked was \$5,500, and her fringe expenditure totaled \$935.

HRH_Inventory Column Heading	Response
Employed through Prime or sub IP	Prime
Gender	Female
Employment Title	Clinical: Nurse
Mode of hire	Salary
MOH Staff/ Secoded to MOH	No
Months of Work in Past Year	6
Average FTE per month	1.0
Primarily support work in the community	No
Work in or support multiple sites (Roving Staff)	Yes
Technical assistance staff	No
Position based outside of OU	No
SNU Level to Report	All SNUs down to 'Community'

# Staffing Scenarios

## Scenario B: Direct Service Delivery at a multiple facilities

A female nurse provides HIV clinical services primarily for pregnant & breastfeeding women, and works full-time supporting multiple facilities. She was hired halfway through the year. Her salary is paid directly by the prime implementing partner. In the past year, she helped screen and test clients for COVID with part of her time. Her total salary expenditure over the period she worked was \$5,500, and her fringe expenditure totaled \$935.

HRH_Inventory Column Heading	Response
Primary Program Area	Site Level: C&T: HIV clinical services
Primary beneficiary	Pregnant & breastfeeding women
Deliver Services DIRECTLY to beneficiaries	Direct Service Delivery
In past year provided support for other public health emergencies?	Yes
Sum of Annual PEPFAR Expenditure, excluding Fringe and non-monetary expenses	\$5,500
Annual PEPFAR Fringe Expenditure	\$935
Annual PEPFAR non-monetary expenditure, excluding Fringe	\$0

# Staffing Scenarios

**Scenario C:** Direct Service Delivery within a community but not facility based

A subrecipient IP provides pretest counseling, testing, and post-test counseling services for young women through mobile community-based testing

The sub-IP hires 10 lay counselors composed of 5 men and 5 women. Each of the 10 staff are hired through contracts that pay them \$2,850 each for six months of full-time work. There is no fringe with this contract.

HRH_Inventory Column Heading	Response
Employed through Prime or sub IP	Sub IP
If sub, select IP name	[Sub IP Name]
Gender	Male for male staff rows, Female for female staff rows
Employment Title	Ancillary: Lay Counselor
Mode of Hire	Contract
MOH Staff/ Seconded to MOH	No
Months of Work in Past Year	6
Average FTE per month	1.0
Primarily support work in the community	Yes
Work in or support multiple sites (Roving Staff)	No
Technical assistance staff	No
Position based outside of OU	No
SNU Level to Report	All SNUs down to 'Community' Column

# Staffing Scenarios

**Scenario C:** Direct Service Delivery within a community but not facility based

A subrecipient IP provides pretest counseling, testing, and post-test counseling services for young women through mobile community-based testing

The sub-IP hires 10 lay counselors composed of 5 men and 5 women. Each of the 10 staff are hired through contracts that pay them \$2,850 each for six months of full-time work. There is no fringe with this contract.

HRH_Inventory Column Heading	Response
Primary Program Area	Site Level: HTS: Community-based testing
Primary beneficiary	Females: young women and adolescent females
Deliver Services DIRECTLY to beneficiaries	Direct Service Delivery
In past year provided support for other public health emergencies?	No
Sum of Annual PEPFAR Expenditure, excluding Fringe and non-monetary expenses	\$2,850
Annual PEPFAR Fringe Expenditure	\$0
Annual PEPFAR non-monetary expenditure, excluding Fringe	\$0

# Staffing Scenarios

## Scenario D: HRH Advisor seconded to MOH

A female HRH Advisor is employed through a prime partner and seconded to the Ministry of Health to support the development of a new national HRH strategy. She works at the Ministry of Health office in the capital city. She worked full-time for the entire year, and her salary expenditure was \$31,400. Her fringe expenditure totaled \$5,430.

HRH_Inventory Column Heading	Response
Employed through prime or sub-IP	Prime
If sub, select IP name	
Gender	Female
Employment Title	Other: Technical Advisor
Mode of Hire	Salary
MOH Staff/ Seconded to MOH	Yes
Months of Work in Past Year	12
Average FTE per month	1.0
Primarily support work in the community	No
Work in or support multiple sites (Roving Staff)	No
Technical assistance staff	Yes
Position based outside of OU	No
SNU Level to Report	SNU 1

# Staffing Scenarios

## Scenario D: HRH Advisor seconded to MOH

A female HRH Advisor is employed through a prime partner and seconded to the Ministry of Health to support the development of a new national HRH strategy. She works at the Ministry of Health office in the capital city. She worked full-time for the entire year, and her salary expenditure was \$31,400. Her fringe expenditure totaled \$5,430.

HRH_Inventory Column Heading	Response
Primary Program Area	Above Site: Human resources for health
Prime beneficiary	Non-targeted population
Deliver Services DIRECTLY to beneficiaries	Non-service Delivery
In past year provided support for other public health emergencies?	No
Sum of Annual PEPFAR Expenditure, excluding Fringe and non-monetary expenses	\$31,400
Annual PEPFAR Fringe Expenditure	\$5,430
Annual PEPFAR non-monetary expenditure, excluding Fringe	\$0



# Staffing Scenarios

**Scenario E:** Program Manager providing project coordination and project management support

A Project Manager for a subrecipient partner is based in Nairobi and provides project oversight of technical activities focused on improving coverage of community-based HIV testing among key populations across Nairobi County in Kenya, while also managing project work plans and milestones. This male Project Manager worked full-time for the entire year with a salary expenditure of \$30,000 and fringe expenditure of \$4,500.

HRH_Inventory Column Heading	Response
Employed through prime or sub-IP	Sub
If sub, select IP name	[Sub IP Name]
Gender	Male
Employment Title	IP Prg Mgmt: Other Program Management Staff
Mode of Hire	Salary
MOH Staff/ Seconded to MOH	No
Months of Work in Past Year	12
Average FTE per month	1.0
Primarily support work in the community	No
Work in or support multiple sites (Roving Staff)	No
Technical assistance staff	No
Position based outside of OU	No
SNU Level to Report	PSNU

# Staffing Scenarios

**Scenario E:** Program Manager providing project coordination and project management support

A Project Manager for a subrecipient partner is based in Nairobi and provides project oversight of technical activities focused on improving coverage of community-based HIV testing among key populations across Nairobi County in Kenya, while also managing project work plans and milestones. This male Project Manager worked full-time for the entire year with a salary expenditure of \$30,000 and fringe expenditure of \$4,500.

HRH_Inventory Column Heading	Response
Primary Program Area	IP Program Management
Prime beneficiary	Key populations
Deliver Services DIRECTLY to beneficiaries	Non-service delivery
In past year provided support for other public health emergencies?	No
Sum of Annual PEPFAR Expenditure, excluding Fringe and non-monetary expenses	\$30,000
Annual PEPFAR Fringe Expenditure	\$4,500
Annual PEPFAR non-monetary expenditure, excluding Fringe	\$0

# Staffing Scenarios

## Scenario F: Part-time volunteer that received non-monetary compensation

A female community health worker is recruited through a prime partner to educate and mobilize local community members (young women and adolescents) towards HIV testing and counseling services. She is a volunteer worker that does not receive any monetary compensation, but receives phone cards and other household goods valued at about \$500 for her participation in the program. She only worked for four months during the year at about two weeks per month

HRH_Inventory Column Heading	Response
Employed through prime or sub-IP	Prime
If sub, select IP name	
Gender	Female
Employment Title	Ancillary: Community Health Worker
Mode of Hire	Non-monetary only
MOH Staff/ Secoded to MOH	No
Months of Work in Past Year	4
Average FTE per month	0.5
Primarily support work in the community	Yes
Work in or support multiple sites (Roving Staff)	No
Technical assistance staff	No
Position based outside of OU	No
SNU Level to Report	All SNUs down to 'Community' level

# Staffing Scenarios

**Scenario F:** Part-time volunteer that received non-monetary compensation

A female community health worker is recruited through a prime partner to educate and mobilize local community members (young women and adolescents) towards HIV testing and counseling services. She is a volunteer worker that does not receive any monetary compensation, but receives phone cards and other household goods valued at about \$500 for her participation in the program. She only worked for four months during the year at about two weeks per month

HRH_Inventory Column Heading	Response
Primary Program Area	Site Level: PREV: Comm. mobilization, behavior & norms change
Prime beneficiary	Females: young women and adolescent females
Deliver Services DIRECTLY to beneficiaries	Service delivery
In past year provided support for other public health emergencies?	No
Sum of Annual PEPFAR Expenditure, excluding Fringe and non-monetary expenses	\$0
Annual PEPFAR Fringe Expenditure	\$0
Annual PEPFAR non-monetary expenditure, excluding Fringe	\$500

# Staffing Scenarios

**Scenario G:** Finance Manager providing financial administration support to the award/project

A full-time, male Finance Manager for a prime partner providing financial administration by approving expense reimbursements, processing monthly salary payments, and supporting financial work plan development for a program that targets adolescent girls and young women. This Finance Manager is primarily based outside of the OU and worked for the entire year with a salary expenditure of \$24,500 and fringe expenditure of \$4,000.

HRH_Inventory Column Heading	Response
Employed through prime or sub-IP	Prime
If sub, select IP name	
Gender	Male
Employment Title	IP Prg Mgmt: Finance Staff
Mode of Hire	Salary
MOH Staff/ Seconded to MOH	No
Months of Work in Past Year	12
Average FTE per month	1.0
Primarily support work in the community	No
Work in or support multiple sites (Roving Staff)	No
Technical assistance staff	No
Position based outside of OU	Yes
SNU Level to Report	Leave blank

# Staffing Scenarios

**Scenario G:** Finance Manager providing financial administration support to the award/project

A full-time, male Finance Manager for a prime partner providing financial administration by approving expense reimbursements, processing monthly salary payments, and supporting financial work plan development for a program that targets adolescent girls and young women. This Finance Manager is primarily based outside of the OU and worked for the entire year with a salary expenditure of \$24,500 and fringe expenditure of \$4,000.

HRH_Inventory Column Heading	Response
Primary Program Area	IP Program Management
Prime beneficiary	Females: adolescent girls and young women
Deliver Services DIRECTLY to beneficiaries	Non-service delivery
In past year provided support for other public health emergencies?	No
Sum of Annual PEPFAR Expenditure, excluding Fringe and non-monetary expenses	\$24,500
Annual PEPFAR Fringe Expenditure	\$4,000
Annual PEPFAR non-monetary expenditure, excluding Fringe	\$0

# Staffing Scenarios

- For **INTERNATIONAL WORKERS**, such as U.S. based staff that spend a portion of their time supporting the IM, **leave all geographic hierarchy columns blank.**
- For **REGIONS**, the SNU1 level is the country where the worker performs their work.
- For **MILITARY**, select the military SNU. Leave all other geographic hierarchy columns blank.
  
- **Roving staff** should select geographies to the community level.
- **Community workers** should select geographies to the community level.
- **Above Site** workers must leave the facility level blank (at minimum)
- Staff assigned to a facility that spend a portion of their time in the community should be entered at the facility to which they are assigned.

# Knowledge Check

- **You employ a facility administrator who supervises staff and manages workflow but does not see clients directly. Would this person be reported as service delivery or non-service delivery?**
  - a) Service delivery
  - b) Non-service delivery

*Response: **b) Non-service delivery** This person is not directly providing services to clients.*



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# Q&A

Moderator: Jason Roffenbender, Health Workforce Branch



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# Overview of Reporting in DATIM

Presenter: Jason Roffenbender, Health Workforce  
Branch



# HRH Reporting FY23 Timeline

Date	Owner	HRH Reporting
<b>Prior to 10/2</b>	Partner	DATIM users (prime partners only) request accounts or reactivate expired accounts for HRH. FY23 Templates are already available for download.
Oct 2	Partner	<b>DATIM OPEN:</b> The soonest IPs can upload FY23 HRH templates. Two-step submission process: (1) Upload template, and (2) Submit template.
<b>Nov 14</b>		<b>FY23 Q4 DATIM Submission Deadline</b>
Nov 30	Partner	DATIM open for IP cleaning and re-upload of FY23 HRH reporting
<b>Dec 15</b>		<b>FY23 Q4 DATIM Data Cleaning/Resubmission Deadline</b>

## Steps to HRH inventory reporting for partners

1. Request an HRH DATIM account at [register.datim.org](https://register.datim.org)
2. Log into DATIM.org and download your OU-specific template
3. Complete the template
4. Use the **HRH Processor** app in DATIM and upload the template
5. Correct any errors as indicated upon upload
6. Use the **Data Approval** app and click “Submit” to fully submit the template for DATIM and USAID approval
7. Await template approval, or make any revisions as requested

# Requesting a HRH DATIM account

- **HRH Inventory Processor** is an application and data stream within DATIM that was created to support HRH Inventory Uploads in FY21.
- In order to submit, approve, or interact with the HRH Inventory application, **existing DATIM user accounts will need to be updated or new accounts created**
- Request a new account or reactivate account now.
  - You can request an account after October 3rd if necessary
- See the following slides for how to:
  - Register for a new account, including HRH access
  - Update your current DATIM account to obtain HRH access

# Requesting a NEW HRH DATIM account



## What would you like to do?

- Request a user account on DATIM
- Contact my DATIM user administrator about something else

Please enter your details below to request a user account on DATIM.

First Name \*

Last Name \*

Email Address \*

User Type \*

- USG
- Implementing Partner
- MoH Data Alignment

Operating Unit \*

Please select an Operating Unit

Implementing Partner Name (official US Government registered name): \*

Please provide the name of the implementing Partner

Preferred Language \*

Data stream(s) you need access to: \*

- ER
- HRH
- MER
- VMMC NAE

Access Type \*

- Data Entry HRH Inventory
- Data Entry VMMC NAE
- Submit Data
- Read Data

Are you requesting this account on behalf of someone else?

- Yes
- No

Justification for request \*

- Go to [register.datim.org](https://register.datim.org)
- Select “Request a user account on DATIM”
- Enter your details (name, email, OU etc.)
- Choose “Implementing Partner”
- Choose access to “HRH”
- Choose access type “Data Entry HRH Inventory” and “Submit Data”
- Justify your request

# Updating an EXISTING DATIM account to access HRH



## What would you like to do?

- Request a user account on DATIM  
 Contact my DATIM user administrator about something else

Please enter your details below to contact your User Administrator.

First Name \*

Last Name \*

Email Address \*

User Type \*

- USG ⓘ  
 Implementing Partner ⓘ  
 MoH Data Alignment ⓘ

Operating Unit \*

Please select an Operating Unit.

Implementing Partner Name (official US Government registered name): \*

Please provide the name of the Implementing Partner.

Message to User Administrator \*

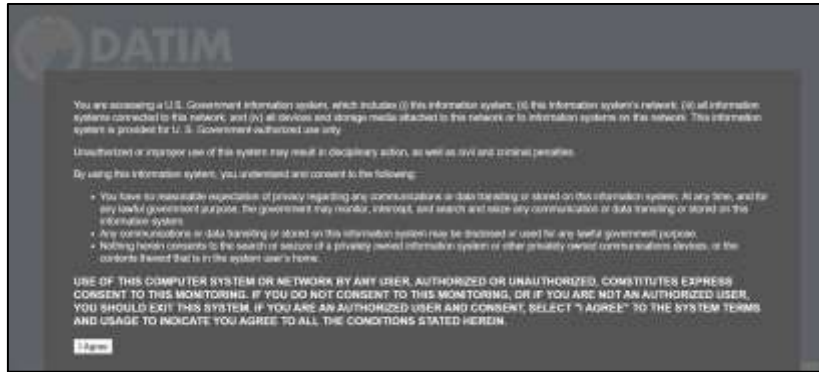
Update my account to gain access to new HRH reporting app.

Submit

- Go to [register.datim.org](https://register.datim.org)
- Select “Contact my DATIM user administrator about something else”
- Enter your details (name, email, OU etc.)
- Choose access to “Implementing Partner”
- Include a message to your administrator
  - Ex: “Update my account to gain access to new HRH reporting app”

# Downloading and Uploading the HRH template

## STEP 1: Log in to DATIM—<https://www.datim.org>

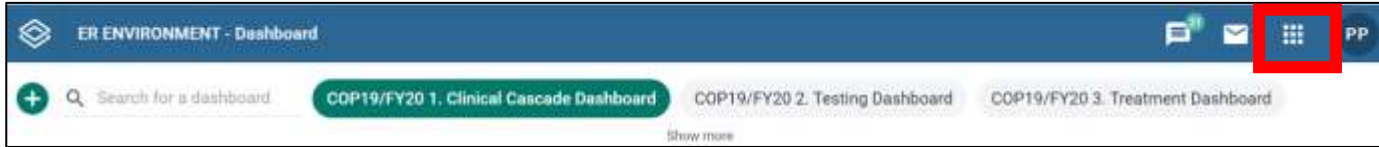




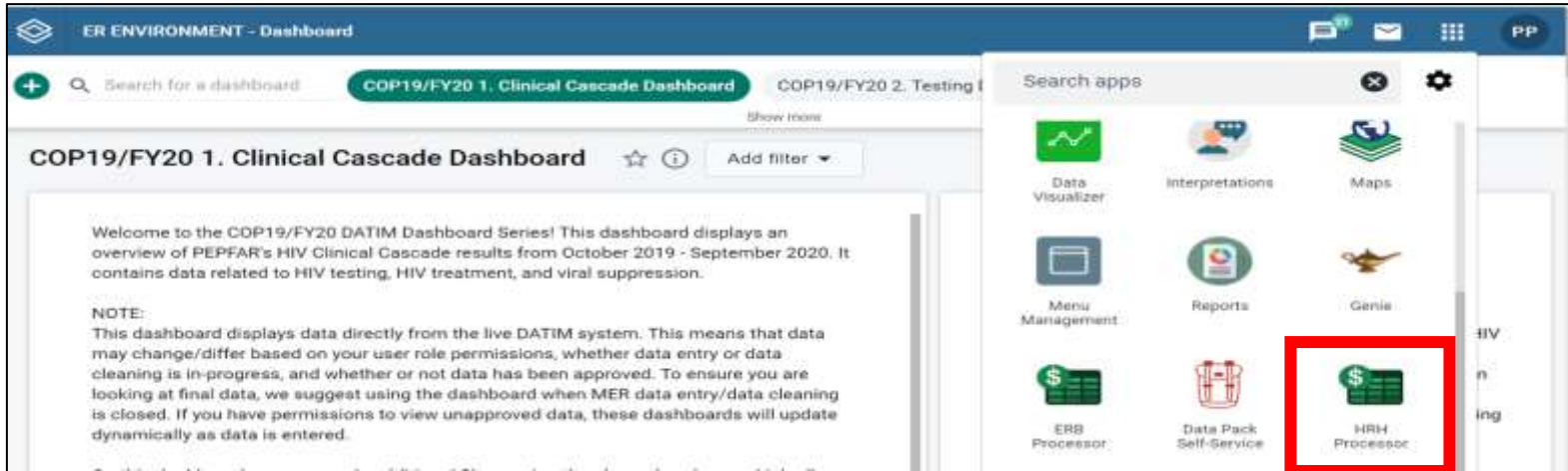
# Downloading and Uploading the HRH template

## STEP 2: Navigate to HRH Processor App

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



Within the apps menu, select the **HRH Processor** app



# Downloading and Uploading the HRH Template

## STEP 3: HRH Processor

HRH Processor < INSERT PARTNER NAME Partner

Operating Unit  
South Africa

COP Year  
COP 22 (FY23)

Mechanism

Please select a Funding Mechanism to submit templates

- Use the HRH Processor app to select:
  - OU
  - COP Year (COP22)
  - Funding Mechanism
- Request HRH template
- Upload HRH template

# Downloading and Uploading the HRH Template

## STEP 4: Partner Download Template

HRH Processor <

Operating Unit

South Africa

COP Year

COP 22 (FY23)

Mechanism

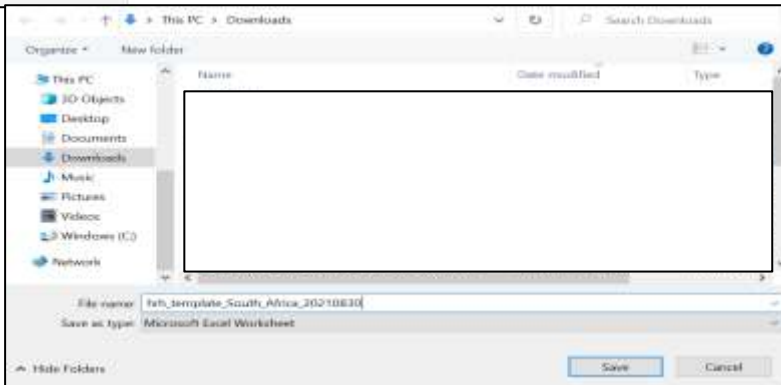
Insert Partner Name Partner

Mechanism		Status
Mech ID	18483	Approval Status: Pending
Award #	NU2GGHD01934	<b>REQUEST TEMPLATE</b>
Mechanism Name	Wits Health Consortium	

Prime Partner

DUNS #	Uploaded Template	Status	Del

UPLOAD TEMPLATE



- Click the **Request Template** icon under the Status field
- Save template to your computer

# Downloading and Uploading the HRH Template

## STEP 5: Complete the template

1	Record Number (optional)	Site	Employment title	Employed through Prime or Sub-ITF?	MOA	Months of work	Months of work in last year	Average FTE per Month (Staff)?	Work in or support multiple sites (Rowing)	PSAU/Community	Facility	Valid OIG	Rotary Program Area?	Deliver services DIRECTLY to beneficiaries?	In past year provided support for the COVID response?	Sum of Annual PEPFAR Expenditures, excluding fringe	Annual PEPFAR Fringe Expenditures	Comments
2																		
3																		
4																		
5																		
6																		
7																		

- Remember! Complete the first two tabs (Cover Sheet and Staff List)
- To complete the template follow the instructions outlined earlier in this presentation and in the HRH Inventory [Handbook](#)
- Submit one template per mechanism
  - Consolidate Subrecipient staffing data and Prime staffing data together into the staff list tab

# Downloading and Uploading the HRH Template

## STEP 6: Partner Upload Template

HRH Processor <

Operating Unit  
South Africa

COP Year  
COP 20 (FY21)

Mechanism  
18483 - NU2GGH00...

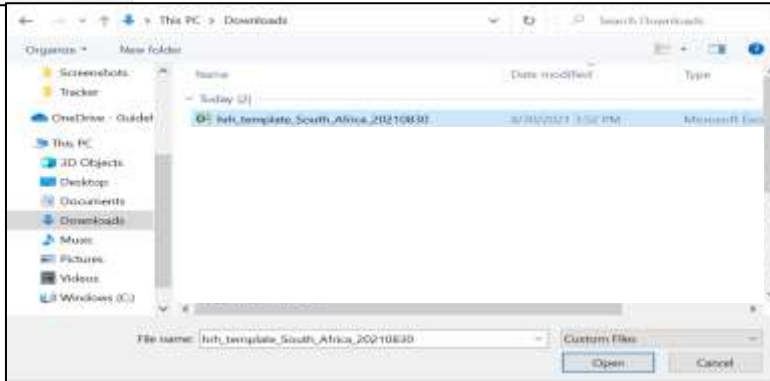
Insert Partner Name Partner

Mechanism	Status
Mech ID: 18483	Approval Status: Pending
Award #: NU2GGH001934	
Mechanism Name: Wits Health Consortium	

REQUEST TEMPLATE

Prime Partner

DUNS #	Uploaded Template	Status	Del
	UPLOAD TEMPLATE		




- Click the **Upload Template** icon in the Prime Partner upload field
- Select the template document and wait for file to upload
- Click **Upload HRH template**
- Assess Upload Status

# Assessing Template Upload Status


If your template is successfully uploaded, you will see the following status:

Prime Partner

DUNS #	Uploaded Template	Status	Int	Del
639391218	COP20FY21_HRH_18483.xlsx	✓ success	7	

If there is an error in your uploaded template, you will see the following error status:

Prime Partner

DUNS #	Uploaded Template	Status	Int	Del
639391218	COP20FY21_HRH_18483.xlsx	! 1 error	7	

# Navigating Upload Errors

## *Data Validations in DATIM HRH App*

- Data quality validations are processed upon upload to DATIM
- These checks are logical or value checks
- The template can be uploaded as many times as needed to correct errors
- We recommend uploading the template early and often to catch errors and to ensure they are corrected well before the November 14th deadline
- The template must fully pass all validations before the IP is able to successfully submit

# Completing a Final Quality Check Before Submission and Avoiding Upload Errors

Prior to uploading the template into the DATIM HRH App, it is important to conduct a data quality check. The template has been designed to minimize data entry errors through the inclusion of drop-down lists. However, a number of issues will trigger data entry error messages. To minimize the number of identified errors, perform the following check on the template prior to upload:

- ✓ **Check for completeness: Incomplete fields will trigger an error message.**
  - Ensure that all required fields in the Cover Sheet and Staff List Tabs are complete, consistent with each other and valid entries.
  - Ensure that all started rows are completed.
- ✓ **Check for logic: Use the error messages checks listed in the Definitions table as your guide to ensure each entry makes sense.**
  - Ensure all staff have been categorized and entered consistently (work location, roving, program area, employment title, etc.)
- ✓ **Check for duplicates:**
  - If you are using record numbers, ensure that each one is unique.
  - Ensure that the same staff person is not entered more than once
- ✓ **Check for extreme values:**
  - Check the compensation ranges in Sum of Annual PEPFAR Expenditure, excluding Fringe; and in Annual PEPFAR Fringe Expenditure and flag those that seem to be extreme values.
  - Ensure values are added in USD
- ✓ **Check the geography**
  - Check the “Valid OU” column in the template. This column will say “Valid” if a valid hierarchy of locations have been entered. For all that are not Valid, review selections to identify any overwriting of the dropdown fields.



# Downloading and Uploading the HRH Template

## STEP 7: Final Template Submission

The screenshot shows the HRH Processor interface. On the left, there are filters for Operating Unit (South Africa), COP Year (COP 20 (FY21)), and Mechanism (18483 - NU2GGH00...). The main area displays details for a Partner, including Mechanism ID (18483), Award # (NU2GGH001934), and Mechanism Name (WITS Health Consortium). Below this, it shows Prime Partner details with DUNS # (639391216) and an Uploaded Template (COP19FY20\_HRH\_L18483.xlsx). On the right, there is a 'Search apps' bar and a grid of app icons. The 'Data Approval' icon, which features a green checkmark, is highlighted with a red rectangular box.

- Use the **Data Approval** app to select:
  - Data Set
  - Period
- Use the **“View”** tab to see the successfully uploaded template
- Use the **“Submit”** tab to officially submit the data.

This screenshot shows the DATIM Approvals interface. At the top, it displays filters for Mechanism (HRH FY20), Period (October 2021 - September 2022), and Organization (South Africa). Below the filters, there are tabs for VIEW, ACCEPT, BASKET, RECALL, and RETIRE. The VIEW tab is currently selected. A red arrow points from the 'Data Approval' app icon in the previous screenshot to this interface.

This screenshot shows the DATIM Approvals interface with the SUBMIT tab selected. A red box highlights the SUBMIT button. Below the tabs, it shows '1 mechanism(s) selected' and a list of mechanisms. A red arrow points from the 'VIEW' tab in the previous screenshot to this one.

# Knowledge Check

- **When will you see error messages if something in the HRH inventory template is incorrectly entered?**
  - a) Immediately as you enter the data in the template- errors will appear in red
  - b) When you attempt to upload to DATIM app- you will see an error message
  - c) You will only be notified of errors after the submission has been reviewed by agency staff

*Response: **b) When you attempt to upload to DATIM app** You will see an error message if there are any corrections needed for the template to be accepted.*

# Knowledge Check

- **Will DATIM accept a template if there are outstanding error messages?**
  - a) Yes
  - b) No

*Response: **b) No** - All error messages must be addressed by making changes to the data in the template before DATIM will accept the submission.*

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# Q&A

Moderator: Jason Roffenbender, Health Workforce Branch



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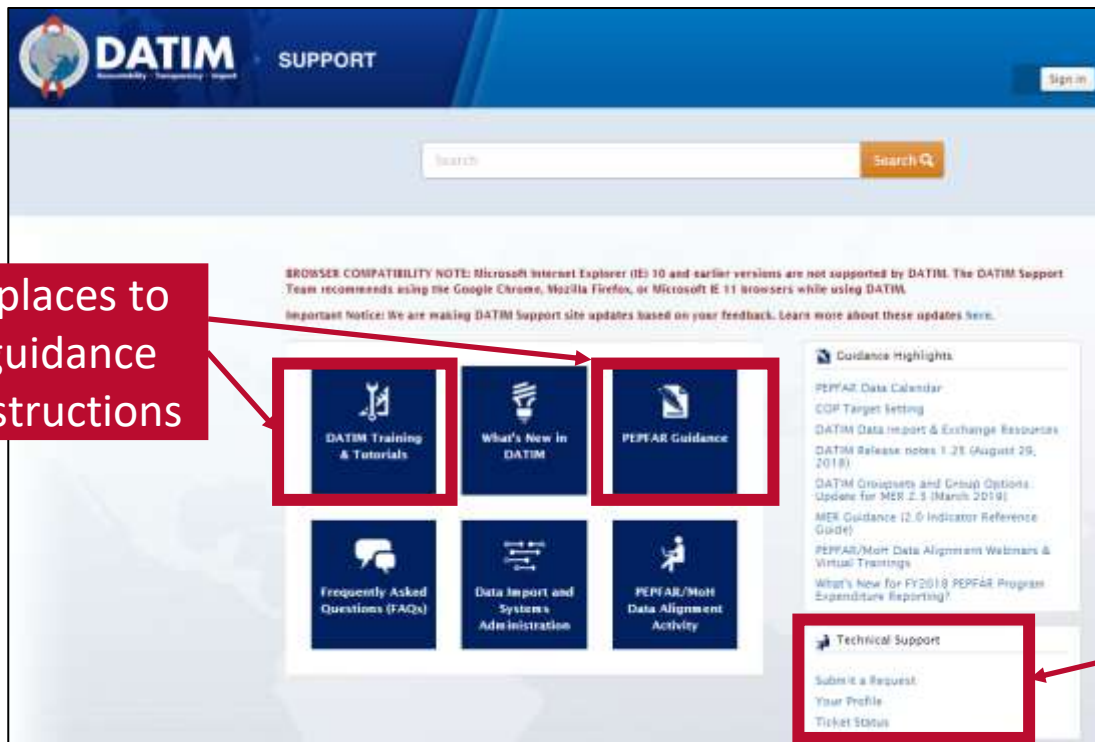
## Next Steps

Presenter: Jason Roffenbender, Health Workforce Branch



# Accessing GHSD Guidance and Instructions

All guidance and instructions related to submitting HRH in DATIM can be found at <https://datim.zendesk.com>.



2 key places to find guidance and instructions

Technical support available!

# Accessing Guidance and Instructions cont'd



PEPFAR Guidance

- [Intro to PEPFAR HRH Inventory](#)
- [HRH Definitions](#)
- [HRH Inventory Handbook](#)
- HRH Inventory Template (within DATIM app)
- Checklists Before Submitting and Approving HRH Inventory Template
- [FAQ](#)
- Job Aids
- HRH FTE Calculator
- [User Administration: Creating New HRH User Accounts](#)
- [DATIM Data Approval Level Statuses and Actions HRH](#)



DATIM Training  
& Tutorials

\*\*\*Please check back regularly on DATIM Zendesk as the above FY23 materials will be posted on a rolling basis.

# Next Steps

1. Prior to October 2nd, submit form at [register.datim.org](https://register.datim.org) to obtain an HRH DATIM account and access to final HRH template
1. Review template and guidance materials (this presentation and recording will be sent out via email )
1. Direct questions about the training to: [hrh-reporting-helpdesk@usaid.gov](mailto:hrh-reporting-helpdesk@usaid.gov)
1. Direct mechanism specific questions to A/CORs, Activity Managers and Mission HRH POCs
1. USAID will be circulating an FAQ we will update throughout the reporting period and distribute to Mission POCs. Questions you have will help others.
1. Begin collating data needed to complete the inventory \*Recommend upload prior to November 14th submission deadline to give ample time to respond to any errors



Thank You!  
Questions?

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PEPFAR



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