USAID
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ASAP Webinar series

PEPFAR REPORTING & DATA USE

strengthening MER and HFR reporting and data use

August 19, 2020

AHC

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PEPFAR REPORTING & DATA USE

strengthening MER and HFR reporting and data use

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US Agency for International Development

August 19, 2020 | Virtual

Objectives

- Understand PEPFAR MER data and the PEPFAR data management cycle
- Know the importance of data reporting quality
- Able to read and use the MER 2.4 Indicator Reference Guide
- Develop comfort with USAID HFR guidance and have the ability to utilizing USAID HFR data
- Know how USAID is analyzing data

Outline

- Data Streams & Lifecycles
- Exercise: MER Indicator Guide Investigation
- High Frequency Reporting
- Effective Data Use
- Exercise: Exploratory Analysis with HFR Data
- Q&A

Outline

- Download this file now

www.tinyurl.com/mer-guidance

- **DATIM data calendar in the chat box**

- **As we go, type your questions in the chat box, we will be pausing to answer questions during the presentation**
- **At the end, we will have a discussion where we hope you, the participants will share your experience with each other**

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ASAP Webinar Series

DATA STREAMS & LIFECYCLES

understanding MER data and data management cycle

August 19, 2020

There is a narrow window of opportunity to **reach the UNAIDS 90-90-90 goals** ... and put the world on track to achieve the United Nations Sustainable Development Goal target of ending the AIDS epidemic by 2030.

PEPFAR uses **data** to focus on programs in the geographic areas and populations with the greatest HIV/AIDS burden, maximizing the impact of each dollar invested.

What **types** of data does PEPFAR collect?

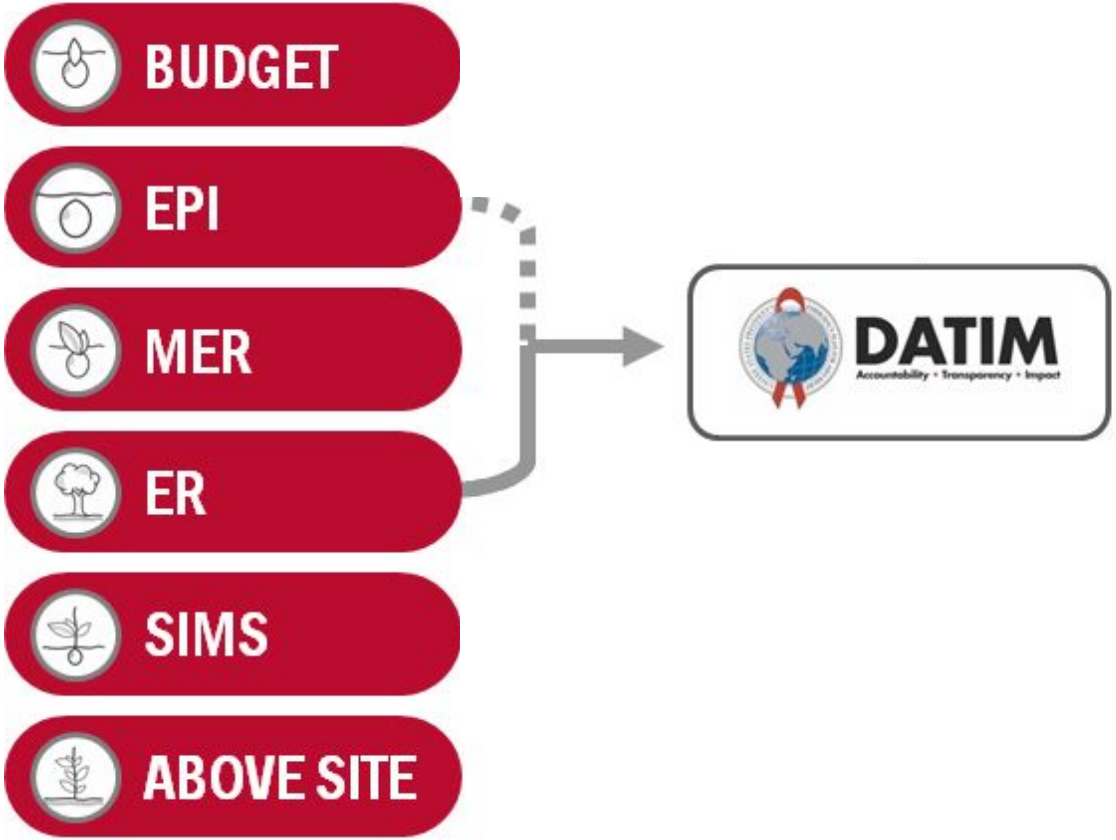
- Where should PEPFAR work and prioritize?
- What type of work should PEPFAR be doing in those places?
- How is PEPFAR doing in achieving its goals?
- Is PEPFAR conducting quality services at the site/community?
- Is what PEPFAR doing sustainable?
- How much does PEFPAR's work cost?

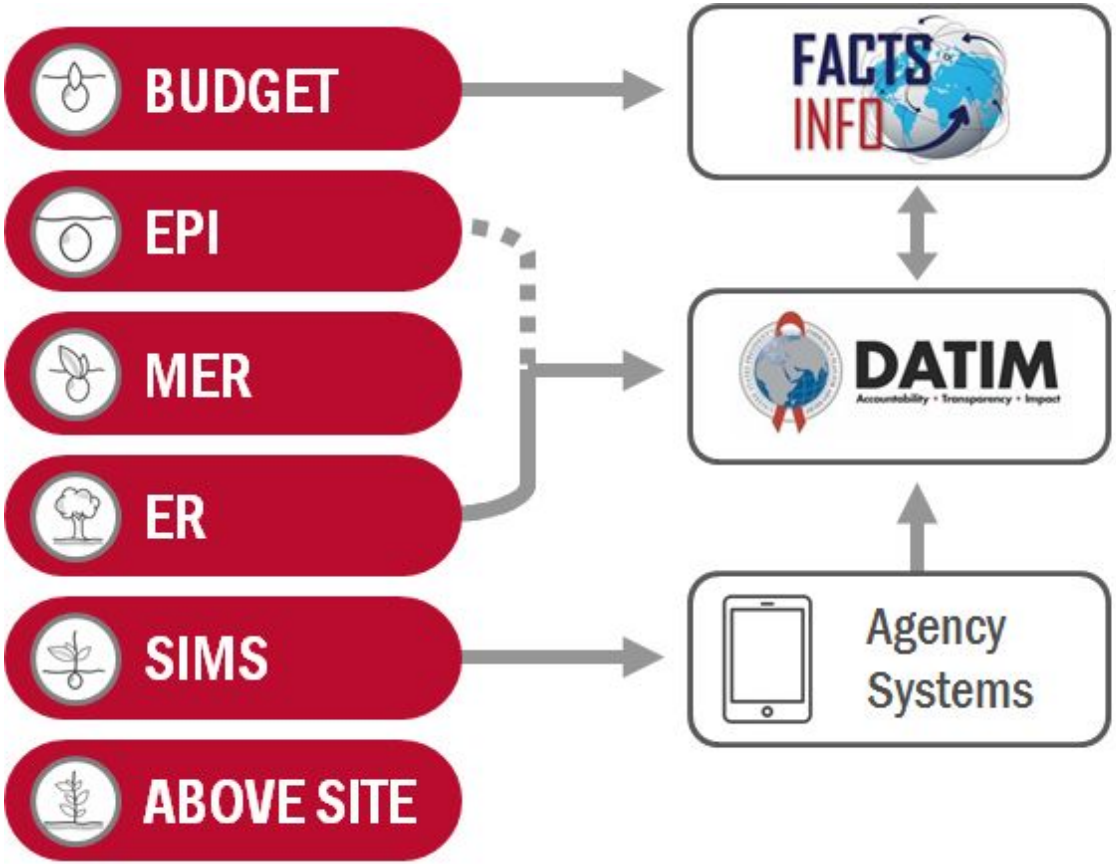
- Where should PEPFAR work and prioritize?
  —> **EPI**
- What type of work should PEPFAR be doing in those places?
  —> **BUDGET**
- How is PEPFAR doing in achieving its goals?
  —> **MER**
- Is PEPFAR conducting quality services at the site/community?
  —> **SIMS**
- Is what PEPFAR doing sustainable?
  —> **ABOVE SITE MONITORING**
- How much does PEFPAR's work cost?
  —> **EXPENDITURE REPORTING**

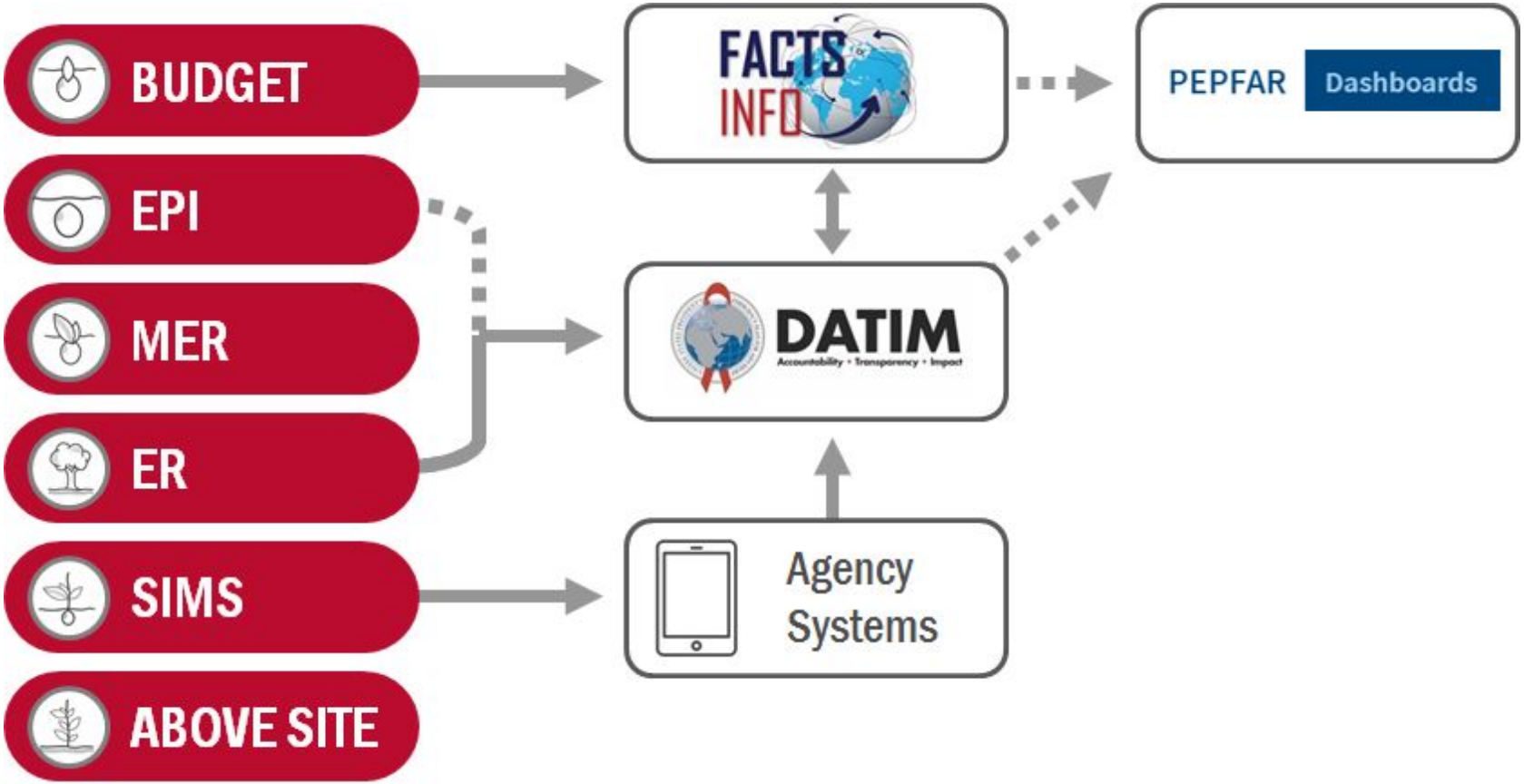
Organizational Hierarchy

- Global
  - Region
    - Operating Unit
      - Sub National Unit (SNU)
        - Priority SNU
          - Community
            - Facility

Where are PEPFAR data **collected**?


BUDGET
EPI
MER
ER
SIMS
ABOVE SITE
DATIM
Accountability • Transparency • Impact


BUDGET
EPI
MER
ER
SIMS
ABOVE SITE
FACTS INFO
DATIM
Accountability • Transparency • Impact
Agency Systems


BUDGET
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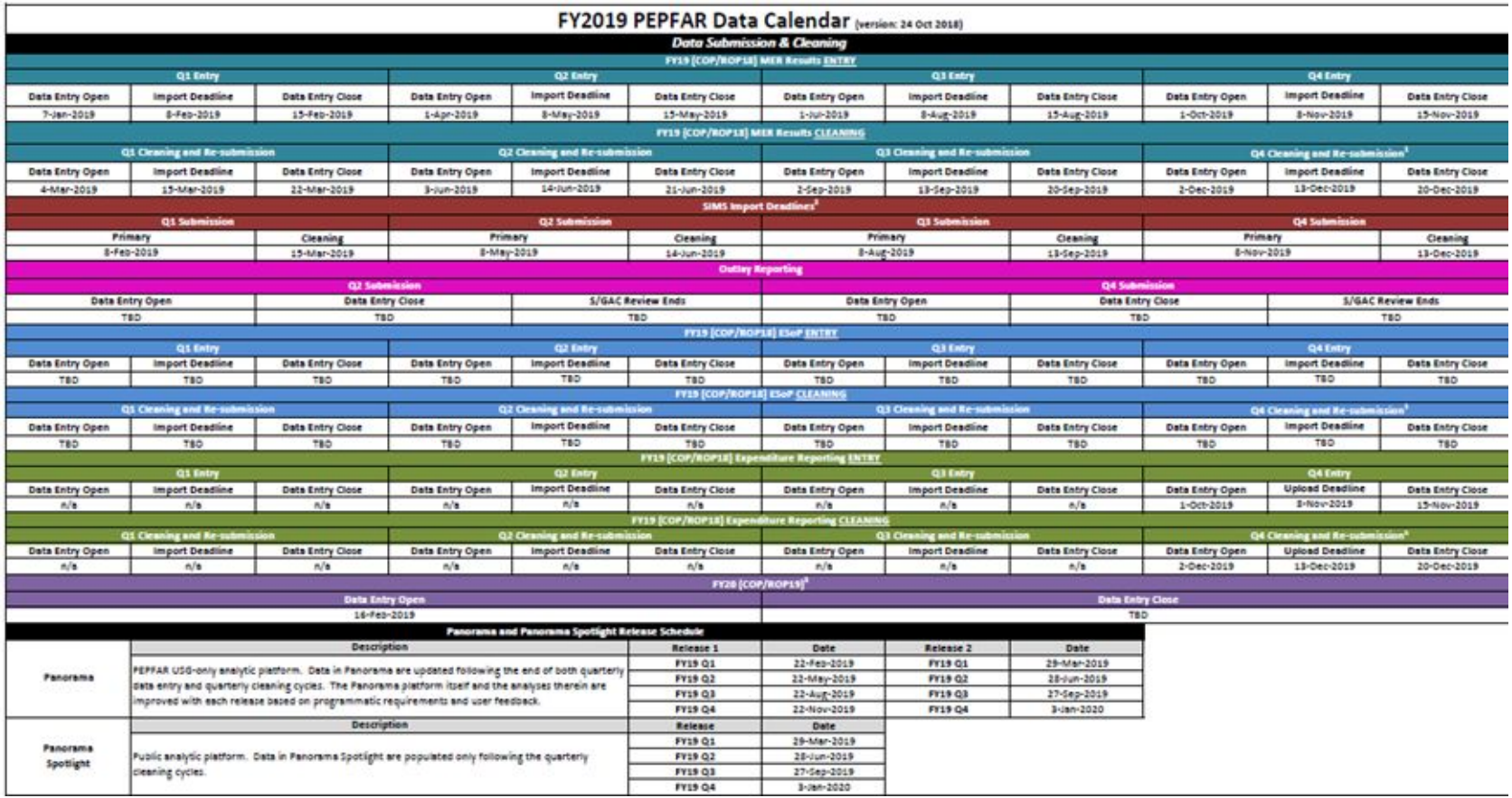
FACTS INFO
DATIM
Accountability • Transparency • Impact
Agency Systems
PEPFAR
Dashboards



FY2019 PEPFAR Data Calendar (version: 24 Oct 2018)

Data Submission & Cleaning

FY19 (COP/ROP18) MER Results ENTRY

Q1 Entry			Q2 Entry			Q3 Entry			Q4 Entry		
Data Entry Open	Import Deadline	Data Entry Close	Data Entry Open	Import Deadline	Data Entry Close	Data Entry Open	Import Deadline	Data Entry Close	Data Entry Open	Import Deadline	Data Entry Close
7-Jan-2019	8-Feb-2019	15-Feb-2019	1-Apr-2019	8-May-2019	15-May-2019	1-Jul-2019	8-Aug-2019	15-Aug-2019	1-Oct-2019	8-Nov-2019	15-Nov-2019

FY19 (COP/ROP18) MER Results CLEANING

Q1 Cleaning and Re-submission			Q2 Cleaning and Re-submission			Q3 Cleaning and Re-submission			Q4 Cleaning and Re-submission[1]		
Data Entry Open	Import Deadline	Data Entry Close	Data Entry Open	Import Deadline	Data Entry Close	Data Entry Open	Import Deadline	Data Entry Close	Data Entry Open	Import Deadline	Data Entry Close
4-Mar-2019	15-Mar-2019	22-Mar-2019	3-Jun-2019	14-Jun-2019	21-Jun-2019	2-Sep-2019	13-Sep-2019	20-Sep-2019	2-Dec-2019	13-Dec-2019	20-Dec-2019

SIMS Import Deadlines[2]

Q1 Submission		Q2 Submission		Q3 Submission		Q4 Submission	
Primary	Cleaning	Primary	Cleaning	Primary	Cleaning	Primary	Cleaning
8-Feb-2019	15-Mar-2019	8-May-2019	14-Jun-2019	8-Aug-2019	13-Sep-2019	8-Nov-2019	13-Dec-2019

Outlay Reporting

Q2 Submission			Q4 Submission		
Data Entry Open	Data Entry Close	S/GAC Review Ends	Data Entry Open	Data Entry Close	S/GAC Review Ends
TBD	TBD	TBD	TBD	TBD	TBD

FY19 (COP/ROP18) ESoP ENTRY

Q1 Entry			Q2 Entry			Q3 Entry			Q4 Entry		
Data Entry Open	Import Deadline	Data Entry Close	Data Entry Open	Import Deadline	Data Entry Close	Data Entry Open	Import Deadline	Data Entry Close	Data Entry Open	Import Deadline	Data Entry Close
TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD

FY19 (COP/ROP18) ESoP CLEANING

Q1 Cleaning and Re-submission			Q2 Cleaning and Re-submission			Q3 Cleaning and Re-submission			Q4 Cleaning and Re-submission[1]		
Data Entry Open	Import Deadline	Data Entry Close	Data Entry Open	Import Deadline	Data Entry Close	Data Entry Open	Import Deadline	Data Entry Close	Data Entry Open	Import Deadline	Data Entry Close
TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD

FY19 (COP/ROP18) Expenditure Reporting ENTRY

Q1 Entry			Q2 Entry			Q3 Entry			Q4 Entry		
Data Entry Open	Import Deadline	Data Entry Close	Data Entry Open	Import Deadline	Data Entry Close	Data Entry Open	Import Deadline	Data Entry Close	Data Entry Open	Upload Deadline	Data Entry Close
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1-Oct-2019	8-Nov-2019	15-Nov-2019

FY19 (COP/ROP18) Expenditure Reporting CLEANING

Q1 Cleaning and Re-submission			Q2 Cleaning and Re-submission			Q3 Cleaning and Re-submission			Q4 Cleaning and Re-submission[1]		
Data Entry Open	Import Deadline	Data Entry Close	Data Entry Open	Import Deadline	Data Entry Close	Data Entry Open	Import Deadline	Data Entry Close	Data Entry Open	Upload Deadline	Data Entry Close
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2-Dec-2019	13-Dec-2019	20-Dec-2019

FY20 (COP/ROP19)[3]

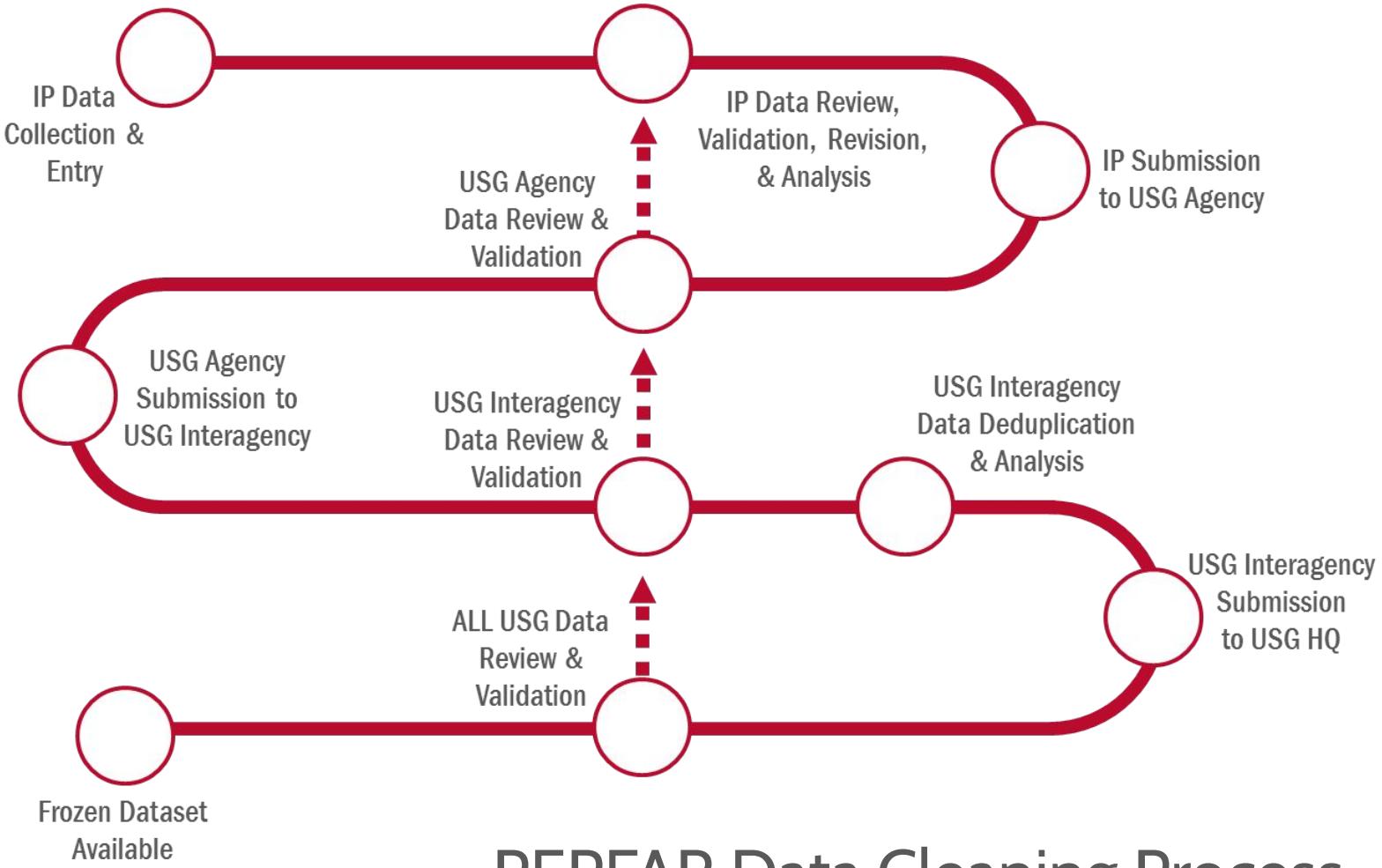
Data Entry Open	Data Entry Close
18-Feb-2019	TBD

Panorama and Panorama Spotlight Release Schedule

	Description	Release 1	Date	Release 2	Date
Panorama	PEPFAR USG-only analytic platform. Data in Panorama are updated following the end of both quarterly data entry and quarterly cleaning cycles. The Panorama platform itself and the analyses therein are improved with each release based on programmatic requirements and user feedback.	FY19 Q1	22-Feb-2019	FY19 Q1	29-Mar-2019
		FY19 Q2	22-May-2019	FY19 Q2	28-Jun-2019
		FY19 Q3	22-Aug-2019	FY19 Q3	27-Sep-2019
		FY19 Q4	22-Nov-2019	FY19 Q4	3-Jan-2020

	Description	Release	Date
Panorama Spotlight	Public analytic platform. Data in Panorama Spotlight are populated only following the quarterly cleaning cycles.	FY19 Q1	29-Mar-2019
		FY19 Q2	28-Jun-2019
		FY19 Q3	27-Sep-2019
		FY19 Q4	3-Jan-2020

PEPFAR Data Calendar



PEPFAR Data Cleaning Process

tinyurl.com/mer-guidance

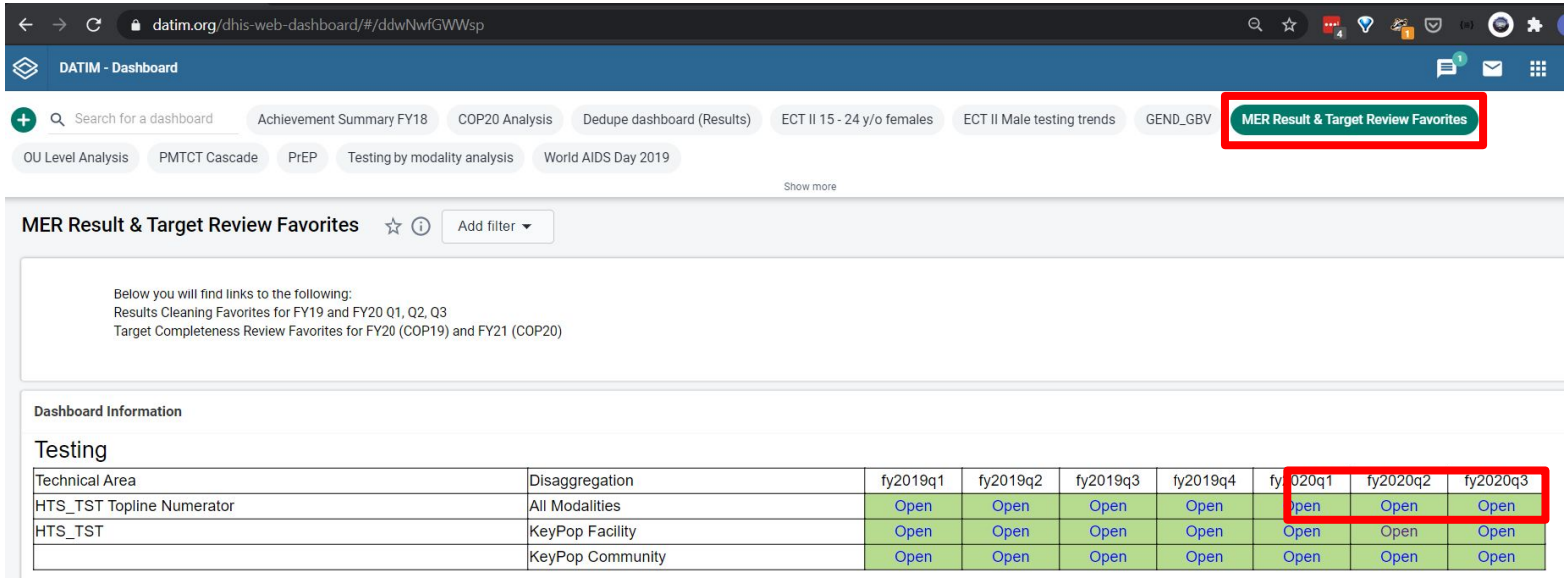
MER reporting question

1. Raise your hand if you have ever entered data into DATIM?
2. What is the FY20 MER Q4 data entry deadline?

Data cleaning and review

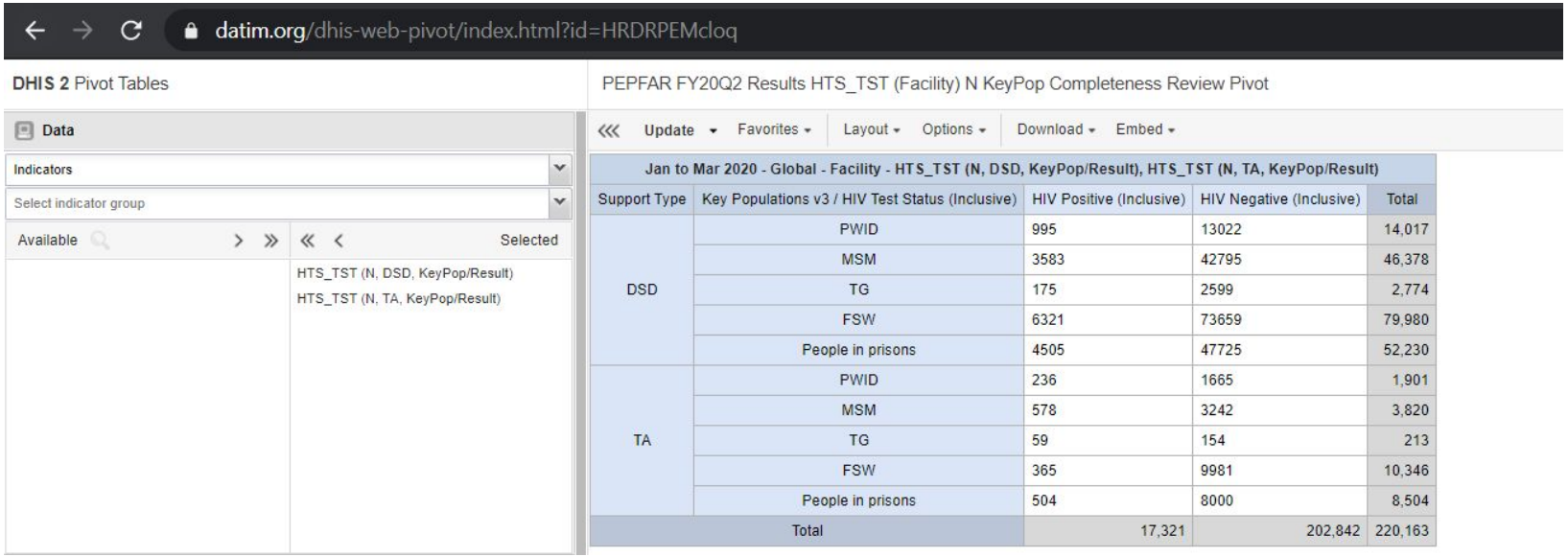
- DATIM MER favorites
- DRT tool

DATIM MER Favorites



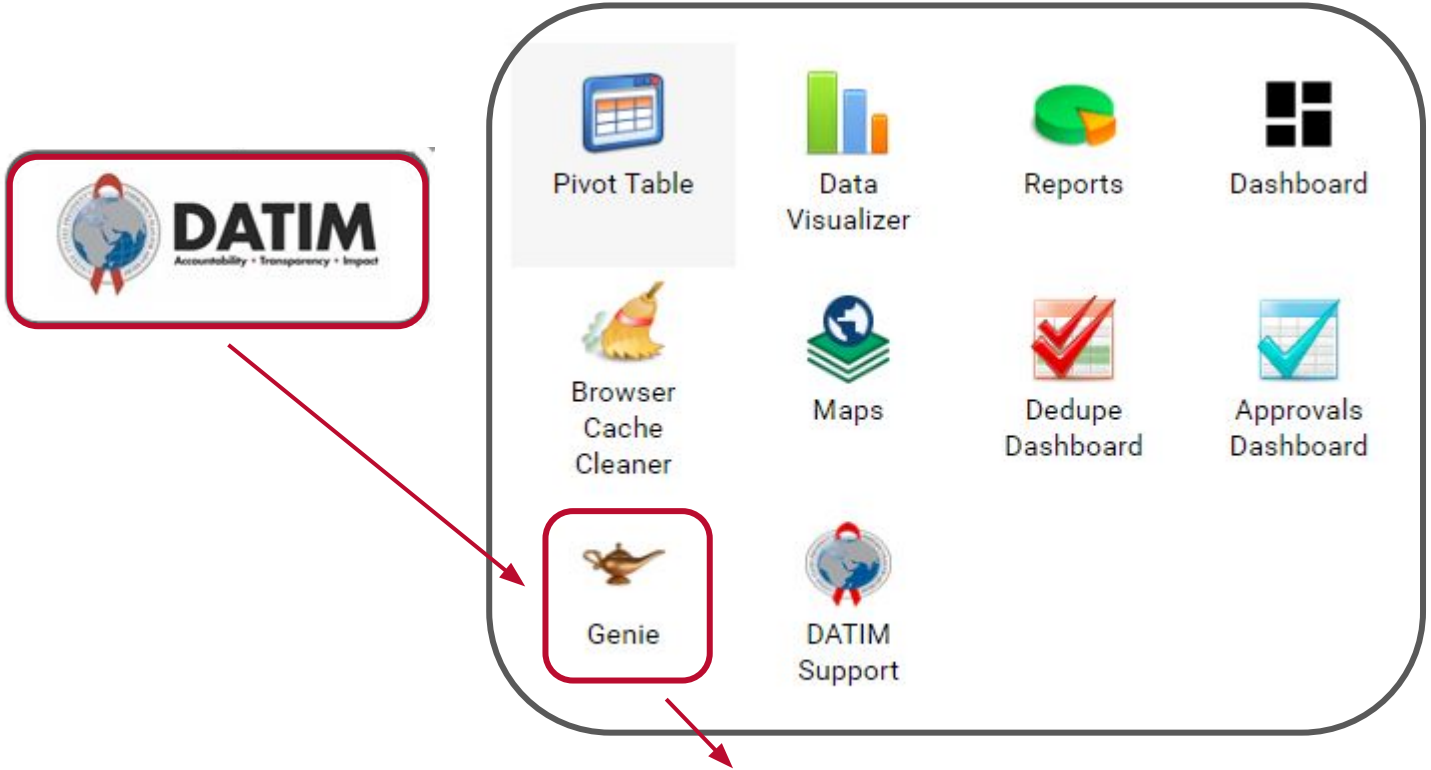
Technical Area	Disaggregation	fy2019q1	fy2019q2	fy2019q3	fy2019q4	fy2020q1	fy2020q2	fy2020q3
HTS_TST Topline Numerator	All Modalities	Open	Open	Open	Open	Open	Open	Open
HTS_TST	KeyPop Facility	Open	Open	Open	Open	Open	Open	Open
	KeyPop Community	Open	Open	Open	Open	Open	Open	Open

DATIM MER Favorites - HTS_TST Example



Jan to Mar 2020 - Global - Facility - HTS_TST (N, DSD, KeyPop/Result), HTS_TST (N, TA, KeyPop/Result)

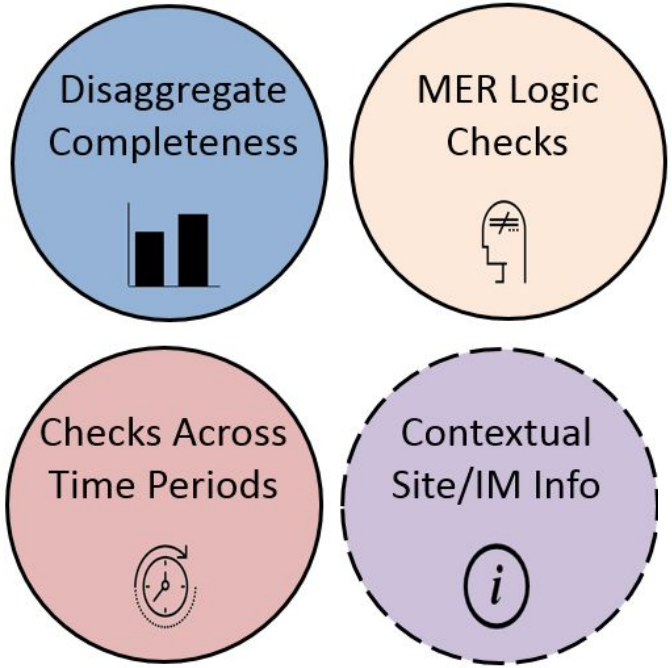
Support Type	Key Populations v3 / HIV Test Status (Inclusive)	HIV Positive (Inclusive)	HIV Negative (Inclusive)	Total
DSD	PWID	995	13022	14,017
	MSM	3583	42795	46,378
	TG	175	2599	2,774
	FSW	6321	73659	79,980
	People in prisons	4505	47725	52,230
TA	PWID	236	1665	1,901
	MSM	578	3242	3,820
	TG	59	154	213
	FSW	365	9981	10,346
	People in prisons	504	8000	8,504
Total		17,321	202,842	220,163



Data Review Tool (DRT)

Data Review Tool (DRT)

- An **excel-based tool** that can be downloaded from DATIM Genie. It contains checks for data quality.
- **In-process DRT extracts** can be downloaded from Genie during the data entry & cleaning periods (refreshed nightly)
- Allows partners & staff to **quickly review data** using a basic set of data quality standards



Main Site by IM Checks

Use Slicers to Customize View of Checks (slicers here are also linked to the Contextual Site IM tab):

Tip: Click the button to clear the filter from a slicer

PSNU	Site Name		MechanismID	Agency	Program Area	Site Type
Chikwawa District	African Bible College Clinic	Alinafe Community Hospital	16704	USAID	HTS	Facility
Chitipa District	Area 30 Police Clinic	Atupele Community Hospital	17585	(blank)	PMTCT	Community
Dowa District	Bowe Health Centre	Bua Health Centre- Kasungu	18654		TB	(blank)
Karonga District	Chadza Health Centre	Chankhungu Health Centre	70185		TX	
Kasungu District	Chapananga Health Centre	Chikwawa District Hospital	70186		KP	
Lilongwe District	Chilumba Rural Hospital	Chipwaila Health Centre	70189		OVC_SERV	

Contextual Site/IM Info (see separate tab)

Checks Across Time Periods

Disaggregate Completeness Checks

MER Logic Checks

FlagTypeDescription
Checks Across Time Periods
Completeness Checks
Contextual Site Information

Tip: For easier viewing, click the button and select "Sort A to Z".

Name of Check	Number of Cases Violating the Check	Reference Indicator 1 Value	Reference Indicator 2 Value	Reference Indicator 1	Reference Indicator 2
FlagD_02h, HTS_TST: For PMTCT Post ANC modality, current period results reported but no Targets	26	693		HTS_PMTCT_POSTANC	HTS_PMTCT_POSTANC_TARGET
Lilongwe District					
Area 30 Police Clinic	1	18			
Maziko Private Clinic	1	3			
Dr David Livingstone Memorial Clinic	1	3			
African Bible College Clinic	1	39			
Lilongwe City Assembly Chinsap	1	10			
Likuni Mission Hospital	1	11			
Dzenza Health Centre	1	4			
Chikwawa District					
Makhwira Health Centre	1	1			
Nkumaniza Health Centre	1	30			
Kakoma Health Centre	1	1			
Mapelera Health Centre	1	19			
Ngabu Rural Hospital	1	80			
Ndakwera Health Centre	1	109			
Ngabu SDA Health Centre	1	18			

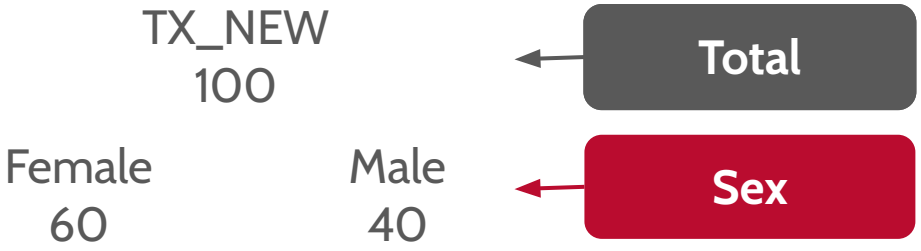
Data Review Tool (DRT)

PREVENTION	AGYW_PREV	KP_MAT	PP_PREV	TB_PREV
	FPINT_SITE	KP_PREV	PrEP_CURR	VMMC_CIRC
	GEND_GBV	OVC_SERV	PrEP_NEW	
TESTING	CXCA_SCRN	HTS_SELF	PMTCT_EID	PMTCT_STAT
	HTS_INDEX	HTS_TST	PMTCT_FO	TB_STAT
	HTS_RECENT	OVC_HIVSTAT	PMTCT_HEI_POS	
TREATMENT	CXCA_TX	TX_CURR	TX_TB	
	PMTCT_ART	TX_ML		
	TB_ART	TX_NEW		
VIRAL SUPPRESSION	TX_PVLS			
HEALTH SYSTEMS	EMR_SITE	LAB_PTCQI		
	HRH_CURR	SC_STOCK		
	HRH_PRE			

Indicators

TX_NEW
100

Disaggregation



Disaggregation

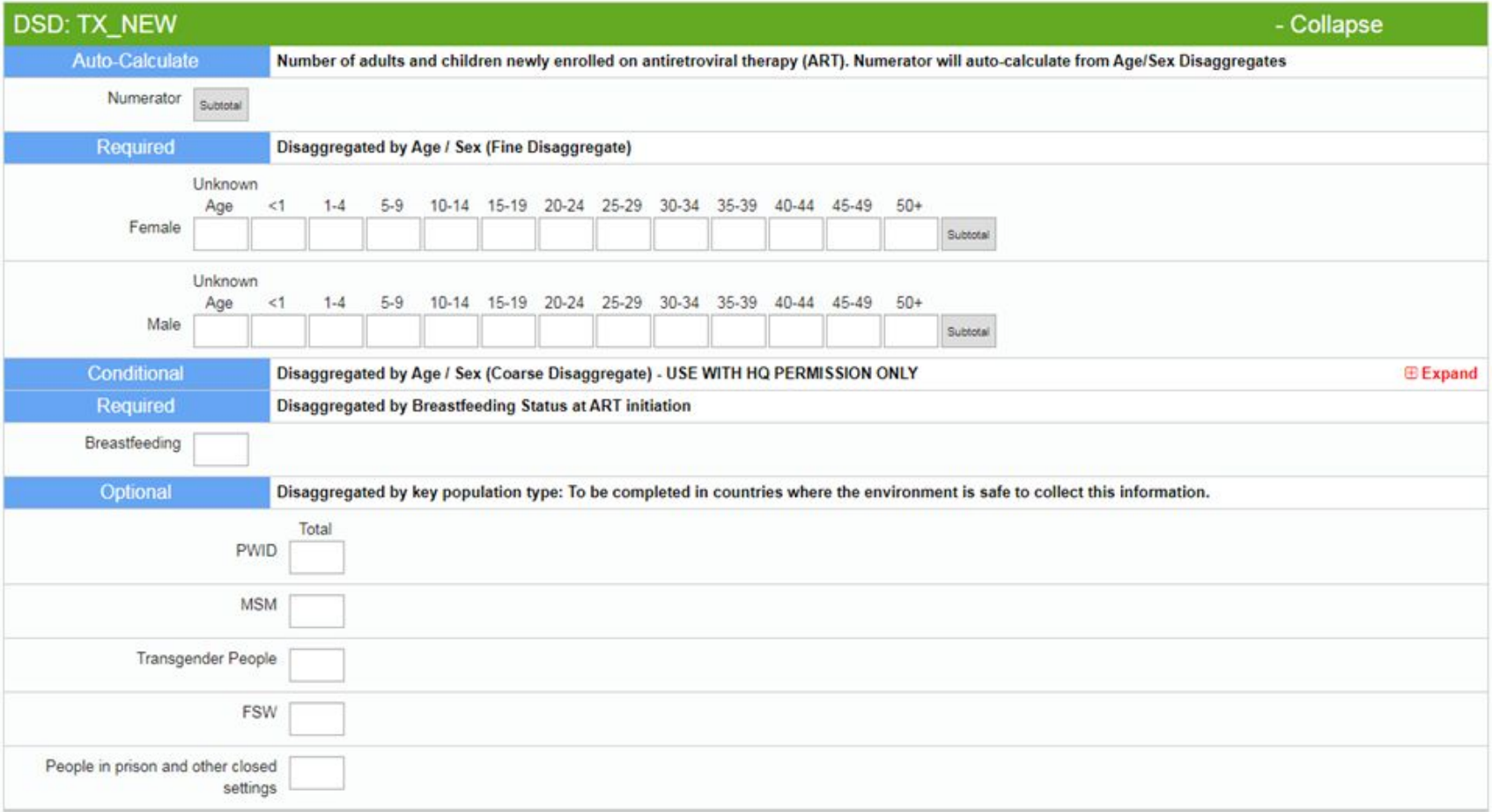
	TX_NEW 100	
	Female 60	Male 40
<1	1	0
1-4	2	1
5-9	1	0
10-14	3	2
15-19	3	2
20-24	12	8
25-29	15	10
30-34	9	6
35-39	6	4
40-44	6	4
45-49	2	1
50+	1	1

Total

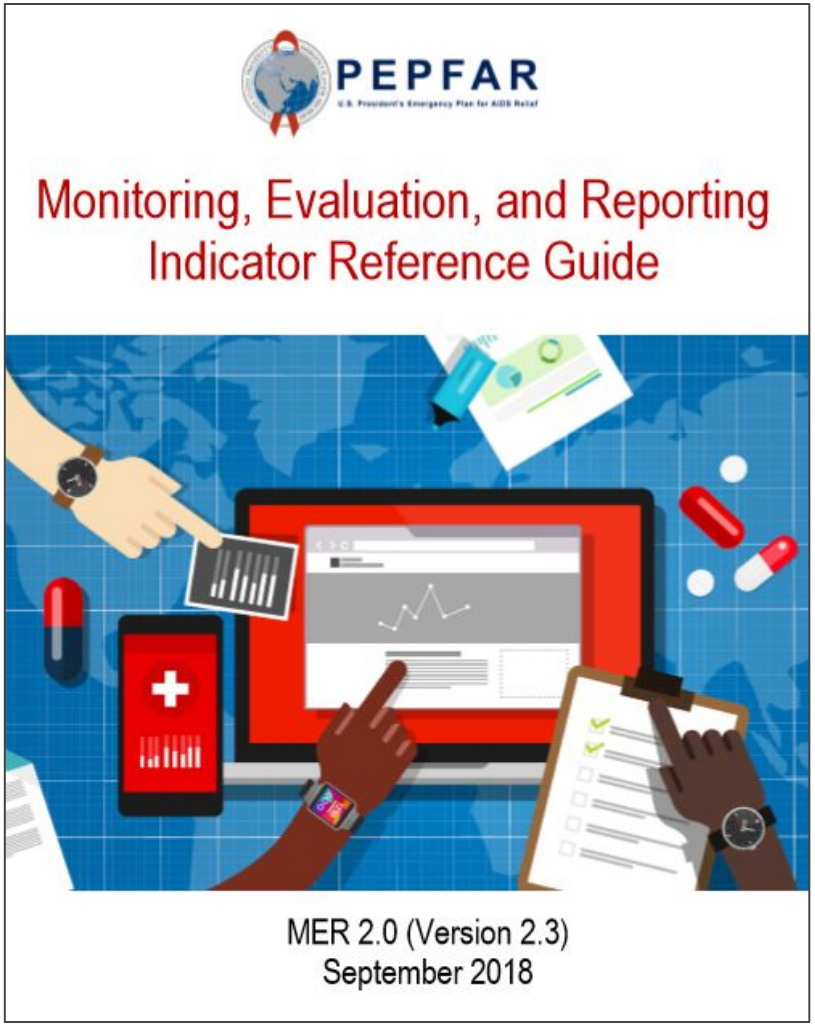
Sex

Age/Sex

Disaggregation



Data Entry into DATIM



The MER Indicator Reference Guide, a.k.a. PEPFAR's Bible

Indicator Code

Description:	*Name of the indicator*	
Numerator:	*Name of the numerator*	*Descriptive information about the numerator*
Denominator:	*Name of the denominator*	*Descriptive information about the denominator*
Indicator changes (MER 2.0 v2.2 to v2.3):	*Highlights any changes that have occurred between MER 2.0 (versions 2.2 and 2.3). For changes prior to version 2.2, refer to the guidance from previous years.*	
Reporting level:	*Defines the level at which the indicator is reported: facility, community, and/or above-site*	
Reporting frequency:	*Defines the period at which the indicator is reported: quarterly, semi-annually, or annually*	
How to use:	*Defines how the data is used to monitor PEPFAR program activities*	
How to collect:	*Defines how the data is collected (highlighting data source, issues with double counting/deduplication, and important components of data collection that ensure data quality)*	
How to review for data quality:	*Outlines specific data quality considerations for the indicator*	
How to calculate annual total:	*Defines how annual totals are calculated for the indicator at the end of the fiscal year*	

tinyurl.com/mer-guidance

Indicator Reference Guide Exercise Questions

1. How frequently is OVC_SERV collected?

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Notes and Attribution

- Adapted from ICPI Onboarding Training (DC), Nov 5, 2018 by Aaron Chafetz (USAID).
- Reference Material
  - Davis, J. and A. Chafetz. (2019). What is an Indicator? (presentation). USAID.
  - Jackson, S. (2016). Data Systems for Data Use (presentation). PEPFAR.
  - Jackson, S. (2016). PEPFAR Data Manage: Challenges and Solutions (presentation). PEPFAR.
  - PEPFAR. (2017). Data for Impact Fact Sheet. PEPFAR. www.pepfar.gov.
  - PEPFAR. (2019). MER Indicator Reference Guide (Version 2.4 FY19). PEPFAR.
  - Ryan, V. and K. Sato. (2016). Monitoring, Evaluation, and Reporting (MER) 1.0 (presentation). PEPFAR.
  - Schlenker, K. (2016). Understanding PEPFAR Data and Potential Use (presentation). PEPFAR.
- Image Sources (Icons From the Noun Project)
  - seed by Janina Aritao; seedling by Janina Aritao; Plant by Janina Aritao; Plant by Janina Aritao; Tree by Janina Aritao; tree with fruits by Janina Aritao; Table by IconMark; iPad by Made

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USAID Local Partner Transition Meeting

HIGH FREQUENCY REPORTING

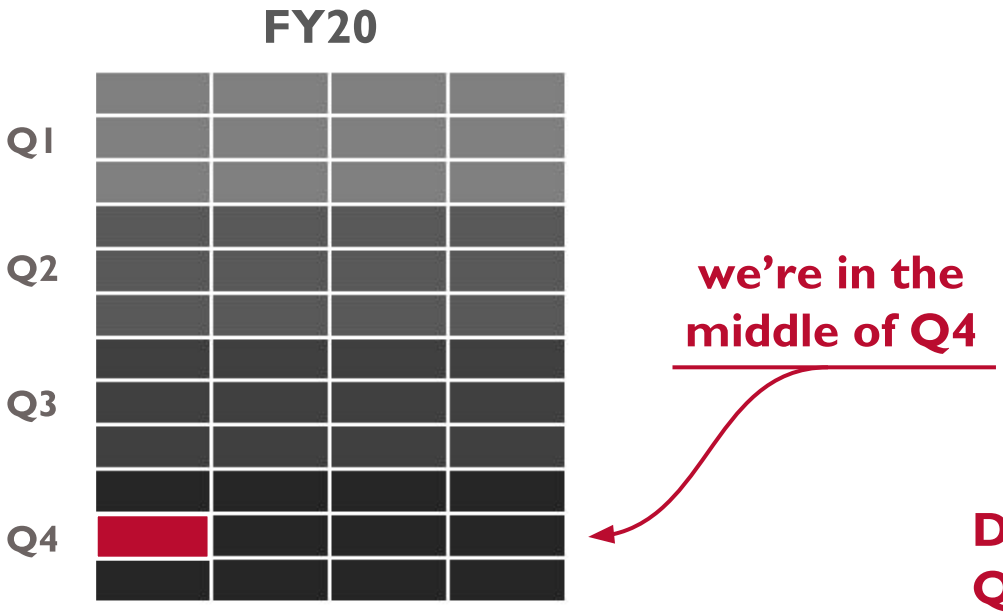
understanding and utilizing HFR

November 6, 2019
Johannesburg

AHC

Problem

Today
August 19



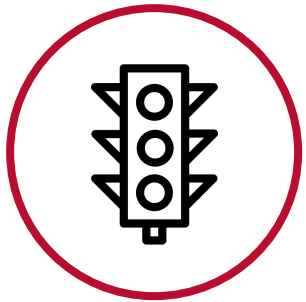
DATIM won't have final Q3 data until the end of August

Problem

The current PEPFAR quarterly reporting cycle does not allow OHA/HQ or Implementing Partners to have the data they need to diagnose and take effective action in order to course correct in a timely way

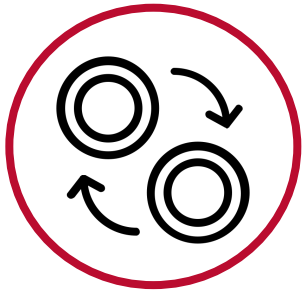
Solution

Fully implement routine data use for decision making at the partner level



Implement collection of key indicators to measure performance

Increase the frequency at which the data are collected, analyzed, and acted upon



Engage with USAID mission and HQ teams on performance analysis

Indicators

disaggregated

coarse
age/sex

HIV testing volume
HTS_TST

HIV positive testing volume
HTS_TST_POS

New enrollments on treatment
TX_NEW

Current cohort on treatment
TX_CURR

VMMC services completed
VMMC_CIRC

Newly initiated on PrEP
PrEP_NEW

Multi-month dispensing
TX_MMD

additionally disaggregated

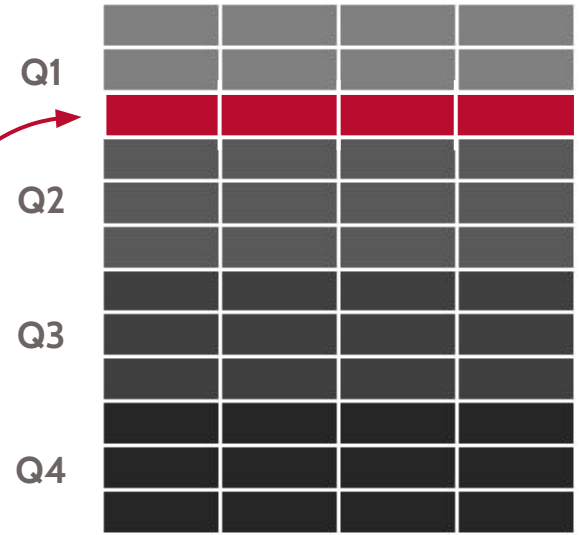
# of patients receiving <3, 3-5, or 6 month ART

Reporting Frequency

4 week reporting periods

results broken out by week*

weekly facility/community level results



* TX_CURR and TX_MMD collected and reported once per period

Process

Reporting on a 4 week calendar that does not mimic calendar weeks

FY2020 HFR REPORTING CALENDAR

Reporting Period	Weeks Included				Submission Date
	W1	W2	W3	W4	
1	Sep 30	Oct 07	Oct 14	Oct 21	Nov 13
2	Oct 28	Nov 04	Nov 11	Nov 18	Dec 11
3	Nov 25	Dec 02	Dec 09	Dec 16	Jan 08
4	Dec 23	Dec 30	Jan 06	Jan 13	Feb 05
5	Jan 20	Jan 27	Feb 03	Feb 10	Mar 05
6	Feb 17	Feb 24	Mar 02	Mar 09	Apr 02
7	Mar 16	Mar 23	Mar 30	Apr 06	Apr 30
8	Apr 13	Apr 20	Apr 27	May 04	May 28
9	May 11	May 18	May 25	Jun 01	Jun 25
10	Jun 08	Jun 15	Jun 22	Jun 29	Jul 23
11	Jul 06	Jul 13	Jul 20	Jul 27	Aug 20
12	Aug 03	Aug 10	Aug 17	Aug 24	Sep 17
13	Aug 31	Sep 07	Sep 14	Sep 21	Oct 15

Process

required structured format
starting in FY20 Pd1

long format

	A	B	C	D	E	F	G	H	I	J	K	L
1	HFR WEEK START DATE	FACILITY OR COMMUNITY NAME	FACILITY OR COMMUNITY UID	MECHANISM ID	MECHANISM OR PARTNER NAME	OU	PSNU	INDICATOR	SEX	COARSE AGE	OTHER DISAGG	HFR RESULT VALUE
2	date	orgunit	orgunituid	mech_code	partner	operatingunit	psnu	indicator	sex	agecoarse	otherdisaggregate	val
3												
4												
5												
6												
7												
8												
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13												
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16												
17												
18												
19												
20												
21												
22												
23												

or

wide format

	A	B	C	D	E	F	G	H	I	J	K	L
1	HFR WEEK START DATE	FACILITY OR COMMUNITY NAME	FACILITY OR COMMUNITY UID	MECHANISM ID	MECHANISM OR PARTNER NAME	OU	PSNU	HTS_TST <15 Female	HTS_TST <15 Male	HTS_TST 15+ Female	HTS_TST 15+ Male	HTS_TST_POS <15 Female
2	date	orgunit	orgunituid	mech_code	partner	operatingunit	psnu	hts_tst.u15.f	hts_tst.u15.m	hts_tst.o15.f	hts_tst.o15.m	hts_tst_pos.u15.f
3												
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21												
22												
23												

tinyurl.com/oha-hfr

Metrics

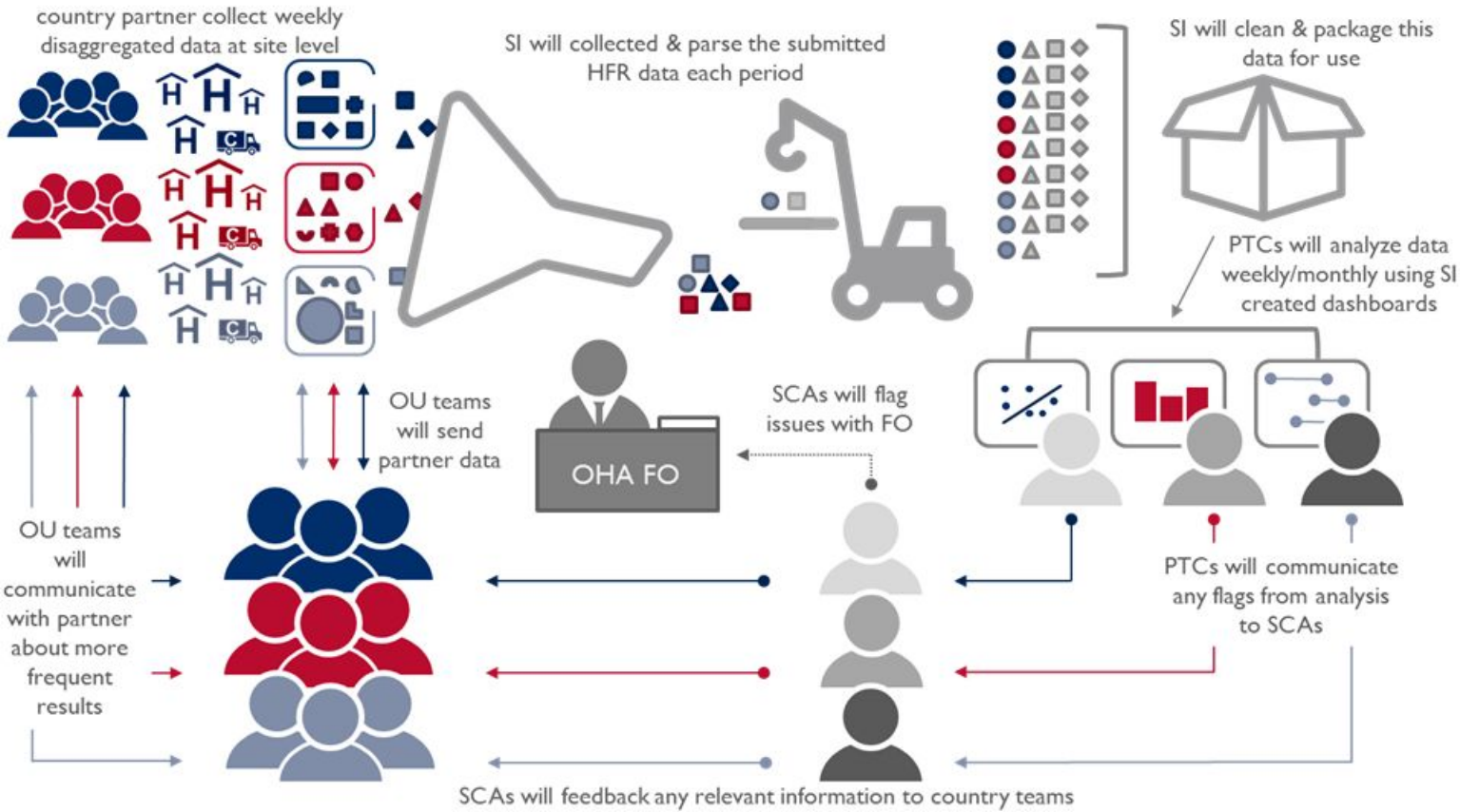
17 weeks of reporting

20 OUs

300 files submitted

6,600 sites/communities

Process

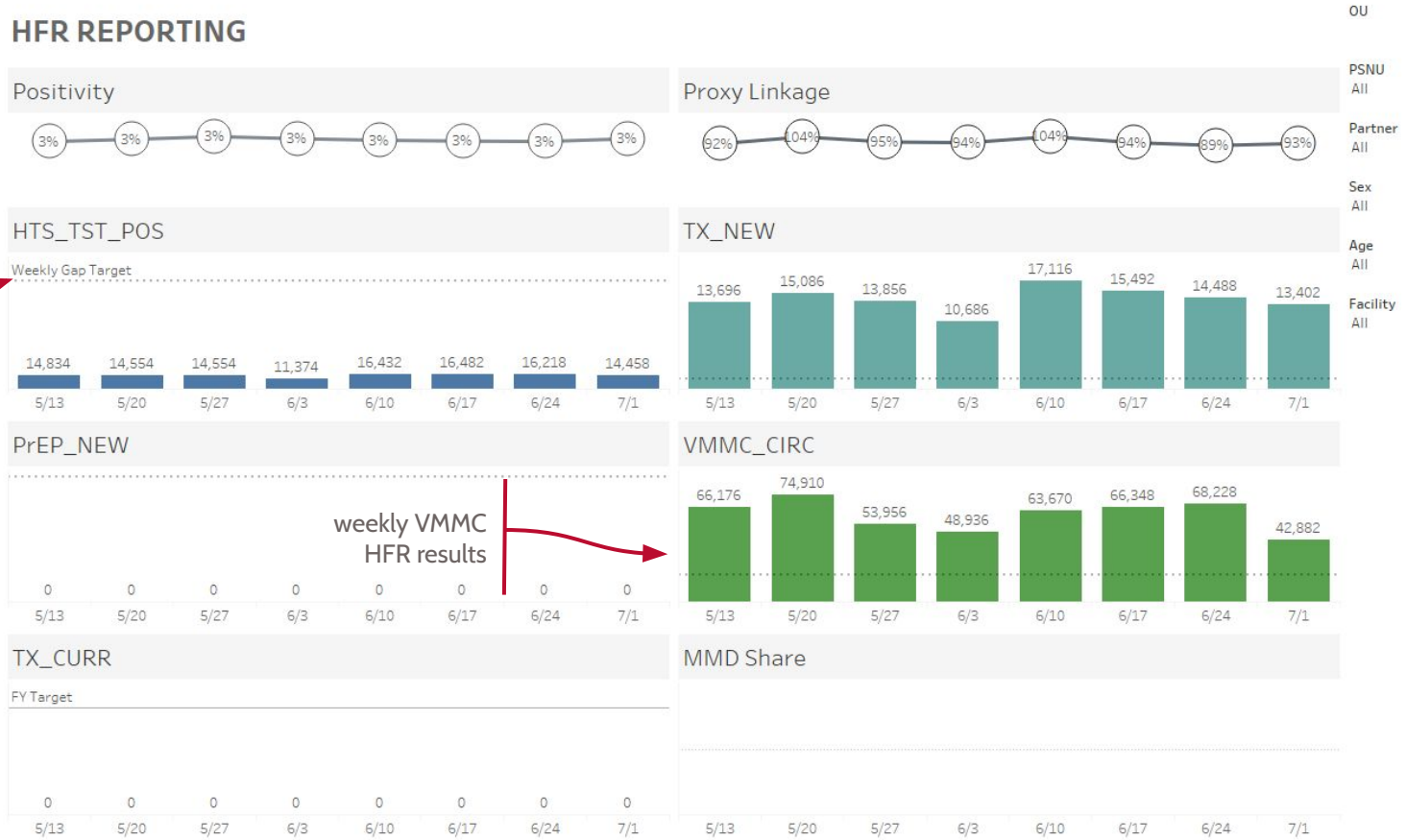

country partner collect weekly disaggregated data at site level
SI will collected & parse the submitted HFR data each period
SI will clean & package this data for use
PTCs will analyze data weekly/monthly using SI created dashboards
OU teams will send partner data
OHA FO
SCAs will flag issues with FO
OU teams will communicate with partner about more frequent results
PTCs will communicate any flags from analysis to SCAs
SCAs will feedback any relevant information to country teams

Site Completeness

13%, or 198 sites, reported HTS_POS data for the week of May 13

no PrEP or VMMC data reported

Analysis

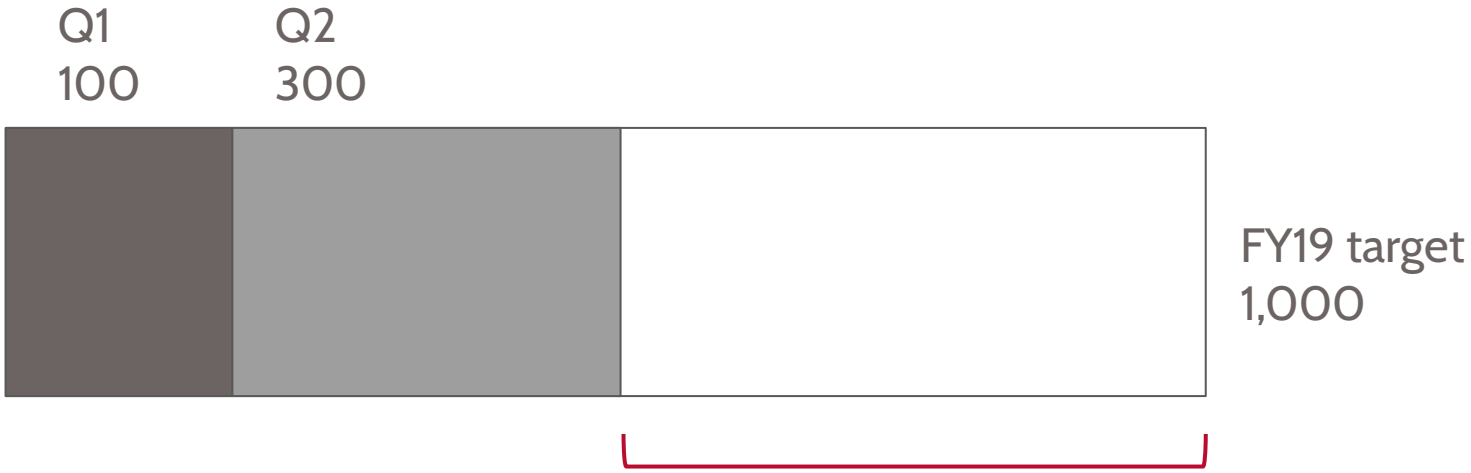


weekly gap target (all sites, reporting or not)

weekly VMMC HFR results

Analysis

Calculating the Weekly Gap Target



Target Gap = 600

1,000 target - 400 achieved

Weekly Gap Target = 23

600 target gap / 26 weeks remaining

Analysis

HFR PERFORMANCE SCORECARD

Results v. Gap Target
- Above Target
- Below Target
- FY target already achieved
- Results not reported

This scorecard displays the site/partner/PSNU "performance", i.e. weekly HFR results against a target. The target used here is a gap target, defined as the difference between the current fiscal year MER targets and the cumulative MER results. Assuming an equal distribution of weeks left in the year, the gap target is the results the site/partner/PSNU would need to achieve each week to meet their fiscal year MER target. The visual below identities where the HFR results are above/below the period's gap target.

OU

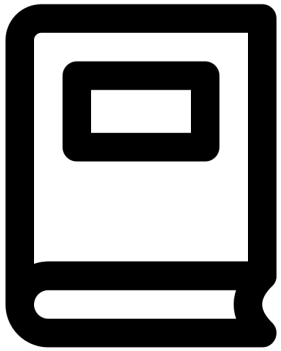
Type
Partner

view by partner, PSNU, or site

Partner Scorecard

Support

Guidance

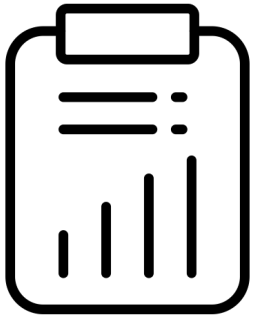


tinyurl.com/hfr-guide

FAQ

tinyurl.com/hfr-faqs

Templates



tinyurl.com/oha-hfr

oha_hfr@usaid.gov

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Notes and Attribution

- Prepared for the OHA HFR Overview, August 13, 2019
- Images Sourced from the Noun Project
  - Caution by Icons fest from the Noun Project
  - bandaid by Atif Arshad from the Noun Project
  - Alarm Clock by Rakhmat Setiawan
  - Traffic Light by andriwidodo
  - frequency by Ahock
  - Clipboard by Grafix Point
  - Puzzle by indra anis
  - trend by Becris
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  - Exercise by Popular

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ASAP Webinar Series

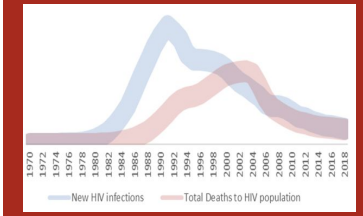
EFFECTIVE DATA USE

understanding and analyzing data

August 19, 2020

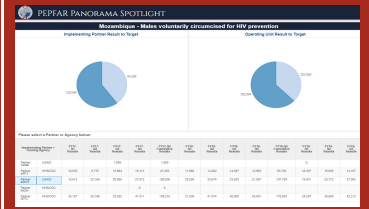
How is HQ using data?

Track progress toward epidemic control

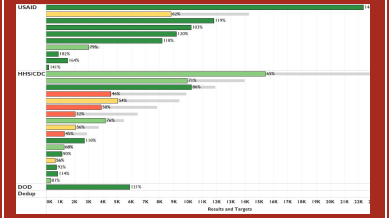


Account-ability to Funders (Congress, taxpayers)

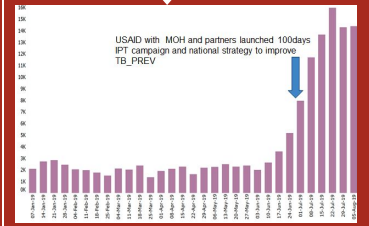
Account-ability to Stake-holders



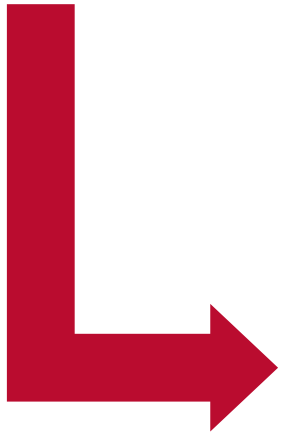
Monitor program progress & deliverables



Make adjustments mid-course & plan for future activities



How do we get there?



Feeding the data machine and monitoring and managing your program

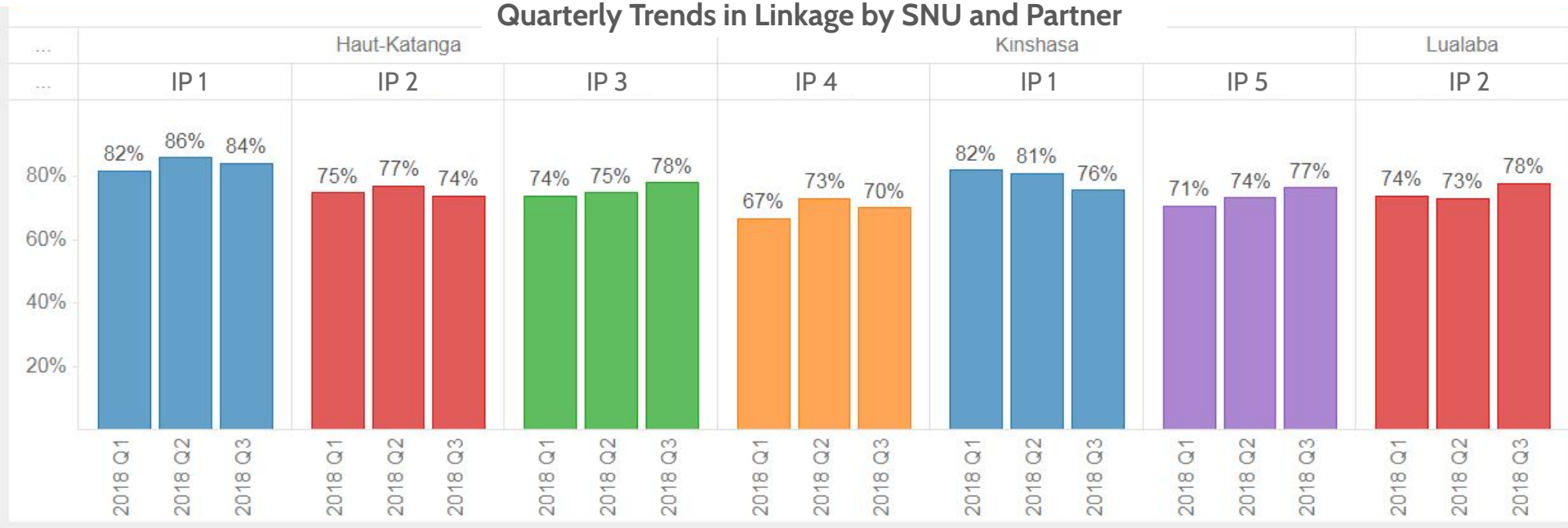
POART (QUARTERLY HQ REVIEWS) & COP:

Goal: Provide **an overview of program performance, gaps and progress** to inform development or modification of programmatic strategy, program planning or program implementation.

Levels of analysis:

OU	IM	Geography	Population
- By Country or Regional Program	- By mechanism or prime partner	- By SNU1 or SNU2, depending on country context -By SNU prioritization (if pertinent for country context)	- By major age/sex subpopulations of interest E.g. age/sex groups that are under-attained

Comparative analysis: Trends x SNU x IM



Linkage = TX_NEW / HTS_TST_POS
(new on ART in the current quarter / newly tested positive in the current quarter)

Source: DRC Panorama Analytic Workspace

POART (QUARTERLY HQ REVIEWS) & COP:

Goal: Provide **an overview of program performance, gaps and progress** to inform development or modification of programmatic strategy, program planning or program implementation.

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Analysis by Age/Sex groups

- It is essential to understand what age/sex populations are not making progress towards Epi control

	Manzini		Hhohho		Lubombo		Shiselweni		National		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	**Total**
0-4	31	42	66	68	66	70	100	100	66	70	**68**
5-9	86	33	77	75	82	48	100	70	76	54	**66**
10-14	61	100	58	76	46	100	100	29	61	72	**65**
15-19	43	67	27	33	55	86	26	38	39	51	**47**
20-24	40	52	8	48	26	51	25	54	26	51	**47**
25-29	39	68	46	67	45	65	51	73	44	68	**62**
30-34	61	66	50	80	41	71	69	83	54	74	**67**
35-39	63	78	62	70	65	80	68	89	64	79	**72**
40-44	67	84	71	91	78	74	84	82	74	84	**79**
45-49	76	73	84	77	68	84	82	88	78	79	**78**
50+	78	82	84	85	93	77	87	87	85	83	**84**
Total	**62**	**71**	**63**	**73**	**65**	**72**	**76**	**78**	**65**	**73**	**70**

Source: Swaziland COP18 Outbrief

ROUTINE PROGRAM MANAGEMENT:

Goal: To understand the modifiable (amenable to intervention), **sub-components of performance, in the most granular possible fashion**, in order to concretely, specifically, directly and immediately inform action to improve program performance towards targets / epidemic control.

Levels of analysis:

Geography

By community site or facility

These are the points of programmatic intervention and the levels at which program implementation and quality are realized

Population

By major **age/sex subpopulations** of interest

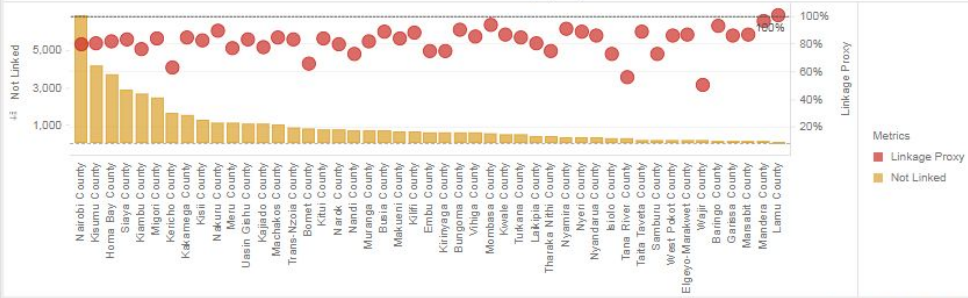
E.g. age/sex groups that are under-attained

Site Level Linkage

Period	Prioritization	Agency	Mech ID / Partner	SNU 1	SNU 2	Sex	Age 2019
(All)	(All)	(All)	(All)	(All)	(All)	(All)	(All)

Org level	HTS_TST_POS
SNU 1	Greater than or equal to

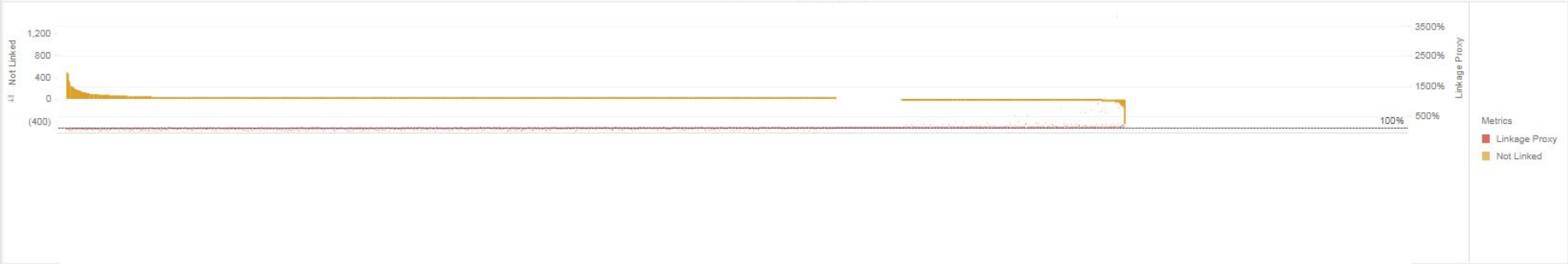
Not linked and Linkage proxy



Not linked and Linkage proxy, by site

Facility	Not Linked	Linkage Proxy
	1,469	42%
	710	62%
	477	55%
	469	52%
	454	51%
	445	47%
	345	57%
	322	64%
	300	63%
	292	77%
	288	8%
	279	72%
	262	80%
	243	27%
	240	75%
	218	0%
	218	50%
	215	85%
	207	53%
	203	78%
	202	69%
	198	37%
	187	61%

Not linked and Linkage proxy, by site



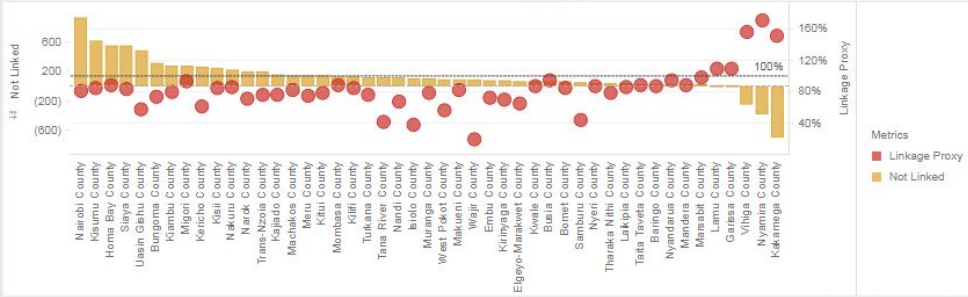
- Linkage proxy = TX_NEW / HTS_TST_POS
- Not linked = HTS_TST_POS - TX_NEW
- Results disaggregated by 5-year fine age categories are not shown for: (a) Prior to 2019Q1; (b) 2019Q1 and after for IMs that reported data in Coarse, Semi-fine (2017), or Fine (2018) age disaggregations.
- Results are not shown for IMs that reported data as Unknown Age or Total Numerator/Denominator
- Results disaggregated by sex are not shown for IMs that reported data as Unknown Sex (prior to 2019Q1: for ages 10 and above; 2019Q1 and after: for all ages) or Total Numerator/Denominator

Site Level Linkage | Females | Ages 10-24

Period	Prioritization	Agency	Mech ID / Partner	SNU 1	SNU 2	Sex	Age 2019
(All)	(All)	(All)	(All)	(All)	(All)	Female	10-14, 15-19, 20-24

Org level	HTS_TST_POS
SNU 1	Greater than or equal to

Not linked and Linkage proxy



Not linked and Linkage proxy, by site

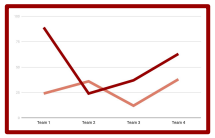
Facility	Not Linked	Linkage Proxy
	132	0%
	119	40%
	102	69%
	95	45%
	88	58%
	78	40%
	77	58%
	70	66%
	61	76%
	51	4%
	49	48%
	49	6%
	48	64%
	42	75%
	41	0%
	40	61%
	39	74%
	37	48%
	35	0%
	34	64%
	34	58%
	34	21%
	32	76%

Not linked and Linkage proxy, by site

- Linkage proxy = TX_NEW / HTS_TST_POS
- Not linked = HTS_TST_POS - TX_NEW
- Results disaggregated by 5-year fine age categories are not shown for: (a) Prior to 2019Q1; (b) 2019Q1 and after for IMs that reported data in Coarse, Semi-fine (2017), or Fine (2018) age disaggregations.
- Results are not shown for IMs that reported data as Unknown Age or Total Numerator/Denominator
- Results disaggregated by sex are not shown for IMs that reported data as Unknown Sex (prior to 2019Q1: for ages 10 and above; 2019Q1 and after: for all ages) or Total Numerator/Denominator

ANSWERING PROGRAM QUESTIONS

Question: Is my program meeting its objectives?



Analysis: Compare program targets and actual program performance to learn how far you are from target.

x = y

Interpretation: Why you have or have not achieved the target and what this means for your program.

Requires more information

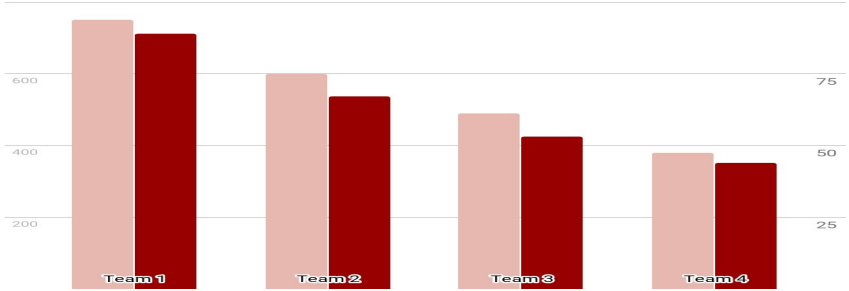
TARGET-BASED ANALYSIS

TARGET-BASED ANALYSIS:

-does not give **concrete, specific, actionable** information about **dynamics** or **drivers** of **underperformance**

-must always be followed by **cascade analysis**

Understand the operational program pieces of performance by tracking each step (and sub-step) of the clinical cascade



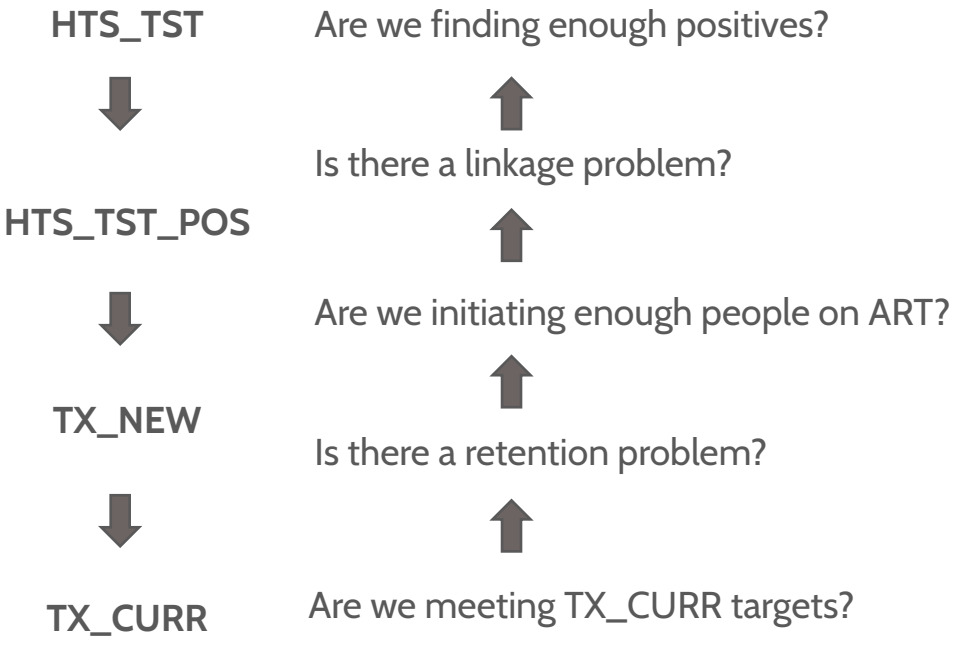
CASCADE ANALYSIS:

Cascade analysis attempts to understand the contributors and component parts of each cascade step to more concretely and specifically understand and interpret performance in a programmatically relevant and actionable way

Example:

- Starting point: "You didn't meet your TX_CURR target"
- Better: "You didn't meet your TX_CURR target because your retention of PLHIV on ART was low"
- Still better: "You didn't meet your TX_CURR target because your retention of PLHIV on ART was low, especially among men age 30-39"

CASCADE ANALYSIS:



Is the problem focused:

- in certain **SNUs**?
- in certain **IPs**?
- in certain **age/sex** groups?

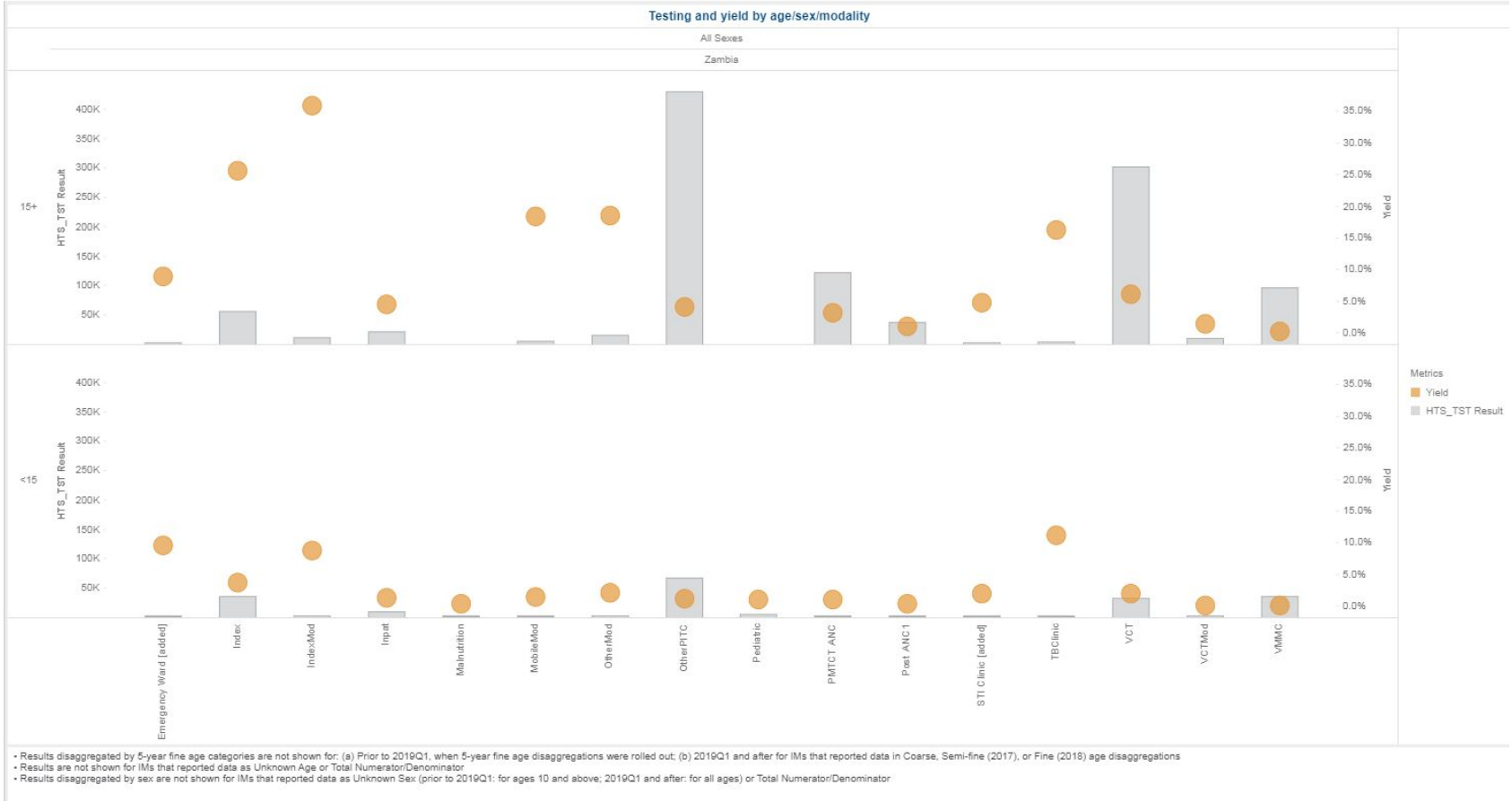
CAUTION

Value-added of cascade analysis of testing is **modality-specific**.

- Each testing modality has its own specific considerations and dynamics

Use **modality-specific testing analyses** to interpret data in a programmatically relevant and **actionable** way

Modality-specific analysis



Source: PEPFAR Panorama

Exercise

1. Review/visualize/ analyze Rosebank site data to review HFR data

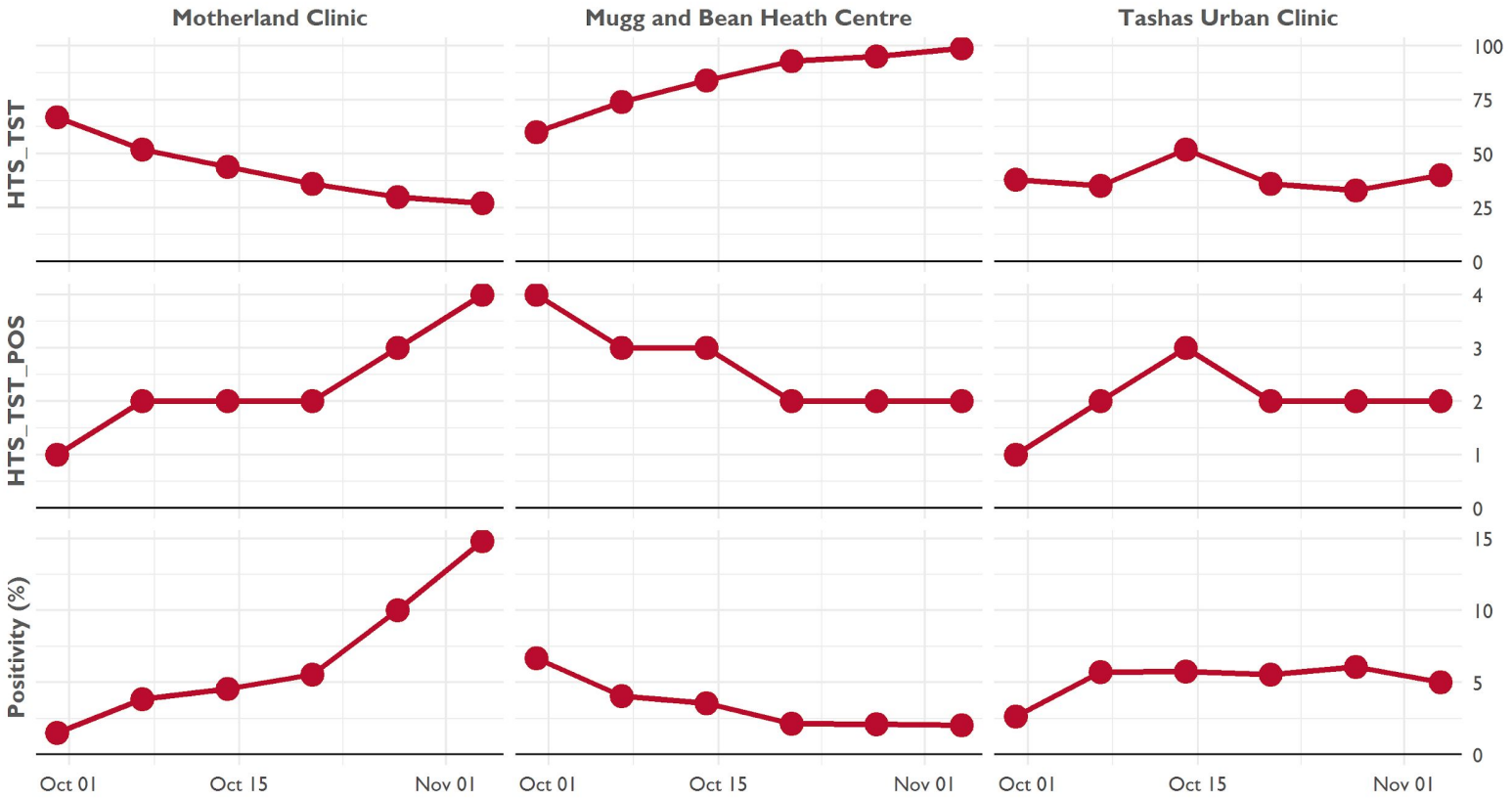
2. What can be ascertained from the site HFR data?

3. What additional analysis is needed? What are the next steps?

Site Name	HFR Week	HTS_TST	HTS_POS	Positivity
Motherland Clinic	2019-09-30	67	1	1.5%
Motherland Clinic	2019-10-07	52	2	3.8%
Motherland Clinic	2019-10-14	44	2	4.5%
Motherland Clinic	2019-10-21	36	2	5.6%
Motherland Clinic	2019-10-28	30	3	10.0%
Motherland Clinic	2019-11-04	27	4	14.8%
Mugg and Bean Heath Centre	2019-09-30	60	4	6.7%
Mugg and Bean Heath Centre	2019-10-07	74	3	4.1%
Mugg and Bean Heath Centre	2019-10-14	84	3	3.6%
Mugg and Bean Heath Centre	2019-10-21	93	2	2.2%
Mugg and Bean Heath Centre	2019-10-28	95	2	2.1%
Mugg and Bean Heath Centre	2019-11-04	99	2	2.0%
Tashas Urban Clinic	2019-09-30	38	1	2.6%
Tashas Urban Clinic	2019-10-07	35	2	5.7%
Tashas Urban Clinic	2019-10-14	52	3	5.8%
Tashas Urban Clinic	2019-10-21	36	2	5.6%
Tashas Urban Clinic	2019-10-28	33	2	6.1%
Tashas Urban Clinic	2019-11-04	40	2	5.0%

Exercise

HFR Testing Trends | Rosebank



Exercise

1. Review/visualize/ analyze Rosebank site data to review HFR data

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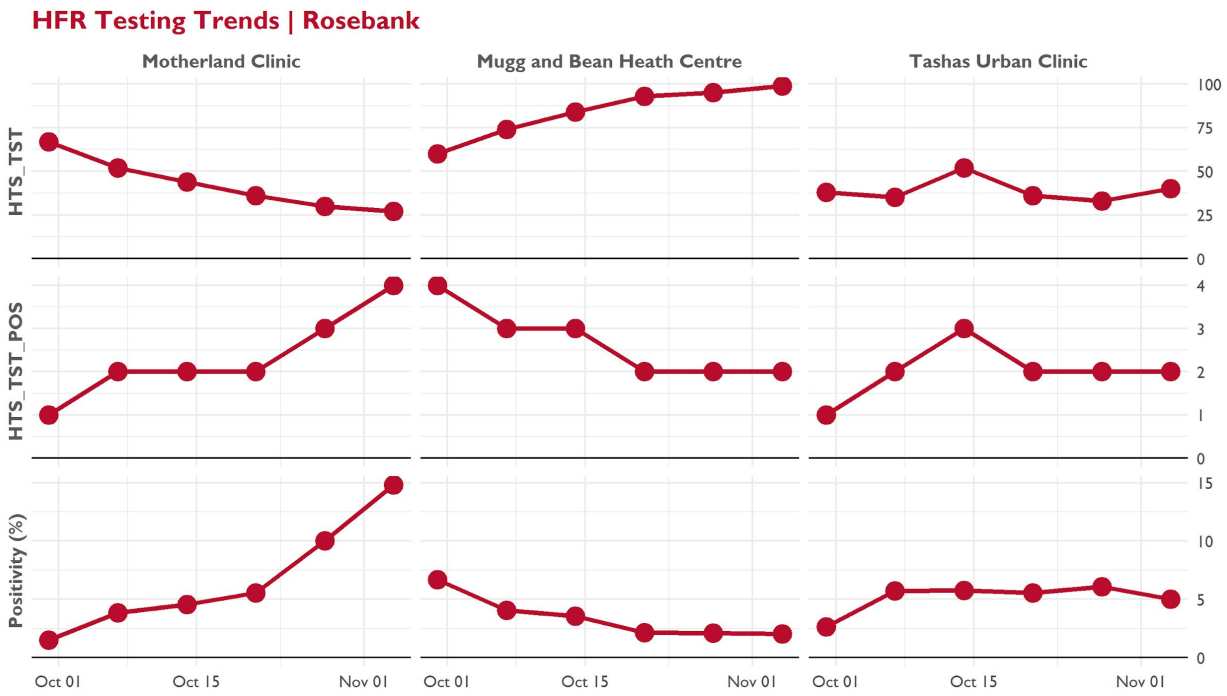


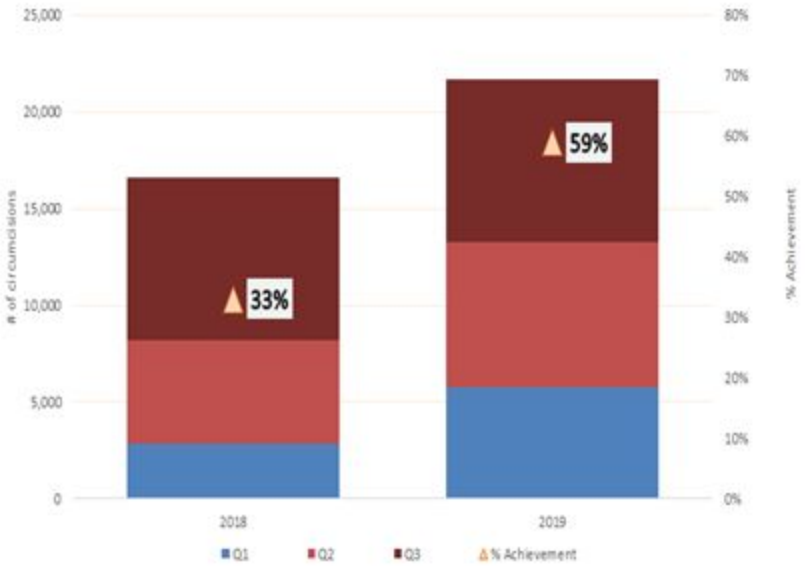
Using data for Program Monitoring

Lesotho/VMMC: weekly performance monitoring

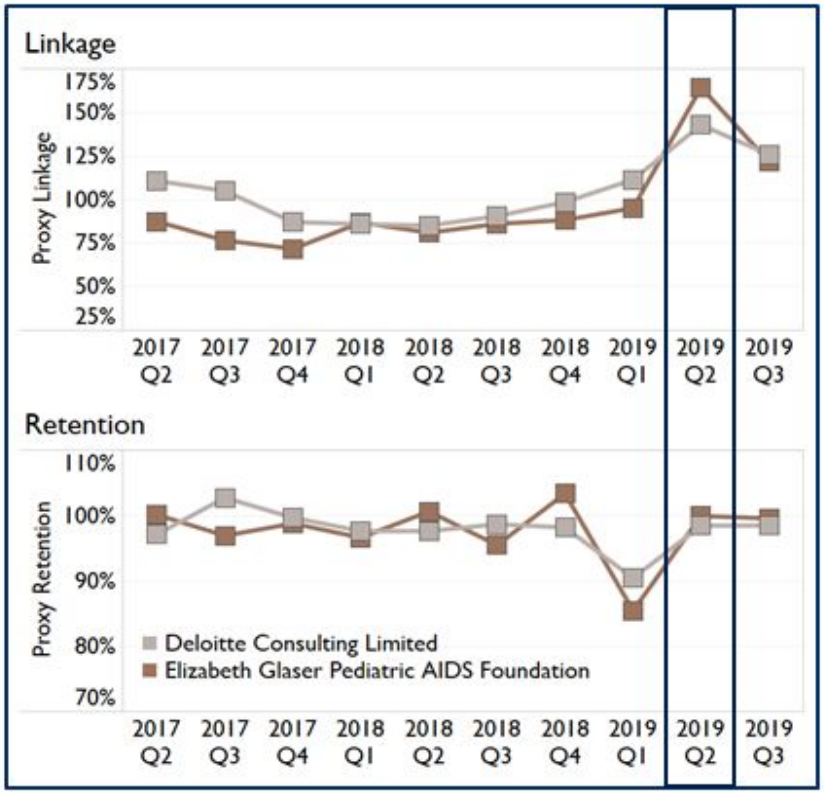
weekly targets, facilitation of community mobilizers and regular monitoring, doubled performance during FY19

FY19Q4 Weekly Performance vs. Target

Performance doubled from 33% to 59% in FY19Q3



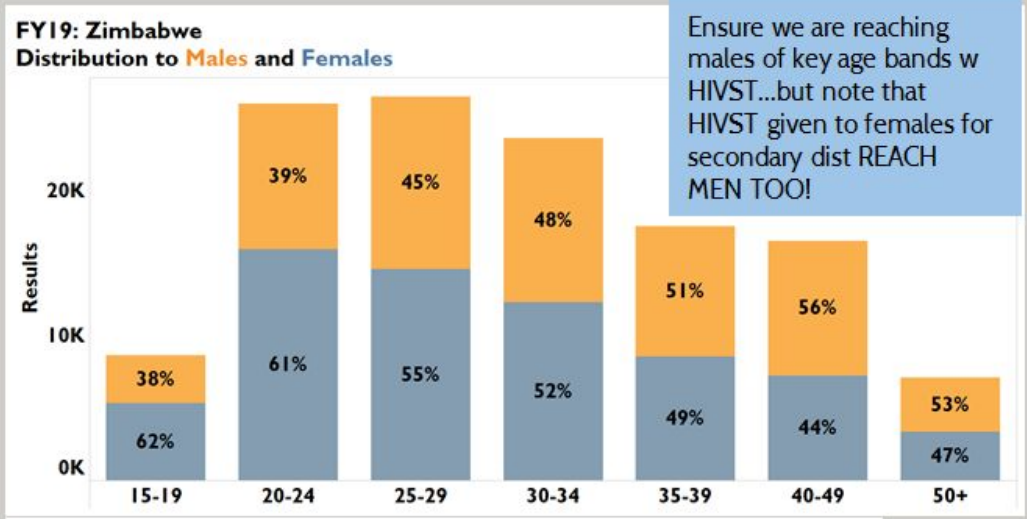
Tanzania's accelerated site level monitoring surge



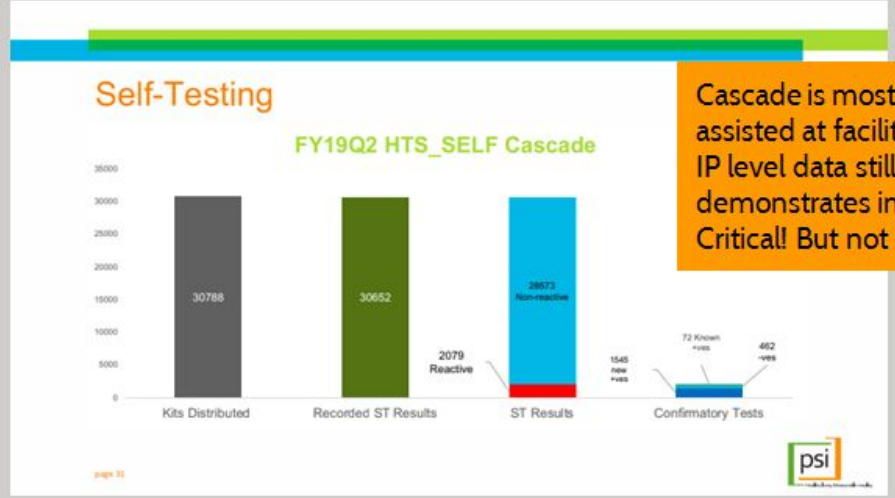
- Following poor FY18 APR NET_NEW results, Tanzania conducted surge to bring clients back into care
- Regional teams sent on a biweekly basis to do TA and intensive site monitoring
- In 2019 Q2, retention and linkage rates increased for Tanzania's two largest treatment partners

Testing: HIVST in Zimbabwe

- **Q3 achieved 96% of target at 125k** HTS_SELF
- Reaching males and 1st time testers and those in younger age bands!
- PSI produces an **HIVST cascade** for HIVST subset - critical for showing impact
- **Implementing HIVST since 2014**
  - personnel trained and in place,
  - commodities/job aids in place,
  - integration as an option into pgms: Community and Clinical components.
  - significant demand creation through HIVSTAR
- **MOH has been hugely supportive from early on: NEED TO ENGAGE WHERE POLICY BARRIERS EXIST**



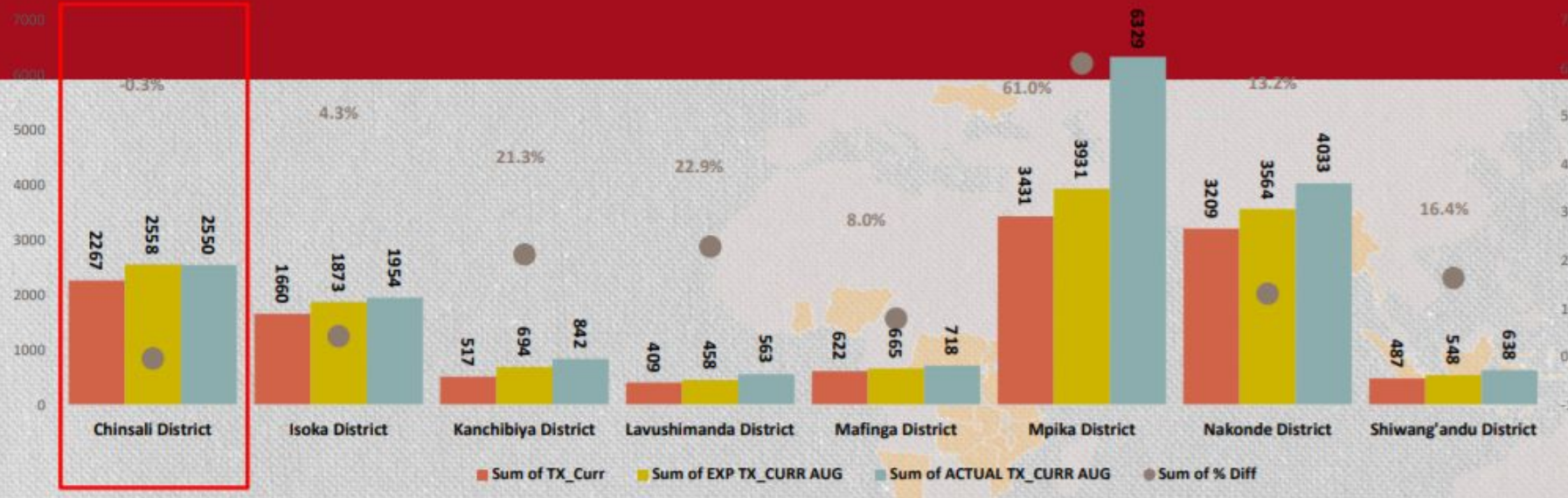
Ensure we are reaching males of key age bands w HIVST...but note that HIVST given to females for secondary dist REACH MEN TOO!



Cascade is mostly assisted at facilities, but IP level data still demonstrates impact! Critical! But not in MER...

Zambia | EQUIP: Partner's effective data use, interpretation and programmatic application

RETENTION PROXY: MUCHINGA BY DISTRICT



- Chinsali had attrition of clients though the difference between the expected TX_CURR & Actual reported in August from Q2 is 0.3%
- All the other districts reported a TX_CURR greater than the expected.
- Mpika District had the highest +ve difference which was as a result of tracking, and meticulous triangulation at Mpika urban clinic which had a number of files not updated on SmartCare .
- Management of appointments:- all clients that miss their appointments between 1-29 days are actively traced & reminded before they become LTFU. Helps on retention as tracking of those >30 days adds to the numbers.

TAKE HOME POINTS

- Triangulation (Comparison of eLIMS & SmartCare LTFU List) resulted in active clients being identified and updated in SmartCare
- Clearing of backlogs (ensuring that all active files) are updated on SmartCare increased TX_CURR following the December drop due to LTFU change in definition from 60-30days
- Keeping the active "Active": management of appointments is being done to ensure those who miss by a day are reminded before they become suspected LTFU >30 days.
- Tracking of clients that missed appointments > 30 days boosted the TX_CURR (Activity was done by EQUIP lay counselors and by a community partner at a later stage)
- Understanding of who, occupation and geographic location of people missing appointments & ascertain the reasons to enable coming up with an ART delivery method that is tailor made for different groups is being done.


That's all Folks!"
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ASAP Webinar Series

PEPFAR REPORTING & DATA USE

strengthening MER and HFR reporting and data use

August 19, 2020

AHC

Post Webinar Prompts

- Has anyone here entered data into Datim?
  - If so, what challenges have you experienced transferring data from your MOH systems to your internal systems or DATIM?
- Have you used MER (or other) data to make any program adjustments?
  - How could one use the MER reference guide to inform their program (tools, data collection, monitoring, etc.)
- Has anyone used the data calendar to inform their data reporting and cleaning process?
  - How could one use the PEPFAR data Calendar to inform their process?
- How does the geographic hierarchy impact your program planning?