



PEPFAR Expenditure Reporting (ER): COP19/FY20 Q4 Reporting

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ASAP Webinar

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Agenda

PEPFAR Financial Framework Background

COP19/FY20 Expenditure Reporting

- Roles & Responsibilities
- Overview
- What's New?
- How to complete the COP19/FY20 ER template
- COP19/FY20 ER template submission in DATIM
- Helpful Resources

PEPFAR Financial Framework Background



Introduction to ER

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

Build upon PEPFAR's pillars of transparency, accountability, and impact

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



Budget vs Expenditures in PEPFAR's Financial Framework

PEPFAR Implementing Partners (IP)s should expect greater visibility and focus by the USG on comparing expenditures vs budget in total and at a program area level moving forward

	COP Budget (FAST) <i>USG</i>	Work Plan Budget <i>USG + IP</i>	Expenditure Reporting <i>IP</i>
	<i>IM x Program Area x Beneficiary</i>	<i>IM x Program Area x Beneficiary x Cost Category</i>	
COP 17/ FY 2018			\$
COP 18 / FY 2019		<i>Optional</i>	\$
COP 19 / FY 2020	\$	<i>Optional</i>	\$
COP 20/FY 2021	\$	\$	\$

COP Year vs Fiscal Year:

COP Cycle	Implementation Year/FY	Annual Q4 Reporting Dates
COP19/FY20 (Approved May 2019)	Oct 1, 2019-Sept 30, 2020	Oct 1, 2020-Dec 18, 2020
COP20/FY21 (Approved May 2020)	Oct 1, 2020-Sept 30, 2021	Oct 1, 2021-Dec 2021

Sample of approved COP19/FY20 IM budget in FAST:

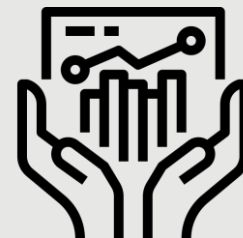
Intervention-E tab (Entry of COP19 budget for all IMs, by intervention) - SBU								: Expenditure an					
Funding Agency	Mechanism Name	Prime Partner	Org Type	MechID	Program	Program Area	Beneficiary	COP19 Budget for Intervention	Program Area: Sub Program Area-Service Level	Beneficiary: Sub Beneficiary	Total COP19 Budget for Intervention		
									1	PM: IM Program Management-PM	Non-Targeted Pop: Not disaggregated	\$215,456	
				Q1 TOTAL		Total Planning Level (a)		\$					
				Q1 TOTAL		Sum of IM Total Budgets or Expenditures (b)		\$					
				Q1 TOTAL		Sum of Intervention Budgets or Expenditures (c.)		\$	2	HTS: Community-based testing-NSD	Non-Targeted Pop: Not disaggregated	\$367,598	
				Q1 TOTAL		Check: Planning level vs. Sum of interventions (a-c)		\$					
						TOTAL	Total Budgeted COP19 Interventions:	12	\$	3	PREV: Non-disaggregated-SD	Females: Young women & adolescent females	\$227,943
						PM	Program management	Non- Targeted Pop: Not disaggregated	\$				
						SE	SE: Case Management-SD	OVC & care givers: Not disaggregated	\$				
						SE	SE: Economic strengthening-SD	OVC & care givers: Not disaggregated	\$				
						SE	SE: Education assistance-SD	OVC & care givers: Not disaggregated	\$				
						SE	SE: Legal, human rights & protection-SD	OVC & care givers: Not disaggregated	\$				
						SE	SE: Not Disaggregated-SD	OVC & care givers: Not disaggregated	\$	0,000			
						SE	SE: Psychosocial support-SD	OVC & care givers: Not disaggregated	\$	22,169			
						PREV	PREV: Comm. mobilization, behavior & norms change-S	OVC: Orphans & vulnerable children	\$	22,169			
						HTS	HTS: Community-based testing-NSD	OVC & care givers: Not disaggregated	\$	8,868			
						PREV	PREV: Comm. mobilization, behavior & norms change-S	Females: Young women & adolescent females	\$	88,676			
						SE	SE: Not Disaggregated-NSD	OVC & care givers: Not disaggregated	\$	8,868			
						SE	SE: Economic strengthening-NSD	OVC: Care givers	\$	13,301			
Sample COP19/FY20 budget extraction for ER reporting													

Budget vs Expenditures in the PEPFAR Financial Classification

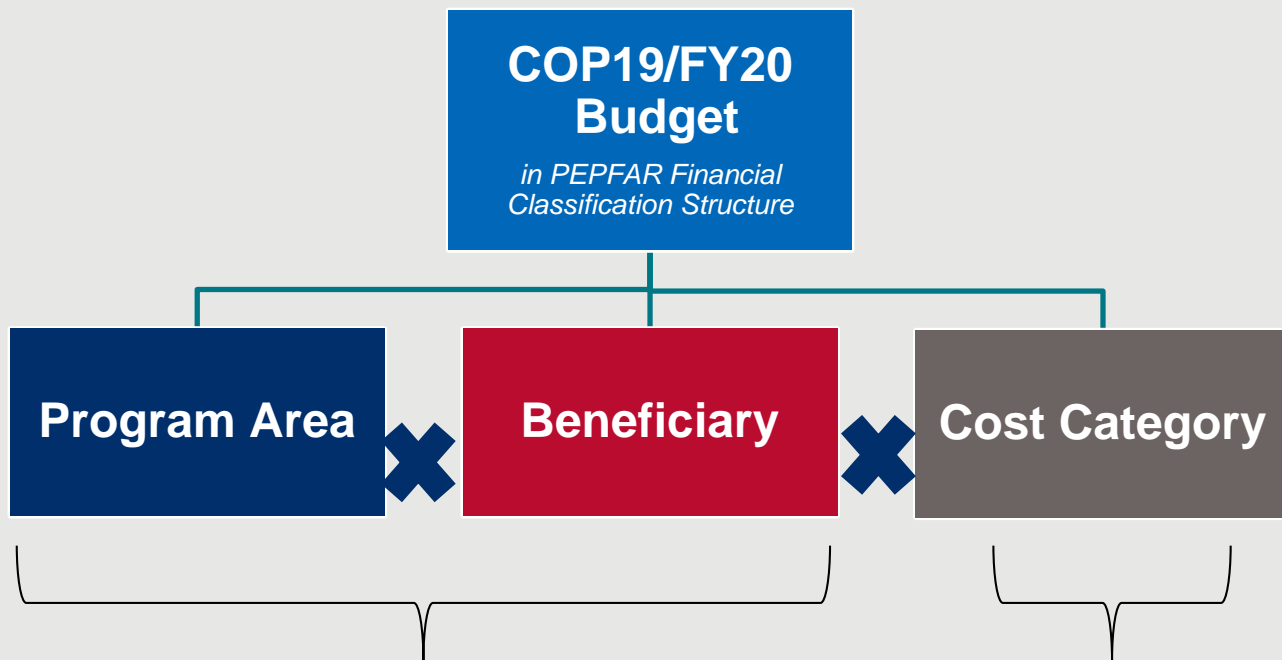
	Program Area: Sub Program Area- Service Level	Beneficiary: Sub Beneficiary	Total COP19 Budget for Intervention	Total COP19 Expenditure for Intervention	Difference
1	PM: IM Program Management-PM	Non-Targeted Pop: Not disaggregated	\$532,922	\$579,999	\$47,077
2	C&T: Clinical Services-NSD	Females: Young women & adolescent females	\$321,134	\$328,474	\$7,340
3	C&T: Clinical Services-SD	Non-Targeted Pop: Not disaggregated	\$80,512	\$80,512	\$0
4	HTS: Community-based testing-SD	Females: Young women & adolescent females	\$419,237	\$364,820	-\$54,417
Total			\$ 1,353,805	\$ 1,353,805	\$ -

PEPFAR decision-makers aim to better understand the story we tell with data:

- What/who are we investing our dollars in?
- Are we implementing according to how we budget?
- Where are the misalignments, how does this relate to targets/results achieved?



Implementing Mechanism (IM)-Level Budget & Expenditure Components



Determined by USAID field teams and approved by S/GAC during COP19/FY20 process and should be provided by the USAID A/COR

Further disaggregated by partners into cost categories = “what we are buying”

PEPFAR Financial Classification Framework

Structure by which funding for PEPFAR activities and services are:

- Uniformly organized
- Clearly identified
- Easily accounted for budgeting and reporting purposes
- Harmonized with Global Funding and UNAIDS financial classification structures.

PEPFAR funded activities and services are classified by:

- Organization classification: **Who is spending the money?**
- Program classification: **What was/is the purpose?**
- Beneficiary classification: **Who is benefitting?**
- Cost category: **What was/will be purchased?**



The unique combinations of programs and beneficiaries are referred to as “Intervention” and are the primary way all PEPFAR funding is classified.

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

Expenditure Reporting Template: Program Area

	Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4	Categorization of Intervention 5
Intervention Name (optional)				
Program Area	HTS: Facility-based testing-SD	SE: Economic strengthening-SD	PREV: VMMC-SD	C&T: HIV Clinical Services-NSD
Beneficiary	Males: Adult men	Females: Young women & adolescent females	Males: Adult men	Non-Targeted Pop: Adults
Object Class/Cost Category	Expenditure against Intervention 2	Expenditure against Intervention 3	Expenditure against Intervention 4	Expenditure against Intervention 5
Personnel: Salaries- health care workers	\$234,345		\$102,950	\$95,970
Personnel: Salaries- other staff		\$643,655	\$23,498	\$565,444
Fringe Benefits	\$95,345	\$140,777	\$40,500	\$138,906
Travel: International travel	\$3,434			
Travel: Domestic travel		\$76,555	\$5,930	\$15,932
Equipment: Health equipment			\$52,430	
Equipment: Non-health equipment				
Supplies : Pharmaceutical	\$342,343			
Supplies : Health- non pharmaceutical	\$65,400		\$87,990	\$12,000
Supplies : Other supplies	\$34,665	\$12,000		\$34,534
Contractual: Contracted health care workers			\$30,000	
Contractual: Contracted interventions				\$223,454
Contractual: Other contracts				
Construction				
Training				
Subrecipient			\$354,100	
Other: Financial Support for beneficiaries		\$276,899		
Other: Other		\$56,756	\$6,788	
Indirect charges	NA	NA	NA	NA
Total	\$775,532	\$1,206,642	\$704,186	\$1,086,240
% Total	18%	28%	16%	25%

Financial Classifications: Program Area

The Program classification is the broadest aggregation of PEPFAR efforts. The six major programs encompass everything PEPFAR does to achieve and sustain control of the HIV/AIDS epidemic.



Site Level vs Above Site Level

Site Level

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

Above Site Level

Activities that support the broader program or the health system, including program management, strategic information, surveillance and health systems strengthening

Site-Level Programs: Service vs. Non-Service Delivery

- **Service Delivery:** Direct interaction with beneficiaries
Examples:
 - Implementing differentiated service delivery models
 - Linking and referral to treatment services
- **Non-Service Delivery:** No direct interaction with beneficiary, although money is spent at the site level
Examples:
 - Technical Assistance and training to site level staff for the strengthening of HIV services
 - Provision of data clerks to sites responsible for the completeness and quality of patient records
 - Monitoring and Supervision

Program Area Example: Care & Treatment

<i>Program Area</i>	<i>Subprogram Area</i>
Care and treatment	HIV clinical services – Service delivery
	HIV clinical services – Non-service delivery
	HIV laboratory services – Service delivery
	HIV laboratory services – Non-service delivery
	HIV drugs – Service delivery
	HIV drugs – Non-service delivery
	Care and treatment: Not Disaggregated – Service delivery
	Care and treatment: Not Disaggregated – Non-service delivery

Program Area Example: Care & Treatment

<i>Program Area</i>	<i>Subprogram Area</i>
Testing	Facility-based testing – Service delivery
	Facility-based testing – Non-service delivery
	Community-based testing – Service delivery
	Community-based testing – Non-service delivery
	Testing: Not Disaggregated – Service delivery
	Testing: Not Disaggregated – Non-service delivery
<i>Program Area</i>	<i>Subprogram Area</i>
Prevention	Community mobilization, behavior and norms change – Service delivery
	Community mobilization, behavior and norms change – Non-service delivery
	VMMC – Service delivery
	VMMC – Non-service delivery
	PrEP – Service delivery
	PrEP – Non-service delivery
	Condom and lubricant programming – Service delivery
	Condom and lubricant programming – Non-service delivery
	Opioid substitution therapy – Service delivery
	Opioid substitution therapy – Non-service delivery
	Prevention: Not Disaggregated – Service delivery
	Prevention: Not Disaggregated – Non-service delivery

Program Area Example: Care & Treatment

Program Area	Subprogram Area
Socio-economic	Case management – Service delivery
	Case management – Non-service delivery
	Economic strengthening – Service delivery
	Economic strengthening – Non-service delivery
	Education assistance – Service delivery
	Education assistance – Non-service delivery
	Psychosocial support – Service delivery
	Psychosocial support – Non-service delivery
	Legal, human rights and protection – Service delivery
	Legal, human rights and protection – Non-service delivery
	Socio-economic: Not Disaggregated – Service delivery
	Socio-economic: Not Disaggregated – Non-service delivery

Above-Site

<i>Program Area</i>	<i>Subprogram Area</i>
Above-site Programs	Procurement and supply chain management
	Health management information systems, surveillance, and research
	Human resources for health
	Laboratory system strengthening
	Institutional prevention
	Public financial management strengthening
	Policy, planning, coordination and management of disease control programs
	Assessing laws, regulations and policy environment
	Above Site: Not Disaggregated

Program: Program Management (PM)

- Required reporting
- Program Management will be used for:
 - Implementing Mechanism management and overhead costs
 - Implementing Partner indirect costs
 - Denoting close out costs

<i>Program Area</i>	<i>Subprogram Area</i>
Program Management	Program management

ER Template: Beneficiary

	Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4	Categorization of Intervention 5
Intervention Name (optional)				
Program Area	HTS: Facility-based testing-SD	SE: Economic strengthening-SD	PREV: VMMC-SD	C&T: HIV Clinical Services-NSD
Beneficiary	Males: Adult men	Females: Young women & adolescent females	Males: Adult men	Non-Targeted Pop: Adults
Object Class/Cost Category	Expenditure against Intervention 2	Expenditure against Intervention 3	Expenditure against Intervention 4	Expenditure against Intervention 5
Personnel: Salaries- health care workers	\$234,345		\$102,950	\$95,970
Personnel: Salaries- other staff		\$643,655	\$23,498	\$565,444
Fringe Benefits	\$95,345	\$140,777	\$40,500	\$138,906
Travel: International travel	\$3,434			
Travel: Domestic travel		\$76,555	\$5,930	\$15,932
Equipment: Health equipment			\$52,430	
Equipment: Non-health equipment				
Supplies : Pharmaceutical	\$342,343			
Supplies : Health- non pharmaceutical	\$65,400		\$87,990	\$12,000
Supplies : Other supplies	\$34,665	\$12,000		\$34,534
Contractual: Contracted health care workers			\$30,000	
Contractual: Contracted interventions				\$223,454
Contractual: Other contracts				
Construction				
Training				
Subrecipient			\$354,100	
Other: Financial Support for beneficiaries		\$276,899		
Other: Other		\$56,756	\$6,788	
Indirect charges	NA	NA	NA	NA
Total	\$775,532	\$1,206,642	\$704,186	\$1,086,240
% Total	18%	28%	16%	25%

Financial Classifications: Beneficiary

The beneficiary populations are the *intended* recipients of the PEPFAR programs.



Demographic Sub-Beneficiary Groups

Beneficiary	Sub-Beneficiary	Details
Non-targeted population		
	Adults	25+ years old
	Young people and adolescents	15-24 years old
	Children	<15 years old
	Non-targeted populations: Non Disaggregated	Spending is intended to target more than one sub-beneficiary group of non-targeted population
Females		
	Adult women	25+ years old
	Young women and adolescent females	15-24 years old
	Girls	<15 years old
	Females: Not Disaggregated	Spending is intended to target more than one sub-beneficiary group of females
Males		
	Adult men	25+ years old
	Young men and adolescent males	15-24 years old
	Boys	<15 years old
	Males: Not Disaggregated	Spending is intended to target more than one sub-beneficiary group of males

Demographic Sub-Beneficiary Groups

Beneficiary	Sub Beneficiary	Details
Key populations		
	Men having sex with men	
	Transgender	
	Sex workers	
	People who inject drugs	
	Key populations: Not Disaggregated	Spending is intended to target more than one sub beneficiary group of key populations
Pregnant and breastfeeding women		
	Pregnant and breastfeeding women	
Priority populations		
	People in prisons	
	Military and other uniformed services	
	Mobile populations	Farm workers, miners, migrant workers, truck and commercial drivers
	Displaced persons	Refugees and internally displaced
	Clients of sex workers	
	Priority populations: Not Disaggregated	Spending is intended to target more than one sub beneficiary group of priority populations
Orphans and vulnerable children		
	Orphans and vulnerable children	
	OVC care givers	
	OVC and care givers: not disaggregated	Spending is intended to target both sub beneficiary groups of OVC

Putting it Together: How are your IMs funded?



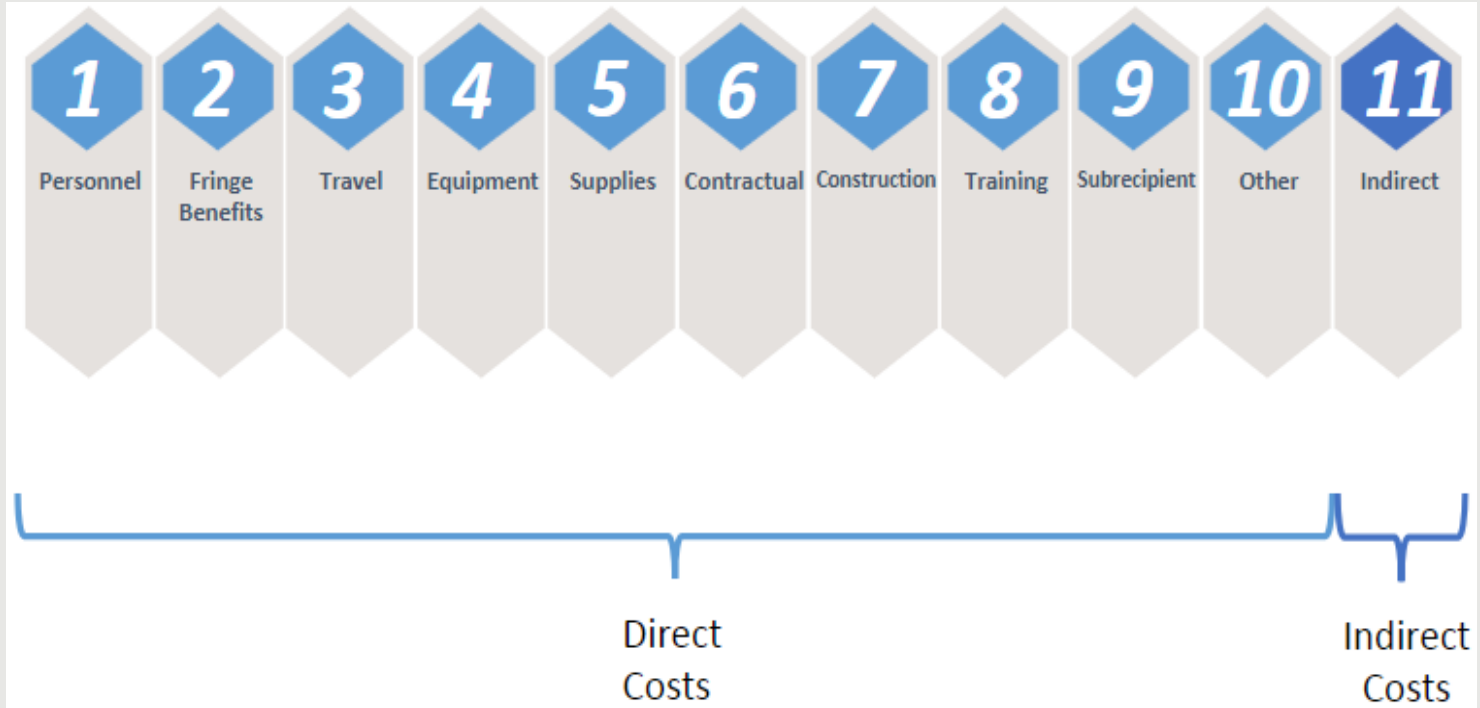
Financial Classifications: Interventions

		Intervention 1	Intervention 2	Intervention 3	Intervention 4
Interventions	Program Area	Testing	Socio-economic	Care & Treatment	Above-site
	Subprogram Area	Community-based – Service delivery	Education assistance – Service delivery	HIV clinical services – Non-service delivery	HMIS, surveillance and research
	Beneficiary Group	Key Pops	OVC	Non-targeted	Non-targeted
	Sub - Beneficiary Group	Sex Workers	OVC	Not disaggregated	Not disaggregated

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

Financial Classifications: Cost Category

Cost: What is the implementing partner purchasing with their PEPFAR money?



ER Template: Cost Category

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Questions?

ER Roles & Responsibilities



USAID Expenditure Reporting (ER) Backstops

Who are they?

- A USAID staff member at HQ assigned to a specific OU who oversees the ER data collection and cleaning process, and assists with ER data use

What do they do?

- Plan COP19/FY20 roll-out
- Manage communications and USAID team preferences
- Follow-up on missing information from country teams and with IPs
- Answer technical questions not found in guidance documentation

USAID Expenditure Reporting (ER) Points of Contact

Who are they?

- USAID staff at the country level who are the primary liaison between the USAID ER Backstop, the rest of the USAID team, and the IPs

What do they do?

- Confirm list of IMs that expended PEPFAR dollars in FY 2020 and will need to report in ER
- Communicate as needed with USAID's PEPFAR team on key ER information as well as with A/CORs on the review and approval of their IM data

USAID Agreement/Contract Officer's Representative, Activity Manager (A/COR, AM)

Who are they?

- Each PEPFAR mechanism has a USAID staff member assigned to oversee and manage their daily activities.

What do they do?

- Send reminders to IM staff responsible for completing the ER submission about key dates
- Facilitate the TA Consultants pro-active outreach to the IM staff requesting technical assistance
- Review and approve ER template in DATIM

USAID Implementing Partners (IPs)

Who are they?

- Organizations which have been contracted by the US Government to provide HIV care and support services to individuals and government institutions

What do they do?

- Responsible for successfully completing the ER template as per contractual language
- Abide by the ER guidance in categorizing their expenditures
- Ensure that individuals entrusted with completing their organization's submission have access to DATIM
- Discuss any ER deviations/revisions/questions with A/COR

EATAP TA Consultants

Who are they?

- Avenir Health consultants who will deliver TA to IPs and USAID country teams to complete the COP19/FY20 Expenditure Reporting requirement

What do they do?

- Participate or lead virtual ER launches
- Communicate COP19/FY20 rollout with IPs (provide updated documents, timelines, communication protocol)
- Provide training sessions as necessary to IPs during data collection
- Monitor and communicate status of A/COR approval of submitted templates

Questions?

Overview of COP19/FY20 Reporting



Expenditure Reporting: The Basics

- One (1) template per IM per OU
 - Any IPs with multiple IMs must submit multiple templates; 1 for each IM
- What about Regional Programs?
 - Same regional groupings as COP18/FY19 reporting
 - Submit one (1) template per IM
 - If an IM is assigned to a regional OU, the IP prepares an expenditure report incorporating expenditures from all benefitting countries in which the IM is implemented, i.e., there is no benefitting country disaggregation.



PEPFAR Expenditure Reporting Process Basics

Purpose

- To understand USG investments in HIV and improve program planning and implantation
- Improve accountability and efficiency

Methodology

- Cash basis
- Only PEPFAR funding (e.g. do not count USAID malaria \$, or Gates HIV \$)
- Reported annually in USD\$
- Prime partner responsible for all expenditures (including subrecipients)
- Capture all expenditure for the fiscal year (Oct 1, 2019 – Sept 30, 2020)



The unique combinations of programs and beneficiaries are referred to as “Interventions” and are the primary way all PEPFAR funding is classified.

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

What's New for COP19/FY20 Reporting?

Cost categories:

- Personnel: Salaries- Health Care Workers- Clinical
- Personnel: Salaries- Health Care Workers- Ancillary
- Contractual: Contracted Health Care Workers- Clinical
- Contractual: Contracted Health Care Workers- Ancillary

Sub-Program Area Added:

- PREV: Primary prevention for HIV and sexual violence

Program Management

- PM: IM Program Management: Closeout costs



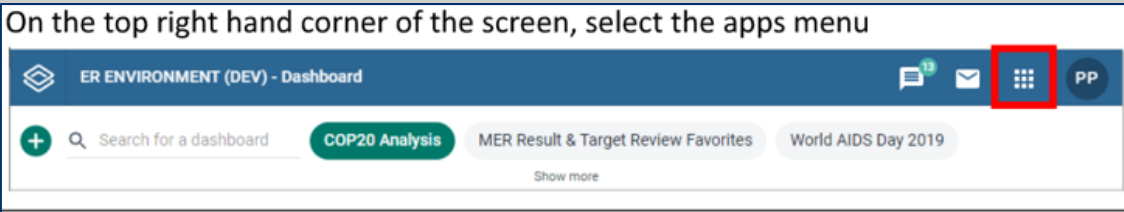
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What's New for COP19/FY20 Reporting?

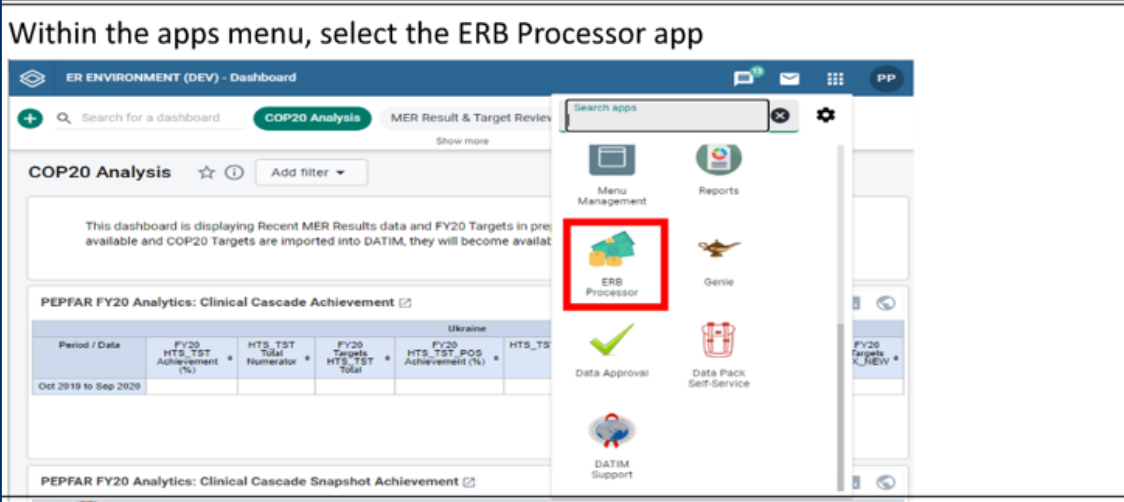
DATIM Submission: ERB App Replaces Data Entry App

- New for COP19/FY20 reporting, IP users will still submit ER templates in DATIM, however a new app has been developed to streamline reporting for budget & ER templates
- IPs will still submit (and USAID still approves) templates via the Data Approval app

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



Within the apps menu, select the ERB Processor app



The screenshot shows the ER ENVIRONMENT (DEV) - Dashboard. The top navigation bar includes a search bar, a 'COP20 Analysis' button, and a 'MER Result & Target Review Favorites' button. The 'World AIDS Day 2019' button is also visible. The 'Apps' menu icon is highlighted with a red box. The apps menu is open, showing a list of apps including Menu Management, Reports, ERB Processor (highlighted with a red box), Genie, Data Approval, Data Pack Self-Service, and DATIM Support.

For complete instructions on how to upload/submit in the new ERB app in DATIM, download instructions on datim.zendesk.com.

Timeline: FY 2020 Expenditure Reporting Data Entry

Date	Task
Prior to Oct 1	<ul style="list-style-type: none">Expenditure reporting guidance will be released
Sept/Oct	<ul style="list-style-type: none">DATIM users request new accounts or reactivate expired accounts as needed
10/1	<ul style="list-style-type: none">COP19/FY2020 expenditure reporting data entry opens in DATIM
11/6	<ul style="list-style-type: none">IPs upload and submit expenditure reporting templates in DATIM for USAID A/COR review
By 11/13	<ul style="list-style-type: none">DATIM closes for data entry (hard deadline)USG field agency staff approve IP-submitted data
12/1	<ul style="list-style-type: none">DATIM re-opens for data cleaning period
12/11	<ul style="list-style-type: none">IPs upload and submit expenditure reporting templates in DATIM for *FINAL* USAID A/COR review and approval
12/18	<ul style="list-style-type: none">Data cleaning period closes in DATIM, no late submissions will be accepted
Early January	<ul style="list-style-type: none">S/GAC to provide cleaned dataset to USG staff

****USAID cannot upload/submit templates for IPs, templates cannot be submitted via email to USAID**

Technical Assistance Available to USAID IPs & Mission Staff

- Each OU USAID team will have a HQ-based USAID ER Backstop and a field-based TA consultant (via Avenir Health) to support the ER process.
 - USAID ER Backstops will provide oversight and high-level technical assistance, particularly around data analysis and use
 - TA consultants will provide day-to-day, on-the-ground support to USAID mission staff and IPs for the implementation of data reporting, cleaning, and answer all questions found in the PEPFAR Classification Reference Guide
- USAID/HQ ER Backstops are always available to support USAID missions, IPs, and consultants as needed
- Complete roster of USAID Costing Advisors & TA consultants can be found [here!](#)

Questions?

How to Complete the COP19/FY20 ER Template



What do I need to complete the ER template?

- Example: COP19/FY20 Budget by Intervention*

	A	B	C	D	E	F	G
2				Program Management	Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4
3		Notes		<i>Program Management</i>			
4		Program Area		PMT, IM Program Management-NSD			
5		Beneficiary		Non-Targeted Pop: Not disaggregated			
6		Cost Category		Program management expenditures	Expenditures against Intervention 2	Expenditures against Intervention 3	Expenditures against Intervention 4
7		Personnel: Salaries- Health Care Workers- Clinical		NA			
8		Personnel: Salaries- Health Care Workers- Ancillary		NA			
9		Personnel: Salaries- Other Staff					
10		Fringe Benefits					
11		Travel: International Travel					
12		Travel: Domestic Travel					
13		Equipment: Health Equipment					

INSTRUCTIONS

Template Completion: Metadata and Error Checks Tab

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	
2	METADATA																					
3	Federal Agency											Recipient Organization (Partner Name)										
4	Mechanism ID											Award Number										
5	Mechanism Name											OU										
6	Prime DUNS Number											Data Set	Expenditure									
7	Reporting Period	FY20																				
8																						
9	ERROR CHECKS																					
10	Does the Prime DUNS number fail to meet data entry criteria? (Exactly nine digits and cannot be 000000000)										Yes, the prime DUNS number fails to satisfy the data entry criteria. Use leading zeroes if necessary.											
11																						
12	Does the program management expenditure still need to be entered?										Yes, the program management expenditure still need to be entered in Intervention 1.											
13																						
14	Have interventions been defined with incomplete program area and beneficiary information?										No, all interventions have been fully defined.											
15																						
16	If yes, which intervention(s) have not been fully defined?		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		
17																						
18																						
19	Have very unlikely combinations of program area and beneficiaries been selected?										No, there are not any very unlikely combinations that have been selected.											
20																						
21	If yes, in which intervention(s) do very unlikely combinations exist ?		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		
22																						
	Instructions		Metadata and Error Checks		Expenditure Template																	

- Complete the first tab with the information specific to your mechanism
- Be sure to contact your A/COR if you are unsure of your Mechanism ID, DUNS Number, or Award Number

Template Completion: Expenditure Template Tab

	A	B	C	E	F	G	H
2				Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4	Categorization of Intervention 5
3	Notes						
4	Program Area			HTS: Community-based testing-SD	HTS: Community-based testing-SD		
5	Beneficiary			Non-Targeted Pop: Young people & adolescents	Non-Targeted Pop: Not disaggregated		
6	Cost Category			Expenditures against Intervention 2	Expenditures against Intervention 3	Expenditures against Intervention 4	Expenditures against Intervention 5
7	Personnel: Salaries- Health Care Workers- Clinical						
8	Personnel: Salaries- Health Care Workers- Ancillary						
9	Personnel: Salaries- Other Staff						
10	Fringe Benefits						
11	Travel: International Travel						
12	Travel: Domestic Travel						
13	Equipment: Health Equipment						
14	Equipment: Non-Health Equipment						
15	Supplies: Pharmaceutical						
16	Supplies: Health- Non Pharmaceutical						
17	Supplies: Other Supplies						
18	Contractual: Contracted Health Care Workers- Clinical						
19	Contractual: Contracted Health Care Workers- Ancillary						
20	Contractual: Contracted Interventions						
21	Contractual: Other Contracts						
22	Construction						
23	Training						
24	Subrecipient Total			\$0	\$0	\$0	\$0
25	Other: Financial Support for Beneficiaries						
26	Other: Other						
27	Indirect Charges						
28	Total Expenditures per Intervention (Sum of Cost Categories)			\$0	\$0	\$0	\$0
29							

1

Step 1. Enter in the program area + beneficiaries in rows 4 & 5 for each intervention that will report expenditures

	Program Area: Sub Program Area- Service Level	Beneficiary: Sub Beneficiary
1	PM: IM Program Management-PM	Non-Targeted Pop: Not disaggregated
2	HTS: Community-based testing-SD	Non-Targeted Pop: Not disaggregated
3	PREV: Not Disaggregated-SD	Females: Young women & adolescent females
4	C&T: HIV Clinical Services-SD	Non-Targeted Pop: Not disaggregated
Total		

Example of an approved COP19/FY20 budget by intervention

Template Completion: Expenditure Template Tab

	A	B	C	D	E	F	G
2				Program Management	Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4
3				Program Management			
4				PM: IM Program Management-NSD	HTS: Community-based testing-SD	PREV: Not Disaggregated-SD	C&T: HIV Clinical Services-SD
5				Non-Targeted Pop: Not disaggregated	Non-Targeted Pop: Young people & adolescents	Females: Young women & adolescent females	Non-Targeted Pop: Not disaggregated
6				Program management expenditures	Expenditures against Intervention 2	Expenditures against Intervention 3	Expenditures against Intervention 4
7				Personnel: Salaries- Health Care Workers- Clinical	NA	\$72,000	
8				Personnel: Salaries- Health Care Workers- Ancillary	NA	\$119,000	
9				Personnel: Salaries- Other Staff	\$1,230,000	\$14,872	
10				Fringe Benefits	\$54,309		
11				Travel: International Travel	\$43,988	\$90,726	
12				Travel: Domestic Travel	\$14,111	\$24,000	
13				Equipment: Health Equipment			
14				Equipment: Non-Health Equipment			
15				Supplies: Pharmaceutical	NA		
16				Supplies: Health- Non Pharmaceutical	NA		
17				Supplies: Other Supplies			
18				Contractual: Contracted Health Care Workers- Clinical	NA		
19				Contractual: Contracted Health Care Workers- Ancillary	NA		
20				Contractual: Contracted Interventions	NA		
21				Contractual: Other Contracts			
22				Construction			
23				Training	\$125,000	\$47,000	
24				Subrecipient Total	NA	\$0	\$0
25				Other: Financial Support for Beneficiaries			
26				Other: Other			
27				Indirect Charges	\$687,048		
28				Total Expenditures per Intervention (Sum of Cost Categories)	\$2,154,456	\$367,598	\$0
29							

2

Step 2. Complete the template by entering in the expenditures for each intervention by cost category

Template Completion: Expenditure Template Tab

	A	B	C	D	E	F	G
4	Program Area			PM: IM Program Management-NSD	HTS: Community-based testing-SD	PREV: Not Disaggregated-SD	C&T: HIV Clinical Services-SD
5	Beneficiary			Non-Targeted Pop: Not disaggregated	Non-Targeted Pop: Young people & adolescents	Females: Young women & adolescent females	Non-Targeted Pop: Not disaggregated
6	Cost Category			Program management expenditures	Expenditures against Intervention 2	Expenditures against Intervention 3	Expenditures against Intervention 4
7	Personnel: Salaries- Health Care Workers- Clinical			NA	\$72,000		\$179,000
8	Personnel: Salaries- Health Care Workers- Ancillary			NA	\$119,000	\$78,000	\$99,000
9	Personnel: Salaries- Other Staff			\$1230,000	\$14,872	\$26,873	\$34,000
10	Fringe Benefits			\$54,309		\$5,400	\$40,000
11	Travel: International Travel						
12	Travel: Domestic Travel						
13	Equipment: Health Equipment						
14	Equipment: Non-Health Equipment						
15	Supplies: Pharmaceutical						
16	Supplies: Health- Non Pharmaceutical						
17	Supplies: Other Supplies						
18	Contractual: Contracted Health Services						\$67,003
19	Contractual: Contracted Health Services						\$32,019
20	Contractual: Contracted Interventions			NA			\$4,302
21	Contractual: Other Contracts					\$28,670	\$3,295
22	Construction						
23	Training			\$125,000	\$47,000	\$78,000	
24	Subrecipient Total			NA	\$0	\$0	\$177,936
25	Other: Financial Support for Beneficiaries						
26	Other: Other						
27	Indirect Charges			\$687,048			
28	Total Expenditures per Intervention (Sum of Cost Categories)			\$2,154,456	\$367,598	\$227,943	\$636,555
29							
30	Number of Subrecipients (0-100)			<input type="text" value="1"/>			
31							
32							
33		Subrecipient name	Subrecipient DUNS		Expenditures against Intervention 2	Expenditures against Intervention 3	Expenditures against Intervention 4
34	Sub 1	ABC	123456789	NA			\$177,936
35							

In the subrecipient data entry fields, record the subrecipient name, DUNS #, and expenditures for each intervention as applicable

⏪ ⏩ Instructions Metadata and Error Checks Expenditure Template +

Template Completion: Expenditure Template Tab

	A	B	C	D	E	F	G
2				Program Management	Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4
3	Notes			Program Management			
4	Program Area			PM: IM Program Management-NSD	HTS: Community-based testing-SD	PREV: Not Disaggregated-SD	C&T: HIV Clinical Services-SD
5	Beneficiary			Non-Targeted Pop: Not disaggregated	Non-Targeted Pop: Young people & adolescents	Females: Young women & adolescent females	Non-Targeted Pop: Not disaggregated
6	Cost Category			Program management expenditures	Expenditures against Intervention 2	Expenditures against Intervention 3	Expenditures against Intervention 4
7	Personnel: Salaries- Health Care Workers- Clinical			NA	\$72,000		\$179,000
8	Personnel: Salaries- Health Care Workers- Ancillary			NA	\$119,000	\$78,000	\$99,000
9	Personnel: Salaries- Other Staff			\$1,230,000	\$14,872	\$26,873	\$34,000
10	Fringe Benefits			\$54,309		\$5,400	\$40,000
11	Travel: International Travel			\$43,988	\$90,726		
12	Travel: Domestic Travel			\$14,111	\$24,000	\$11,000	
13	Equipment: Health Equipment						
14	Equipment: Non-Health Equipment						
15	Supplies: Pharmaceutical			NA			
16	Supplies: Health- Non Pharmaceutical			NA			
17	Supplies: Other Supplies						
18	Contractual: Contracted Health Care Workers- Clinical			NA			\$67,003
19	Contractual: Contracted Health Care Workers- Ancillary			NA			\$32,019
20	Contractual: Contracted Interventions			NA			\$4,302
21	Contractual: Other Contracts					\$28,670	\$3,295
22	Construction						
23	Training			\$125,000	\$47,000	\$78,000	
24	Subrecipient Total			NA	\$0	\$0	\$177,936
25	Other: Financial Support for Beneficiaries						
26	Other: Other						
27	Indirect Charges			\$687,048			
28	Total Expenditures per Intervention (Sum of Cost Categories)			\$2,154,456	\$367,598	\$227,943	\$636,555

	Program Area: Sub Program Area- Service Level	Beneficiary: Sub Beneficiary	Total COP19 Budget for Intervention
1	PM: IM Program Management-PM	Non-Targeted Pop: Not disaggregated	\$2,154,456
2	HTS: Community-based testing-NSD	Non-Targeted Pop: Not disaggregated	\$367,598
3	PREV: Non-disaggregated-SD	Females: Young women & adolescent females	\$227,943
4	C&T: HIV Clinical Services-SD	Non-Targeted Pop: Not disaggregated	\$636,555
Total			\$ 3,386,552

Step 3. The Total Expenitures row will auto-calculate as expenditures are entered into rows 7-27

***It's possible expenditures may not match budgets. A/CORs and IPs should discuss and note why budget deviations occurred.*

3



Instructions

Metadata and Error Checks

Expenditure Template



Template Completion: Expenditure Template Tab

Template Updates for COP19/FY20 Reporting

- Mirrors COP18/FY19 data collection template, with minor updates that include:
 - Revised cost categories for Personnel & Contractual
 - Addition of Primary prevention for HIV and sexual violence
 - Program Management-Closeout Costs designation
- Refer to the *‘PEPFAR Financial Classification Reference Guide’* found on datim.zendesk.com

Questions about COP19/FY20 approved budgets/expenditures?

- Reach out to the IM A/COR and discuss questions or concerns in advance of the Nov 7th deadline
- Interventions or modifications should not be added / modified without prior discussion with A/COR first
- Expenditures may not match budgets, IPs should report what was actually spent

	Program Management	Categorization of Intervention 2
Notes	<i>Program Management</i>	
Program Area	PM: IM Program Management-NSD	PM: IM Closeout costs-NSD
Beneficiary	Non-Targeted Pop: Not disaggregated	Non-Targeted Pop: Not disaggregated
Cost Category	Program management Budget	Budget against Intervention 2
Personnel: Salaries- Health Care Workers- Clinical	NA	
Personnel: Salaries- Health Care Workers- Ancillary	NA	
Personnel: Salaries- Other Staff		
Fringe Benefits		
Travel: International Travel		
Travel: Domestic Travel		
Equipment: Health Equipment		
Equipment: Non-Health Equipment		
Supplies: Pharmaceutical	NA	
Supplies: Health- Non Pharmaceutical	NA	
Supplies: Other Supplies		
Contractual: Contracted Health Care Workers- Clinical	NA	
Contractual: Contracted Health Care Workers- Ancillary	NA	
Contractual: Contracted Interventions	NA	
Contractual: Other Contracts		
Construction		
Training		
Subrecipient Total	NA	
Other: Financial Support for Beneficiaries		
Other: Other		
Indirect Charges		NA
Total Budget for Intervention (Sum of Cost Categories)	\$0	\$0

Validations Errors in the Expenditure Template

	A	B	C	D	E	F	G
2				Program Management	Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4
3		Notes		<i>Program Management</i>			
4		Program Area		PM: IM Program Management-NSD	PREV: VMIC-SD	PREV: Not Disaggregated-SD	
5		Beneficiary		Non-Targeted Pop: Not disaggregated	Females: Adult women	Females: Young women & adolescent females	Non-Targeted Pop: Not disaggregated
6		Cost Category		Program management expenditures	Expenditures against Intervention 2	Expenditures against Intervention 3	Expenditures against Intervention 4
7		Personnel: Salaries- Health Care Workers- Clinical		NA	\$72,000		\$179,000
8		Personnel: Salaries- Health Care Workers- Ancillary		NA	\$119,000	\$78,000	\$99,000
9		Personnel: Salaries- Other Staff			\$14,872	\$26,873	\$34,000
10		Fringe Benefits				\$5,400	\$40,000
11		Travel: International Travel			\$90,726		
12		Travel: Domestic Travel			\$24,000	\$11,000	
13		Equipment: Health Equipment					
14		Equipment: Non-Health Equipment					
15		Supplies: Pharmaceutical		NA			
16		Supplies: Health- Non Pharmaceutical		NA			
17		Supplies: Other Supplies					
18		Contractual: Contracted Health Care Workers- Clinical		NA			\$67,003
19		Contractual: Contracted Health Care Workers- Ancillary		NA			\$32,019
20		Contractual: Contracted Interventions		NA			\$4,302
21		Contractual: Other Contracts				\$28,670	\$3,295
22		Construction					
23		Training			\$47,000	\$78,000	
24		Subrecipient Total		NA	\$0	\$0	\$0
25		Other: Financial Support for Beneficiaries					
26		Other: Other					
27		Indirect Charges					
28		Total Expenditures per Intervention (Sum of Cost Categories)		\$0	\$367,598	\$227,943	\$458,619
29							

Potential errors in entry:

- No Program Management \$\$\$
- Impossible program area + beneficiary combinations
- Incomplete interventions
- Missing or incorrect metadata such as mechanism ID or DUNS number



Validations Errors in the Expenditure Template

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
6	Prime DUNS Number												Data Set		Expenditure				
7	Reporting Period		FY20																
8																			
9																			
10	Does the Prime DUNS number fail to meet data entry criteria? (Exactly nine digits and cannot be 000000000)																		
11																			
12	Does the program management expenditure still need to be entered?																		
13																			
14	Have interventions been defined with incomplete program area and beneficiary information?																		
15																			
16	If yes, which intervention(s) have not been fully defined?		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
					X														
18																			
19	Have very unlikely combinations of program area and beneficiaries been selected?																		
20																			
21	If yes, in which intervention(s) do very unlikely combinations exist ?		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
				X															
23																			
24	Are there any subrecipient rows that have have a zero-dollar expenditure?																		
25																			

ERROR CHECKS

Yes, the prime DUNS number fails to satisfy the data entry criteria. Use leading zeroes if necessary.

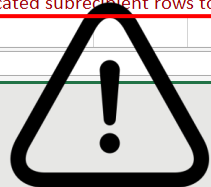
Yes, the program management expenditure still need to be entered in Intervention 1.

Yes, there are intervention(s) that have not been fully defined. This will cause an error when uploading.

Yes, very unlikely combinations have been selected. This will produce a warning when uploading.

Yes, 4 row(s) have a zero-dollar expenditure. Assign an expenditure to all indicated subrecipient rows to avoid.

InstructionsMetadata and Error ChecksExpenditure Template



Questions?

Expenditure Template SUBMISSION in DATIM



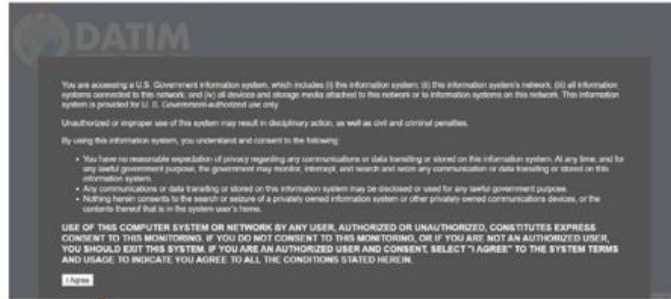
DATIM Accounts & Submission

- At least one person from each organization will need to have a registered ER/Budget DATIM account in order to successfully upload and submit an ER template in DATIM
- If you have submitted a COP20/FY21 work plan budget template and logged in the past 95 days:
 - Access will be granted to DATIM automatically as account has not been deactivated due to lack of activity
- If you have not submitted a COP20/FY21 work plan budget template:
 - Users without existing DATIM accounts, or expired accounts (not logged in for 95+ days) will need to request a new account.
 - Register at <https://register.datim.org/>



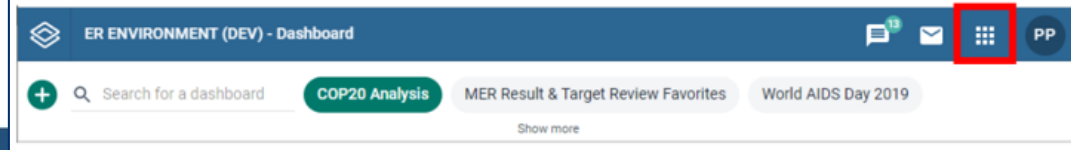
For complete instructions on how to upload/submit in the new ERB app in DATIM, download instructions on datim.zendesk.com.

DATIM.org Upload & Submission

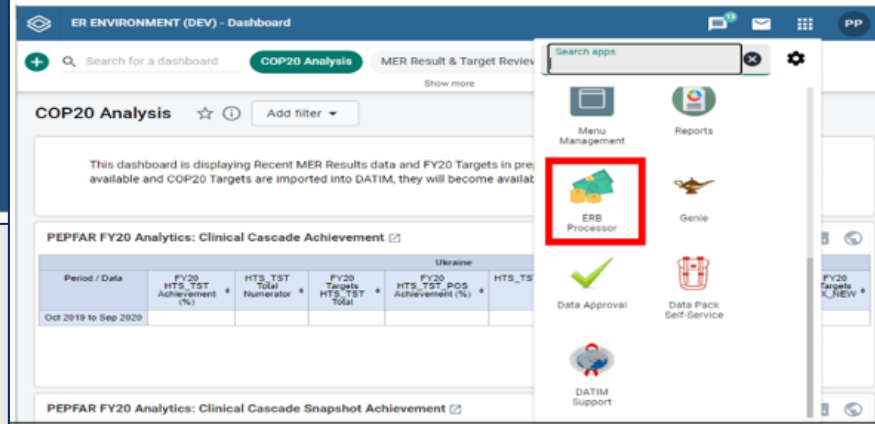


IP users will login to datim.org to upload & submit ER templates:

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



Within the apps menu, select the ERB Processor app



New for COP19/FY20 Reporting:

- IPs will upload in the [ERB Processor app](#)
- IPs will submit in the [Data Approval app](#)
- USAID will approve in the [Data Approval app](#)

Helpful Tips and Tricks

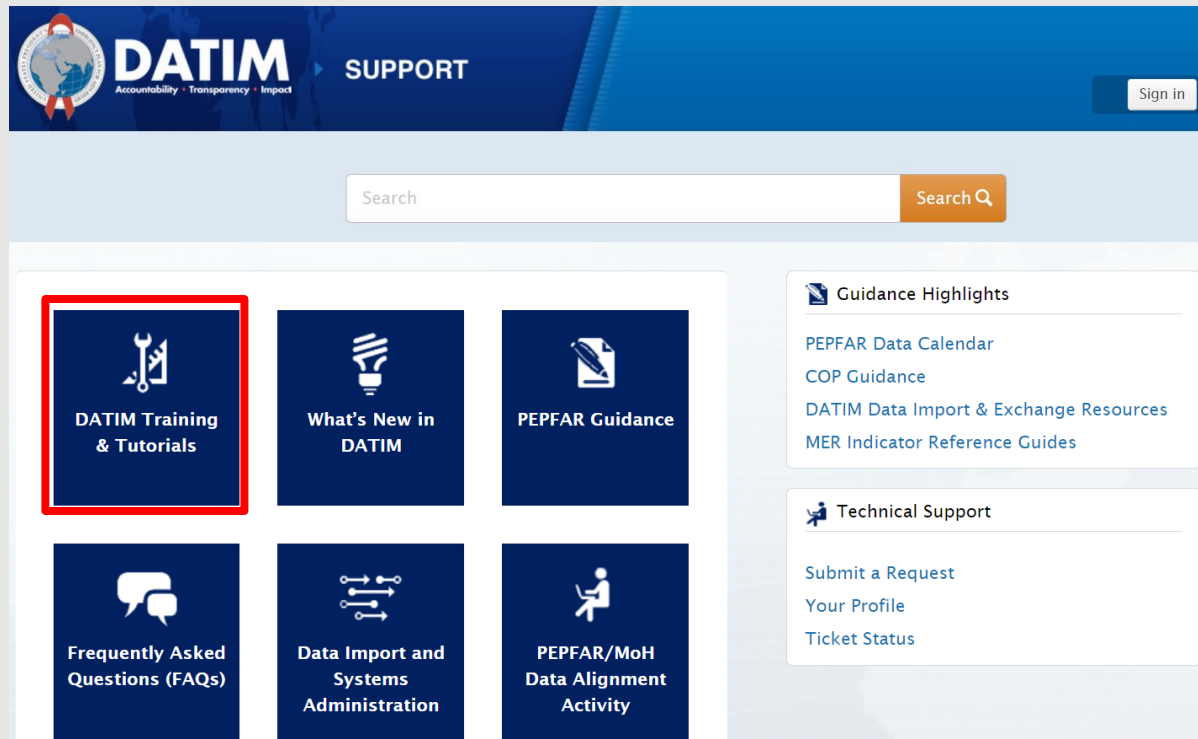
- Ensure you have entered COP19/FY20 expenditure data on **the current version of the COP19/FY20 ER template downloaded from datim.zendesk.com**! Invalid templates will result in starting over.
 - You cannot enter COP19/FY20 expenditure data on your COP20/FY21 budget or COP18/FY19 expenditure template
 - Do not attempt to unlock or overwrite the file
 - DO NOT COPY/PASTE values
- DATIM has some basic validation checks built into the system that will prevent successful upload if a template has errors:
 - Missing information on metadata tab (mech id, DUNS, award #)
 - Missing Program Management \$\$\$ entered
 - Negative, non-numeric values
- The DATIM help desk/technical support is very helpful! Don't hesitate to submit a request for support on the datim.zendesk.com homepage if you get stuck!



COP19/FY20 Expenditure Reporting RESOURCES



Expenditure Reporting Available Resources: DATIM.org Submissions

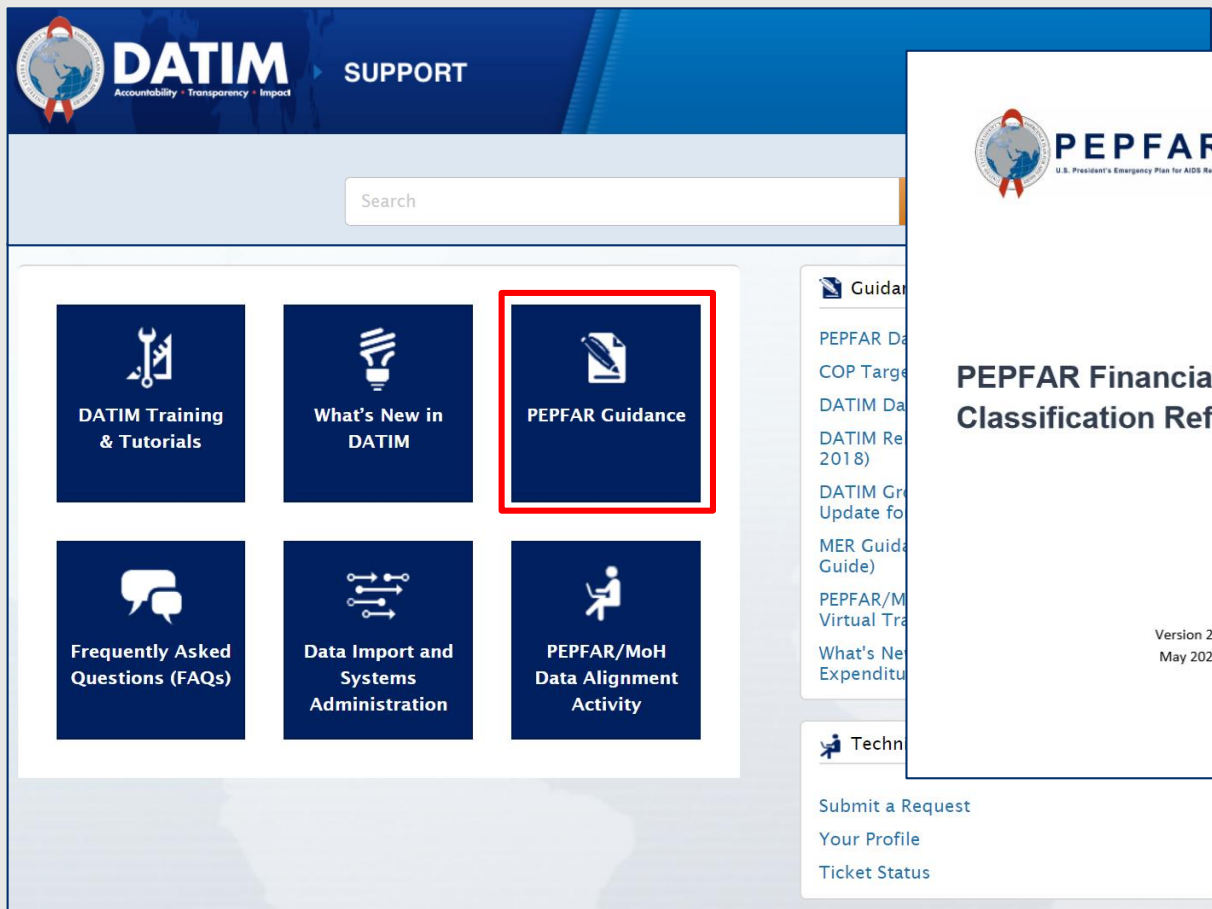


Step-by-Step Guides Available:

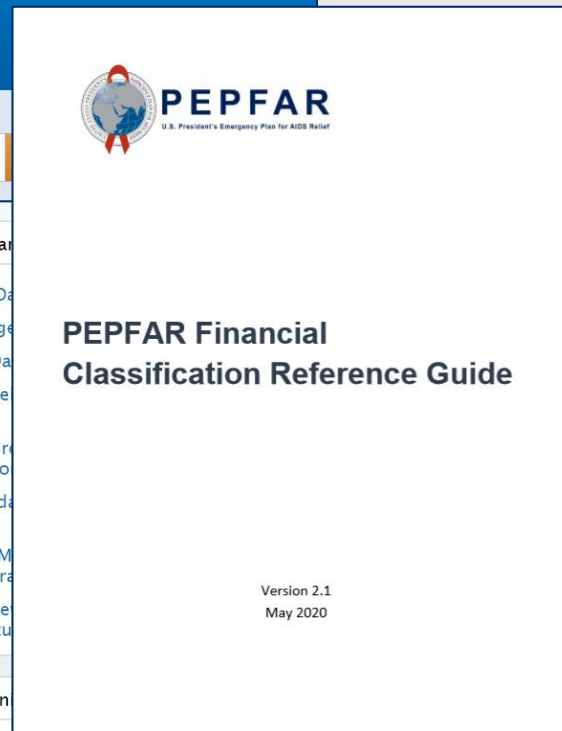
1. Instructions for IP Users
2. Instructions for Agency Field users: reviewing, approving or rejecting ER data
3. How to clear common errors
4. Approval statuses and actions
5. Requesting a DATIM user account

Navigate to datim.zendesk.com,
DATIM Training & Tutorials for IP and USAID instructions

Expenditure Reporting Available Resources: Guidance



The screenshot shows the DATIM SUPPORT page. The header includes the DATIM logo with the tagline 'Accountability • Transparency • Impact' and a 'SUPPORT' link. Below the header is a search bar. The main content area features a grid of six tiles: 'DATIM Training & Tutorials', 'What's New in DATIM', 'PEPFAR Guidance' (highlighted with a red border), 'Frequently Asked Questions (FAQs)', 'Data Import and Systems Administration', and 'PEPFAR/MoH Data Alignment Activity'. To the right of the grid is a sidebar with a 'Guidance' section containing links to 'PEPFAR Data', 'COP Target', 'DATIM Data', 'DATIM Report (2018)', 'DATIM Guide Update for', 'MER Guide (Guide)', 'PEPFAR/M Virtual Tra', and 'What's New Expenditure'. Below the sidebar is a 'Technical' section with links to 'Submit a Request', 'Your Profile', and 'Ticket Status'.

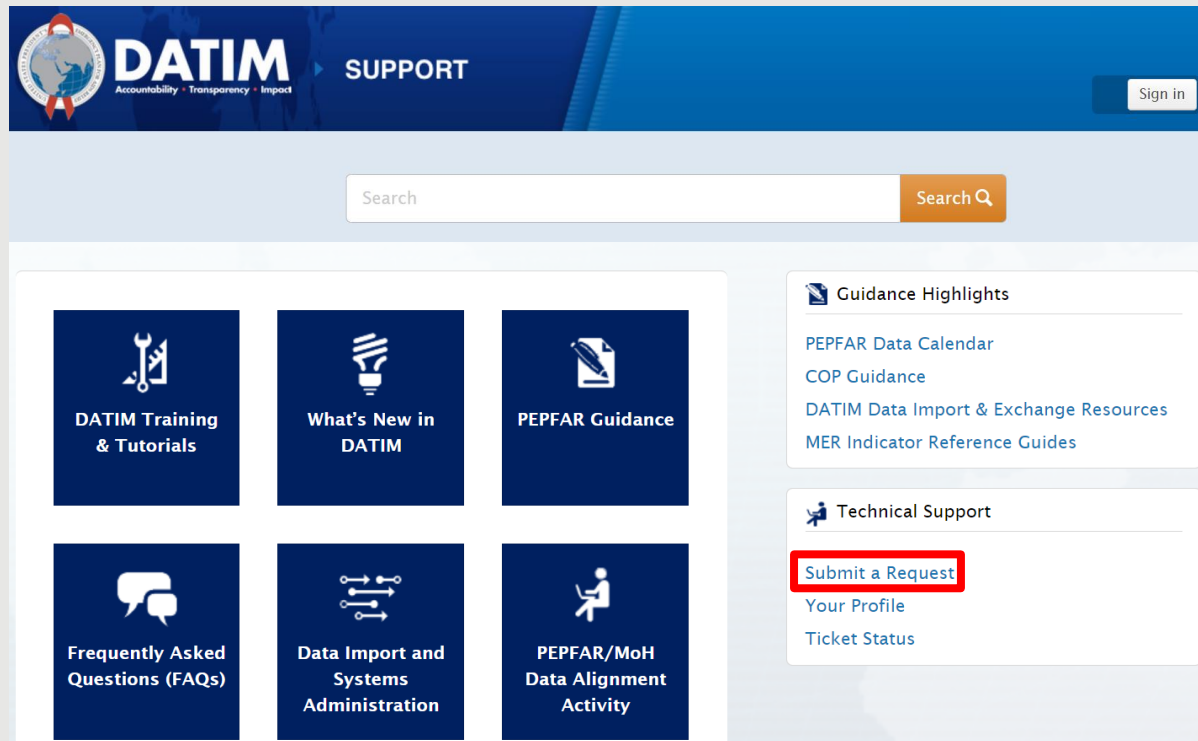


Resources Available:

1. COP19/FY20 template
2. Classification Reference Guide
3. What's New?

Navigate to
datim.zendesk.com,
PEPFAR Guidance

Expenditure Reporting Available Resources: Help Desk Tickets



Reasons to Contact the Help Desk

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

Navigate to datim.zendesk.com, Submit a Request

Q&A

