Technical Considerations for Quality Data: Integration and Insights of MER, HRH, and ER

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Purpose and Objectives

**Purpose**
- To provide detailed guidance on data quality practices, tools, and resources for MER, ER, and HRH data

**Objectives**
- With a focus on the end goal of data use for improved program monitoring and implementation, provide best practices for data management and quality assurance
- Highlight resources available to support improved data monitoring and quality practices
- Provide updates on expected changes in data reporting
Agenda

- Why Quality Data Matters: The importance and use of data in the PEPFAR context
- Data Quality: Definitions, Requirements, and Responsibilities
- Assessing & Addressing PEPFAR Data Quality
- Applying Data Quality Principles to Other Data
- News you can use!
  - Important PEPFAR Data Updates & Changes
Why Quality Data Matters:
The Importance and Use of Data in the PEPFAR Context
Data has been and will be a critical part of PEPFAR’s strategy.

**ENABLER 3: LEADING WITH DATA**

PEPFAR will continue to invest in and program with data, ensuring collection and use of granular data to identify key epidemiologic trends and outliers, gain program insights, understand cost effectiveness of interventions, and assess progress and the impact of current program interventions and innovative advances. As data needs grow increasingly complex, PEPFAR will ensure that our data investments are fit-for-purpose with the long-term trajectory of the program.
Data has been instrumental in tracking our progress, pivoting where needed, and planning for epidemic control.
PEPFAR data informs our programs and the broader HIV response for improved outcomes, with a focus on beneficiaries.
Data allows us to address critical questions, monitor, and plan within PEPFAR

- 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?  
- How much does PEPFAR's work cost?  
- What is the composition and contribution of PEPFAR-supported staffing investments?
With complex systems and cycles, Implementing Partners are key in generating and reporting data

... which is used for monitoring, decision making, planning, etc.

Data is released to other PEPFAR Data Systems at least 2x/Qtr (initial/unclean & clean/final) & at least 2 weeks after data entry closes.
PEPFAR Data & Data Streams are used throughout the planning, implementation, and monitoring cycle

<table>
<thead>
<tr>
<th>RESULTS</th>
<th>QUALITY</th>
<th>PROGRAM FINANCIAL</th>
<th>HUMAN RESOURCES</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>MER*</td>
<td>SIMS</td>
<td>FAST, ER*, Work plan*</td>
<td>HRH Inventory*</td>
<td>Other (SRE, Above-Site, Resource Alignment, SiD, DQA, and more)</td>
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<tr>
<td>Quarterly interagency country-level performance reviews</td>
<td>Ongoing monitoring of program quality</td>
<td>Understanding efficiency of partners and programs</td>
<td>Inform implementation of PEPFAR-supported programs and sustainability planning.</td>
<td>Inform planning, management, and monitoring / evaluation of PEPFAR programs at all levels</td>
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<tr>
<td>Quarterly data reviews at OHA to understand cross-country / global trends</td>
<td>Assess adherence to known HIV program quality standards at the site level</td>
<td>Contextualizing program performance</td>
<td>Inform planning, management, and monitoring / evaluation of PEPFAR programs at all levels</td>
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<tr>
<td>Setting annual targets</td>
<td>Identify actionable remediation activities</td>
<td>Informing out-year budgets</td>
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</table>

* partner-reported
**USAID-Specific Data helps to fill in critical gaps to ensure accountability and success of our programs**

**RESULTS**

**HFR**
Real-time tracking of results for the purpose of preempting issues and course corrections

**CUSTOM INDICATORS**
Comprehensive view of program impact and identify needed course corrections

**OPERATIONAL**

**BUDGET**
Routine monitoring of partner spend through accruals and outlays
PEPFAR data is used at multiple levels, and is available on public platforms for increased transparency and global planning.
Panorama Spotlight provides high-level aggregate metrics
Is PEPFAR investing in the **right technical areas now to close final epidemiologic gaps**? How should allocations shift as we make progress?

<table>
<thead>
<tr>
<th></th>
<th>1st</th>
<th>2nd</th>
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<tr>
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<td>Uganda</td>
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<td>Vietnam</td>
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<td>68</td>
<td></td>
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</tbody>
</table>

Sources: FY23 COP Dataset, OHA EA Branch; UNAIDS 2021 Estimates
How Are We Spending Our Resources?

What are we buying?

Are we spending our resources on the right things to meet our program goals/targets? Are different implementation models reflected with different spending patterns?

How should we potentially shift investments in the next fiscal year to achieve greater program success?
We are currently not *explicitly* **aligning resources with population gaps** - should we be?

<table>
<thead>
<tr>
<th>CARE AND TREATMENT BENEFICIARY TARGETING IS NOT REFLECTED IN BUDGETS</th>
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</thead>
<tbody>
<tr>
<td>Females: Adult women</td>
</tr>
<tr>
<td>Botswana: 8.85% Eswatini: 6.10% Kenya: 0.65% Lesotho: 4.21% Namibia: 8.31% Rwanda: 0.46% Uganda: 1.37% Vietnam:</td>
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<tr>
<td>Females: Not disaggregated</td>
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<tr>
<td>Females: Young women &amp; adolescent females</td>
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<td>Key Pops: Not disaggregated</td>
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<td>Key Pops: People in prisons</td>
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<td>Males: Adult men</td>
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<td>Botswana: 1.86% Eswatini: 0.69% Kenya: 0.82% Lesotho: 8.31% Namibia: 0.46% Rwanda: 0.46% Uganda: 0.46% Vietnam:</td>
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<tr>
<td>Non-Targeted Pop: Adults</td>
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<td>Botswana: 4.62% Eswatini: 19.25% Kenya: 55.45% Lesotho: 22.96% Namibia: 55.45% Rwanda: 22.96% Uganda: 22.96% Vietnam:</td>
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<tr>
<td>Non-Targeted Pop: Children</td>
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<td>Botswana: 7.91% Eswatini: 4.17% Kenya: 2.70% Lesotho: 3.50% Namibia: 13.20% Rwanda: 7.25% Uganda: 7.25% Vietnam:</td>
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<tr>
<td>Non-Targeted Pop: Not disaggregated</td>
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<td>Botswana: 69.11% Eswatini: 73.76% Kenya: 65.28% Lesotho: 83.94% Namibia: 78.63% Rwanda: 23.61% Uganda: 60.84% Vietnam:</td>
</tr>
<tr>
<td>Non-Targeted Pop: Young people &amp; adolescents</td>
</tr>
<tr>
<td>Botswana: 1.00% Eswatini: 5.11% Kenya: 5.11% Lesotho: 5.11% Namibia: 5.11% Rwanda: 0.03% Uganda: 0.03% Vietnam:</td>
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<tr>
<td>OVC: Not disaggregated</td>
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</tr>
<tr>
<td>Pregnant &amp; Breastfeeding Women: Not disag.</td>
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<tr>
<td>Botswana: 3.38% Eswatini: 5.44% Kenya: 6.76% Lesotho: 1.86% Namibia: 5.04% Rwanda: 7.56% Uganda: 7.56% Vietnam:</td>
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<tr>
<td>Priority Pops: Military &amp; other uniformed services</td>
</tr>
<tr>
<td>Botswana: 0.65% Eswatini: 3.45% Kenya: 1.60% Lesotho: 1.62% Namibia: 1.62% Rwanda: 0.53% Uganda: 0.53% Vietnam:</td>
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</tbody>
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Source: FY23 COP Dataset, OHA EA Branch. Includes commodities. Excludes M&O.
<table>
<thead>
<tr>
<th>Questions HRH Inventory Data Can Support</th>
<th>HRH Data Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the size and types of staff we support and their main areas of work aligned to our program priorities?</td>
<td>Review staffing footprint by employment title and primary program area.</td>
</tr>
<tr>
<td>Are staff geographically aligned with MER targets?</td>
<td>Review staffing geographical footprint with reported MER results. Ensure staffing distribution is aligned with MER targets.</td>
</tr>
<tr>
<td>Are staffing expenditures aligned with achieving program priorities?</td>
<td>Review staffing expenditures by employment title and primary program area. Confirm financial resources supporting staff are optimized for program performance and identify outliers in compensation.</td>
</tr>
<tr>
<td>Are staffing characteristics (full time versus part time staff, employed through Prime or Sub-Implementing Partner) optimized for impact?</td>
<td>Review staffing footprint by FTE, prime or sub-implementing partner, and service delivery status. Ensure proportions are consistent with program priorities and deliverables.</td>
</tr>
</tbody>
</table>
HRH Data Use Caveats - Caution Areas for Data Use

● There is no “perfect proportion” of Service Delivery to Non-Service Delivery expenditure or global recommended ratios for staff, it depends on program orientation / priorities / context.

● Each PEPFAR supported worker is only associated with the primary program area supported; this may mean that program areas are under- or over-represented in some cases.

● Roving staff supporting facilities are tagged at the PSNU level, which means that facility-level staffing expenditure analysis will not account for roving support. Recommend primary focus at PSNU if there are large numbers of roving staff.

● Staff reported geographically at the community level may not reflect all staff who are supporting community services. In the FY22 HRH Inventory data set, we will be able to use the question: “Does this person primarily support work in the community” to better understand which staff are supporting community work.
HIV/AIDS Data Use Informing and Impacting Client Services

High quality data relies on documentation starting from the site

- Unreliable data source ---> unreliable data for decision making
- High fidelity documentation ---> data reporting helps stakeholders identify needed updates to national guidelines and policies
- Data informed discussions with community organizations and MOH staff

Consistent data use helps to identify process improvements, training opportunities, & activity successes

Common Data Sources
- Registers
- Stock cards
- Patient charts
- Dispensary logs
- Referral forms
- LMIS
- EMR
- Appointment logs
- Peer Navigator logs
- Employee/CHW files
- IP summary reports
Insights are only as good as the data

DATA QUALITY IS KEY

Program Improvement
Commodity forecasting
Resource allocation
Global Program progress (95s)

Stakeholder coordination
Donor accountability
Progress monitoring

Donor accountability
Defining eligibility criteria for services

Program Planning
Partner management

Stock outs

Priority populations missed

Misrepresentation of global epi control status

$ not allocated strategically

Time spent on the wrong issues or data cleaning

When DATA is incomplete or inaccurate, data use is compromised
Data Quality: Definitions, Requirements, and Responsibilities
Data Quality Assurance & Improvement in USAID/PEPFAR

- HIV programs are results-oriented and evidence driven
- High quality data are essential for:
  - Monitoring and evaluation of progress towards attaining epidemic control
  - Accurate assessment of partner performance
  - Accountability and good governance
  - Planning and decision-making
- Being proactive about data quality at PEPFAR sites helps us continue to be proactive about program quality, performance and secure high impact.

- to achieve our goal for 95-95-95; data quality, data flow, and data systems need to be reviewed and monitored routinely by all stakeholders
- IPs and USAID work collaboratively to address data quality issues identified through joint QI efforts
Framework: Data Management and Reporting Systems, Functional Areas and Data Quality

Dimensions of Quality

Accuracy, Completeness, Reliability, Timeliness, Confidentiality, Precision and Integrity

Functional Components of a Data Management System Needed to Ensure Data Quality

1. M&E Capabilities, Roles and Responsibilities
2. Capacity Building
3. Data report requirements
4. Indicator Definitions
5. Data collection and reporting tools
6. Data Management processes
7. Data Quality controls and approaches
8. Alignment with National reporting system
Data quality is not only a good practice and important for ability to effectively use data, but also a mandate across stakeholders.
Data Quality: Shared Responsibility

1. **USG DQA**
   - **Comprehensive interagency data quality assessment**
   - OGAC mandated, comprehensive, national data quality assessments focused on treatment

2. **DQA**
   - **Data quality assessment**
   - USAID-operation specific, comprehensive data quality assessment focused on priority areas

3. **DQM**
   - **Routine data quality monitoring**
   - USAID or third-party routine data quality checks, monitoring visits

4. **RDQA**
   - **Routine data quality assessment**
   - Routine data quality assurance and improvement practices by partners

5. **Joint QI**
   - **Joint data & program quality improvement**
   - Addressing identified data and program quality issues across all levels
Assessing & Addressing PEPFAR Data Quality
Objective:
Assess the extent to which USAID has designed and implemented internal controls over the collection, verification, and reporting of PEPFAR data

Findings:
USAID lacked documentation on DATIM quality controls, required data quality assessments and application of best RDQA practices by IPs.

“PEPFAR in Africa: USAID Can Take Additional Steps to Improve Controls over Data Quality”
OIG Recommendations

USAID to ensure that missions consistently implement and document USAID data quality measures and ensure oversight over IPs’ routine internal data quality assurance and improvement:

PEPFAR DATIM QC process

PEPFAR DATIM quality control measures at missions are well-documented and applied consistently.

Required Agency & PEPFAR DQAs

Missions document compliance with Agency requirements on how to respond when PEPFAR interagency DQAs are not performed, or reports are not received.

Quality IP-led RDQA

PEPFAR RDQAs conducted by implementing partners at missions cross-reference databases to other sources, are provided to the appropriate USAID officials, and include controls for oversight of the process.
Data QA/QI: Multilayered Approaches & a Shared Responsibility

1. USG DQA
   - Comprehensive interagency data quality assessment
   - OGAC mandated, comprehensive, national data quality assessments focused on treatment

2. DQA
   - Data quality assessment
   - USAID-operation specific, comprehensive data quality assessment focused on priority areas

3. DQM
   - Routine data quality monitoring
   - USAID or third-party routine data quality checks, monitoring visits

4. RDQA
   - Routine data quality assurance and improvement practices by partners

5. Joint QI
   - Joint data and program quality improvement
   - Addressing identified data and program quality issues across all levels
RDQA Technical Guidance - MER

1. Recommended planning: IPs to **integrate routine data quality assurance** and improvement activities in their **workplans**.

2. Recommended frequency: **Quarterly**

3. Recommended approach: **Cross-validate data** against several data sources

4. Recommended interpretation of findings:
   a. >10% discrepancy: USAID Mission engagement and full assessment
   b. 5-10% discrepancy: Active data quality improvement by IP and DQM by Mission
   c. < 5% discrepancy: Data quality continued routine data quality monitoring

5. Expected Documentation: **RDQA reports and planned QI interventions must be shared with Activity Manager or AOR/COR** who will determine appropriate actions including via DQM, DQA or other QA/QI measures
**What and Where could be the focus of a RDQA?**

A few examples…

<table>
<thead>
<tr>
<th>Systems</th>
<th>Cascade</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Supply Chain</td>
<td>• Prevention</td>
<td>• Key Population</td>
</tr>
<tr>
<td>• Labs</td>
<td>• Testing</td>
<td>• Priority Population</td>
</tr>
<tr>
<td>• EMR</td>
<td>• Treatment</td>
<td>• Orphans and Vulnerable Children (OVC)</td>
</tr>
<tr>
<td>• Health Information System</td>
<td>• VL Suppression</td>
<td>• Adolescents, Girls, and Young Women (AGYW)</td>
</tr>
</tbody>
</table>

RDQAs can occur at any level where indicators are measured
Examples of Existing Approaches and Tools that are useful in rapid quality checks and informing data quality assurance

1. **Data Review Tool (DRT)**: contains checks to assess aspects of data quality that can help identify potential issues and inconsistencies in the data

1. **Data Anomaly Detection Tool**: help to identify sites/facilities, and indicators that require further scrutiny and track and compare data quality between reporting units and over time
DATIM Data Review Tool

- Access via Genie App in DATIM
- Provides four types of checks
  - MER Logic Check
  - Disaggregate Completeness
  - Checks across time periods
  - Contextual site by IM information

<table>
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<tr>
<th>Name of Check</th>
<th>Number of Cases Violating the Check</th>
<th>Reference Indicator 1 Value</th>
<th>Reference Indicator 2 Value</th>
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<td>HTS_TST_FINE</td>
<td>HTS_TST_N</td>
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</tbody>
</table>
Data Anomaly Detection Tool

- Supports **remote** routine data quality monitoring by signaling data **anomalies** at sites
- Uses **Algorithmic approach** and “R” to identify patterns across indicators and sites
- The tool does not diagnose the source of an anomaly rather it **identifies** sites and indicators that require **further investigation and on-site data quality review**
- **Results** outputs come in excel form where **anomalous values** are colored **in red**

The stronger the intensity of the **red color**, the higher the likelihood of this particular indicator contributing to the anomaly outcome
Data Anomaly Detection Tool Applications

**Recommender Systems**

Identify patterns across facilities and indicators and make predictions based on those patterns

**Time Series**

Make predictions for future occurrences based on historical trends, and compare forecasts to reported values
Useful Resources: Training and Tools

1. Link(s) to Online Training on Data Quality for Local Partner
   a. English
   b. French
   c. Password: USAID

2. Measure Evaluation DQA Tools - specific tools developed by Measure Evaluation for DQA focused on treatment and other indicators

3. Data Review Tool

4. Data Anomaly Detection Tool

5. PSICA Tool
Applying data quality principles to other data:
Allocating & Reporting Expenditures & HRH Data Accurately
Although there are a number of quantitative and qualitative validation checks built into the ER process… there is a continued need to improve quality of ER data to be more interpretable for strategic decision making.
Examples of Data Quality Indicators

- Alignment with MER Data
- Missing or additional Program Areas/Beneficiaries
- Budget Execution & reporting completeness
- Interaction Type alignment with recommended classifications
- Alignment with HRH Data
- Expenditures identical to budget
- Misclassification of PM or high PM outside start-up year
- Timely submission into DATIM
Allocating expenditures requires a balance between level of detail and accuracy

“Split”
Disaggregate interventions to highlight breadth and depth of program approaches

Cons:
- Limited by template restrictions (35 interventions)
- Reduces accuracy of estimates for shared costs

“Lump”
Group interventions to demonstrate a more cohesive picture

Cons:
- Lose ability to reflect all programs and populations served
- Reduces precision of detailed expenditure reporting
Keeping a focus on program priorities can help guide expenditure allocation

Example 1: An IP does a mix of clinical service delivery (SD) and non-service delivery (NSD), about 90% SD and 10% NSD. **Lump or split the expenditures?**

**Recommendation:** Assuming this is general C&T work, **lump** all $ into SD

Example 2: An IP pays for clinical activities that primarily benefit the general population, but on average for the year about 30% of the clients are pregnant and breastfeeding women, an important population in program implementation. **Lump or split the expenditures?**

**Recommendation:** **split** allocation of expenditures, 30% PBFW and 70% Non-targeted population
Alignment between data sources is another key factor in improving data quality for expenditure allocation

**IF results are reported for:**
- Priority population groups (e.g. PBFW, AGYW, KP, OVC, pediatrics)
- Key indicators and technical areas

**AND**
- Expenditures can be reasonably tracked or estimated

**THEN expenditures should be:**
- Allocated to associated (sub) Beneficiary groups (PBFW, AGYW, KP, OVC children)
- Allocated to associated (sub) Program Areas

**Topline figures should also match for:**
- Cadres by PA in HRH Inventory
- Expenditures by Program Area for staffing + fringe (+ contracted interventions)
For Expenditure Reporting, partners can adapt financial systems and tools to support alignment with Financial Classifications

It is not expected for IPs to re-create their financial accounting systems to align with Expenditure Reporting, some IPs have developed simple supplemental tools to facilitate data management

Resource: Sample template for expenditure allocation

HRH Inventory Data Quality and Completeness

- Understanding the location and functions of PEPFAR-supported staff is essential to optimizing impact, advancing epidemic control, and informing sustainability planning.

- A complete and accurate HRH Inventory is essential for effective coordination with partner governments to reduce gaps.

- Mechanisms without complete HRH inventories and misalignments between HRH and ER staffing expenditure reporting can misrepresent size and proportion of USAID staffing footprints.

- Poor data quality limits the overall utility of HRH Inventory data.
HRH Inventory Data Quality and Completeness

What happens when one mechanism does not submit a complete HRH Inventory?

In the example below, if one major OVC mechanism (data shaded in gray) was not included in the HRH Inventory data, the staffing would be underreported for the entire OU and the distribution by program area would be incorrect, which could lead to program decisions based on wrong information.
How to Conduct a Data Quality and Completeness Review

✓ 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.
  • Ensure that all staff are included in the template.

✓ 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:
  • 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.
Data Quality - The Achilles’ heel to Program Success

- We focus on Data Quality so we are responsive to issues in their early stages
- Mitigate poor data quality and associated risks to avoid data fraud allegations
- Ensure data can be fully utilized to inform program and resource planning

Understand the quality of reported data
Use results to inform data quality improvement
Use results to inform program quality improvement
4th Annual Local Partner Meeting

Additional Data Updates
PSICA: What and Why?

- **The Intent:** a) to establish benchmarks; b) to assess LP SI strengths & needs; c) to identify priority areas for capacity strengthening and improvement interventions

- **Applicability:** The tool is available both in **English** and **French**

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<th>Domain</th>
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<th># Performance Expectations</th>
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<td>Data Use</td>
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4 | 12 | 54
Rapid PEPFAR Strategic Information Capacity Building Assessment (PSICA) Tool

- Local Partners have access to PSICA tool
- The tool supports LPs’ rapid self-assessment and assessment of priority SI capacity strengthening needs.
- Results can be used to:
  - Identify LP SI strengths and needs
  - Define Priority areas of PEPFAR SI Capacity Development Support
  - Plan and Implement Capacity development interventions to Support LP
- Administration - 2 - 3 hours max
Example of PSICA Results and how they were Used by USAID

The findings identified a capacity building need that resulted in USAID developing a Data Quality Assurance and improvement Training in English and French.
# Other Data Updates

**SIMS**

| New Version of SIMS - 4.2 that is aligned with Minimum Program Requirements (MPRs) & Minimum Site Standards (MSS) (see [PEPFAR 2022 COP/ROP Guidance for a listing of SIMS CEEs mapped to each MPR](#)) |

**MER 2.6.1**

| No major MER changes for this reporting year - Continue to monitor programs and focus on data quality improvement. |

**CI & HFR**

| HFR will remain as is for FY23 reporting. New CIs have been added for FY23. Additional changes to age bands to better align with MER 2.6.1 updates |

**ER**

| No major changes for FY23 reporting. Continuation of sub-recipient reporting is under discussion; FY24 will include simplifications to the Financial Classification Framework. |

**DHI**

| A small group is soliciting feedback and updating the Digital Health Inventory tool for next year; the timing will likely remain the same for submission, with a single data entry and correction period, likely during Q3/Q4 reporting. |

**HRH**

| No known changes from FY22 to FY23 Data. Will reach out to Missions for feedback on FY22 HRH Inventory data collection. |

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**What’s on the horizon**

**PEPFAR Data Refresh:** TBD revisions to program and financial data structures and indicators, rolling out for COP23 / FY24. **Stay tuned!**
4th Annual Local Partner Meeting

Discussion
Thank you!

Reach out to us at:

HRH Reporting - hhr-reporting-helpdesk@usaid.gov

SI Support - sisupport@usaid.gov

OHA Program Quality Review Cluster - oha_programqualitycluster@usaid.gov

Expenditure Reporting - oha.ea@usaid.gov
@jroffenbender@usaid.gov slides 46 through discussion
Caolfhionn Roche, 11/10/2022
High level topics

- PEPFAR related updates
  - MER 2.6.1
  - PEPFAR data summit (preliminary information)
    - High level takeaways
  - DATIM Resources
- USAID Related
  - CI & HFR
  - USAID DQA requirements and resources (DQA vs. Data Validation vs. etc. and implications)
- External facing resources
  - Panorama spotlight
- Surveillance and use of data for target setting and challenges
Agenda

- Data Quality: what is it and why is it important?
  - How is data used across data streams for program management, planning, and budget and target allocation
- Audit findings
- Recommendations
  - DATIM Quality Control
    - DRT: what is it and how to use it
  - [PEPFAR / USAID DQAs - Mission responsibility] (omit this??)
  - IP RDQAs, including cross-validation
    - Expected alignment between data streams (MER-ER-HRH)
- Broader data reminder
Data Quality is a shared responsibility

...Within PEPFAR, USAID is expected to plan and execute data quality assessments (DQA) and address identified quality issues in alignment with PEPFAR COP guidance, MER 2.6, and USAID's updated ADS 201.3.5.7 policy...

Implementing Partners (IPs) play a crucial role in managing data quality

- By routinely implementing a robust internal data quality assurance and improvement measures, IPs are able to maintain data quality, address data challenges as they arise, and reinforce USAID PEPFAR program quality.
New! Piloting Expenditure Reporting DQAs

**Purpose:** To support teams and partners in reporting high-quality expenditure data usable for strategic program planning purposes. This is not a formal audit.

**ACTIVITY INPUTS**

- **Desk Review**
  - Conducted by USAID Expenditure Advisor
  - Using existing data
  - Flagging questions for review with AOR & Partners
  - Not an audit!!

- **AOR Interviews**
  - Conducted by USAID Expenditure Advisor
  - Discuss role and context for mechanism reporting
  - Review any flags from Desk Review

- **Partner Interviews**
  - Conducted by USAID Expenditure Advisor
  - Discuss financial reporting process & partner approach
  - Review any flags from Desk Review

**OUTPUTS**

- **Findings & Recommendations Report**
  - Developed by USAID Expenditure Advisor
  - Provide partner level recommendations for improved ER data quality
  - Provide OU & Global level recommendations to USAID
As PEPFAR continues to invest in strategies and programs to achieve epidemic control, the data collected by sites and implementing partners allows for

- Understanding of investment/strategy/program Impact
- Transparency
- Accountability

Ultimately, our data is aggregated and made available to all stakeholders, including

- Local Governments
- Other donors
- Civil Society
- Public
Specific data stream examples of data use

MER
- Assessing progress towards 95s, targets
- Are we reaching priority populations and geographic gaps
- Setting future targets

ER / financial
- Resource allocation
- Gauging financial ‘performance’

HRH (already added)

SIMS
- Assessing quality of PEPFAR sites based on WHO guidelines
- Identifying improvements to be made to improve client services