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4th Annual Local Partner Meeting

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

November 16, 2022

Welcome!

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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

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Why Quality Data Matters:

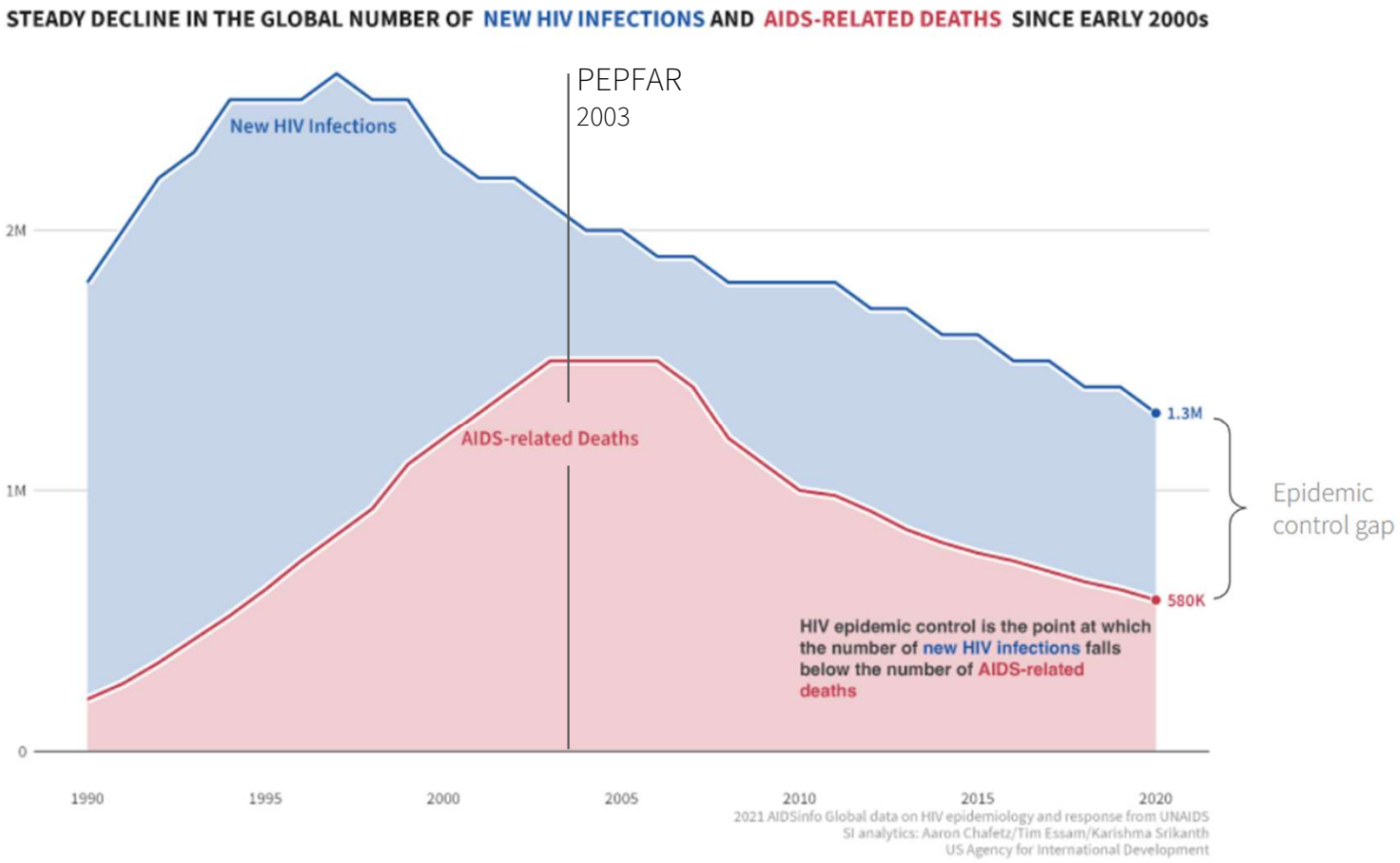
The Importance and Use of Data in the PEPFAR Context

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



US Agency for International Development

PEPFAR data informs our programs and the broader HIV response for improved outcomes, with a focus on beneficiaries

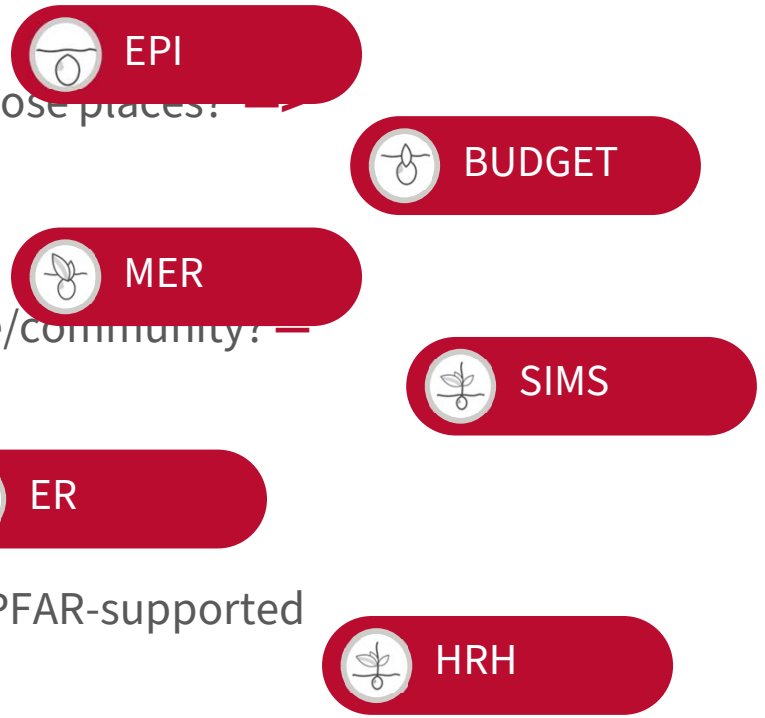
- BUDGET
- EPI
- MER
- ER
- SIMS
- ABOVE SITE
- HRH
- SREs

- Program Improvement
- Global Program progress (95s)
- Commodity forecasting
- Resource allocation
- Understanding gaps/ barriers
- National policy & guidelines
- Donor accountability
- Progress monitoring
- Stakeholder coordination
- Partner management
- Program Planning
- Capacity building

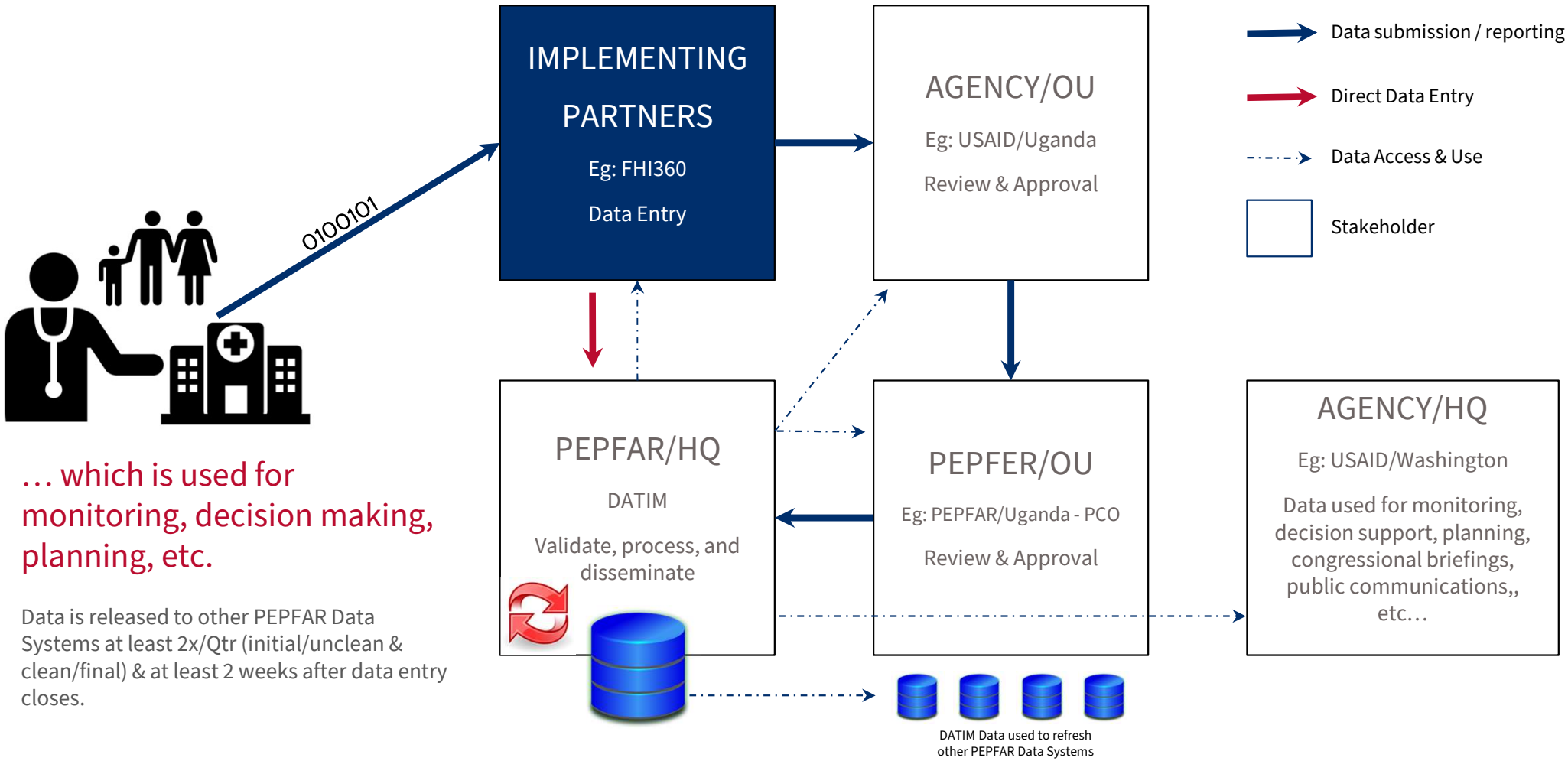
Improved outcomes and services for Beneficiaries

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.

Slide 11

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Caoilfhionn Roche, 11/10/2022

PEPFAR Data & Data Streams are used throughout the planning, implementation, and monitoring cycle

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

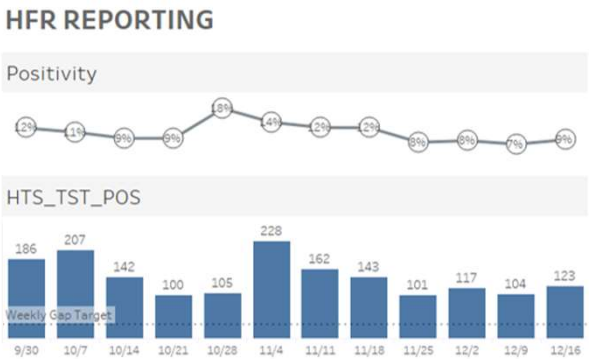
* partner-reported

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

RESULTS

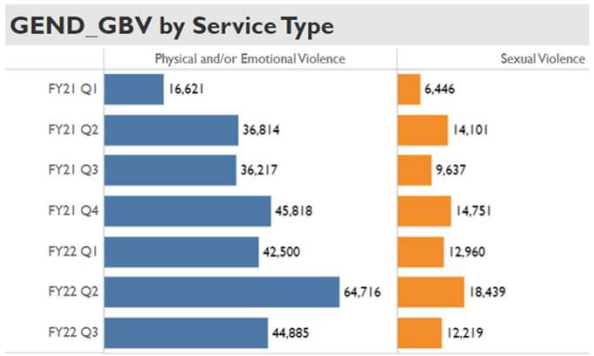
HFR

Real-time tracking of results for the purpose of pre-empting issues and course corrections



CUSTOM INDICATORS

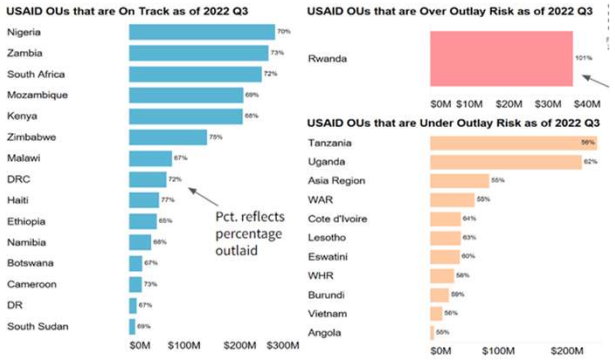
Comprehensive view of program impact and identify needed course corrections



OPERATIONAL

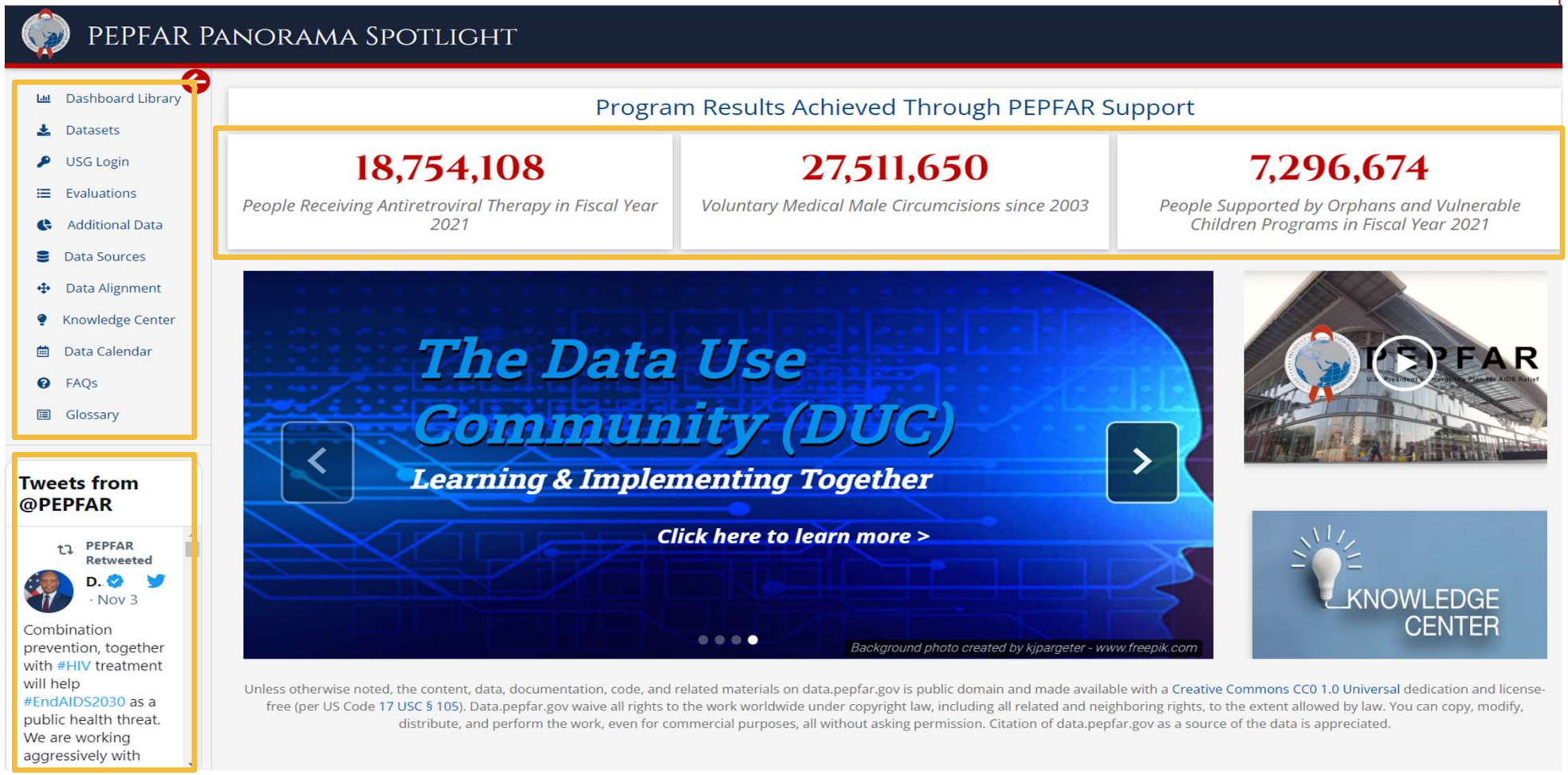
BUDGET

Routine monitoring of partner spend through accruals and outlays

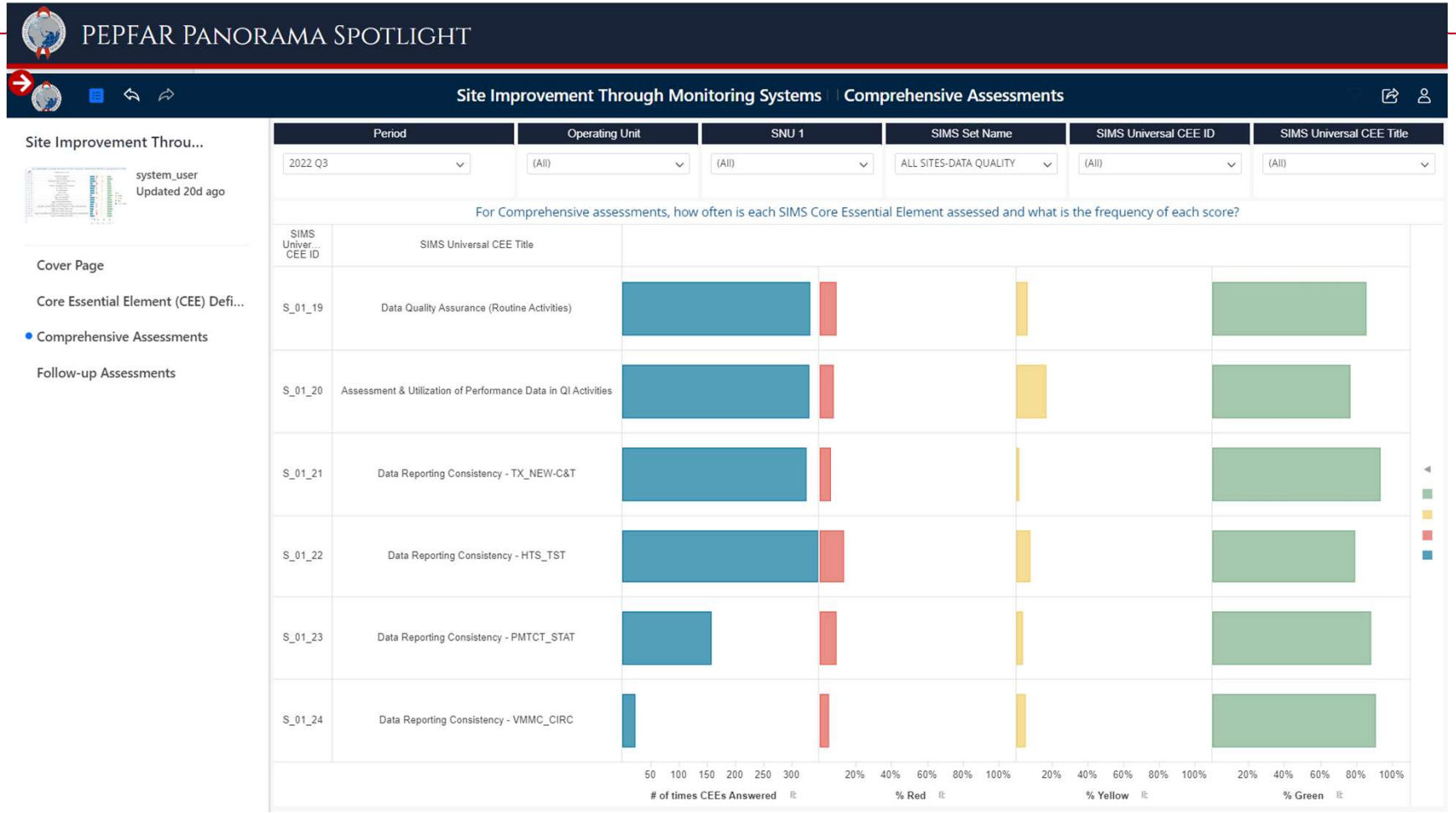


US Agency for International Development USAID

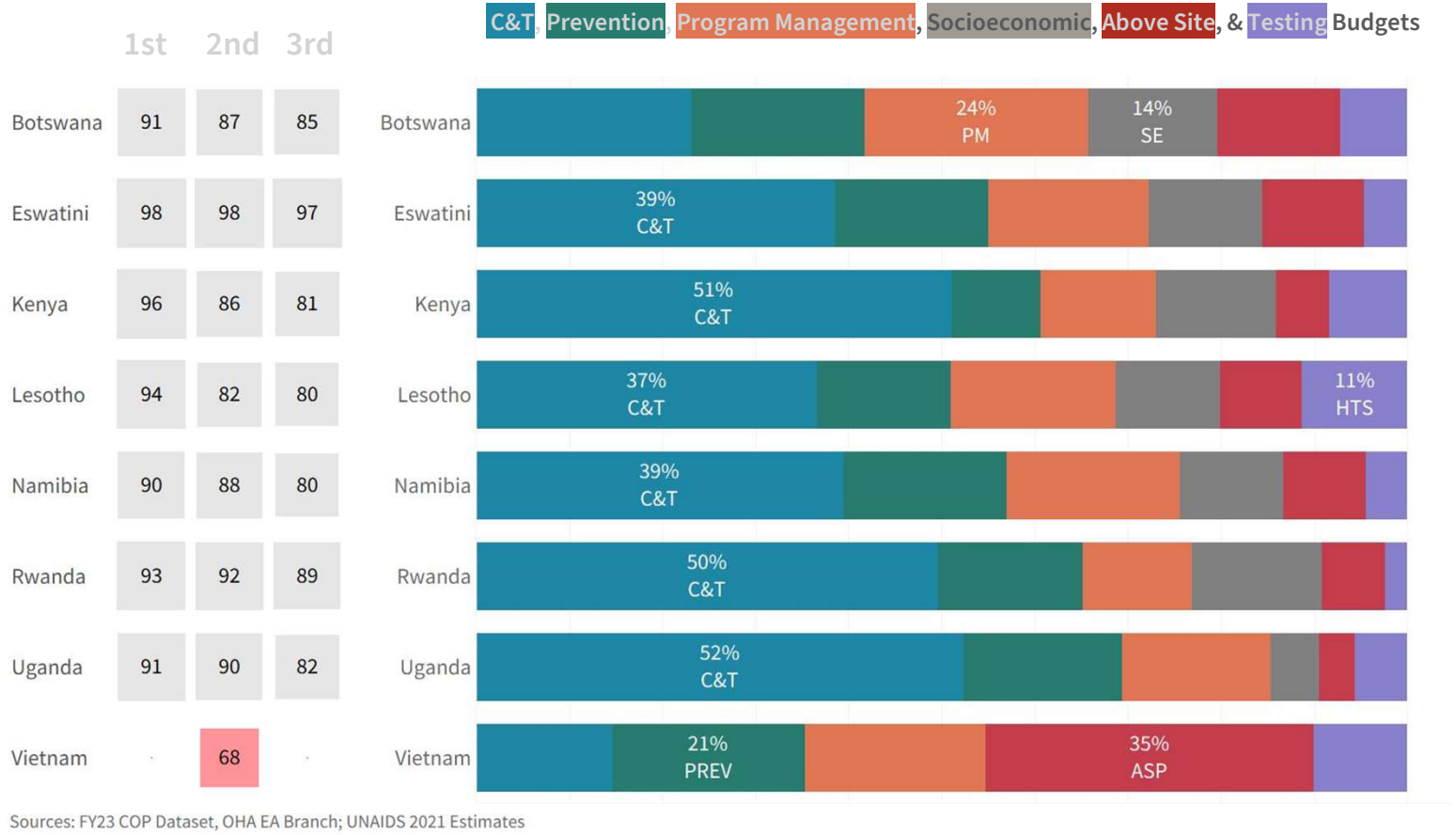
PEPFAR data is used at multiple levels, and is available on public platforms for increased transparency and global planning



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?



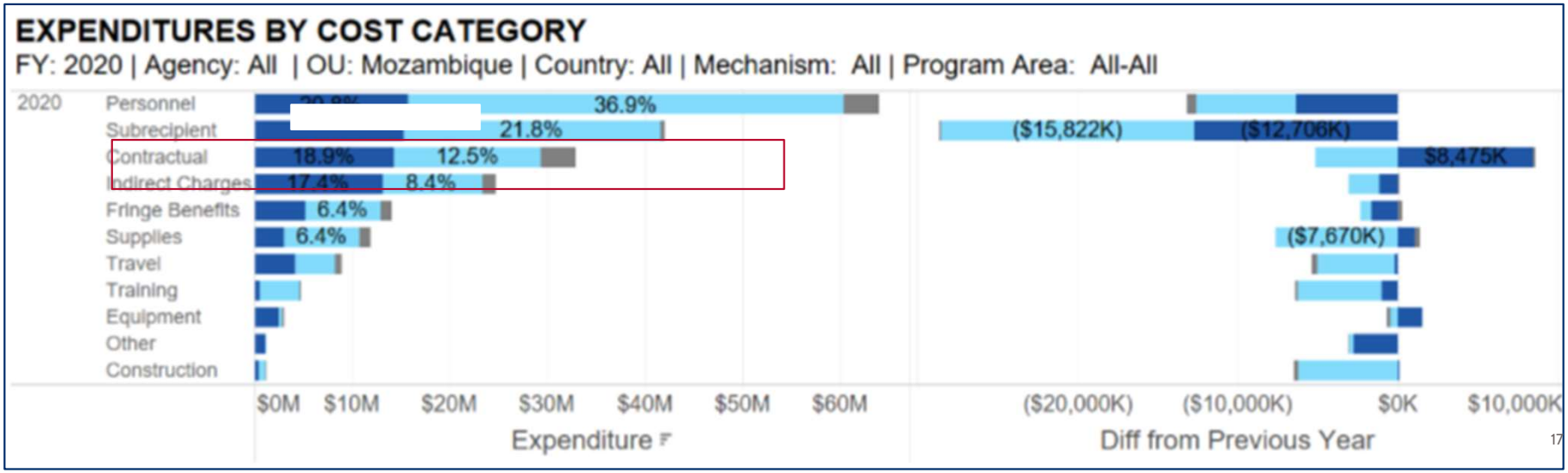
Sources: FY23 COP Dataset, OHA EA Branch; UNAIDS 2021 Estimates

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?

CARE AND TREATMENT BENEFICIARY TARGETING IS NOT REFLECTED IN BUDGETS

	Botswa..	Eswatini	Kenya	Lesotho	Namibia	Rwanda	Uganda	Vietnam
Females : Adult women	8.85%	6.10%	0.65%	4.21%			1.37%	
Females : Not disaggregated			0.82%		8.31%	0.46%		
Females : Young women & adolescent females	0.52%	1.53%						
Key Pops : Not disaggregated	7.68%	1.30%	5.71%	2.80%	2.25%	0.16%		73.75%
Key Pops : People in prisons	3.41%		0.15%		0.34%			
Males : Adult men	1.86%	0.69%						
Males : Not disaggregated						0.46%		
Non-Targeted Pop : Adults		4.62%	19.25%			55.45%	22.96%	
Non-Targeted Pop : Children	7.91%	4.17%	2.70%		3.50%	13.20%	7.25%	
Non-Targeted Pop : Not disaggregated	69.11%	73.76%	65.28%	83.94%	78.63%	23.61%	60.84%	25.71%
Non-Targeted Pop : Young people & adolesce..		1.00%			5.11%		0.03%	
OVC : Not disaggregated				0.70%				
Pregnant & Breastfeeding Women : Not disag..		3.38%	5.44%	6.76%	1.86%	5.04%	7.56%	
Priority Pops : Military & other uniformed serv..	0.65%	3.45%		1.60%		1.62%		0.53%

Source: FY23 COP Dataset, OHA EA Branch. Includes commodities. Excludes M&O.

Vietnam care and treatment budgeting reflects a KP-focused program.

FY22 care and treatment budgets currently reflect non-targeted programming.

HRH Inventory Data Questions and Use Cases

	Questions HRH Inventory Data Can Support	HRH Data Action
01	Are the size and types of staff we support and their main areas of work aligned to our program priorities?	Review staffing footprint by employment title and primary program area.
02	Are staff geographically aligned with MER targets?	Review staffing geographical footprint with reported MER results. Ensure staffing distribution is aligned with MER targets.
03	Are staffing expenditures aligned with achieving program priorities?	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.
04	Are staffing characteristics (full time versus part time staff, employed through Prime or Sub-Implementing Partner) optimized for impact?	Review staffing footprint by FTE, prime or sub-implementing partner, and service delivery status. Ensure proportions are consistent with program priorities and deliverables.

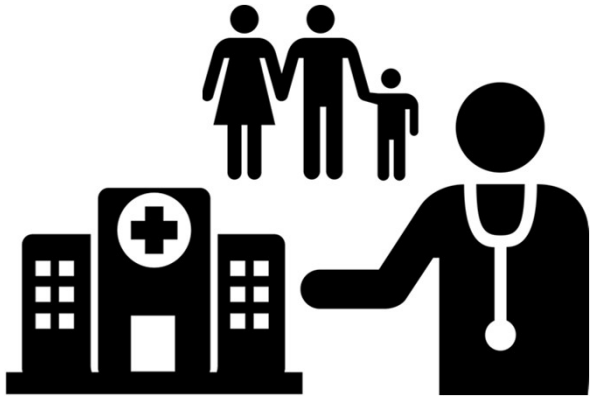
HRH Data Use Caveats - Caution Areas for Data Use

- 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 with community organizations and MOH staff

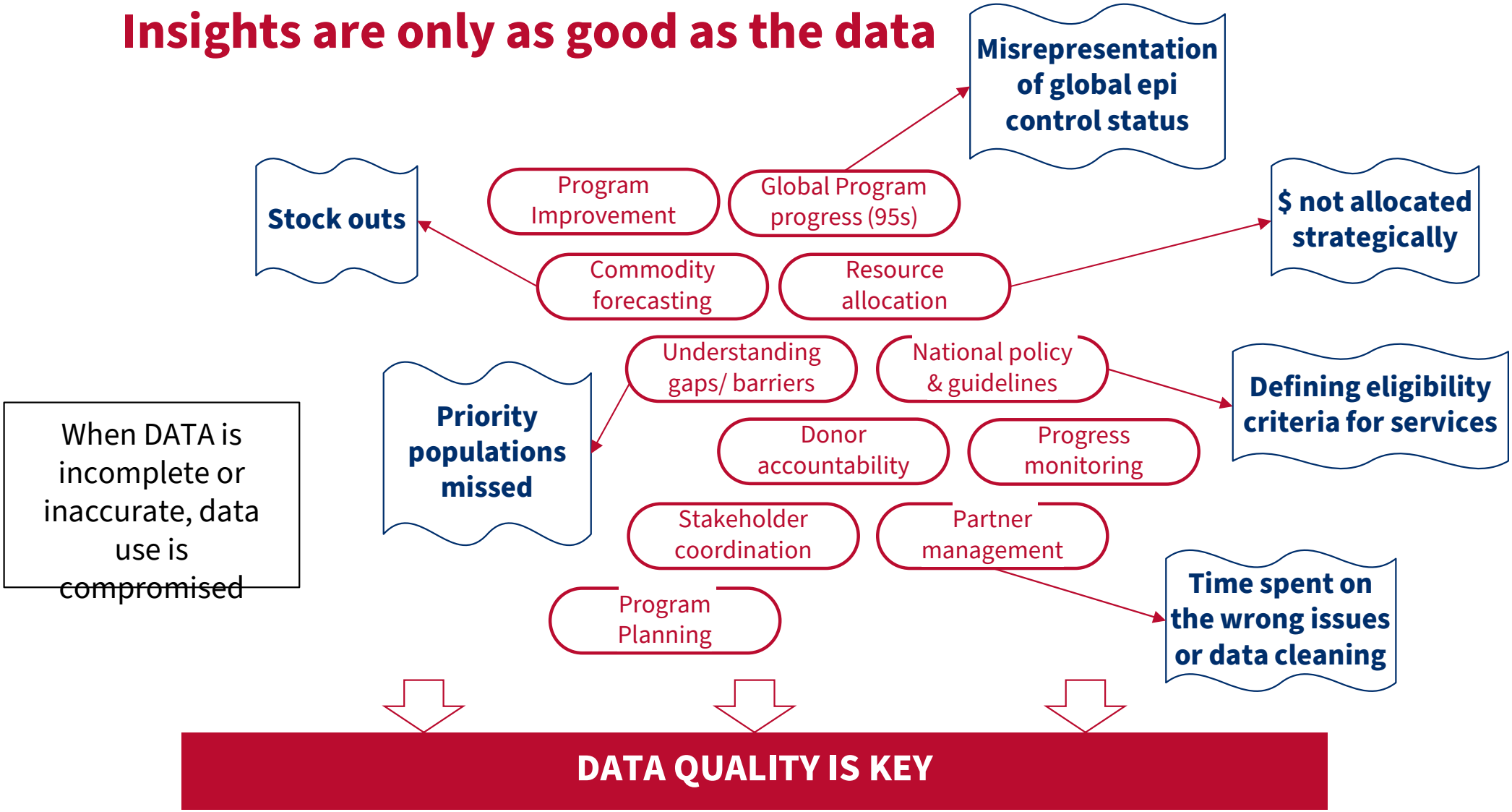


Common Data Sources

Registers
Stock cards
Patient charts
Dispensary logs
Referral forms
LMIS
EMR
Appointment logs
Peer Navigator logs
Employee/CHW files
IP summary reports

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

Insights are only as good as the data



Slide 22

2 @nmcdavid@usaid.gov slides 11-22
Assigned to Nashiva McDavid
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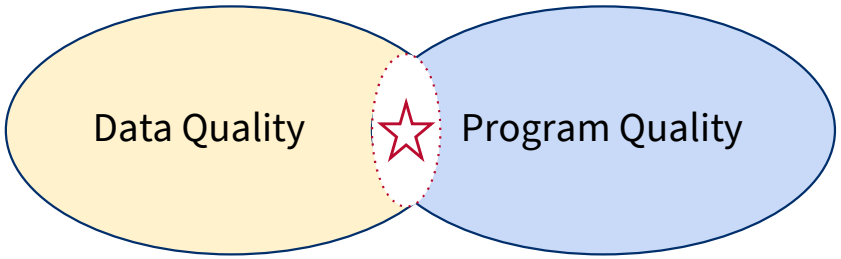
Data Quality: Definitions, Requirements, and Responsibilities

Data Quality Assurance & Improvement in USAID/PEPFAR

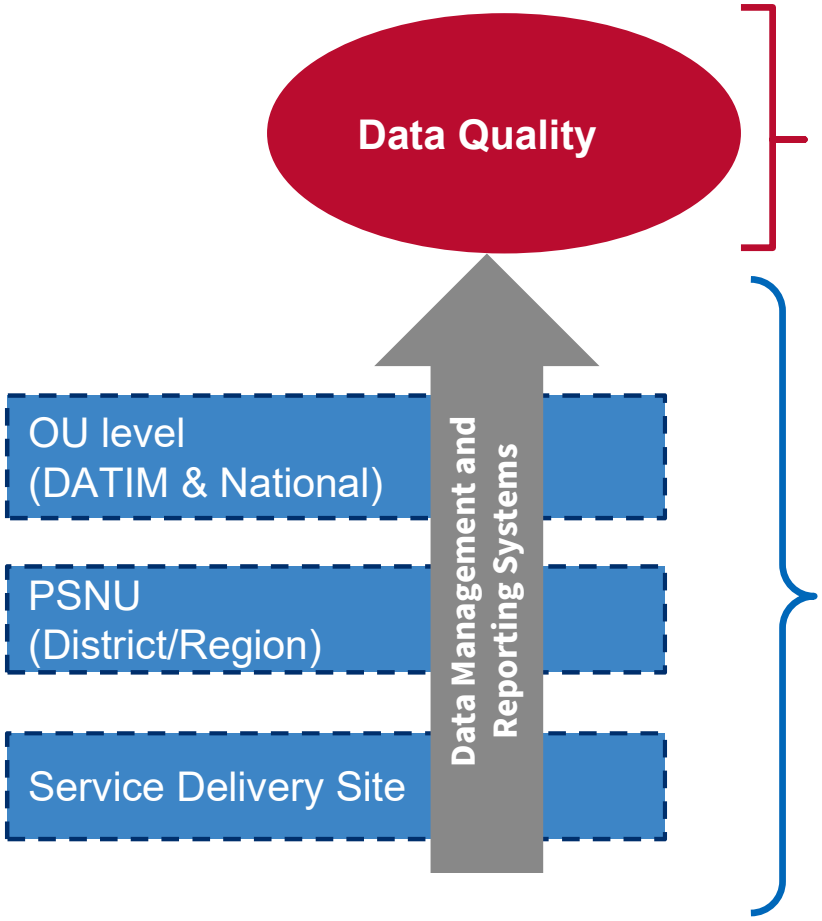
- HIV programs are results-oriented and evidence driven
- High quality data are essential for:
  - Monitoring and evaluation of progress towards attaining epidemic control
  - Accurate assessment of partner performance
  - Accountability and good governance
  - Planning and decision-making
- Being proactive 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

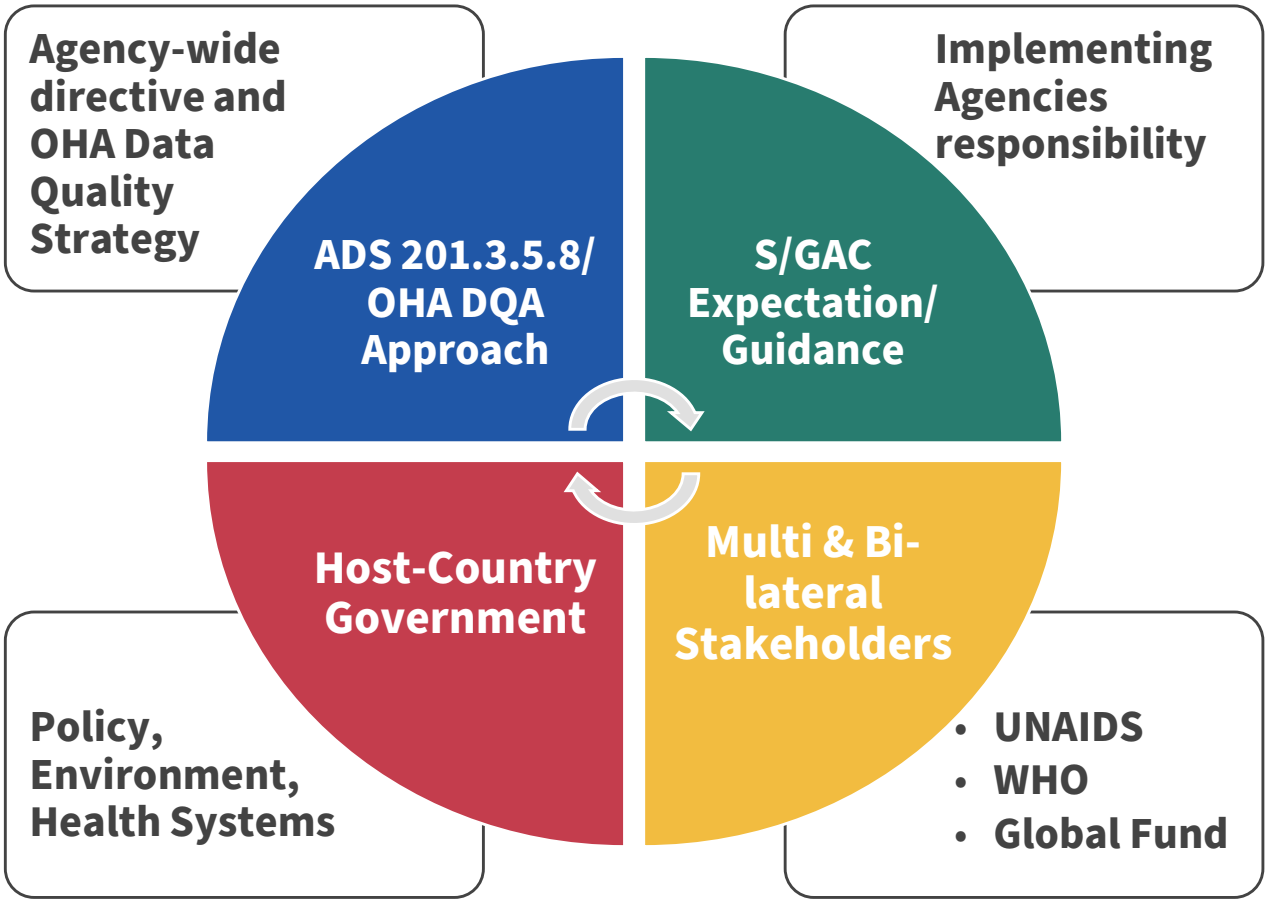
Data Quality → **Data Systems** → **Data Flow**

Framework: Data Management and Reporting Systems, Functional Areas and Data Quality

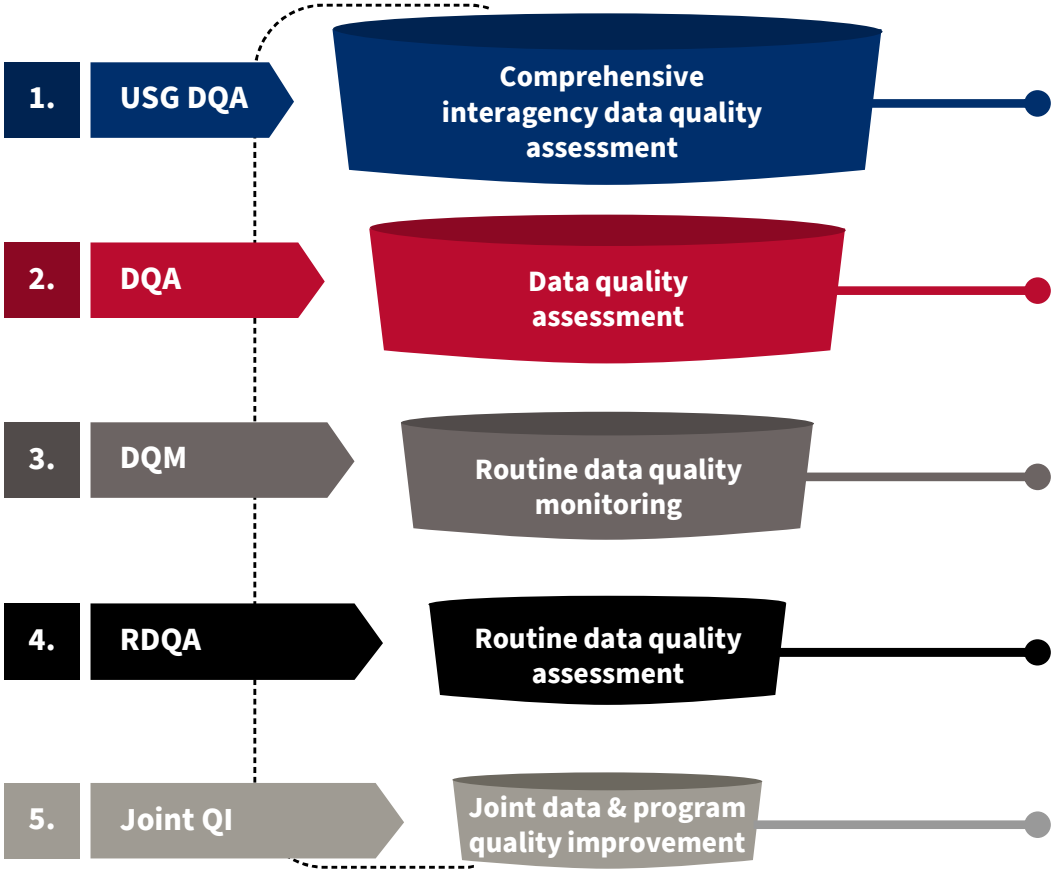


Dimensions of Quality	
Accuracy, Completeness, Reliability, Timeliness, Confidentiality, Precision and Integrity	
Functional Components of a Data Management System Needed to Ensure Data Quality	
1	M&E Capabilities, Roles and Responsibilities
2	Capacity Building
3	Data report requirements
4	Indicator 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



OGAC mandated, comprehensive, national data quality assessments focused on treatment

USAID-operation specific, comprehensive data quality assessment focused on priority areas

USAID or third-party routine data quality checks, monitoring visits

Routine data quality assurance and improvement practices by partners

Addressing identified data and program quality issues across all levels

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Assessing & Addressing PEPFAR Data Quality

Office of Inspector General (OIG) Audit Report on PEPFAR Data Quality

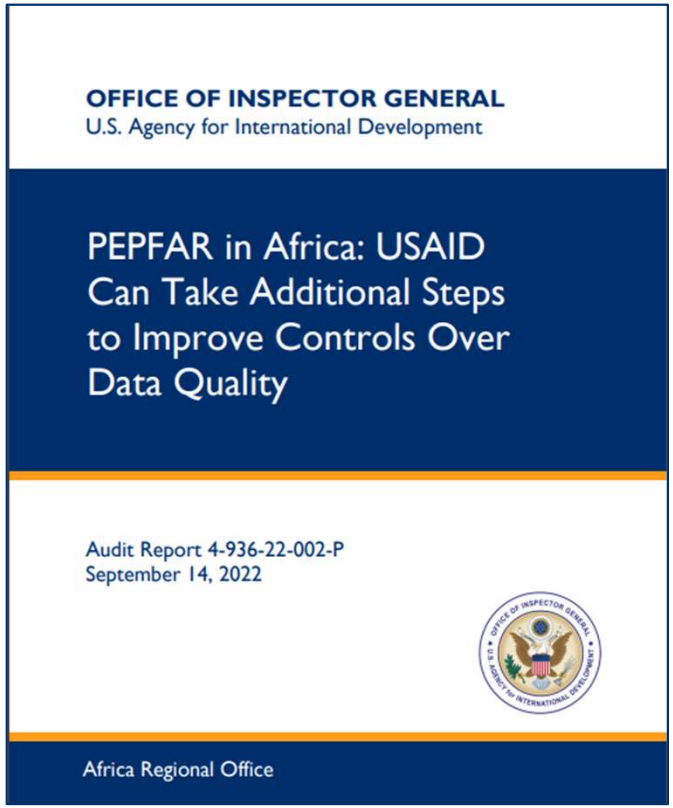
Objective:

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.

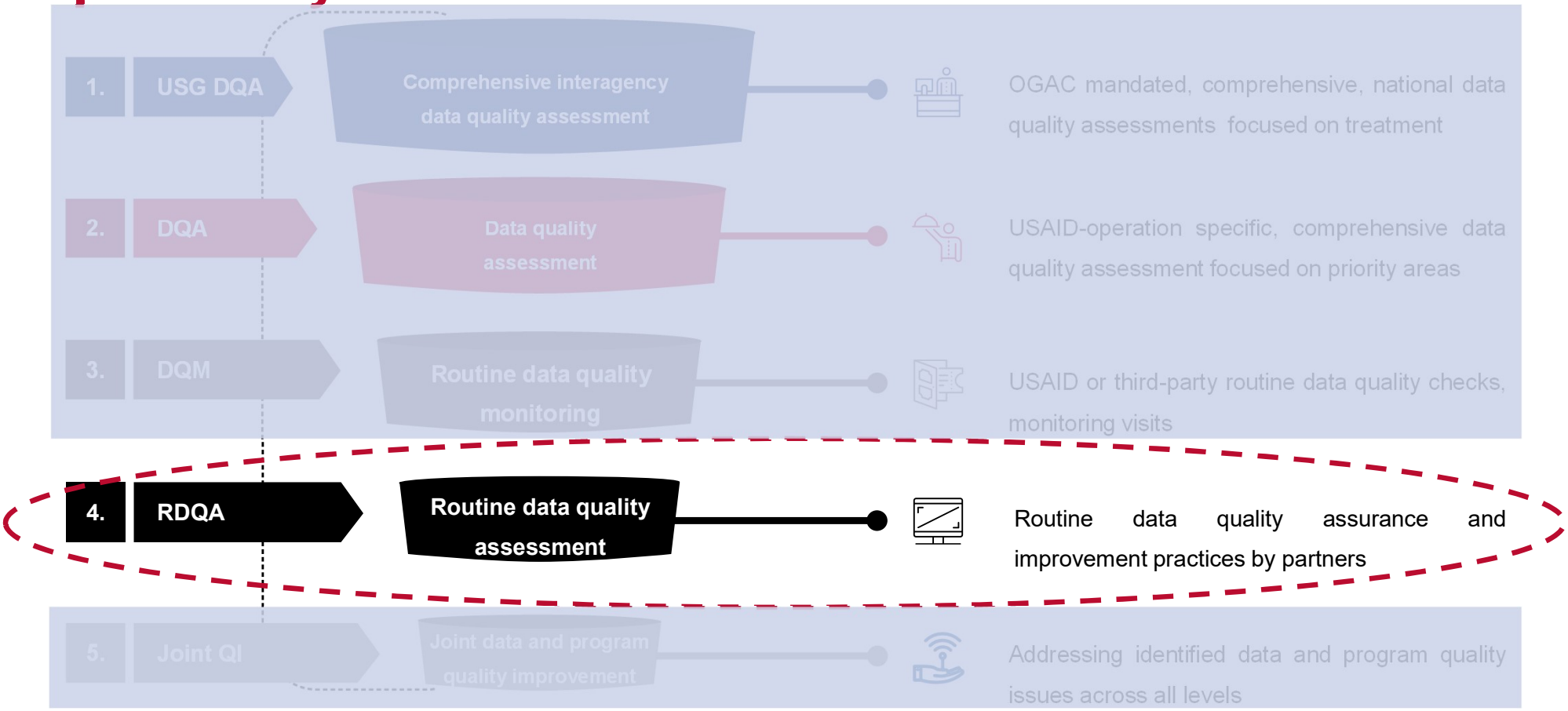
Required Agency & PEPFAR DQAs

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



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…

Systems	Cascade	Population
• Supply Chain • Labs • EMR • Health Information System	• Prevention • Testing • Treatment • VL Suppression	• Key Population • Priority Population • Orphans and Vulnerable Children (OVC) • Adolescents, Girls, and Young Women (AGYW)

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 issued 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

Name of Check	Number of Cases Violating the Check	Reference Indicator 1 Value	Reference Indicator 2 Value	Reference Indicator 1	Reference Indicator 2
FlagB_01, HTS_TST: VMMC_CIRC reported (not null) and HTS_TST service delivery VMMC not reported (null)	340	198,724		VMMC_CIRC_N	HTS_TST_VMMC
FlagB_01, PMTCT_STAT: PMTCT_STAT_N reported (not null) and PMTCT_STAT_D not reported (null)	3,565	415,492		PMTCT_STAT_N	PMTCT_STAT_D
FlagB_01, TX_CURR: TX_NEW_N reported (not null) and TX_CURR_N not reported (null)	60	3,111		TX_NEW_N	TX_CURR_N
FlagB_02, PMTCT_STAT: PMTCT_STAT_D reported (not null) and PMTCT_STAT_N not reported (null)	2	0		PMTCT_STAT_D	PMTCT_STAT_N
FlagB_02, TX_CURR: TX_CURR_N reported (not null) and TX_NEW_N not reported (null)	76	87		TX_CURR_N	TX_NEW_N
FlagB_03, TX_CURR: TX_CURR_N less than TX_NEW_N where TX_CURR_N reported (not null)	68	3,194	6,067		
FlagB_04, TX_CURR: TX_NEW_N greater than TX_CURR_N	68	6,067	3,194	TX_NEW_N	TX_CURR_N
FlagDC_01, HTS_TST: Fine Age-sex Disagg is greater than 0, but numerator is null OR zero	2,839		2,845,637	HTS_TST_FINE	HTS_TST_N

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 comes in excel form where **anomalous values** are colored **in red**

facility	ageasentered	sex	kp	psnu	TX_NEW_N	TX_PVLS_N	HTS_INDEX_N	TX_CURR_N	TX_NET_NEW	HTS_TST_N	TX_ML_N	TX_RTT_N	TB_STAT_	PrEP_NEW
C	35-39	Male	No	Delta	NA (NA)	NA (NA)	1021 (13.9)	3 (632.5)	0 (-20.7)	4 (435.6)	NA (NA)	NA (NA)	NA (NA)	NA (NA)
B	20-24	Male	No	Rivers	616 (814.8)	1589 (1643.1)	NA (NA)	2805 (2549)	621 (507.5)	NA (NA)	7 (25)	5 (83.2)	NA (NA)	NA (NA)
C	30-34	Male	No	Delta	NA (NA)	NA (NA)	1120 (14.8)	2 (473.7)	-1 (-52.4)	3 (731.8)	1 (14)	NA (NA)	NA (NA)	NA (NA)
A	20-24	Male	No	Lagos	291 (541.6)	122 (504.1)	NA (NA)	1051 (573.1)	351 (287.5)	NA (NA)	6 (28)	64 (86.1)	NA (NA)	NA (NA)
D	20-24	Female	No	Kano	2 (-242)	53 (133.5)	7 (2.1)	105 (-47)	-555 (-18.3)	159 (-430.7)	33 (48.7)	NA (NA)	1 (-1.9)	NA (NA)
A	30-34	Female	No	Lagos	564 (769.8)	131 (744.2)	NA (NA)	1600 (868.9)	552 (447.8)	NA (NA)	23 (46.8)	9 (49.9)	NA (NA)	266 (392.9)
B	15-19	Male	No	Rivers	126 (200)	204 (269.5)	NA (NA)	490 (381.5)	126 (102.5)	NA (NA)	3 (23.7)	2 (14.7)	NA (NA)	NA (NA)
A	25-29	Female	No	Lagos	552 (865)	148 (771.3)	NA (NA)	1654 (840.5)	526 (375.8)	NA (NA)	39 (28.8)	10 (74.9)	NA (NA)	430 (571.4)
E	20-24	Male	No	Delta	747 (943.9)	97 (303.7)	285 (234.8)	1257 (978.6)	667 (537)	752 (1826)	81 (76.1)	1 (51.1)	NA (NA)	NA (NA)
E	25-29	Male	No	Delta	583 (690.3)	70 (214.3)	135 (157.4)	919 (749.8)	534 (450)	471 (2427.3)	51 (51.1)	NA (NA)	NA (NA)	22 (-18.1)
A	25-29	Male	No	Lagos	591 (847)	162 (732.2)	NA (NA)	1652 (939.4)	648 (508.7)	NA (NA)	15 (26.4)	68 (80.1)	NA (NA)	413 (635.5)

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

Slide 38

3 @jmungurerebaker@usaid.gov slides 23 - 38

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Applying data quality principles to other data:

Allocating & Reporting Expenditures & HRH Data Accurately

USAID Expenditure Data Quality Framework

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

VS

"Lump"
Group interventions to demonstrate a more cohesive picture

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

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: template and discussion on ASAP webinar (https://www.intrahealth.org/pepfar-expenditure-reporting-updated-september-2022)

Resource: Sample template for expenditure allocation

Intervention Name					Program Management	Care & Treatment - SD Direct Service Provision (Children)	Care & Treatment - NSD (Supervision, Training, M&E)	Care & Treatment - SD (Non-Targeted)	Care & Treatment - SD - Pregnant Women
Program Area					Program Management	C&T: HIV Clinical Services - SD	C&T: Not Disaggregated - NSD	C&T: HIV Clinical Services - SD	C&T: HIV Clinical Services - SD
Beneficiary					Non-Targeted Pop: Not Disaggregated	Non-Targeted Pop: Children	Non-Targeted Pop: Not Disaggregated	Non-Targeted Pop: Not Disaggregated	Pregnant and Breastfeeding Wwomen: Not Disaggregated
sition	#	Level of Effort % (LOE) on Project	Annual Salary	Total Salary					
Health - Clinical									
Linkage Nurses	10	100%	$ 20,000	$ 200,000		10%		55%	5%
VMMC Surgeons	8	100%	$ 22,000	$ 176,000					
Clinical Officers	6	100%	$ 30,000	$ 180,000		5%		70%	5%
Health Ancillary									
Lay Counselors - Facility	25	100%	$ 10,000	$ 250,000					
Lay Counselors - Community	50	100%	$ 3,000	$ 150,000					
VMMC Mobilizers	12	100%	$ 6,000	$ 72,000					
Health Other									
Country Director	1	70%	$ 60,000	$ 42,000	100%				

Excel-based template provided by EGPAF to facilitate allocation of staff and other cross-cutting elements to ER interventions

Slide 45

4 @chknight@usaid.gov slides 39 - 45

Caoilfhionn Roche, 11/10/2022

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.

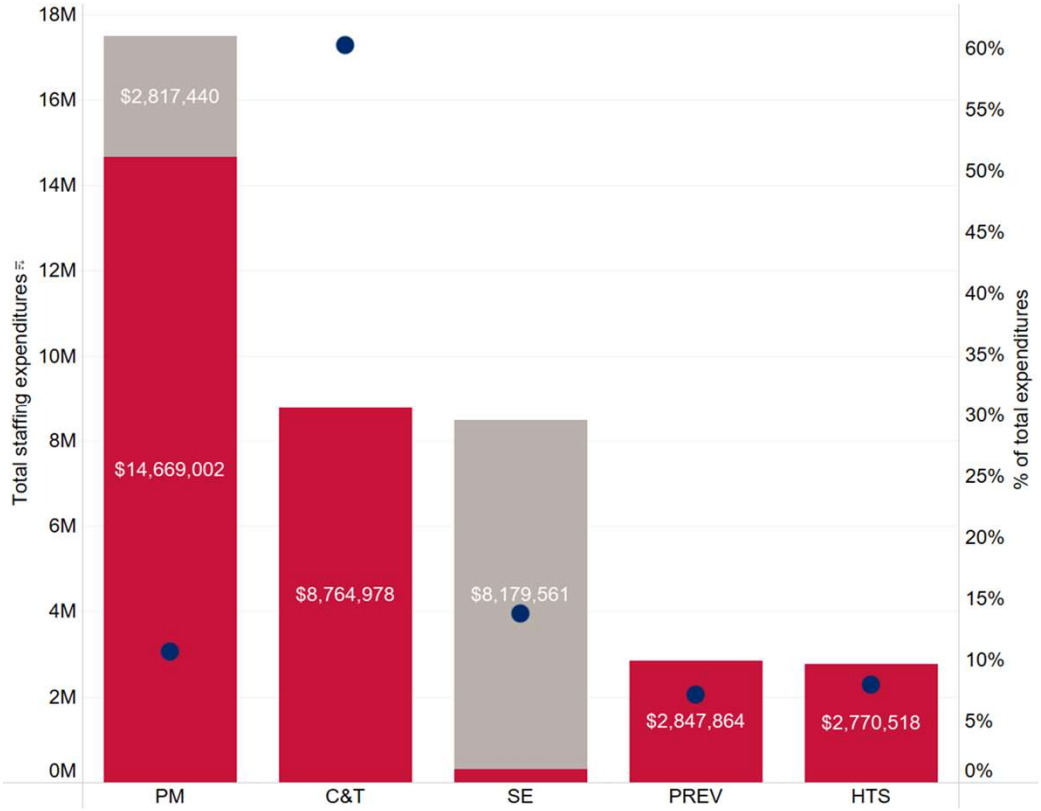
- Mechanisms without complete HRH inventories and misalignments between HRH and ER staffing expenditure reporting can misrepresent size and proportion of USAID staffing footprints.

- 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**

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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**

Domain	Sub-Domain	# Performance Expectations
Human Capacity for PEPFAR Strategic Information	Staff Availability	4
	Staff Competency	5
Organizational Processes for PEPFAR Strategic Information	Planning and Budgeting	4
	Process Management	6
	Format and Frequency	6
	Autonomy	5
Technical Infrastructure Systems for PEFPFAR Strategic Information	Systems and Tools	5
	Autonomy	3
	Client Level Data	4
PEPFAR Data Quality and Use	Data Quality Assurance	4
	Data Quality Improvement	4
	Data Use	4
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	DHI	ER
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)*	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.	No major changes for FY23 reporting. Continuation of sub-recipient reporting is under discussion; FY24 will include simplifications to the Financial Classification Framework.

MER 2.6.1	CI & HFR	HRH
No major MER changes for this reporting year - Continue to monitor programs and focus on data quality improvement.	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	No known changes from FY22 to FY23 Data. Will reach out to Missions for feedback on FY22 HRH Inventory data collection.

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!**

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Discussion

Thank you!

Reach out to us at:

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

SI Support - sisupport@usaid.gov

OHA Program Quality Review Cluster - oha_programqualitycluster@usaid.gov

Expenditure Reporting - oha.ea@usaid.gov

Slide 56

5 @jroffenbender@usaid.gov slides 46 through discussion

Caoilfhionn 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

Transparency, Accountability, & Impact

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