Digital Health Inventory (DHI) Data Entry & Submission FAQs

Note: This article applies to users who are Implementing Partners (IPs) and is updated on a regular basis. The last update was August 18, 2022.

Q: How do I find the DHI application?

Log into DATIM and search for Digital Health Inventory (DHI) using the Search apps option.

Q: What should Implementing Partners do if they cannot access the application?

Please submit a DATIM helpdesk ticket and if additional discussions are needed to troubleshoot, DHI team members are able to set up time to meet with the partner.

Q: Which countries will be submitting for FY22?

All PEPFAR-funded OUs have access to submit to the DHI. However, the MOH Data Alignment Activity OUs below are requested to submit for this year.

Country	FY22 Q3
Botswana	Participating
Burundi	Participating
Cameroon	Participating
Côte d'Ivoire	Participating
Democratic Republic of the Congo	Participating
Eswatini	Participating
Ethiopia	Participating
Haiti	Participating
Kenya	Participating
Lesotho	Participating
Malawi	Participating
Mozambique	Participating
Namibia	Participating

Country	FY22 Q3
Nigeria	Participating
Rwanda	Participating
South Africa	Participating
South Sudan	Participating
Tanzania	Participating
Uganda	Participating
Ukraine (optional)	Participating
Vietnam	Participating
Zambia	Participating
Zimbabwe	Participating

Q: When is the reporting period?

The DHI reporting period aligns with the PEPFAR reporting calendar. Reporting opens at the beginning of the third quarter according to PEPFAR reporting period and closes at the end of the reporting period. In future, reporting periods for the DHI will be made available via the PEPFAR Data Calendar. For FY22 Q3 reporting, report on any activities that are active in COP21 (ends Sept 2022) and any future activities that are being planned. Do not report if the activity has closed in FY22. The cut off point for DHI Q3 reporting is Sept 30 2022. We intentionally selected Q3 reporting so we have enough time to collect, review & analyze data, have dialogue with iSMEs across teams to have meaningful and impactful input to Q4 POART meetings, COP recommendations and PLL. DHI data will be interpreted alongside Table 6 reporting, trends in MoH Alignment Data and other reports.

Q: I don't see the country name associated with me. What should I do?

It means that you are not required to report on your digital health investments for the current reporting period. Please contact your SGAC Country Chair to participate.

Q: I should be submitting information to the DHI, but I can't locate the app. What should I do?

Check with your Primary User Administrator (PUA) to determine if you have the appropriate permissions.

Q: Which digital health investments do I report if I am working on more than one?

Please fill out one form for each digital health investment that is supported, in part or in whole, by a PEPFAR funding mechanism and is an investment supporting PEPFAR programming. An IP will be able to note other donors and funding sources in the DHI Coverage & Funding section. For example, if you support a laboratory information system and an electronic medical record, you will complete separate forms for each. If you are working with multiple investments, you can submit as many forms as needed to reflect the number of digital health investments you are currently

implementing or planning to implement by the close of COP21 (September 2022). For questions on which digital investments to report on, consult with your USG Activity Manager/Project Officer.

Q: Is collaboration with other subject matter experts needed to complete the DHI?

The DHI asks questions around digital health intervention general information, coverage, funding, system-category specific questions, and data security. While completing the DHI, it may be helpful to collaborate with multiple subject matter experts including but not limited to program managers, software engineers, finance managers, and M&E Advisers from your project team and outside your organization. A collaborative Microsoft Word version of the DHI is available on the [DATIM Support](#) page.

Q: How long will it take to complete a DHI entry? Will I need to complete the entry in one session?

While the estimated time to complete one submission entry to the DHI is around 45-60 minutes, you are not required to finish your submission in one session. The online application will allow you to save your work and return to it as you progress through multiple sessions during the reporting period.

Q: I can access the DHI app but I am unable to create an entry. Why is that?

 You may not have the correct permissions. Verify your access level with your Primary User Administrators (PUA). If you have verified your access with your PUA, please submit a ticket to [DATIM support.](#)

Q: Who should have access to create an entry?

Only Implementing Partners (IPs) should have access to create DHI entries. IPs can also save entries to work on at a later time, or edit, view, print, submit and delete/cancel. Agency Activity Managers have access to review DHI submissions, confirm submissions, request additional information, hold the submission and link digital health investments for the current reporting year. The Interagency/HQ user has access to see all DHI submissions within an OU without permission to provide feedback or change the status of submissions.

Q: How should IPs answer the questions in the DHI?

Please reference the [DHI SOP](#) for additional guidance on answering each of the questions in the DHI.

Q: How should IPs answer questions where response selection options are limited?

Please reference the [DHI SOP](#) for additional guidance on answering each of the questions in the DHI. In most cases, where a narrative would be helpful, there is a response option of "Other" that may be selected with a narrative field to complete. However, there is always room to improve the wording of questions and response options. Please continue to provide your valuable feedback.

Q: As the first step, we accessed the WHO Digital Health Atlas and saw that our country's digital health platforms are in the Atlas. For example, DHIS2 aggregate platform. However, as we are using DHIS2 aggregate for several activities, we are not sure if the description in the WHO Digital Health Atlas is detailed enough for all the activities. We are using DHIS2 for HMIS, but also for COVID19, lab data management, and CBS. But the description for Lab is not detailed enough to reflect our investment in that system. Do we need to list DHIS2 for the lab in its own right or expand on what is already in the Atlas?

As with many grey areas of DHI, it is best to discuss with your PEPFAR Coordination Office; specifically, the Activity Manager for these investments. The recommendation is to enter this information into the DHI as we ask questions that are very different from the Digital Health Atlas, but please discuss with the PCO and Activity Manager.

Q: Under which PEPFAR Mechanism should I report my digital health investment if there are multiple mechanisms?

Please select the primary mechanism with the highest estimated budget allocated for this digital health investment. The DHI entry should include all components/modules funded under the investment. Modules or components funded under a different mechanism should be included in a separate entry to the DHI. Please consult your Activity Manager with additional questions.

Q: When reporting on discrete digital health investments that may have multiple implementing mechanisms or partners supporting them (for instance, a single EMR that is supported by multiple partners in the same country); how should this be reported in the DHI?

Each partner will enter their part of the investment as a separate investment into the tool. There is a feature available to an agency user when they review the entries to allow them to link those investments as a discrete digital health investment. If partners work under different agencies, IPs would enter the investment separately. If multiple mechanisms are investing in the same digital health investment (e.g. multiple partners supporting an EMR or LMIS), the investment can be entered separately by each partner to address the components they are supporting. As the agency is reviewing DHI submissions, the agency user can link the DHI submissions if there are 2 implementing partners working on the same investment.

Q: Should a PEPFAR-supported middleware used to exchange data between several DHIs (such as OpenHIM) be inventoried?

If your only activity within the investment is to provide middleware, you can report it. However, we are really looking for how the systems are working together to support the health system challenge.

Q: Should we report procurement of hardware and software in the DHI?

Yes, please report these investments. If the investment in hardware and software is supporting a digital health solution <u>above and beyond routine project operations</u> (e.g. of routine project operations may include issuing project laptops for your staff, Microsoft Office licenses, etc.), and support the digital health solution with such investments as servers, mobile devices for community health workers, computers for EMRs, infrastructure for connectivity, it would be important to include and capture in the DHI. The impact of these investments will also become more important as we look further downstream. For FY22 reporting for DHI, we can catalog these investments under the system category of "Other" with specificity on what hardware and software was procured and its purpose as a narrative. However, starting in FY23, we will add the procurement of hardware and software as its own System Category.

Q: How do we capture previous investments that have been created and deployed but are now scaled back in the current COP year?

Please report if the activity is still being funded in part or whole by PEPFAR mechanism and there are investments being expended.

Q: Regarding DHI question "What is the total estimated budget (in USD) of this investment in the current COP year?". If the investment is receiving multiple types of funding (PEPFAR + others) should this total budget include the additional non-PEPFAR funding amounts, or only the PEPFAR amount?

Report the total budget to include the additional non-PEPFAR funding amounts (PEPFAR + others) <u>if the information is readily available</u>. There is another question before this one where we ask what percentage of the funding is PEPFAR. However, the financial classifications/program areas and the mechanism selected is tied to PEPFAR funding so the structure of the questioning is conducive to reporting PEPFAR funds.

Q: Are training of end users part of the investment? If yes, should all IPs/mechanisms report on that? For example: if we conduct a TOT for the EMR, then require all the IPs to train the end user in the network, should we report as part of the EMR?

If you want to report an HRH system, for example, that is its own or integrated system, add information in the System Category of 'Other'. If the end user training is under the same mechanism where you are reporting a DHI, report within the same DHI. Report if the training is run through the integration of an HRH system or a module of the EMR. If the training is conducted offline (e.g. TOT webinar or in-person training), you do not have to add that to your EMR submission.

Q: I understand that DHI should not include HRH systems, but what we experience commonly now is agencies have been supporting data systems for a long time with design, development and maintenance. But in the current year, the system has been transitioned to government ownership. Now we are hiring supporting human resources to work

on the data, but not necessarily the system. This is not a current funded activity of data systems, this is just HRH so it should not be included in the inventory. Based on HRH inventory data streams, the implementing mechanism would report the investment. For example: Patient monitoring system was officially transferred to the MoH. PEPFAR is no longer investing in the development, operation and maintenance of the digital health investment. PEPFAR funding now supports staff who support data related activities like data review or specific DHI entry. If the investment has already been built and is not under active development, do you count if it is just staffing associated with use of the system? If we have effectively built and deployed and PEPFAR is not actively funding, would it be a DHI entry if it is just staff using the investment operationally? How is this reported to the DHI?

Please discuss further with PCO colleagues. Some general guidance we can provide is as stated below:

Report to DHI if:

- Staff still being paid, active work on the investment is ongoing
- Paying for developers or staff guiding the operations and maintenance of the system

Do Not Report to DHI if:

- The investment was PEPFAR funded but maintenance and future development are handed off to MoH
- The investment was jointly supported or PEPFAR funded in the past, but currently only HRH supporting the use of the system now
- There isn't an IP that is directly charged with being responsible for oversight of the digital health investment
- PEPFAR had invested in investment, but it is now a MoH owned property that is being supported with some PEPFAR HRH, but is not a formal digital health investment

Q: I can create an entry but am unable to submit it. What should I do?

If you can create an entry but are unable to submit it, please try the following:

1. Verify that all required fields are filled out
2. Try using the Save for Later button and editing the entry again
3. Contact [DATIM support](#)

Q: What is the difference between Save and Continue and Save for Later?

Save and continue saves the information you have entered and allows you to move to the next page on the form after all the required fields are filled out. Save for later will allow you to save an entry in the current state without completing all the required fields. Save for later does not take you to the next page on the form.

Q: Who will I need to collaborate with during the submission process?

It depends on the structure and who will have access to the information being asked. It would be good to review the questions before completing an entry to ensure that the right people provide their input. A collaborative Microsoft Word version of the DHI is available on the [DATIM Support](#) page.

Q: What happens after I submit an entry?

The status for the entry is updated to Pending Review, and an Agency user will be able to review the entry and confirm submission. You will no longer be able to edit or delete an entry after it was submitted.

Q: What permissions does an Implementing Partner have?

Implementing Partners have access to create, save, view, and print entries, including editing and deleting/cancelling entries not submitted.

Q: In the COP guidance, some digital health investments weren't flagged in FAST. Should these still be reported on in the DHI?

The digital health investments that were flagged in the Funding Allocation to Strategy Tool (FAST) are important to capture as we are using the flags to determine the baseline of implementing partners who would report to DHI. We are focused on the IPs responsible for developing the DHI. However, based on your in-country knowledge, other IPs not flagged in the FAST can be asked to enter data. We will be providing an extract of the FAST flagged mechanisms to

each country's PCO. Report to the DHI if flagged or if it is not flagged but it is a digital health investment. Please include digital health investments above and beyond what was flagged originally in the FAST tool.

Q: In order to know who will report which DHI, how do you see the role of the in-country PEPFAR Coordinator Office?
The DHI Support Team has shared the list of mechanisms flagged in FAST as a starting point to identify the appropriate partners to report DHIs. We anticipate that the PCO will use the FAST list to work with USG Activity Managers to coordinate with the IPs to enter DHI data.

Q: There have been some changes in the FAST Tool. For example: an IP was originally flagged for DHI, but through changes the IP has been changed. Will the new IP be reporting to the DHI?
Yes, the new IP will report the investment to the DHI.

Q: Should I submit one entry for each digital health investment I have?
Yes, please create one entry for each digital health investment.

Q: If we are only supporting implementation and not development must we report on the system?
If the system is funded in part or whole by PEPFAR mechanism and is an investment supporting PEPFAR programming, please report to the DHI. Also discuss with your Agency Activity Manager if further discussion is needed.

Q: How do I submit a DATIM Support Ticket for DHI?
Select the following options if you need to contact DATIM Support.
1. Go to DATIM support
2. Select Data Entry/Validation from the drop-down list of issue topics
3. Complete the form and submit

Q: I am editing an entry but some of the fields are not updating after I made changes. What should I do?
Try to refresh the page and resolve the issue. If the issue persists, please contact DATIM Support.

Q: How can I correct wrong information about my Implementing Mechanism (IM)?
The implementing mechanisms (IMs) that you see in DATIM are populated using an automated feed from our official system of record for IMs (FACTSInfo). In order for a DATIM user to be able to see an IM and the data related to it, it must be an IM that is aligned to your organization (implementing partner/agency).

Implementing mechanisms information can only be added to DATIM through the automated feed from FACTSInfo.

Implementing mechanisms may be added to FACTSInfo by contacting your agency's Agreement Officer Representative (AOR). After the IM is added to FACTSInfo, it will take up to 24 hours for the IM to appear in DATIM.

If the IM in question has been added to FACTSInfo more than 24 hours ago and you are still not able to see it in DATIM, please submit a help request ticket so that we can investigate further.