PEPFAR HRH Inventory: A New Reporting Requirement

The PEPFAR HRH Inventory

The health workforce is a significant investment across PEPFAR programs. PEPFAR, The Global Fund, and other donors have invested millions of dollars to supplement the budgets of governments for human resources for health (HRH) and health worker staffing. In some countries, the spending on the HIV health workforce can represent upwards of half the country's total PEPFAR package. Tracking and reporting on this investment is important for program performance monitoring, accountability to American taxpayers, and for ensuring maximum return on the investment. Understanding who the donor-supported workers are, where they are located, and the related costs, is essential to optimizing health worker utilization to advance epidemic control and to inform sustainability planning once epidemic control is achieved.

The PEPFAR HRH Inventory tool is used to collect and collate data on staff funded through PEPFAR. The Inventory has the capacity to capture all types of PEPFAR funded staff, irrespective of role or post, from frontline health workers to implementing partner (IP) staff who support program management and operations, and technical assistance or nonservice delivery (NSD) activities across PEPFAR-supported sites.

Using the PEPFAR HRH Inventory to Guide Programs

Information reported in the PEPFAR HRH Inventory is used to analyze the number, skill mix, distribution, and associated expenditure on staffing supported by PEPFAR. These analyses allow better understanding of the composition and impact of PEPFAR-supported staffing investments and can inform continued HRH rationalization and planning for achieving and sustaining epidemic control.

The Inventory allows OUs to understand:

- The total number of staff supported by PEPFAR within the OU
- The types of staff that PEPFAR supports, including the cadres of health workers in facilities, at the PSNU level (community or roving staff), and other types of staff at the above-site level, such as technical assistance providers
- Where staff are located, by SNU, PSNU and Facility
- The cost of staffing
- The number and types of staff used to support the various PEPFAR program areas
- The types of employment mechanisms in use

This basic data can be used to inform staffing decisions to support PEPFAR's performance through answering questions such as the following:

- Are the number of staff and staffing/cadre mix appropriate to the needs of the facility or community?
- Does the level of staffing available in each facility or region contribute to specific PEPFAR program indicators? Is PEPFAR supporting the right cadres of staff in sufficient numbers to reach program goals?
- Are there extreme shortages, or overstaffing, in any facilities?
- Is there opportunity to redeploy/repurpose existing staff to meet new program needs/strategies?

PEPFAR will be releasing an HRH Dossier prior to COP22 planning to inform decision-making. OUs can also develop additional queries in an OU-specific analysis plan to inform critical decisions specific to the OU. It must be noted that some programmatic queries require additional data that the Inventory does not collect, such as the number and type of MOH

and GF-supported staff in the facility, or the effectiveness of performance management and oversight at each facility. In order to develop a comprehensive understanding of health workforce requirements, OU's may need to implement additional data collection activities to supplement the Inventory.

Types of Data Required

Implementing partners (IP) are the primary employers of PEPFAR-supported staff, and as such are central to the HRH Inventory. The HRH Inventory requires IPs to report the staff that they employed under each PEPFAR Implementing Mechanism (IM) they held for the last fiscal year (October 1-September 30). The information reported within the Inventory is core human resource data that is collected by IPs at the time that they hire or onboard new staff. The data is maintained within the IP's personnel records, and used for tracking staff placement and administering payroll. No additional data collection is expected to be required in order to complete the Inventory, as long as the IP regularly and routinely collects and verifies their records.

Tool Release and Data Collection Timeline

The HRH Inventory data collection is in line with the PEPFAR MER reporting timeline for annual indicators. The timeline for tool and explanatory resources is as follows:

1. **EARLY SEPTEMBER 2022:** Draft OU-specific Inventories uploaded to SharePoint for review, alongside an Inventory Definitions document designed to provide a basic understanding of the terminology utilized within the Inventory. OU Agencies and IPs should review the Inventory to identify questions and/or needed corrections prior to the commencement of data collection. The template's geographic data aligns with DATIM hierarchy; all corrections to SNU/PSNU/Facility drop down lists should be requested through submitting a DATIM ZenDesk ticket. IPs should NOT complete the Inventory prior to receiving training on the template to ensure accuracy of the submission.
2. **EARLY SEPTEMBER 2022:** All active DATIM users receive notification of the addition of HRH permissions to user administration applications and guidance on how to use these new features to edit/create new users.
3. **EARLY SEPTEMBER 2022:** HRH Inventory Handbook is released with detailed guidance on completion of the Inventory. Trainings on the Inventory commence (and will continue through October).
4. **OCTOBER 3, 2022:** Data collection commences. OUs will be able to self-generate OU-specific Inventories with up to-date DATIM geography hierarchy through an HRH Inventory App. Each IM will be required to submit one Excel spreadsheet that captures both the prime and all sub's PEPFAR-supported HRH under the IM.

Questions?

Please refer any questions to:

- S/GAC: Sarah Dominis, Senior HRH Technical Advisor
- USAID: Diana Frymus, Branch Chief- Health Workforce, Office of HIV/AIDS
- CDC: Alicia Warner, HRH Technical Lead/ER Technical Advisor
- HRSA: Laura Foradori, HRH Technical Advisor
- DOD: Sean Cavanaugh, HRH Liaison