Human Resources for Health Inventory Handbook

September 2022

U.S. Department of State

Office of the U.S. Global AIDS Coordinator and Health Diplomacy (S/GAC)

Updates for COP22

Formulas to 10,000 rows: There were a number of issues last year with formulas, as they did not extend to a sufficient number of rows to cover all the staff large implementing mechanisms employed. This year, the formulas extend to 10,000 rows which will greatly reduce errors made when copying and pasting.

New Fields: For our first Inventory iteration, we tried to streamline the tool as much as possible. Unfortunately, but eliminating some rows we made it more difficult for you to figure out how some individual staff should be reported. To make it much simpler for everyone, we've added a few new fields:

- Sub Name?
- Support work in community?
- Provide Technical Assistance?
- Based outside of OU?
- Primary Beneficiary?

Non-Monetary Expenditure: Non-monetary expenditure now has its own column. Last year Fringe and Non-monetary expenditure shared a row, which necessitated more calculations on your side, and made it hard to tell what was what on our side.

We hope that these changes make the Inventory reporting exercise a better one for you. Please, share your feedback so that we can continue to improve. Thank you very much for reporting this data; it is essential to the PEPFAR program's sustainability.

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral Medications
COP	Country Operational Plan
CDC	Centers for Disease Control and Prevention
CHW	Community Health Worker
C&T	Care and Treatment
DATIM	Data for Accountability, Transparency, and Impact Monitoring
DOD	Department of Defense
ER	Expenditure Reporting
FTE	Full-time Equivalent
GBV	Gender-based Violence
HHS	U.S. Department of Health and Human Services
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HQ	Headquarters
HRH	Human Resources for Health
HRH_CURR	Retired PEPFAR Reporting Indicator
HRIS	Human Resources Information Systems
HRSA	Health Resources and Services Administration
HTS	HIV Testing Services
ID	Identification
IM	Implementing Mechanism
IP	Implementing Partner
OGAC	Office of the Global AIDS Coordinator
OU	Operating Unit
M&E	Monitoring and Evaluation
MER	PEPFAR Monitoring, Evaluation, Reporting Database
MOH	Ministry of Health
NSD	Non-Service Delivery
OMB	Office of Management and Budget

OU	Operating Unit
PDH	PEPFAR Data Hub
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PII	Personally Identifiable Information
PPM	PEPFAR Program Manager
PrEP	Pre-exposure Prophylaxis
PREV	Prevention
PSNU	Priority Sub-National Unit
SD	Service Delivery
SE	Socio-economic
SNU	Subnational Unit
TA	Technical Assistance OR Technical Advisor
TB	Tuberculosis
USAID	United States Agency for International Development
USG	United States Government
VMMC	Voluntary Medical Male Circumcision

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Preface: Purpose of Handbook and other Resources Available to Support Completion of Human Resources for Health (HRH) Inventory

This PEPFAR HRH Inventory Handbook is intended to assist implementing partners (IP), and PEPFAR Operating Unit (OU) representatives in understanding the purpose of the PEPFAR HRH Inventory, and provide an orientation to the data collection template, types of data required, best practices for completing the tool, and how to manage the process of data collection. Other resources, described in the table below, are available to support various aspects of data collection, entry, and upload. These resources may be found on DATIM ZenDesk, under two sections: "DATIM Training and Tutorials" and "PEPFAR Guidance."

Table 1: Resources to support completion of HRH Inventory

Document/Resource Title	Audience	Description
Inventory		
HRH Inventory Template - OU Specific	IPs	This is the data collection template that must be completed for each IM.
FTE Calculator	IPs	This calculator assists with determining the average full-time equivalent for staff that work less than full-time. NEW: This Calculator is now embedded in the Inventory Template.
Agency and IP Orientation to Template and Uploading		
HRH Inventory Definitions	IP & Agency Field Staff	Brief definitions of each data field that is collected, with a tab showing cadre groupings.
FAQ (Frequently Asked Questions)	IP & Agency Field Staff	Regularly updated FAQs.
PEPFAR HRH Inventory Reference Guide (Handbook)	IP & Agency Field Staff	This document describes the rationale for collecting HRH Inventory data, provides an overview of HRH Inventory data use, and provides detailed definitions of each field, including job aids, where appropriate.
HRH Inventory Webinar Slides	OU Agency POC / HQ Agency / Chairs/PPMs	Webinar slides providing an overview of the template, data collection and data submission to USG staff.
Instructions for IP Users: Filling out the HRH Template, DATIM Submissions, and Error Resolution	IPs	This document describes how to complete the HRH Inventory template, upload and submit the template to DATIM.
Checklist before Submitting HRH Inventory Template - Implementing Partners	IPs	This document is a checklist for IPs. IPs should use the "Checklist Before Submitting HRH Inventory Template - IP Users" to verify the accuracy of data entry and submission.
Quality Control and Review Process		
DATIM Error Messages and Resolutions	IPs	This document describes how to resolve any errors the user may encounter in these processes.

PEPFAR HRH Inventory Data Review and Approval Instructions- Agency Field Reviewer	OU Agency Reviewers	This document describes how the field agency should review an Implementing Partner's HRH Inventory template submission in DATIM, spot errors in the Excel template, and approve or reject mechanisms in DATIM.
Checklist for Reviewing HRH Inventory Template - Agency Field Users	OU Agency Reviewers	This document is a checklist for agency field users. Agency Field users should use the "Checklist Before Accepting HRH Inventory Template - Agency Users" attached to this article to verify the accuracy of an IP's submission.
DATIM Data Approval Level Statuses and Actions	HQ/OU Agency Reviewers	This page has a chart to describe the data approval levels and associated actions in the DATIM Data Approval app for HRH Inventory.
DATIM Accounts		
List of Required and Elective CEEs	Primary User Administrators & User Administrators	This page describes how to process HRH Inventory account requests and is relevant for Primary User Administrators and User Administrators only.
List of Required and Elective CEEs	Primary User Administrators & User Administrators	This document contains the images found in the above page and is downloadable/printable for easy reference.

Introduction:

A note on nomenclature: Throughout this document, we use the terms "staff" and "workers" interchangeably. In this document, "staff" does not denote any type of hiring mechanism (such as a salaried staff member), and refers to all individuals receiving compensation from PEPFAR (through contracts, non-monetary compensation, salary, or other employment relationship).

The PEPFAR HRH Inventory

The health workforce is a significant investment across PEPFAR programs. PEPFAR, The Global Fund, and other donors have invested billions of dollars to supplement the budgets of governments for human resources for health (HRH) to ease workforce constraints. In some countries, the expenditure on the HIV health workforce is upwards of half the country's total PEPFAR package of support. Understanding what functions these workers perform, where they are located, and the related expenditure, is essential to optimizing health worker allocation and investments to advance epidemic control and to inform sustainability planning. Tracking and reporting on this investment is important for program performance monitoring, accountability to U.S. taxpayers, and for ensuring maximum return on the investment.

The PEPFAR HRH Inventory tool is used to collect and collate data on individuals funded through PEPFAR. The Inventory template captures all types of PEPFAR-funded individuals, irrespective of role or post, from health workers delivering services to clients and PEPFAR beneficiaries to implementing partner staff who support program management and operations, and technical assistance or non-service delivery (NSD) activities across PEPFAR-supported sites.

All individuals that receive compensation from PEPFAR, whether through salary, contract or non-monetary compensation, should be included in the Inventory.

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 rationalization of staffing and planning for achieving and sustaining epidemic control.

The Inventory allows OUs to understand:

1. The total number of individuals and full-time equivalent (FTE) supporting implementation of PEPFAR programs
2. The types of individuals that PEPFAR supports, categorized by PEPFAR Expenditure Reporting (ER) human resources category (clinical; ancillary; and other, including program management staff), and job title
3. Where staff are located, by DATIM hierarchy (SNU, PSNU and Facility)

4. The expenditure on staff remuneration and fringe benefits
5. The number and FTE of staff supporting each PEPFAR program area and beneficiaries
6. The types of hiring mechanisms (salary, contract, non-monetary) of associated staff, and which type of Implementing Partner employs them (Prime or Subrecipient)

The HRH Inventory provides foundational data for analyzing the use of the health workforce in an OU to meet PEPFAR priorities. The HRH Inventory can be combined with other PEPFAR programmatic data, including key MER indicators and program targets, to inform decision making to ensure the workforce is adequate to meet program requirements. Analytical questions such as the following can help inform such decisions:

1. What is the staffing footprint and associated expenditures within an OU?
2. What is the current staffing composition and distribution across SNU, PSNU/community and facilities?
3. What is the breakdown of staffing at above-site and site levels, supporting service delivery and non-service delivery activities?
4. What is the alignment of staffing to PEPFAR program targets?

The Inventory can also provide some insight into more complicated health workforce issues, such as staff productivity, retention, or to inform sustainability planning and coordination with stakeholders. However, the Inventory cannot be used to answer such questions on its own - other contextual data, such as geography, facility management, availability of supplies, remuneration structures, policies and other factors play a significant role in HRH management. All HRH Inventory analyses should take into consideration local context and other programmatic data to inform discussions and decisions on staffing investments. Most programmatic inquiries will require additional data to adequately answer.

> The HRH Inventory is the foundation for understanding PEPFAR's health workforce, but the environment in which the workforce performs must be considered in all staffing decisions.

The HRH inventory does not collect information on government or other donor-supported staff that are not receiving PEPFAR-support. PEPFAR supported individuals work alongside Ministry of Health (MOH) or donor-supported staff to effectively implement HIV programs and deliver services. A limitation of using HRH inventory data alone in making staffing related decisions is that it does not account for the broader available workforce that is also supporting HIV. The MER indicator HRH_STAFF_NAT is used to collect information on non-PEPFAR supported individuals supporting HIV service delivery across facilities and can be used with HRH inventory data for more comprehensive understanding of staff available.

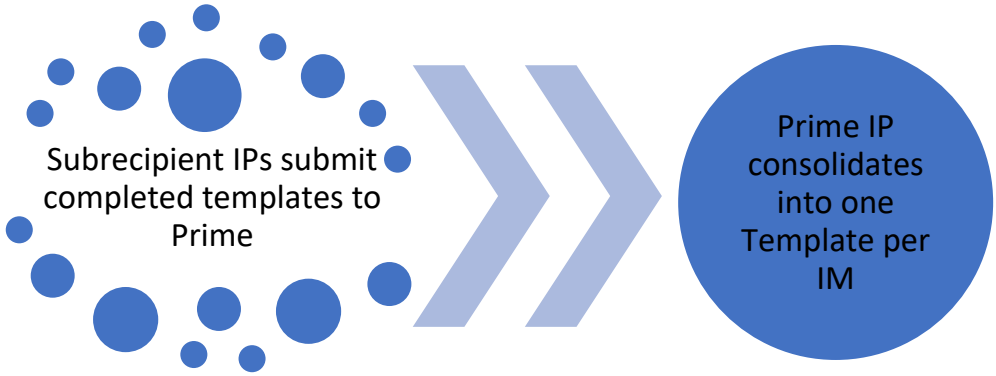
> HRH_STAFF_NAT should be used alongside the HRH Inventory to make HIV staffing decisions.

Who Should Complete the HRH Inventory?

The HRH Inventory is completed by Prime and Subrecipient IPs. One template should be completed per COP Implementing Mechanism (IM), capturing all individuals receiving

compensation from PEPFAR during the last fiscal year (October 1, 2021 - September 30, 2022) through the Prime or Subrecipient IPs. Prime IPs are responsible for collecting completed forms from their subrecipient IPs and consolidating into one Template per IM.

Figure 1: Prime IPs are responsible for collating all subrecipient data into one template per mechanism



Individuals under any of the following employment or contractual relationships should be reported:

- Employees of the Prime IP
- Employees of the Subrecipient IPs
- Contracted workers
- Workers with other employment mechanisms, such as stipends or non-monetary compensation

Staff that worked only part of the year and are no longer employed with the IP SHOULD be reported for the time they worked.

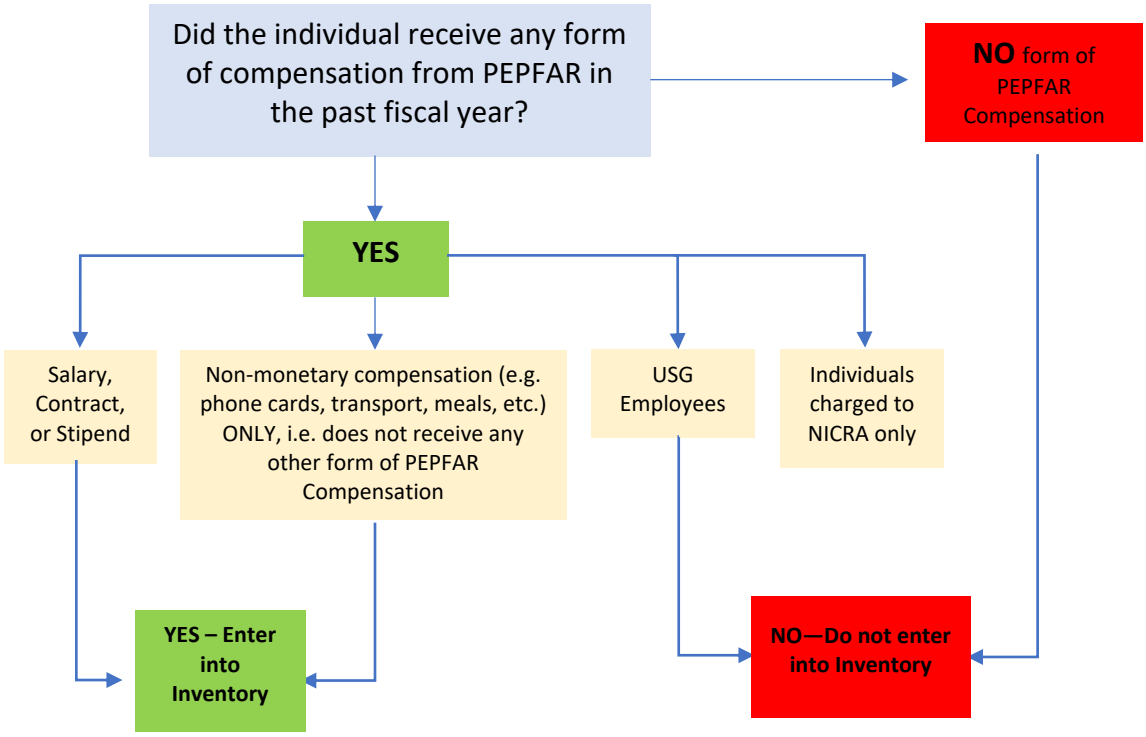
Individuals at all levels of the organization and job titles should be included, including:

- Program management staff
- International staff charging directly to the IM
- Health workers
- Community health workers
- Technical Assistance providers
- Any others receiving compensation

The following workers do NOT need to be reported into the Inventory:

- Workers that did NOT receive any form of compensation from PEPFAR, such as MOH staff working alongside PEPFAR staff.
- USG employees and individuals charged to NICRA *only*.
- Headquarters Operational Plan (HOP) funded mechanisms do NOT need to be reported.

Figure 2: Decision Tree - Who should be reported into the HRH Inventory?



Who is Required to Report?

All IPs reporting during Expense Reporting are also required to report for HRH. This includes Government to Government (G2G) mechanisms, as well as mechanisms with the United Nations (UN) and those supporting militaries. For mechanisms that are closing out at the end of September, the HRH inventory is a required closeout deliverable.

The Inventory is a required deliverable and must be completed by all IPs annually, including those closing out mechanisms.

Note: Military-military contacts under the Department of Defense (DOD) follow a modified reporting process; please contact your DOD HRH contact for further guidance.

What Types of Data are Required?

HRH Inventory templates are OU-specific, and pre-populated with each OU's unique DATIM geographic hierarchy. Most of the data collected in the HRH Inventory is information that is captured as part of the standard IP human resource record-keeping used to manage personnel, track staff placement, and administer payroll. Data elements that relate to the individual roles

The HRH Inventory relies on existing staff records. Implementing Partners do not need to conduct field visits in order to complete the Inventory.

of staff (Program Area, if they work in/support multiple facilities, if supporting COVID response or providing TA) may require collation of data from technical or program manager staff.

Table 3: HRH Inventory Data Elements and Potential Sources

Cover Sheet Tab	
Operating Unit/Country	Program award/Contracting document
Funding Agency	Program award/Contracting document
Completion Date	Date completed
Completed By	Prime IP
Mechanism ID	Program award/Contracting document
Mechanism Name	Program award/Contracting document
Prime IP Point of Contact	Prime IP
Prime IP Contact Info	Prime IP
Count of Subrecipients	Prime IP
Sub IP 1, 2, 3… / UEI / Sub Partner Name	Prime IP

Staff List Tab	
Record Number (optional)	IP generated
Employed through Prime or Sub IP?	Employment records
If Sub, Select IP Name	Employment records
Gender	Employment records
Employment Title	Employment records
Mode of hire	Employment records
MOH Staff/seconded to MOH?	Employment records
Months of work in past year	Payroll records
Average FTE per month	Employment/payroll records (FTE calculator included in Inventory template)
Primarily support work in the community?	Employment records/Manager
Work in or support multiple sites (roving staff?)	Employment records/Manager
Provide Technical Assistance?	Employment records/Manager
Position based outside of OU?	Employment records
SNU 1/PSNU/Community/Facility/SNU5/Valid OU	Employment/deployment records
Primary Program Area?	Job description/Employment records/Manager
Primary Beneficiary?	Job description/Manager
Deliver services DIRECTLY to beneficiaries?	Job description/Manager
In past year provided support for the COVID response?	Manager/COVID-related program adaptation records
Sum of annual PEPFAR expenditure, excluding Fringe and Non-Monetary	Payroll/IP financial documents
Annual PEPFAR Fringe Expenditure, excluding Non-Monetary	Payroll/IP financial documents
Annual PEPFAR Non-Monetary Expenditure, excluding Fringe	Payroll/IP financial documents

How will Inventory Data Be Used and Managed?

The HRH Inventory data will be uploaded and submitted directly into DATIM by the prime IP, and ingested to PEPFAR's systems through a secure portal in a similar manner to MER data upload and ingestion. Raw data sets are made available only to Agency staff tasked with ensuring data completeness and accuracy. An aggregate master dataset, which contains remuneration information, is available to select S/GAC and Agency staff for aggregate-level analysis. In order to receive access to the master dataset, staff must provide a use case to Agency Data Monitors, and are required to sign a Non-Disclosure Agreement (NDA).

The HRH Inventory data is used to populate aggregated data visualizations for internal USG use using the PEPFAR Panorama platform. No individual level data is available through this platform. All information collected and shared has been determined to not constitute personally identifiable information (PII). High-level aggregate level data visualizations may be shared by PEPFAR as part of public facing presentations. In all presentations, individual level data will not be shared. The (DOD) staffing data from military-military implementing mechanisms is not uploaded into DATIM or shared with S/GAC at the individual level in accordance with DOD's information sharing agreements with S/GAC.

Timeline for Implementation

The HRH Inventory is collected annually, in line with the PEPFAR Quarter 4 reporting timelines for annual indicators, as outlined in the PEPFAR Data Calendar.

Orientation to the Inventory Template Structure

The HRH Inventory Template is customized to each OU with the OU-specific DATIM geographic hierarchy. The Inventory is available to be auto generated via the HRH Inventory App and reflects the most current DATIM hierarchy.

⇨ If you find an error in the GEOGRAPHY section of your OU template (i.e., a missing facility in the dropdown list), please contact your Site Administrator to request a correction. The Inventory Template draws directly from your DATIM hierarchy, so any corrections must be completed through your Site Administrator.

The template contains three tabs:

1. **Cover Sheet**: The first tab contains data fields asking about the IP, mechanism, and other identifying data.
2. **Staff List**: The second tab in the template is where data on each human resource – one individual per row – is entered.
3. **FTE Calculator:** The third tab in the template provides a resource to calculate the average FTE per month for various staffing situations.

The data elements or columns in the template should not be modified **(do not add/delete columns)**, however, copying and pasting is enabled to allow easy transfer of data from one

Editing columns within the Template, or incomplete data entry, will prohibit upload to DATIM

template to another. Any editing or incomplete data entry will prohibit successful upload and submission in DATIM.

Data Element Definitions and Instructions

The following section provides definitions and instructions for completing each element of the Inventory Template. Please review the definitions carefully, even if your OU has completed an HRH Inventory in the past, as definitions and drop-down options have changed.

A number of cells have data quality checks that will be performed automatically when uploading the Inventory into the HRH App in DATIM. An error message will be generated if the predefined conditions are not met. Fields that contain error checks are highlighted below in RED text, with directions for how to correct the error. Some error checks are cross-cutting, as presented in the table below.

Table 4: Cross-cutting error checks

ERROR CHECK: Dropdown populated with invalid text. ***CORRECTION:*** Remove free text and select a dropdown option.
ERROR CHECK: Row has data, but some required columns are blank. ***CORRECTION:*** Complete answers for all cells (some geography cells do not need to be completed for some workers—see geography section for details).
ERROR CHECK: Unexpected Tabs/Worksheets. ***CORRECTION:*** Remove any Tabs or Worksheets that were added to the template.

Cover Sheet Tab

Table 5: HRH Inventory Template Definitions: Cover Sheet Tab

Data Element	Definition
Cover Sheet Tab	
Operating Unit/ Country	DATIM-generated field for the Country where the Implementing Mechanism works. Also known as OU and the Organization Level 3 Name. This field will be pre-filled on your data collection tool. Note: For Regions, this field will be pre-populated to the Regional level (i.e. Asia Region).
Funding Agency	The U.S. Government Agency (at Operational Division/Bureau level where applicable) that awards funding for a given Mechanism. Examples include: USAID, DOD, HHS/CDC, HHS/HRSA.
Completion Date	Date that the template was completed prior to submission. Please use the date format of MM/DD/YYYY. For example, December 8, 2021 would be 12/8/2021.
Completed By	Prime IP's Organization Name.
Mechanism ID	Please select the Mechanism ID for the implementing mechanism completing this template. Mechanism ID, also known as 'mech_code,' is common to MER, SIMS and ER data streams. This is a four-digit to six-digit numeric value used to uniquely identify each mechanism. These are also common across FACTS Info, DATIM and PEPFAR Data Hub (PDH)/Panorama.
Mechanism Name	The Mechanism name will automatically generate based on the Mech ID selected in the field above. If the Mech name is incorrect, please submit a ZenDesk ticket, selecting the "HRH" option. *Note on how to report PEPFAR-supported workers who work for multiple IMs:* Staff that work across multiple IMs should be captured on each of those IM's templates for the level of effort that they provided to that IM. For example, if an individual works as a Technical Advisor 50% time on one IM, and 25% time each on two other IM's, the IP should include that person on all three forms,

	listing 0.5 FTE on one and 0.25 FTE on the other two.
Prime IP Point of Contact	Please enter the name of the person from the Prime IP who can be contacted for follow-up questions regarding data that was submitted.
Prime IP Contact Info	Please enter the email address of the Prime IP Point of Contact (from the field above) who can be contacted for follow-up questions regarding the data submitted.
Count of Subrecipients	Please enter the number of subrecipients supported through the mechanism.
Sub IP Information	Once the count of Subrecipients has been entered, please enter the UEI and Sub Partner name for each subrecipient being reported. The Unique Entity Identifier (UEI) number is a unique twelve-digit identification number provided by SAM.gov. If the User does not know their UEI, the number "111111111111" should be entered, if IP is not required to have one, use "999999999999".
ERROR CHECK: **Cover Sheet tab has unexpected values.** ***CORRECTION:*** **Check the Cover Sheet to ensure all values entered align with the expected entry for the cell.** ***ERROR CHECK:*** **Unexpected Funding Agency or Mechanism ID values.** ***CORRECTION:*** **Ensure the Funding Agency and Mechanism IDs are selected from the dropdown list rather than typed in.**	

Staff List Tab

Table 6: HRH Inventory Template Definitions: Staff List Tab

Data Element	Definition
Staff List Tab	
Record Number (optional)	***Free Text:*** **Alphanumeric** This is an optional, alphanumeric field that can be assigned to staff entered in the reporting template. IPs can use this number to more easily correct and update the inventory during data cleaning. An example of a record number could be 00001 or ABC-0001. ⇨ **Note: This field will not be incorporated in DATIM datasets or stored on PEPFAR servers. However, there should be no easily identifiable personal information (PII) used. Under no circumstances should individual names be included on the form. Inclusion of names will result in an immediate rejection of the template by Agency reviewers.**
	ERROR CHECK: Same record number cannot be used twice – please check column A of the Staff List. ***CORRECTION:*** Check the template to find any record numbers that are duplicated and change any duplicates to a unique number.

Employed through Prime or Sub IP	***Dropdown Options*: Prime, Sub** Please indicate whether the Prime or Subrecipient IP hired the PEPFAR-supported worker. If the individual is working for both the Prime and a Subrecipient IP (uncommon), select their PRIMARY employer.
	ERROR CHECK: If "Sub" is selected in Column B: 'Employed through Prime or Sub', then Column C: 'If Sub, Select IP name' must be populated. ***CORRECTION:*** Check Column C for blanks when response to Column B is "Sub".
If Sub, Select IP Name	***Dropdown Options*: List of subrecipient names generated based on what was entered in 'Cover Sheet' (list will be dynamically generated).** Please indicate the name of the Sub IP that employs the PEPFAR-supported worker. The list of Subrecipient organizations entered on the cover sheet will be populated in the drop-down list of options.
Gender	***Dropdown Options:* Male, Female, Transgender, Non-binary, Other, Don't Know** Please select the recognized gender of the PEPFAR-supported worker.
Employment Title	***Dropdown Options*: Alphabetized, standardized list of job titles, available here.** Please indicate the employment title of the individual. The dropdown list contains an alphabetized list of standardized job titles. A detailed definition of each job title is listed below, alongside a mapping of the job titles by employment category and cadre to facilitate selection of the correct title. Please note: • The job titles may not exactly match the official job title of the individual. Please select the job title that best matches the job that the individual was hired to perform. • All "Other" job titles, such as "Other CHW not listed" should be used only as a last resort if no other job title comes close to the role the individual performs. • The employment title selection should reflect the work being *performed* by the individual, NOT their *training or qualification*. For example, a PEPFAR worker who is trained as a doctor, but who works primarily as a facility administrator should be reported as a "facility administrator" and not "doctor" for their employment title. ***Figure 3: How to Determine Employment Title*** 
Mode of hire	***Dropdown Options:* Salary, Contract, Non-Monetary ONLY**

	Please indicate how the individual is hired by PEPFAR. Select the option that best reflects the primary mode of hire for each staff. Salary is defined as PEPFAR-funded compensation for workers who are employed by an IP and receive a salary or wage. Contract is defined as PEPFAR-funded compensation through contract(s) for a worker who is not directly employed by an IP but contracted to perform services. *Note:* This includes PEPFAR-supported workers that receive stipends. Non-Monetary ONLY is defined as PEPFAR-funded compensation for workers that is provided in the form of non-monetary compensation, with the worker not receiving a salary or compensation while on contract. This can include phone cards, travel reimbursement, meals, etc. These workers do not receive any other form of compensation from PEPFAR. ALL individuals that receive non-monetary support from PEPFAR in exchange for services must be reported in the template. Please note that these are mutually exclusive fields. For example, if an individual receives both a salary and non-monetary compensation, select Salary as the mode of hire.
	ERROR CHECK: If 'salaried' or 'contract' is selected in Column F: 'Mode of Hire', a value must be entered for either salary or fringe. ***CORRECTION:*** Check Columns Y-Salary and Z-Fringe (actual column may vary depending on geographical fields) for blanks when response to Column F is 'salaried' or 'contract'.
MOH Staff/ seconded to MOH?	***Dropdown Options*: No, Yes- MOH Staff, Yes- Seconded to MOH** Please indicate if the individual supported by the IM is officially designated as a MOH staff or an individual seconded by PEPFAR to serve in that capacity. All MOH staff that receive compensation from PEPFAR in addition to their government salary should select 'YES'. Any staff member that is employed through an IP but placed in government offices as a secondment should select 'YES'. Note: Staff that are employed by an IP and work in health facilities to delivery health services alongside government staff are generally not considered seconded staff—seconded staff are most often seconded to national and regional government offices rather than health facilities.
Months of work in past year	***Free Text*: 0-12** Please indicate the total number of months the PEPFAR-supported worker worked during the last USG fiscal year (October 1 – September 30) in this role. If the worker worked for part of a month, count the number of weeks worked in the partial month (no need to count the number of days), and include as a decimal. For example, if a doctor worked 3 weeks in one month, that would be counted as 0.75 of a month. It is not necessary to subtract regular sick or vacation leave days when calculating (i.e. count paid leave days as work). If a person is on extended unpaid leave (such as leave to attend school), do not count those months as working months.

	ERROR CHECK: Number of months worked per year must be greater than 0 and cannot exceed 12. ***CORRECTION:*** Check the number of months worked and correct to be greater than 0 and less than or equal to 12.
Average FTE per month	***Free Text*: 0-1.0** Please indicate the average percent of full-time equivalent (FTE) worked by the PEPFAR-supported worker per month, where 0 = no work on average per month, and 1 = full time work per month. Only enter the FTE supported by PEPFAR on the IM being reported. For example if a person worked .25 on the IM being reported, and also worked .75 on a different IM, report .25 as the FTE on the IM. Do not report FTE supported by MOH or other entities. Only the portion of FTE supported by PEPFAR on this IM should be entered. Some examples of FTE calculations are available in Appendix A, below. The third tab of the Inventory spreadsheet contains a FTE calculator, which will support calculation of the correct FTE for all individuals who worked less than full-time (1.0) during the year. Please use the calculator to get an accurate number, and then transfer the number to the Staff list tab for the individual.
	ERROR CHECK: Average FTE per month cannot exceed 3 decimal places. ***CORRECTION:*** Round the figure to no more than 3 decimal places.
	ERROR CHECK: Average FTE per month cannot exceed 1.005. ***CORRECTION:*** If calculating FTE outside of the provided excel tool, please check to ensure that the value is less than 1.005. While FTE should not exceed 1.0, the 1.005 limit allows for very minor rounding errors.
Primarily support work in the community?	***Dropdown Options*: No, Yes** Please indicate if the individual primarily supports work in the community. This should be answered as "YES" if the individual performs their job outside of the facility, in communities. This category can include health workers that are linked to a facility in some way, but perform service delivery in the community rather than in the facility. A list of staff that may select "YES" is available here. Individuals who work in facilities, but go out to communities to deliver services periodically (such as nurses who work in a facility, but deliver services in a neighboring community once per week) would not be considered community workers as their primary place of work is the facility.
	ERROR CHECK: Staff that primarily support work in the community cannot report to the facility level. ***CORRECTION:*** If response to Column J: "Primarily supports work in the community?" is 'Yes', please check to ensure the facility geographic field is left blank.
	ERROR CHECK: Staff that primarily support work in the community must have an employment title that can support work in the community. ***CORRECTION:*** If response to Column J: "Primarily supports work in the community?" is 'Yes', please

	review to ensure selection for Column E: "Employment Tile' can work in the community.
	ERROR CHECK: Staff that primarily support work in the community cannot also be roving/working in multiple facilities. ***CORRECTION:*** If response to Column J: "Primarily supports work in the community?" is "yes", then response to Column K: "Work in/support multiple facilities" must be 'no'.
Work in or support multiple facility sites (roving staff?)	***Dropdown Options*: Yes, No** Please indicate whether the PEPFAR-supported worker provides services at multiple facility sites on a regular basis. 'YES' should ONLY be selected if the individual is a site-level staff providing services at more than one facility. We understand that some PEPFAR-supported workers may only occasionally provide services to more than one site. If this is the case, then please answer 'no,' as the worker does not provide services to more than one site on a regular basis. If the PEPFAR-supported worker is a *community worker*, please answer 'no' to this question.
	ERROR CHECK: Staff that work in/support multiple facilities cannot select an individual facility in the geographic hierarchy. ***CORRECTION:*** If response to Column K: "Primarily support or work in multiple facilities" is 'yes', then facility-level geographic selection should be blank.
	ERROR CHECK: Staff that work in/support multiple facilities cannot also select that they primarily support work in the community. ***CORRECTION:*** If response to Column K: "Primarily support or work in multiple facilities" is 'yes', then response to Column J: "Primarily supports work in the community?" must be 'no'.
Provide Technical Assistance?	***Dropdown Options*: No, Yes** Please indicate if the individual routinely provides technical assistance as part of their job responsibilities. Technical Assistance may be provided by TA providers and mentors, and it can also be provided by health workers whose primary job is to deliver services directly to beneficiaries, but they also support and improve the quality of services through mentoring others. A health worker that provided some TA once or twice over the course of the year should not select 'YES', as TA provision should be routinely apart of their job responsibilities, rather than something done as a one-off. All above-site individuals, and those that support, facilitate or strengthen service delivery providers should select "Yes" in answer to this question. Other health workers that routinely provide technical assistance to others as a portion of their job responsibilities should also select "Yes" in answer to this question.
Position based outside of OU?	Please indicate whether this position is primarily based in a location outside of the operating unit. These **INTERNATIONAL WORKERS**, such as U.S. based staff that spend a portion of their time supporting the IM, should **leave all geographic hierarchy columns blank (below).** Because International Workers are not based in the country, they cannot be considered 'Site Level' staff. All workers that answer

	"YES" to this question must select Above Site or Program Management as their program area. (Reminder: Staff charged only to NICRA should not be entered into the Inventory. Only international staff charged directly to the IM should be entered into the Inventory and answer 'YES' to this question)
	ERROR CHECK**:* Staff that work in a position based outside of the OU should not enter subregional or subnational geographic information. ***CORRECTION: If response to Column M: "Position based outside of OU" is 'yes', ensure no subnational or subregional geography information is entered.
	ERROR CHECK**:* Staff that do not work in a position based outside of the OU must enter subnational or subregional geographic information. ***CORRECTION: If response to Column M: "Position based outside of OU" is 'No', ensure subnational or subregional geography information is entered.
	ERROR CHECK**:* Staff that work in a position based outside of the OU should select Above Site or Program Management program areas. ***CORRECTION: If response to Column M: "Position based outside of OU" is 'yes', ensure program area selection begins with Above Site or Program Management.
SNU 1/ PSNU/ Community/ Facility	***Dropdown Options:*** **Varies by OU—aligns with DATIM geographic hierarchy** Please indicate the location of work for the individual. The location of work is defined as where the individual performs their work, rather than the office they report to. Staff that have a desk at the IP's office, but spend the majority of their time working in other areas of the country, should report to the location where work is performed, rather than the location of the IP's office. ***Figure 4: How to Determine Reporting Location***  Note: In order to see the dropdown list for any geographic hierarchy, the level above must be selected (for example, to see PSNU, the SNU must be selected) as each list is derived from the selection before. As the DATIM geographic hierarchy varies between countries, each OU's column headers and number of columns will be slightly different. A table showing the variation across PEPFAR OUs is available here.

Prior to beginning data entry, please ensure that you understand: 1) The PSNU, and 2) The Facility.

PSNU: The PSNU is the level at which PEPFAR program targets are set.

Facility: The Facility is the lowest level in the DATIM hierarchy, the health facility.

For some workers, the DATIM geographic hierarchy must be completed to the PSNU level, while for others the hierarchy must be completed down to the facility level. Please see below, and the table here, for details.

- ⇨ SNU1: For each individual, select the SNU1 that corresponds to the primary location where work was performed. In instances where individuals work in multiple SNU1s, indicate the SNU1 where majority of work was performed. If work is split evenly between SNU1s, please select only one SNU1.
  - Note: For **REGIONS**, the SNU1 level is the country where the worker performs their work.
  - For **MILITARY**, select the military SNU. Leave all other geographic hierarchy columns blank.
  - For **NATIONAL** level workers, select the SNU1 where the majority of work is performed (such as the SNU where the government's capital or administrative capital is located), and leave all other geographic hierarchy columns blank. For national level workers in a Region, they should select both SNU1 (country) and the SNU2 where their work is performed.
- ⇨ PSNU(s): For each individual (except International Workers and Military) please select the PSNU(s) that correspond(s) to the primary location where work was performed. In instances where individuals support multiple PSNUs, indicate the PSNU where majority of work is supported. If work is split evenly between PSNUs, please select only one PSNU.
  - All staff that perform the majority of their work at the PSNU level should not report any lower levels.
- ⇨ Facility: For each individual that works at the facility-level, please select the facility to which they are assigned.
  - Staff that are assigned to a facility but may spend a portion of their time in the community as part of their work (such as facility-based staff that do outreach clinics) should be entered at the facility to which they are assigned.
  - **ROVING STAFF and COMMUNITY WORKERS cannot select a facility.** The lowest level that they can select is the PSNU or Community.

ERROR CHECK: Geography is not valid per DATIM. ***CORRECTION:*** Ensure all geography questions were answered using the dropdown options rather than free text.

Dropdown Options: **PEPFAR Financial Classification System's PEPFAR Program Areas (table and definitions available here)**

Primary Program Area?	Please select the Primary PEPFAR program area that the employee supports. The program areas align with PEPFAR's Financial Classification system, and are defined as either above-site or site level. A complete definition of the Primary Program Areas, as defined in PEPFAR's Financial Classification system, is listed here. In all cases, select the most specific program area possible. If the employee supports multiple program areas, please select the one that occupies the majority of their time. If the individual supports two areas equally, please select one to report. Program Management for the HRH Inventory differs slightly from the Financial Classifications guide—in the Inventory Program Management can be conducted at the site or above site level. The Financial Classifications system allows program management only at the above site level. Please note: Only workers who support work at a community or facility (including rovers) can select a Site Level program area, as per the Financial Classification definition of Site Level. All others must select an Above Site program area.
	ERROR CHECK**:* Facility is indicated but Primary Program Area is Above-Site. ***CORRECTION**:* Remove facility if person works in an Above Site program area, OR change to Site Level program area or program management if person works at facility. ***ERROR CHECK: Staff is indicated to work within an Above-Site program area *AND* Direct Service Delivery. ***CORRECTION:*** Change Program Area to Site-Level OR select "No" in answer to Direct Service Delivery. ***ERROR CHECK:*** Staff is indicated to work within an Above-Site program area *AND* Direct Service Delivery. ***CORRECTION:*** Either change Program Area to Above-Site OR select "Yes" in answer to Direct Service Delivery.
Primary Beneficiary?	***Dropdown Options:*** • ***Females,*** • ***Females: Young Women & Adolescent Females,*** • ***Key Populations,*** • ***Males,*** • ***Males: Young Men & Adolescent Males,*** • ***Non-Targeted Pop,*** • ***Non-Targeted Pop: Children,*** • ***Non-Targeted Pop: Young People & Adolescents,*** • ***OVC,*** • ***Pregnant & Breastfeeding Women;*** • ***Priority Pops*** Please indicate the primary beneficiary of services provided/supported by this staff member. Select the beneficiary that the worker serves **most often**. The definition of these beneficiaries and their sub-groups is available here. Note that not all beneficiary sub-groups, as defined by the PEPFAR Financial Classification Reference Guide, are included in the Inventory. Only those sub-groups

	that are most likely to be subject to an HRH analysis are listed. If the sub-group the individual serves is not listed, please select the primary beneficiary group. Likewise, please choose the most specific relevant sub-beneficiary group where relevant. For example, although Females may be considered inclusive of Young Women, if the worker is serving young women primarily, please choose the more specific "Females: Young Women & Adolescent Females."
Deliver services DIRECTLY to beneficiaries?	***Dropdown Options*: Direct Service Delivery, Non-Service Delivery** Please indicate whether the PEPFAR-supported worker provides services directly to beneficiaries. Only individuals that select a "Site Level" program area in the question above can select "YES" in answer to this question. As defined in the PEPFAR Financial Classification Reference Guide, *Program activities involving direct interaction with the beneficiary* are defined as ***service delivery***. All individuals that have direct interactions with a beneficiary should select "Direct Service Delivery" in answer to this question. Interactions may be in person, or through other mediums, such as remote communication or telehealth. Also as defined in the PEPFAR Financial Classification Reference guide, *Program activities that support, facilitate, or strengthen the facility, site, service providers, or subnational unit or national system are defined as* ***non-service delivery***. In addition, all above-site programs are, by definition, non-service delivery. All above-site individuals, and those that support, facilitate or strengthen service delivery providers should select "Non-Service Delivery" in answer to this question. There may be instances that staff provide both service delivery and non-service delivery. For reporting, please select the type of interaction that the worker provides **most often**.
	ERROR CHECK: "Direct Service Delivery" indicated for a Non-Service Delivery job title. ***CORRECTION:*** Change "Direct Service Delivery" to "Non-Service Delivery", OR change job title to appropriate service delivery related job. ***ERROR CHECK:*** "Non-Service Delivery" indicated for a Direct Service Delivery job title. ***CORRECTION:*** Change "Non- Service Delivery" to "Service Delivery", OR change job title to appropriate non-service delivery related job title.
In the past year provided support for the COVID response?	***Dropdown Options*: Yes, No** Please indicate whether the individual supported delivery of COVID specific services at any point during the reporting period. Select 'Yes' if any time has been spent supporting the COVID response, regardless of the amount of time spent. Supporting the COVID response may include service delivery, such as COVID testing or providing vaccines, and can also include administrative support, such as funds disbursement for the COVID response. Please note: Do not answer 'Yes' for individuals whose roles were changed to support adapted HIV services during COVID. If the individual continued providing HIV services, and did not provide COVID services, the correct answer to this question is 'No'.

Sum of annual PEPFAR expenditure, excluding Fringe and Non-Monetary	***Free Text*: Numeric** Please indicate the total amount spent on the PEPFAR-supported worker's remuneration, excluding fringe and non-monetary expenditure, over the past fiscal year. All salaries, wage, contract fees and other payments made to staff should be entered here. All PEPFAR expenditure data must be reported in United States dollars (USD). Financial systems and policies at the IP should define how currency exchange is managed and USD reporting is calculated. All PEPFAR expenditure data is reported on a cash basis of accounting. Included costs: • Regular salaries and wages paid directly to employees. • Stipends, cash awards, bonuses or performance-based pay that is paid directly to employees. Excluded costs: • Non-monetary compensation paid to employees, entered as their USD equivalent value. • Fringe benefits.
	ERROR CHECK: Values per row must be between $0 and $1,000,000. ***CORRECTION:*** Change entry to USD between 0 and 1 million. ***ERROR CHECK:*** No salary or fringe indicated for salaried workers as noted in column F. ***CORRECTION:*** Enter salary and/or fringe for all salaried workers. ***ERROR CHECK:*** Salary or fringe is non-numeric. ***CORRECTION:*** Enter salary and/or fringe as numbers only.
Annual PEPFAR fringe expenditure, excluding non-monetary	***Free Text*: Numeric** Please indicate the total amount spent on the PEPFAR-supported individual's fringe benefits (in USD). Fringe should include the cost of employer's share and should exclude any fringe benefits that are included as part of an approved indirect cost rate. Included costs: • Fringe benefits in the form of regular compensation paid to employees during periods of authorized absences from the job, such as vacation, sick leave, military leave. • Fringe benefits in the form of employer contributions or expenses for social security, employee insurance, worker's compensation insurance, pension plan costs, etc. • Other allowable costs for fringe benefits (see OMB Circular A-122), such as housing assistance and rural housing allowance. Excluded costs: • Stipends, cash awards, bonuses or performance-based pay should all be entered in the "Sum of annual PEPFAR Expenditure, excluding fringe."

	• PEPFAR funding for the construction or renovation of housing for healthcare workers, even if in place of providing a housing allowance to obtain housing on the market, should not be included in the HRH Inventory. • Costs of fringe benefits that were classified as indirect.
	ERROR CHECK: Values must be between $0 and $1,000,000.00. ***CORRECTION:*** Change entry to USD between 0 and 1 million. ***ERROR CHECK:*** No salary or fringe indicated for salaried workers. ***CORRECTION:*** Enter salary and/or fringe for all salaried workers. ***ERROR CHECK:*** Salary or fringe is non-numeric. ***CORRECTION:*** Enter salary and/or fringe as numbers only.
Annual Non-Monetary Expenditure, excluding Fringe	***Free Text*: Numeric** Please estimate the USD equivalent monetary value of non-monetary compensation that the individual was given over the last year. Estimate to the best of your ability for each individual- we do not want this calculation to be an undue burden on the IP. If necessary, an average (i.e. the IP's total cost spent on non-monetary compensation, divided by the number of people who received non-monetary compensation) may be used as a proxy. NOTE: Non-monetary compensation does NOT include goods given to the individual to facilitate the work they are doing on behalf of PEPFAR, such as phone cards to be used to call patients, or transport to the field to deliver services. Non-Monetary compensation is an incentive given to an individual in exchange for doing work on behalf of PEPFAR. Non-monetary compensation must be reported for ALL individuals that received non-monetary compensation, not just those that are classified as 'non-monetary compensation only.' **If a person received non-monetary compensation in exchange for providing a service on behalf of PEPFAR, they belong in the Inventory!** Please err on the side of including individuals that received non-monetary compensation in the Inventory, even if the value of the goods received must be estimated. **Examples of Non-Monetary Compensation:** • Phone card (for personal use, not to facilitate work) • Transport • Meals • Bikes • Gumboots • Personal gifts

Job Title Definitions

The standardized job titles presented in the dropdown list in the template are alphabetized for ease of completion, and grouped by major categories of “Clinical”, “Ancillary” and “Other”.

However, when deciding which standardized job title best describes an individual, it may be helpful to refer to the following table, which categorizes the PEPFAR job titles by Expenditure Reporting employment category, cadre group category and gives a definition of the title.

Cadre Group / Category	Employment Title	Definition
Medical	Doctor	Studies, diagnoses, treats, and prevents illnesses, diseases, and injuries. Doctors perform physical exams, order diagnostic tests, prescribe and administer treatments, and monitor treatments and preventive measures.
	Clinical Officer	Provides advisory, diagnostic, curative and preventive medical services in a more limited scope and complexity than those carried out by medical doctors. They work autonomously, or with limited supervision of medical doctors.
	Medical Assistant	Performs basic clinical and administrative tasks to support client care under the direct supervision of a medical practitioner or other health professional. They assist medical doctors and other health professionals to examine and treat clients, including measuring and recording vital signs, administering medications, and performing routine clinical procedures.
Nursing / Midwifery	Nurse	Provides treatment, support, and care. Planning and management of the care of clients, including the supervision of other health care workers, working autonomously or in teams, in collaboration with medical doctors and/or other health workers.
	Auxiliary Nurse	Provides direct personal care and assistance with activities of daily living to clients and residents in a variety of health care settings such as hospitals, clinics, and residential nursing care facilities. They generally work under the direct supervision of medical, nursing, or other health professionals.
	Nursing Assistant	Provides basic nursing and personal care to clients according to care plans established by more skilled, trained, or educated health professionals. They generally provide support for a client's daily cares and needs, which may include assisting with client hygiene, feeding, and daily activities.
	Midwife	Plans, manages, provides, and evaluates midwifery care services before, during and after pregnancy and childbirth. They provide delivery care for reducing health risks to

		women and newborn children, working autonomously or in teams with other health care providers.
	Auxiliary Midwife	Provides basic health care and advice before, during and after pregnancy and childbirth, according to treatment and referral plans usually established by medical, midwifery and/or other health professionals.
Laboratory	Laboratory Technologist/Technician	Performs clinical tests on specimens of bodily fluids and tissues in order to obtain information about the health of a client.
	Laboratory Assistant/Phlebotomist	Collects blood or samples at a lab and relay the results to a clinician for diagnostic purposes.
Pharmacy	Pharmacy Assistant	Performs a variety of tasks associated with dispensing medication under the guidance of a pharmacist or other health professional. Pharmacy Assistants primarily focus on administrative and supply/stocking duties.
	Pharmacy Technician	Have more specialized roles than Pharmacy Assistants, which could include preparing prescriptions and supervising other Pharmacy Staff. Under pharmacist supervision, pharmacy technicians may: manage dispensaries, provide medicines to clients, and provide information to clients and other healthcare professionals.
	Pharmacist	Stores, preserves, compounds, and dispenses medicinal products and counsels on the proper use and adverse effects of drugs and medicines following prescriptions issued by medical doctors and other health professionals.
Mental Health Staff	Psychologist	Performs activities to support the mental health and psychosocial needs of people at risk for HIV or living with HIV. Psychologists may provide individual, or group counseling tailored to the needs of client populations.
	Psychiatrist	Physicians who specialize in psychiatry, the branch of medicine devoted to the diagnosis, prevention, study, and treatment of mental disorders and/or substance use problems using counseling/therapy, medication, and other interventions. Psychiatrists can generally prescribe medication and often have a more medical or clinical focus than psychologists.
	Psychology Assistant	Responsible for client intake, which includes interviewing and gathering history. May work under supervision of psychologists or other mental health professionals to provide support for client follow up, documentation, etc.

Other Clinical Provider	Testing and Counseling Provider	Provides HIV testing and counseling services including pretest counseling, testing, and post-test counseling.
	Clinical Case Manager	Assists in the planning, coordination, monitoring, and evaluation of medical services for a client. Case managers develop a comprehensive plan for each client that focuses on both health and other needs and assist clients to develop skills and access resources and services to respond to health needs, life transitions, addictions, and other personal, family, and social problems. May provide tools and tips for adherence to medication, provide support through referrals and follow up, appointment reminders and management, treatment literacy, concerns with stigma, linkage to additional services (both clinical and community-based), and monitoring and reducing barriers to treatment for the client.
	Clinical Social Worker	Provides counseling, therapy and mediation services to individuals, families, groups, and communities in response to social and personal difficulties. They assist clients to develop skills and access resources and support services needed to respond to issues arising from health problems, life transitions, addictions, and other personal, family, and social problems. They liaise with other social service agencies, educational institutions, and health care providers to advocate for client and community needs.
	Other clinical provider not listed	Any clinical worker that does not fit any of the other categories.
Community Staff	Peer Educator	A trained individual from the community who delivers education sessions on various health topics either to targeted groups or to members of the community at large who are their peers. May also contribute to mobilizing community members to receive specific services.
	Peer Navigator	A trained individual from the community who serves as a role model to peers to support them with navigating health care services and medical follow up tailored to individual needs. May provide referrals to supportive services to support entry/continuity of care, appointment reminders, home visits, and accompany peers to appointments.
	Expert Client	A person who is HIV+ and has openly declared their status and provides peer education, ART adherence counseling and psychosocial support to all PLHIV in their catchment area.

	DREAMS Mentor	A trained individual from the community who creates an enabling environment/safe space for AGYW to meet and build their social network, delivers education sessions on various health topics to AGYW, and provides mentorship and support outside of regular meeting times. Duties might also include screening/enrollment and data collection.
	Economic Strengthening Facilitator	A trained individual who provides evidence-based economic strengthening interventions to increase economic stability of individuals and/or households. This may include facilitation of savings and loan groups, financial literacy trainings, support for entrepreneurs and other market-linked economic activities.
	Prevention of HIV and Sexual Abuse Facilitator	A trained individual who provides an evidence-based intervention to reduce violence and/or sexual risk of targeted populations. This may include those providing parenting interventions.
	Community Mobilizer / Facilitator	A trained individual who supports community mobilization or facilitates groups in a community setting.
	Lay Counselor	Interviews clients to obtain information on their health status, provide HIV counseling and testing in certain settings, and provides information on diagnosis or treatment adherence. Some serve as case managers and provide on-going support to clients.
	Linkage Navigator	Links clients living with HIV to medical services (either newly positive clients or those with interruptions in treatment). May provide referrals to supportive services to support entry/continuity of care. May provide warm handoffs to clinical staff or accompany a client to an appointment.
	HIV Diagnostic Assistant	Conduct HIV risk assessments and provide quality HIV-related testing and other testing services. May ensure effective linkage and referrals of clients. Clearly records, reports, and ensures detailed testing documentation related to their work.
	Lay worker providing adherence support	Provides support (individually or in group settings) to clients living with HIV with navigating and managing their medical treatment.
	Community Health Worker	A formally trained community health worker that is recognized by the country government.

	Mother Mentor	Women who act as peer "mentors" for other mothers to encourage them to access and navigate PMTCT services and other family support services.
	Community-based TB Worker	Individuals who exclusively deliver services to clients to assist with TB case identification, linking clients to medical care, and monitoring.
	Other community-based cadre	Any other community-based worker that does not fit any of the other categories.
Social Work and Case Management	Social Worker	Possess a baccalaureate or advanced degree in social work and comply with local licensing and certification requirements to work. Work with individuals and their families to assess their current health and wellness situation and problems and recommend/refer types of supportive services available to the client to resolve various health and social issues, with focus on ensuring that those vulnerable are safeguarded from harm. This includes investigation of cases of abuse or neglect and refer services to protect affected children and other individuals. This cadre also collaborates within multi-disciplinary teams and provides supportive supervision to other Social Work and Case Management cadres.
	Social Welfare Assistant	Supports clients (typically children and their families) and connects them with supportive services that are available. Typically have less formal training than a social worker but may perform similar duties, under the direction of a social worker or similar supervisor. May also be called a Para-Professional Social Worker or Auxiliary Social Worker.
	Case Manager/ Case Worker	Provides services and referrals to improve a client's access and remove barriers to recommended HIV prevention, testing, counseling, care, and treatment services or social services like economic strengthening, nutritional support, schooling/parenting, violence prevention, etc. Supports regular monitoring of treatment adherence, tracking clients with treatment interruptions to facilitate their return to care to ultimately improve health outcomes and quality of life. May be responsible for assisting clients and their families through evaluating their support system. May assist clients in navigation to access services to meet their needs and may potentially institute action plans for clients to achieve goals.
	Child/Youth Development Worker	Acts to advance the overall wellbeing of children and youth clients. The worker is responsible for developing and monitoring plans for improving the wellbeing of a child, coordinating actors and actions involved in achieving the

		objectives of the case plans, making or facilitating referrals to appropriate services, and ensuring that decisions related to the case plans are in the best interests of the child.
Implementing Mechanism Program Management Staff	Accounting Staff	Maintains the financial records for a mechanism according to a standard of accounting principles and operates according to internal operational policies and systems. Accountants prepare and certify financial statements, prepare tax returns, prepare financial reports, forecasts, and budgets.
	Administrative Staff	Functions as management and organization analysts and assistants who support the operational management and internal policy compliance for a mechanism. May maintain pertinent records, charts, reports, etc. that are critical to the functions of the mechanism and organization. Chiefs-of-Party are considered high-level administrative staff.
	Finance Staff	Plans, directs and/or coordinates the financial operations of a mechanism, in consultation with senior and executive officers.
	Legal Staff	Lawyers who provide legal advice on a wide variety of subjects pertinent to the compliance requirements of program operations.
	Procurement / Grants Management Staff	Supports procurement and grants management related activities for the mechanism.
	Other Program Management Staff	Any Program Management worker that does not fit any of the other categories.
Support Staff	Cleaner / Janitor	Performs general housekeeping tasks, such as cleaning the rooms, hallways, offices, public areas, emptying trash, changing linens, and making beds.
	Maintenance	Performs repairs and manages maintenance of buildings and equipment.
	Security Guard	Patrols buildings to ensure security is maintained.
	Transportation Staff for Personnel	Staff who drive or manage transportation of passengers.
	Transportation Staff for Commodities and Patient Samples	Staff who are responsible for the transportation and delivery of commodities to warehouses and facilities and patient samples from point-of-care to laboratory sites for analysis.
	Central / Regional Warehouse Worker	Staff who primarily work at central and/or regional warehouses and are responsible for commodity inventory

		management, including the receipt, inventory tracking, and picking and packing of orders.
	Other supportive staff not listed	Any Supportive Staff worker that does not fit any of the other categories.
Technical Assistance Staff	Trainer	Designs training and assessment tools and conducts training/courses through a variety of instructional methods or modalities.
	Technical Advisor	Expert in a particular field of knowledge, hired to provide detailed information, advice, and support capacity building of people working in that field. For example, a district health office might hire a technical expert on HIV monitoring and evaluation to address issues in low quality HIV program data. Examples: Technical consultants, TA providers, and Technical Area Experts (SME).
	Logistics Manager	Supervises the movement, distribution, and storage of supplies and materials in a company. They are tasked with planning routes, analyzing budgets, and processing shipments.
	Supply Chain Advisor	Expert in supply chain who may or may not specialize in forecasting and quantification, logistics, commodity procurement, quality assurance, or other technical field related to supply chain management.
	M&E Officer / Advisor	Designs and implements PEPFAR monitoring and evaluation activities and any other internal data monitoring procedures in compliance with guidelines; also includes a focus on quality control and improvement (e.g. Quality officers).
Other Professional Staff	Facility Administrator	Staff who plans, directs, coordinates and evaluates the delivery of clinical and community health care services in hospitals, clinics, and other places of service delivery.
	Laboratory Manager	Staff responsible for the operations and management of one or more laboratories. Duties may include ensuring that tests are being run accurately and according to protocol and managing staff who work in the lab.
	Pharmacy Manager	Responsible for the operations and management of one or more pharmacies. Duties may include overseeing operations of the pharmacy, ensuring sufficient stock of needed medications are available, and managing staff who work in the pharmacy.
	Human Resource Manager	Plans, directs, and coordinates policies concerning personnel records and management, and may advise on

		occupational health and safety of a facility or place of work.
	Epidemiologists	Staff who collects and/or analyzes HIV epidemiologic data at the above-service delivery level. This may include making national or district-level estimates of PLHIV or key populations, incidence modeling, ANC, or sentinel surveillance.
	Biostatistician	Responsible for the overall management, quality control and reporting of Health Management information System (HMIS) or other data systems at regional, district or facility level to facilitate evidence-based decision making.
	Data Officer	Staff responsible for collecting new and updating client data from clients or records to an information system. Tasks may also include reviewing data for errors or incompatibilities, correcting data, and ensuring that captured data is complete.
	Data Clerk	Staff who files or retrieves documents, assists in audits, and collects information.
	Data Managers	Develops and governs data-oriented systems designed to meet the needs of an organization or research team. Data management includes accessing, validating, and storing data that is needed for research and day-to-day business operations.
	Information Systems Worker	Performs the day-to-day functions of systems administration and management, troubleshooting, technical service delivery, acquiring, developing, and maintaining systems.
	Other Professional Staff	Staff who collects and/or analyzes HIV epidemiologic data at the above-service delivery level. This may include making national or district-level estimates of PLHIV or key populations, incidence modeling, ANC, or sentinel surveillance.

Completing a Final Quality Check Before Submission

Prior to uploading the template into the DATIM HRH App, it is important to conduct a data quality check. The template has been designed to minimize data entry errors through the inclusion of drop-down lists. **However, a number of issues will trigger data entry error messages upon submission, as noted in the Definitions section above.** To minimize the number of identified errors, perform the following checks on the template prior to upload:

1. Check for completeness: Incomplete fields will trigger an error message.

   a. Ensure that all required fields in the Cover Sheet and Staff List Tabs are complete, consistent with each other and valid entries.
   b. Ensure that all started rows are completed.
2. Check for logic: Use the error message checks listed in the Definitions table as your guide to ensure each entry makes sense.
   a. Ensure all staff have been categorized and entered consistently (work location, roving, program area, employment title, etc.)
3. Check for duplicates:
   a. Ensure that the same staff person is not entered more than once.
   b. If you are using record numbers, ensure that each one is unique.
4. Check for extreme values:
   a. 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.
   b. Ensure no individual has a monthly FTE greater than 1.005
   c. Ensure values are added in USD
5. Check the geography
   a. 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.

Uploading and Submitting a Final HRH Inventory Template

Partner Submission

Finalized templates will be uploaded for submission into the HRH Processor app in DATIM. To upload a template, the IP should sign into their DATIM account and select the HRH Processor App.

Use the HRH Processor to:

1. Select the correct OU, COP Year (COP21), and Funding Mechanism
2. Click the **Upload Template** icon in the Prime Partner upload field
   a. Select the template document and wait for file to upload
3. Click **Upload HRH Template**
   a. Ensure status reads **"Success"** in green and a check mark icon appears
   b. If a red **"Error"** and exclamation point icon appear, the template is invalid. Click the status bar to reveal the error message.
   c. Correct the error(s) identified and re-upload the template. If no error messages appear, you are ready to submit!
4. **Submit the Template!!!**
   a. Use the Data Approval app to select:
      i. Data Set
      ii. Period
   b. Use the "View" tab to see all IMs to which you have access

   c. Use the "Submit" tab to see which IMs are ready for submission
   d. Select 1 or several IMs to submit, then press the red SUBMIT button.
5. SUCCESS! You made it!

REMEMBER TO SUBMIT THE TEMPLATE! A SUCCESSFUL UPLOAD IS NOT THE FINAL STEP!!

If you forgot to complete the SUBMIT step, all your hard work will not be counted. Please double-check to make sure your template is submitted (this was a real issue last year!!).

Agency Reviewer

After the IP has submitted the template, the agency reviewer will need to go into the Data Approval App and approve uploaded templates.

Use the Data Approval App to:

1. Use the "View" tab to see all IMs needing approval
   a. Select one or more IMs to submit
2. Use the "Accept" tab to accept all IMs that have been submitted by the partner
   a. Select one or more IMs to accept
3. Use the "Submit" tab to submit all IMs by a partner
   a. Mechanism will be submitted once an approver has selected the "**Submit Mechanism**" button
   b. If a mechanism is not ready for submission or errors are found, it can be returned to the partner using the "**Return Mechanism**" button

For full instructions and screenshots for completing the upload process and submitting a tool, please see the "HRH Instructions for IP Users" item in the resources listed in Table 1.

Appendix A: FTE Calculator

The FTE Calculator is available in the template and is intended to simplify the process of calculation of FTE for individuals that may have more complex FTE situations than a full-time worker. The tool is useful to capture FTE's below 1.0, and cannot be used to calculate overtime. The Calculator can calculate the appropriate FTE for the following scenarios:

FTE Calculator Option	Example	Formula	Average Monthly FTE
1. The PEPFAR worker's hours generally remain constant per week	A nurse works 20 hours per week each week all year	20 hours / 40 hours	0.5
2. The PEPFAR worker's hours generally remain constant per month	A case manager works 50 hours every month all year	50 hours / (40 hours * 4.33 weeks/month)	0.289
3. PEPFAR worker's hours differ per week in a month	A data clerk works 40 hours for three weeks and 20 hours the last week of each month	Average (40+ 40+ 40+ 20 hours)/4 {weeks} / 40 hours	0.875
4. PEPFAR worker's hours vary month to month	A community health care worker works 40 hours per month from Jan-Mar, but does not work the rest of the year	(40 hours / 168 Jan hours) + (40 hours / 160 Feb hours) + (40 / 184 hours) / 3	0.235
*These examples assume a full-time work week is 40 hours; this assumption can be adjusted using line 4 in the FTE calculator			

Appendix B: Determining the Appropriate Mode of Hire

The Inventory categorizes Modes of Hiring into three categories: Salary, Contract, and Non-Monetary ONLY. These categories can be compared with ER Cost Categories and the former MER indicator HRH_CURR's support types to understand what types of mechanisms fall into these three areas.

HRH Inventory: Mode of Hiring	ER Cost Category	HRH_CURR Support Type
Salary	Personnel: Salaries-Health Care Workers – Clinical	Staff Receiving Salaries
	Personnel: Salaries-Health Care Workers – Ancillary	
	Personnel: Salaries-Other Staff	
Contract	Contractual: Health Care Workers-Clinical	Staff Receiving Stipend/Allowances
	Contractual: Health Care Workers – Ancillary	
	Contractual: Contracted Interventions	
Non-monetary ONLY	Supplies; Other Supplies	Staff Receiving Non-Monetary Compensation including phone cards, travel reimbursement, meals, etc. These workers do not receive any other form of compensation from PEPFAR. This excludes supplies given to the worker that are required to do the job (i.e. phone cards for calling clients)

Appendix C: Variations in OU DATIM Geographic Hierarchy

Each OU's template is customized to the OU's geographic hierarchy. The geographic hierarchies across PEPFAR vary in three ways:

1. Some OU's have PSNU and Community combined into one column (column K in these OU's templates).
2. Some OU's have separate PSNU and Community columns (columns K and L in these OU's templates).
3. Regional OU's SNU1 begins at the Country level, and the hierarchy varies by country.

The following table shows which PEPFAR OUs have which type of template.

OUs with combined PSNU/Community Columns [K]	OUs with separate PSNU and Community Columns [K and L]	Regional Hierarchy Columns [J-P]
Botswana	Angola	Asia Regional
Cameroon	Burundi	Western Hemisphere Region
DRC	Côte d'Ivoire	West Africa Region
Ethiopia	Eswatini	
Malawi	Haiti	
Mozambique	Kenya	
Namibia	Lesotho	
Ukraine	Nigeria	
Zambia	Rwanda	
Zimbabwe	S. Africa	
	S. Sudan	
	Tanzania	
	Uganda	
	Vietnam	

Appendix D: Geographic Levels for Reporting Staff

The levels of hierarchy allowed for staff varies by the staff member's role or location. The chart below shows which levels are required (✓) and which levels are not allowed (⊗).

DATIM Geo-graphic Level	Interna tional Work-ers	Nation-al focused Staff (Office Locatio-n)	Mili-tary	Roving Staff (including TA to more than one facility)	Commu nity Work-ers	Above Site Work-ers*	TA provid-ers to one facility	Facility-based Staff
OU (Regional templates only)	✓	✓	✓	✓	✓	✓	✓	✓
SNU1	⊗	✓	✓	✓	✓	✓	✓	✓
PSNU	⊗	⊗	⊗	✓	✓	✓	✓	✓
Commun-ity (in OUs with community separate from PSNU)	⊗	⊗	⊗	✓	✓	✓	✓	✓
Facility	⊗	⊗	⊗	⊗	⊗	⊗	✓	✓

*Above site workers should enter to the lowest relevant level, which may be community, or may be a higher level in the geography. Facility is not allowed.

Appendix E: PEPFAR Program Area Definitions

The PEPFAR Program Areas in the HRH Inventory align with the PEPFAR Financial Classifications Program Areas.

Above Site	1. Blood Supply Safety; 2. HMIS, surveillance and research; 3. Human resources for health; 4. Injection Safety; 5. Laboratory Systems Strengthening; 6. Laws, regulation and policy environment; 7. Policy, planning, coordination and management of disease programs; 8. Procurement and supply chain management; 9. Public financial management strengthening; 10. Not disaggregated
Site Level C&T	1. HIV Clinical Services; 2. HIV Drugs; 3. HIV Laboratory Services; 4. General C&T
Site Level HTS	1. Community-based testing; 2. Facility-based testing; 3. General HTS
Site Level PREV	1. Comm. Mobilization, behavior & norms change; 2. Condom & lubricant Programing; 3. Medication assisted treatment; 4. PrEP; 5. Primary prevention of HIV and sexual violence; 6. VMMC; 7. General Prevention
Site Level Socio-economic	1. Case Management; 2. Economic Strengthening; 3. Education Assistance; 4. Food and nutrition; 5. General Socio-economic;

	6. Legal, human rights and protection; 7. Psychosocial support
Program Management	1. Program Management

The definitions of each area are:

Above Site: Blood supply safety

Above-site activities ensuring blood supply safety.

- Blood safety systems development.
- Activities supporting a nationally coordinated blood safety program to ensure accessible, safe, and adequate and quality blood supply.
- Donor-recruitment, blood collection for blood supply, testing (transfusion-transmissible infections), and appropriate use.

Excluded examples:

- Funding for phlebotomists or other healthcare workers trained to collect blood for the purposes of laboratory testing as part of HIV monitoring HIV treatment or diagnosing opportunistic infections should be classified as Site Level: Care & Treatment

Above Site: Not disaggregated

Above-site activities strengthening the response to HIV with the specific intent to achieve more than one of the following above-site sub-programs:

- Procurement and supply chain management
- Health management information systems (HMIS), surveillance, and research
- Human resources for health
- Laboratory systems strengthening
- Blood supply safety
- Injection safety
- Public financial management strengthening
- Policy, planning, coordination, and management of disease control programs
- Laws, regulations, and policy environment

Above Site: Health Management Information System (HMIS), surveillance, & research

Above-site activities strengthening HMIS, surveillance and research.

Included examples:

- Data quality assessments
- Support to the MOH to establish and maintain country-wide electronic medical records
- Activities that build capacity for and ensure the implementation of the collection, analysis and dissemination of HIV/AIDS behavioral and biological surveillance and monitoring information

- Supporting capacity building efforts and the implementation of facility and other surveys
- Build the capacity for the development of national program monitoring systems
- Support the development of country-led processes to establish standard data collection methods to be implemented at the site or above-site level
- Surveys, including HIV drug resistance (HIVDR) surveys, Population HIV Impact Assessments (PHIA), and integrated bio-behavioral surveys (IBBS)
- Support to the host country government to improve its vital registration system
- Epidemiological research
- Support to MOH to improve outbreak monitoring and case-based surveillance approach
- Promoting integrated approaches to improve outcomes HIV drug resistance surveillance activities
- Integration of GBV/HIV indicators into countries' HMIS
- Capacity building efforts for collection, reporting, and analysis of data related to GBV and VAC

Excluded examples:

- Routine monitoring and evaluation of programs for other purposes should be classified under those programs and not reported here.
- Technical assistance to HIV facilities to improve clinic management and HIV service provision through the review and use of routinely collected data should be classified as Site Level: Care & Treatment.

Above Site: Human resources for health

Above-site activities strengthening the capacity of the healthcare workforce.

Included examples:

- Pre-service training (e.g., student training for healthcare workforce and capacity building of pre-service training institutions)
- Introduction of training modalities such as distance learning or institutional reform
- Institutionalization of in-service training activities (e.g., national curriculum development support, capacity building of in-service training institutions)
- Pre-service training on the provision of first-line support to survivors of GBV and VAC, and the delivery of age-appropriate, gender sensitive post-violence clinical care services.

Excluded examples:

- In-service training provision should be classified according to the purpose of the training (e.g., training of healthcare workers on the provision of VMMC in order to improve the quality of VMMC should be classified under Site Level: Prevention: VMMC).
- Provision of healthcare workers (e.g., detailing or seconding or placing IP-employed healthcare workers at a MOH site in order to increase the number of healthcare workers providing services at that site) should be classified according to the purpose of the program (e.g., provision of healthcare workers for the purpose of increasing access to,

quantity or quality of HIV clinical services would be classified as Site Level: Care & Treatment).

Above Site: Injection safety

Above-site activities ensuring injection safety.

Included examples:

- Healthcare worker injection safety programs, including management of needle sticks and occupational post-exposure prophylaxis (PEP).
- Education of healthcare workers and the community on injection safety.
- Strategies to reduce occupational exposure to blood borne pathogens. Programs to reduce unnecessary injections and promote injection safety. Infection prevention and control including single use syringes and needles, lancets and blood drawing equipment, safety boxes, and gloves. Safe phlebotomy techniques. Universal precautions.

Excluded examples:

- Procurement of safety lancets or sharps disposal for the purpose of HIV testing in a health facility should be classified as Site Level: Testing.

Above Site: Laboratory systems strengthening

Above-site activities strengthening laboratory systems.

Included examples:

- Laboratory systems for disease prevention, control, treatment, and disease surveillance
- Technical assistance to support for expansion of diagnostic services, including decentralization and testing at the point of care, including mapping of laboratory instruments for optimization
- Developing high-quality diagnostics and plans for implementation (including quality assurance)
- Strengthening and expansion of laboratory and diagnostic services related to viral load measurement
- Support to dedicated specimen referral systems, training and certification of health workers who perform the testing
- Development and strengthening of tiered national laboratory networks to improve testing and coverage for viral load, early infant diagnosis (EID) and HIV diagnosis and clinical monitoring (except site sample collection, packaging, and transportation)
- Supporting continuous laboratory/facility quality improvement initiatives, including accreditation, HIV rapid testing (RT), and participation in external quality assessment (EQA) programs for HIV, viral load, EID, CD4, and TB
- Supporting Laboratory Information Systems (LIS) and other monitoring and evaluation (M&E) tools to track progress and address gaps along the VL/EID and other related laboratory testing cascades

Excluded examples:

- Laboratory testing services provided for beneficiaries are classified according to the purpose of the testing. For example, lab tests for opportunistic infection diagnosis and monitoring, related to prevention and treatment of opportunistic infections and other HIV/AIDS-related complications including malaria, diarrhea, and cryptococcal disease are classified as Site Level: Care & Treatment.
- Technical assistance provided to site-level staff to improve quality of laboratory or point-of-care testing is classified as Site Level: Care & Treatment.

Above Site: Laws, regulations & policy environment

Above-site activities to ensure an enabling environment including laws, regulations, and policy environment relating to prevention of stigma, violence, HIV & HIV/TB.

Included examples:

- Supporting community and national level child protection/GBV prevention, including Violence Against Children Surveys and child protection committees.
- Assessing impact of laws, policies, and practices on informed consent and confidentiality on access to services. Assessment of laws and policies that promote human rights of PLHA, AGYW, and OVC.
- Legal environment assessments, and community-based monitoring of laws and their implementation in terms of their impact on health and access to services
- Educating national and SNU MOH about the legal and policy environment affecting access to services. Education related to subsidies for at risk upper primary and secondary AGYW.
- Developing opioid substitution therapy protocols and policies, including policies that address the needs of pregnant clients and drug-drug interactions for clients taking OST and ART.
- Improving government birth registration systems and legal mechanisms for enforcing fair and equitable inheritance laws and guardianship is classified as Above-site programs: Laws, regulations, and policy environment.

Above Site: Policy, planning, coordination & management of disease control programs

Above-site activities strengthening policy, planning coordination and management of disease control and response.

Included examples:

- Developing and supporting institutional accountability/monitoring mechanisms to ensure service quality and delivery meet legal and policy standards.
- Oversight, technical assistance, and supervision from national to subnational levels, including quarterly meetings. Coordination with district and local authorities.
- Planning for HRH recruitment, interventions for health workforce systems development, and interventions to support strengthened allocation, distribution, and retention of country government health worker staff are part of operationalizing the national HRH strategic plan.

- HRH-related costs, such as capacity building for policy makers, etc. Financial and non-financial support to health workers seconded at the above-service delivery level in an advisory or capacity strengthening role, such as secondments or advisory staff to MOH.
- Pooling and purchasing for ensuring financial sustainability of service delivery.
- Activities at the local, district, regional and national levels aimed at: Integrated planning, programming, budgeting and financing health and disease-control programs; Integrating national disease strategies and budgets into broader health sector strategy; Designing, developing and implementing a comprehensive treatment adherence strategy both at the programmatic/facility level and at the community level; Development of comprehensive national health sector strategic plans, health sector budget and annual operational plan.
- Development and implementation of policy, guidelines, and tools (e.g., related to specific technical areas, such as circular, guidelines and protocol development).
- Development of national strategic plans and annual operational plans and budgets (ensuring linkages to the national health strategic plan).
- Cross-sector policy and planning (for example on social determinants and protection related to justice, housing, labor, poverty, and social welfare) and involvement of key populations in planning.
- Education on importance of and analysis to increase the number of social workers hired at county/district level with competency in case management and trauma-informed care.
- Supporting the development or revision of national policies to promote gender equality and prevent and respond to GBV.

Above Site: Procurement & supply chain management

Above-site activities strengthening procurement and supply chain management.

Included examples:

- Technical assistance for supply chain at above-service delivery level, including support to national and subnational levels for sourcing, procurement, and distribution of HIV-related commodities
- Supporting supply chain systems through training and development of cadres with supply chain competencies
- National costed supply chain masterplan and implementation of a procurement strategy
- Construction of central warehousing, establishment and roll-out of eLMIS
- Technical assistance for the supply chain infrastructure and development of tools to forecast, prevent stock outs, assess stock levels, etc.
- National product selection, registration, and quality monitoring

Excluded examples:

- Technical assistance to sites and site-level staff for improved management of site-level stocks of ARVs and essential commodities and training of site-level staff, including pharmacy or clinical staff on stock management or ordering of ARVs and essential commodities are classified as Site Level: Care & Treatment.

Above Site: Public financial management strengthening

Above-site activities strengthening public financial management.

Included examples:

- Technical assistance to improve system-level financial management systems, such as payroll, resource tracking, allocation systems, and internal controls and process improvements
- Detailing or seconding of technical advisors to the Ministry of Finance or Treasury to provide technical assistance
- Supporting the host country government to establish and sustain domestic resource mobilization
- Performing cost-efficiency analysis of PEPFAR interventions or activity-based costing studies, for example cost studies of differentiated antiretroviral therapy service delivery models
- Financing country action plans for public financial management and accountability and oversight
- Information systems strengthening for administrative and financial data sources
- Activities to ensure collaboration with other major HIV donors and development partners for achievement of synergies
- Resource tracking and support of reporting National Health Accounts, System of Health Accounts, and National AIDS Spending Assessments

Excluded examples:

- Financial support provided to the MOH in the form of performance-based funding awards or block grants should be classified according to the purpose of the funding.

Program Management

Above-site overhead and organizational activities for the purpose of managing the Implementing Partner's entity and mechanism and coordinating and planning the technical work of the award.

Included Examples:

- Activities for the purpose of planning, coordinating, and managing the technical programmatic work of the federal award to an implementing partner (IP).
- Administration and transaction costs associated with managing and disbursing funds (e.g., to subrecipients or subgrantees)
- Project audits, financial, legal, or administrative reporting requirements for the award (but not the costs of reporting requirements related to the direct technical work of the project, e.g., MER targets).
- Invoicing and payroll processing costs.
- Activities for the purposes of closing out a federal award according to the requirements of the awarding agency and the award itself, including invoicing and payroll processing

costs needed to closeout relationships with subcontractors, personnel, or other contractors. Close out costs occur after the completion of the direct technical work of the award.

Excluded Examples:

- Overhead, planning, coordinating and management activities that are included in the indirect rate of the implementing partner.

Site Level: C&T: General C&T

All site-level activities for the purpose of HIV care and treatment.

Included examples:

- Implementing differentiated service delivery models (e.g., dispensing practices, follow-up time intervals, and monitoring practices) using antiretroviral therapy drugs and the healthcare workers or lay workers who provide the services to patients.
- Linking and referral to treatment care and support as part of an overall program for HIV clinical services; linking HIV+ persons to treatment programs for same day initiation of ART.
- Assessment of adherence and (if indicated) support or referral for adherence counseling; assessment of need and (if indicated) referral or enrolment of PLHIV in community-based programs such as home-based care or palliative care, support groups, post-test-clubs, etc.
- Nutritional assessment, counseling, and support for HIV+ adults; activities to address nutritional evaluation and care of malnutrition in HIV+ and exposed infants, children, and youth; and therapeutic feeding for clinically malnourished people living with HIV.
- Screening and management of mental health, including sexual identity development, depression, minority stress and trauma.
- Screening and treatment to prevent cervical cancer in all HIV-infected women according to current PEPFAR technical considerations and guidance; activities may also include procurement of associated supplies and equipment.
- Provision of services for opportunistic infection diagnosis and monitoring, related to prevention and treatment of opportunistic infections and other HIV/AIDS-related complications including malaria, diarrhea, and cryptococcal disease, including provision of commodities for PLHIV.
- All TB screening activities, according to current PEPFAR technical considerations and guidance. Intensified case finding for TB; costs associated with community screening and testing for TB, including TB contact tracing, TB household investigations, TB screening and testing in institutional and congregate settings (e.g., prisons) and linkage to care.
- GBV case identification (sometimes referred to as GBV screening) and referral of survivors to clinical and/or non-clinical post-violence care services.
- Delivery of post-violence clinical care services.
- Technical assistance to site-level staff for strengthening of HIV clinical services

- Site-level supervision and mentoring of healthcare workers and lay workers providing HIV clinical services
- Training of healthcare providers on the health needs and rights of key population and on overlapping vulnerabilities
- Training of healthcare providers (including facility- and non-facility-based, healthcare administrators and healthcare regulators) on non-discrimination, duty to treat, informed consent and confidentiality, violence prevention and treatment
- Training of site-level staff on the procurement and management of commodities or essential drugs for treatment or prevention of opportunistic infections and TB.
- Training on systems for adverse events monitoring, including to comply with mandatory reporting of defined notifiable adverse events (e.g., for VMMC, cervical cancer, etc.) and national pharmacovigilance practices
- Data clerks at sites who are responsible for the completeness and quality of routine patient records (paper or electronic)
- Training healthcare workers on GBV case identification (sometimes referred to as GBV screening) and the provision of first-line support.
- Training healthcare workers on the provision of age-appropriate, gender sensitive post-violence clinical care services.
- Specific HIV-related laboratory monitoring. Sample transport and results return for adult specimens at the site-level.
- Supervising and monitoring point-of-care tests for quality and reliability strategy for managing supply chain and equipment service
- Training of laboratory staff based at the site level in laboratory testing services for HIV and TB
- Technical assistance provided at the site level to address gaps in scaling-up laboratory testing services
- Performing stock and data quality checks at sites
- Technical assistance to sites and site-level staff for improved management of site-level stocks of ARVs and essential commodities
- Training of site-level staff, including pharmacy or clinical staff on stock management or ordering of ARVs and essential commodities.

Excluded examples:

- Activities related to psychosocial support that is not in a clinical setting and is not primarily for improving clinical outcomes is classified under Site Level: Socio-Economic.
- Technical assistance provided to district, county, or other subnational or national staff is classified as Above-site programs: Policy, planning, coordination, and management of disease control programs.
- Technical assistance to the MOH, including development of guidance and policies supporting the roll-out of same-day ART initiation and differentiated ART services is classified under Above-site programs: Policy, planning, coordination, and management of disease control programs.

- District, county, or other subnational or national support for continuous laboratory or facility quality improvement initiatives, including accreditation, HIV rapid testing, and participation in external quality assessment (EQA) programs is classified as Above-site Programs: Laboratory systems strengthening.
- National procurement policies or planning and forecasting is classified as Above-site Programs: Procurement and supply management systems
- Technical assistance to the MOH, including development of guidance and policies supporting PEPFAR and WHO-recommended regimens is classified under Above-site programs: Policy, planning, coordination, and management of disease control programs.
- Training of site-level staff on the procurement and management of HIV rapid test kits (RTK) in an HIV testing program that is distinct from clinical care. When no ARVs are procured or managed this is included under Site Level: Testing.

Site Level: C&T: HIV Clinical Services

All site-level activities for the delivery of HIV clinical services that have direct interaction with the beneficiary.

Included examples:

- Implementing differentiated service delivery models (e.g., dispensing practices, follow-up time intervals, and monitoring practices) using antiretroviral therapy drugs and the healthcare workers or lay workers who provide the services to patients.
- Linking and referral to treatment care and support as part of an overall program for HIV clinical services; linking HIV+ persons to treatment programs for same day initiation of ART.
- Assessment of adherence and (if indicated) support or referral for adherence counselling; assessment of need and (if indicated) referral or enrolment of PLHIV in community-based programs such as home-based care or palliative care, support groups, post-test-clubs, etc.
- Nutritional assessment, counseling, and support for HIV+ adults; activities to address nutritional evaluation and care of malnutrition in HIV+ and exposed infants, children and youth; and therapeutic feeding for clinically malnourished people living with HIV.
- Screening and management of mental health, including sexual identity development, depression, minority stress and trauma.
- Screening and treatment to prevent cervical cancer in all HIV-infected women according to current PEPFAR technical considerations and guidance; activities may also include procurement of associated supplies and equipment.
- Provision of services for opportunistic infection diagnosis and monitoring, related to prevention and treatment of opportunistic infections and other HIV/AIDS-related complications including malaria, diarrhea, and cryptococcal disease, including provision of commodities for PLHIV.
- All TB screening activities, according to current PEPFAR technical considerations and guidance. Intensified case finding for TB; costs associated with community screening and testing for TB, including TB contact tracing, TB household investigations, TB

screening and testing in institutional and congregate settings (e.g., prisons) and linkage to care.
- Provision of TB preventive, prophylaxis therapy for all PLHIV, including drug costs and the cost for creation or necessary revisions of data collection tools, according to current PEPFAR technical considerations and guidance (Cross-cutting attribute: TB/HIV).
- GBV case identification (sometimes referred to as GBV screening) and referral of survivors to clinical and/or non-clinical post-violence care services. (Cross-cutting attribute: GBV)
- Delivery of post-violence clinical care services. (Cross-cutting attribute: GBV)

Excluded examples:

- Activities related to psychosocial support that is not in a clinical setting and is not primarily for improving clinical outcomes is classified under Socio-Economic: Psycho-social support

Site Level: C&T: HIV Drugs

All site-level activities for the procurement and distribution of ARVs, which are intended to be directly consumed by patients. Included examples:

- ARVs for adult treatment and pediatric treatment
- Distribution, including transportation and short-term storage of ARVs to the site or point of service.
- Warehousing, vehicles and drivers, and equipment such as dollies, forklifts, required for the delivery of ARVs to sites

Excluded examples:

- Stand-alone procurement of essential drugs for treatment or prevention of opportunistic infections and TB. When no ARVs are procured this is included under HIV clinical services – Service delivery.
- Procurement of ARVs for pre-exposure prophylaxis (PrEP) to prevent HIV is classified under Prevention: PrEP – Service delivery.

Site Level: C&T: HIV Laboratory Services

All site-level activities for the delivery of laboratory services or testing directly consumed by or for patients. Included examples:

- Lab tests for opportunistic infection diagnosis and monitoring, related to prevention and treatment of opportunistic infections and other HIV/AIDS-related complications including malaria, diarrhea, and cryptococcal disease
- Laboratory costs for TB/HIV, including equipment, cartridges, reagents, reagent rental agreements, consumables and supplies for TB diagnostic testing, in accordance with PEPFAR technical considerations and guidance.
- Procurement of CD4 and viral load reagents, along with costs associated with sample transport, testing and results return.

- Specific HIV-related laboratory monitoring. Sample transport and results return for adult specimens at the site-level. Sample transport and results return for pediatric specimens at the site-level (VL/EID) for HIV exposed infants. Early infant diagnosis, including cost of reagents

Site Level: General HTS

All site-level activities for the purpose of HIV testing.

Included examples:

- The provision of HIV testing services across the facility and community-based settings, including client- and provider-initiated (PITCT) approaches. Trained lay providers using rapid diagnostic tests. Pre-test information and post-test counseling.
- Referrals and linkages to HIV prevention, treatment and care services and clinical support services when provided as part of HIV testing services and separately from the ART initiation. Linking HTS-users to the appropriate services (e.g., VMMC, PrEP, prevention, TB diagnosis, HIV care and treatment) and tracking those linkages.
- Couple and partner testing. Disclosure support. Partner notifications support.
- Index testing and self-testing
- Managing the supply, provision, and distribution of HIV RTKs, including self-test kits
- GBV case identification (sometimes referred to as GBV screening or IPV risk assessment), provision of first-line support, and referrals to clinical and/or non-clinical GBV response services (Cross-cutting attribute: GBV)
- Technical assistance to site-level staff for service delivery strengthening of HIV testing, including printing of registers or tools to analyze positivity rates
- Training for HIV testing counselors, testers, or healthcare workers based in facilities or communities on providing HIV testing
- Training for HIV lay or healthcare workers on the importance of, guidance on and standard operating procedures for index testing and partner notification in facilities
- Supervision and mentoring of lay or healthcare workers responsible for HIV testing
- Implementation of quality assurance protocols at facilities for HIV RTKs
- Training site-level HTS providers to conduct GBV case identification (sometimes referred to as GBV screening or IPV risk assessment), deliver first-line support, and provide referrals to clinical and/or non-clinical violence response services.
- Mobilization for the purposes of HIV testing services demand creation

Excluded examples:

- HIV testing offered as part of a package of services to VMMC clients should be classified under Site Level: Prevention: VMMC.

Site Level: Community-based Testing (HTS)

All site-level activities for the delivery of HIV testing services in the community, directly interacting with beneficiaries.

Included examples:

- The provision of HTS across the community-based settings (including client and provider initiated approaches), such as community, work place, mobile outreach, hotspot settings, including VCT and active case finding
- Funding for the provision of trained lay providers using rapid diagnostic tests in community settings
- Referrals and linkages from HIV testing sites in the community to HIV prevention, treatment and care services and clinical support services. Linking HTS-users from the community HTS program to the appropriate services (e.g., VMMC, PrEP, prevention, TB diagnosis, HIV care and treatment) and tracking those linkages
- Couple and partner testing. Disclosure support. Partner notifications support when provided in community settings
- Index testing and HIV self-testing if delivered outside of the health facility in community settings
- Supply, provision and distribution of HIV RTKs, including self-test kits for community-based HIV testing
- Mobilization in communities for the purposes of HIV testing services demand creation
- GBV case identification (sometimes referred to as GBV screening or IPV risk assessment) and provision of first-line support and referrals to clinical and/or non-clinical GBV response services (Cross-cutting attribute: GBV)

Site Level: Facility-based Testing (HTS)

All site-level activities for the delivery of HIV testing services in a facility, directly interacting with beneficiaries.

Included examples:

- The provision of HIV testing services across the facility-based settings, including client- and provider-initiated (PITCT) approaches. Trained lay providers using rapid diagnostic tests. Pretest information and post-test counseling. Provider-initiated testing in antenatal clinics (ANC), TB clinics, outpatient settings, inpatient facilities, and other facility settings.
- Referrals and linkages to HIV prevention, treatment and care services and clinical support services when provided as part of HIV testing services and separately from the ART initiation. Linking HTS-users to the appropriate services (e.g., VMMC, PrEP, prevention, TB diagnosis, HIV care and treatment) and tracking those linkages.
- Couple and partner testing. Disclosure support. Partner notifications support. • Index testing and self-testing when provided at facilities
- Supply, provision and distribution of HIV RTKs, including self-test kits for facility-based HIV testing
- GBV case identification (sometimes referred to as GBV screening or IPV risk assessment), provision of first-line support, and referrals to clinical and/or non-clinical GBV response services (Cross-cutting attribute: GBV)

Excluded examples:

- HIV testing offered as part of a package of services to VMMC clients should be classified under Prevention: VMMC – Service delivery.

Site Level: SE: Case Management

All site- (community-) level activities for case management services to facilitate access to appropriate, comprehensive, needs-based, socio-economic and healthcare services that mitigate or prevent HIV when there is direct interaction with the beneficiary.

Included examples:

- Recruitment, assessment, case planning and monitoring for PEPFAR beneficiaries including OVC, PLHIV and adolescent girls and young women (AGYW)
- Facilitating uptake of, and monitoring completion of healthcare referrals, with emphasis on HIV prevention, i.e., VMMC for adolescent boys and PMTCT for HIV positive pregnant women, HIV testing, treatment and retention.
- Growth monitoring, nutrition referral and counseling for orphaned, HIV exposed, and infected children, especially those aged < 5 years.
- Facilitating OVC beneficiary access to emergency health and nutrition services to address severe illness or malnutrition.
- Providing first-line support and supporting the active referral of individuals who experience GBV or VAC to age-appropriate clinical and/or non-clinical violence response services (Crosscutting attribute: GBV).

Excluded examples:

- Provision of healthcare services should be classified as either Care & Treatment: HIV clinical services – service delivery, Testing, or Prevention. Case management as defined here does not include clinical service delivery.

Site Level: SE: Economic strengthening

All site- (community-) level activities for strengthening the economic situation of beneficiaries to mitigate or prevent HIV when there is direct interaction with the beneficiary.

Included examples:

- Youth livelihoods development with explicit market links, for out-of-school older adolescents
- Household economic strengthening programs for caregivers or older adolescents, HIV+ specific income generation projects
- Facilitating access to cash transfers or social grants or other social protection instruments, even when those cash transfers are not funded by PEPFAR Emergency cash grants or cash transfers for neediest households
- Combination socio-economic interventions to improve economic stability
- Training and communication to parents of vulnerable youth or OVC caregivers on how to maintain economic stability, fostering knowledge, and behaviors for better family financial management

- Providing money management interventions for savings and management of community-led savings groups

Excluded examples:

- Technical assistance provided to the Ministry of Social Development in order to create policies which improve access to social protection instruments for OVC is classified as Above Site: Laws, regulations, and policy environment

Site Level: SE: Education assistance

All site- (community-, school-) level activities for delivering services to increase attendance and progression in school for OVC and AGYW to mitigate or prevent HIV, if there is direct interaction with the beneficiaries.

Included examples:

- Education subsidies, tuition, bursaries, and payment of fees to facilitate enrollment and progression in primary and secondary education
- Cash transfer conditioned on education progression
- Uniforms or school supplies
- Transport to/from school or payment of travel vouchers to cover transport costs
- Remedial classes to facilitate re-entry to school

Excluded examples:

- Education primarily for the purposes of improving health would be classified under the respective program, for example education as part of IEC about the importance of adhering to ART provided by lay counselors in an HIV clinic would be classified under Care & Treatment: HIV clinical services – Service delivery.

Site Level: SE: Food and nutrition

All site- (community-) level activities for delivering food and nutrition assistance to mitigate HIV, if there is direct interaction with the beneficiaries.

- Nutritional Assessment and Counseling – This includes nutrition education and counseling to maintain or improve nutritional status, prevent and manage food- and water-borne illnesses, manage dietary complications related to HIV infection and ART, and promote safe infant and young child feeding practices. It also includes nutritional assessment, counseling and referral linked to home-based care support.
- Equipment – The cost of procurement of adult and pediatric weighing scales, stadiometers, mid-upper arm circumference (MUAC) tapes, and other equipment required to carry out effective nutritional assessment. This also includes more general procurement, logistics and inventory control costs.
- Micronutrient Supplementation – The cost of micronutrient supplement provision according to WHO guidance or where individual assessment determines a likelihood of inadequate dietary intake of a diverse diet to meet basic vitamin and mineral requirements.

- Therapeutic, Supplementary, and Supplemental Feeding – community-based food support for nutritional rehabilitation of severely and moderately malnourished PLHIV, as well as supplemental feeding of mothers in PMTCT programs and OVC.
- Nutritional Support for Pregnant and Postpartum Women – The cost of antenatal, peripartum and postpartum counseling and support to HIV-positive mothers concerning infant feeding practices and vertical transmission; on-going nutritional and clinical assessment of exposed infants and associated counseling and program support through at least the first year of life, per national policies and guidelines.
- Provision of food and nutrition activities within the care and support of people infected and affected by HIV/AIDS, including OVC.
- Linkages with "wrap-around" programs that address food security and livelihood assistance needs in the targeted population

Site Level: SE: Legal, human rights & protection

All site- (community-) level activities for delivering legal support to prevent or mitigate HIV including related SGBV and violence against children (VAC), if there is direct interaction with the beneficiaries.

Included examples:

- Legal services to prosecute perpetrators of SGBV or violence against children
- Guardianship and permanency for children who have lost one or both parents to AIDS
- Discrimination cases
- Assistance to families to access birth certificates, wills, inheritance, and identity documents
- Emergency foster care and shelter for survivors of SGBV and violence against children
- Legal support, legal literacy, and legal empowerment of key populations
- Working with those who have experienced violence and other human rights violations to document and report

Site Level: Psychosocial support

All site- (community-) level activities for improving psychosocial well-being to mitigate or prevent HIV where there is direct interaction with the beneficiaries.

Included examples:

- Disclosure support, adherence counseling when provided outside of and separate from the HIV clinic
- Activities to support the needs of adolescents with HIV including prevention with positives, support groups, support for transitioning into adult services
- Parenting interventions focused on nurturing, positive discipline, and understanding of developmental stages
- Activities to address trauma related to sexual and gender-based violence (SGBV) and violence against children
- Peer to peer support groups (e.g., Safe spaces, M2M, adolescent adherence)

Excluded examples:

- Adherence groups, which have the primary purpose of community-based distribution of ARVs when implemented as part of differentiated ART clinical service delivery, should be classified as Care & Treatment: HIV clinical services – Service delivery.

Site Level: SE: General Socio-Economic

All site-level (community) activities for the purpose of delivering needs-based, socio-economic services that mitigate or prevent HIV.

Included examples:

- Recruitment, assessment, case planning and monitoring for PEPFAR beneficiaries including OVC, PLHIV and adolescent girls and young women (AGYW)
- Facilitating uptake of, and monitoring completion of healthcare referrals, with emphasis on HIV prevention, i.e., VMMC for adolescent boys and PMTCT for HIV positive pregnant women, HIV testing, treatment, and retention.
- Growth monitoring, nutrition referral and counseling for orphaned, HIV exposed, and infected children, especially those aged < 5 years.
- Facilitating OVC beneficiary access to emergency health and nutrition services to address severe illness or malnutrition.
- Providing first-line support and supporting the active referral of individuals who experience GBV or VAC to age-appropriate clinical and/or non-clinical violence response services (Cross-cutting attribute: GBV).
- Technical assistance to site-level personnel for strengthening case management services
- Technical assistance to establish and maintain effective linkages and referral systems between community- and clinic-based programs
- Provision of training, mentoring, supervision of community-level professional and lay social service workers
- Training community-level professional and lay social service workers on the provision of age-appropriate first-line support for those who disclose experience of GBV or VAC
- Youth livelihoods development with explicit market links, for out-of-school older adolescents
- Household economic strengthening programs for caregivers or older adolescents, HIV+ specific income generation projects
- Facilitating access to cash transfers or social grants or other social protection instruments, even when those cash transfers are not funded by PEPFAR
- Combination socio-economic interventions to improve economic stability
- Training and communication to parents of vulnerable youth or OVC caregivers on how to maintain economic stability, fostering knowledge, and behaviors for better family financial management
- Providing money management interventions for savings and management of community-led savings groups
- Technical assistance to site-level personnel providing economic strengthening services, including job aids or printing of registers

- Training and supervision of economic strengthening professional and lay providers
- Technical assistance to site-level personnel for service delivery strengthening, including job aids and teaching materials
- Training and supervision of professional and lay providers of education, including teachers to ensure personnel create child-friendly and HIV/AIDS- and gender-sensitive classrooms
- Nutritional Assessment and Counseling – This includes nutrition education and counseling to maintain or improve nutritional status, prevent and manage food- and water-borne illnesses, manage dietary complications related to HIV infection and ART, and promote safe infant and young child feeding practices. It also includes nutritional assessment, counseling and referral linked to home-based care support.
- Therapeutic, Supplementary, and Supplemental Feeding – community-based food support for nutritional rehabilitation of severely and moderately malnourished PLHIV, as well as supplemental feeding of mothers in PMTCT programs and OVC.
- Nutritional Support for Pregnant and Postpartum Women
- Linkages with "wrap-around" programs that address food security and livelihood assistance needs in the targeted population.
- Activities that improve quality assurance and control for production and distribution of therapeutic and fortified foods for use in food and nutrition activities.
- The cost of training for home-based care providers, lay counselors, and others to enhance their ability to carry out nutritional assessment and counseling.
- Use of appropriate job aids for health care workers.
- Disclosure support, adherence counseling when provided outside of and separate from the HIV clinic
- Activities to support the needs of adolescents with HIV including prevention with positives, support groups, support for transitioning into adult services
- Parenting interventions focused on nurturing, positive discipline, and understanding of developmental stages
- Activities to address trauma related to sexual and gender-based violence (SGBV) and violence against children
- Peer to peer support groups (e.g., Safe spaces, M2M, adolescent adherence)

Excluded examples:

- Provision of healthcare services should be classified as either Site Level: Care & Treatment, Testing, or Prevention. Socioeconomic activities do not include clinical service delivery.
- Technical assistance provided to the Ministry of Social Development in order to create policies which improve access to social protection instruments for OVC is classified as Above-site: Laws, regulations, and policy environment
- Education primarily for the purposes of improving health would be classified under the respective program, for example education as part of IEC about the importance of adhering to ART provided by lay counselors in an HIV clinic would be classified under Site Level: Care & Treatment.

- Adherence groups, which have the primary purpose of community-based distribution of ARVs when implemented as part of differentiated ART clinical service delivery, should be classified as Site Level: Care & Treatment.

Site Level: PREV: General Prevention

All site-level activities for HIV prevention where there is direct and no-direct interaction with beneficiaries and the specific intent to achieve prevention services other than PrEP and VMMC, including:

- Community mobilization, behavior and norms change
- Condom and lubricant programming
- Medication assisted treatment
- Primary prevention of HIV and sexual violence

Included examples:

- Information, education, communication (IEC) provided through targeted peer-based or school-based approaches
- Evidence-based interventions to address harmful alcohol or other substance use. Education about the causes of opioid overdose and strategies for minimizing overdose risk. Prevention of and referral to treatment for the consequences of long-term injecting. Referral and linkage to HIV testing and counseling, care and treatment
- All sexual prevention programs targeting key and priority populations (e.g., AGYW), including: Outreach and peer education. Community mobilization and outreach through peer education. Small-group prevention activities, including Girls Clubs. Hot-spot prevention activities. Social asset building, i.e., safe spaces that primarily focus on HIV prevention and risk reduction for adolescents. Referral to sexual and reproductive health services
- Evidence-based GBV prevention and gender norms change curricula that discuss the links between GBV, harmful gender norms, and HIV acquisition
- Provision of first-line support and referrals for clinical and/or non-clinical post-violence care services for individuals who disclose experience of violence while participating in community-based HIV and GBV prevention interventions
- IEC provided through targeted internet approach, social marketing, or targeted mass media campaigns
- Training of lay workers and educators in community mobilization and behavior change programs
- Supervision and mentoring of lay workers and educators in community mobilization and behavior change programs
- Social mobilization, building community linkage, collaboration, and coordination in order to strengthen civil society organizations or structures at the community level
- Technical assistance provided at the site level for lay worker and educators responsible for community mobilization and behavior change programs
- Training for healthcare workers on the provision of first-line support for those who disclose experience of violence

- Mapping local GBV and VAC response services and developing or updating discrete referral materials for those who disclose experience of violence while participating in community-based HIV and GBV prevention interventions
- Community-level activities focused on removing the barriers to use, increasing the coverage and availability, improving the equity of access, and other programming supporting sustainable provision of condoms and lubricants.
- Medication Assisted Treatment (MAT – provision of methadone and associated services) and opioid substitution therapy.
- Referrals to other drug dependence programs for HIV-negative PWID in the MAT program
- Technical assistance to site-level staff for MAT service delivery strengthening
- Supervision and mentoring of lay or healthcare workers providing MAT
- Training of site-level staff in MAT
- Approved, evidence-based school and community curriculum-based interventions targeting boys and girls ages nine to fourteen that include a focus on healthy relationships, making healthy decisions about sex and sexual consent.
- Curriculum-based parenting skills building interventions that emphasize the benefits of delayed sexual debut for adolescents and the prevention of sexual violence.
- Social asset building (i.e., safe spaces) that include primary prevention of HIV and sexual violence programming.
- Training of lay workers and educators in primary prevention of HIV and sexual violence programs
- Supervision and mentoring of lay workers and educators in primary prevention of HIV and sexual violence programs
- Social mobilization, building community linkage, collaboration, and coordination in order to strengthen civil society organizations or structures at the community level to support primary prevention of HIV and sexual violence programs
- Technical assistance provided at the site level for lay worker and educators responsible for primary prevention of HIV and sexual violence programs

Excluded examples:

- Community mobilization for increasing demand for a specific HIV prevention program should be classified under the specific program. For example, demand creation for HIV testing should be classified under Site Level: Testing
- Site-level activities for MAT, which are targeted towards PWID who are HIV-positive should be classified under Site Level: Care & Treatment

Site Level: PREV: Condom & Lubricant Programming

All site-level activities for the marketing, programming, procurement and distribution of condoms and lubricants where there is consumption by or direct interaction with beneficiaries.

Included examples:

- Community-level activities focused on removing the barriers to use, increasing the coverage and availability, improving the equity of access, and other programming supporting sustainable provision of condoms and lubricants.
- Costs related to the procurement, distribution of male and female condoms and condom compatible lubricant, including any customized packaging, storage, or distribution costs associated with the condom procurement

Excluded examples:

- Condoms procured to be provided through other programs should be classified according to the purpose of the program. For example, condoms provided to VMMC clients would be classified as VMMC – Service delivery. Condoms provided to PLHIV receiving HIV treatment services would be classified under Care & Treatment: HIV clinical services- Service delivery.

Site Level: PREV: Medication assisted treatment

All site-level activities for MAT in order to prevent HIV if there is direct interaction with the beneficiary.

Included examples:

- Medication Assisted Treatment (MAT – provision of methadone and associated services) and opioid substitution therapy.
- Procurement and distribution of opioid substitution therapy, including provision of take-home doses based on regular review of the take-away provision
- Referrals to other drug dependence programs for HIV-negative PWID in the MAT program

Excluded examples:

- Site-level activities for MAT, which are targeted towards PWID who are HIV-positive should be classified under Care & Treatment: HIV clinical services.

Site Level: PREV: PrEP

All site-level activities delivering PrEP services, where there is both direct and no-direct interaction with beneficiaries.

Included examples:

- PrEP implementation and demonstration projects using ARVs for the prevention of HIV among people at substantial risk of acquiring HIV
- Adherence support services for PrEP
- Community awareness, mobilization, and demand creation services for PrEP
- Referrals to HIV/sexually transmitted infection prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination for PrEP clients
- Laboratory reagents, ARVs or other commodities for providing PrEP

- GBV case identification (sometimes referred to as GBV screening) when assessing eligibility for PrEP, and provision of first-line support and referrals to clinical and/or non-clinical GBV response services (Cross-cutting attribute: GBV)
- Technical assistance to site-level staff for strengthening of PrEP service delivery
- Supervision and mentoring of lay or healthcare workers implementing PrEP
- Training of site-level staff on PrEP guidelines, counseling, laboratory monitoring, etc.

Site Level: PREV: Primary prevention of HIV and sexual violence

All community-level activities for the primary prevention of HIV and sexual violence for vulnerable children and adolescents where there is direct, active interaction with the intended target population. These activities should primarily focus on boys and girls ages nine to fourteen and should be integrated with DREAMS and OVC programs.

Included examples:

- Approved, evidence-based school and community curriculum-based interventions targeting boys and girls ages nine to fourteen that include a focus on healthy relationships, making healthy decisions about sex and sexual consent.
- Curriculum-based parenting skills building interventions that emphasize the benefits of delayed sexual debut for adolescents and the prevention of sexual violence.
- Social asset building (i.e., safe spaces) that include primary prevention of HIV and sexual violence programming.

Site Level: Prevention (PREV) VMMC

All site-level activities for VMMC, where there is both direct and no-direct interaction with beneficiaries.

Included examples:

- VMMC services, including age-appropriate sexual risk reduction counseling, counseling on the need to refrain from sexual activity or masturbation during the healing process after the procedure, distribution of condoms to VMMC clients, HIV testing, STI screening, treatment/referral, and linkage to counseling and testing for those testing positive in HTS, circumcision by a medical method recognized by WHO (device or surgery), and post-surgery follow-up, including adverse event assessment and management.
- Communication, community mobilization, and demand creation services for VMMC delivered through peer education, campaign events, transport or transport vouchers for VMMC clients to receive services, or other means where there is direct interaction with the beneficiary
- Technical assistance to site-level staff for service delivery strengthening of VMMC
- Supervision and mentoring of site-level lay or healthcare workers providing VMMC and related services
- Training of site-level clinical and lay personnel on VMMC services, including appropriate counselling, surgical methods, management of adverse events

- Mass communication, marketing, or social media approaches for the purpose of demand creation and mobilization for VMMC

Site Level: PREV: Comm. Mobilization, behavior & norms change

All community-level activities where there is no direct, active interaction with the target population, for the provision of mobilization, behavior and norms change to prevent HIV.

Included examples:

- IEC provided through targeted internet approach, social marketing, or targeted mass media campaigns
- Training of lay workers and educators, who have a contractual or employee relationship with the IP (or its subawardees) or the host country government, responsible for community mobilization and behavior change programs
- Supervision and mentoring of lay workers and educators, who have a contractual or employee relationship with the IP (or its subawardees) or the host country government, responsible for community mobilization and behavior change programs
- Social mobilization, building community linkage, collaboration and coordination in order to strengthen civil society organizations or structures at the community level
- Technical assistance provided at the site level for lay worker and educators responsible for community mobilization and behavior change programs
- Training for healthcare workers on the provision of first-line support for those who disclose experience of violence (Cross-cutting attribute: GBV)
- Mapping local GBV and VAC response services and developing or updating discrete referral materials for those who disclose experience of violence while participating in community-based HIV and GBV prevention interventions (Cross-cutting attribute: GBV)

Excluded examples:

- Communication to and training of peer educators who are not contracted or employed by the IP or host country government are classified under Community mobilization, behavior and norms change – Service delivery as peers. By definition, they are also beneficiaries themselves and therefore there is direct interaction with a beneficiary. Peer educators that have a contractor or employee relationship with the IP or the host country government are not categorized as beneficiaries.

Appendix F: PEPFAR Beneficiaries

The PEPFAR Beneficiaries in the HRH Inventory align with the PEPFAR Financial Classifications definitions of Beneficiaries. However, not all sub-beneficiary groups listed below are included in the HRH Inventory. Only those sub-beneficiary groups that are the subject of specific HRH analyses have been included. The included beneficiary and sub-beneficiary groups are bolded below.

The definitions of each beneficiary are:

Beneficiary: Females

Activities benefiting the demographic population of females.

Females sub beneficiaries:

- Adult women (25+ years old)
- **Young women and adolescent females (15-24 years old) (AGYW)**
- Girls (<15 years old)

Associated programs:

- Programs, including DREAMS and DREAMS-like initiatives, that target the priority population of AGYW should be classified as Females: Young women and adolescent females.

Beneficiary: Males

Activities benefiting the demographic population of males.

Males sub beneficiaries:

- Adult men (25+ years old)
- **Young men and adolescent males (15-24 years old) (AGYW)**
- Boys (<15 years old)

Associated programs:

- VMMC programs should always be assigned to a Beneficiary: Males whether sub beneficiary is disaggregated by age group or not disaggregated.
- Distinct interventions to 'find men' or activities such as men's clinics that increase the number of male PLHIV who are aware of their HIV status and are initiated on treatment, could be indicated as targeting the Males beneficiary classification.

Beneficiary: Key Populations

Activities targeting key populations.

Key populations sub beneficiaries:

- Men having sex with men
- Transgender people
- Sex workers
- People who inject drugs

- People in prisons and other closed settings

Associated programs:

- HIV care and treatment, linkage and retention, testing, and prevention programs are commonly targeted towards one or more key population groups.
- Opioid substitution therapy, or MAT, should always be targeted toward 'People who inject drugs' beneficiary population.

Note: Financial beneficiary classification is more general and according to the characteristics of the population group benefiting from a specific program. For example, MSM who are also sex workers, transgender who are also sex workers, and female sex workers share the characteristic of being sex workers and can be classified as Key populations: Sex workers.

Beneficiary: Pregnant and breastfeeding women

Activities targeting pregnant and/or breastfeeding women.

There are no sub beneficiaries for the pregnant and/or breastfeeding women classification.

Beneficiary: Priority Populations

Activities targeting priority populations.

Key populations sub beneficiaries:

- Military and other uniformed services
- Mobile populations include. Fisher folk, farm workers, miners and mine workers, migrant workers, truck drivers/transport workers, and commercial drivers
- Displaced persons include refugees who are externally displaced or internally displaced populations
- Clients of sex workers

Note: Programs, including DREAMS and DREAMS-like initiatives, that target the priority population of AGYW should be classified as Females: Young women and adolescent females. Therefore, there may be reporting against the PP_PREV MER indicator even with no budget or expenditures reported for the Priority population's beneficiary classification.

Beneficiary: Orphans and vulnerable children (OVC)

Activities targeting the population of OVC.

Orphans and vulnerable children sub beneficiaries:

- Orphans and vulnerable children
- OVC caregivers

Non-Targeted Populations

When there is no explicit intention of directing the benefits to a specific beneficiary population, the program should be classified as Non-targeted population. If the program is targeted to multiple beneficiary populations, where the resources required for the activities are not distinct by beneficiary population, this should also be classified as Non-targeted population.

Non-targeted Population sub beneficiaries:

- Non-Targeted Pop
- **Non-Targeted Pop: Children**

Appendix G: Employment Titles that may be Community Workers

Possibly Community	Not Community
Auxiliary Midwife	Accounting Staff
Auxiliary Nurse	Administrative Staff
Clinical Case Manager	Data Managers
Clinical Officer	Data Officer
Clinical Social Worker	Epidemiologists
Doctor	Facility Administrator
Laboratory Assistant/Phlebotomist	Finance Staff
Laboratory Technologist/Technician	Human Resource Manager
Medical Assistant	Information Systems Worker
Midwife	Laboratory Manager
Nurse	Legal Staff
Nursing Assistant	Logistics Manager
Other clinical provider not listed	Maintenance
Pharmacist	Other supportive staff not listed
Pharmacy Assistant	Pharmacy Manager
Pharmacy Technician	Security Guard
Psychiatrist	Other Program Management Staff
Psychologist	Supply Chain Advisor
Psychology Assistant	Technical Advisor
Testing and Counseling Provider	Trainer
Cleaner / Janitor	M&E Officer / Advisor
Data Clerk	Biostatistician
Peer Educator	Central / Regional Warehouse Worker
Case Manager/ Case Worker	Other Professional Staff
Child/Youth Development Worker	Procurement / Grants Management Staff
Community Health Worker	
Community Mobilizer / Facilitator	
Community-based TB Worker	
DREAMS Mentor	
Economic Strengthening Facilitator	
Expert Client	
HIV Diagnostic Assistant	
Lay Counselor	
Lay worker providing adherence support	

Linkage Navigator	
Mother Mentor	
Other community-based cadre	
Peer Navigator	
Prevention of HIV and Sexual Abuse Facilitator	
Social Welfare Assistant	
Social Worker	
Transportation Staff for Commodities and Patient Samples	
Transportation Staff for Personnel	

Appendix H: Employment Titles by SD/NSD, Site/Above Site Designations

Employment Category	Cadre Group / Category	Job Title	SD/NSD	Site/Above Site
HCW: Clinical	Medical	Doctor	SD	Site
		Clinical Officer	SD	Site
		Medical Assistant	SD	Site
	Nursing / Midwifery	Nurse	SD	Site
		Auxiliary Nurse	SD	Site
		Nursing Assistant	SD	Site
		Midwife	SD	Site
		Auxiliary Midwife	SD	Site
	Laboratory	Laboratory Technologist/Technician	SD	Site
		Laboratory Assistant/Phlebotomist	SD	Site
	Pharmacy	Pharmacy Assistant	SD	Site
		Pharmacy Technician	SD	Site
		Pharmacist	SD	Site
	Mental Health Staff	Psychologist	SD	Site
		Psychiatrist	SD	Site
		Psychology Assistant	SD	Site
	Other Clinical Provider	Testing and Counseling Provider	SD	Site
		Clinical Case Manager	SD	Site
		Clinical Social Worker	SD	Site
		Other clinical provider not listed	SD	Site
HCW: Ancillary	Community Staff	Peer Educator	SD	Site
		Peer Navigator	SD	Site
		Expert Client	SD	Site

		DREAMS Mentor	SD	Site
		Economic Strengthening Facilitator	SD	Site
		Prevention of HIV and Sexual Abuse Facilitator	SD	Site
		Community Mobilizer / Facilitator	SD	Site
		Lay Counselor	SD	Site
		Linkage Navigator	SD	Site
		HIV Diagnostic Assistant	SD	Site
		Lay worker providing adherence support	SD	Site
		Community Health Worker	SD	Site
		Mother Mentor	SD	Site
		Community-based TB Worker	SD	Site
		Other community-based cadre	SD	Site
	Social Work and Case Management	Social Worker	SD	Site
		Social Welfare Assistant	SD	Site
		Case Manager/ Case Worker	SD	Site
		Child/Youth Development Worker	SD	Site
Implementing Mechanism Program Management Staff	Implementing Mechanism Program Management Staff	Accounting Staff	NSD	N/A
		Administrative Staff	NSD	N/A
		Finance Staff	NSD	N/A
		Legal Staff	NSD	N/A
		Procurement / Grants Management Staff	NSD	N/A
		Other Program Management Staff	NSD	N/A
Other Staff	Support Staff	Cleaner / Janitor	NSD	Site or Above Site

		Maintenance	NSD	Site or Above Site
		Security Guard	NSD	Site or Above Site
		Transportation Staff for Personnel	NSD	Site or Above Site
		Transportation Staff for Commodities and Patient Samples	NSD	Above Site
		Central / Regional Warehouse Worker	NSD	Above Site
		Other supportive staff not listed	NSD	Site or Above Site
	Technical Assistance Staff	Trainer	NSD	Site or Above Site
		Technical Advisor	NSD	Site or Above Site
		Logistics Manager	NSD	Site or Above Site
		Supply Chain Advisor	NSD	Above Site
		M&E Officer / Advisor	NSD	Site or Above Site
	Other Professional Staff	Facility Administrator	NSD	Site
		Laboratory Manager	NSD	Site or Above Site
		Pharmacy Manager	NSD	Site or Above Site
		Human Resource Manager	NSD	Site or Above Site
		Epidemiologists	NSD	Site or Above Site
		Biostatistician	NSD	Site or Above Site
		Data Officer	NSD	Site or Above Site
		Data Clerk	NSD	Site or Above Site

		Data Managers	NSD	Site or Above Site
		Information Systems Worker	NSD	Site or Above Site
		Other Professional Staff	NSD	Site or Above Site