Absorption Data Overview

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Research questions

Using 2019 PUDRs, we wanted to know:

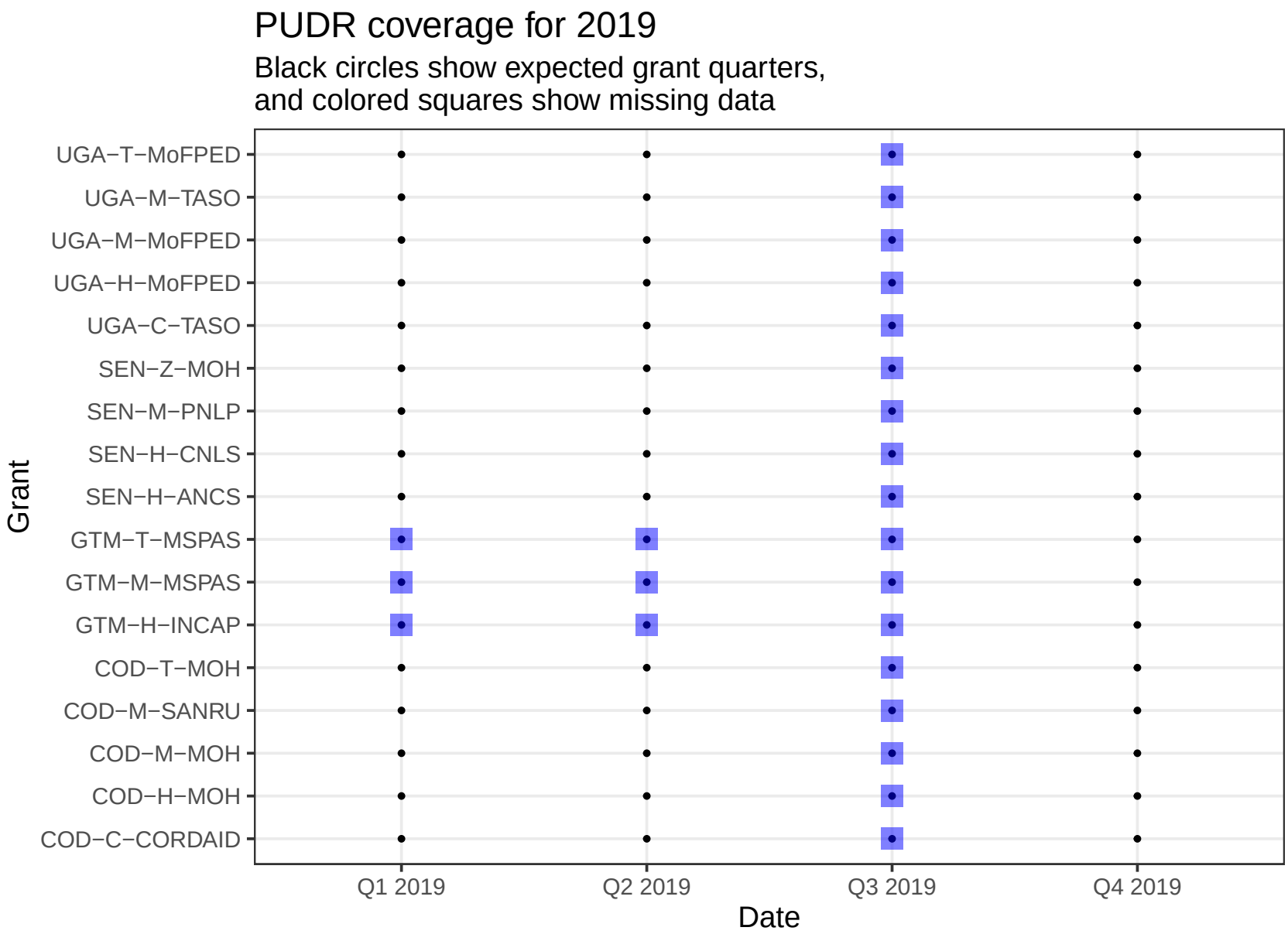
1. Are there any trends in the 2019 absorption so far?
2. Has absorption changed since the beginning of the grants?
3. How does it compare to this semester in the 2015-2017 cycle?
4. Are there specific findings for RSSH or key populations?

List of current grants

Country	Grant Period	Grant	Disease
COD	2018-2020	COD-H-MOH	HIV
COD	2018-2020	COD-C-CORDAID	HIV/TB
COD	2018-2020	COD-M-MOH	Malaria
COD	2018-2020	COD-M-SANRU	Malaria
COD	2018-2020	COD-T-MOH	TB
GTM	2016-2019	GTM-T-MSPAS	TB
SEN	2018-2020	SEN-H-ANCS	HIV
SEN	2018-2020	SEN-H-CNLS	HIV
SEN	2018-2020	SEN-M-PNLP	Malaria
SEN	2018-2020	SEN-Z-MOH	TB
UGA	2018-2020	UGA-H-MoFPED	HIV
UGA	2018-2020	UGA-C-TASO	HIV/TB
UGA	2018-2020	UGA-M-MoFPED	Malaria
UGA	2018-2020	UGA-M-TASO	Malaria
UGA	2018-2020	UGA-T-MoFPED	TB

DRC, Senegal, and Uganda are all on the same grant cycle, and their grants will span from 2018-2020. Guatemala is on a slightly different schedule, and their current grant period is 2016-2019. Guatemala also had several year-long grants in 2018, and they are starting new grants in 2019.

Reporting completeness



Research questions

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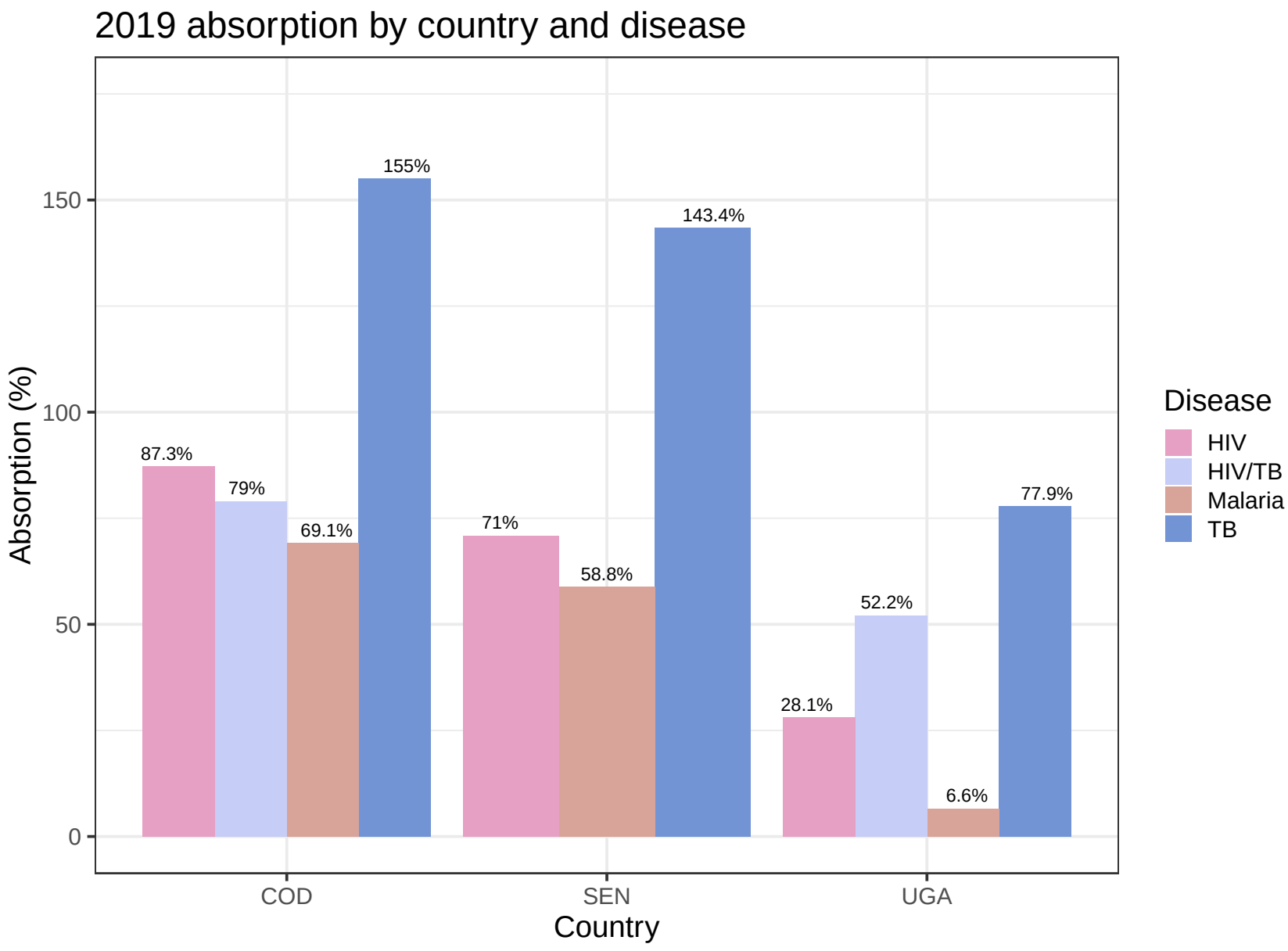
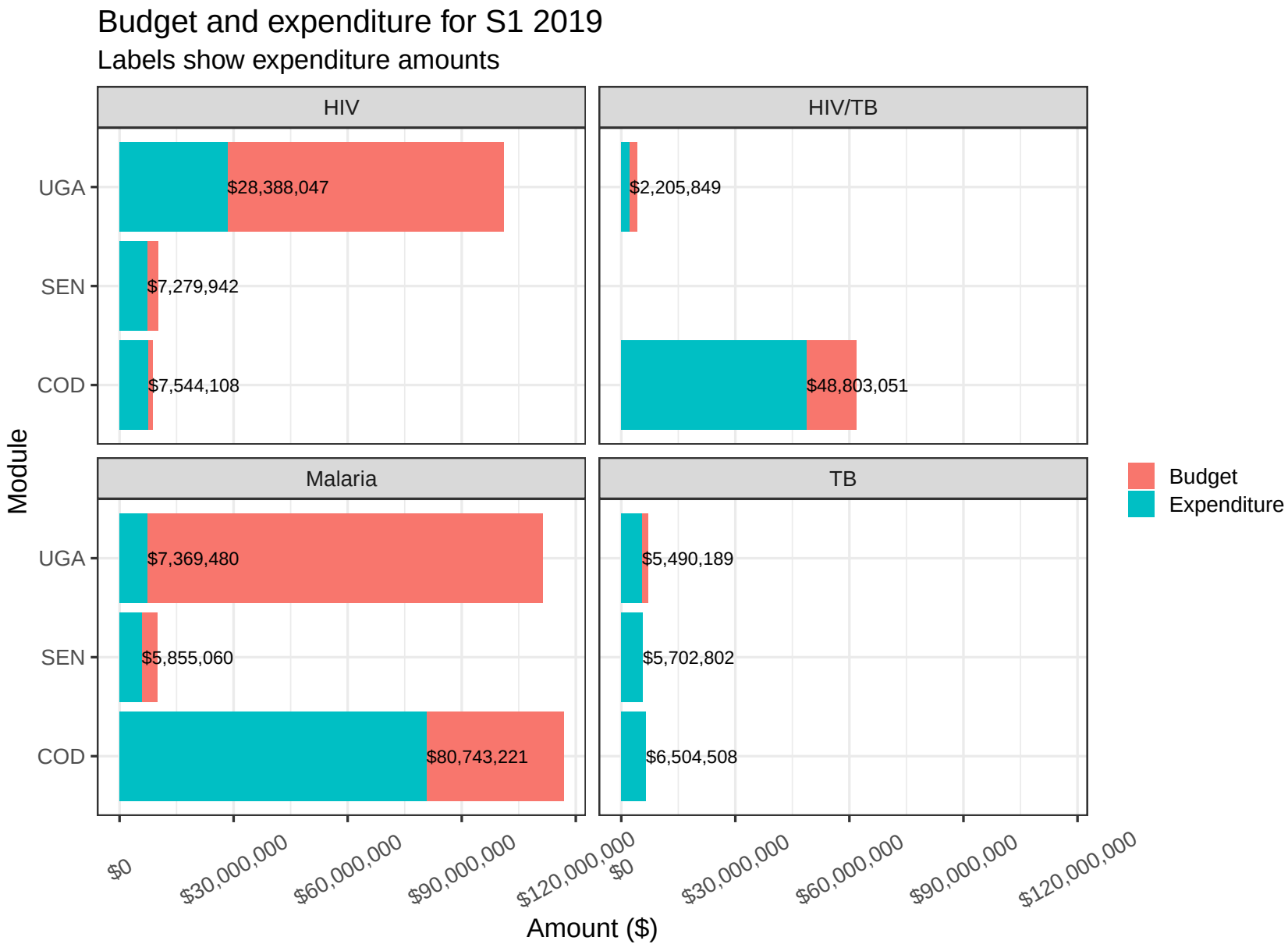
Absorption overview by country for S1 2019



Budget/Expenditure by country for S1 2019



Across grants, which modules have higher absorption than the PUDR average in 2019?

Module	Grants
Info systems & M&E	6
Case management	3
Nat. health strategies	3
Prevention programs for MSM	1
Prevention programs for IJU	1
Prevention programs for transgender	1
Financial systems	1
Service delivery	1
MDR-TB	1
PMTCT	1

Four grants had higher absorption within the information systems module (HMIS) than for the PUDR as a whole.

Which were below the PUDR average in 2019?

Module	Grants
HR & health workers	6
Community systems	5
Info systems & M&E	5
Service delivery	4
Prevention programs for IJU	3
Prevention programs for CSW & clients	3
Case management	2
Prevention programs for MSM	2
Prevention programs for transgender	1
HIV Testing Services	1

HMIS and human resources for health had lower absorption than the PUDR average for five grants. Integrated service delivery reported low absorption for four. This puts several RSSH modules at the top of the "low performing absorption" list. Following this are several modules related to key populations.

Finding statements for research question #1

- In all countries, tuberculosis grants reported the highest absorption numbers. They also have the lowest overall budgets.
- Several grants are reporting high absorption numbers for health management information systems. However,
- Several grants are reporting low absorption numbers for HMIS and for human resources for health. This means that several RSSH modules are reporting low absorption percentages across grants.
- Prevention programs for injectable drug users and commercial sex workers also had low absorption across several grants.

Additional analyses for this section:

- Is there a pattern in cross-country module-level absorption?
- Try visualizing these graphs as a jittered scatterplot, with the vertical axis being modules, and color by grant disease.

Research questions

Using 2019 PUDRs, we wanted to know:

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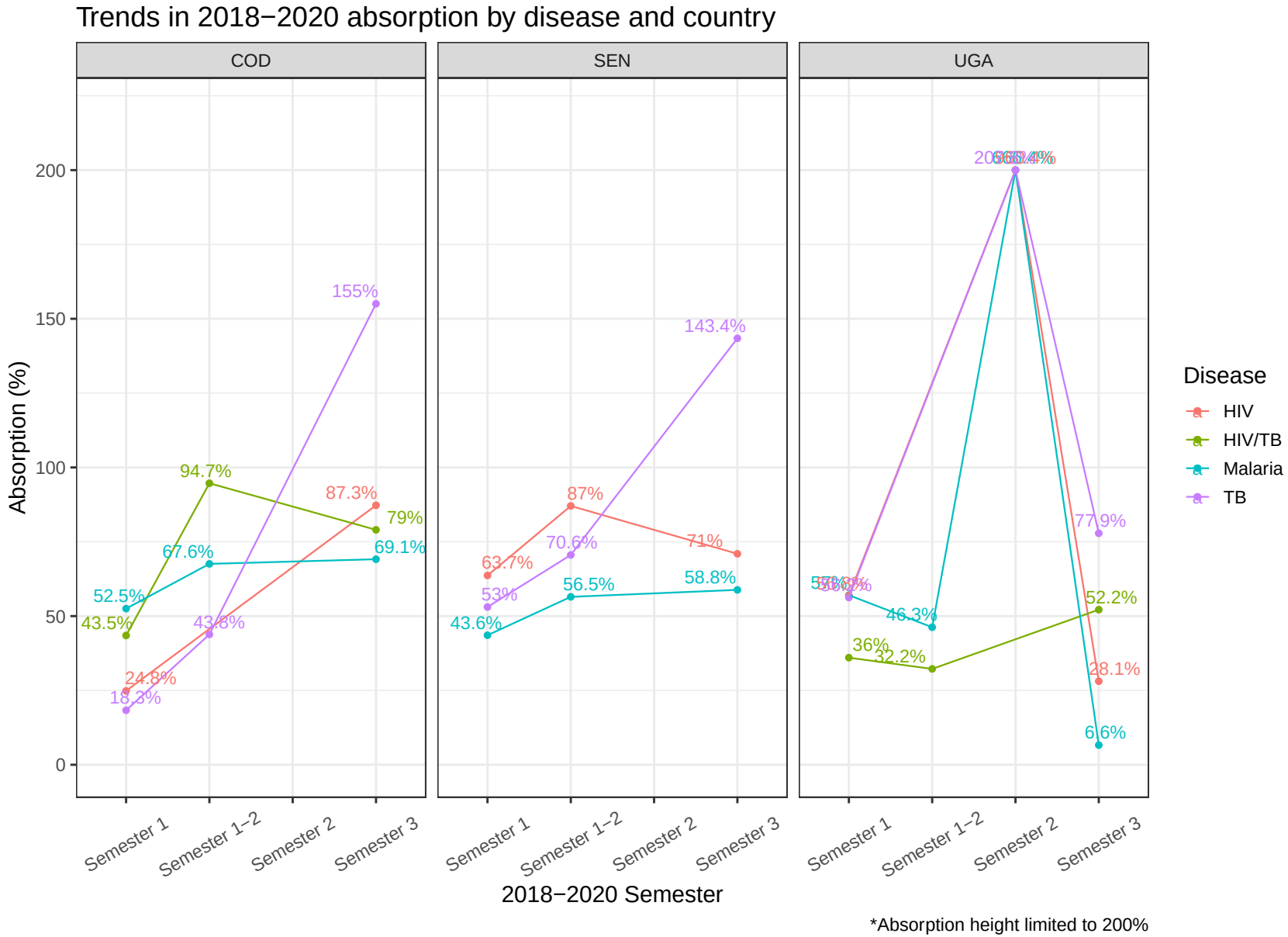
Have absorption rates increased since the start of the grant?



*Absorption height limited to 200%

Finding statements for research question #2

- Absorption has steadily increased for DRC and Senegal since the beginning of the grant cycle. Absorption in Uganda has been more mixed.

Additional analyses for this section

- Add budget/expenditure stacked bar plots by grant disease/country
- Add a cumulative version of this graph (Semester 1, Semester 1-2, and Semester 1-3 as the panels)

Research questions

Using 2019 PUDRs, we wanted to know:

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3. **How does it compare to this semester in the 2015-2017 cycle?**
4. Are there specific findings for RSSH or key populations?

Finding statements for research question #3

Additional analyses for this section

- Have not yet begun making graphs for this section; am planning on comparing S3 2015-2017 with S3 2018-2020.

Research questions

Using 2019 PUDRs, we wanted to know:

1. Are there any trends in the 2019 absorption so far?
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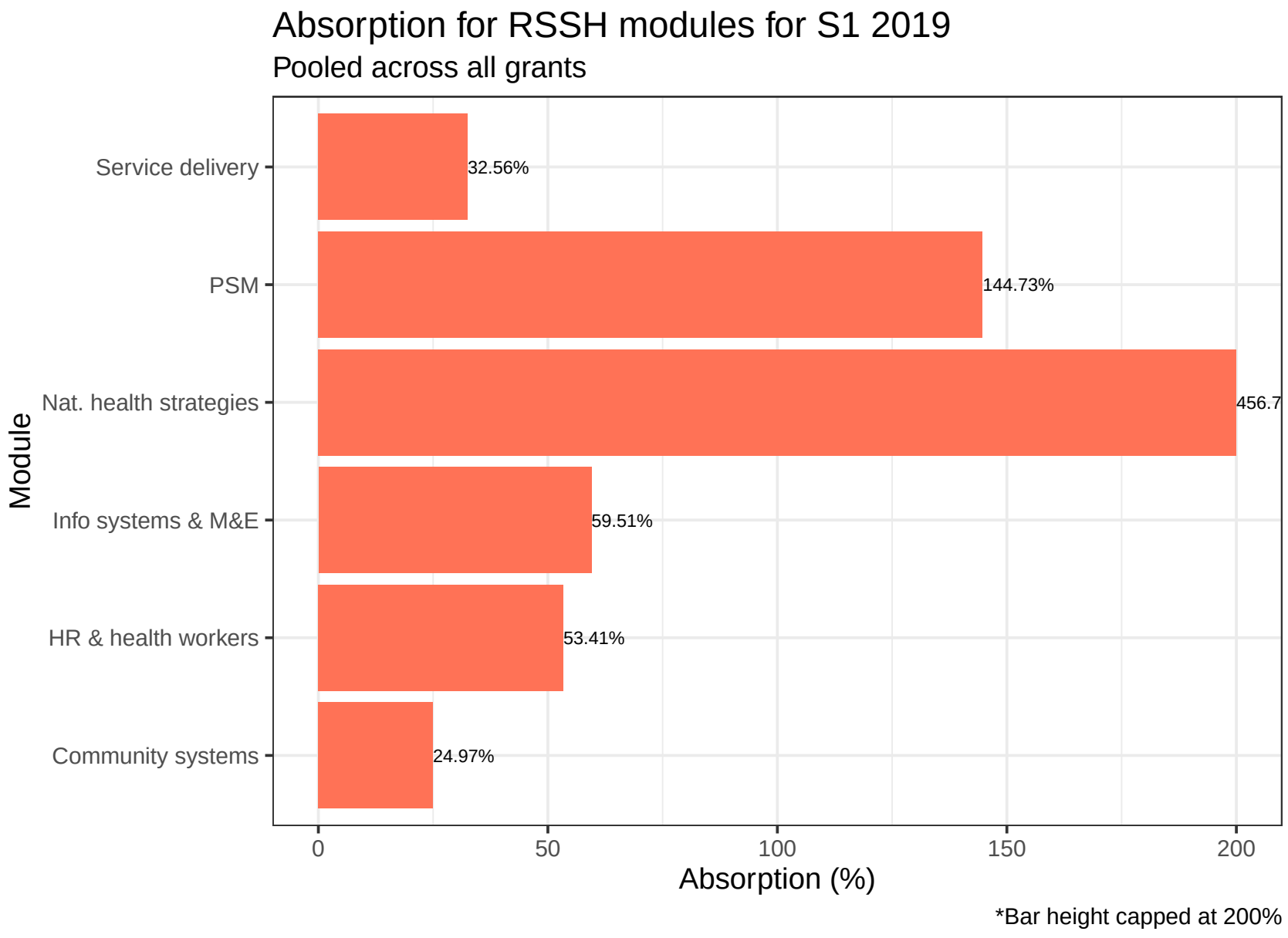
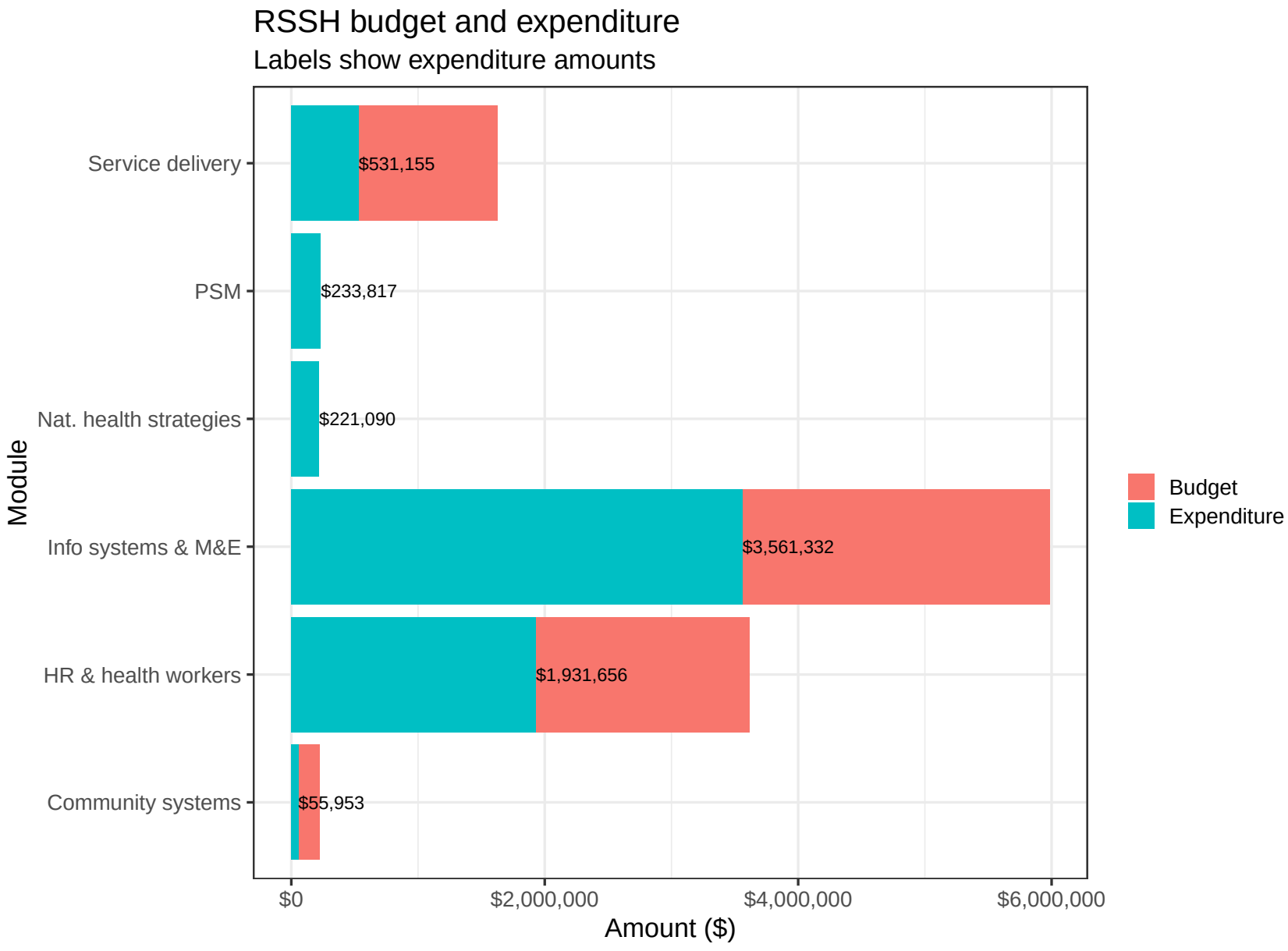
3. How does it compare to this semester in the 2015-2017 cycle?
4. **Are there specific findings for RSSH or key populations?**

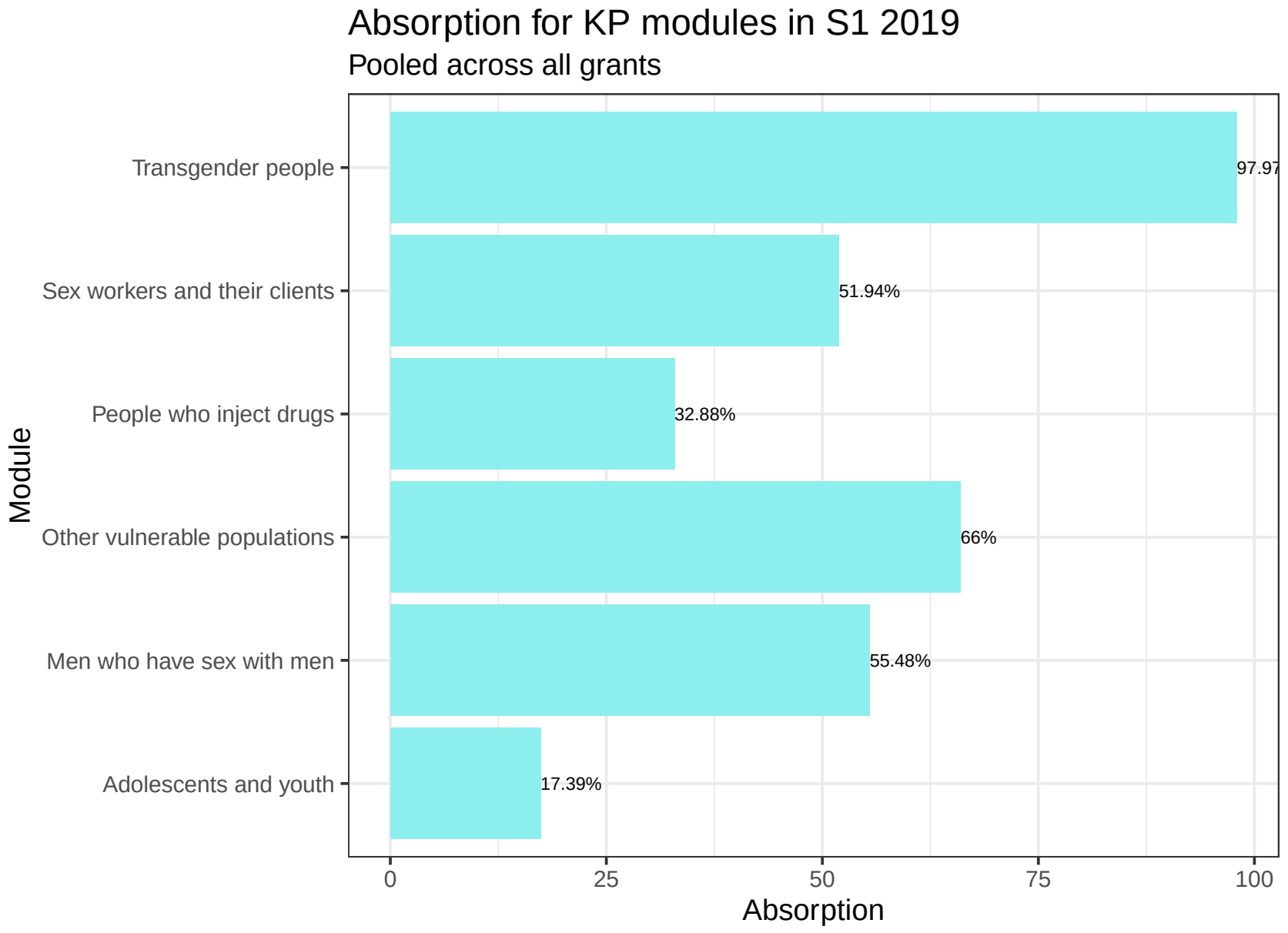
Within RSSH modules, which have the highest absorption?



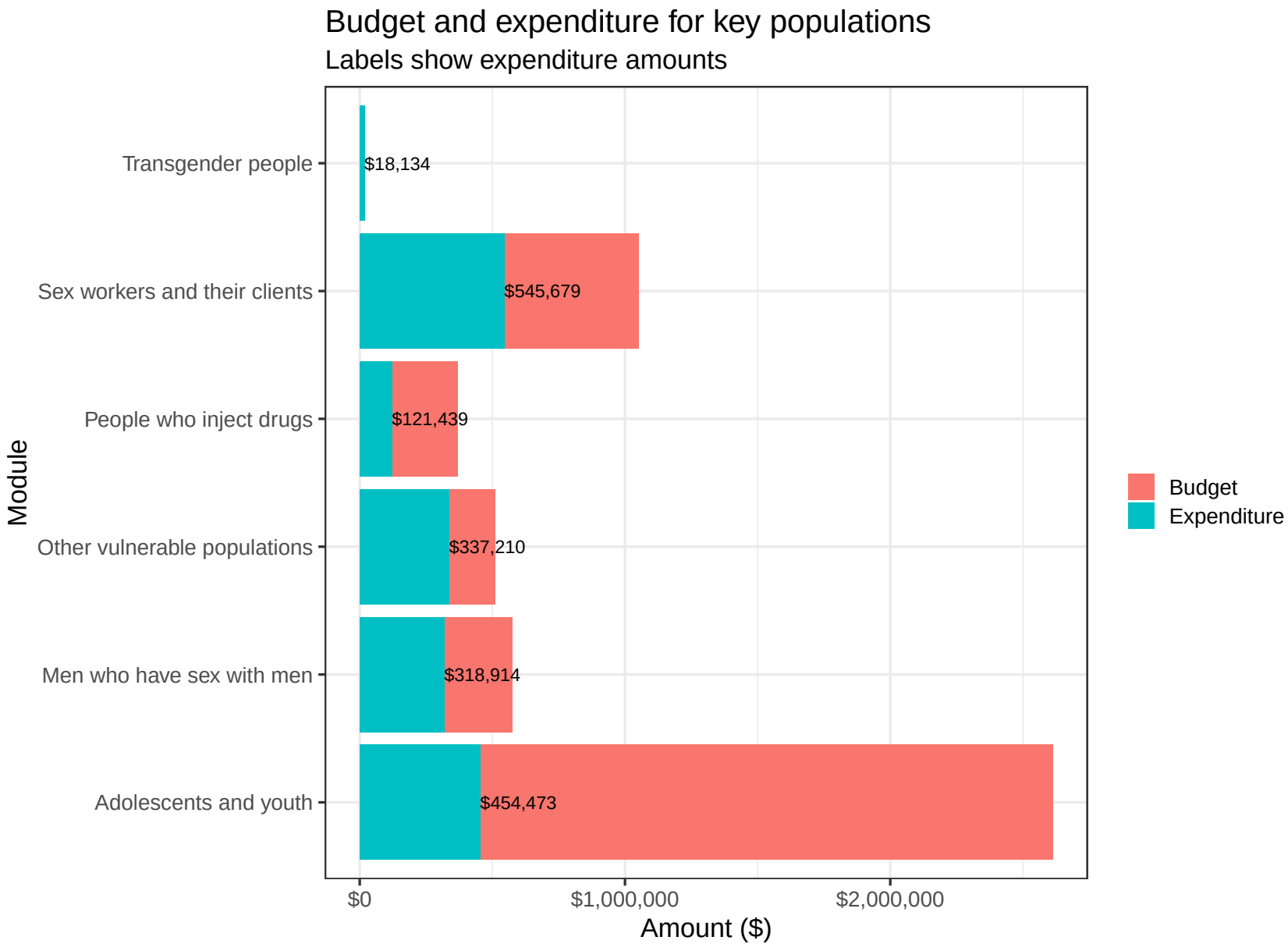
Budget/Expenditure for RSSH modules



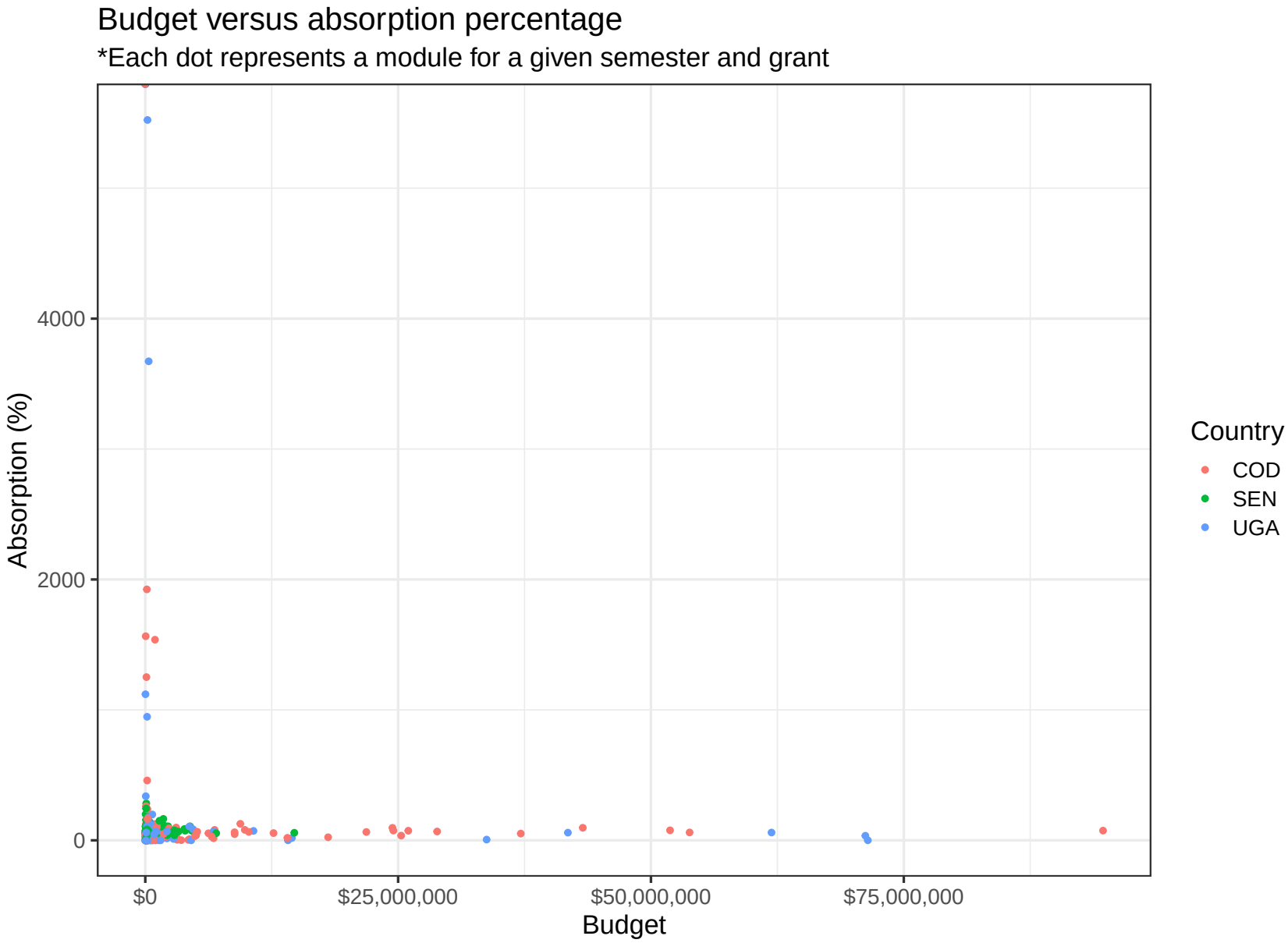
For grants with a focus on KPs, which have consistently higher absorption?



Budget/Expenditure for key populations



Does a higher budget always correlate with lower absorption?



Finding statements for research question #4

- For both RSSH and key populations, the modules that have the lowest overall budget are reporting the best absorption numbers.
- Many of the biggest RSSH and key population-focused modules are still reporting absorption at or below 50% (HMIS, human rights and health workers, prevention programs for adolescents and youth)
- Follow-up question: Can the high absorption among different key populations be explained by SR budgets (is just one SR targeting programs for transgender people, for example?)

Additional analyses for this section

- Show how many grants are reporting for each KP and RSSH module
- Can we prove that commodity-heavy activities are the main driver of high absorption (it isn't just high overall budget; another factor?)
- Break out RSSH and KP by module/grant/disease. Is there a multi-modal trend here?
- Try running a simple regression on absorption~budget.
- Other variables to explore as drivers of absorption - number of SRs implementing each module, highly commoditized grant.

Further analyses for this presentation

- Include projected absorption - start by just looking at absorption compared to overall historical average by module
- Add these findings to synthesis mad-libs
- Add meta-statistics on how many documents we've analyzed so far