

Absorption Data Overview

Emily Linebarger

30 October, 2019

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

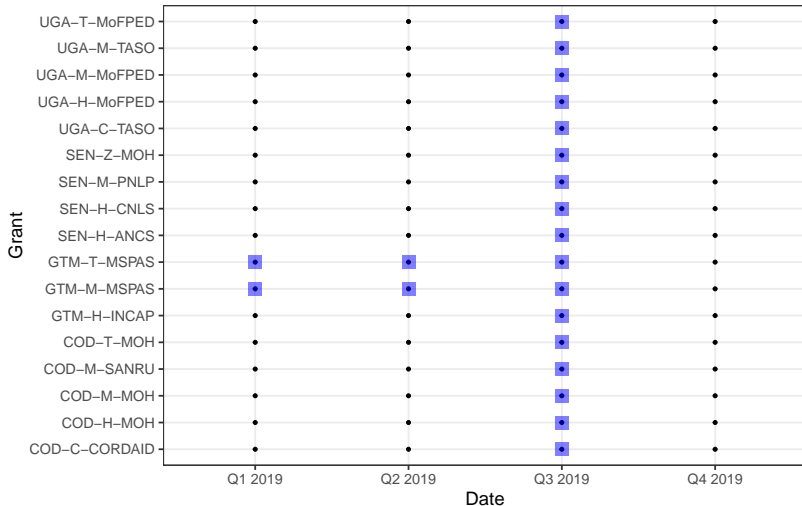
Country	Grant Period	Grant	Disease
COD	2018-2020	COD-H-MOH	HIV
COD	2018-2020	COD-C-CORDAID	HIV/TB
COD	2018-2020	COD-M-MOH	Malaria
COD	2018-2020	COD-M-SANRU	Malaria
COD	2018-2020	COD-T-MOH	TB
GTM	2018-2020	GTM-H-INCAP	HIV
GTM	2019-2021	GTM-M-MSPAS	Malaria
GTM	2016-2019	GTM-T-MSPAS	TB
GTM	2019-2022	GTM-T-MSPAS	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

PUDR coverage for 2019

Black circles show expected grant quarters,
and colored squares show missing data



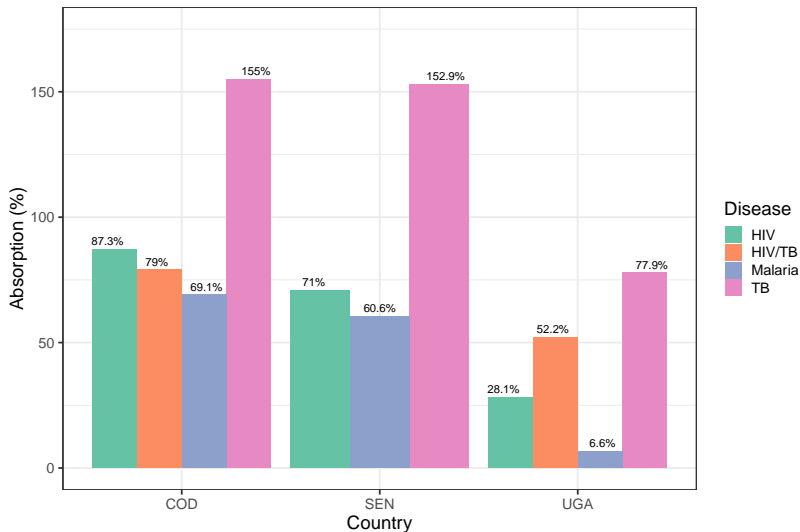
Research questions

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?

Absorption overview by country for S1 2019

2019 absorption by country and disease

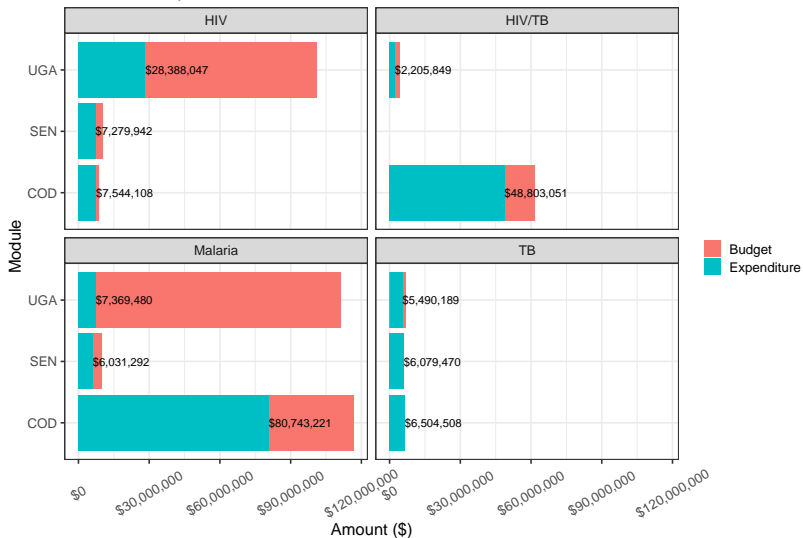


*We have no PUDRs in Guatemala that started after Jan. 2019

Budget/Expenditure by country for S1 2019

Budget and expenditure for S1 2019

Labels show expenditure amounts



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

This is based on the 14 PUDRs from DRC, Senegal, and Uganda.

Absorption for HIV, HIV/TB grants (page 1/2)

Module	Absorption Rating	Grants
Care & prevention	BELOW_AVERAGE	2
Community systems	BELOW_AVERAGE	2
HIV Testing Services	BELOW_AVERAGE	1
HR & health workers	BELOW_AVERAGE	1
Human rights barriers	ABOVE_AVERAGE	3
Human rights barriers	BELOW_AVERAGE	3
Info systems & M&E	ABOVE_AVERAGE	3
Info systems & M&E	BELOW_AVERAGE	1
MDR-TB	ABOVE_AVERAGE	1
MDR-TB	BELOW_AVERAGE	1
PMTCT	ABOVE_AVERAGE	1
PMTCT	BELOW_AVERAGE	4
PSM	BELOW_AVERAGE	1
Prevention programs for CSW & clients	BELOW_AVERAGE	4
Prevention programs for IJU	ABOVE_AVERAGE	1
Prevention programs for IJU	BELOW_AVERAGE	3
Prevention programs for MSM	ABOVE_AVERAGE	1
Prevention programs for MSM	BELOW_AVERAGE	2
Prevention programs for general pop.	ABOVE_AVERAGE	1
Prevention programs for general pop.	BELOW_AVERAGE	2

Absorption for HIV, HIV/TB grants (page 2/2)

Module	Absorption Rating	Grants
Prevention programs for other KVP	ABOVE_AVERAGE	1
Prevention programs for other KVP	BELOW_AVERAGE	1
Prevention programs for transgender	ABOVE_AVERAGE	1
Prevention programs for transgender	BELOW_AVERAGE	1
Prevention programs for youth/adol.	BELOW_AVERAGE	4
Program mgmt	ABOVE_AVERAGE	6
Service delivery	BELOW_AVERAGE	1

Absorption for TB grants

Module	Absorption Rating	Grants
Care & prevention	ABOVE_AVERAGE	3
HR & health workers	BELOW_AVERAGE	2
Info systems & M&E	BELOW_AVERAGE	2
MDR-TB	BELOW_AVERAGE	3
PSM	BELOW_AVERAGE	1
Program mgmt	ABOVE_AVERAGE	2
Program mgmt	BELOW_AVERAGE	1
TB/HIV	ABOVE_AVERAGE	2
TB/HIV	BELOW_AVERAGE	1

Absorption for malaria grants

Module	Absorption Rating	Grants
Case management	ABOVE_AVERAGE	3
Case management	BELOW_AVERAGE	2
Community systems	BELOW_AVERAGE	4
Financial systems	ABOVE_AVERAGE	1
HR & health workers	BELOW_AVERAGE	3
Info systems & M&E	ABOVE_AVERAGE	3
Info systems & M&E	BELOW_AVERAGE	2
Nat. health strategies	ABOVE_AVERAGE	3
Nat. health strategies	BELOW_AVERAGE	1
PSM	ABOVE_AVERAGE	2
PSM	BELOW_AVERAGE	2
Program mgmt	ABOVE_AVERAGE	5
Service delivery	ABOVE_AVERAGE	1
Service delivery	BELOW_AVERAGE	3
Specific prev. interventions	ABOVE_AVERAGE	2
Specific prev. interventions	BELOW_AVERAGE	2
Vector control	BELOW_AVERAGE	5

How has RSSH performed overall for 2019 PUDRs?

Module	Absorption Rating	Grants
Community systems	BELOW_AVERAGE	5
Financial systems	ABOVE_AVERAGE	1
HR & health workers	ABOVE_AVERAGE	2
HR & health workers	BELOW_AVERAGE	4
Info systems & M&E	ABOVE_AVERAGE	5
Info systems & M&E	BELOW_AVERAGE	6
Nat. health strategies	ABOVE_AVERAGE	2
Nat. health strategies	BELOW_AVERAGE	2
PSM	ABOVE_AVERAGE	2
PSM	BELOW_AVERAGE	2
Service delivery	ABOVE_AVERAGE	1
Service delivery	BELOW_AVERAGE	4

12 of the 14 grants we have 2019 PUDRs for include RSSH.

Finding statements for research question #1

- ▶ In all countries, tuberculosis grants reported the highest absorption numbers. They also have the lowest overall budgets.
- ▶ For HIV and HIV/TB grants, absorption for PMTCT, sex workers, adolescents/youth and people who inject drugs were consistently below average, while program management and HMIS (RSSH) were consistently above average.
- ▶ For TB grants, general care and prevention, TB/HIV, and program management are performing above average, while HR & health workers (RSSH), HMIS (RSSH), and MDR-TB are performing below average.
- ▶ For malaria grants, program management and national health strategies (RSSH) are performing above average, while HR & health workers (RSSH), community systems (RSSH), service delivery (RSSH), and vector control are performing below average.
- ▶ Within RSSH modules, it's a mixed picture, except for community systems and service delivery, which have more grants below the average.

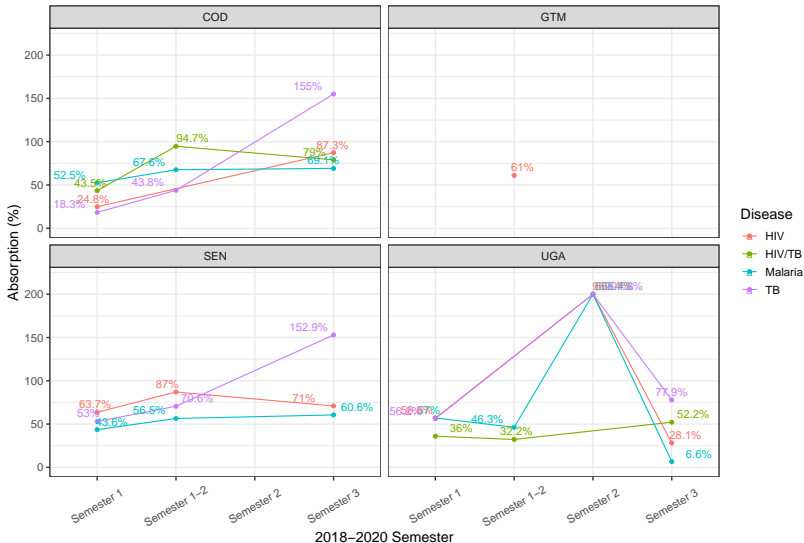
Research questions

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?

Have absorption rates increased since the start of the grant?

Trends in 2018–2020 absorption by disease and country



*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, although the spike in Semester 1-2 may have been from catalytic funding. In Guatemala, we don't have enough data to draw a time trend.

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?

Historical absorption, all countries pooled

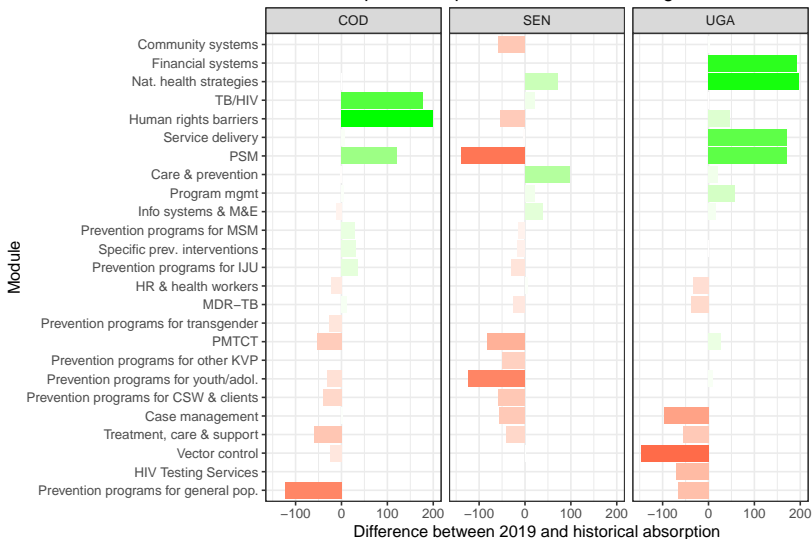
2019 absorption, compared to historical average



*Historical absorption calculated from Jan 2015–Jan 2019

Historical absorption, by country

2019 absorption, compared to historical average



*Historical absorption calculated since 2015

Finding statements for research question #3

- ▶ National health strategies (RSSH), TB/HIV, and financial systems (RSSH) have performed better in S1 2019 than the average from January 2015-January 2019, but this has mainly been driven by improvements in a single country (Uganda, DRC, and Uganda, respectively).
- ▶ HIV prevention modules are generally performing worse in 2019 than the historical average, specifically programs for the general population, other KVP, CSW, IJU, and MSM.
- ▶ Vector control and HIV testing are also performing more poorly, but this is mainly due to trends in Uganda.

Research questions

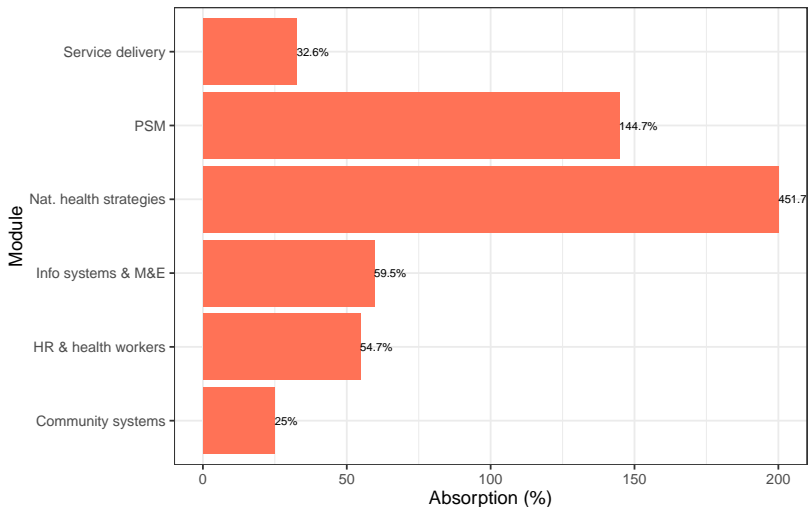
Using 2019 PUDRs, we wanted to know:

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?**

Within RSSH modules, which have the highest absorption?

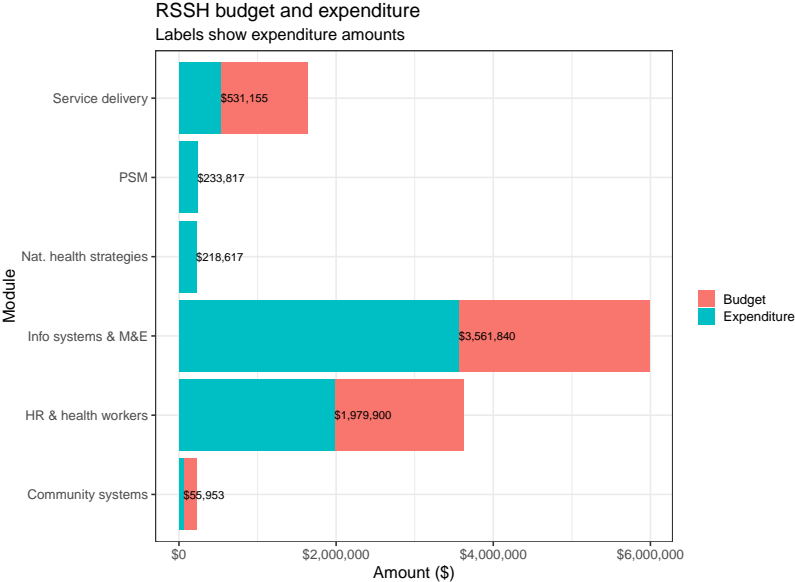
Absorption for RSSH modules for S1 2019

Pooled across all grants



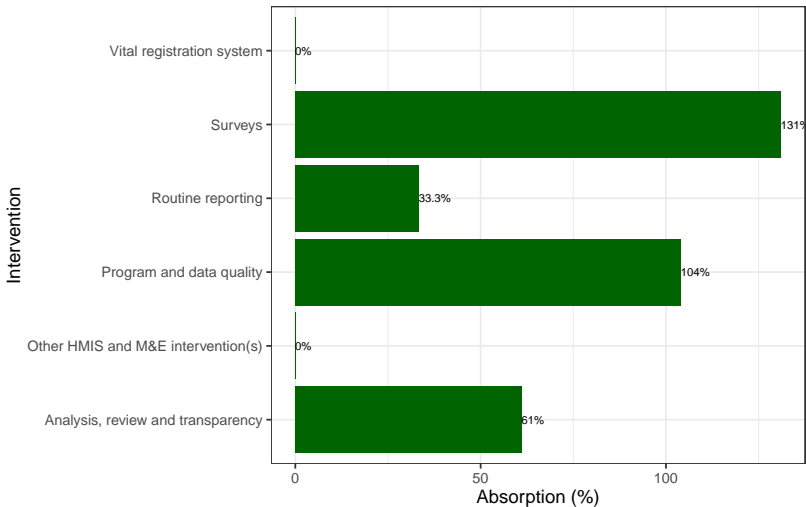
*Bar height capped at 200%

Budget/Expenditure for RSSH modules



HMIS absorption

Absorption for HMIS interventions for S1 2019
Pooled across all grants

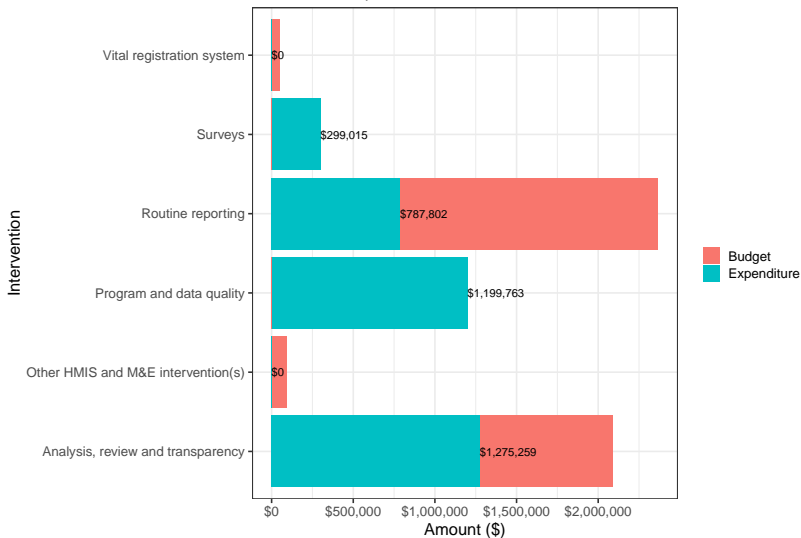


*Bar height capped at 200%

HMIS budget and expenditure

HMIS budget and expenditure

Labels show expenditure amounts

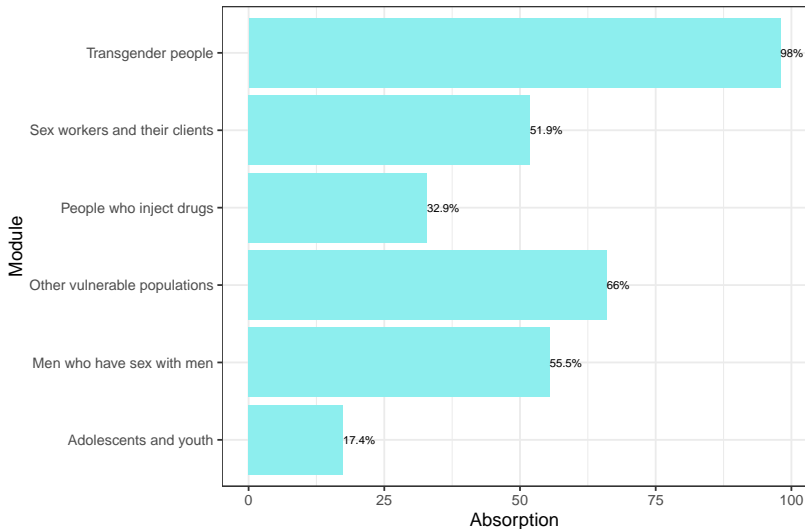


Finding statements for research question #4 (RSSH)

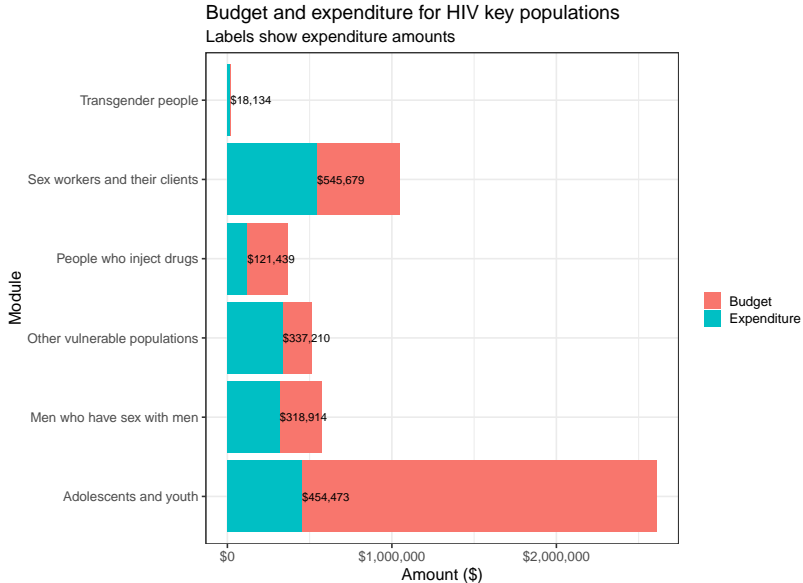
- ▶ For RSSH, the modules that have the lowest overall budget are reporting the best absorption numbers.
- ▶ Many of the biggest RSSH modules are still reporting absorption at or below 60% (HMIS, human rights and health workers, service delivery)
- ▶ Community systems is an outlier, because even though it has a small budget it's reporting low absorption numbers.
- ▶ The main module to watch here is HMIS - it has the highest overall budget, and 11 of the 14 grants represented in this graph included it in their budgets.
- ▶ There has been a significant HMIS investment in “program and data quality” and “analysis, review and transparency”.

Are there trends in absorption for HIV key populations?

Absorption for HIV KP modules in S1 2019
Pooled across all grants

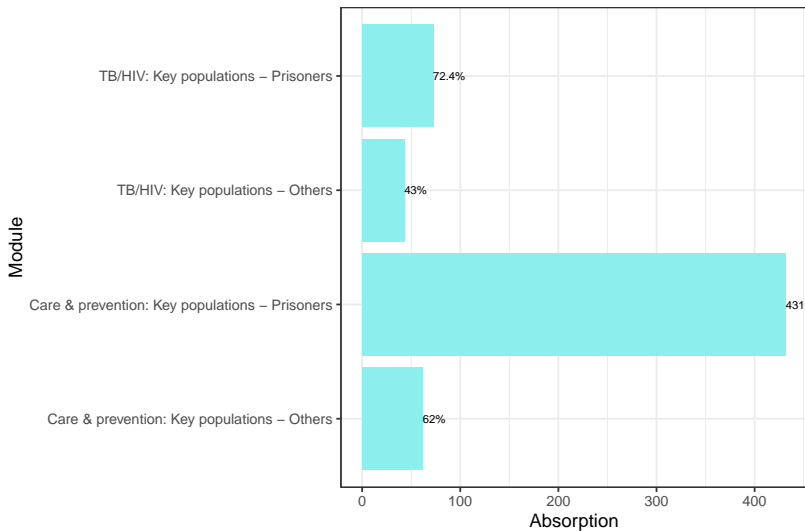


Budget/Expenditure for key populations

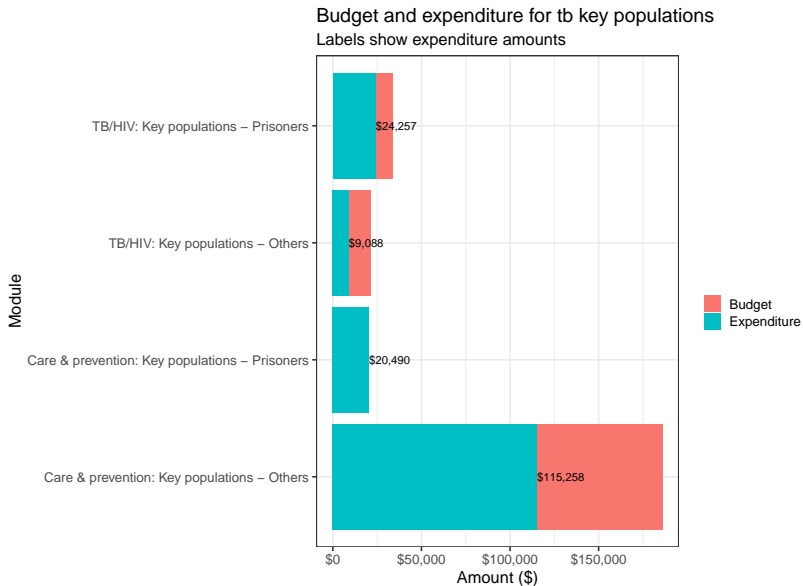


Absorption for TB key populations

Absorption for TB KP modules in S1 2019
Pooled across all grants



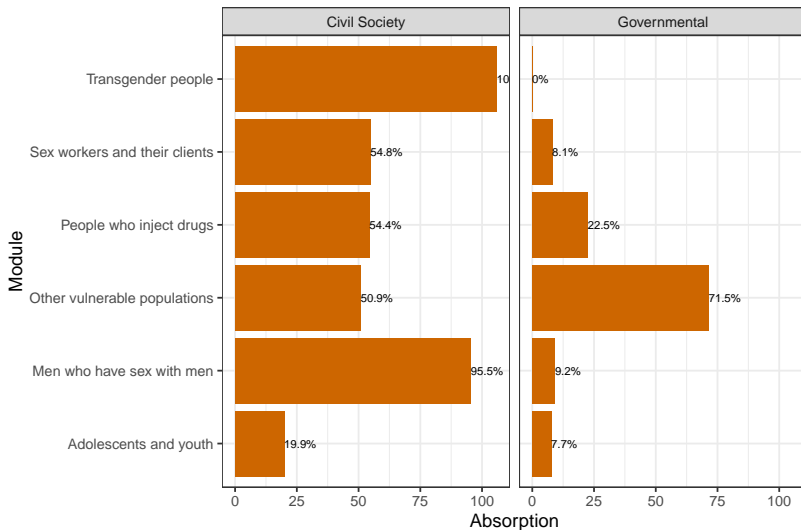
Budget/Expenditure for key populations



Are there differences in absorption for KPs by type of PR?

Absorption for HIV KP modules in S1 2019

Faceted by PR type



Finding statements for research question #4 (key populations)

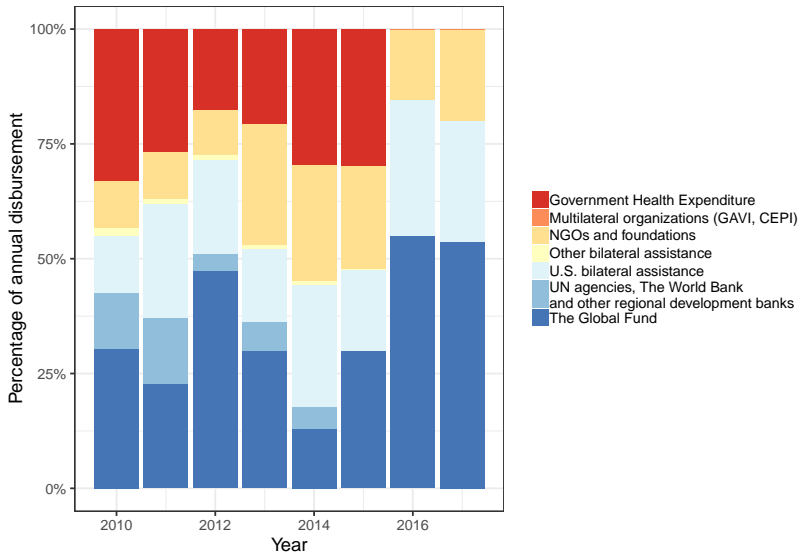
- ▶ Again, the modules that have the lowest overall budget are reporting the best absorption numbers, specifically for transgender people and people who inject drugs under HIV and other key populations under TB.
- ▶ Non-governmental PRs are reporting better absorption numbers in S1 2019 than governmental PRs.

Additional analyses using financial data

- ▶ Sustainability, transition, and co-financing

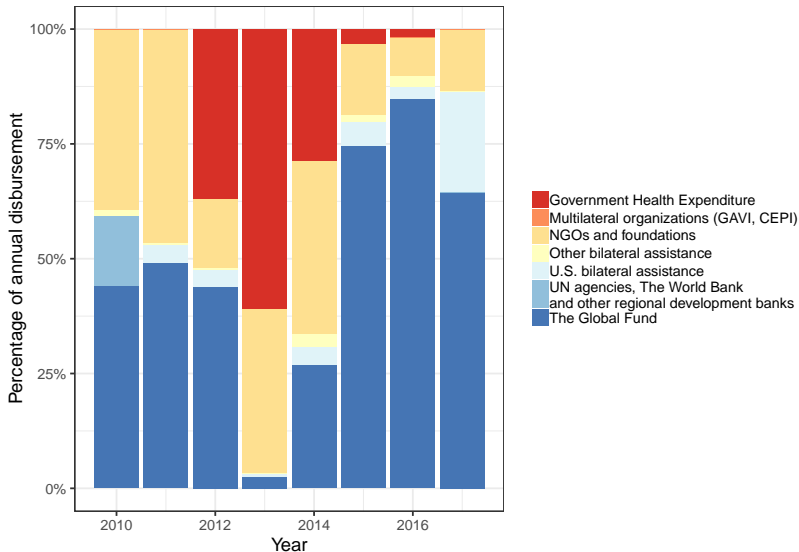
DRC HIV

Funding landscape in DRC for HIV, 2010–2017



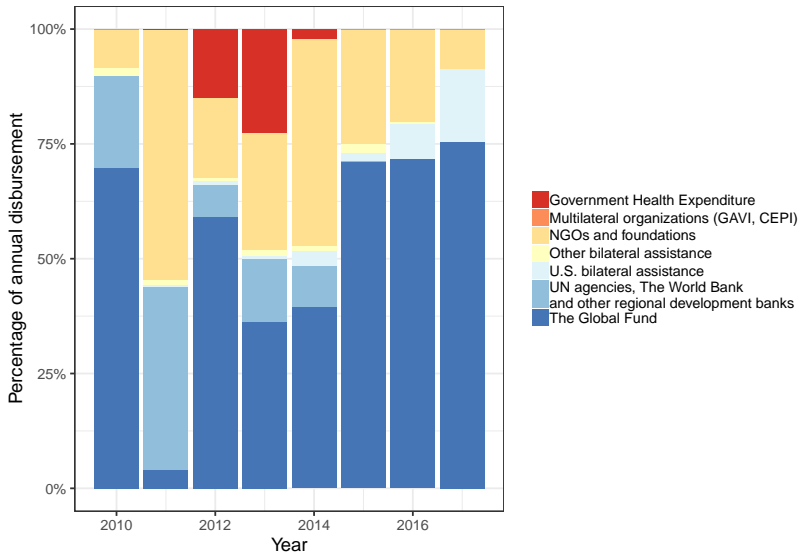
DRC TB

Funding landscape in DRC for tuberculosis, 2010–2017



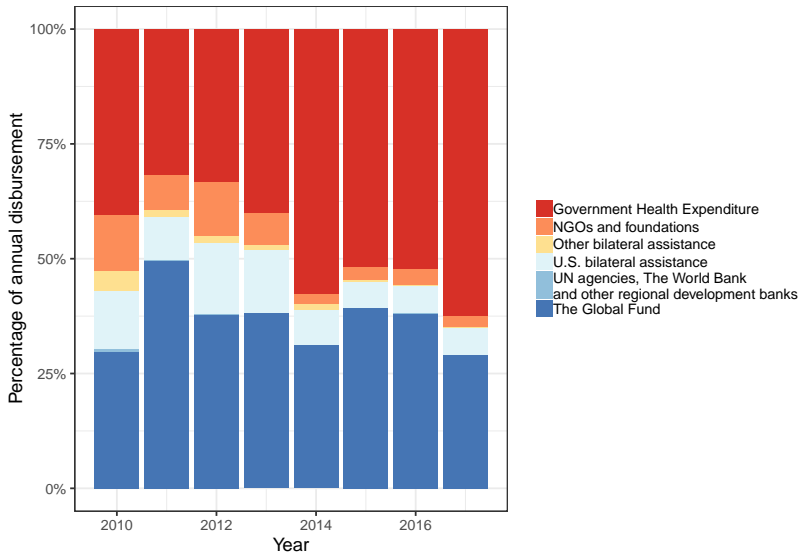
DRC malaria

Funding landscape in DRC for malaria, 2010–2017



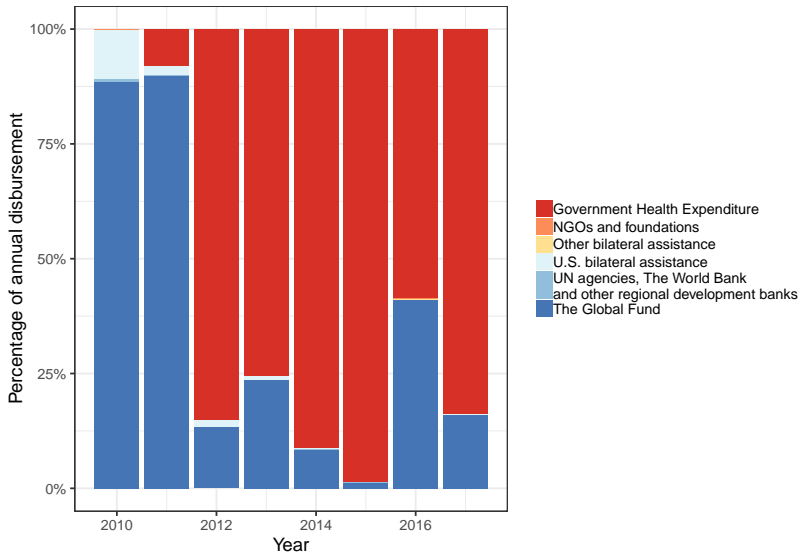
Guatemala HIV

Funding landscape in Guatemala for HIV, 2010–2017



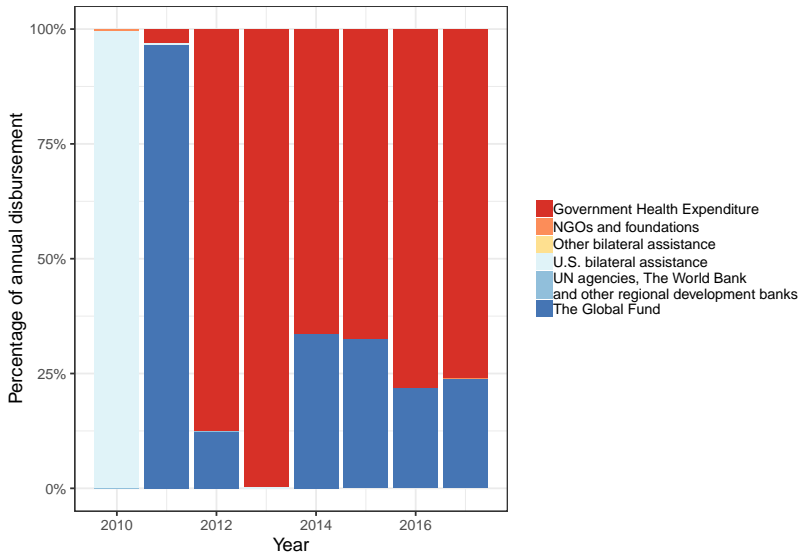
Guatemala TB

Funding landscape in Guatemala for tuberculosis, 2010–2017



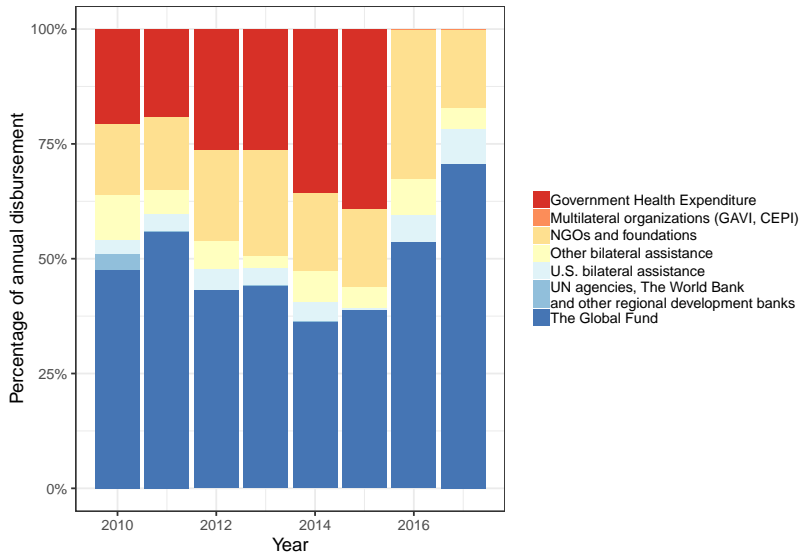
Guatemala malaria

Funding landscape in Guatemala for malaria, 2010–2017



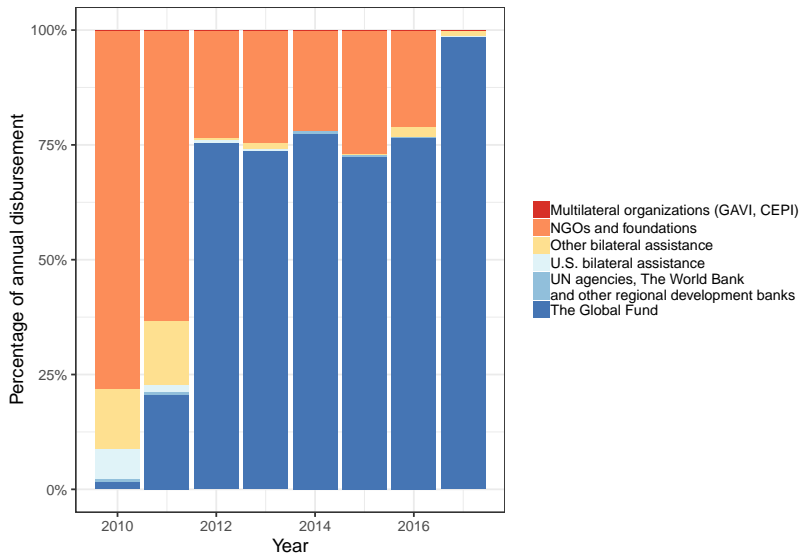
Senegal HIV

Funding landscape in Senegal for HIV, 2010–2017



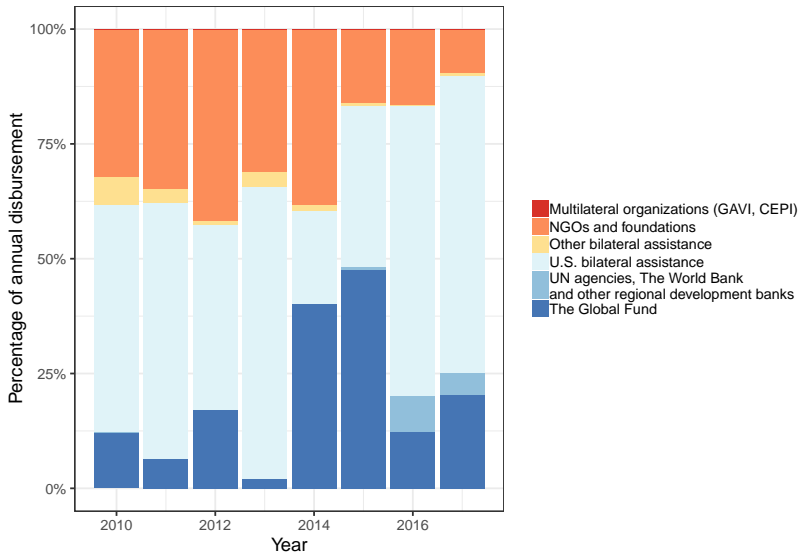
Senegal TB

Funding landscape in Senegal for tuberculosis, 2010–2017



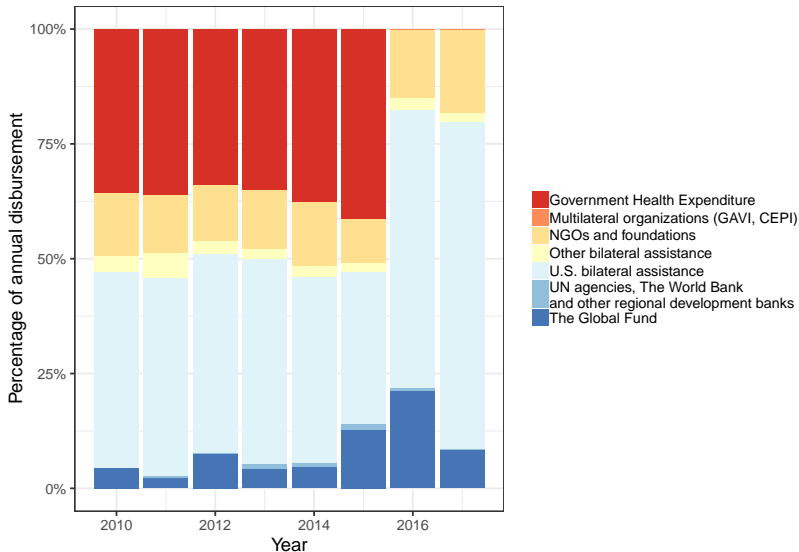
Senegal malaria

Funding landscape in Senegal for malaria, 2010–2017



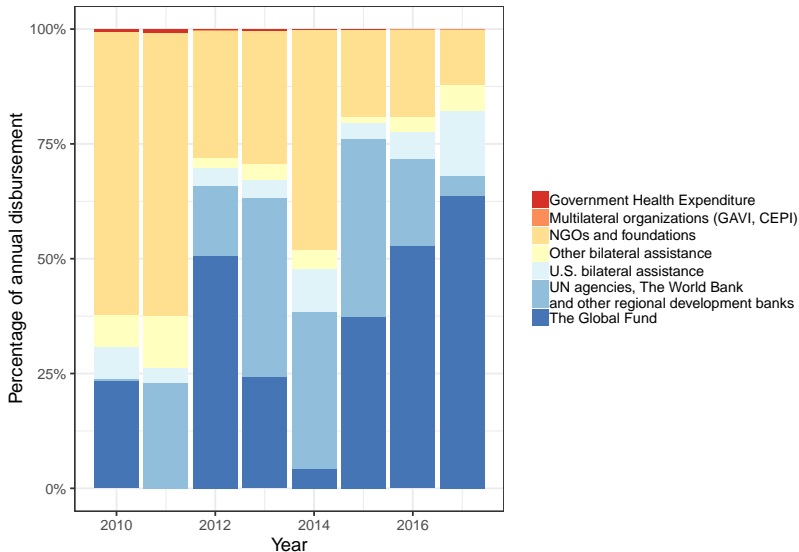
Uganda HIV

Funding landscape in Uganda for HIV, 2010–2017



Uganda TB

Funding landscape in Uganda for tuberculosis, 2010–2017



Uganda malaria

Funding landscape in Uganda for malaria, 2010–2017

