FY25 PEPFAR Human Resources for Health Inventory Handbook

Version 1.0

September 30, 2025

U.S. Department of State

Global Health Security and Diplomacy

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Preface: Updates for FY25 Q4 Reporting

Understanding the scale and scope of PEPFAR investments in human resources for health (HRH) at the country level remains a priority. These investments have previously been captured in the annual PEPFAR Human Resources for Health (HRH) Inventory. But there was a need to (1) align to future needs and the priorities articulated in the [America First Global Health Strategy](#), especially the focus on supporting frontline healthcare workers, and (2) improve data quality and use.

A streamlined FY25 PEPFAR HRH Inventory data collection process, that focuses on data that we "need to know", is being implemented as part of Fiscal Year 2025 (FY25) Quarter 4 (Q4) reporting.

The following data elements from the FY24 PEPFAR HRH Inventory data collection template were **removed** in the FY25 PEPFAR HRH Inventory data collection template:

- Coversheet Tab
  - Completed by
  - Date of Completion
  - Prime IP Point of Contact
  - Prime IP Contact Info
  - Count of Subrecipients
  - Sub IP 1, 2, 3… UEI
  - Sub IP 1, 2, 3… Name
- Staffing Tab (* indicates modified or replaced with new data element)
  - Employed through Prime or Sub IP
  - If Sub, Select IP Name
  - Sex
  - Deliver services directly to beneficiaries
  - Employment Title*
  - Primarily supports DREAMS Programming
  - Primary Program Area*
  - Provide Technical Assistance
  - Mode of hire
  - Govt Staff or Seconded to MOH*
  - Primarily support work in the community
  - Work in or support multiple sites (roving staff)
  - Where is this Position Based
  - PSNU
  - Community
  - Facility
  - Primary Beneficiary
  - In past year provided support for other public health emergency

The following data elements from the FY24 data collection template were **added or replaced** in the FY25 template:

FY24	FY25 Addition or Replacement
Employment Title	Replaced with Cadre
Primary Program Area	Replaced with Program Area by Sub-program area by Interaction Type combination as per PEPFAR Expenditure Reporting (ER) requirements.
Seconded to MOH	Replaced with Seconded to Government
Not Applicable	Transitioned to government

The following process changes were implemented in FY25:

- The coversheet of the data collection template includes auto-generated data about each Implementing Mechanism (IM) and is locked i.e., no data entry.
- No sub-contract or sub-grantee reporting; all subs can be reported under the prime implementing partner (IP).
- No reporting required from any IM that was terminated at any point in FY25 during the Foreign Assistance Review (FAR) process. However, this does not include IM(s) closing out on September 30.
- USG Agency/Department Headquarters (HQ) review of IM-specific data collection template submission(s) is optional.
- Reduced number of data validation checks that are required for both submission of IM-specific data collection template and subsequent USG review of submission.
- Removed back-end mapping of PEPFAR HRH Inventory data elements to data elements from PEPFAR Financial Classification Reference Guide that did not align.
- Streamlined and abbreviated guidance documents:
  - FY25 PEPFAR HRH Inventory Handbook (this document)
    - Programmatic guidance on purpose, who reports, data collected, and data element definitions.
  - FY25 PEPFAR HRH Inventory Data Entry, Review and Submission Guide:
    - Step-by-step instructions on data entry, review and submission in DATIM by all types of users.

Collectively, this is intended to contribute to the following improvements in FY25 reporting:

- Improved reporting on what is needed, including an emphasis on frontline health worker support, i.e., measure what matters.
- At least a 75% reduction in data reporting requirements.
- At least 50% reduction in required data validation checks that are no longer needed in the data collection template.

- Reduced number of "free text" data entry requirements in the data collection template.
- Fewer drop-down options per data element in the data collection template (for example, using Cadre instead of Employment Title means only one of 13 options should be selected instead of one of 72 options).
- Fewer data validation checks requirements as part of IP submission and USG Agency/Department review of data collection template.
- Improved alignment of PEPFAR HRH Inventory data elements with relevant PEPFAR Financial Classification Reference Guide definitions (like, Program area, sub-program area and interaction type).

> **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).

Introduction

What is the Purpose of the PEPFAR HRH Inventory?

Since 2003, PEPFAR has made significant investments in the health workforce across PEPFAR-supported countries. In some countries, PEPFAR's expenditure on the health workforce that supports HIV services and systems is upwards of half the country's total PEPFAR investment. In FY24, PEPFAR spent $1.7 billion to support over 370,000 health workers in 55 countries. Understanding what functions these health workers perform, where they are located, and the related expenditure is essential to ensure both accountability to U.S. taxpayers and support for country self-reliance, in alignment with the America First Global Health Strategy.

The PEPFAR Human Resources for Health (HRH) Inventory is used to collect individual-level data on all non-USG workers funded through PEPFAR, from health workers delivering services to implementing partner staff supporting program management and operations.

> All individuals receiving any form of compensation from PEPFAR (through contracts, non-monetary compensation, salary, or other employment relationship) via an Implementing Mechanism (IM) at any point during fiscal year 2025 (October 1, 2024 - September 30, 2025) should be reported via the PEPFAR HRH Inventory process*.
>
> *see below for an exception for any IM that was terminated during FY2025.

Data from the PEPFAR HRH Inventory are used to analyze the functions, distribution across and within countries, and associated expenditure on PEPFAR-funded workers. At a high level, in each OU, the PEPFAR HRH Inventory asks:

1. What function/role do PEPFAR-supported workers perform?
2. Where are PEPFAR-supported workers geographically located?
3. How are PEPFAR-supported workers compensated?

The PEPFAR HRH Inventory can be combined with other PEPFAR data to better understand program results and needs. Analytical questions such as the following may apply:

1. What is the PEPFAR-funded staffing footprint and associated expenditures in a PEPFAR-supported country?
2. What is the current staffing composition by cadre and geographic distribution across implementing mechanisms and USG implementing agencies/departments?
3. What is the staffing composition by functions performed or cadres? How many clinical frontline staff delivering health services versus management staff are funded?
4. Are there plans to transition any positions to the local or national government? Are these positions clinical frontline staff delivering services or management staff?

Limitations of the PEPFAR HRH Inventory

Although the PEPFAR HRH Inventory can provide some insight into more complex health workforce management issues, such as staff productivity or retention, the Inventory cannot be used to address such areas 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 health workforce management.

The PEPFAR HRH Inventory does not include information on national or local government or other donor-supported staff that are not receiving any form of PEPFAR support i.e., the PEPFAR HRH Inventory does not account for the broader available workforce also supporting HIV services and systems in each country. Human Resources Information Systems (HRIS) and other such management systems can be used to collect information on non-PEPFAR-funded individuals supporting HIV service delivery and systems. As such, data from HRIS can be used alongside PEPFAR HRH Inventory data for a more comprehensive understanding of staffing availability and associated expenditures.

Who Completes the FY25 PEPFAR HRH Inventory?

The HRH Inventory is a required deliverable that must be completed by all IMs that were active at any point during FY2025, including IMs that are closing out on September 30, 2025. However, any IMs that were terminated in FY2025 do not need to complete the Inventory.

The PEPFAR HRH Inventory is completed by PEPFAR-funded Prime IPs for each Implementing Mechanism (IM), including all sub-recipients funded via that IM.

- One HRH Inventory data collection template should be completed per active IM, capturing all PEPFAR-funded individuals for that IM. In this context, PEPFAR-funded individuals refer to all individuals receiving any form of compensation from PEPFAR (through contracts, non-monetary compensation, salary, or other employment

relationship) via an IP at any point during fiscal year 2025 (October 1, 2024 - September 30, 2025).

- This requirement includes IMs that are Government to Government (G2G) in nature, or with multilateral bodies in nature (like the United Nations).

- Prime IPs are responsible for collecting data from their subrecipients and reporting into one template per IM.

- The PEPFAR HRH Inventory is also a required closeout deliverable from IMs that are closing out on September 30, 2025. However, any IMs that were terminated during the FAR process of FY25 do not need to complete the PEPFAR HRH Inventory.

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

What Information is Required to complete the FY25 PEPFAR HRH Inventory?

> PEPFAR HRH Inventory data are entered, at the individual-level, in an excel-based data collection template that is customized to each IM. Each row of data entry in the template represents one (1) PEPFAR-funded individual.

Data are entered at the individual-level in an excel-based data collection template that has been customized, or specific, to each IM. **This excel-based data collection template is hereafter called the HRH Inventory Template or template.** For details on how to generate an IM-specific template, see the PEPFAR HRH Inventory Data Entry, Review and Submission User Guide – DATIM Help Desk under Human Resources for Health.

Tables 1 and 2 below provide for details on what data are required, definitions of variables/data elements, and potential data sources.

As mentioned above, all PEPFAR-funded individuals should be included in the HRH Inventory for each IM. In this context, PEPFAR-funded individuals refer to all individuals receiving any form of compensation from PEPFAR (through contracts, non-monetary compensation, salary, or other employment relationship) via an IP at any point during fiscal year 2025 (October 1, 2024 -

September 30, 2025). See Figure 1 below for a decision tree to help determine who should be included in the PEPFAR HRH Inventory.
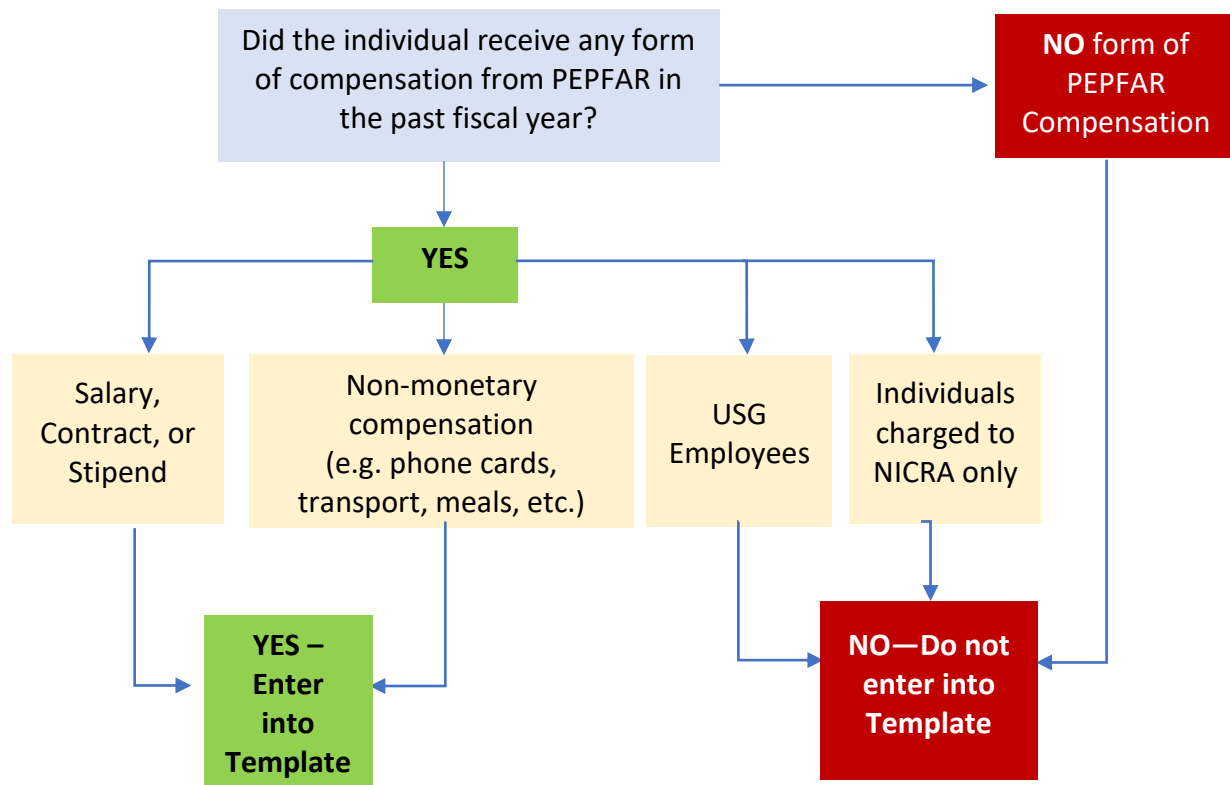
The following types of PEPFAR-funded individuals should be included in the HRH Inventory (these are examples only):

1. PEPFAR-funded individuals under any of the following employment or contractual relationships to an IP, including

   - Salaried employees of a Prime IP or any subrecipient organization
   - Contracted workers of a Prime IP or any subrecipient organization.
   - Workers with any employment relationship that provides stipends or any form of non-monetary compensation.

2. PEPFAR-funded individuals who were employed with an IP for any part of the fiscal year. For example, an individual who is no longer employed with the IP as of September 30, 2025, but was employed with the IP from January 2025 to August 2025, should be included.

3. PEPFAR-funded individuals at all levels of the IM's organization and all job titles should be included in the PEPFAR HRH Inventory template per IM, including but not limited to:

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

4. PEPFAR-funded individuals that work across multiple IMs should be included on each IM's PEPFAR HRH inventory templates reflective of the level of effort that they provided to that IM. For example, if an individual worked as a Technical Advisor 50% of the time on one IM, and 25% of the time each on two other IMs, each of the three IMs should include that individual on their respective HRH inventory templates, listing 0.5 FTE on one and 0.25 FTE on each of the other two.

The following individuals should NOT be included in the PEPFAR HRH inventory:

1. USG employees.
2. Individuals that did NOT receive any form of compensation from PEPFAR, including non-monetary compensation, full or partial salaries, stipends etc. For example, national or local government staff who are not compensated by PEPFAR in any form, but work alongside PEPFAR-funded staff, should not be included in the HRH inventory.
3. Individuals charged to Negotiated Indirect Cost Rate Agreement (NICRA) *only*.
4. Individuals funded through Headquarters Operational Plan (HOP) funded mechanisms *only*.

Figure 1: Decision Tree - Who should be included in the PEPFAR HRH Inventory Template?

Most of the data about individuals that are required in the PEPFAR 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. **As such, IPs do not need to conduct field visits to complete the HRH Inventory.**

What FY25 PEPFAR HRH Inventory data products will be available?

Data collected as part of the PEPFAR HRH Inventory process does not constitute personally identifiable information (PII). But individual level data are considered sensitive. As such, as per PEPFAR Data Governance rules, individual level data should not be shared in any public-facing events or publications. An excel-based dataset and Tableau-based dashboard will be available to all USG PEPFAR users after the FY25 Q4 reporting cycle closes.

Note, in accordance with the Department of Defense (DoD) information sharing agreements with GHSD, that staffing data from DoD military-military implementing mechanisms is not uploaded into DATIM or shared with GHSD-PEPFAR at the individual level.

What is the Timeline for Completion of the FY25 PEPFAR HRH Inventory?

The PEPFAR HRH Inventory is collected annually as part of Quarter 4 reporting, as described in the PEPFAR Data Calendar. Data entry opens on October 1 2025 and all submissions and approvals should be completed by November 14, 2025.

PEPFAR FY25 HRH Inventory Data Collection Template

The PEPFAR HRH Inventory template is specific to each IM i.e., the template is auto generated via the PEPFAR HRH Processor App by each IM. See the FY25 PEPFAR HRH Inventory Data Entry, Review and Submission Guide for step-by-step instructions on data entry, review and submission for all types of users. The Guide is posted here under Human Resources for Health.

The IM-specific template contains three tabs:

1. **Cover Sheet**:
   - The first tab contains pre-populated information to identify the IM i.e., OU, Mechanism Name and Mechanism ID. This information cannot be edited.
2. **Staff List**:
   - The second tab requires data entry about each PEPFAR-funded individual for that IM. Each row of data entry will represent one PEPFAR-funded individual.
3. **FTE Calculator:**
   - The third tab is an FTE calculator which can serve as a resource to calculate the average FTE per month for each PEPFAR-funded individual in the second tab.

Tables 1 and 2 below provide definitions and instructions for completing each data element of the PEPFAR HRH Inventory Template. **Please review the definitions carefully, even if you have completed a PEPFAR HRH Inventory in the past, as requirements, definitions and drop-down options have changed.**

Almost all data elements have data validation checks that are performed automatically when the completed PEPFAR HRH Inventory template is uploaded into the HRH Processor App in

DATIM. These data validation checks help ensure high-quality submission. A validation error message will appear if the predefined conditions of each validation rule are not met. For details, see PEPFAR HRH Inventory Data Entry, Review and Submission Guide – DATIM Help Desk under Human Resources for Health.

Table 1: PEPFAR HRH Inventory Template Definitions: Cover Sheet Tab

Data Element	Definition
Operating Unit	This field will be pre-populated after downloading the IM-specific HRH Inventory template from DATIM HRH Processor App. It cannot be edited. DATIM-generated field for the OU where the IM works. For Bilateral OUs, this will be the Country name. For Regional OU, this will be the region's name.
Mechanism ID	This field will be pre-populated after downloading the IM-specific HRH inventory template from DATIM HRH Processor App. It cannot be edited. Mechanism ID is a four-digit to six-digit numeric value used to uniquely identify each IM.
Mechanism Name	This field will be pre-populated after downloading the IM-specific HRH Inventory template from DATIM HRH Processor App. It cannot be edited. Mechanism name uniquely identifies each IM.

Table 2: PEPFAR HRH Inventory Template Definitions: Staff List Tab

Data Element	Definition
Record Number (Optional) **[Column A]**	***Free Text:* Alphanumeric** This is an optional data element that IPs can use to track staff entries into the data collection template. An example of a record number could be 00001 or ABC-0001. Note: This field will not be incorporated into DATIM or stored on PEPFAR servers. However, personally identifiable information (PII) should NOT be entered in this column.

Cadre **[Column B]**	***To which cadre does the individual belong? Select the most appropriate option from the drop down.*** **Dropdown options:** Medical, Nursing/Midwifery, Laboratory, Pharmacy, Mental Health Staff, Other Clinical Provider, Community Staff, Social Work and Case Management, Implementing Mechanism Program Management Staff, Support Staff, Technical Assistance Staff, Data-Related Staff, Other Professional Staff **Additional information:** - Examples of job titles and definitions that could fall under each cadre are provided in Appendix B. - Cadres map to specific "Program Areas" in Column C. See Appendix B for mapping rules. - Cadres may not exactly match the official job title of the individual. Select the cadre that best matches the job that the individual was hired to perform. For example, if a medical doctor was hired primarily to provide technical assistance for national HIV guidelines, then the cadre "Technical Assistance" should be selected, not "Medical". - All "Other" cadres, such as "Other Professional Staff" <u>should be used only as a last resort</u> if no other cadre comes close to the role the individual performs. - For each PEPFAR-funded individual, the cadre selected should reflect the work being *performed* by the individual, NOT their *training or qualification*. For example, a PEPFAR-funded individual who is trained as a doctor, but who works primarily as "Senior Leadership" at the IM level, should be reported as "IM Program Management Staff" and not "Medical" for their Cadre. - Only one option should be selected. - If the PEPFAR-funded individual was hired to perform work that could fall under more than one cadre, select the cadre that occupies the majority of his/her time. If the individual belongs to two or more cadres equally, select just one cadre. **Potential Data Source:** Job description, Employment records.
Program Area **[Column C]**	***What PEPFAR program area, sub program area and interaction type does the individual support? Select one from the dropdown.*** ***Dropdown Options***: PEPFAR Program Area, sub-program and interaction type combinations. **Additional Information:**

	• The program areas, sub-program areas and interaction types are directly from and defined in the [PEPFAR Financial Classification Reference Guide](#). • Each cadre only aligns with specific program areas, sub-program area and interaction types. See Appendix C for detailed mapping of cadre to program area combinations. • Only one option should be selected. • If a PEPFAR-funded individual supports more than one program area, select the one that occupies the majority of his/her time. If the individual supports two or more program areas equally, please select only one. **Potential Data Source:** Job description, Employment records.
Seconded to Government **[Column D]**	***Is the individual officially designated as a secondee to the national or local government? Select one from the dropdown.*** ***Dropdown Options:*** No – Not Seconded to Government, Yes- Seconded to Government, Not sure **Additional Information:** • All dropdown options are mutually exclusive. • Secondee definition: Any PEPFAR-funded individual who is officially designated as a secondee as part of their terms/scope of work documentation. In this context, a secondee is someone who is fulfilling a role that <u>would normally be performed by a local or national government employee</u>. Seconded staff are most often seconded to national or local government offices rather than health facilities. • Definition of "local/national government": In this context, local/national government is any host government entity at any level of government (for example, district, provincial, federal etc.). • If a local or national government employee receives compensation from PEPFAR in addition to their local or national government salary, select 'No – Not seconded to Government'. • If a PEPFAR-funded individual, who is employed by an IP, is placed in any local or national government office to perform tasks/duties for the USG, select 'No – Not seconded to Government'. • If a PEPFAR-funded individual, who is employed by an IP, is placed in any local or national government office officially as a secondee either full time or part time, select 'YES – Seconded to Government'.

	- If a PEPFAR-funded individual, who is employed by an IP, regularly works closely with government staff but is not officially a secondee to the government, select 'No – Not seconded to Government'. - If a PEPFAR-funded individual, who is employed by an IP, works in health facilities to deliver health services alongside government staff but not officially a secondee to the government, select "No – not seconded to government". - If you are not sure whether a PEPFAR-funded individual is officially designated a secondee to local or national government, select 'Not sure'. **Potential Data Source:** Job description, Employment records.
Transition to Government **[Column E]**	***Was or will this position/role be transitioned to local/national government in either FY25 or FY26? Select one option from the drop-down.*** ***Dropdown options:*** *Yes - transitioned in FY25, Yes - will be transitioned in FY26, No - not transitioned in either FY25 or FY26, Not sure.* **Additional Information:** - All dropdown options are mutually exclusive. - Definition of "transitioned": In this context, "transitioned" means this PEPFAR-funded individual's position or role (but not necessarily the individual themselves) either will be or has been <u>taken on</u> by the local/national government. That is, this position/role either is no longer PEPFAR-funded or will no longer be PEPFAR-funded because the position has been transitioned. - Definition of "local/national government": In this context, local/national government is any host government entity at any level of government (for example, district, provincial, federal etc.). - Fiscal year 2025 is from October 1, 2024, to September 30, 2025. - Fiscal year 2026 is from October 1, 2025, to September 30, 2026. - If a PEPFAR-funded individual's position/role was transitioned to local/national government at any point during FY25 (for example, in June 2025) select 'Yes – transitioned in FY25'. - If a PEPFAR-funded individual's position/role will be transitioned to local/national government at any point during FY26 (for example, in January 2026), select 'Yes – will be transitioned in FY26'. - If a PEPFAR-funded individual's position/role was not transitioned to local/national government at any point during FY25 AND will not be transitioned at any point in FY26, select 'No – not transitioned in either FY25 or FY26'.

	• If you're not sure whether a PEPFAR-funded individual's position/role was transitioned to local/national government at any point in FY25 OR will be transitioned at any point in FY26, select 'Not sure'. **Potential Data Source:** Job description/Employment records/Manager
Months of work in past year **[Column F]**	***What are the total number of months the individual worked in this role? Enter a number between 0-12.*** ***Dropdown Options:** Free Text: Numeric, must be between 0-12* **Additional Information:** • If a PEPFAR-funded individual worked for part of a month, count the number of weeks (not days) worked in the partial month, and include as a decimal. For example, if a doctor under the Medical cadre 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. you can count paid leave days as work). If an individual is on extended unpaid leave (such as, leave to attend school), do not count those months as working months. • This data element will be used to calculate FTE counts (i.e., annual fte) using the following formula: (average_fte_per_month * months_of_work)/12 = annual fte. **Potential Data Source:** Job description/Employment records/Manager.
Average FTE per month **[Column G]**	***What is the average full-time equivalent (FTE) worked by the individual per month, where 0 = no work on average per month, and 1 = full time work per month? Use the FTE Calculator tab and enter a value from 0-1.005.*** ***Free Text:** Numeric. Must be between 0-1.005* **Additional Information:** • The third tab of the HRH Inventory template contains an FTE Calculator. This calculator will help determine the FTE for an individual who worked less than full-time per month during the year. • For each individual who worked less than full-time, use the FTE calculator to get a number that represents the FTE for that individual, and then transfer that number to the Staff list tab. • Only enter the FTE supported by PEPFAR on the IM being reported. For example, if an individual worked 0.25 on the IM #1, and also worked 0.75 on IM #2, report 0.25 as the FTE on the IM #1. • Do not report any FTEs funded partially or fully by a national government or other entities. Only the portion of FTE funded by PEPFAR via the IM being reported should be entered.

	- Additional examples of scenarios for FTE calculations are available in Appendix A. - This data element will be used to calculate FTE counts (i.e., annual fte) using the following formula: (average_fte_per_month * months_of_work)/12 = annual fte. **Potential Data Source:** Job description, Employment records, Payroll records
Bilateral Programs: SNU1 **Regional Programs: Country** **[Column H]**	*For Bilateral Programs: What is the Sub-national Unit 1 (SNU1) that corresponds to the location of work for the individual? Select one from the dropdown.* *For Regional Programs: What is the country that corresponds to the location of work for the individual? Select one from the drop-down.* *Dropdown Options:* Varies by OU—aligns with DATIM geographic hierarchy for each OU. **Additional Instructions:** - 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 2: How to Determine Location of Work* **How to Determine Location of Work** Location of Work: Place where work is performed ✓ — Physical place of work ✗ - For each individual, select the location of work that corresponds to the primary location where work was performed. In instances where an individual works in multiple locations, select the location where the majority of work was performed. If an individual's work was split evenly among locations, please select only one location.

	- In order to see the dropdown list of locations to select in Column I, the appropriate location in Column H must be selected first. - For individuals from mil_SNU IMs (not mil-mil) in, **BILATERAL OUs**, select military SNU in the SNU1 column (Column H). Leave the SNU2 column (Column I) blank. **REGIONAL OUs,** select the Country in the Country column (Column H). In the SNU1 column (Column I), select military SNU. - For **individuals working at the national level** in: **BILATERAL** OUs, select the SNU1 where the majority of work is performed (such as the SNU1 where the government's capital or administrative capital is located) in Column H. Leave the SNU2 column (Column I) blank. **REGIONAL** OUs, select the country where the majority of work is performed in Column H. Leave the SNU1 column (Column I) blank. - For **international** level workers (i.e., staff primarily based outside the OU), - In both **BILATERAL** and **REGIONAL** OUs, leave this column blank. International staff may include U.S. based staff that spend only a portion of their time supporting the IM. 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. **Potential Data Source:** Job description, Employment records, Payroll records
Bilateral Programs: SNU2 **Regional Programs: SNU1** **[Column I]**	*For Bilateral Programs: What is the Sub-national Unit 2 (SNU2) that corresponds to the location of work for the individual? Select one from the dropdown.* *For Regional Programs: What is the sub-national unit 1 (SNU1) that corresponds to the location of work for the individual? Select one from the dropdown.* *Dropdown Options:* Varies by OU—aligns with DATIM geographic hierarchy for each OU. **Additional Instructions:**

	- 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. See Figure 2 above. - In order to see the dropdown list for this column, the appropriate location in the Column I must be selected first. - For each individual, select the location that corresponds to the primary location where work was performed. In instances where an individual works in multiple locations, select the location where the majority of work was performed. If work was split evenly among locations, select only one location. - For individuals from mil_SNU IMs (not mil-mil) in, **BILATERAL OUs**, you should have selected the mil_SNU in Column H. Leave Column I blank. **REGIONAL OUs,** you should have selected the Country in Column H. Select the mil_SNU in Column I. - For **individuals working at the national** level in: **BILATERAL** OUs, you should have selected the SNU where the majority of work is performed as SNU1 in Column H (such as the SNU1 where the government's capital or administrative capital is located). Leave Column I blank. **REGIONAL** OUs, you should have selected the country where the majority of work is performed in Column H. Leave Column I blank. - For **INTERNATIONAL** level workers (i.e., staff primarily based outside the OU or country), - For both **BILATERAL** and **REGIONAL** OUs, leave this column blank. International staff may include those who are U.S. based and spend only a portion of their time supporting the IM. 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. **Potential Data Source:** Job description, Employment records, Payroll records
Sum of annual PEPFAR expenditure,	*What is the total amount spent on the individual's remuneration in USD, excluding fringe and non-monetary expenditure, over the past fiscal year? Enter a value between $0-$1,000,000.* *Free Text*: Numeric. Must be between *0-1,000,000.*

excluding Fringe and Non-Monetary (USD)
 	
[Column J]
	Additional Information:
	
	• 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.
	• All salaries, wages, contract fees and other payments made to staff should be entered here.
	• Included costs:
	   o Regular salaries and wages paid directly to employees or contract staff.
	   o Stipends, cash awards, bonuses or performance-based pay that is paid directly to employees or contract staff.
	• Excluded costs:
	   o USD equivalent of any non-monetary compensation paid to employees or contract staff. Examples of non-monetary compensation are provided below under 'Non-monetary expenditure excluding salary and fringe'.
	   o Fringe benefits. Details on fringe benefits are provided below under 'Fringe expenditure excluding salary and non-monetary".
	
	Potential Data Source: Employment records, Payroll records

Annual PEPFAR Fringe Expenditure, excluding Non-Monetary (in USD) **[Column K]**	***What is the total amount spent on the individual's fringe benefits (in USD) over the past fiscal year? Enter a value between $0-$1,000,000.*** **Free text, Numeric; Must be between 0-1,000,000** **Additional Information:** • 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. • 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. - Any severance payment that may have been made to an individual. - Excluded costs: - Stipends, cash awards, bonuses or performance-based pay should all be entered in the "Sum of annual PEPFAR Expenditure, excluding fringe and non-monetary." - 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 PEPFAR HRH Inventory. - Do not include fringe benefits that were classified as indirect. **Potential Data Source:** Job description, Employment records, Payroll records
Annual PEPFAR Non-Monetary Expenditure, excluding Fringe (in USD) **[Column L]**	***What is the estimated USD equivalent monetary value of non-monetary compensation that the individual was given over the last fiscal year? Enter a value between $0-$1,000,000.*** ***Free Text*: Numeric. Must be between 0-1,000,000** **Additional Information:** - 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. - In this context, 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 any form of non-monetary compensation. - Examples of non-monetary Compensation: - Phone card (for personal use, not to facilitate work) - Transport (for personal use, not to facilitate work)

	○ Meals ○ Bikes ○ Gumboots ○ Personal gifts - 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 used to call patients, or transport to locations to deliver health services. - Estimate the USD equivalent monetary value to the best of your ability for each individual- this estimation is not intended to be an undue burden on the IP. If necessary, an average (i.e. the IM'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. - If an individual received non-monetary compensation in exchange for providing a service on behalf of PEPFAR, that individual should be included in the PEPFAR HRH Inventory. Err on the side of including individuals that received non-monetary compensation in the HRH Inventory template, even if the value of the goods received must be estimated. **Potential Data Source:** Job description, Employment records, Payroll records
Comments (Optional) **Column O**	**Free text. Alphanumeric** For optional use by the IP. Note: This field will not be incorporated into DATIM or stored on PEPFAR servers. However, personally identifiable information (PII) should NOT be entered in this column.

Appendix A: Full Time Equivalent (FTE) Calculator

The FTE Calculator is available as a separate tab in the PEPFAR HRH Inventory template. It 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 FTE calculator is useful to calculate the FTE numeric value for an individual that works less than full-time (i.e., less than 1.0), although it cannot be used to calculate overtime. The calculator can determine the appropriate FTE for the following types of scenarios:

Table 3: FTE Calculator Options and Scenarios

FTE Calculator Option	Example	Formula	Average Monthly FTE
1. A PEPFAR-funded individual'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. A PEPFAR-funded individual'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. A PEPFAR-funded individual'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. A PEPFAR-funded individual'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: Cadre Definitions

Examples of job titles and definitions that could fall under each cadre are provided in the table below.

As mentioned above in the Section on the "PEPFAR HRH Inventory Data Collection Template",

- In column B, select the cadre that best matches the job that the individual was hired to perform. For example, if a medical doctor was hired primarily to provide technical assistance for national HIV guidelines, then the cadre should be "Technical Assistance" should be selected, not "Medical". As such, Cadres may not exactly match the official job title of the individual.
- All "Other" cadres, such as "Other Professional Staff" should be used only as a last resort if no other cadre comes close to the role the individual performs.
- The cadre selection should reflect the work being *performed* by the individual, NOT their *training or qualification*. For example, a PEPFAR-funded worker who is trained as a doctor, but who works primarily as "Senior Leadership" at the IM level, should be reported as "IM Program Management Staff" and not "Medical" as his/her Cadre.

Table 4: Cadre Definitions

Cadre	Potential Employment Title Included in this Cadre	Definition
Medical **Service Delivery only**	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 **Service Delivery Only**	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. Nurses with specialized or program-specific training should be captured here.
	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 **Service Delivery only**	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 relays 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

Service Delivery only		Assistants primarily focus on administrative and supply/stocking duties.
	Pharmacy Technician	Has a more specialized role 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 **Service Delivery only**	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.

Service Delivery only	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 **Service Delivery only**	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-positive 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.
	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 **Service Delivery only**	Social Worker	Possess a baccalaureate or advanced degree in social work and complies 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 **Non-service delivery only**	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.
	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 Staff	Supports procurement related activities for the mechanism.
	Grants Management Staff	Supports grants management related activities for the mechanism.
	Senior Leadership	Senior leaders and managers within the mechanism, including Chief of Party, Chief of Staff or other senior roles.
	Other Program Management Staff	Any Program Management worker that does not fit any of the other categories.
Support Staff **Non-service delivery only**	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 **Non-service delivery only**	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. Examples: Technical consultants, TA providers, and Subject Matter 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.
Data-related Staff **Non service delivery only.**	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).
	Epidemiologists	Staff who collect and/or analyze HIV epidemiologic data at any level. This may include making national or district-level estimates of PLHIV or key populations, incidence modeling, 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 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 **Non-service delivery only**	Facility Administrator	Staff who, direct, coordinate and evaluate 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.
	Provincial/District Coordinator	Oversees and coordinates program activities within a specific geographic region (province or district). This role involves strategic planning, implementation, monitoring, and evaluation of HIV prevention, care, and treatment programs. The manager ensures that program goals are met, compliance with policies and regulations is maintained, and resources are effectively utilized. They may also be seconded staff who are working as government or MoH staff, as well as staff who liaise with government officials, community leaders, and other stakeholders to facilitate collaboration and support for the program.
	Program Manager/Officer	Responsible for the design, execution, and oversight of specific HIV-related projects or components within the program. This role includes developing work plans, managing budgets, monitoring progress, and reporting on outcomes. Ensures that activities align with PEPFAR objectives and standards,

		provides technical assistance, and coordinates with partners and beneficiaries.
	Program Coordinator/Assistant	Supports the administrative and logistical aspects of program implementation. This role may involve organizing meetings, maintaining records, preparing reports, and coordinating communication among team members and stakeholders. May also assist in the development and dissemination of program materials, monitoring timelines, and ensuring that project activities are on track.
	Other Professional Staff	Any other professional staff that do not fit any of the other categories.

Appendix C: Cadre to Program Area Alignment

In Column C "Program Area", select the appropriate PEPFAR program area, sub-program area and interaction type that the individual supports a majority of the time.

As mentioned above in the section on "PEPFAR HRH Inventory Data Collection Template",

- The program areas, sub-program areas and interaction types are directly from and defined in the PEPFAR Financial Classification Reference Guide.
- In the FY25 PEPFAR HRH Inventory template, depending on the cadre selected in column B (called "Cadre"), Column C (called "Program Area") will be prepopulated with the appropriate options.
- Only one option in "Program Area" should be selected.
- If a PEPFAR-funded individual supports multiple program areas, select the one that occupies the majority of his/her time. If the individual supports two or more areas equally, please select only one.

Table 5: Cadre to PEPFAR Financial Classification Guide Program Area, Sub-Program Area and Interaction Type

Cadre	Program Area	Sub-program Area	Interaction type
Medical	All except Above Site Program (ASP) and Program Management (PM)	All except ASP and PM sub-program areas	Service Delivery
Nursing / Midwifery	All except ASP and PM	All except ASP and PM sub-program areas	Service Delivery
Laboratory	All except ASP and PM	All except ASP and PM sub-program areas	Service Delivery
Pharmacy	All except ASP and PM	All except ASP and PM sub-program areas	Service Delivery

Mental Health Staff	All except ASP and PM	All except ASP and PM sub-program areas	Service Delivery
Other Clinical Provider	All except ASP and PM	All except ASP or PM sub-program areas	Service Delivery
Community Staff	All except ASP and PM	All except ASP or PM sub-program areas	Service Delivery
Social Work and Case Management	All except ASP and PM	All except ASP and PM sub-program areas	Service Delivery
Implementing Mechanism Program Management Staff	PM only	IM Program Management only	Non-Service Delivery
Support Staff	All except PM	All except PM sub-program areas	Non-Service Delivery
Technical Assistance Staff	All except PM	All except PM sub-program areas	Non-Service Delivery
Data-Related Staff	All except PM	All except PM sub-program areas	Non-Service Delivery
Other Professional Staff	All except PM	All except PM sub-program areas	Non-Service Delivery