

DATIM Deduplication Training Review

1. Deduplication Overview

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Reasons for Deduplication

- "The numbers don't add up"
 - PEPFAR totals vs. National results
 - Same Things, Same Place, Same Time
- "I did this" vs. "We did this"
 - Partners report individual accomplishments
 - Programs report aggregate, unique results
- Double-counting vs. Service Overlaps
 - Sometimes it's simple (2 partners, exact same clients)
 - Sometimes it's complex (overlapping community interventions across populations, geographic areas)
- Program Accountability



Deduplication Overview

Why do we dedupe?

- PEPFAR is concerned about individual humans!
 - When two (or more) mechanisms reach the same beneficiaries at a site with the same services, this creates <u>Duplication</u> of reporting values in DATIM.
 - <u>Deduplication</u> allows PEPFAR to reconcile data systems to count individuals reached by PEPFAR services, even when the same client may have received services from different IPs and Agencies.
- Dedupe is incredibly important for meeting targets.
 - It can be the difference between meeting your targets and not meeting your targets.



Deduplication Overview

When do we dedupe? Who does it?

- Dedupe happens at the Interagency level.
- Dedupe starts once all partner data has been entered into the system.
- Dedupe takes place with all agency stakeholders IN THE SAME ROOM.



Deduplication Overview

Defining De-Duplication Terms

- Direct Service Delivery (DSD):
 - Direct interactions with the patient or beneficiary.
- Technical Assistance (TA):
 - Support to improve the quality of services through site visits
- "Pure/Normal/Simple" De-Duplication:
 - All DSD-DSD or TA-TA duplicate (or differing) values to be addressed within DATIM.
- DSD-TA Crosswalk/Complex De-Duplication:
 - When multiple partners report DSD and TA results at the same site, which double-counts patients/beneficiaries across DSD and TA results; revise TA value within DATIM.



2. DATIM Dedupe Application

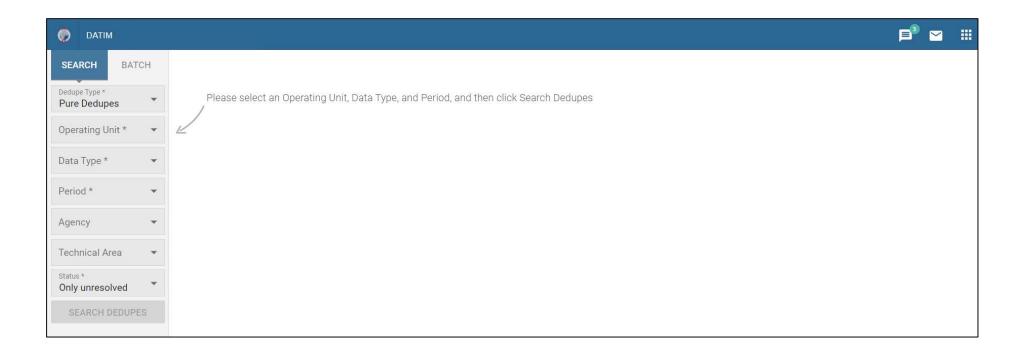
Considerations

- Before performing deduplication in the DATIM Dedupe App, consider whether the duplicates being resolved are DSD or TA.
 - DSD/DSD and TA/TA duplicates are resolved using <u>Pure</u>
 <u>Deduplication</u>.
 - DSD/TA duplicates are resolved using <u>Crosswalk Deduplication</u>.
 - If there were any funding mechanisms that were DSD-TA, these are typically done after deduplicating all DSD-DSD and TA-TA mechanisms.



Deduplication App in DATIM

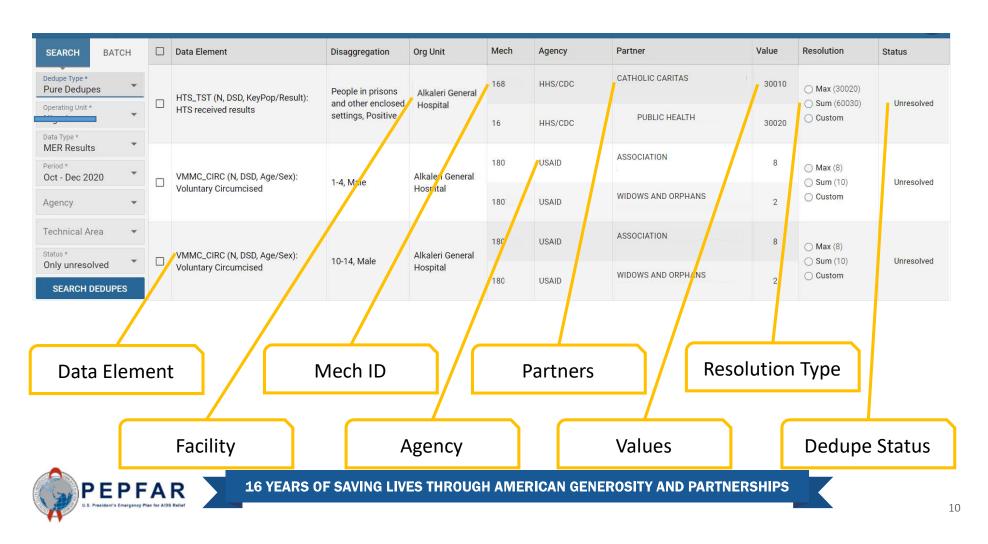
• In DATIM, after selecting Data Deduplication, your screen will appear as follows:





Deduplication App in DATIM

Here we highlight the dedupe entry screen into its components:



Standard Deduplication Resolutions

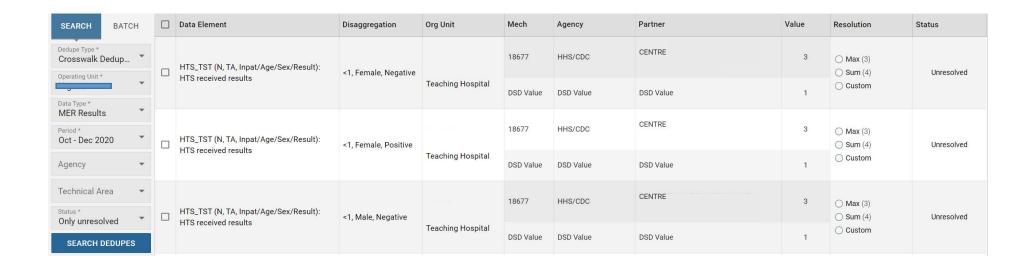
While using the DATIM dedupe app, you must decide which logic to apply to the data values:

- SUM: Add all IM results together at site level.
 - (No Duplication of clients by IMs.)
- MAX: Across all IMs, report the "highest reported value" of each indicator/disaggregation at the site level.
 - (Full or Broad Duplication of clients by IMs)
- CUSTOM: Across all IMs, report a "custom value" at the site level based on contextual or known programmatic factors.
 - (Partial Duplication of clients by IMs)



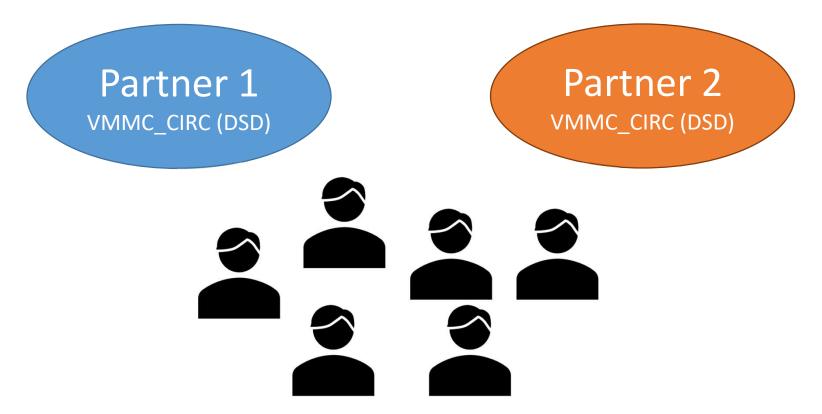
Crosswalk Dedupes for DSD/TA

- Shown here is an example crosswalk dedupe (DSD/TA).
- Crosswalk dedupes are done after all pure DSD-DSD and TA-TA mechanisms have been deduped.





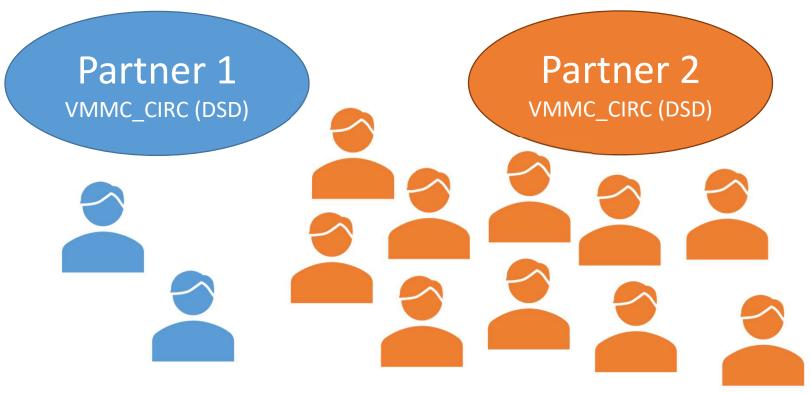
Example 1: VMMC_CIRC



In this scenario, two partners are performing VMMC (DSD) procedures at the same site. Is deduplication needed? If so, how do we decide how to deduplicate results?



Example 1: VMMC_CIRC



In this scenario, Partner 1 circumcises two individuals and reported a VMMC_CIRC total of two at this site. Partner 2 circumcises ten individuals and reported a VMMC_CIRC total of ten at the same site. In this example, there is no duplication because you cannot circumcise an individual more than once!



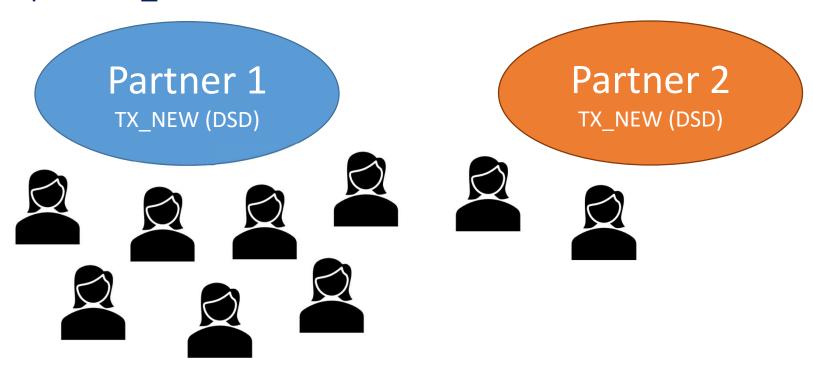
Example 1: VMMC_CIRC

| | Data Element | Disaggregation | Org Unit | Mech | Agency | Partner | Value | Resolution |
|--|--|----------------|----------|------|--------|-----------|-------|------------------|
| | VMMC_CIRC (N, DSD, Age/Sex): Voluntary | 20-24, Male | | 180 | USAID | Partner 2 | 8 | Max (8) Sum (10) |
| | Circumcised | | Hospital | 18 | USAID | Partner 1 | 2 | Custom |

However, DATIM flags this as a possible duplication because both partners are reporting values for the same data element at the same site. So, in this example, it is best to use **SUM** because both partners cannot circumcise the same individual more than once!



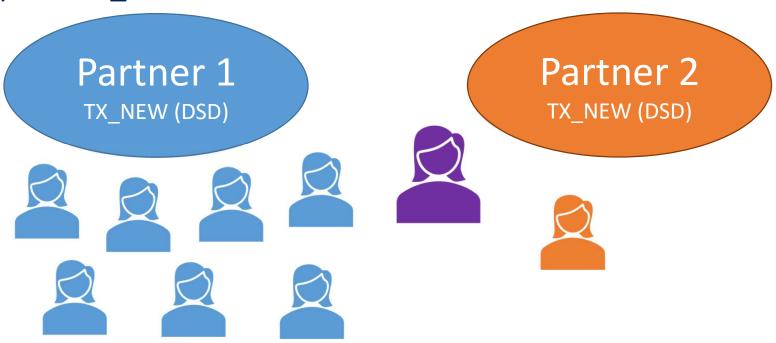
Example 2: TX_NEW



For this example, the facility provides new clients with antiretroviral therapy (ART). Partner 1 works with all pregnant women at this site. However, Partner 2 is dedicated to working with Female Sex Workers (FSW) at this site.



Example 2: TX_NEW



In this scenario, Partner 1 enrolled eight pregnant women on ART and reported a TX_NEW total of 8 into DATIM. Partner 2 enrolled two FSW and reported a TX_NEW total of two into DATIM. However, since one of the FSW was pregnant, she was reached by both partners (shown in purple).



Example 2: TX_NEW



It is best to use CUSTOM in this case, since one of the FSW being served was pregnant and received services from both partners. You need to remove the duplicates that overlap by entering the custom value of 9. Ultimately, PEPFAR must have the total number of individuals reached, which in this case, are nine women newly enrolled in ART for this reporting period.



Example 3: HTS_TST DSD: TB & PMTCT modalities

Deduplication among three partners



In this scenario, three partners are performing HIV testing services at this site:

- Partner 1 strictly provides HIV testing services at this site.
- <u>Partner 2</u> provides a Tuberculosis (TB) clinic at the site, including HIV testing services.
- <u>Partner 3</u> provides pregnant women (PMTCT) services at the site, including HIV testing services.



Example 3: HTS_TST DSD: TB & PMTCT modalities



Having three partners creates two dedupe records because they are all reporting testing services at the same facility — a potential duplication between Partner 1 and Partner 2 at the TB clinic, and another potential duplication between Partner 1 and Partner 3 at the PMTCT clinic.



Example 3: HTS_TST DSD: TB & PMTCT modalities

| Data Element | Disaggregation | Org Unit | Mech | Agency | Partner | Value | Resolution | Status |
|---|----------------------------|-------------|------|-----------|-----------|-------|-----------------|------------------|
| TB_STAT (N, DSD, Age/Sex/KnownNewPosNeg): | 20-24, Known Positives, | Hospital A | 321 | HHS/CDC | Partner 1 | 3 | Max (3) Sum (4) | Ready to resolve |
| New/Relapsed TB with HIV | Female | Hospital A | 1234 | HHS/CDC | Partner 2 | 1 | Custom | RESOLVE |
| PMTCT_STAT (N, DSD, | 20-24, Known | Hospital A | 321 | HHS/CDC | Partner 1 | 3 | Max (3) Sum (4) | Ready to resolve |
| Age/Sex/KnownNewResult): Known Results | Positives, Female | ···ospital/ | 180 | DSD Value | Partner 3 | 1 | Custom | RESOLVE |



For both mechanisms, it is best to use "MAX," because Partner 1 is reporting the same individuals as Partner 2 and Partner 3. This way, the correct number of individuals tested for HIV are accurately being reported to PEPFAR.



Example 4: TX_CURR





In this scenario, Partner 1 and Partner 2 work at the same site. Partner 1 provides treatment only to HIV positive children. Partner 2 provides treatment only to HIV positive adults. Is there duplication between these two partners' work at this site?



Example 4: TX_CURR



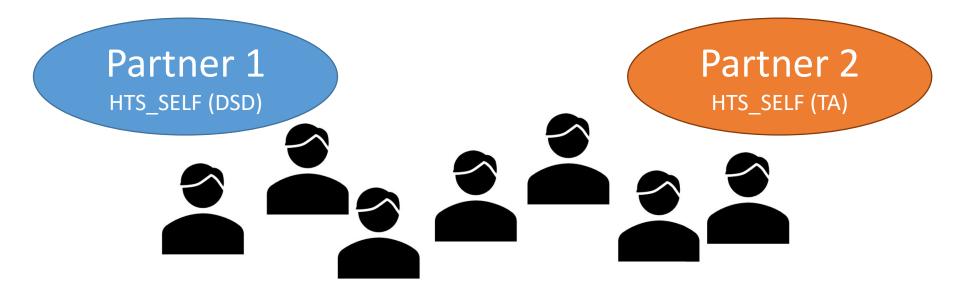


No. Even though these partners provide the same service at the same site, they work with two different populations. Since there is no overlap in individuals served, the system **will not** create a dedupe record.



Example 5: HTS_SELF

Crosswalk (DSD_TA) Deduplication



In this scenario, Partner 1 is distributing HIV self test kits at this site. Partner 2 is providing training on how to use self testing kits at the same site. Is deduplication needed? If so, how do we decide how to deduplicate results?



Example 5: HTS_SELF

Crosswalk (DSD_TA) Deduplication



In this scenario, Partner 1 reported seven kits distributed to clients at the site as DSD. Partner 2 also reported seven clients as TA because they provided 7 clients with brief self testing kit training.

This DSD/TA duplication triggers a <u>DSD-TA Crosswalk duplicate</u> that must be resolved in DATIM.



Example 5: HTS_SELF

Crosswalk (DSD_TA) Deduplication

| | HTS_SELF (N, TA, Age/Sex/HIVSelfTest): HIV self test kits distributed | 25-29, Female, Directly-Assisted | Hospital A | 321 | HHS/CDC | Partner 1 | 7 | Max (0) Sum (7) | Ready to resolve |
|-------|--|-------------------------------------|------------|-----|-------------------------|-----------|---|-----------------|------------------|
| U HIV | | | | | Corresponding DSD Value | | | Custom | RESOLVE |

All seven individuals were reached by both partners — with Direct Service Delivery (DSD) by Partner 1, and Technical Assistance (TA) by Partner 2. Any duplicated data in the DSD-TA Crosswalk is assumed duplicate data, as DSD always takes precedence over TA. Specifying a MAX value would "cancel" out the duplicated TA value — this reports the people who were reached by the DSD mechanism, but not by the TA mechanism.

NOTE – using a MAX value is the most common resolution for Crosswalk Dedupes

