

**THE REPUBLIC OF TAJIKISTAN**



**TAJIKISTAN**

**NATIONAL AIDS SPENDING  
ASSESSMENT:**

**2008-2009**



**TAJIKISTAN**

**NATIONAL AIDS SPENDING ASSESSMENT:**

**2008-2009**

FLOW OF RESOURCES AND EXPENDITURES FOR THE RESPONSE TO  
HIV AND AIDS

**Dushanbe, 2011**

# TAJIKISTAN

## NATIONAL AIDS SPENDING ASSESSMENT:

2008-2009

NATIONAL COORDINATION COMMITTEE TO COMBAT  
HIV/AIDS, TUBERCULOSIS AND MALARIA IN THE  
REPUBLIC OF TAJIKISTAN

MINISTRY OF HEALTH OF THE REPUBLIC OF TAJIKISTAN

Tajikistan, Dushanbe

2011

National AIDS Spending Assessment (NASA) is the first study undertaken in Tajikistan for 2008-2009 in order to analyze HIV spending priorities. NASA was used to 'follow the money' from the funding sources to agents and providers, and eventually to beneficiary populations. The report presents results of NASA in Tajikistan. The data and experience obtained through conducting NASA will help build capacity for future tracking activities for HIV and other health priorities.

This publication was elaborated with financial support of the Regional Programme on HIV/AIDS for Eastern Europe and CIS countries UNDP; the Joint United Nations Programme on HIV/AIDS (UNAIDS) in the Republic of Tajikistan; Central Asia HIV/AIDS Programme (CARHAP); and UNDP Project "HIV/AIDS, TB and Malaria Control in Tajikistan" financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The publication is addressed to health economics and health financing specialists, professionals working in institutions and organizations involved in national responses to HIV epidemic, journalists covering public health issues, and other interested parties.

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Requests to obtain the publication copies can be addressed to the Country Office of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in Tajikistan, by phone: + (992) 44 600 58 31; +992 48 701 14 88; fax: + (992) 44 600 58 50; or by e-mail: [BoltaevaM@unaids.org](mailto:BoltaevaM@unaids.org)



## Acknowledgments

In 2009, Tajikistan committed to undertaking a comprehensive National AIDS Spending Assessment (NASA) for 2008-2009 in order to analyze HIV spending priorities.

NASA was conducted within the framework of UNDP, World Bank and UNAIDS Joint Programme on Integrating AIDS into Poverty Reduction Strategy Papers (PRSPs) in Tajikistan, which is been implemented in the country on the basis of agreement between the Government of Tajikistan and UNDP. Introduction of the Joint Programme at the country level has been carried out through UN Joint Advocacy Project on HIV. In 2009, four UN agencies: UNAIDS, UNDP, UNFPA and UNICEF have pooled resources for the UN Joint Advocacy Project on HIV implementation.

In order to advocate and institutionalize National AIDS Spending Assessment in Tajikistan, as well as sensitize stakeholders the Government of Tajikistan has convened a national working group comprising leading specialists of key organizations: Health Division of the Committee for Women and Family Affairs under Executive Office of the President of the Republic of Tajikistan; Finance Department under Executive Office of the President of the Republic of Tajikistan; Ministry of Health; Republican AIDS Centre; Ministry of Economic Development and Trade; Ministry of Finance; and Secretariat of the National Coordination Committee (NCC) to combat HIV/AIDS, Tuberculosis and Malaria in the Republic of Tajikistan.

The National AIDS Spending Assessment Report is a result of the contributions and collaboration of country team members, ministries participating in the national response on HIV epidemics, representatives of UN agencies, international and civil society organizations. NASA national working group is deeply grateful to the specialists of all organizations and institutions who provided data and critical comments during the assessment.

Members of national working group also reviewed the final draft of the report to confirm the information and provide additional inputs.

Exceptional support of the National AIDS Spending Assessment in Tajikistan has been provided by government representatives:

*Rukiya Atoevna Kurbonova*, Deputy Prime Minister of the Republic of Tajikistan, Chair of the National Coordination Committee (NCC) to combat HIV/AIDS, Tuberculosis and Malaria in the Republic of Tajikistan;

*Saodat Jurabaevna Mirsaburova*, Coordinator of the Project “Integration of HIV/AIDS issues into the Poverty Reduction Strategy”, Leading Specialist of the Committee for Women and Family Affairs under Executive Office of the President of the Republic of Tajikistan;

*Nusratullo Salimov*, Minister of Health of the Republic of Tajikistan;

*Murodali Ruziev*, Director of the Republican AIDS Centre;

*Muratboki Beknazarov*, Secretary for the National Coordination Committee (NCC) to combat HIV/AIDS, Tuberculosis and Malaria in the Republic of Tajikistan.

The study design was developed by technical working group with the technical assistance of International Health Care Finance Consultant *Anna Yakusik (MEcon)* and the number of national specialists:

*Alijon Soliev*, Head of Monitoring and Evaluation Department of the Republican AIDS Centre;

*Rukhshona Ashurova*, Head of Organizational and Methodological Department of the Republican AIDS Centre;

*Ruzigul Mirzoeva*, Leading Specialist of the Ministry of Finance of the Republic of Tajikistan;

*Binusrat Sharipova*, Health Financing Expert, Independent National Consultant in Tajikistan.

International Health Care Finance Consultant *Anna Yakusik (MEcon)* analyzed and summarized financial data and drew up the report.

National working group express appreciation for the financial and technical support to the Regional Programme on HIV/AIDS for Eastern Europe and CIS countries UNDP; Joint United Nations Programme on HIV/AIDS (UNAIDS) in the Republic of Tajikistan; Central Asia HIV/AIDS Programme (CARHAP); and UNDP Project “HIV/AIDS, TB and Malaria Control in Tajikistan” financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Analysis and recommendations resulting from the National AIDS Spending Assessment will serve as the basis for developing new approaches to the strategic planning, resource mobilization and will contribute to the development of a platform for sustainable financing mechanism of large-scale HIV/AIDS programming in Tajikistan.

## Abbreviations and acronyms

<b>AFEW</b>	AIDS Foundation East-West
<b>AIDS</b>	acquired immune deficiency syndrome
<b>ART</b>	antiretroviral therapy
<b>ARVs</b>	antiretrovirals
<b>ASC</b>	AIDS spending category
<b>BCC</b>	behavior change communication
<b>BP</b>	beneficiary population
<b>CAAP</b>	Central Asia AIDS Control Project
<b>CARHAP</b>	Central Asia HIV/AIDS Programme
<b>CIS</b>	Commonwealth of Independent States
<b>DFID</b>	Department for International Development
<b>FA</b>	financing agents
<b>FS</b>	financing sources
<b>GDP</b>	gross domestic product
<b>GFATM</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>HIV</b>	human immunodeficiency virus
<b>IEC</b>	information, education, and communication
<b>IDUs</b>	injecting drug users
<b>IOM</b>	International Organization for Migration
<b>MARPs</b>	most-at-risk populations
<b>M&amp;E</b>	monitoring and evaluation
<b>MDGs</b>	Millennium Development Goals
<b>MoH</b>	Ministry of Health
<b>MSM</b>	men who have sex with men
<b>NASA</b>	National AIDS Spending Assessment
<b>NCC</b>	National Coordination Committee to combat HIV/AIDS, Tuberculosis and Malaria in the Republic of Tajikistan
<b>n.e.c.</b>	not elsewhere classified
<b>NGO</b>	nongovernmental organization
<b>NHA</b>	National Health Accounts
<b>OI</b>	opportunistic infections
<b>OOPE</b>	out-of-pocket expenditures
<b>OVC</b>	orphans and vulnerable children
<b>PLHIV</b>	people living with HIV
<b>PMTCT</b>	prevention of mother-to-child transmission
<b>PS</b>	providers of services
<b>RAC</b>	Republican AIDS Centre
<b>TWG</b>	Technical Working Group
<b>TJS</b>	national currency of Tajikistan (somoni)
<b>STI</b>	sexually transmitted infections
<b>SWs</b>	sex workers
<b>TB</b>	tuberculosis
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on HIV and AIDS
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund

<b>UNGASS</b>	United Nations General Assembly Special Session
<b>UNICEF</b>	United Nations Children's Fund
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>USAID</b>	United States Agency for International Development
<b>US \$</b>	United States Dollars
<b>VCT</b>	Voluntary Counseling and Testing
<b>WB</b>	World Bank
<b>WHO</b>	World Health Organization



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## A. FOREWORD

Eastern Europe and Central Asia is the only region where HIV prevalence clearly remains on the rise. The number of people living with HIV has almost tripled since 2000 and reached an estimated total of 1.4 million [1.3 million – 1.6 million] people living with HIV in 2009 compared to 530,000 [470,000 – 620,000] in 2000.<sup>1</sup>

AIDS-related deaths continue to rise in the region: an estimated 76,000 [60,000 – 95,000] people died from AIDS-related causes in 2009 compared to 18,000 [14,000 – 23,000] in 2001, a four-fold increase.

The Russian Federation and Ukraine together account for nearly 90% of newly reported HIV infections. Ukraine has the highest adult HIV prevalence in all of Europe and Central Asia, at 1.1% [1.0% - 1.3%]. Annual HIV diagnoses in Ukraine have more than doubled since 2001.

A rapid rise in HIV infections among people who inject drugs at the turn of the century caused the epidemic in this region to surge. The HIV epidemic in the region is concentrated mainly among people who inject drugs, sex workers, their sexual partners and, to a much lesser extent, men who have sex with men.

Between 2000 and 2009, the HIV incidence rate increased by more than 25% in five countries in the region: Armenia, Georgia, Kazakhstan, Kyrgyzstan and Tajikistan.

Tajikistan is located in Central Asia and surrounded by Uzbekistan, Afghanistan, China and Kyrgyzstan.

Tajikistan recorded its first HIV case in 1991.<sup>2</sup> Between 1992 and 2003, HIV testing systems were not operational mainly due to profound infrastructure disruption caused by the 1992-1997 civil war. The number of HIV/AIDS cases in the country is still relatively low. According to official statistics of the Republican AIDS Centre, the number of official HIV cases in Tajikistan has increased from 2 in 1991, to 710 in 2006, and 1,853 by January 2010. National experts estimated that by the end of 2009 the number of people living with HIV was 9,992. The country has also relatively low prevalence rate of 0.2%.

The epidemic is concentrated among injecting drug users with prevalence rate 17.6% in 2008 and 17.3% in 2009, and sex workers with prevalence rate 2.8% in 2008 and 2.7% in 2009. In 2009 estimated number of IDUs in Tajikistan was 25,000, with a range of 20-30,000, and estimated number of SWs in Tajikistan was 12,000, with a range of 10-15,000.<sup>3</sup>

In June 2001 the Republic of Tajikistan signed the Declaration of Commitment on HIV/AIDS of the UN General Assembly Special Session on HIV/AIDS (Declaration) and by doing so it

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<sup>1</sup> HIV epidemic description in Eastern Europe and Central Asia is available on the official UNAIDS web-site and presented as well in 2010 edition of the UNAIDS Report on the global AIDS epidemic which includes new country by country scorecards on key issues facing the AIDS response: [www.unaids.org](http://www.unaids.org)

<sup>2</sup> The NASA report uses the official statistics annually published by the State Agency on Statistics under the President of the Republic of Tajikistan and by the Republican Center of Medical Statistics of the Ministry of Health. Also the document includes sentinel surveillance data and Tajikistan Progress Report information on implementation of the Declaration of Commitment on HIV and AIDS for the period 2008-2009. This information is partly available on the following official web-sites: [www.unaids.org](http://www.unaids.org) ; [nc-aids.tj](http://nc-aids.tj) ; [www.ncc.tj](http://www.ncc.tj)

<sup>3</sup> Independent assessment of hard-to-reach populations, capacities of local agencies for developing and implementing programmes on HIV/AIDS prevention among IDUs, SWs and their clients in Tajikistan, October 2009



assumed the obligation to ensure universal access to HIV prevention, care and support. In accordance with the Declaration, UN member countries submit reports on the progress achieved in responding to the epidemic. One of the priority key indicators included in the reports on the implementation of the Declaration at the national level is an assessment of the amount of the national funds allocated by the government to combat HIV/AIDS – indicator No. 1.

In 2008, Tajikistan committed to undertake a comprehensive National AIDS Spending Assessment (NASA) for 2008-2009 in order to monitor the implementation of the Declaration of Commitment on HIV/AIDS and analyze HIV spending priorities. As a result, analysis of financial flows related to the national HIV response has reached a conceptually new level in the country.

The data and experience obtained through conducting NASA will help to build capacity for future resource tracking activities for HIV and other health priorities. Monitoring the flow of resources for Tajikistan HIV response provides valuable strategic information that can improve operations and planning as well as mobilize greater resources. NASA offers policy makers in Tajikistan an overview of HIV activities that merit their priority attention.

## B. PREFACE

Tajikistan is a low income country with a population of about 7 million<sup>4</sup>. Tajikistan's economy grew 8.6% on average between 2000 and 2008, after having shrunk by more than 60% from 1991 levels due to the 1992-1997 civil war.

In 2009, economic growth in Tajikistan slowed down to 3.4% as the effects of the global financial crisis hit the country's economy. The global economic crisis revealed that the economy of Tajikistan is vulnerable to both domestic and external shocks. Tajikistan is dependent on international humanitarian assistance for some of its basic subsistence needs, and requires additional assistance to cope with humanitarian crises.

The literature suggested that countries will have to make hard decisions about where to allocate HIV funding due to impending financing shortages.<sup>5</sup> For this reason, Tajikistan committed to undertake a form of resource tracking in order to better understand the spending patterns for HIV treatment and HIV related activities. With this information, national partners hoped to be able to make more informed decisions about funding allocations as well as anticipating future threats to sustainability.

In 2009, Tajikistan started implementing its first comprehensive National AIDS Spending Assessment (NASA) for 2008-2009 of public, international and partially private HIV-related expenditures. Using the most recently available data, this report describes HIV spending patterns in Tajikistan and its implications for future policy decisions.

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<sup>4</sup> Tajikistan overview, economics, data and statistics available on World Bank official web-site: [worldbank.org](http://worldbank.org)

<sup>5</sup> 1) Hecht R, Stover J, Bollinger L, Muhib F, Case K, de Ferranti D: Financing of HIV/AIDS programme scale-up in low-income and middle-income countries, 2009-311. *The Lancet* 2010, 376: 1254-1260

2) Hecht R, Bollinger L, Stover J, McGreevey W, Muhib F, Madavo C, de Ferranti D: Critical choices in financing the response to the global HIV/AIDS pandemic. *Health Affairs* 2009, 28: 1591

## C. BASIC FACT SHEET ON HIV AND AIDS EXPENDITURE IN TAJIKISTAN IN 2008-2009

### Total estimated HIV and AIDS spending by source of funding

Main blocks of financing sources	2008			2009		
	TJS	US \$	%	TJS	US \$	%
Public funds	3,485,137	1,016,342	16.43	4,768,066	1,150,678	15.34
Households' funds (private) <sup>6</sup>	30,584	8,919	0.14	91,994	22,201	0.30
International funds	17,700,047	5,161,718	83.43	26,222,004	6,328,162	84.36
<b>Total HIV and AIDS expenditure</b>	<b>21,215,768</b>	<b>6,186,979</b>	<b>100.00</b>	<b>31,082,064</b>	<b>7,501,041</b>	<b>100.00</b>

### Total estimated HIV and AIDS spending by financing agent

Main blocks of financing agents	2008			2009		
	TJS	US \$	%	TJS	US \$	%
Public sector	3,485,137	1,016,342	16.43	4,768,066	1,150,678	15.34
Private sector	30,584	8,919	0.14	91,994	22,201	0.30
International organizations	17,700,047	5,161,718	83.43	26,222,004	6,328,162	84.36
<b>Total HIV and AIDS expenditure</b>	<b>21,215,768</b>	<b>6,186,979</b>	<b>100.00</b>	<b>31,082,064</b>	<b>7,501,041</b>	<b>100.00</b>

### Total estimated HIV and AIDS spending by service provider

Main blocks of service providers	2008			2009		
	TJS	US \$	%	TJS	US \$	%
Public sector providers	12,524,996	3,652,561	59.04	12,574,221	3,034,539	40.45
Civil society organizations (Non-profit non faith-based)	2,913,297	849,581	13.73	4,462,664	1,076,976	14.36
Multilateral agencies	5,777,475	1,684,837	27.23	14,045,179	3,389,526	45.19
<b>Total HIV and AIDS expenditure</b>	<b>21,215,768</b>	<b>6,186,979</b>	<b>100.00</b>	<b>31,082,064</b>	<b>7,501,041</b>	<b>100.00</b>

### Total estimated HIV and AIDS expenditure on key programmatic areas

Key intervention areas	Total expenditure					
	(excluding 'Safe medical injections' and 'Universal precautions')					
	2008			2009		
	TJS	US \$	%	TJS	US \$	%
Prevention	10,072,396	2,937,330	47.48	12,006,747	2,897,591	38.63
Care and treatment	1,396,183	407,157	6.58	2,990,109	721,603	9.62
Orphans and vulnerable children (OVC)	0	0	0.00	0	0	0.00
Programme management and administration	8,224,478	2,398,436	38.77	12,712,750	3,067,970	40.90
Human resources	1,177,467	343,375	5.55	2,773,756	669,391	8.92
Social protection and social services (excluding OVC)	15,726	4,586	0.07	73,841	17,820	0.24
Enabling environment	147,602	43,044	0.70	446,895	107,850	1.44
HIV-related research (excluding operational research)	181,916	53,051	0.85	77,966	18,816	0.25
<b>Total HIV and AIDS expenditure</b>	<b>21,215,768</b>	<b>6,186,979</b>	<b>100.00</b>	<b>31,082,064</b>	<b>7,501,041</b>	<b>100.00</b>

<sup>6</sup> Current assessment captures only private households' out-of-pocket HIV and AIDS expenditure on VCT and 'Blood safety' interventions and doesn't show overall out-of-pocket expenditures on HIV and AIDS prevention, care and treatment

## HIV and AIDS funding priorities

## Prevention

Main activities	2008				2009			
	TJS	US \$	% of 'Prevention' spending	% of total HIV and AIDS expenditure	TJS	US \$	% of 'Prevention' spending	% of total HIV and AIDS expenditure
Voluntary counseling and testing (VCT)	368,035	107,328	3.65	1.73	773,132	186,580	6.44	0.25
Programmatic interventions for vulnerable and accessible population	4,540,307	1,324,052	45.08	21.40	2,214,259	534,368	18.44	7.12
Prevention of HIV transmission aimed at PLHIV	283,682	82,728	2.82	1.34	482,825	116,520	4.02	0.16
Prevention programmes for MARPs (IDUs, SWs, MSM)	1,661,674	484,580	16.50	0.78	3,288,570	793,631	27.39	10.58
Prevention, diagnosis and treatment of STI for general population	589,480	171,905	5.85	2.78	999,593	241,232	8.33	3.22
PMTCT not disaggregated by intervention	575,645	167,871	5.72	2.71	861,715	207,958	7.18	2.77
Blood safety	641,764	187,152	6.37	3.02	661,862	159,727	5.51	2.13
<b>Overall spending on 'Prevention' activities</b>	<b>10,072,396</b>	<b>2,937,330</b>	<b>100.00</b>	<b>47.48</b>	<b>12,006,747</b>	<b>2,897,591</b>	<b>100.00</b>	<b>38.63</b>

## Care and treatment

Main activities	2008				2009			
	TJS	US \$	% of 'Care and treatment' spending	% of total HIV and AIDS expenditure	TJS	US \$	% of 'Care and treatment' spending	% of total HIV and AIDS expenditure
Provider initiated testing and counseling	991,240	289,067	71.00	4.67	1,866,902	450,540	62.44	0.60
ART not disaggregated neither by age nor by line of treatment	189,123	55,152	13.55	0.89	282,708	68,226	9.45	0.91
Specific HIV-related laboratory monitoring	79,585	23,209	5.70	0.38	340,116	82,080	11.37	0.11
<b>Overall spending on 'Care and treatment' activities</b>	<b>1,396,183</b>	<b>407,157</b>	<b>100.00</b>	<b>6.58</b>	<b>2,990,109</b>	<b>721,603</b>	<b>100.00</b>	<b>9.62</b>

## Programme management and administration

Main activities	2008				2009			
	TJS	US \$	% of 'Programme management and administration' spending	% of total HIV and AIDS expenditure	TJS	US \$	% of 'Programme management and administration' spending	% of total HIV and AIDS expenditure
Planning, coordination and programme management	2,718,539	792,785	33.05	12.81	3,072,670	741,528	24.17	9.89
Administration and transaction costs associated with managing and disbursing funds	1,136,921	331,551	13.82	5.36	5,827,852	1,406,435	45.84	18.75
Monitoring and evaluation	471,367	137,461	5.73	2.22	766,462	184,971	6.03	2.47
Serological surveillance	556,823	162,382	6.77	2.62	606,181	146,290	4.77	0.20
<b>Overall spending on 'Programme management and administration' activities</b>	<b>8,224,478</b>	<b>2,398,436</b>	<b>100.00</b>	<b>38.77</b>	<b>12,712,750</b>	<b>3,067,970</b>	<b>100.00</b>	<b>40.90</b>

## Tajikistan National AIDS Spending Assessment, 2008-2009

### Human resources

Main activities	2008				2009			
	TJS	US \$	% of 'Human resources' spending	% of total HIV and AIDS expenditure	TJS	US \$	% of 'Human resources' spending	% of total HIV and AIDS expenditure
Monetary incentives for human resources not broken by staff	101,096	29,482	8.59	0.48	829,271	200,128	29.90	2.67
Training	1,076,371	313,893	91.41	5.07	1,944,485	469,263	70.10	6.25
<b>Overall spending on 'Human resources' activities</b>	<b>1,177,467</b>	<b>343,375</b>	<b>100.00</b>	<b>5.55</b>	<b>2,773,756</b>	<b>669,391</b>	<b>100.00</b>	<b>8.92</b>

### Total Estimated HIV and AIDS Spending by Beneficiary Population

Beneficiary population	2008			2009		
	TJS	US \$	%	TJS	US \$	%
People living with HIV not disaggregated by age or gender	734,735	214,265	3.46	1,708,064	412,207	5.50
Most-at-risk populations (IDUs, SWs, MSM)	1,661,674	484,580	7.83	3,288,570	793,631	10.58
Other key population (migrants, prisoners, etc.)	4,012,092	1,170,013	18.91	3,144,780	758,930	10.12
Specific "accessible" population	3,602,209	1,050,482	16.98	4,441,560	1,071,883	14.29
General population	1,653,276	482,131	7.79	2,962,138	714,853	9.53
Non-targeted interventions	9,551,782	2,785,507	45.02	15,536,952	3,749,536	49.99
<b>Total HIV and AIDS expenditure</b>	<b>21,215,768</b>	<b>6,186,978</b>	<b>100.00</b>	<b>31,082,064</b>	<b>7,501,041</b>	<b>100.00</b>

## D. EXECUTIVE SUMMARY

In 2009, the government committed itself to undertake a full National AIDS Spending Assessment to track actual HIV and AIDS spending from public, international and private sources. The assessment focused on tracking national level HIV expenditure for the period 2008-2009. Data collection covered public, external and partially private spending on HIV and AIDS, including funds channeled through the government. It is critical to note that current assessment captures only private households' out-of-pocket HIV and AIDS expenditure on VCT and 'Blood safety' interventions and doesn't show overall out-of-pocket expenditures on HIV and AIDS prevention, care and treatment.

All sources of data were obtained from the primary sources of information. On the basis of information provided by funding sources and service providers, the study attempts to reconstruct overall spending on HIV and AIDS programmes in Tajikistan.

Funding for HIV and AIDS programmes in Tajikistan come from three main sources: public, external (international) and private sources. Like many developing countries, national response to HIV and AIDS in Tajikistan is to a large extent sustained by external assistance secured from international organizations supporting the HIV and AIDS response. The national budget currently does not allow procuring test systems, medicines, equipment and supporting prevention activities, including for affected and most-at-risk populations, and other essential HIV and AIDS programmes. International sources channel HIV and AIDS funding using vertical project funding as a main funding mechanism.

The results of NASA were used to calculate the No. 1 indicator of the Declaration of Commitment on HIV/AIDS of the UN General Assembly Special Session on HIV/AIDS (2001). In Tajikistan's fourth UNGASS report, following reports in 2003, 2005 and 2007, the No. 1 indicator was estimated with NASA methodology for the first time.

### Main findings

The NASA estimations show that overall; Tajikistan spent a total of US \$ 13,688,020 on HIV and AIDS between 2008 and 2009. Total HIV and AIDS expenditure increased by 21.24% within the study period.

Comparisons of total resources needed in 2008 and 2009 according to the National Strategic Plan and total estimated HIV and AIDS spending in Tajikistan, without distribution on main blocks of intervention areas, show the lack of funding US \$ 6.88 million in 2008 and US \$ 4.53 million in 2009 (52.68% and 37.67% respectively of resources needed). Although in the period of study financial gap declines it is essential to highlight that within a period of study, 2008 and 2009, resources allocated and available were about two times less than it was needed according to the National Strategic Plan.

External financing sources accounted for 83.43% and 84.36% respectively in 2008 and 2009 of all HIV expenditure. Public funds constituted 16.43% and 15.34% of the total HIV and AIDS expenditure, while captured private sources of funding accounted for 0.14% and 0.30%.

The NASA estimations regarding HIV service providers show that public organizations (59.04% and 40.45% of the total HIV and AIDS expenditure in 2008 and 2009) and international organizations (27.23% and 45.19% of the total HIV and AIDS expenditure in 2008 and 2009) provide the majority of services in Tajikistan. Private sector HIV service providers mainly consist of non-profit non faith-based NGOs (13.73% and 14.36% of the total HIV and AIDS expenditure in 2008 and 2009).

A further disaggregation of data by the National AIDS Spending Categories show that the key spending priorities between 2008 and 2009 have been on 'Prevention' (47.48% and 38.63% of the total HIV and AIDS expenditure in 2008 and 2009 respectively); 'Care and treatment' (6.58% and 9.62% of the total HIV and AIDS expenditure in 2008 and 2009 respectively); 'Programme management and administration' (38.77% and 40.90% of the total HIV and AIDS expenditure in 2008 and 2009 respectively); and 'Human resources' (5.55% and 8.92% of the total HIV and AIDS expenditure in 2008 and 2009 respectively).

Total expenditure on prevention programmes declined on 1.35%; while expenditure on 'Care and treatment' increased on 77.23%. Spending on 'Programme management and administration' increased on 27.91%, and on 'Human resources' - on 94.94% within the period of study.

Total spending on 'Social protection and social services (excluding OVC)' (0.07% and 0.24% of the total HIV and AIDS expenditure in 2008 and 2009 respectively), 'Enabling environment' (0.70% and 1.44% of the total HIV and AIDS expenditure in 2008 and 2009 respectively) and 'HIV-related research' (0.85% and 0.25% of the total HIV and AIDS expenditure in 2008 and 2009 respectively) remains low between 2008 and 2009. Funding on OVC was not provided in 2008-2009.

Spending on preventive activities include continuing support of a variety of service delivery points for IDUs, SWs, prisoners, ex-inmates, migrants, vulnerable women and other vulnerable and high risk groups. HIV counseling and testing of high risk groups, vulnerable and accessible population is also of a high HIV spending priority in 2008-2009 in Tajikistan.

Around 80% of HIV prevention expenditure went each year on the following activities: voluntary counseling and testing (3.65% and 6.44% of the total spending on 'Prevention' in 2008 and 2009 respectively); programmatic interventions for vulnerable and accessible population (45.08% and 18.44% of the total spending on 'Prevention' in 2008 and 2009 respectively); prevention of HIV transmission aimed at PLHIV (2.82% and 4.02% of the total spending on 'Prevention' in 2008 and 2009 respectively); prevention programmes for MARPs, i.e. IDUs, SWs, MSM, (16.50% and 27.39% of the total spending on 'Prevention' in 2008 and 2009 respectively); prevention, diagnosis and treatment of STI for general population (5.85% and 8.33% of the total spending on 'Prevention' in 2008 and 2009 respectively); PMTCT not disaggregated by intervention (5.72% and 7.18% of the total spending on 'Prevention' in 2008 and 2009 respectively); and blood safety (6.37% and 5.51% of the total spending on 'Prevention' in 2008 and 2009 respectively).

In 2008 and 2009 a major share of total expenditure on 'Care and treatment', around 80% each year, went on the following activities: provider initiated testing and counseling (71.00% and 62.44% of the total spending on 'Care and treatment' in 2008 and 2009 respectively); ART not

disaggregated neither by age nor by line of treatment (13.55% and 9.45% of the total spending on 'Care and treatment' in 2008 and 2009 respectively); and specific HIV-related laboratory monitoring (5.70% and 11.37% of the total spending on 'Care and treatment' in 2008 and 2009 respectively). Due to the external financial support free ARV therapy and laboratory monitoring for PLHIV has been provided.

Resources for the national response to HIV and AIDS have contributed to the improvement of infrastructure, procurement and distribution, upgrading of laboratory facilities and blood banks, logistics, planning, coordination and programme management, monitoring and evaluation, serological surveillance and other activities of that particular area. Major activities of 'Programme management and administration' are as follows: planning, coordination and programme management (33.05% and 24.17% of the total spending on 'Programme management and administration' in 2008 and 2009 respectively); administration and transaction costs associated with managing and disbursing funds (13.82% and 45.84% of the total spending on 'Programme management and administration' in 2008 and 2009 respectively); monitoring and evaluation (5.73% and 6.03% of the total spending on 'Programme management and administration' in 2008 and 2009 respectively); serological surveillance (6.77% and 4.77% of the total spending on 'Programme management and administration' in 2008 and 2009 respectively). In 2008 about 40% of total spending on 'Programme management and administration' went on upgrading and construction of infrastructure.

An insufficient number of trained and retained public sector health personnel constitute one of the major constraints in scaling up HIV and AIDS care and treatment. In Tajikistan, spending on 'Human resources' has increased almost two times within the study period. In 2008 and 2009, most of the spending on 'Human resources' (91.41% and 70.10% of the total spending on 'Human resources' in 2008 and 2009 respectively) went on training with the rest into monetary incentives for human resources working in HIV field.

Financial resources by items of expenditures were not undertaken within NASA for 2008-2009 and could demonstrate a more complete picture of HIV and AIDS expenditure. However, it is important to mention that expenditures from public funds were mainly spent on recurrent expenditures, namely: medical staff related expenditures (such as salaries and contribution to social funds) and recurrent costs of health care facilities and organizations (such as payments for water, electricity, etc.). International funds went on procurement of consumables (medicines, drugs, tests, etc.), services (partially payments for rent, water, electricity, telephone, etc.), capital investments (procurement of equipment, durables, capital repair of health care facilities, etc.), and also medical and non-medical staff incentives, including training and capacity building.

Within NASA framework, groups of beneficiaries, who received benefits or services financed within HIV and AIDS interventions and non-targeted interventions in 2008 and 2009, were identified. This makes it possible to assess results in connection with the amount of funds allocated during this period for a specific target population.

HIV epidemic in the Republic of Tajikistan remains driven by IDUs. It is still not an epidemic in the general population. NASA study shows key priorities in funding interventions aimed



mostly on specific beneficiary populations and most-at-risk populations in order to limit the spread of HIV into the general population.

NASA presents that funding priorities in providing services of different types within a period of 2008 and 2009 from all estimated sources of funding were aimed on the following beneficiary groups:

- 7.83% and 10.58% respectively from all sources captured went on prevention activities for most-at-risk populations (IDUs, SWs, MSM);
- 18.91% and 10.12% respectively from all sources captured went on prevention activities for other key population (migrants, prisoners, recipients of blood and blood products, youth, etc.);
- 16.98% and 14.29% respectively from all sources captured went on prevention activities, including provider-initiated HIV-testing and counseling for specific “accessible” population (people attending STI clinics, school students, health care workers, etc.);
- 3.46% and 5.50% respectively from all sources captured went on preventive activities for PLHIV; care and treatment (ARV, OI, specific HIV-related laboratory monitoring; social services for PLHIV and human rights programmes for PLHIV within enabling environment programmatic area);
- 7.79% and 9.53% respectively from all sources captured went on preventive activities among general population, including advocacy, communication and social mobilization aimed at young people and the general population.

Additionally, a considerable amount of funds in 2008 and 2009 (45.02% and 49.99% respectively) was spent within 2008-2009 in Tajikistan on non-targeted interventions, which include the following intervention areas:

- programme management and administration: planning, coordination and programme management; administration and transactions costs associated with managing and disbursing funds; monitoring and evaluation; serological surveillance; drug supply system; information technology; upgrading and construction of infrastructure, including laboratory equipment; operational research, etc.;
- monetary incentives and trainings for health care personnel working in HIV field;
- HIV and AIDS-related research.

With the main strategic goal to reverse the spread of HIV/AIDS through ensuring universal access of population to prevention, treatment, care and support, the assessment of HIV and AIDS spending in Tajikistan for 2008 and 2009 overall brings evidence on prioritizing essential and key programmatic areas through ensuring access for all groups, especially most vulnerable groups (IDUs, SWs, MSM, migrants, prisoners, etc.), to HIV prevention services, treatment, social support; improving surveillance, monitoring and evaluation of control and prevention activities.

## Conclusions and recommendations

The 2008-2009 NASA in the Republic of Tajikistan resulted in the acquisition of financial monitoring data which were previously unavailable for analysis. Overall it can be noted that a foundation was laid for the transition of the financial monitoring system to a new quality level.

An effective tool for national HIV/AIDS spending assessment was introduced and a national mechanism for its implementation on a regular basis was developed which will enable implementation and improvement of the monitoring of the national response, tracking of HIV/AIDS programme efficiency dynamics, and will serve as a basis for improving HIV/AIDS national strategic planning.

It is necessary to continue HIV and AIDS financial monitoring within international, public and private funding to monitor country progress towards universal access, and strengthen capacity in financial monitoring within national M&E systems that could help to proceed with more qualitative data analysis, identifying gaps of funding and form the basis for cost-effectiveness analysis.

Effective and efficient investment for HIV prevention among populations at risk and scale up of HIV treatment are the mainstay of the required actions to reach universal access in Eastern Europe and Central Asia.<sup>7</sup> This is imperative for the AIDS response in Tajikistan as well as the country faces a rapid spread of the HIV epidemic among MARPs.

Current best-practice for HIV prevention, treatment and care among IDUs, as suggested by a WHO, UNODC and UNAIDS technical guide<sup>8</sup>, proposes a comprehensive package of interventions, which includes needle and syringe programs (NSPs), opioid substitution therapy (OST) and other drug dependence treatment, and antiretroviral therapy (ART) as the most cost-effective interventions of the package of programmatic interventions recommended by WHO and UNAIDS.

It appears to be essential to obtain sufficient evidence on the cost-effectiveness of the three interventions in Tajikistan along with further investigation on how to generate efficiency gains and expand coverage. Efficiency improvements, in particular in the health programmes, even in small amounts, can yield considerable savings of resources or expansion of services for the community.<sup>9</sup>

Hence, it appears to be highly important to assess the efficiency of key programmes and interventions implemented and likely to have the largest impact on HIV incidence in Tajikistan, in order to determine how to use resources effectively for expanding the HIV response.

It is critical to note that the current assessment captures only private households' out of pocket HIV and AIDS expenditure on VCT and blood safety interventions and doesn't show overall out-of-pocket expenditures on HIV and AIDS prevention, care and treatment. To capture out-of-pocket expenditures by households it is necessary to conduct a separate survey within the country which identifies the target populations and amounts spent on specific interventions. It may be of value to appreciate the load of expenditure on households and crucial resource needs for certain interventions.

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<sup>7</sup> [www.unaids.org](http://www.unaids.org)

<sup>8</sup> WHO (2009). WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users. Available at [http://www.unodc.org/documents/hiv-aids/idu\\_target\\_setting\\_guide.pdf](http://www.unodc.org/documents/hiv-aids/idu_target_setting_guide.pdf).

<sup>9</sup> Techniques for Measuring Efficiency in Health Services. Australia. Productivity Commission staff working paper, 2001

The heavy reliance on external funding raises questions of sustainability of HIV and AIDS programmes in Tajikistan.

The data and experience obtained through conducting NASA for 2008-2009 will help to build capacity for future resource tracking activities for HIV and AIDS and other health priorities. This experience established the foundation for enhanced and future consistent quality-reporting of National Health Accounts. This newly laid foundation and regular improvement of the monitoring of the national response to HIV will help in tracking the efficiency of HIV-related programmes and activities. Additionally, it will serve as a basis for improving national strategic planning in health. The results from the current AIDS resource tracking exercise in Tajikistan have been an extremely useful exercise which has generated evidence to guide future policy decisions.

## E. STRUCTURE OF THE REPORT

The report is organized into six sections. The first one is an introduction. The remainder of the report is organized as follows.

Section 2 outlines the methodology and the process adopted by the NASA technical working group (TWG) in Tajikistan. It covers the approach to data collection, sources of data, data processing, analysis, assumptions and estimations, challenges and limitations of the assessment.

The third section presents an overview of the country context. It discusses the national response to the AIDS epidemic and provides further description of the current funding modalities, including current processes and modalities for the planning, budgeting and financing of the HIV response in Tajikistan.

The findings of the NASA estimations are presented in Section 4. This part closely examines the volume of spending according to source of funding and programmatic area.

A summary, including funding priorities and recommendations of the study, is presented in Section 5.

Section 6 provides Appendixes.

## **Part 1. INTRODUCTION**

### **1.1. Context for the assessment**

In accordance with the Declaration of Commitment on HIV/AIDS the UN member countries submit reports on progress achieved in the response to the epidemic. One of the key indicators included in the reports on the implementation of the Declaration of Commitment at the national level is the assessment of the amount of national funds allocated by the government to address HIV/AIDS, indicator No. 1. The goal behind performing NASA in the Republic of Tajikistan was to introduce an effective tool of financial monitoring of HIV and AIDS programmes and activities and to better understand the spending patterns for HIV related activities and analyze HIV spending priorities and form indicator No.1 for 2008 and 2009.

Analysis of the sources and financial flows of funding is important due to the vital importance of effective allocation. Identifying the sources of finance and providers of HIV services, as well as the total amount of resources spent on HIV and AIDS, makes it possible to improve the results of investments. It is also important to keep tracking resources, to ensure the strengthening of local capacities to effective use of additional funding for HIV and AIDS programmes.

This NASA report has been developed taking into consideration the experience, success, challenges and limitations faced by the NASA technical working group. In it are presented the step-by-step methodology of this reporting instrument, the results and data obtained through NASA, as well as conclusions and recommendations that can be applied in the future.

### **1.2. Objectives and purpose**

The overall objective of this NASA activity is to strengthen national coordination, harmonization and alignment of HIV and AIDS resource use. The specific objectives of the study are the following:

- to leverage both technical and financial support to develop a mechanism for institutionalizing the AIDS spending assessment procedure;
- to track the allocation of HIV and AIDS funds, from their origin down to the end point of service delivery, among the different sources of financing (public, private or external) and among the different providers and beneficiaries (target groups);
- to catalyze and facilitate actions which strengthen capacities to effectively track expenditures on HIV and AIDS, and synthesize this data into strategic information for decision-making.

### **1.3. Scope of the assessment**

The assessment focused on tracking national HIV expenditure for 2008-2009 in Tajikistan. Data collection covered spending on HIV and AIDS funded from domestic, external and private sources (the last only partially), including funds channeled through the government.

## Part 2. STUDY DESIGN AND METHODOLOGY

### 2.1. Approach

NASA is a tool developed by UNAIDS to measure the entirety of resources included in a country's national HIV response; it was developed using the national health accounts framework and principles. NASA applies standard accounting methods to reconstruct all transactions in a given country, 'following the money' from the funding sources to agents and providers, and eventually to beneficiary populations. The NASA methodology was approved by the UNAIDS Global Consortium of Resource Tracking in 2006 and has been used to report progress on the 2001 Declaration of Commitment from the UN General Assembly Special Session on HIV/AIDS (UNGASS). It additionally supports countries in planning and monitoring their HIV activities. NASA analyses include levels and patterns of domestic HIV spending from public and international sources down to the recipient population. The tool tracks actual expenditure in both health and non-health sectors that comprises the national response to HIV and AIDS.<sup>10</sup>

NASA uses both top-down and bottom-up techniques for obtaining and consolidating information. The top-down approach tracks sources of funds from donor reports, commitment reports, government budgets, whilst the bottom-up tracks expenditures from service providers' expenditure records, facility level records and governmental department expenditure accounts.

The need to track HIV expenditure stems from the fact that decisions regarding allocations for HIV and AIDS related activities must be based on the true effect of previous expenditure patterns on the profile of the epidemic in the various regions in the country. NASA is expected to provide information that will contribute to a better understanding of a country's financial absorptive capacity, as well as on issues about the equity, the efficiency and the effectiveness of the resource allocation process.

In addition to establishing a continuous information system of the financing of HIV and AIDS, NASA facilitates a standardized reporting of indicators monitoring progress towards the achievement of the targets of the Declaration of Commitment adopted by the United National General Assembly Special Session on HIV and AIDS (UNGASS).

The feasibility of NASA relies on background information, identification of key players and potential sources of information, understanding users' and informants' interests, as well as the development of an inter-institutional group responsible for facilitating access to information, participating in the data analysis, and contributing to the data dissemination.

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<sup>10</sup> Guide to Produce National AIDS Spending Assessment. 2009, UNAIDS: Geneva.

[http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/basedocument/2009/20090406\\_nasa\\_notebook\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/basedocument/2009/20090406_nasa_notebook_en.pdf)

## 2.2. NASA classifications

HIV spending is structured into eight categories of spending: (1) prevention; (2) treatment and care; (3) orphans and vulnerable children; (4) program management and administration; (5) human resources; (6) social protection; (7) enabling environment; and (8) research. NASA spending categories are also divided into a functional classification that includes health and non-health HIV services. The beneficiary populations are classified under seven main categories with a number of sub-groups in each category to enable further disaggregating of the data collected.<sup>11</sup>

## 2.3. Data collecting and processing

### 2.3.1. Advocacy and sensitization of key stakeholders

The NASA process and collection of spending flows requires significant collaboration among government agencies and international organizations. In Tajikistan, these organizations included the following: the Ministry of Health and departments of the Ministry of Health on national, regional and district level; line ministries involved in the national response on HIV epidemics such as Ministry of Finance; Ministry of Economic Development and Trade; Ministry of Education; Ministry of Justice; Ministry of Labor and Social Protection; Committee of Youth, Sport and Tourism; Committee of Women Affairs, and others, as well as provided by civil society organizations, bilateral and multilateral donors involved in the national response to HIV/AIDS epidemic.

Multisectoral technical working group on Monitoring and Evaluation (TWG on M&E) of the National Coordinating Committee for Prevention and Combating HIV/AIDS, Tuberculosis and Malaria (NCC) has been directly involved in preparation of the National Report on implementation of the Declaration of Commitment on HIV / AIDS, as well as NASA advocacy and sensitization of key stakeholders for development of indicator No. 1.<sup>12</sup>

By an order of the Chairman of the NCC all key stakeholders, i.e. ministries, agencies and international organizations, NGOs, were involved in the study. Overall management of HIV spending assessment was carried out by the Department of the Health of the Committee for Women and Family Affairs under Executive Office of the President of the Republic of Tajikistan and the Secretariat of the NCC.

The structure of the multisectoral TWG on M&E included staff members of the Monitoring and Evaluation Unit, Republican AIDS Centre (RAC), who along with UNAIDS's independent consultants, were responsible for routine data collection for the development of indicator No. 1.

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<sup>11</sup> National AIDS Spending Assessment (NASA): Classification and Definitions. 2009, UNAIDS: Geneva.  
[http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/manual/2009/20090916\\_nasa\\_classifications\\_edition\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/manual/2009/20090916_nasa_classifications_edition_en.pdf)

<sup>12</sup> Monitoring of the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators: 2010 Reporting. 2009, UNAIDS: Geneva.  
[http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/manual/2009/jc1676\\_core\\_indicators\\_2009\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/manual/2009/jc1676_core_indicators_2009_en.pdf)

The first meeting of TWG on M&E for preparation of the report was conducted in October 2009. The workshop of RAC staff and key partners to distribute responsibilities for collecting information was held in December 2009, which set out the timeframe and sources of data and identified experts to be responsible for providing data on indicators. At the same time training workshops on NASA methodology and data collection on development of indicator No. 1 were held in all the regions of Tajikistan.

In March 2010 the draft of the National Report with developed indicator No. 1 and key findings were reviewed at the Partnership Forum for a broad discussion and approval of master data and to achieve consensus. Over 50 key national partners were involved in Forum, including representatives of the Department of the Health of the Committee for Women and Family Affairs under Executive Office of the President of the Republic of Tajikistan; Secretariat of the NCC; key ministries and departments; Republican AIDS Center and AIDS centers of regions and districts; representatives of civil society organizations, including PLHIV; non-governmental AIDS service organizations and international organizations.

### **2.3.2. Development and administration of reporting form**

In performing NASA it is necessary to have specific information about AIDS spending arranged in a certain manner according to the NASA methodology. This led to the necessity to develop and officially approve a specific reporting form on AIDS spending similar to the National Funding Matrix of UNGASS report.

With the aims of using the national AIDS spending assessment methodology and ensuring regular collection and comparability of data the form for data collection was approved by NCC for the Ministry of Health and key actors of the national response to the HIV epidemic in Republic of Tajikistan.

### **2.3.3. Sources of data**

In collaboration with the NCC and the Ministry of Health, NASA technical working group (TWG) identified and mapped all HIV-related sources of finance, financial agents and service providers. The participants in the national response of the Republic of Tajikistan involved in NASA are as follows:

- organizations and institutions under the Ministry of Health, other government ministries, departments and organizations within the national response to the HIV epidemic in Republic of Tajikistan;
- organizations implementing the Project “HIV/AIDS, TB and Malaria Control in Tajikistan” financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (the main donor in the country);
- AIDS service organizations and international organizations.

The sources of data (expenditure reports) for 2008-2009 were all obtained from primary sources of information.



### 2.3.4. Data collection

The assessment was undertaken through a desk review of key policy documents, programme documentation and institutional budgetary and expenditure reports for 2008-2009.

Adaptation of the official reporting procedure for key stakeholders in the Republic of Tajikistan, the HIV spending reporting form, made it possible to fully include the healthcare organizations of the country in the process of collecting and submitting the information necessary for NASA within the workshops held in all the regions of Tajikistan, and successfully elaborate the study.

Instructions on completing the AIDS spending reporting form were adopted for Tajikistan<sup>13</sup> context and presented, alongside with NASA methodology and AIDS spending categories, during training workshops held in all the regions of the country to facilitate return of the report form. Members of NASA technical working group (TWG) facilitated training sessions and assisted participants in filling in the forms. The remaining key partners were involved in the national spending assessment by means of official written requests asking for information and attaching the reporting form, the instruction on filling in the form and contact details for holding consultations. Letters introducing NASA and requesting data were sent out to the various government ministries, NGOs, and multilateral organizations in order to formally gain access to the required data.

**Table 1: Sources of data for conducting national AIDS spending assessment in Tajikistan, Tajikistan NASA 2008-2009**

Sources of funding	Data collection
<b>Public sources of funding</b>	✓ Financial reporting form developed and approved on the national level for conducting NASA to be filled in for each public health service provider institution on the basis of actual financial flows from the republican and local budgets
<b>Private sources of funding (out-of-pocket expenditures)</b>	✓ Financial reporting form developed and approved on the national level for conducting NASA to be filled in by each public health services provider institution on the basis of actual financial flows from the special funds of health facilities that were generated when paid by patients for certain health care and services
<b>International or external sources of funding</b>	✓ International organizations' financial reports developed for donors to be reconsidered and transformed according to NASA classifications ✓ Financial reporting form developed and approved on the national level for conducting NASA to be filled in (used for small grants or projects mainly) on the basis of actual financial external flows

<sup>13</sup> 1) National AIDS Spending Assessment (NASA): Classification and Definitions. 2009, UNAIDS: Geneva.  
[http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/manual/2009/20090916\\_nasa\\_classification\\_s\\_edition\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/manual/2009/20090916_nasa_classification_s_edition_en.pdf)

2) Belarus National AIDS Spending Assessment for 2008: Country Report. 2010, UNAIDS: Belarus, Minsk.  
[http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2008/nasa\\_belarus\\_2008\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2008/nasa_belarus_2008_en.pdf)

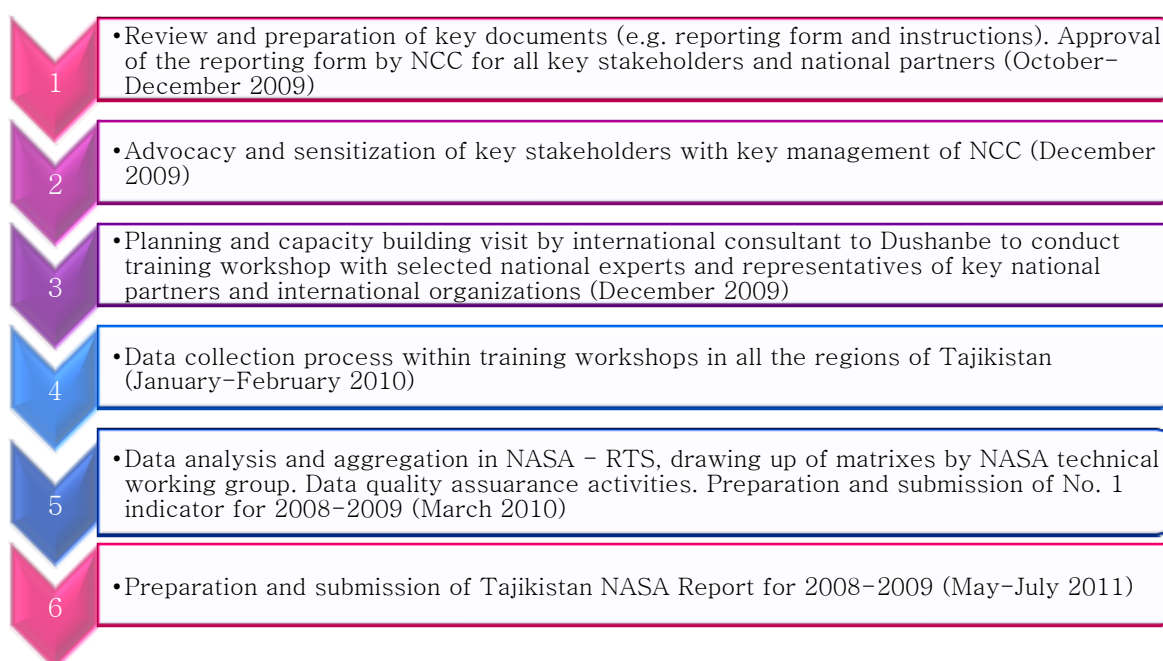


As mentioned above, the top-down approach tracks sources of funds from donor reports, commitment reports, and government budgets. The top-down approach was applied towards external funds and grants provided to Tajikistan. The bottom-up approach, which tracks expenditures from service providers' expenditure records, facility level records and governmental department expenditure accounts was used on public sources of funding, and scaled up in the assessment to include the Ministry of Health, and other ministries and departments.

Financial monitoring of the spending of non-governmental organizations was carried out using both approaches. Non-governmental organizations in the Republic of Tajikistan perform preventive activities in response to the HIV epidemic only with the financial support of donors, mainly the GFATM. NGOs are not financed from the government budget of the Republic of Tajikistan. Financial expenditures incurred using the funds of the main donor – GFATM – were tracked top-down using reports submitted by NGOs to the Project implementation unit.

Information about expenses incurred from private sources was partly included in NASA. This information was obtained from public health service provider institutions on the basis of special funds of health facilities that were generated when paid by patients for certain health care and services.

**Figure 1: NASA project approach, Tajikistan NASA 2008-2009**



### 2.3.5. Data processing

The data presented in the reporting forms made it possible to identify the AIDS servicing organization, sources of financing of the organizations' activities and areas of spending, i.e. AIDS spending categories. To a certain extent the reporting form enables identification of the beneficiaries of services. In order to identify all possible categories, such as financing agents,

and precise groups of beneficiaries, the data presented had to be confirmed by each separate organization taking part in the assessment.

The expenditure data collected was first tabulated in Excel®, verified and balanced. All information obtained was verified to ensure the validity of data from the records of the source, agents and providers, and also to avoid double counting. The data was then transferred to the NASA Resource Tracking Software (NASA RTS), which was developed to facilitate NASA data processing.<sup>14</sup> It provides a step-by-step guidance along the estimation process and makes it easier to monitor the crosschecking among the different classification axes. The NASA RTS results databases were then exported to Excel® to produce pivot and summary tables and graphs for analysis.

## 2.4. Assumptions and estimations

NASA methodology allows for further disaggregation of the data to show provider expenditures by HIV and AIDS function and to identify the categories of beneficiaries that receive funding. However, given the nature of the data received a number of assumptions were made which apply in interpreting the findings and recommendations of this study.

Problems of missing HIV expenditure information were more acute in respect of the ministries. However, on the basis of information provided by funding sources and service providers, the study attempts to reconstruct some sectoral spending on HIV and AIDS.

Costing estimations were not used to determine expenditure in 2008-2009. The data (expenditure reports) for 2008-2009 were all obtained from primary sources of information (service providers, donors).

Where data on beneficiaries were not disaggregated and detailed enough, the bulk of it was assumed to be targeted to the general population.

The official annual exchange rate for 2008 and 2009 was used in the study<sup>15</sup>.

## 2.5. Limitations of the assessment

There were a number of limitations to this study. Public sources of funding were captured at the health facilities level directly from providers of services during the workshops held in all the regions of Tajikistan. The data on financial flows have been calculated and collected for the first time and certainly might be more accurately captured with a systematic and constant approach towards HIV and AIDS financial monitoring.

In the cost sheets of governmental organizations financed from the budget in 2008 and 2009, AIDS spending was either not identified, included in other aggregated costs, or was partially identified in very small amounts. The accounting system in governmental organizations is designed in such a way that it does not make it possible to identify at the end of the accounting

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<sup>14</sup> NASA RTS is available on the following web-site: <http://www.unaids.org/en/dataanalysis/tools/nasapublications/>

<sup>15</sup> 3.4291 and 4.1437 TJS (somon) per 1 US \$ in 2008 and 2009 respectively

period the expenses incurred during the year in a simple way without additional calculations similar to the process of price formation.

Ministries and departments outside the healthcare system of the Republic of Tajikistan shared information reluctantly about financial spending incurred. As a result several activities performed outside the healthcare system may not have been included in the analysis of resource flows.

We should note that a number of international partners joined in the NASA process with great difficulty, which made it necessary to work with each organization individually. Also some international organizations managing external grants were conscious of the security of information provided. The data on external financing was not fully captured as some international donors didn't provide requested information. Most international organizations managing donated funds provided financial data in aggregated way so that the desired level of accuracy in allocation of financial flows couldn't be reached in the format of NASA classifications. However, the assessment shows general trends of financial flows as well as the estimated external funds spent on HIV and AIDS activities.

It is known that the most reliable model of public healthcare is medical insurance combined with budget financing, as opposed to financing exclusively from state budget. In the Republic of Tajikistan private voluntary medical insurance is in a formative stage and was not included in the 2008-2009 assessment.

In Tajikistan, private healthcare organizations are developing alongside governmental medical institutions, meeting the needs of the population in certain kinds of medical assistance (STI diagnostics and treatment, etc.). Spending on HIV preventive measures was not included in the 2008 assessment due to certain limitations of including private business financial data into assessment.

It is critical to note that the current assessment captures only private households' out-of-pocket HIV and AIDS expenditure on VCT and blood safety interventions provided as paid public sector providers of services and doesn't show overall out-of-pocket expenditures on HIV and AIDS prevention, care and treatment. To capture overall out-of-pocket expenditures by households it is necessary to conduct a separate survey within the country identifying the target population and amounts of out-of-pocket spending on specific HIV and AIDS interventions.

It should be noted that Tajikistan NASA includes two specific spending categories, namely spending on 'Safe Medical Injections' and 'Universal Precautions'. The former includes spending on training in ensuring safe medical injections, acquisition and disposal of injection equipment and other auxiliary equipment and materials, and on procurement and use of disinfectants. The latter includes use of gloves, masks, protective garments, safety goggles and other means of protection for medical personnel. Measures within these two spending categories are aimed at preventing transmission not only of HIV but also other potential infections and diseases, and have great preventive value for the healthcare system of the country on the whole, including prevention of HIV transmission. Considerable funds are allocated from the state budget for these measures. Taking into consideration the impossibility within the current study to determine the adequate share of spending on these two categories

which are aimed exclusively at preventing HIV, further analysis of AIDS spending was conducted excluding these categories from the total amount of HIV/AIDS spending.

It was a challenge to carry out a qualitative gap analysis due to the differences in the categories employed by the Programme on the response to the epidemic of HIV in the Republic of Tajikistan for the period 2007-2010 (National Strategic Plan) and NASA. Although an attempt has been undertaken to compare the resource needs stated in the National Strategic Plan and NASA estimations for gap analysis for 2008 and 2009 which is presented further in the third part of NASA Report.

## Part 3. TAJIKISTAN: OVERVIEW OF THE COUNTRY CONTEXT

### 3.1. Tajikistan: demographic and socioeconomic data<sup>16</sup>

Tajikistan is a country situated in Central Asia which gained independence from the Soviet Union in September 1991.

Tajikistan is bordered by Uzbekistan to the West, Afghanistan to the South, China to the East and Kyrgyzstan to the North. Pamir and Alay mountains dominate the landscape (93% of the total area). The bulk of the population lives in the flatter, agricultural areas – the Ferghana Valley to the

North, the Gissar and Vakhsh Valleys closer to the capital, and the Khatlon region to the South.

Tajiks are the country's largest ethnic group, with Uzbeks making up a quarter of the population, over half of which is employed in agriculture and just one-fifth in industry.

The country's official language is Tajik, a Farsi (Persian) based language. However, Russian is a common language of parlance for most of the population, and commonly encountered in government and businesses.

The five-year civil war in which up to 50,000 people were killed and over one-tenth of the population fled the country, ended in 1997 with a United Nations-brokered peace agreement.

Tajikistan is a low income country. The lack of job opportunities drives over a million Tajiks to seek work abroad as migrant laborers (mainly to Russia and Kazakhstan) and their remittances form a major part of the Tajik economy.

Tajikistan's economy experienced economic growth of 8.6% on average between 2000 and 2008, after shrinking by more than 60% from 1991 levels. In 2009, economic growth slowed down to 3.4% as the effects of the global financial crisis hit the country's economy. Sharp reduction in remittances, 31% from 2008 peak level (47%), lower prices for Tajikistan's key export commodities, aluminum and cotton, and falling demand for them, were the main effects of the financial crisis. The domestic currency depreciation, 26% by



#### TAJIKISTAN: COUNTRY FACTS

**Population:** 7 million

**Population growth  
(annual):** 1.6%

**Capital:** Dushanbe

**Area:** 143,100 sq km  
(55,251 sq miles)

**Major religion:** Islam

**Life expectancy:** 67 years

**Monetary unit:** 1 Tajik  
somon = 100 dirams

**Major Industries:**  
Nonferrous metallurgy,  
mining, hydro-power,  
textiles, cotton, fruit

**Major trading partners:**  
Russia, China, Turkey, EU,  
Iran

#### World Bank Data:

**GDP:** US \$ 5.13 billion  
(2008); US \$ 4.98 billion  
(2009)

**GDP growth:** 7.9%(2008);  
3.4% (2009)

**GNI per capita, Atlas  
method:** US \$ 600 (2008);  
US \$ 700 (2009)

<sup>16</sup> Tajikistan overview, economics, data and statistics available on World Bank official web-site: [worldbank.org](http://worldbank.org)

the end of 2009, facilitated external adjustment by contributing to narrowing of the trade deficit and to slight curtailing of the current account deficit.

The global economic crisis has hampered Tajikistan's economic outlook in the short to medium term. The crisis revealed that the economy is vulnerable to both domestic and external shocks. Tajikistan continues to remain dependent on two primary commodities – aluminum and cotton – for its export revenues. Both commodities have volatile prices on global markets, leaving the economy vulnerable to external shocks. Exports, imports and remittance flows are severely affected by prolonged recession in Russia and Kazakhstan.

Tajikistan is dependent on international humanitarian assistance for some of its basic subsistence needs, and requires additional assistance to cope with humanitarian crisis.

Tajikistan has considerable economic potential and the Government has prioritized infrastructure development, particularly hydro-power and road-building, as key to the country's development. Russia, China and Iran are becoming increasingly involved in construction projects. There is some limited, potential for oil and gas exploitation, while the mountains contain valuable mineral resources including gold, silver, uranium, antimony and tungsten.

### 3.2. Tajikistan: HIV situation analysis<sup>17</sup>

#### **TAJIKISTAN: HIV AND AIDS ESTIMATES (2009)**

Number of people living with HIV

9,100 [6,400 - 13,000]

Adults aged 15 to 49 prevalence rate

0.2% [0.1% - 0.3%]

Adults aged 15 and up living with HIV

8,900 [6,300 - 12,000]

Women aged 15 and up living with HIV

2,700 [1,900 - 3,700]

Deaths due to AIDS

<500 [<500 - <1000]

Tajikistan recorded its first HIV case in 1991. Between 1992 and 2003, HIV testing systems were not operational mainly due to profound infrastructure disruption caused by the 1992-1997 civil war.

A reporting procedure based on results of mandatory testing of blood donors and voluntary HIV testing has been routinely implemented since 2003 in Tajikistan, and in the following years since 2005 this system was complemented with sentinel surveillance targeting IDUs, SWs, uniformed services, labor migrants, prisoners, and pregnant women.

The number of HIV cases in the country is still relatively low. According to official statistics of the Republican AIDS Centre, the number of official HIV cases in Tajikistan has increased from 2 in 1991, to 710 in 2006, and 1,853 at the end of 2009. Cases of HIV were reported in 60 out of 69 of the country's districts. 247 people died of HIV in 2009.

Based on the number of registered HIV cases, it is estimated that by the end of 2009 the number of people living with HIV in

Tajikistan was 9,100 [6,400 – 13,000].

<sup>17</sup> The NASA report uses the official statistics annually published by the State Agency on Statistics under the President of the Republic of Tajikistan and by the Republican Center of Medical Statistics of the Ministry of Health. Also the document includes sentinel surveillance data and Tajikistan Progress Report on implementation of the Declaration of Commitment on HIV and AIDS for the period 2008-2009. This information partly available on the following official web-sites: [www.unaids.org](http://www.unaids.org) ; [nc-aids.tj](http://nc-aids.tj) ; [www.ncc.tj](http://www.ncc.tj)

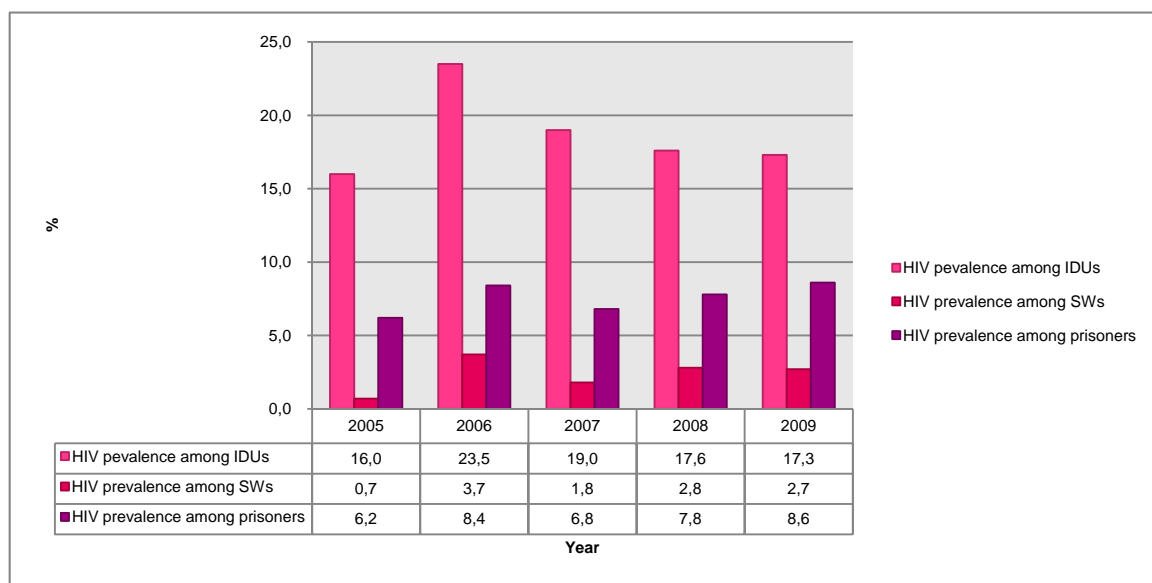
The country has also relatively low estimated HIV prevalence rate of 0.2% [0.1% - 0.3%].

Overall, young people and men are the most affected in Tajikistan. The breakdown of HIV cases by age is as follows: 96.4% of HIV confirmed cases are among people aged 15-49, of which 83.4% are among people aged 20-39; 1.9% are among children under the age of 14. The breakdown of HIV cases by gender shows that 80% of HIV cases are recorded among men and 20% among women. Recently, the number of HIV cases among women has nearly tripled from 8.5% in 2005 of new HIV cases among women to 22.3% in 2009. As of December 2009, 105 cases of pregnant women infected with HIV had been recorded, 54 of which were in 2009.

Injecting drug use along with growth of commercial sex industry and increasing migration of the population remains the main driving force of the HIV epidemic. Since HIV prevalence for a number of years has been higher than 5% among MARPs, particularly IDUs, Tajikistan is in the concentrated epidemic stage.

In 2009, HIV transmission through injection was indicated in 55.1% of the total number of registered cases, while 27.2% of HIV cases were due to sexual transmission, 1.1% due to vertical transmission and 16.6% of HIV cases had no clear way of transmission.

**Figure 2: HIV prevalence of most-at-risk populations in Tajikistan, Sentinel Surveillance 2005-2009, Tajikistan**



Tajikistan is a transit country for illegal drugs from neighboring Afghanistan. According to UNODC estimates, 15% of all of Afghanistan's opiates and 20% of its heroin is trafficked through Tajikistan.<sup>18</sup> The flow of drugs from Afghanistan poses a serious threat to security and development throughout Central Asia and beyond, and Tajikistan is the first line of defense. Intravenous heroin use in Tajikistan is presently the main driver of HIV epidemic.

<sup>18</sup> <http://www.un.org/apps/news/story.asp?Cr1=&NewsID=36927&Cr=UNODC>



An independent assessment on the estimation of the number of IDUs in Tajikistan in 2009 was 25,000 [20,000-30,000].<sup>19</sup> According to sentinel surveillance data, HIV prevalence among IDUs increased from 16.0% in 2005 to 17.3% in 2009. Prevention and treatment efforts among IDUs are essential ways of reversing the epidemic before it crosses over into general population.

There is also a growing commercial sex industry in Tajikistan. For the last years the number of sex workers in Tajikistan has been growing considerably. According to an independent assessment on the estimation of the number of SWs in Tajikistan in 2009, the estimated number of SWs was 12,500 [10,000-15,000].<sup>20</sup> Regardless of high coverage of SWs by prevention services, the HIV prevalence in this group continues to grow from 0.7% in 2005 to 2.7% in 2009. Higher rates of STIs, such as syphilis, in this population (prevalence 10.5%) make sex workers more vulnerable to HIV infection. Further, SWs report partner refusal to use condom as a main reason of unsafe intercourse.

In addition, there is a distinct overlap between sex work and injecting drug use in Tajikistan. A proportion of sex workers who are also IDUs use money from sex work to finance their drug supply; this nexus is thought to compound the risk of HIV transmission. A 2008 sentinel surveillance data demonstrate 11% of IDUs are women, and 41% of them report having sexual contacts with commercial partners.

Whilst HIV epidemic among MSM was a focus in the early phases of the epidemic in Tajikistan, there is very little currently known about the HIV epidemic among MSM in the country. Tajik MSM remain one of the most difficult groups to reach. There are no registered cases of HIV among MSM in Tajikistan. In addition, there is no credible assessment regarding their number.

Social stigma towards homosexuality in Tajikistan makes this population inaccessible for the health and social services. Because of taboos for MSM, they are rarely willing to seek help from health providers on specific issues related to their sexuality.

Imprisonment as a risk factor for HIV is correlated with unprotected sex and injecting drug use. It may also include risk of blood exposure as a product of violence and other factors such as prison tattoos. According to sentinel surveillance studies, HIV prevalence among prisoners in Tajikistan was equal to 6.2% in 2005 and 8.6% in 2009.

The HIV epidemic is also aggravated by substantial and ever-expanding labor and conflict-led migration to Russia and other CIS countries with a high prevalence of HIV and STIs. Each year around a million of people, mostly aged 18-49, migrate from Tajikistan for employment purposes. Mobile individuals mostly include informal traders, sex workers, and seasonal labor migrant workers (e.g. construction workers). Migration patterns in Tajikistan show predominantly male migration. Mobility and migration not only increase vulnerability to HIV of mobile individuals, but also sending and receiving communities. Tajikistan's patriarchal family structure, and the role of breadwinners these migrants play combined with the high cultural

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<sup>19</sup> Independent assessment of hard-to-reach populations, capacities of local agencies for developing and implementing programs on HIV/AIDS prevention among IDUs, SWs and their clients in Tajikistan, October 2009

<sup>20</sup> Independent assessment of hard-to-reach populations, capacities of local agencies for developing and implementing programs on HIV/AIDS prevention among IDUs, SWs and their clients in Tajikistan, October 2009



value placed upon family preservation, makes it almost impossible for women to ask their husbands to use condoms during sexual intercourse.

A 2007 study by the Center of Strategic Studies under the President of the Republic of Tajikistan looked at stigma connected with HIV in a number of populations. It showed very high stigma associated with HIV/AIDS in Tajikistan both among professionals in various fields and in society in general.

While the HIV epidemic is growing at an alarming rate and poses a serious threat to population, HIV prevention, treatment, care and support services in Tajikistan are under-resourced and of limited capacity and accessibility.

### **3.3. National response to the epidemic and AIDS funding in Tajikistan**

The threat of the HIV epidemics is recognized in Tajikistan, both by civil society and at the highest political level. The Republic of Tajikistan, among other countries, signed the Declaration of Commitment on HIV/AIDS of the UN General Assembly Special Session on HIV/AIDS (Declaration) in 2001. Tajikistan is one of the first countries in the world to develop a National Development Strategy by 2015 in accordance with the Millennium Development Goals (Goal 6, Target 7): "to stop the spread of HIV/AIDS and begun to reverse the incidence".

HIV related issues are integrated into Tajikistan's Poverty Reduction Strategy (PRS) based on a multisectoral approach to incorporate HIV prevention, treatment and care activities targeting groups at high risk, vulnerable groups and the general population. The issues of HIV prevention, treatment and care are integrated in the UN Development Assistance Framework of Tajikistan. The priority areas are to improve access of vulnerable population to quality basic health, education and social protection services.

A multisectoral approach within the national response to the epidemic is recognized at the country level and criteria for alignment and harmonization of national actions to combat AIDS through the "Three Ones" have been established. Since 1997, NCC has been operating in the country with participation of the representatives from key ministries, international organizations and local non-governmental organizations (NGOs), including PLHIV. The updated composition of the NCC also includes the religious leader of all Muslims, the Mufti of Tajikistan.

The working body of the NCC is the full-time operating Secretariat assigned with certain powers and responsibilities. A Partnership Forum has been established as part of the NCC, bringing together all interested partners with its approved functions and a regular schedule of meetings. In order to improve coordination of the Partnership Forum operations, key thematic technical working groups have been set up with the defined composition and approved functional responsibilities: monitoring and evaluation, treatment, work with most-at-risk and vulnerable groups, legislation, information, education and communication, etc. These groups include representatives from all of the above clusters, depending on their area of expertise. At the local level, there are regional units of the NCC. The programmes and work plans at regional level have been elaborated and harmonized with overall programme activity for HIV prevention.

In 2007, the third Programme on the response to the epidemic of HIV in the Republic of Tajikistan for the period 2007-2010 (National Strategic Plan) was approved. For the first time Tajikistan has had an approved programme to combat HIV and AIDS with a budget, monitoring and evaluation plan and annual action plan. The national was the main instrument for donor activities in the field of HIV/AIDS. This programme has been developed following the approaches to achieving universal access to prevention, treatment, care and support for HIV and AIDS. The goals to achieve universal access have been established, included in the programme and approved by the Government of Tajikistan. The equal access of women and men to the services is guaranteed by the Law on State Guarantees of Gender Equality and Equal Opportunities for their Implementation.

In 2008, the Law on Prevention of HIV/AIDS in the Republic of Tajikistan was revised with the exclusion from the new version of the Act of an article on deportation of foreign citizens due to HIV-positive status. Further changes facilitated the national response to the epidemic. Currently, in accordance with the new version of the Law, some activities are planned to eliminate other restrictions for foreign nationals on the basis of their HIV status.

Parliamentarians of Tajikistan were actively involved in advocacy of HIV/AIDS, review of legislation and the revision of the Law on HIV/AIDS. In 2008 Dushanbe hosted III Inter-Parliamentary Conference in Central Asia and Azerbaijan on HIV/AIDS. The holding this event was supported by Central Asia AIDS Control Project (CAAP), Joint United Nations Development Programme on HIV/AIDS (UNAIDS) and United Nations Office on Drugs and Crime (UNODC). The conference agenda included issues on improving a legal and regulatory framework in the field of HIV prevention among migrant workers and removal of legislative barriers that exist in access to effective HIV prevention and treatment for drug users and persons in detention.

In connection with the phenomenon of global feminization of the HIV epidemic in recent years, the special vulnerability of women to HIV infection, the increasing number of HIV cases among women in Tajikistan, especially in vulnerable groups of women, and gender aspects of the national response are particularly important.

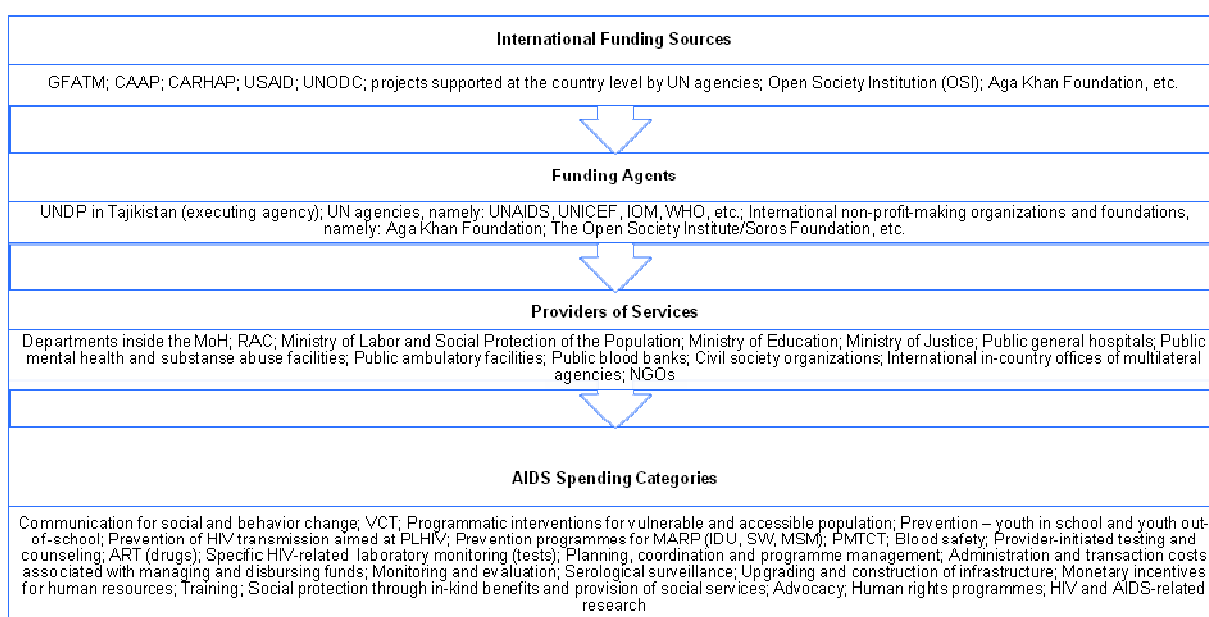
The role of community-based and non-governmental organizations in the national response has significantly increased in Tajikistan. The number of AIDS-service organizations has substantially augmented and access of the organizations working on HIV/AIDS related issues with the population, particularly vulnerable groups, to international financial and technical assistance has grown considerably.

Regional partnership has been significantly improved. In 2008-2009, Tajikistan successfully participated in the implementation of the regional projects with the following partners: Central Asia AIDS Control Project (CAAP), Central Asia HIV/AIDS Programme (CARHAP), USAID, AFEW and UNODC. The active participation of government representatives from different sectors, parliamentarians, religious leaders, media representatives and the civil society of Tajikistan in the cross-country regional conferences, forums and seminars shows significantly enhanced regional cooperation and its increased role in strengthening the response to the epidemic, both at regional and country level.

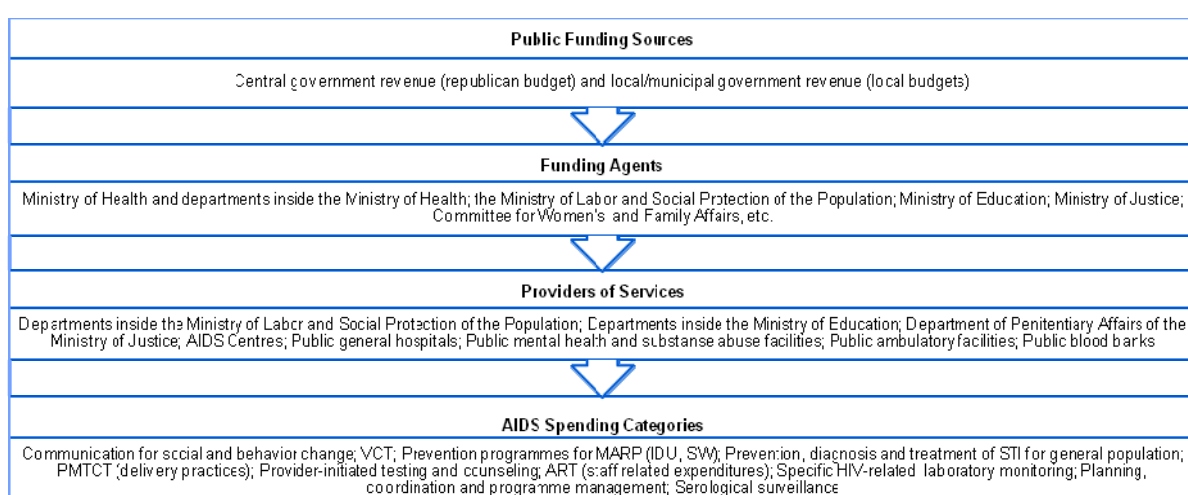
Tajikistan gives particular importance to its participation in the Coordination Council on HIV/AIDS of the CIS member states. Due to common current problems for CIS countries in response to the HIV epidemic, Tajikistan is actively involved in finding solution of these problems in close cooperation with other countries in the region, particularly in respect of accessibility of prevention programs on HIV/AIDS for migrants in the region.

The Government of Tajikistan, in close cooperation with NGOs and international partners, has been implementing the programmes aimed at enhancing universal access to HIV prevention services for the groups at highest risk and the general population.

**Figure 3: International sector HIV and AIDS financial flows, Tajikistan NASA 2008-2009**



**Figure 4: Public sector HIV and AIDS financial flows, Tajikistan NASA 2008-2009**

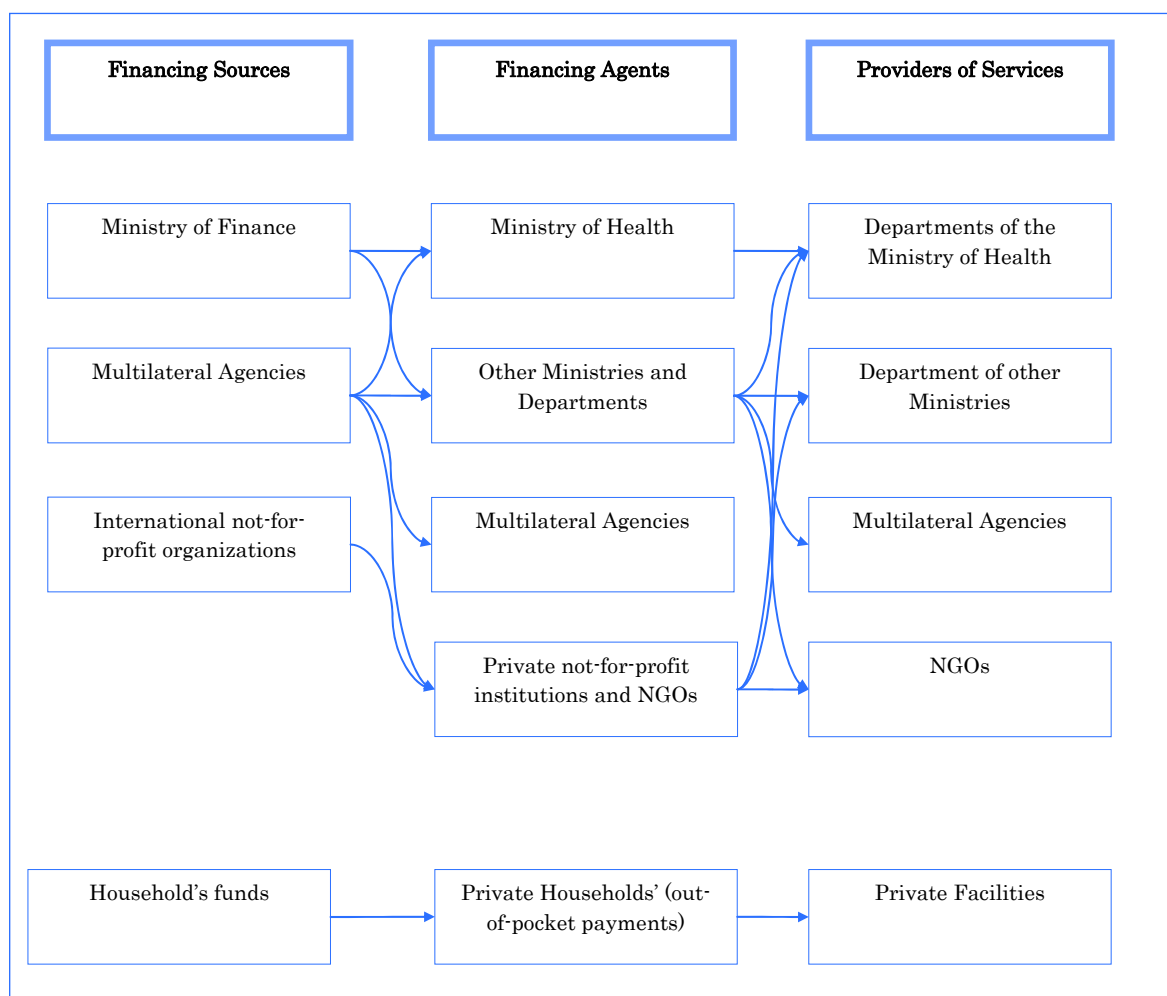


In 2008-2009, Tajikistan received funding for the implementation of the Project “HIV/AIDS, TB and Malaria Control in Tajikistan” financed by the Global Fund to Fight AIDS,

Tuberculosis and Malaria, funding within implementation of several regional and country level projects.

The programmes on HIV/AIDS are mainly funded from external sources, which is associated with the economic difficulties experienced in Tajikistan. The national budget currently does not allow purchasing tests, medicines, equipment and providing support to many programmes on HIV/AIDS.

**Figure 5: HIV and AIDS Funding Flows in Tajikistan, Tajikistan NASA 2008-2009**



It is anticipated that the impact of the global financial crisis could affect external funding of future programs. At the same time, the conditions connected with economic hardship in the country and the global financial crisis cannot guarantee an increase of the state budget allocations for HIV/AIDS programmes.

Within the study an attempt has been made to elaborate gap analysis for 2008 and 2009. Programme on the response to the epidemic of HIV in the Republic of Tajikistan for the period 2007-2010 (National Strategic Plan) and NASA estimations were laid as a basis of gap analysis described further.

Financial needs for implementation of the Programme on the response to the epidemic of HIV in the Republic of Tajikistan for the period 2007-2010 were presented in nine objectives which were attributed to the key intervention areas according to NASA classifications. The National Strategic Plan activities were classified and aggregated into the following intervention areas: 'Prevention', 'Care and treatment' and 'Social protection and social services (excluding OVC)'. Other intervention areas were not planned according to the National Strategic Plan 2007-2010.

**Table 2: Financial needs for implementation of the Programme on the response to the epidemic of HIV in the Republic of Tajikistan for the period 2007-2010 with the link to NASA key intervention areas, Tajikistan NASA 2008-2009**

Objectives	Activities according to the National Strategic Plan	Financial needs 2008, US \$ million	Financial needs 2009, US \$ million	NASA intervention areas
1	Groups with high risk of exposure to HIV (IDUs, SWs, MSM, prisoners) have accepted preventive behavior	8.200	8.300	'Prevention'
2	Other vulnerable groups (youth, including street children, uniformed services, migrants, women) have changed behavior towards significant reduction of HIV transmission risk	2.000	0.400	'Prevention'
3	To reduce susceptibility of people to HIV infection through enabling access to effective STI treatment	0.125	0.350	'Prevention'
4	To ensure access for people to the comprehensive services reducing vertical transmission (PMTCT)	0.300	0.250	'Prevention'
5	To ensure safety of medical manipulations, including safety of blood transfusion and other transplantations, ensuring access for people to HIV post-contact preventive treatment with drugs	0.050	0.000	'Prevention'
6	To ensure comprehensive prevention of opportunistic infections among PLHIV	0.150	0.100	'Care and treatment'
7	To guarantee ART to PLHIV in need for such therapy	1.900	2.400	'Care and treatment'
8	To guarantee treatment of opportunistic diseases, provision of palliative help and care to PLHIV in need	0.300	0.200	'Care and treatment'
9	To guarantee social support to PLHIV, their families and circle members	0.050	0.035	'Social protection and social services (excluding OVC)'
<b>Total financial needs for implementation of the Programme on the response to the epidemic of HIV in the Republic of Tajikistan</b>		<b>13.075</b>	<b>12.035</b>	<b>x</b>

**Table 3: Gap analysis for 2008 and 2009 with the link of NSP objectives to particular NASA intervention area, Tajikistan NASA 2008-2009**

Blocks of interventions of the National Strategic Plan according to NASA key intervention area	Financial needs 2008, US \$ million	NASA estimations 2008 for particular area, US \$ million	Financial gap 2008, US \$ million	Financial needs 2009, US \$ million	NASA estimations 2009 for particular area, US \$ million	Financial gap 2009, US \$ million
	2008			2009		
'Prevention'	10.675	2.937	7.738	9.300	2.898	6.402
'Care and treatment'	2.350	0.407	1.943	2.700	0.722	1.978
'Social protection and social services (excluding OVC)'	0.050	0.005	0.045	0.035	0.018	0.017

Comparisons of financial needs and actual spending on 'Prevention', 'Care and treatment' and 'Social protection and social services (excluding OVC)' show substantial lack of funding in 2008 and 2009. Gap for prevention activities was US \$ 7.738 million in 2008 and US \$ 6.402 million in 2009 (72.49% and 68.84% respectively of resources needed); for 'Care and treatment' financial gap was US \$ 1.943 million in 2008 and US \$ 1.978 million in 2009 (82.68% and 73.26% respectively of resources needed); for 'Social protection and social services (excluding

OVC)' financial gap was US \$ 0.045 million in 2008 and US \$ 0.017 million in 2009 (90.00% and 48.57% respectively of resources needed).

It seemed reasonable also to elaborate gap analysis with the link of total resource needs according to the NSP and total estimated HIV and AIDS spending according to NASA, without attribution to intervention areas.

**Table 4: Gap analysis for 2008 and 2009 with the link of total resource needs according to the NSP and total estimated HIV and AIDS spending according to NASA, Tajikistan NASA 2008-2009**

Financial needs 2008, US \$ million	NASA estimations 2008, US \$ million	Financial gap 2008, US \$ million	Financial needs 2009, US \$ million	NASA estimations 2009 for particular area, US \$ million	Financial gap 2009, US \$ million
2008			2009		
13.075	6.187	6.888 (52.68% of resource needs)	12.035	7.501	4.534 (37.67% of resource needs)

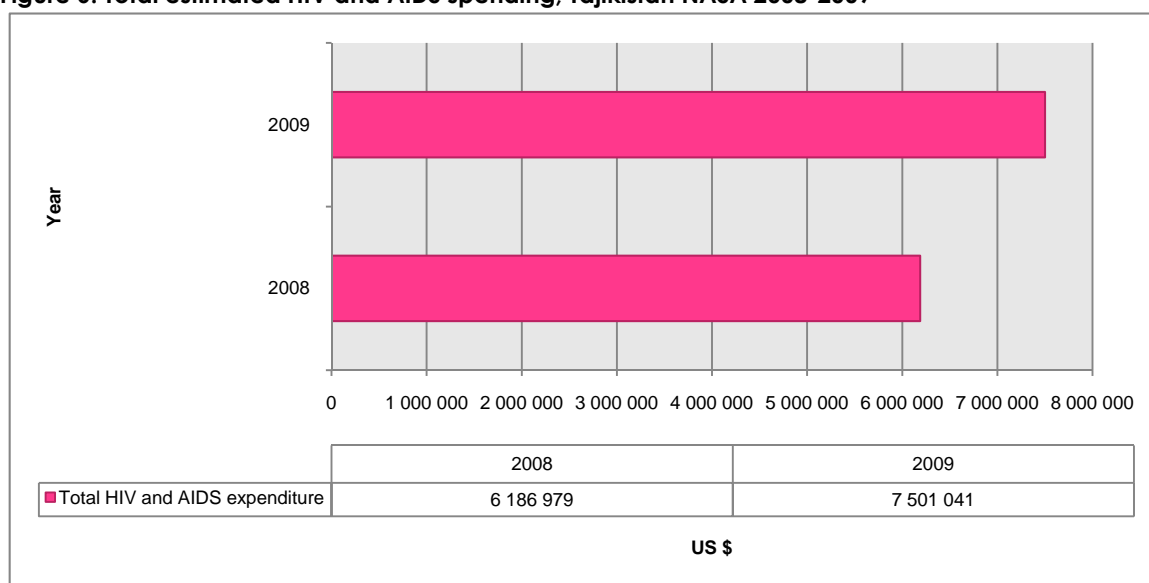
Comparisons of total resources needed in 2008 and 2009 according to the National Strategic Plan and total estimated HIV and AIDS spending in Tajikistan, attribution to intervention areas, showed the lack of funding US \$ 6.888 million in 2008 and US \$ 4.534 million in 2009 (52.68% and 37.67% respectively of resources needed). Although within the period of study financial gap declines it is essential to highlight that in 2008 and 2009 resources allocated and available were about two times less than it was needed according to the National Strategic Plan.

## Part 4. NASA ESTIMATIONS AND MAIN POLICY FINDINGS

### 4.1. Overview of total estimated HIV and AIDS spending in 2008-2009

The limitations and assumptions detailed in Part 2 notwithstanding, the National AIDS Spending Assessment (NASA) has determined that US \$ 6,186,979 and US \$ 7,501,041 was spent in Tajikistan on HIV and AIDS in 2008 and 2009 respectively (excluding spending on 'Universal precautions' and 'Safe medical injections').

Figure 6: Total estimated HIV and AIDS spending, Tajikistan NASA 2008-2009



The actual allocations spent in 2008 and 2009 fall short of the estimated required resources for scaling up towards universal access to prevention, treatment, care and support in Tajikistan according to the National Strategic Plan (description see in Part 3).

### 4.2. Flow of HIV and AIDS funds

#### 4.2.1. Sources of finance

Sources of finance are the entities that provide money to financing agents to be pooled and disbursed. There are three main sources of HIV and AIDS funding in Tajikistan, namely: public, international and private. Tajikistan's national response to HIV and AIDS is sustained by external assistance secured from international organizations.

Table 5: Total estimated HIV and AIDS spending by source of funding, Tajikistan NASA 2008-2009

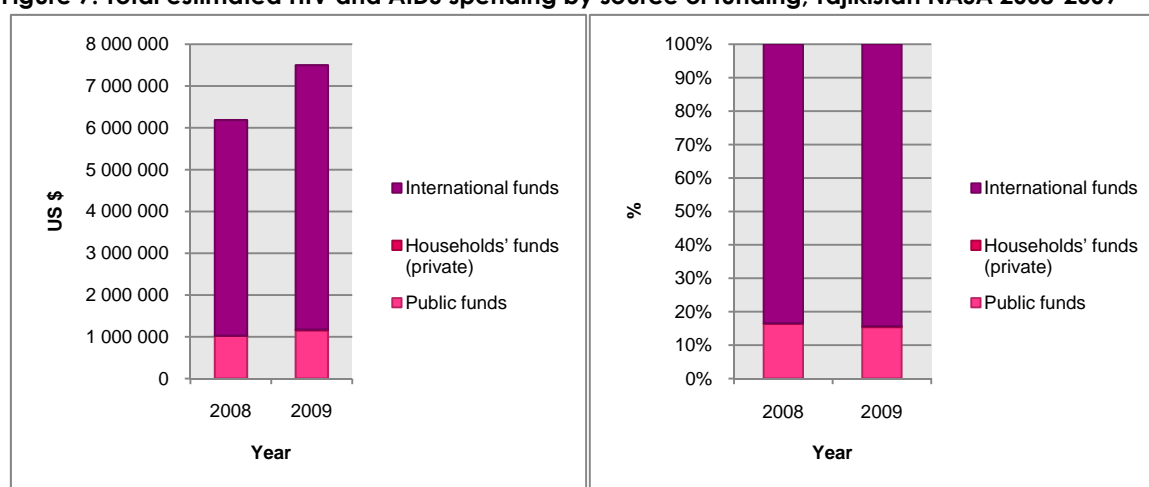
Main blocks of financing sources	2008			2009		
	TJS	US \$	%	TJS	US \$	%
Public funds	3,485,137	1,016,342	16.43	4,768,066	1,150,678	15.34
Households' funds (private)	30,584	8,919	0.14	91,994	22,201	0.30
International funds	17,700,047	5,161,718	83.43	26,222,004	6,328,162	84.36
<b>Total</b>	<b>21,215,768</b>	<b>6,186,979</b>	<b>100.00</b>	<b>31,082,064</b>	<b>7,501,041</b>	<b>100.00</b>

Public funds from republican and local budgets constituted 16.43% and 15.34% in 2008 and 2009 respectively of the total HIV and AIDS expenditure in Tajikistan.

Private sources of funding on VCT and blood safety interventions accounted for 0.14% and 0.30% in 2008 and 2009 respectively. However private households' out-of-pocket HIV and AIDS expenditure in the current study doesn't show overall out-of-pocket expenditures on HIV and AIDS prevention, care and treatment and requires additional separate survey.

International funding is the main HIV and AIDS source in Tajikistan and made up 83.43% and 84.36% in 2008 and 2009 respectively.

**Figure 7: Total estimated HIV and AIDS spending by source of funding, Tajikistan NASA 2008-2009**



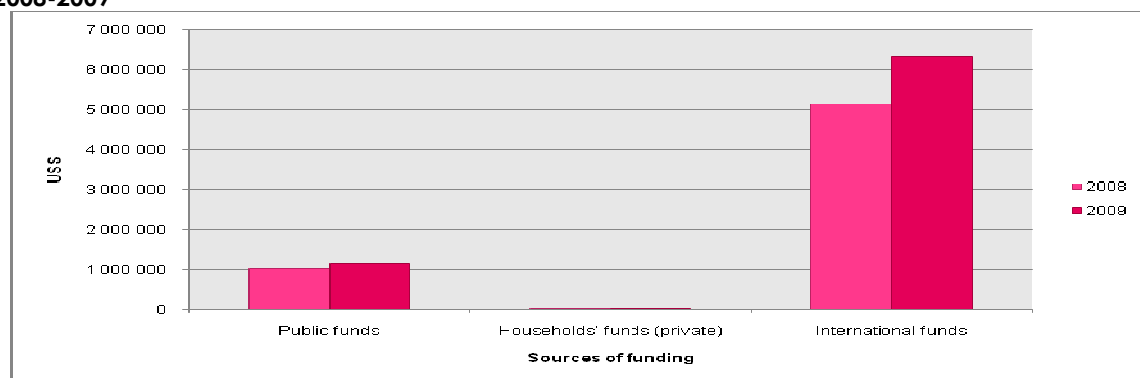
The total HIV and AIDS expenditure growth rate was 121.24%, with the public funding growth rate – 113.22%, private funding growth rate – 248.92% and international funding growth rate – 122.60%. Funding sources disaggregation in 2008 and 2009 are presented below.

**Table 6: Total estimated HIV and AIDS spending by main blocks of funding sources, Tajikistan NASA 2008-2009**

Source of funding	2008			2009		
	TJS	US \$	%	TJS	US \$	%
<b>Public funds</b>	<b>3,485,137</b>	<b>1,016,342</b>	<b>16.43</b>	<b>4,768,066</b>	<b>1,150,678</b>	<b>15.34</b>
Central government revenue	845,686	246,620	3.99	597,127	144,105	1.92
Local/municipal government revenue	2,639,451	769,722	12.44	4,170,939	1,006,573	13.42
<b>Households' funds (private)</b>	<b>30,584</b>	<b>8,919</b>	<b>0.14</b>	<b>91,994</b>	<b>22,201</b>	<b>0.30</b>
<b>International funds</b>	<b>17,700,047</b>	<b>5,161,718</b>	<b>83.43</b>	<b>26,222,004</b>	<b>6,328,162</b>	<b>84.36</b>
Direct bilateral contributions	0	0	0.00	0	0	0.00
Multilateral agencies	15,960,839	4,654,527	75.23	23,296,232	5,622,085	74.95
International non-profit-making organizations and foundations	1,739,208	507,191	8.20	2,925,772	706,077	9.41
<b>Total</b>	<b>21,215,768</b>	<b>6,186,979</b>	<b>100.00</b>	<b>31,082,064</b>	<b>7,501,041</b>	<b>100.00</b>



**Figure 8: Total estimated HIV and AIDS spending by main blocks of funding sources, Tajikistan NASA 2008-2009**



## Public sources of funding

Governmental spending on HIV and AIDS in Tajikistan amounted to US \$ 1,016,342 and US \$ 1,150,678 in 2008 and 2009 respectively (with growth rate 113.22%) and 16.43% and 15.34% of the total amount spent on the response to HIV and AIDS in 2008 and 2009 respectively.

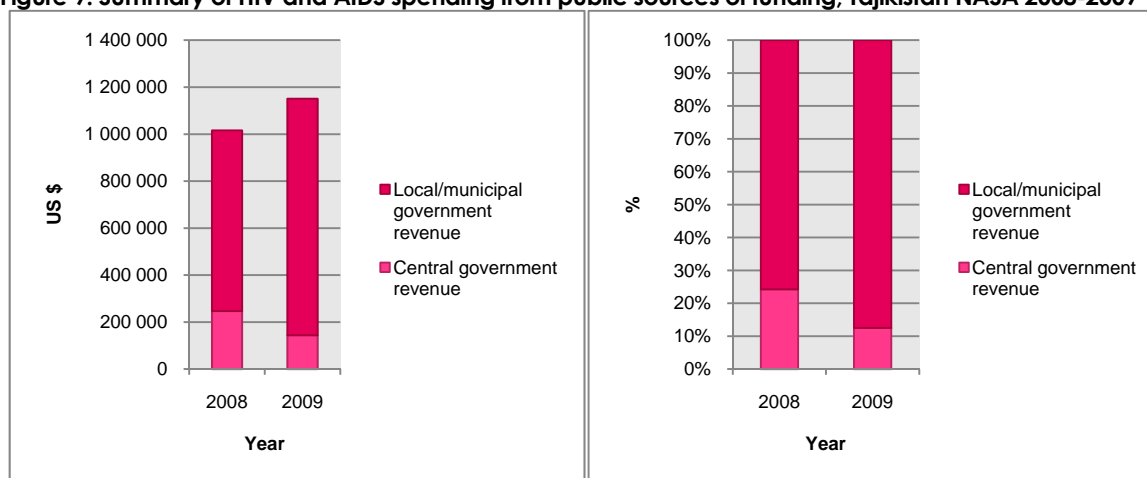
The majority of public financing for activities and programmes related to HIV and AIDS - 75.73% and 87.48% of the total amount spent from public sources of funding in 2008 and 2009 respectively – fell on the local budgets, whereas 24.27% and 12.52% in 2008 and 2009 respectively - on the republican budget in Tajikistan.

Disaggregation of public sources of funding in 2008 and 2009 is presented below.

**Table 7: Summary of HIV and AIDS spending from public sources of funding, Tajikistan NASA 2008-2009**

Public sources of funding	2008			2009		
	TJS	US \$	%	TJS	US \$	%
Central government revenue	845,686	246,620	24.27	597,127	144,105	12.52
Local/municipal government revenue	2,639,451	769,722	75.73	4,170,939	1,006,573	87.48
<b>Total</b>	<b>3,485,137</b>	<b>1,016,342</b>	<b>100.00</b>	<b>4,768,066</b>	<b>1,150,678</b>	<b>100.00</b>

**Figure 9: Summary of HIV and AIDS spending from public sources of funding, Tajikistan NASA 2008-2009**



## Private sources of funding

Private sources of funding on VCT and blood safety interventions accounted for 0.14% and 0.30% of the total amount spent on the response to HIV and AIDS in 2008 and 2009 respectively in Tajikistan. Private spending growth rate was 248.92%.

Current assessment captures only private households' out-of-pocket HIV and AIDS expenditures on VCT and blood safety interventions provided as paid services and doesn't show overall out-of-pocket expenditures on HIV and AIDS prevention, care and treatment in 2008 and 2009. Specifically, an out-of-pocket expenditure survey was not conducted due to lack of time and budgets constraints.

**Table 8: Summary of HIV and AIDS spending from private sources of funding, Tajikistan NASA 2008-2009**

Private sources of funding	2008			2009		
	TJS	US \$	%	TJS	US \$	%
Households' funds (private)	30,584	8,919	100.00	91,994	22,201	100.00

## International sources of funding

International funding sources are the main HIV and AIDS source in Tajikistan. The share of funds provided by international organizations amounted to US \$ 5,161,718 and US \$ 6,328,162 or 83.43% and 84.36% of the total estimated amount spent on the response to HIV and AIDS in 2008 and 2009 respectively with growth rate 122.60%.

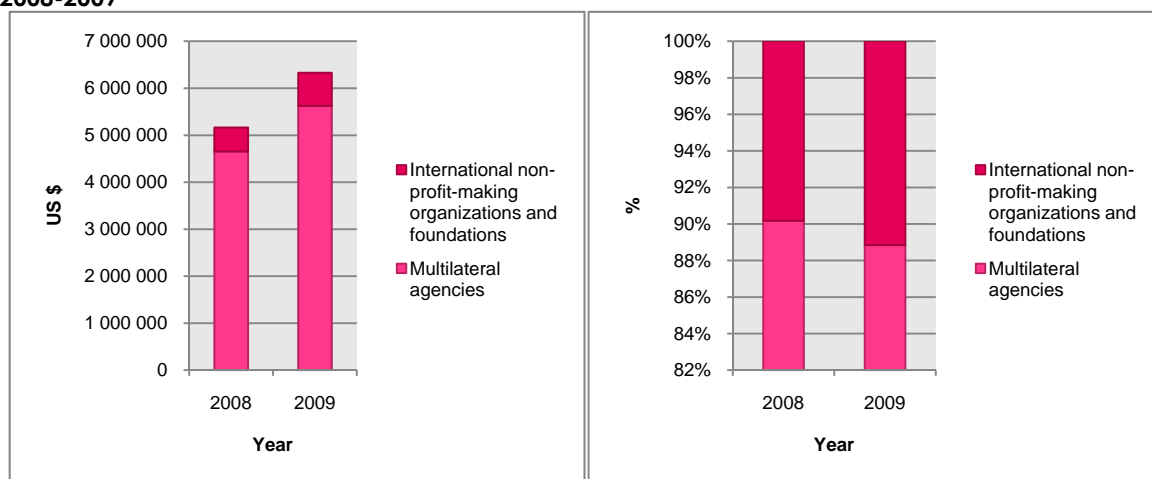
The majority of international financing for activities and programmes related to HIV and AIDS in 2008 and 2009 went from multilateral agencies (GFATM, UN agencies and other international organizations), i.e. 90.17% and 88.84% in 2008 and 2009 respectively of the total amount spent from international sources of funding (with growth rate 120.79%), whereas 9.83% and 11.16% in 2008 and 2009 respectively went from international non-profit-making organizations and foundations, e.g. Aga Khan Foundation, The Open Society Institute/Soros Foundation, etc., with growth rate 139.21%.

The UNDP the Project "HIV/AIDS, TB and Malaria Control in Tajikistan" financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria is the main donor in HIV field in the country with more than 70% share of the total international sources of funding in 2008 and 2009.

**Table 9: Summary of HIV and AIDS spending from international sources of funding, Tajikistan NASA 2008-2009**

International sources of funding	2008			2009		
	TJS	US \$	%	TJS	US \$	%
Direct bilateral contributions	0	0	0.00	0	0	0.00
Multilateral agencies	15,960,839	4,654,527	90.17	23,296,232	5,622,085	88.84
International non-profit-making organizations and foundations	1,739,208	507,191	9.83	2,925,772	706,077	11.16
<b>Total</b>	<b>17,700,047</b>	<b>5,161,718</b>	<b>100.00</b>	<b>26,222,004</b>	<b>6,328,162</b>	<b>100.00</b>

**Figure 10: Summary of HIV and AIDS spending from international sources of funding, Tajikistan NASA 2008-2009**



#### 4.2.2. Financing agents

Financing agents are the ministries and/or international organizations' agencies, private health facilities that manage funds allocated by financing sources (public, international and private) and use these funds for payment or purchase of health services, medical supplies and other HIV and AIDS related activities. While sources of finance decide to allocate resources to the national HIV response, financing agents have the ability to decide the type of activity or product to fund or purchase.

**Table 10: Total estimated HIV and AIDS spending by financing agent, Tajikistan NASA 2008-2009**

Financing agents	2008			2009		
	TJS	US \$	%	TJS	US \$	%
Public sector	3,485,137	1,016,342	16.43	4,768,066	1,150,678	15.34
Private sector	30,584	8,919	0.14	91,994	22,201	0.30
International organizations	17,700,047	5,161,718	83.43	26,222,004	6,328,162	84.36
<b>Total</b>	<b>21,215,768</b>	<b>6,186,979</b>	<b>100.00</b>	<b>31,082,064</b>	<b>7,501,041</b>	<b>100.00</b>

**Figure 11: Total estimated HIV and AIDS spending by financing agent, Tajikistan NASA 2008-2009**



## Total estimated HIV and AIDS expenditure breakdown by funding source and financing agent

Public sector financial agents such as Ministry of Health, Ministry of Education, Ministry of Labor and other governmental organizations manage public funding sources. The share of funding managed by public sector financial agents was 16.43% and 15.34% in 2008 and 2009 respectively.

As expected, among public financing agents Ministry of Health plays a major role in deciding what HIV activities to fund. Ministry of Health and departments of the Ministry of Health is the largest major governmental financing agents of public funds in HIV and AIDS field with about 90% share of public funds in 2008 and 2009.

However, the main financing agents of HIV and AIDS activities in Tajikistan are international organizations managing international donations, i.e. 83.43% and 84.36% in 2008 and 2009 respectively of total estimated HIV and AIDS spending in Tajikistan.

UNDP is the major financial agent in Tajikistan as it manages the largest project in HIV field in the country, i.e. Project "HIV/AIDS, TB and Malaria Control in Tajikistan" financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria with more than 70% share of the total international funding sources in 2008 and 2009 in Tajikistan.

Private households are the private funds financial agents (managing out-of-pocket expenditure) with 0.14% and 0.30% percentage share in the total HIV and AIDS spending in 2008 and 2009 respectively.

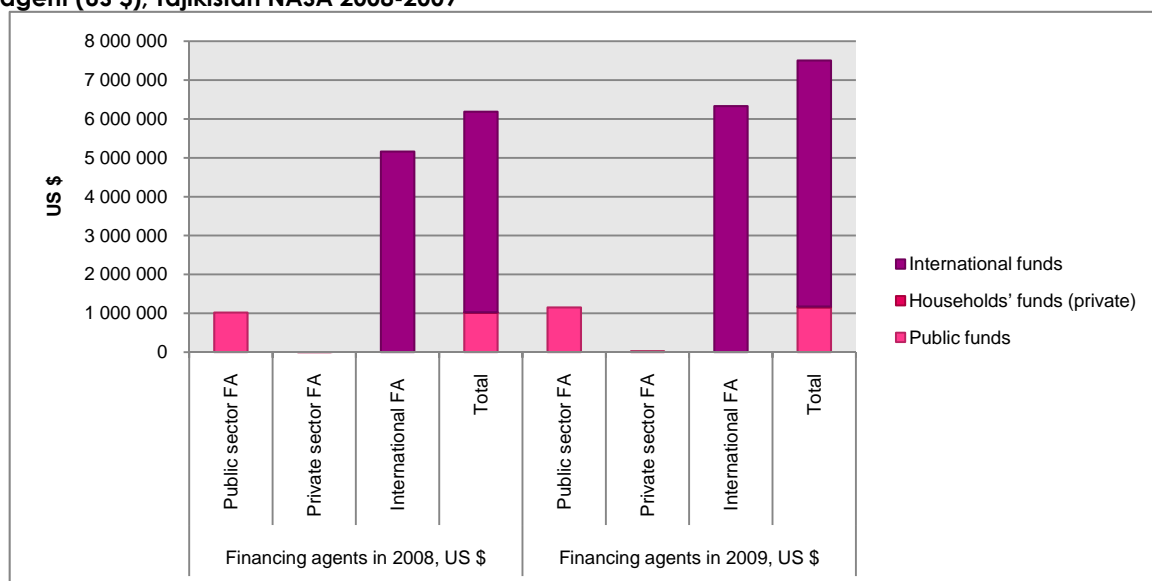
**Table 11: Total estimated HIV and AIDS expenditure breakdown by funding source and financing agent (TJS), Tajikistan NASA 2008-2009**

Main blocks of financing sources (FS)	Financing agents in 2008, TJS				Financing agents in 2009, TJS			
	Public sector FA	Private sector FA	International FA	Total	Public sector FA	Private sector FA	International FA	Total
Public funds	3,485,137	0	0	3,485,137	4,768,066	0	0	4,768,066
Households' funds (private)	0	30,584	0	30,584	0	91,994	0	91,994
International funds	0	0	17,700,047	17,700,047	0	0	26,222,004	26,222,004
<b>Total, TJS</b>	<b>3,485,137</b>	<b>30,584</b>	<b>17,700,047</b>	<b>21,215,768</b>	<b>4,768,066</b>	<b>91,994</b>	<b>26,222,004</b>	<b>31,082,064</b>

**Table 12: Total estimated HIV and AIDS expenditure breakdown by funding source and financing agent (US \$), Tajikistan NASA 2008-2009**

Main blocks of financing sources (FS)	Financing agents in 2008, US \$				Financing agents in 2009, US \$			
	Public sector FA	Private sector FA	International FA	Total	Public sector FA	Private sector FA	International FA	Total
Public funds	1,016,342	0	0	1,016,342	1,150,678	0	0	1,150,678
Households' funds (private)	0	8,919	0	8,919	0	22,201	0	22,201
International funds	0	0	5,161,718	5,161,718	0	0	6,328,162	6,328,162
<b>Total, US \$</b>	<b>1,016,342</b>	<b>8,919</b>	<b>5,161,718</b>	<b>6,186,979</b>	<b>1,150,678</b>	<b>22,201</b>	<b>6,328,162</b>	<b>7,501,041</b>

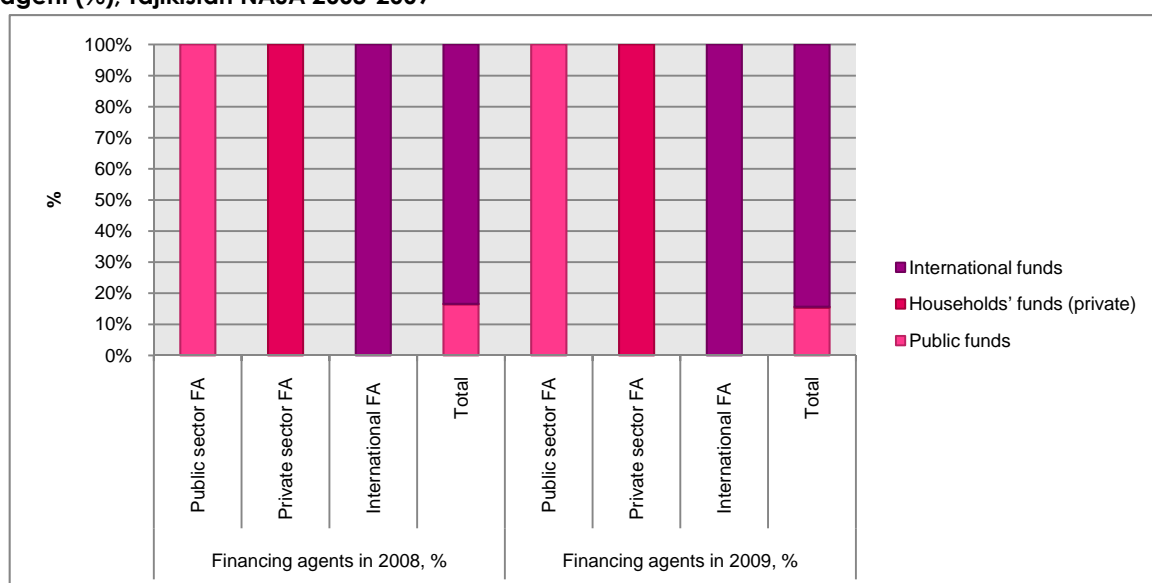
**Figure 12: Total estimated HIV and AIDS expenditure breakdown by funding source and financing agent (US \$), Tajikistan NASA 2008-2009**



**Table 13: Total estimated HIV and AIDS expenditure breakdown by funding source and financing agent (%), Tajikistan NASA 2008-2009**

Main blocks of financing sources (FS)	Financing agents in 2008, %				Financing agents in 2009, %			
	Public sector FA	Private sector FA	International FA	Total	Public sector FA	Private sector FA	International FA	Total
Public funds	100.00	0.00	0.00	16.43	100.00	0.00	0.00	15.34
Households' funds (private)	0.00	100.00	0.00	0.14	0.00	100.00	0.00	0.30
International funds	0.00	0.00	100.00	83.43	0.00	0.00	100.00	84.36
<b>Total, %</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

**Figure 13: Total estimated HIV and AIDS expenditure breakdown by funding source and financing agent (%), Tajikistan NASA 2008-2009**



### 4.2.3. HIV service providers

According to NASA classification, HIV service providers are the entities that are directly engaged in the production, provision and delivery of services to the population and also include non-targeted service provision (Sections 'Programme management and administration', 'Human resources', 'HIV-related research'). Service providers consist of governmental and other public organizations, private for-profit and private non-profit organizations, bilateral and multilateral international entities.

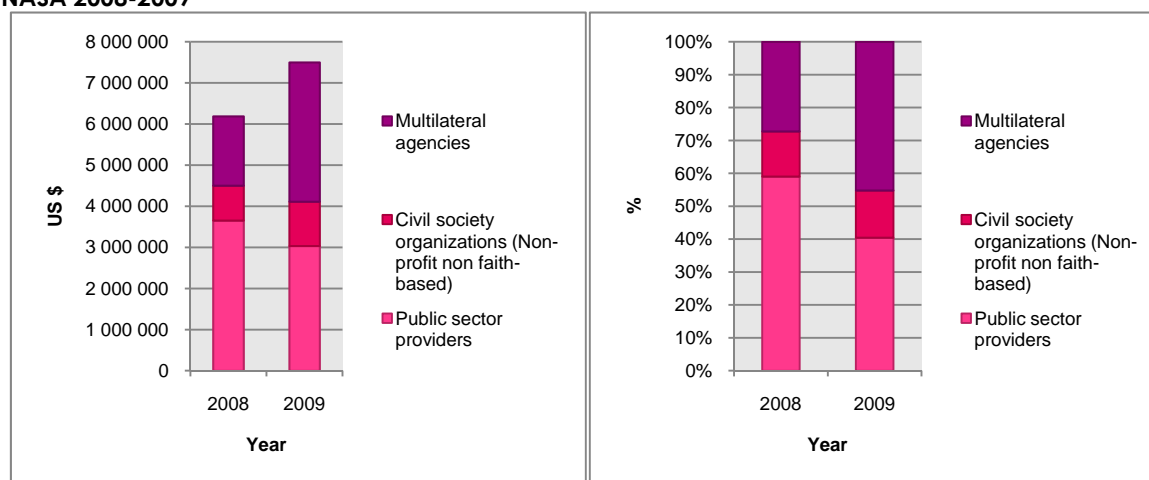
For NASA in Tajikistan three major blocks of service providers in HIV service delivery were captured: public sector providers, civil society organizations (non-profit non faith-based) and multilateral agencies. The results of the study show that public sector organizations (mainly departments of the Ministry of Health) are one of the major HIV and AIDS service providers in Tajikistan, i.e. 59.04% and 40.45% of total estimated HIV and AIDS spending in 2008 and 2009 respectively (with the growth rate 83.08%, i.e. decrease 16.92%).

**Table 14: Total estimated HIV and AIDS spending by main blocks of service provider, Tajikistan NASA 2008-2009**

Main blocks of service providers	2008			2009		
	TJS	US \$	%	TJS	US \$	%
Public sector providers	12,524,996	3,652,561	59.04	12,574,221	3,034,539	40.45
Civil society organizations (Non-profit non faith-based)	2,913,297	849,581	13.73	4,462,664	1,076,976	14.36
Multilateral agencies	5,777,475	1,684,837	27.23	14,045,179	3,389,526	45.19
<b>Total</b>	<b>21,215,768</b>	<b>6,186,979</b>	<b>100.00</b>	<b>31,082,064</b>	<b>7,501,041</b>	<b>100.00</b>

The health care system with all health care facilities in Tajikistan, as well as health systems in the majority of former Soviet Union republics, is arranged in a way to ensure the coverage with medical services all the population within the country including all the regions. This results in a large number of public health care organizations within the country. The contribution of each separate organization into provision of HIV and AIDS services is not large, but taken together health institutions present a powerful driving force in AIDS response.

**Figure 14: Total estimated HIV and AIDS spending by main blocks of service providers, Tajikistan NASA 2008-2009**



Civil society organizations (non-profit non faith-based) spent 13.73% and 14.36% of total HIV and AIDS services provision in Tajikistan in 2008 and 2009 respectively, (non-profit non faith-based) whereas multilateral agencies spent 27.23% and 45.19% on provision of various services, and are one of the largest service provider after public sector providers.

### Total estimated HIV and AIDS expenditure breakdown by funding source and service provider

Expenditure breakdown by funding source and service provider shows that public sector providers have been supported in provision of various HIV and AIDS services from various sources, namely: public funds (27.83% and 37.92% in 2008 and 2009 respectively), households' funds (0.24% and 0.73% in 2008 and 2009 respectively) and international funds (71.93% and 61.35% in 2008 and 2009 respectively), whereas civil society organizations (non-profit non faith-based) and multilateral agencies were fully (100% in 2008 and 2009) supported with international donations.

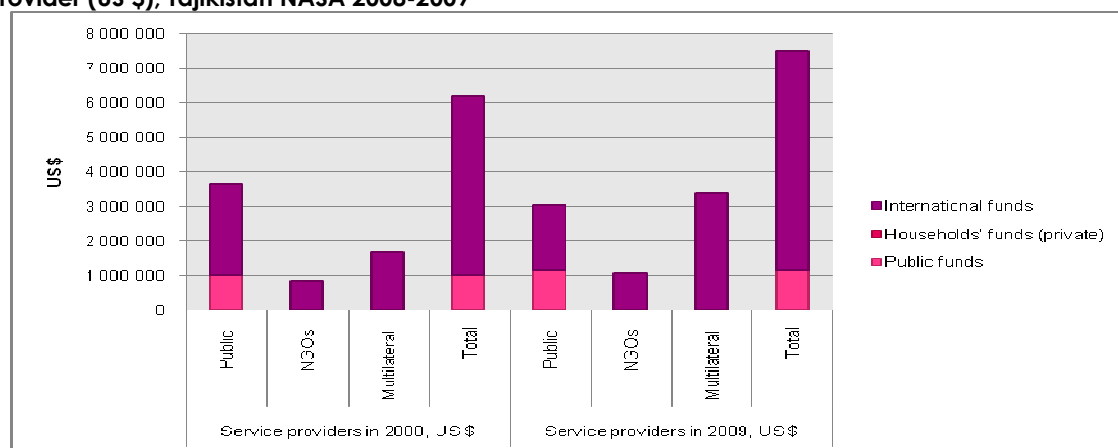
**Table 15: Total estimated HIV and AIDS expenditure breakdown by source of funding and service provider (TJS), Tajikistan NASA 2008-2009**

Main blocks of financing sources (FS)	Service providers in 2008, TJS				Service providers in 2009, TJS			
	Public	NGOs	Multi-lateral	Total	Public	NGOs	Multi-lateral	Total
Public funds	3,485,137	0	0	3,485,137	4,768,066	0	0	4,768,066
Households' funds (private)	30,584	0	0	30,584	91,994	0	0	91,994
International funds	9,009,275	2,913,297	5,777,475	17,700,047	7,714,161	4,462,664	14,045,179	26,222,004
<b>Total, TJS</b>	<b>12,524,996</b>	<b>2,913,297</b>	<b>5,777,475</b>	<b>21,215,768</b>	<b>12,574,221</b>	<b>4,462,664</b>	<b>14,045,179</b>	<b>31,082,064</b>

**Table 16: Total estimated HIV and AIDS expenditure breakdown by source of funding and service provider (US \$), Tajikistan NASA 2008-2009**

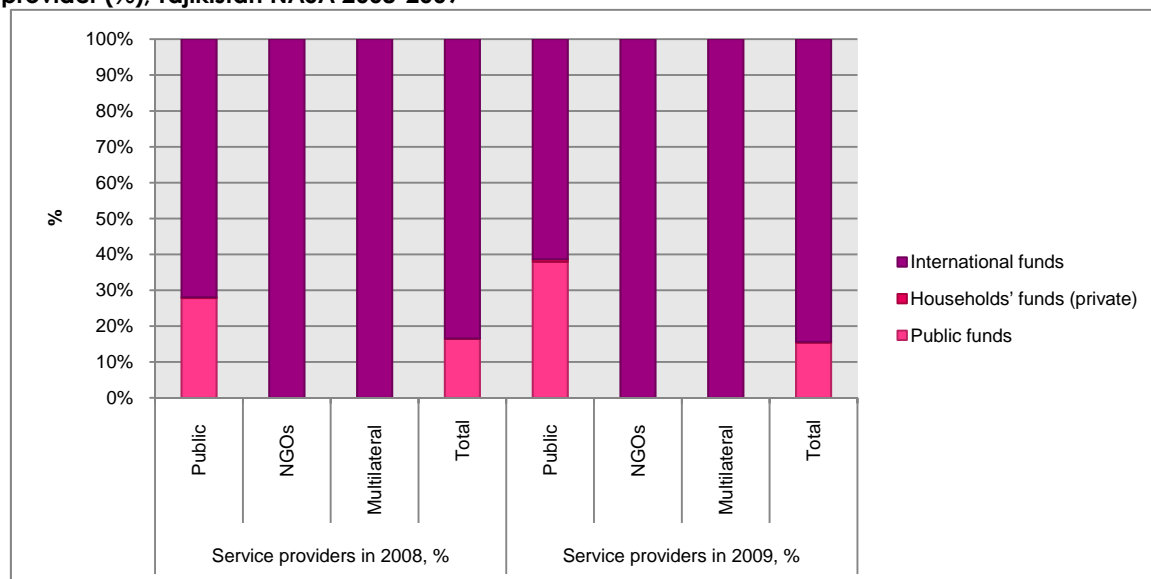
Main blocks of financing sources (FS)	Service providers in 2008, US \$				Service providers in 2009, US \$			
	Public	NGOs	Multi-lateral	Total	Public	NGOs	Multi-lateral	Total
Public funds	1,016,342	0	0	1,016,342	1,150,678	0	0	1,150,678
Households' funds (private)	8,919	0	0	8,919	22,201	0	0	22,201
International funds	2,627,300	849,581	1,684,837	5,161,718	1,861,660	1,076,976	3,389,526	6,328,162
<b>Total, US \$</b>	<b>3,652,561</b>	<b>849,581</b>	<b>1,684,837</b>	<b>6,186,979</b>	<b>3,034,539</b>	<b>1,076,976</b>	<b>3,389,526</b>	<b>7,501,041</b>

**Figure 15: Total estimated HIV and AIDS expenditure breakdown by source of funding and service provider (US \$), Tajikistan NASA 2008-2009**



**Table 17: Total estimated HIV and AIDS expenditure breakdown by source of funding and service provider (%), Tajikistan NASA 2008-2009**

Main blocks of financing sources (FS)	Service providers in 2008, %				Service providers in 2009, %			
	Public	NGOs	Multi-lateral	Total	Public	NGOs	Multi-lateral	Total
Public funds	27.83	0.00	0.00	16.43	37.92	0.00	0.00	15.34
Households' funds (private)	0.24	0.00	0.00	0.14	0.73	0.00	0.00	0.30
International funds	71.93	100.00	100.00	83.43	61.35	100.00	100.00	84.36
<b>Total, %</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

**Figure 16: Total estimated HIV and AIDS expenditure breakdown by source of funding and service provider (%), Tajikistan NASA 2008-2009**

### Total estimated HIV and AIDS expenditure breakdown by service provider and key intervention area

Expenditure breakdown by service provider and key intervention area shows the main interventions provided by each group of service providers: public, private and international.

Expenditure breakdown by public service provider and key intervention area shows that 44.28% in 2008 and 45.37% in 2009 went on prevention programmes; 11.10% in 2008 and 23.24% in 2009 went on care and treatment services; 40.87% in 2008 and 24.05% in 2009 was spent on programme management and administration; and 2.75% in 2008 and 7.13% in 2009 was spent on human resources monetary incentives and training.

Expenditure breakdown by private non-profit service provider and key intervention area shows that 61.68% in 2008 and 67.55% in 2009 went on prevention programmes; 34.42% in 2008 and 27.91% in 2009 was spent on programme management and administration; 2.93% in 2008 and 0.72% in 2009 was spent on human resources monetary incentives and training; 0.51% in 2008 and 0.39% was spent on social protection and social services; and 0.25% in 2008 and 2.82% was spent on enabling environment.

Expenditure breakdown by international provider (multilateral agencies) and key intervention area shows that 47.24% in 2008 and 23.41% in 2009 went on prevention programmes; 36.39%



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in 2008 and 60.11% in 2009 was spent on programme management and administration; 12.94% in 2008 and 13.14% in 2009 was spent on human resources monetary incentives and training; 1.95% in 2008 and 2.15% was spent on enabling environment.

**Table 18: Total estimated HIV and AIDS expenditure breakdown by service provider and key intervention area (TJS), Tajikistan NASA 2008-2009**

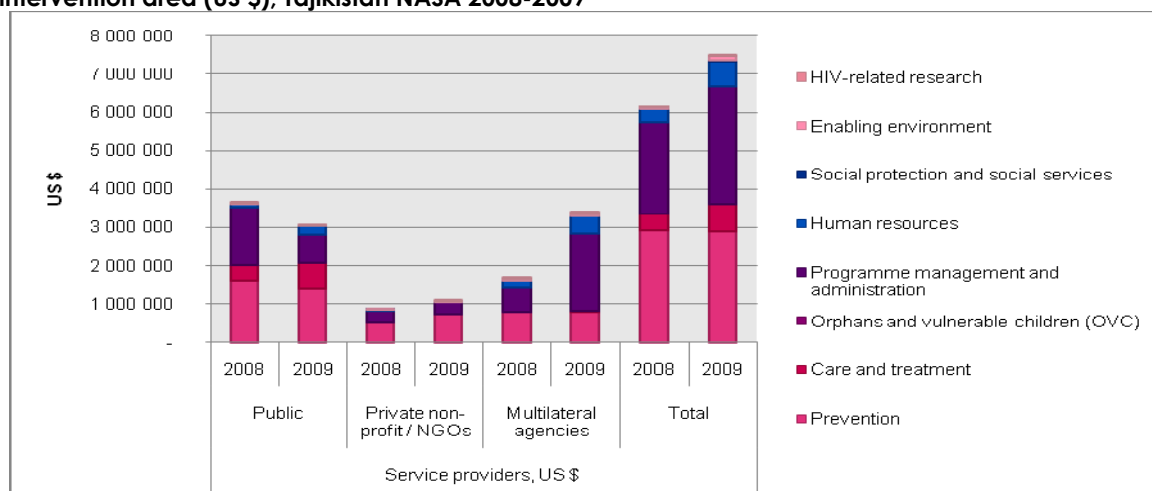
Key intervention areas	Service providers, TJS							
	Public		Private non-profit / NGOs		Multilateral agencies		Total	
	2008	2009	2008	2009	2008	2009	2008	2009
Prevention	5,546,115	5,704,711	1,796,875	3,014,382	2,729,406	3,287,654	10,072,396	12,006,747
Care and treatment	1,390,143	2,922,298	6,040	18,291	0	49,520	1,396,183	2,990,109
Orphans and vulnerable children (OVC)	0	0	0	0	0	0	0	0
Programme management and administration	5,119,395	3,024,259	1,002,865	1,245,524	2,102,218	8,442,967	8,224,478	12,712,750
Human resources	344,673	896,510	85,347	32,108	747,447	1,845,138	1,177,467	2,773,756
Social protection and social services	910	0	14,816	17,383	0	56,458	15,726	73,841
Enabling environment	27,324	19,934	7,354	125,675	112,924	301,286	147,602	446,895
HIV-related research	96,436	6,509	0	9,301	85,480	62,156	181,916	77,966
<b>Total, TJS</b>	<b>12,524,996</b>	<b>12,574,221</b>	<b>2,913,297</b>	<b>4,462,664</b>	<b>5,777,475</b>	<b>14,045,179</b>	<b>21,215,768</b>	<b>31,082,064</b>

**Table 19: Total estimated HIV and AIDS expenditure breakdown by service provider and key intervention area (US \$), Tajikistan NASA 2008-2009**

Key intervention areas	Service providers, US \$							
	Public		Private non-profit / NGOs		Multilateral agencies		Total	
	2008	2009	2008	2009	2008	2009	2008	2009
Prevention	1,617,368	1,376,720	524,008	727,461	795,954	793,410	2,937,330	2,897,591
Care and treatment	405,396	705,238	1,761	4,414	0	11,951	407,157	721,603
Orphans and vulnerable children (OVC)	0	0	0	0	0	0	0	0
Programme management and administration	1,492,927	729,844	292,457	300,583	613,052	2,037,543	2,398,436	3,067,970
Human resources	100,514	216,354	24,889	7,749	217,972	445,288	343,375	669,391
Social protection and social services	265	0	4,321	4,195	0	13,625	4,586	17,820
Enabling environment	7,968	4,812	2,145	30,329	32,931	72,709	43,044	107,850
HIV-related research	28,123	1,571	0	2,245	24,928	15,000	53,051	18,816
<b>Total, US \$</b>	<b>3,652,561</b>	<b>3,034,539</b>	<b>849,581</b>	<b>1,076,976</b>	<b>1,684,837</b>	<b>3,389,526</b>	<b>6,186,979</b>	<b>7,501,041</b>

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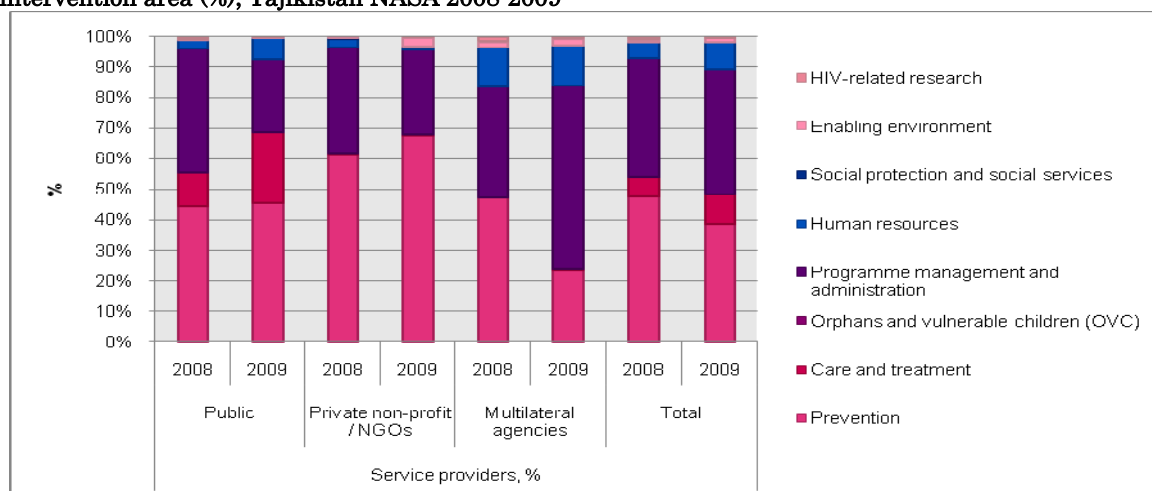
**Figure 17: Total estimated HIV and AIDS expenditure breakdown by service provider and key intervention area (US \$), Tajikistan NASA 2008-2009**



**Table 20: Total estimated HIV and AIDS expenditure breakdown by service provider and key intervention area (%), Tajikistan NASA 2008-2009**

Key intervention areas	Service providers, %							
	Public		Private non-profit / NGOs		Multilateral agencies		Total	
	2008	2009	2008	2009	2008	2009	2008	2009
Prevention	44.28	45.37	61.68	67.55	47.24	23.41	47.48	38.63
Care and treatment	11.10	23.24	0.21	0.41	0.00	0.35	6.58	9.62
Orphans and vulnerable children (OVC)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Programme management and administration	40.87	24.05	34.42	27.91	36.39	60.11	38.77	40.90
Human resources	2.75	7.13	2.93	0.72	12.94	13.14	5.55	8.92
Social protection and social services	0.01	0.00	0.51	0.39	0.00	0.40	0.07	0.24
Enabling environment	0.22	0.16	0.25	2.82	1.95	2.15	0.70	1.44
HIV-related research	0.77	0.05	0.00	0.20	1.48	0.44	0.85	0.25
<b>Total, %</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

**Figure 18: Total estimated HIV and AIDS expenditure breakdown by service provider and key intervention area (%), Tajikistan NASA 2008-2009**



### 4.3. Composition of HIV and AIDS spending

#### 4.3.1. Overview of total estimated HIV and AIDS spending in 2008-2009

The AIDS spending categories represent a functional classification of all possible areas of AIDS expenditure incurred by organizations of all types of ownership, for-profit and non-profit organizations both within and outside the health sector, as well as out-of-pocket spending of households.

Disaggregation of AIDS spending by such categories as prevention, care and treatment, etc. makes it possible to identify priorities in all allocations of resources for these purposes, both in terms of total funds and sources of financing.

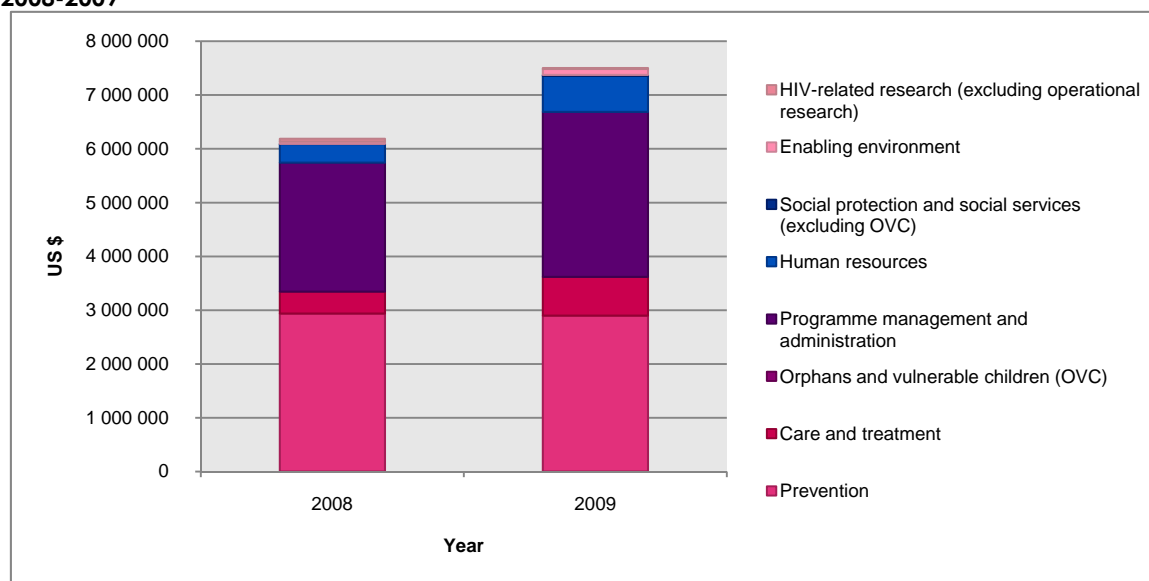
Further analysis shows total spending priorities in 2008 and 2009 according to eight key programmatic areas – blocks of AIDS spending categories (ASC).

The key spending priorities in HIV and AIDS field in Tajikistan in 2008 and 2009 were 'Prevention' (47.48% and 38.63% respectively of the total spending); 'Care and treatment' (6.58% and 9.62% respectively of the total spending); 'Programme management and administration' (38.77% and 40.90% respectively of the total spending); 'Human resources' (5.55% and 8.92% respectively of the total spending).

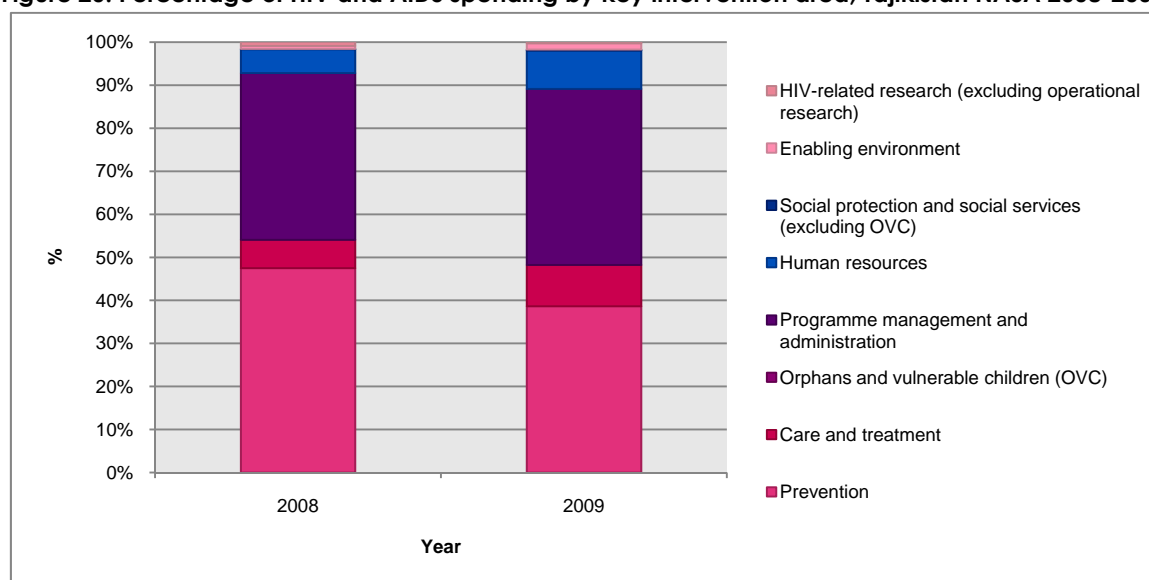
**Table 21: Total estimated HIV and AIDS spending on key intervention areas (TJS), Tajikistan NASA 2008-2009**

Key intervention areas	Total expenditure					
	(excluding Safe medical injections and Universal precautions interventions)					
	2008			2009		
	TJS	US \$	%	TJS	US \$	%
Prevention	10,072,396	2,937,330	47.48	12,006,747	2,897,591	38.63
Care and treatment	1,396,183	407,157	6.58	2,990,109	721,603	9.62
Orphans and vulnerable children (OVC)	0	0	0.00	0	0	0.00
Programme management and administration	8,224,478	2,398,436	38.77	12,712,750	3,067,970	40.90
Human resources	1,177,467	343,375	5.55	2,773,756	669,391	8.92
Social protection and social services (excluding OVC)	15,726	4,586	0.07	73,841	17,820	0.24
Enabling environment	147,602	43,044	0.70	446,895	107,850	1.44
HIV-related research (excluding operational research)	181,916	53,051	0.85	77,966	18,816	0.25
<b>Total</b>	<b>21,215,768</b>	<b>6,186,979</b>	<b>100.00</b>	<b>31,082,064</b>	<b>7,501,041</b>	<b>100.00</b>

**Figure 19: Total estimated HIV and AIDS spending on key intervention areas (US \$), Tajikistan NASA 2008-2009**



**Figure 20: Percentage of HIV and AIDS spending by key intervention area, Tajikistan NASA 2008-2009**



## Total estimated HIV and AIDS expenditure breakdown by source of finance and key intervention area

Expenditure breakdown by public source of finance and key intervention area shows key spending priorities in public HIV and AIDS funds allocations in 2008 and 2009: 'Prevention' (65.50% and 63.90% respectively of the total spending), 'Care and treatment' (4.75% and 7.25% respectively of the total spending), 'Programme management and administration' (28.76% and 27.58% respectively of the total spending), 'Human resources' (0.55% and 0.85% respectively of the total spending).

Expenditure breakdown by international source of finance and key intervention area shows key spending priorities in international HIV and AIDS donations allocation in 2008 and 2009:

prevention programmes (43.87% and 33.87% respectively of the total spending), care and treatment (6.95% and 10.08% respectively of the total spending), programme management and administration (40.77% and 43.42% respectively of the total spending), human resources monetary incentives and training (6.54% and 10.42% respectively of the total spending), and enabling environment (0.75% and 1.63% respectively of the total spending).

As for private funds (out-of-pocket spending of households) which were captured within national AIDS spending assessment, more than 80% was spent on HIV prevention activities (VCT, Blood safety).

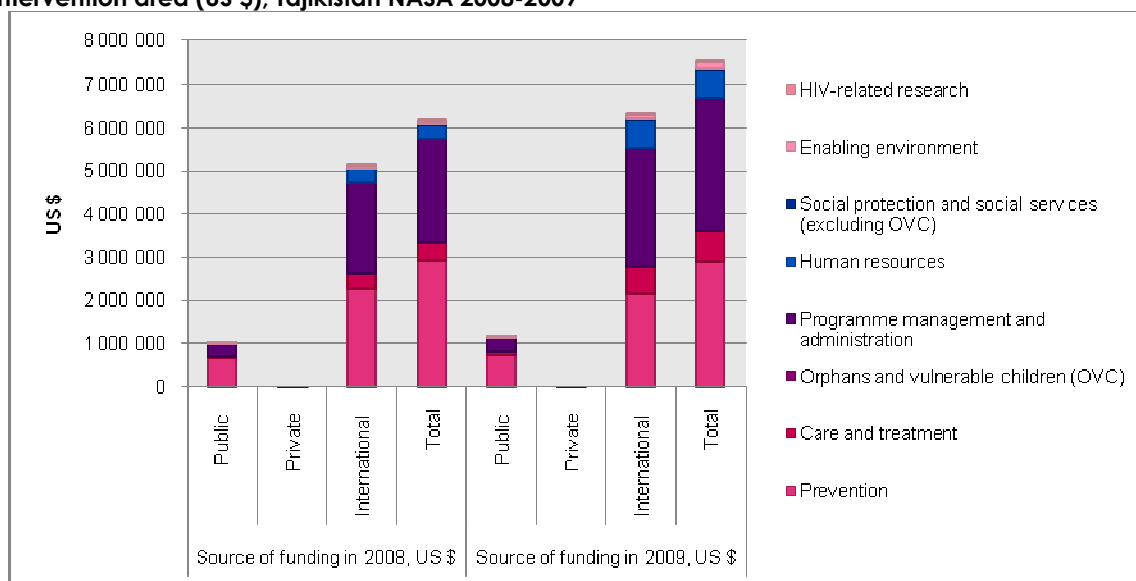
**Table 22: Total estimated HIV and AIDS expenditure breakdown by source of finance and key intervention area (TJS), Tajikistan NASA 2008-2009**

Key intervention areas	Source of funding in 2008, TJS				Source of funding in 2009, TJS			
	Public	Private	Inter-national	Total	Public	Private	Inter-national	Total
Prevention	2,282,821	24,733	7,764,842	10,072,396	3,046,564	79,180	8,881,003	12,006,747
Care and treatment	165,370	0	1,230,813	1,396,183	345,661	0	2,644,448	2,990,109
Orphans and vulnerable children (OVC)	0	0	0	0	0	0	0	0
Programme management and administration	1,002,306	5,851	7,216,321	8,224,478	1,315,108	12,814	11,384,828	12,712,750
Human resources	19,306	0	1,158,161	1,177,467	40,799	0	2,732,957	2,773,756
Social protection and social services (excluding OVC)	0	0	15,726	15,726	0	0	73,841	73,841
Enabling environment	15,334	0	132,268	147,602	19,934	0	426,961	446,895
HIV-related research	0	0	181,916	181,916	0	0	77,966	77,966
<b>Total, TJS</b>	<b>3,485,137</b>	<b>30,584</b>	<b>17,700,047</b>	<b>21,215,768</b>	<b>4,768,066</b>	<b>91,994</b>	<b>26,222,004</b>	<b>31,082,064</b>

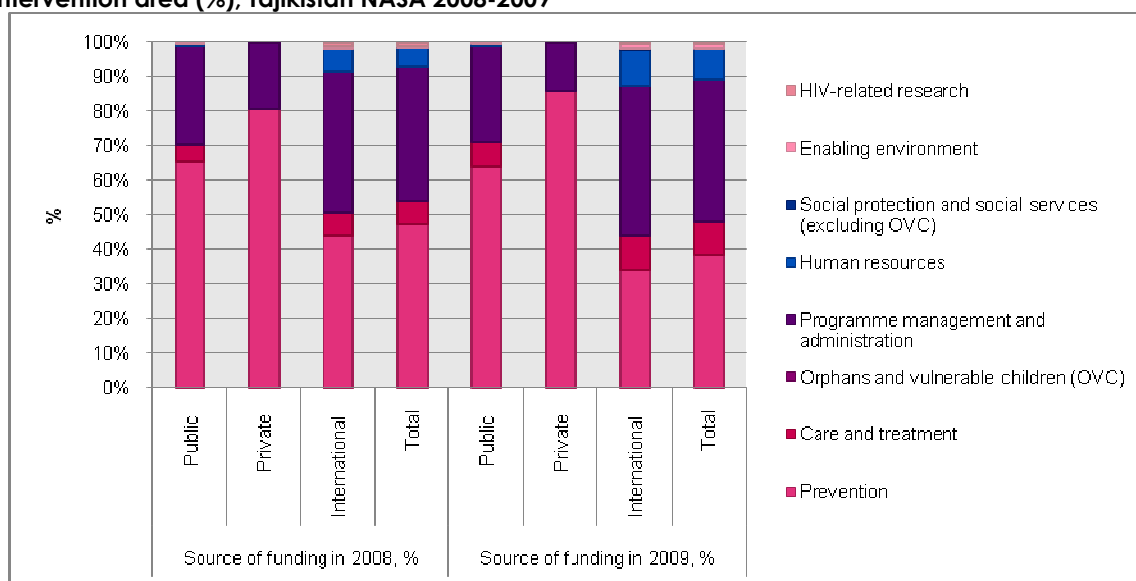
**Table 23: Total estimated HIV and AIDS expenditure breakdown by source of finance and key intervention area (US \$), Tajikistan NASA 2008-2009**

Key intervention areas	Source of funding in 2008, US \$				Source of funding in 2009, US \$			
	Public	Private	Inter-national	Total	Public	Private	Inter-national	Total
Prevention	665,721	7,213	2,264,396	2,937,330	735,228	19,109	2,143,254	2,897,591
Care and treatment	48,225	0	358,932	407,157	83,418	0	638,185	721,603
Orphans and vulnerable children (OVC)	0	0	0	0	0	0	0	0
Programme management and administration	292,294	1,706	2,104,436	2,398,436	317,375	3,092	2,747,503	3,067,970
Human resources	5,630	0	337,745	343,375	9,846	0	659,545	669,391
Social protection and social services (excluding OVC)	0	0	4,586	4,586	0	0	17,820	17,820
Enabling environment	4,472	0	38,572	43,044	4,811	0	103,039	107,850
HIV-related research	0	0	53,051	53,051	0	0	18,816	18,816
<b>Total, US \$</b>	<b>1,016,342</b>	<b>8,919</b>	<b>5,161,718</b>	<b>6,186,979</b>	<b>1,150,678</b>	<b>22,201</b>	<b>6,328,162</b>	<b>7,501,041</b>

**Figure 21: Total estimated HIV and AIDS expenditure breakdown by source of finance and key intervention area (US \$), Tajikistan NASA 2008-2009**



**Figure 22: Total estimated HIV and AIDS expenditure breakdown by source of finance and key intervention area (%), Tajikistan NASA 2008-2009**



**Table 24: Total estimated HIV and AIDS expenditure breakdown by source of finance and key intervention area (%), Tajikistan NASA 2008-2009**

Key intervention areas	Source of funding in 2008, %				Source of funding in 2009, %			
	Public	Private	Inter-national	Total	Public	Private	Inter-national	Total
Prevention	65.50	80.87	43.87	47.48	63.90	86.07	33.87	38.63
Care and treatment	4.75	0.00	6.95	6.58	7.25	0.00	10.08	9.62
Orphans and vulnerable children (OVC)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Programme management and administration	28.76	19.13	40.77	38.77	27.58	13.93	43.42	40.90
Human resources	0.55	0.00	6.54	5.55	0.85	0.00	10.42	8.92
Social protection and social services (excluding OVC)	0.00	0.00	0.09	0.07	0.00	0.00	0.28	0.24
Enabling environment	0.44	0.00	0.75	0.70	0.42	0.00	1.63	1.44
HIV-related research	0.00	0.00	1.03	0.85	0.00	0.00	0.30	0.25
<b>Total, %</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

### 4.3.2. Overview of total estimated HIV and AIDS spending by programmatic area

#### Area 1: Prevention

Preventive measures include a combination of information, education, practical assistance aimed at behavior change, treatment of sexually transmitted infections, promotion of voluntary counseling, and testing for various groups of population.

Overall spending on HIV prevention from all sources of funding in 2008 and 2009 amounted to US \$ 2,937,329 and US \$ 2,897,591 respectively with 1.35% decrease within the study period.

**Table 25: Overview of spending on 'Prevention', Tajikistan NASA 2008-2009**

Indicators	Source of funding, 2008				Source of funding, 2009			
	Public	Private	Inter-national	Total	Public	Private	Inter-national	Total
Percentage share of expenditure on 'Prevention' in total estimated HIV and AIDS spending in 2008 and 2009, %	65.60	80.87	43.87	47.48	63.90	86.07	33.87	38.63
Total estimated spending on 'Prevention', TJS	2,282,821	24,733	7,764,842	10,072,396	3,046,564	79,180	8,881,003	12,006,747
Total estimated spending on 'Prevention', US \$	665,721	7,213	2,264,396	2,937,330	735,228	19,109	2,143,254	2,897,591
Percentage share of each source of funding in total estimated spending on 'Prevention', %	22.66	0.25	77.09	100.00	25.37	0.66	73.97	100.00
Growth rate of estimated spending on 'Prevention', %	x	x	x	x	110.44	264.27	94.65	98.65 (1.35% decrease)

Further analysis shows expenditure on HIV prevention in Tajikistan in 2008 and 2009 by AIDS spending category.

The results of HIV and AIDS spending assessment in Tajikistan show that in 2008 and 2009 expenditure on HIV prevention was distributed across the following prevalent activities: programmatic interventions for vulnerable and accessible population (45.08% and 18.44% respectively); prevention programmes for MARPs (IDUs, SWs, MSM) (16.50% and 27.39% respectively); prevention, diagnosis and treatment of sexually transmitted infections for general population (5.85% and 8.33% respectively); PMTCT not disaggregated by intervention (5.72% and 7.18% respectively); blood safety (6.37% and 5.51% respectively); voluntary counseling and testing (3.65% and 6.44% respectively); prevention of HIV transmission aimed at PLHIV (2.82% and 4.02% respectively); communication for social and behavior change (3.20% and 3.85% respectively), and other preventive activities.

In 2008 and 2009, the share of public funds in total spending on HIV prevention was 22.66% and 25.37% respectively.

Regarding public spending, in 2008 and 2009 expenditure on HIV prevention was distributed across the following prevalent activities: prevention, diagnosis and treatment of sexually

transmitted infections for general population (25.37% and 31.66% respectively); PMTCT not disaggregated by intervention (21.36% and 25.56% respectively); voluntary counseling and testing (13.40% and 21.10% respectively); communication for social and behavior change (11.21% and 10.61% respectively); prevention programmes for MARPs (IDUs, SWs) (8.15% and 8.16% respectively); programmatic interventions for vulnerable and accessible population (1.56% and 2.54% respectively); blood safety (0.07% and 0.30% respectively), and other preventive activities.

As mentioned above, in 2008 and 2009 considerable amounts of funding from the state budget were allocated for safe medical injections and universal precautions (AIDS prevention spending categories). Since it was difficult to identify the adequate share of spending within these two categories which aimed only at HIV prevention, the analysis given here excludes these categories from the total amount of AIDS spending. However, spending on these preventive measures plays a significant role and reflects the contribution of the government in the HIV programmes in Tajikistan.

In 2008 and 2009, the share of private funds in total spending on HIV prevention was 0.25% and 0.66%.

Regarding private spending, in 2008 and in 2009 expenditure on HIV prevention was distributed across the following activities: VCT (40.78% and 27.57% respectively), blood safety (59.22% and 71.91% respectively).

In 2008 and 2009, the share of international funds in total spending on HIV prevention was 77.09% and 73.97%.

The results of HIV and AIDS spending assessment in Tajikistan show that in 2008 and 2009 international expenditure on HIV prevention was distributed across the following prevalent activities: programmatic interventions for vulnerable and accessible population (58.01% and 24.06% respectively); prevention programmes for MARPs, i.e. IDUs, SWs, MSM, (19.00% and 34.23% respectively); blood safety (8.06% and 6.71% respectively); prevention of HIV transmission aimed at PLHIV (3.65% and 5.44% respectively); prevention – youth in school (5.54% and 5.41% respectively); prevention – youth out-of-school (1.41% and 15.67% respectively), and other preventive activities.

Altogether the main prevention strategies revolve promoting prevention through behavior change, use of condoms, improving access to counseling, STI diagnostics and treatment as well as scaling up of PMTCT and blood safety. Prevention activities were aimed at PLHIV, MARPs (IDUs, SWs, MSM), vulnerable or key populations (migrants and mobile population, prisoners, children and youth out of school, recipients of blood or blood products, etc.), specific “accessible” population (people attending STI clinics, school students, etc.) and at overall general population.



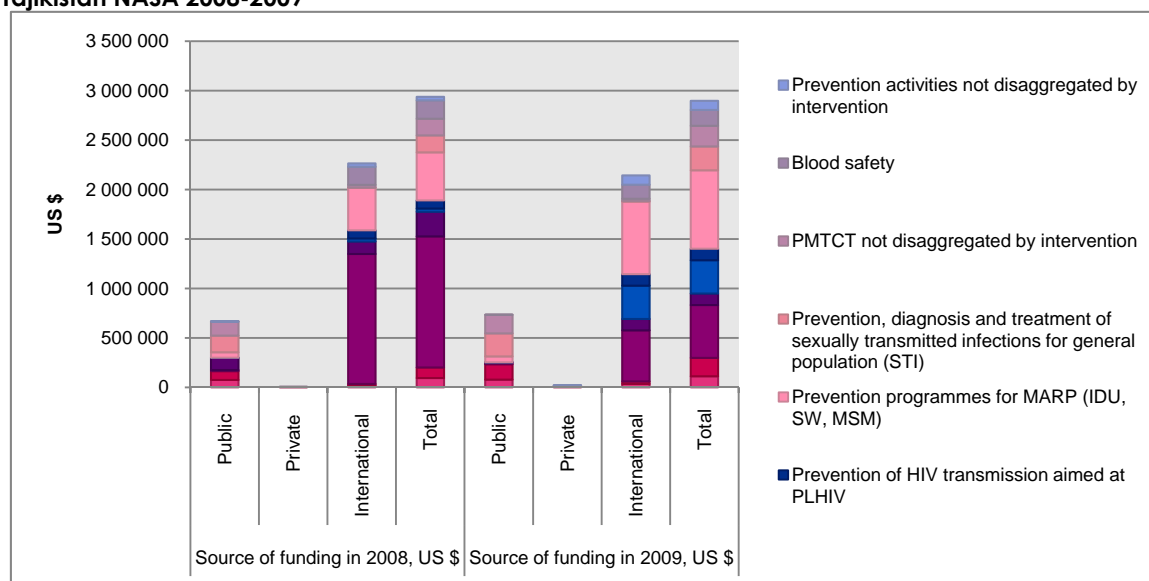
**Table 26: Breakdown 'Prevention' expenditure by spending category and funding sources (TJS), Tajikistan NASA 2008-2009**

'Prevention' by spending category	Source of funding in 2008, TJS				Source of funding in 2009, TJS			
	Public	Private	International	Total	Public	Private	International	Total
Communication for social and behavior change	255,863	0	66,653	322,516	323,129	0	139,459	462,588
Voluntary counseling and testing (VCT)	305,817	10,087	52,131	368,035	642,702	21,830	108,600	773,132
Programmatic interventions for vulnerable and accessible population	35,691	0	4,504,616	4,540,307	77,468	0	2,136,791	2,214,259
Prevention – youth in school	429,410	0	430,001	859,411	625	0	480,700	481,325
Prevention – youth out-of-school	907	0	109,722	110,629	1,210	0	1,391,369	1,392,579
Prevention of HIV transmission aimed at PLHIV	0	0	283,682	283,682	0	0	482,825	482,825
Prevention programmes for MARPs (IDUs, SWs, MSM)	186,155	0	1,475,519	1,661,674	248,740	0	3,039,830	3,288,570
Prevention, diagnosis and treatment of sexually transmitted infections for general population (STI)	579,222	0	10,258	589,480	964,669	0	34,924	999,593
PMTCT not disaggregated by intervention	487,688	0	87,957	575,645	778,841	0	82,874	861,715
Blood safety	1,508	14,646	625,610	641,764	9,180	56,939	595,743	661,862
Prevention activities not disaggregated by intervention	560	0	118,693	119,253	0	411	387,888	388,299
<b>Total, TJS</b>	<b>2,282,821</b>	<b>24,733</b>	<b>7,764,842</b>	<b>10,072,396</b>	<b>3,046,564</b>	<b>79,180</b>	<b>8,881,003</b>	<b>12,006,747</b>

**Table 27: Breakdown 'Prevention' expenditure by spending category and funding sources (US \$), Tajikistan NASA 2008-2009**

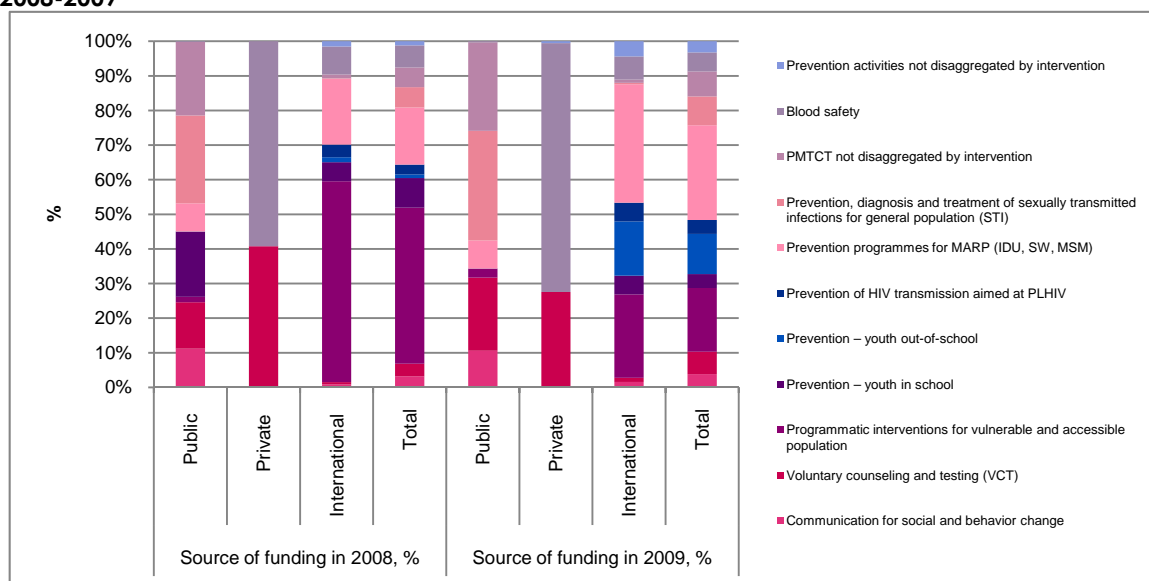
'Prevention' by spending category	Source of funding in 2008, US \$				Source of funding in 2009, US \$			
	Public	Private	International	Total	Public	Private	International	Total
Communication for social and behavior change	74,615	0	19,438	94,053	77,982	0	33,656	111,638
Voluntary counseling and testing (VCT)	89,183	2,942	15,203	107,328	155,103	5,269	26,208	186,580
Programmatic interventions for vulnerable and accessible population	10,408	0	1,313,644	1,324,052	18,695	0	515,673	534,368
Prevention – youth in school	125,225	0	125,398	250,623	151	0	116,007	116,158
Prevention – youth out-of-school	265	0	31,997	32,262	292	0	335,779	336,071
Prevention of HIV transmission aimed at PLHIV	0	0	82,728	82,728	0	0	116,520	116,520
Prevention programmes for MARPs (IDUs, SWs, MSM)	54,287	0	430,293	484,580	60,028	0	733,603	793,631
Prevention, diagnosis and treatment of sexually transmitted infections for general population (STI)	168,914	0	2,991	171,905	232,804	0	8,428	241,232
PMTCT not disaggregated by intervention	142,221	0	25,650	167,871	187,958	0	20,000	207,958
Blood safety	440	4,271	182,441	187,152	2,215	13,741	143,771	159,727
Prevention activities not disaggregated by intervention	163	0	34,613	34,776	0	99	93,609	93,708
<b>Total, US \$</b>	<b>665,721</b>	<b>7,213</b>	<b>2,264,396</b>	<b>2,937,330</b>	<b>735,228</b>	<b>19,109</b>	<b>2,143,254</b>	<b>2,897,591</b>

**Figure 23: Breakdown 'Prevention' expenditure by spending category and funding sources (US \$), Tajikistan NASA 2008-2009**



**Table 28: Breakdown 'Prevention' expenditure by spending category and funding sources (%), Tajikistan NASA 2008-2009**

'Prevention' by spending category	Source of funding in 2008, %				Source of funding in 2009, %			
	Public	Private	International	Total	Public	Private	International	Total
Communication for social and behavior change	11.21	0.00	0.86	3.20	10.61	0.00	1.57	3.85
Voluntary counseling and testing (VCT)	13.40	40.78	0.67	3.65	21.10	27.57	1.22	6.44
Programmatic interventions for vulnerable and accessible population	1.56	0.00	58.01	45.08	2.54	0.00	24.06	18.44
Prevention – youth in school	18.81	0.00	5.54	8.53	0.02	0.00	5.41	4.01
Prevention – youth out-of-school	0.04	0.00	1.41	1.10	0.04	0.00	15.67	11.60
Prevention of HIV transmission aimed at PLHIV	0.00	0.00	3.66	2.82	0.00	0.00	5.44	4.02
Prevention programmes for MARPs (IDUs, SWs, MSM)	8.15	0.00	19.00	16.50	8.16	0.00	34.23	27.39
Prevention, diagnosis and treatment of sexually transmitted infections for general population (STI)	25.37	0.00	0.13	5.85	31.66	0.00	0.39	8.33
PMTCT not disaggregated by intervention	21.36	0.00	1.13	5.72	25.56	0.00	0.93	7.18
Blood safety	0.07	59.22	8.06	6.37	0.31	71.91	6.71	5.51
Prevention activities not disaggregated by intervention	0.03	0.00	1.53	1.18	0.00	0.52	4.37	3.23
<b>Total, %</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

**Figure 24: Percentage share of HIV preventive interventions by source of funding (%), Tajikistan NASA 2008-2009**

## Area 2: Care and treatment

Overall spending on 'Care and treatment' from all sources of funding in 2008 and 2009 amounted to US \$ 407,157 and US \$ 721,603 respectively with 177.23% growth rate. 71.00% and 62.44% respectively of this total spent on provider-initiated testing and counseling; 13.55% and 9.45% respectively spent on ART; 5.70% and 11.37% respectively spent on specific HIV-related laboratory monitoring, and other care and treatment activities.

**Table 29: Overview of spending on 'Care and treatment', Tajikistan NASA 2008-2009**

Indicators	Source of funding, 2008				Source of funding, 2009			
	Public	Private	Inter-national	Total	Public	Private	Inter-national	Total
Percentage share of expenditure on 'Care and treatment' in total estimated HIV and AIDS spending in 2008 and 2009, %	4.75	0.00	6.95	6.58	7.25	0.00	10.08	9.62
Total estimated spending on 'Care and treatment', TJS	165,370	0	1,230,813	1,396,183	345,661	0	2,644,448	2,990,109
Total estimated spending on 'Care and treatment', US \$	48,225	0	358,932	407,157	83,418	0	638,185	721,603
Percentage share of each source of funding in total estimated spending on 'Care and treatment', %	11.84	0.00	88.16	100.00	11.56	0.00	88.44	100.00
Growth rate of estimated spending on 'Care and treatment', %	x	x	x	x	172.98	0.00	177.80	177.23 (77.23% increase)

In 2008 and 2009, the share of public funds in total spending on care and treatment was 11.84% and 11.56 respectively. The bulk of this amount was spent on ART / medical personnel salaries (44.99% and 38.45% respectively); provider-initiated testing and counseling (20.10%

and 13.21% respectively); specific HIV-related laboratory monitoring (11.17% and 11.78% respectively), and other categories.

International sources of finance accounted to US \$ 358,932 or 88.16% and US \$ 638,185 or 88.44% of total spending on care and treatment in 2008 and 2009 respectively. The majority of this amount was spent on provider-initiated testing and counseling, HIV diagnostic tests, (77.83% and 68.87% respectively); ART (9.32% and 5.66% respectively); specific HIV-related laboratory monitoring (4.96% and 11.32% respectively), and other activities. An interrupted supply of ARVs is made available under the Project “HIV/AIDS, TB and Malaria Control in Tajikistan” financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria, who fully provide patients with free of charge medicines.

**Table 30: Breakdown ‘Care and treatment’ expenditure by spending category and funding sources (TJS), Tajikistan NASA 2008-2009**

‘Care and treatment’ by spending category	Source of funding in 2008, TJS			Source of funding in 2009, TJS		
	Public	International	Total	Public	International	Total
Provider-initiated testing and counseling (PITC)	33,244	957,996	991,240	45,663	1,821,239	1,866,902
Antiretroviral therapy not disaggregated neither by age nor by line of treatment	74,405	114,718	189,123	132,912	149,796	282,708
Specific HIV-related laboratory monitoring	18,478	61,107	79,585	40,719	299,397	340,116
‘Care and treatment’ not disaggregated by intervention	39,243	96,992	136,235	126,367	374,016	500,383
<b>Total, TJS</b>	<b>165,370</b>	<b>1,230,813</b>	<b>1,396,183</b>	<b>345,661</b>	<b>2,644,448</b>	<b>2,990,109</b>

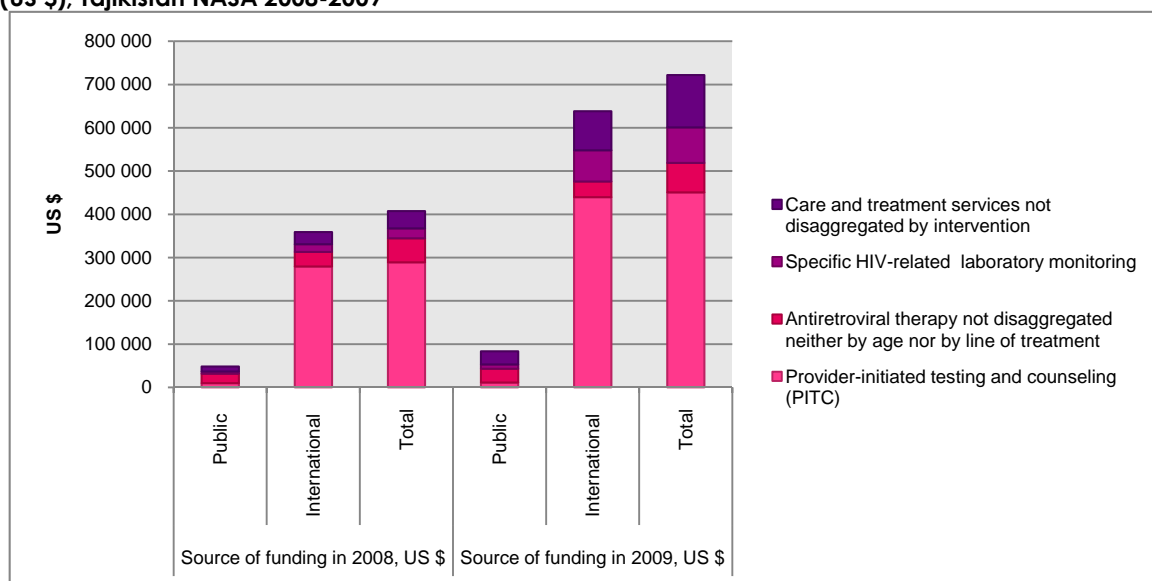
**Table 31: Breakdown ‘Care and treatment’ expenditure by spending category and funding sources (US \$), Tajikistan NASA 2008-2009**

‘Care and treatment’ by spending category	Source of funding in 2008, US \$			Source of funding in 2009, US \$		
	Public	International	Total	Public	International	Total
Provider-initiated testing and counseling (PITC)	9,695	279,372	289,067	11,020	439,520	450,540
Antiretroviral therapy not disaggregated neither by age nor by line of treatment	21,698	33,454	55,152	32,076	36,150	68,226
Specific HIV-related laboratory monitoring	5,389	17,820	23,209	9,826	72,254	82,080
‘Care and treatment’ not disaggregated by intervention	11,443	28,286	39,729	30,496	90,261	120,757
<b>Total, US \$</b>	<b>48,225</b>	<b>358,932</b>	<b>407,157</b>	<b>83,418</b>	<b>638,185</b>	<b>721,604</b>

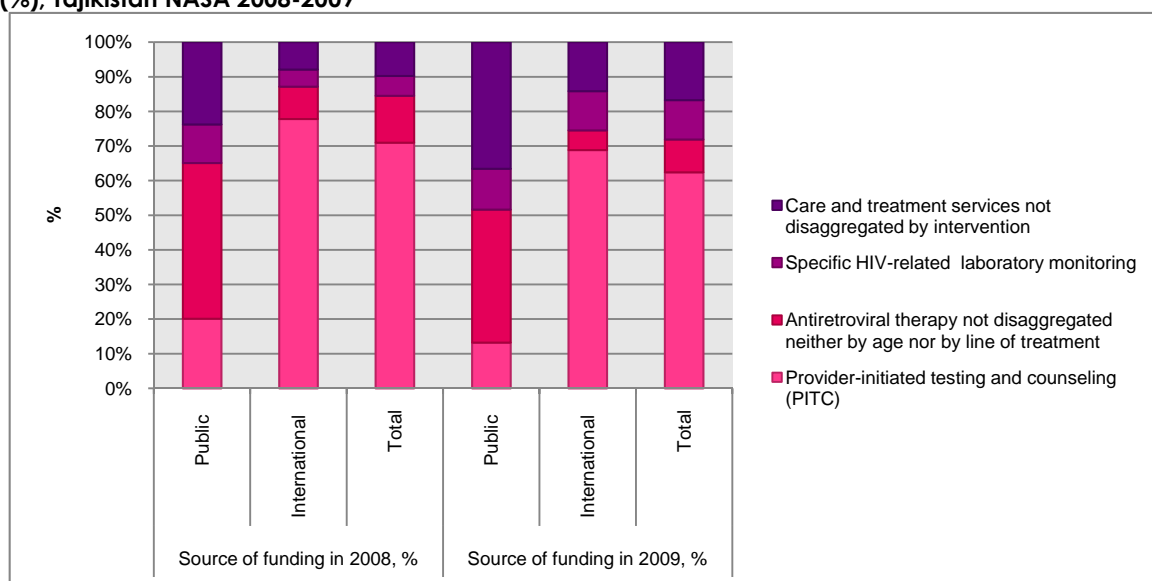
**Table 32: Breakdown ‘Care and treatment’ expenditure by spending category and funding sources (%), Tajikistan NASA 2008-2009**

‘Care and treatment’ by spending category	Source of funding in 2008, %			Source of funding in 2009, %		
	Public	International	Total	Public	International	Total
Provider-initiated testing and counseling (PITC)	20.10	77.83	71.00	13.21	68.87	62.44
Antiretroviral therapy not disaggregated neither by age nor by line of treatment	44.99	9.32	13.55	38.45	5.66	9.45
Specific HIV-related laboratory monitoring	11.17	4.96	5.70	11.78	11.32	11.37
‘Care and treatment’ not disaggregated by intervention	23.74	7.89	9.75	36.56	14.15	16.74
<b>Total, %</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

**Figure 25: Breakdown 'Care and treatment' expenditure by spending category and funding sources (US \$), Tajikistan NASA 2008-2009**



**Figure 26: Breakdown 'Care and treatment' expenditure by spending category and funding sources (%), Tajikistan NASA 2008-2009**



### Area 3: Orphans and vulnerable children (OVC)

In 2008 and 2009 there was no data available on orphans and vulnerable children spending from public and international sources on social protection and support. Within the study period, OVC family/home support, material or other type of support was not provided.

Government monthly support of HIV-infected children under the age of 16 through monetary benefits has been considered during the period of study.

## Area 4: Programme management and administration

Programme management and administration expenditures are defined as expenses incurred at administrative levels outside the point of health care delivery. Programme expenditures cover services such as management of AIDS programmes, monitoring and evaluation (M&E), advocacy, facilities upgrading through purchases of laboratory equipment and telecommunications. It also includes long-term investment, such as health facilities construction, which benefits the health system in whole.

Resources for the national response to HIV and AIDS in Tajikistan have contributed to the improvement of infrastructure, procurement and distribution, upgrading of laboratory facilities, logistics management, supporting of M&E national system and managing funds.

In 2008 and 2009, total spending on programme management and administration was US \$ 2,398,436 and US \$ 3,067,970 respectively (127.91% growth rate), with 33.05% and 24.17% respectively of this total spent on planning, coordination and programme management; 13.82% and 45.84% respectively on administration and transaction costs associated with managing and disbursing funds; 5.73% and 6.03% respectively spent on monitoring and evaluation, and other programme management activities.

**Table 33: Overview of spending on 'Programme management and administration', Tajikistan NASA 2008-2009**

Indicators	Source of funding, 2008				Source of funding, 2009			
	Public	Private	Inter-national	Total	Public	Private	Inter-national	Total
Percentage share of expenditure on 'Programme management and administration' in total estimated HIV and AIDS spending in 2008 and 2009, %	28.76	19.13	40.77	38.77	27.58	13.93	43.42	40.90
Total estimated spending on 'Programme management and administration', TJS	1,002,306	5,851	7,216,321	8,224,478	1,315,108	12,814	11,384,828	12,712,750
Total estimated spending on 'Programme management and administration', US \$	292,294	1,706	2,104,436	2,398,436	317,375	3,092	2,747,503	3,067,970
Percentage share of each source of funding in total estimated spending on 'Programme management and administration', %	12.19	0.07	87.74	100.00	10.34	0.10	89.55	100.00
Growth rate of estimated spending on 'Programme management and administration', %	x	x	x	x	108.58	181.24	130.56	127.91 (27.91% increase)

In 2008 and 2009, the share of public funds in total spending on programme management and administration was 12.19% and 10.34% respectively. 51.97% and 64.62% of public spending on that programmatic area in 2008 and 2009 respectively went on planning, coordination and programme management; 26.28% and 27.79% respectively went on serological surveillance;

2.42% and 0.26% respectively went on upgrading and construction of infrastructure; 1.73% and 1.18% respectively went on monitoring and evaluation, and other categories.

International funds accounted for US \$ 2,104,436 or 87.74% and US \$ 2,747,503 or 89.55% of total spending on programme management in 2008 and 2009 respectively. The majority of this amount was spent on administration and transaction costs associated with managing and disbursing funds (14.05% and 51.07% respectively); planning, coordination and programme management (30.37% and 19.41% respectively); upgrading and construction of infrastructure (45.01% and 4.52% respectively); monitoring and evaluation (6.29% and 6.60% respectively), and other activities.

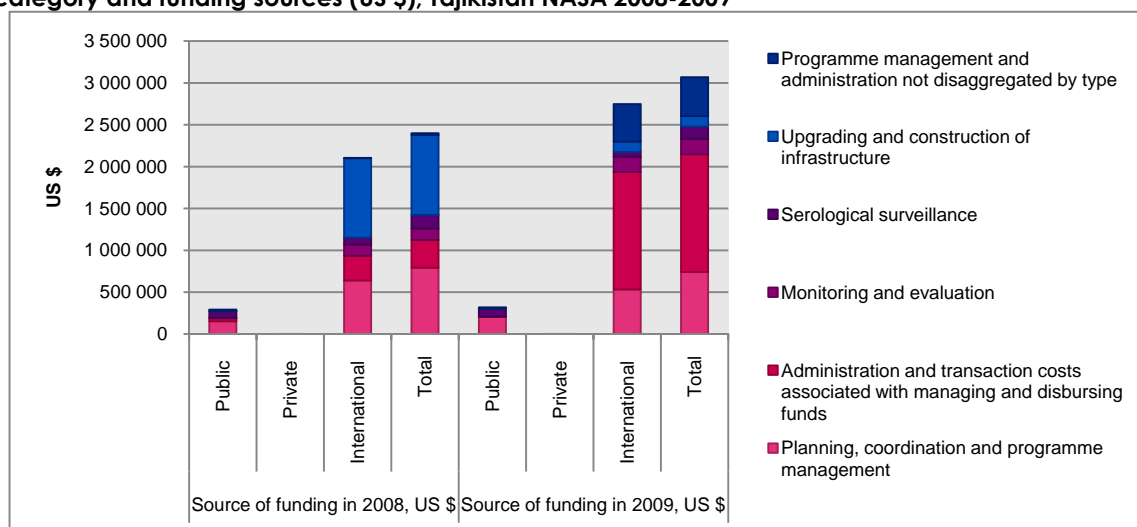
**Table 34: Breakdown 'Programme management and administration' expenditure by spending category and funding sources (TJS), Tajikistan NASA 2008-2009**

'Programme management and administration' by spending category	Source of funding in 2008, TJS				Source of funding in 2009, TJS			
	Public	Private	International	Total	Public	Private	International	Total
Planning, coordination and programme management	520,924	5,851	2,191,764	2,718,539	849,838	12,814	2,210,018	3,072,670
Administration and transaction costs associated with managing and disbursing funds	123,091	0	1,013,830	1,136,921	13,108	0	5,814,744	5,827,852
Monitoring and evaluation	17,336	0	454,031	471,367	15,566	0	750,896	766,462
Serological surveillance	263,416	0	293,407	556,823	365,416	0	240,765	606,181
Upgrading and construction of infrastructure	24,207	0	3,248,316	3,272,523	3500	0	514,942	518,442
'Programme management and administration' not disaggregated by intervention	53,332	0	14,973	68,305	67,680	0	1,853,463	1,921,143
<b>Total, TJS</b>	<b>1,002,306</b>	<b>5,851</b>	<b>7,216,321</b>	<b>8,224,478</b>	<b>1,315,108</b>	<b>12,814</b>	<b>11,384,828</b>	<b>12,712,750</b>

**Table 35: Breakdown 'Programme management and administration' expenditure by spending category and funding sources (US \$), Tajikistan NASA 2008-2009**

'Programme management and administration' by spending category	Source of funding in 2008, US \$				Source of funding in 2009, US \$			
	Public	Private	International	Total	Public	Private	International	Total
Planning, coordination and programme management	151,913	1,706	639,166	792,785	205,092	3,092	533,344	741,528
Administration and transaction costs associated with managing and disbursing funds	35,896	0	295,655	331,551	3,162	0	1,403,273	1,406,435
Monitoring and evaluation	5,056	0	132,405	137,461	3,757	0	181,214	184,971
Serological surveillance	76,818	0	85,564	162,382	88,186	0	58,104	146,290
Upgrading and construction of infrastructure	7,059	0	947,280	954,339	845	0	124,271	125,116
'Programme management and administration' not disaggregated by intervention	15,552	0	4,366	19,919	16,333	0	447,297	463,630
<b>Total, US \$</b>	<b>292,294</b>	<b>1,706</b>	<b>2,104,436</b>	<b>2,398,436</b>	<b>317,375</b>	<b>3,092</b>	<b>2,747,503</b>	<b>3,067,970</b>

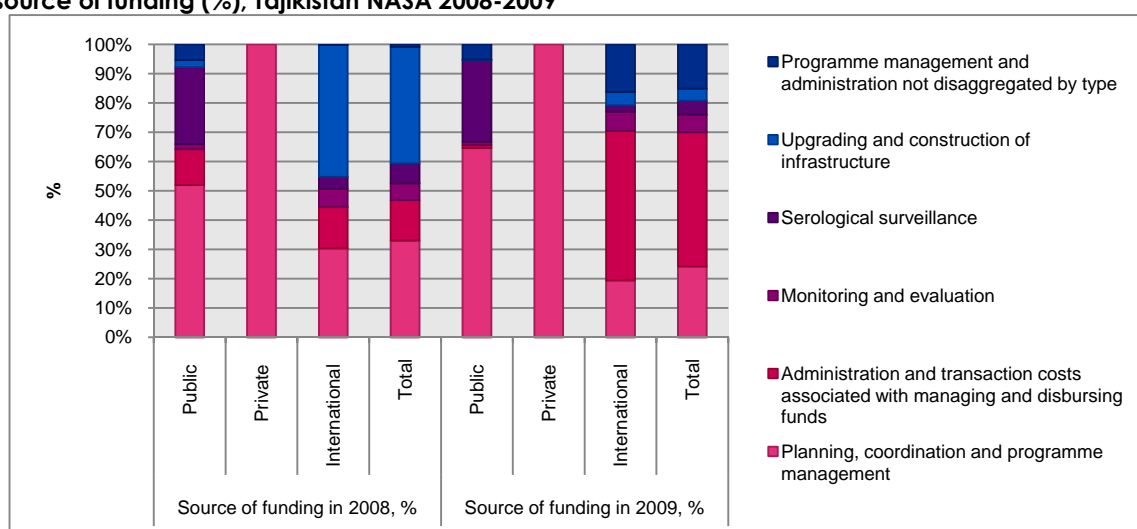
**Figure 27: Breakdown 'Programme management and administration' expenditure by spending category and funding sources (US \$), Tajikistan NASA 2008-2009**



**Table 36: Breakdown 'Programme management and administration' expenditure by spending category and funding sources (%), Tajikistan NASA 2008-2009**

'Programme management and administration' by spending category	Source of funding in 2008, %				Source of funding in 2009, %			
	Public	Private	International	Total	Public	Private	International	Total
Planning, coordination and programme management	51.97	100.00	30.37	33.05	64.62	100.00	19.41	24.17
Administration and transaction costs associated with managing and disbursing funds	12.28	0.00	14.05	13.82	1.00	0.00	51.07	45.84
Monitoring and evaluation	1.73	0.00	6.29	5.73	1.18	0.00	6.60	6.03
Serological surveillance	26.28	0.00	4.07	6.77	27.79	0.00	2.11	4.77
Upgrading and construction of infrastructure	2.42	0.00	45.01	39.79	0.26	0.00	4.52	4.08
'Programme management and administration' not disaggregated by intervention	5.32	0.00	0.21	0.84	5.15	0.00	16.29	15.11
<b>Total, %</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

**Figure 28: Percentage share of 'Programme management and administration' interventions by source of funding (%), Tajikistan NASA 2008-2009**





## Area 5: Human resources

In 2008 and 2009, total spending on human resources and retention incentives was US \$ 343,375 and US \$ 669,391 respectively, with 91.41% and 70.10% respectively of this total spent on training, and 8.59% and 29.90% respectively on monetary incentives for human resources not broken down by staff.

**Table 37: Overview of spending on 'Human resources', Tajikistan NASA 2008-2009**

Indicators	Source of funding, 2008				Source of funding, 2009			
	Public	Private	Inter-national	Total	Public	Private	Inter-national	Total
Percentage share of expenditure on 'Human resources' in total estimated HIV and AIDS spending in 2008 and 2009, %	0.55	0.00	6.54	5.55	0.85	0.00	10.42	8.92
Total estimated spending on 'Human resources', TJS	19,306	0	1,158,161	1,177,467	40,799	0	2,732,957	2,773,756
Total estimated spending on 'Human resources', US \$	5,630	0	337,745	343,375	9,846	0	659,545	669,391
Percentage share of each source of funding in total estimated spending on 'Human resources', %	1.64	0.00	98.36	100.00	1.47	0.00	98.53	100.00
Growth rate of total estimated spending on 'Human resources', %	x	x	x	x	174.88	0.00	192.08	194.94 (94.94% increase)

In 2008 and 2009, the share of public funds in total spending on human resources was 1.64% and 1.47% respectively and was fully directed towards monetary incentives for human resources. International funds accounted to US \$ 337,745 or 98.36% and US \$ 659,545 or 98.53% of total spending on human resources in 2008 and 2009 respectively. The majority of this amount was spent on training for medical and other specialists involved in providing treatment, care and support (92.94% and 71.15% respectively); monetary incentives for human resources not broken down by staff (7.06% and 28.85% respectively), and other activities.

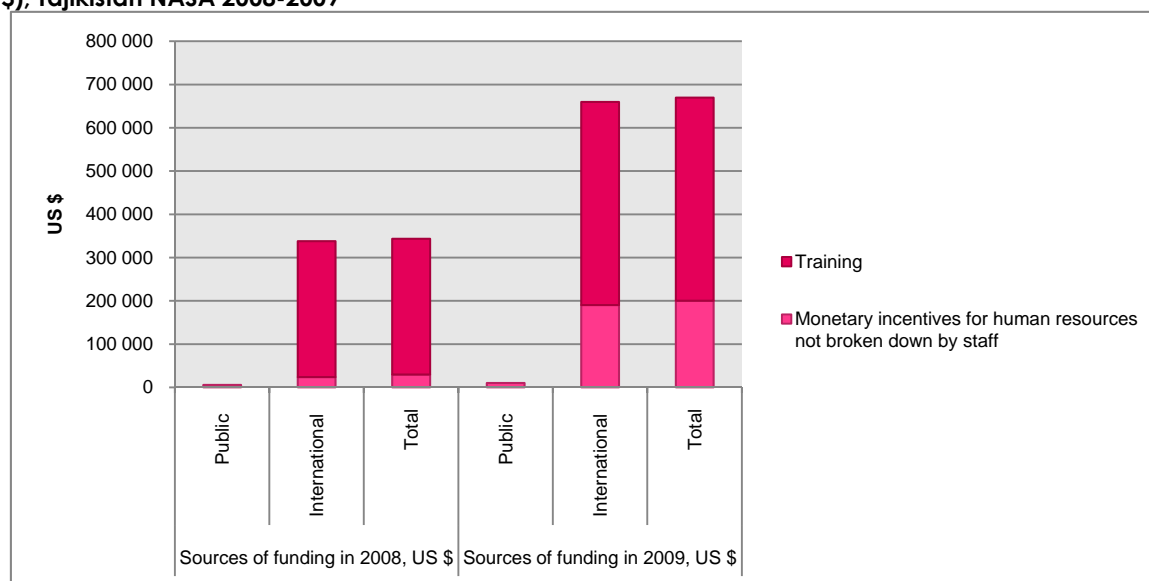
**Table 38: Breakdown 'Human resources' expenditure by spending category and funding sources (TJS), Tajikistan NASA 2008-2009**

'Human resources' by spending category	Sources of funding in 2008, TJS			Sources of funding in 2009, TJS		
	Public	Inter-national	Total	Public	Inter-national	Total
Monetary incentives for human resources not broken down by staff	19,306	81,790	101,096	40,799	788,472	829,271
Training	0	1,076,371	1,076,371	0	1,944,485	1,944,485
<b>Total, TJS</b>	<b>19,306</b>	<b>1,158,161</b>	<b>1,177,467</b>	<b>40,799</b>	<b>2,732,957</b>	<b>2,773,756</b>

**Table 39: Breakdown 'Human resources' expenditure by spending category and funding sources (US \$), Tajikistan NASA 2008-2009**

'Human resources' by spending category	Sources of funding in 2008, US \$			Sources of funding in 2009, US \$		
	Public	Inter-national	Total	Public	Inter-national	Total
Monetary incentives for human resources not broken down by staff	5,630	23,852	29,482	9,846	190,282	200,128
Training	0	313,893	313,893	0	469,263	469,263
<b>Total, US \$</b>	<b>5,630</b>	<b>337,745</b>	<b>343,375</b>	<b>9,846</b>	<b>659,545</b>	<b>669,391</b>

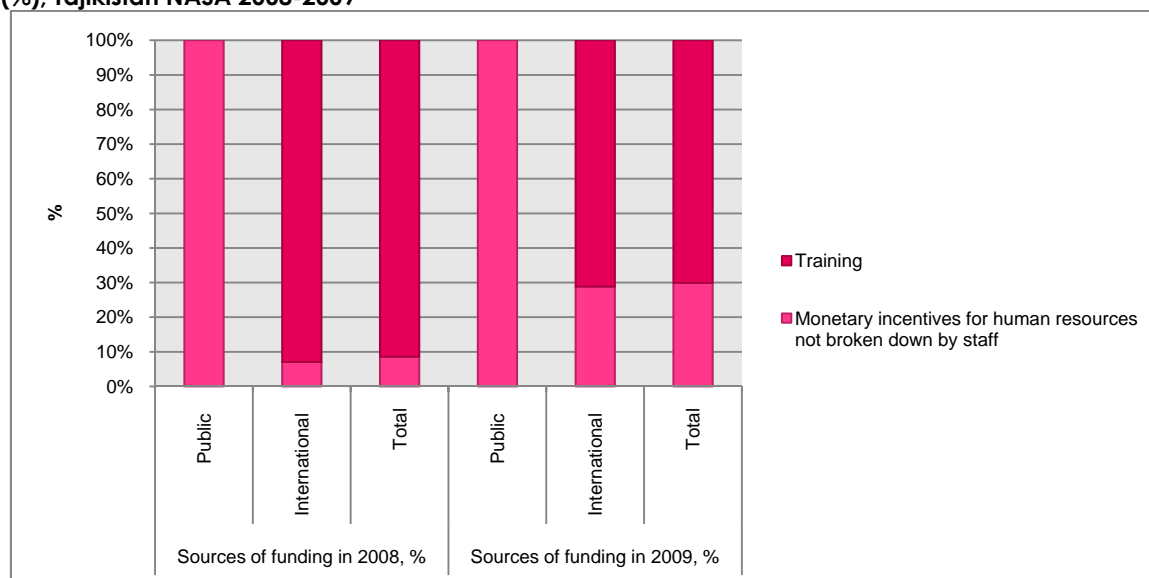
**Figure 29: Breakdown 'Human resources' expenditure by spending category and funding sources (US \$), Tajikistan NASA 2008-2009**



**Table 40: Breakdown 'Human resources' expenditure by spending category and funding sources (%), Tajikistan NASA 2008-2009**

'Human resources' by spending category	Sources of funding in 2008, %			Sources of funding in 2009, %		
	Public	International	Total	Public	International	Total
Monetary incentives for human resources not broken down by staff	100.00	7.06	8.59	100.00	28.85	29.90
Training	0.00	92.94	91.41	0.00	71.15	70.10
<b>Total, %</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

**Figure 30: Breakdown 'Human resources' expenditure by spending category and funding sources (%), Tajikistan NASA 2008-2009**



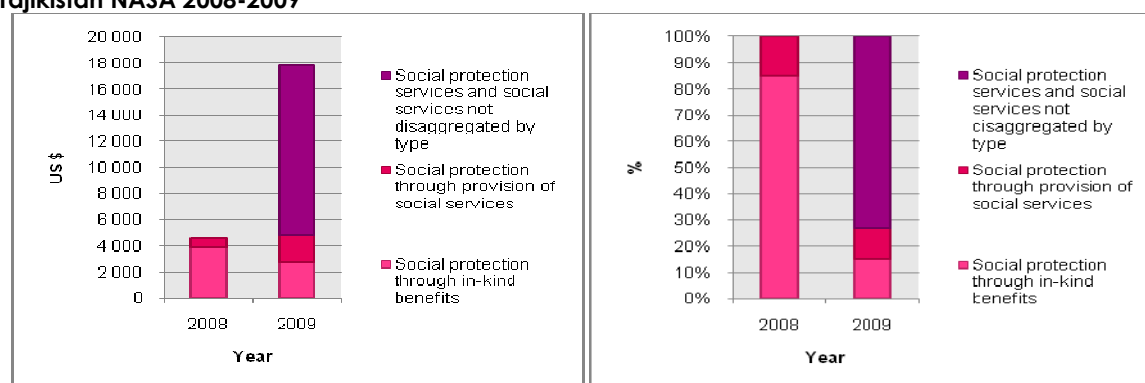
## Area 6: Social protection and social services (excluding OVC)

Spending on social protection and social services (excluding OVC) in 2008 and 2009 was financed exclusively from international sources of funding. In 2008 and 2009 total spending on social protection and social services (excluding OVC) was US \$ 4,586 and US \$ 17,820 respectively (3.8 times increase), with spending on social protection through in-kind benefits and provision of social services and other categories.

**Table 41: Overview of spending on 'Social protection and social services', Tajikistan NASA 2008-2009**

Indicators	Source of funding, 2008				Source of funding, 2009			
	Public	Private	Inter-national	Total	Public	Private	Inter-national	Total
Percentage share of expenditure on 'Social protection and social services' in total estimated HIV and AIDS spending in 2008 and 2009, %	0.00	0.00	0.09	0.07	0.00	0.00	0.28	0.24
Total estimated spending on 'Social protection and social services', TJS	0	0	15,726	15,726	0	0	73,841	73,841
Total estimated spending on 'Social protection and social services', US \$	0	0	4,586	4,586	0	0	17,820	17,820
Percentage share of each source of funding in total estimated spending on 'Social protection and social services', %	0.00	0.00	100.00	100.00	0.00	0.00	100.00	100.00
Growth rate of total estimated spending on 'Social protection and social services', %	x	x	x	x	0.00	0.00	388.57	388.57 (3.8 times increase)

**Figure 31: Breakdown 'Social protection and social services' expenditure by spending category, Tajikistan NASA 2008-2009**



**Table 42: Breakdown 'Social protection and social services' expenditure by spending category and funding sources, Tajikistan NASA 2008-2009**

'Social protection and social services' by spending category	Source of funding in 2008			Source of funding in 2009		
	International			International		
	TJS	US \$	%	TJS	US \$	%
Social protection through in-kind benefits	13,400	3,908	85.21	11,271	2,720	15.27
Social protection through provision of social services	2,326	678	14.79	8,702	2,100	11.78
'Social protection services and social services' not disaggregated by intervention	0	0	0.00	53,868	13,000	72.95
<b>Total</b>	<b>15,726</b>	<b>4,586</b>	<b>100.00</b>	<b>73,841</b>	<b>17,820</b>	<b>100.00</b>

## Area 7: Enabling environment

In 2008 and 2009 total spending on enabling environment was US \$ 43,044 and US \$ 107,850 respectively, with 74.07% and 77.98% respectively of this total spent on advocacy; 10.39% and 9.49% respectively on AIDS-specific programmes focused on women; 10.55% and 2.42% respectively spent on human rights programmes not disaggregated by type; 4.98% and 2.31% on provision of legal and social services to promote access to prevention, care and treatment, and other enabling environment activities.

**Table 43: Overview of spending on 'Enabling environment', Tajikistan NASA 2008-2009**

Indicators	Source of funding, 2008				Source of funding, 2009			
	Public	Private	Inter-national	Total	Public	Private	Inter-national	Total
Percentage share of expenditure on 'Enabling environment' in total estimated HIV and AIDS spending in 2008 and 2009, %	0.44	0.00	0.75	0.70	0.42	0.00	1.63	1.44
Total estimated spending on 'Enabling environment', TJS	15,334	0	132,268	147,602	19,934	0	426,961	446,895
Total estimated spending on 'Enabling environment', US \$	4,472	0	38,572	43,044	4,811	0	103,039	107,850
Percentage share of each source of funding in total estimated spending on 'Enabling environment', %	10.39	0.00	89.61	100.00	4.46	0.00	95.54	100.00
Growth rate of total estimated spending on 'Enabling environment', %	x	x	x	x	107.58	0.00	267.13	250.56 (2.5 times increase)

In 2008 and 2009, the share of public funds in total spending on 'Enabling environment' was 10.39% and 4.46% relatively. Public spending on enabling environment in 2008 and 2009 was fully directed towards AIDS-specific programmes focused on women.

International funds accounted for US \$ 38,572 or 89.61% and US \$ 103,039 or 95.54% of total spending on enabling environment in 2008 and 2009 respectively. The majority of this amount was spent on advocacy (82.66% and 81.63% respectively); human rights programmes not disaggregated by type (11.78% and 2.54% respectively); provision of legal and social services to promote access to prevention, care and treatment (5.56% and 2.42% respectively), and other activities.

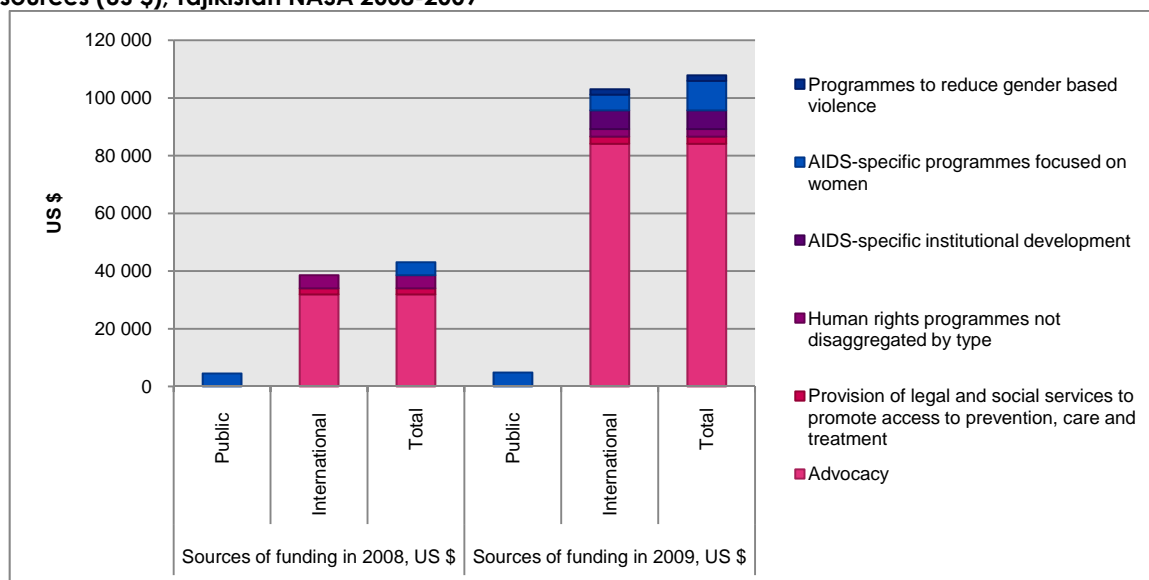
**Table 44: Breakdown 'Enabling environment' expenditure by spending category and funding sources (TJS), Tajikistan NASA 2008-2009**

'Enabling environment' by spending category	Sources of funding in 2008, TJS			Sources of funding in 2009, TJS		
	Public	Inter-national	Total	Public	Inter-national	Total
Advocacy	0	109,335	109,335	0	348,508	348,508
Provision of legal and social services to promote access to prevention, care and treatment	0	7,354	7,354	0	10,321	10,321
Human rights programmes not disaggregated by type	0	15,579	15,579	0	10,836	10,836
AIDS-specific institutional development	0	0	0	0	26,934	26,934
AIDS-specific programmes focused on women	15,334	0	15,334	19,934	22,478	42,412
Programmes to reduce gender based violence	0	0	0	0	7,884	7,884
<b>Total, TJS</b>	<b>15,334</b>	<b>132,268</b>	<b>147,602</b>	<b>19,934</b>	<b>426,961</b>	<b>446,895</b>

**Table 45: Breakdown 'Enabling environment' expenditure by spending category and funding sources (US \$), Tajikistan NASA 2008-2009**

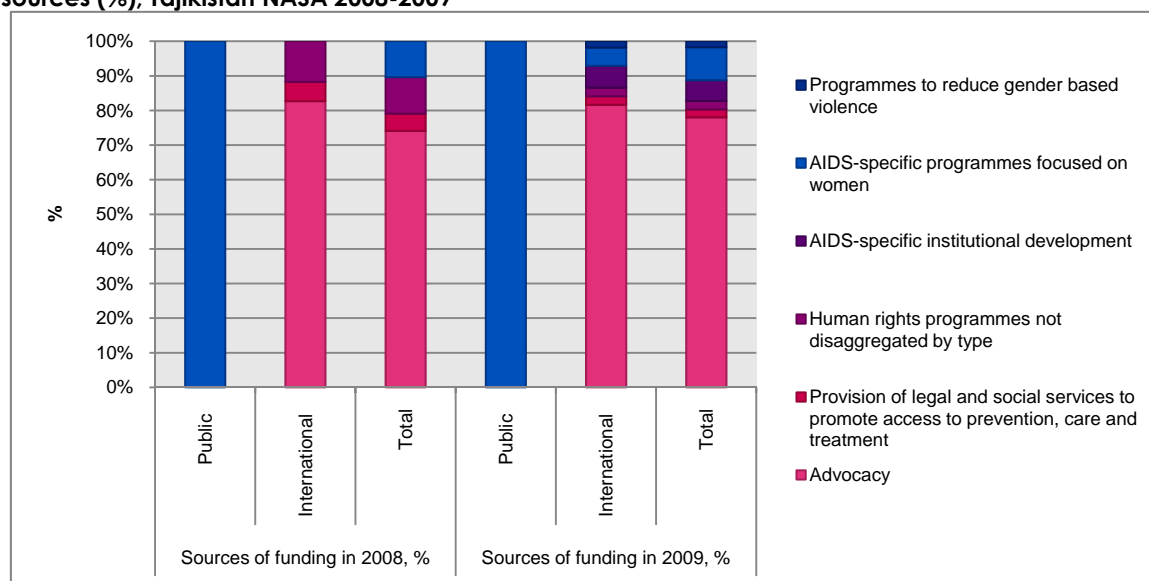
'Enabling environment' by spending category	Sources of funding in 2008, US \$			Sources of funding in 2009, US \$		
	Public	International	Total	Public	International	Total
Advocacy	0	31,884	31,884	0	84,106	84,106
Provision of legal and social services to promote access to prevention, care and treatment	0	2,145	2,145	0	2,491	2,491
Human rights programmes not disaggregated by type	0	4,543	4,543	0	2,615	2,615
AIDS-specific institutional development	0	0	0	0	6,500	6,500
AIDS-specific programmes focused on women	4,472	0	4,472	4,811	5,424	10,235
Programmes to reduce gender based violence	0	0	0	0	1,903	1,903
<b>Total, US \$</b>	<b>4,472</b>	<b>38,572</b>	<b>43,044</b>	<b>4,811</b>	<b>103,039</b>	<b>107,850</b>

**Figure 32: Breakdown 'Enabling environment' expenditure by spending category and funding sources (US \$), Tajikistan NASA 2008-2009**



**Table 46: Breakdown 'Enabling environment' expenditure by spending category and funding sources (%), Tajikistan NASA 2008-2009**

'Enabling environment' by spending category	Sources of funding in 2008, %			Sources of funding in 2009, %		
	Public	International	Total	Public	International	Total
Advocacy	0.00	82.66	74.07	0.00	81.63	77.98
Provision of legal and social services to promote access to prevention, care and treatment	0.00	5.56	4.98	0.00	2.42	2.31
Human rights programmes not disaggregated by type	0.00	11.78	10.55	0.00	2.54	2.42
AIDS-specific institutional development	0.00	0.00	0.00	0.00	6.31	6.03
AIDS-specific programmes focused on women	100.00	0.00	10.39	100.00	5.26	9.49
Programmes to reduce gender based violence	0.00	0.00	0.00	0.00	1.85	1.76
<b>Total, %</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

**Figure 33: Breakdown 'Enabling environment' expenditure by spending category and funding sources (%), Tajikistan NASA 2008-2009**

## Area 8: HIV-related research

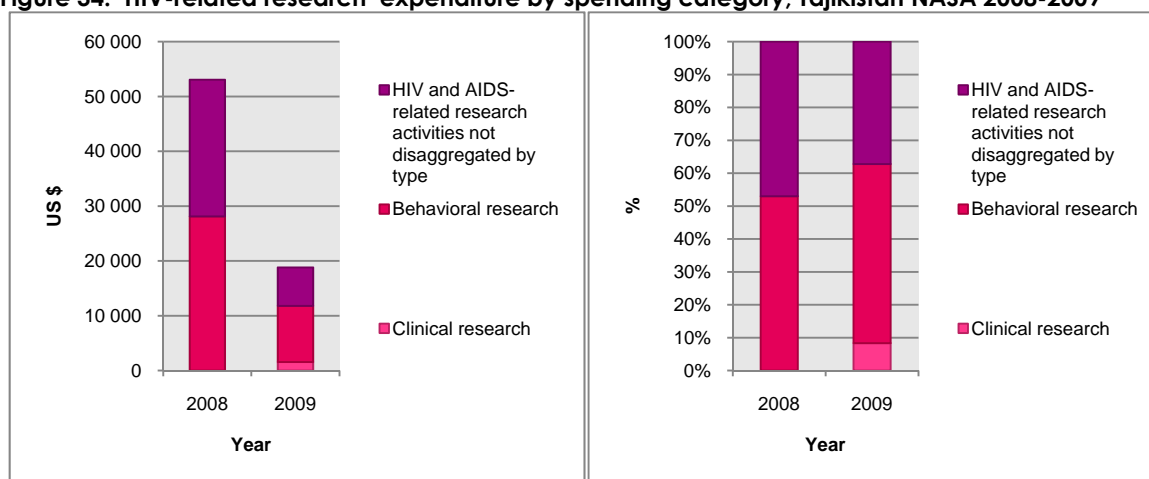
Spending on 'HIV-related research' in 2008 and 2009 was financed exclusively from international sources of funding. In 2008 and 2009 total spending on HIV-related research was US \$ 53,051 and US \$ 18,816 respectively, with spending on behavioral research and other HIV and AIDS-related research activities.

**Table 47: Overview of spending on 'HIV-related research', Tajikistan NASA 2008-2009**

Indicators	Source of funding, 2008				Source of funding, 2009			
	Public	Private	Inter-national	Total	Public	Private	Inter-national	Total
Percentage share of expenditure on 'HIV-related research' in total estimated HIV and AIDS spending in 2008 and 2009, %	0.00	0.00	1.03	0.85	0.00	0.00	0.30	0.25
Total estimated spending on 'HIV-related research', TJS	0	0	181,916	181,916	0	0	77,966	77,966
Total estimated spending on 'HIV-related research', US \$	0	0	53,051	53,051	0	0	18,816	18,816
Percentage share of each source of funding in total estimated spending on 'HIV-related research', %	0.00	0.00	100.00	100.00	0.00	0.00	100.00	100.00
Growth rate of total estimated spending on 'HIV-related research', %	x	x	x	x	0.00	0.00	35.47	35.47 (64.53% times increase)

**Table 48: Breakdown of 'HIV-related research' expenditure by spending category and funding sources, Tajikistan NASA 2008-2009**

'HIV related research' expenditure by spending category	Sources of funding in 2008			Sources of funding in 2009		
	International			International		
	TJS	US \$	%	TJS	US \$	%
Clinical research	0	0	0.00	6,509	1,571	8.35
Behavioral research	96,436	28,123	53.01	42,451	10,245	54.45
'HIV and AIDS-related research' not disaggregated by type	85,480	24,928	46.99	29,006	7,000	37.20
<b>Total</b>	<b>181,916</b>	<b>53,051</b>	<b>100.00</b>	<b>77,966</b>	<b>18,816</b>	<b>100.00</b>

**Figure 34: 'HIV-related research' expenditure by spending category, Tajikistan NASA 2008-2009**

## 4.4. Beneficiaries of HIV and AIDS spending

Within NASA framework, groups of beneficiaries, who received benefits or services financed within HIV and AIDS interventions and non-targeted interventions in 2008 and 2009, were identified. This makes it possible to assess results in connection with the amount of funds allocated during this period for a specific target population.

**Table 49: Total estimated HIV and AIDS expenditure on beneficiary population, Tajikistan NASA 2008-2009**

Beneficiary population	2008			2009		
	TJS	US \$	%	TJS	US \$	%
People living with HIV not disaggregated by age or gender	734,735	214,265	3.46	1,708,064	412,207	5.50
Most-at-risk populations (IDUs, SWs, MSM)	1,661,674	484,580	7.83	3,288,570	793,631	10.58
Other key population (migrants, prisoners, etc.)	4,012,092	1,170,013	18.91	3,144,780	758,930	10.12
Specific "accessible" population	3,602,209	1,050,482	16.98	4,441,560	1,071,883	14.29
General population	1,653,276	482,131	7.79	2,962,138	714,853	9.53
Non-targeted interventions	9,551,782	2,785,507	45.02	15,536,952	3,749,536	49.99
<b>Total</b>	<b>21,215,768</b>	<b>6,186,978</b>	<b>100.00</b>	<b>31,082,064</b>	<b>7,501,041</b>	<b>100.00</b>

## Breakdown of total estimated HIV and AIDS expenditure by beneficiary population and key intervention area in 2008

**Table 50: Breakdown of total estimated HIV and AIDS expenditure in 2008 by beneficiary population and key intervention area (TJS), Tajikistan NASA 2008-2009**

Key intervention areas	Beneficiary population in 2008, TJS					
	People living with HIV	Most-at-risk populations (IDUs, SWs, MSM)	Other key population (migrants, prisoners, etc.)	Specific "accessible" population	General population	Non-targeted interventions
Prevention	291,133	1,661,674	4,012,092	2,571,273	1,528,607	7,617
Care and treatment	404,943	0	0	991,240	0	0
Orphans and vulnerable children (OVC)	0	0	0	0	0	0
Programme management and administration	0	0	0	39,696	0	8,184,782
Human resources	0	0	0	0	0	1,177,467
Social protection and social services (excluding OVC)	15,726	0	0	0	0	0
Enabling environment	22,933	0	0	0	124,669	0
HIV-related research (excluding operational research)	0	0	0	0	0	181,916
<b>Total, TJS</b>	<b>734,735</b>	<b>1,661,674</b>	<b>4,012,092</b>	<b>3,602,209</b>	<b>1,653,276</b>	<b>9,551,782</b>

**Table 51: Breakdown of total estimated HIV and AIDS expenditure in 2008 by beneficiary population and key intervention area (US \$), Tajikistan NASA 2008-2009**

Key intervention areas	Beneficiary population in 2008, US \$					
	People living with HIV	Most-at-risk populations (IDUs, SWs, MSM)	Other key population (migrants, prisoners, etc.)	Specific "accessible" population	General population	Non-targeted interventions
Prevention	84,901	484,580	1,170,013	749,839	445,776	2,221
Care and treatment	118,090	0	0	289,067	0	0
Orphans and vulnerable children (OVC)	0	0	0	0	0	0
Programme management and administration	0	0	0	11,576	0	2,386,860
Human resources	0	0	0	0	0	343,375
Social protection and social services (excluding OVC)	4,586	0	0	0	0	0
Enabling environment	6,688	0	0	0	36,356	0
HIV-related research (excluding operational research)	0	0	0	0	0	53,051
<b>Total, US \$</b>	<b>214,265</b>	<b>484,580</b>	<b>1,170,013</b>	<b>1,050,482</b>	<b>482,132</b>	<b>2,785,507</b>

**Table 52: Breakdown of total estimated HIV and AIDS expenditure in 2008 by beneficiary population and key intervention area (%), Tajikistan NASA 2008-2009**

Key intervention areas	Beneficiary population in 2008, %					
	People living with HIV	Most-at-risk populations (IDUs, SWs, MSM)	Other key population (migrants, prisoners, etc.)	Specific "accessible" population	General population	Non-targeted interventions
Prevention	39.62	100.00	100.00	71.38	92.46	0.08
Care and treatment	55.11	0.00	0.00	27.52	0.00	0.00
Orphans and vulnerable children (OVC)	0.00	0.00	0.00	0.00	0.00	0.00
Programme management and administration	0.00	0.00	0.00	1.10	0.00	85.69
Human resources	0.00	0.00	0.00	0.00	0.00	12.33
Social protection and social services (excluding OVC)	2.15	0.00	0.00	0.00	0.00	0.00
Enabling environment	3.12	0.00	0.00	0.00	7.54	0.00
HIV-related research (excluding operational research)	0.00	0.00	0.00	0.00	0.00	1.90
<b>Total, %</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>



## Breakdown of total estimated HIV and AIDS expenditure by beneficiary population and key intervention area in 2009

**Table 53: Breakdown of total estimated HIV and AIDS expenditure in 2009 by beneficiary population and key intervention area (TJS), Tajikistan NASA 2008-2009**

Key intervention areas	Beneficiary population in 2009, TJS					
	People living with HIV	Most-at-risk populations (IDUs, SWs, MSM)	Other key population (migrants, prisoners, etc.)	Specific "accessible" population	General population	Non-targeted interventions
Prevention	489,859	3,288,570	3,144,780	2,520,204	2,563,334	0
Care and treatment	1,123,207	0	0	1,866,902	0	0
Orphans and vulnerable children (OVC)	0	0	0	0	0	0
Programme management and administration	0	0	0	54,454	0	12,658,296
Human resources	0	0	0	0	0	2,773,756
Social protection and social services (excluding OVC)	73,841	0	0	0	0	0
Enabling environment	21,157	0	0	0	398,804	26,934
HIV-related research (excluding operational research)	0	0	0	0	0	77,966
<b>Total, TJS</b>	<b>1,708,064</b>	<b>3,288,570</b>	<b>3,144,780</b>	<b>4,441,560</b>	<b>2,962,138</b>	<b>15,536,952</b>

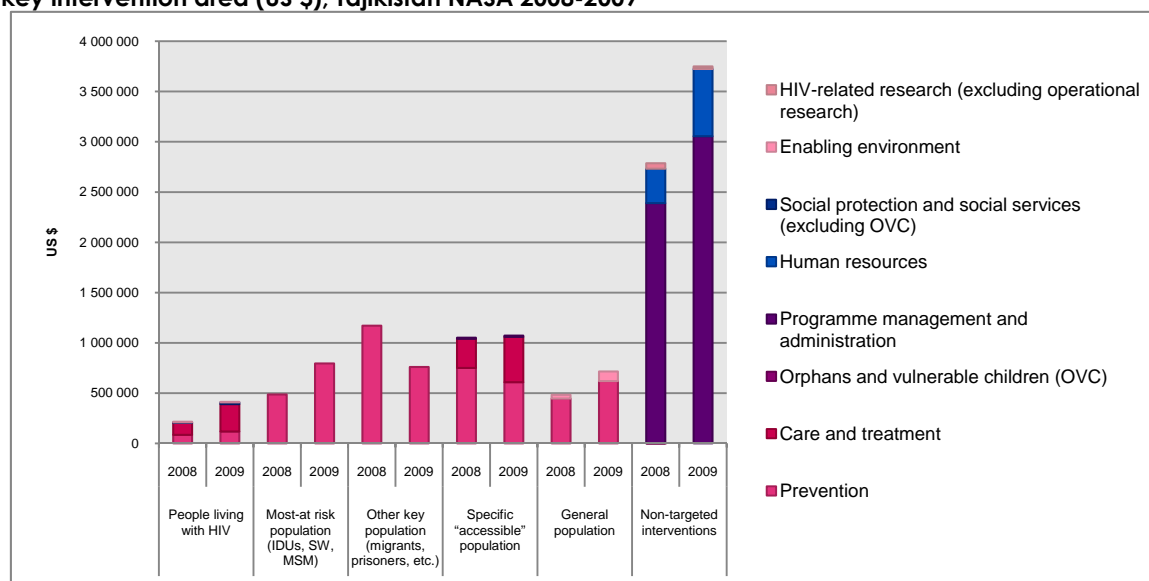
**Table 54: Breakdown of total estimated HIV and AIDS expenditure in 2009 by beneficiary population and key intervention area (US \$), Tajikistan NASA 2008-2009**

Key intervention areas	Beneficiary population in 2009, US \$					
	People living with HIV	Most-at-risk populations (IDUs, SWs, MSM)	Other key population (migrants, prisoners, etc.)	Specific "accessible" population	General population	Non-targeted interventions
Prevention	118,218	793,631	758,930	608,201	618,611	0
Care and treatment	271,063	0	0	450,540	0	0
Orphans and vulnerable children (OVC)	0	0	0	0	0	0
Programme management and administration	0	0	0	13,141	0	3,054,829
Human resources	0	0	0	0	0	669,391
Social protection and social services (excluding OVC)	17,820	0	0	0	0	0
Enabling environment	5,107	0	0	0	96,243	6,500
HIV-related research (excluding operational research)	0	0	0	0	0	18,816
<b>Total, US \$</b>	<b>412,208</b>	<b>793,631</b>	<b>758,930</b>	<b>1,071,882</b>	<b>714,854</b>	<b>3,749,536</b>

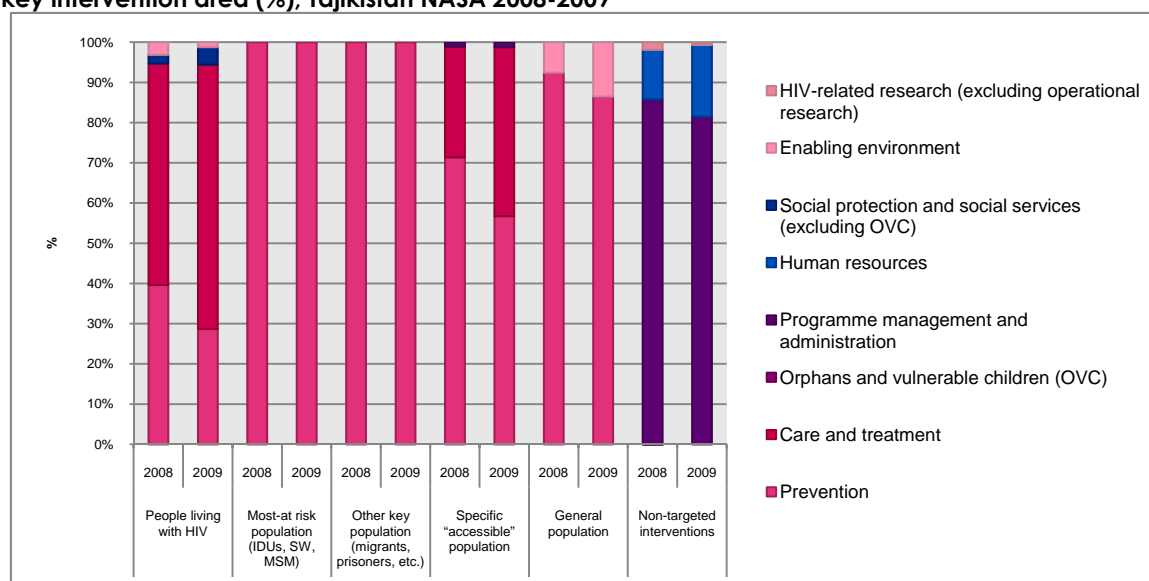
**Table 55: Breakdown of total estimated HIV and AIDS expenditure in 2009 by beneficiary population and key intervention area (%), Tajikistan NASA 2008-2009**

Key intervention areas	Beneficiary population in 2009, %					
	People living with HIV	Most-at-risk populations (IDUs, SWs, MSM)	Other key population (migrants, prisoners, etc.)	Specific "accessible" population	General population	Non-targeted interventions
Prevention	28.68	100.00	100.00	56.74	86.54	0.00
Care and treatment	65.76	0.00	0.00	42.03	0.00	0.00
Orphans and vulnerable children (OVC)	0.00	0.00	0.00	0.00	0.00	0.00
Programme management and administration	0.00	0.00	0.00	1.23	0.00	81.47
Human resources	0.00	0.00	0.00	0.00	0.00	17.85
Social protection and social services (excluding OVC)	4.32	0.00	0.00	0.00	0.00	0.00
Enabling environment	1.24	0.00	0.00	0.00	13.46	0.18
HIV-related research (excluding operational research)	0.00	0.00	0.00	0.00	0.00	0.50
<b>Total, %</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

**Figure 35: Breakdown of total estimated HIV and AIDS expenditure by beneficiary population and key intervention area (US \$), Tajikistan NASA 2008-2009**



**Figure 36: Breakdown of total estimated HIV and AIDS expenditure by beneficiary population and key intervention area (%), Tajikistan NASA 2008-2009**



As highlighted earlier, the HIV epidemic in the Republic of Tajikistan remains driven by IDUs. It is still not an epidemic in the general population. NASA study shows key priorities in funding interventions aimed mostly on specific beneficiary populations and most-at-risk populations in order to limit the spread of HIV into the general population.

Undertaking NASA, spending on target populations – beneficiary populations – was classified based on the main objective of the HIV-related activity or programme.

NASA presents that funding priorities in providing services of different types within a period of 2008 and 2009 from all sources of funding were aimed on the following beneficiary groups:

- 7.83% and 10.58% respectively from all sources captured went on prevention activities for most-at-risk populations (IDUs, SWs, MSM);
- 18.91% and 10.12% respectively from all sources captured went on prevention activities for other key population (migrants, prisoners, recipients of blood and blood products, youth, etc.);
- 16.98% and 14.29% respectively from all sources captured went on prevention activities and provider-initiated and mandatory HIV-testing and counseling for specific “accessible” population (people attending STI clinics, school students, health care workers, etc.);
- 3.46% and 5.50% respectively from all sources captured went on preventive activities for PLHIV; care and treatment of PLHIV, including ART and specific HIV-related laboratory monitoring; social services for PLHIV and human rights programmes for PLHIV within enabling environment programmatic area, etc.;
- 7.79% and 9.53% respectively from all sources captured went on preventive activities among general population, and advocacy, communication and social mobilization aimed at young people and the general population.

Additionally, a considerable amount of funds from all sources in 2008 and 2009 (45.02% and 49.99% respectively) was spent on non-targeted interventions, which include the following intervention areas:

- programme management and administration: planning, coordination and programme management; administration and transactions costs associated with managing and disbursing funds; monitoring and evaluation; operational research; serological surveillance; drug supply system; information technology; upgrading and construction of infrastructure, including laboratory equipment, etc.;
- monetary incentives and trainings for health care personnel working in HIV field;
- HIV-related research.

### Breakdown of total estimated HIV and AIDS expenditure by beneficiary population and funding sources in 2008-2009

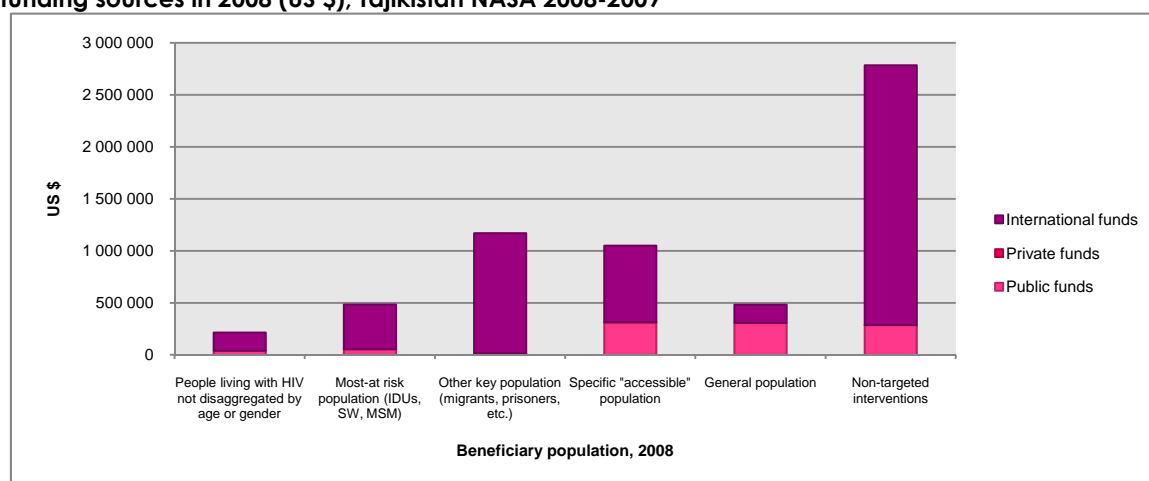
**Table 56: Breakdown of total estimated HIV and AIDS expenditure by beneficiary population and funding sources (TJS), Tajikistan NASA 2008-2009**

Total funding by beneficiary population	Source of funding in 2008, TJS				Source of funding in 2009, TJS			
	Public	Private	International	Total	Public	Private	International	Total
People living with HIV not disaggregated by age or gender	137,100	0	597,635	734,735	307,032	0	1,401,032	1,708,064
Most-at-risk populations (IDUs, SWs, MSM)	186,155	0	1,475,519	1,661,674	248,740	0	3,039,830	3,288,570
Other key population (migrants, prisoners, etc.)	43,137	14,646	3,954,309	4,012,092	79,055	56,939	3,008,786	3,144,780
Specific “accessible” population	1,076,281	10,087	2,515,841	3,602,209	1,073,066	22,241	3,346,253	4,441,560
General population	1,060,548	0	592,728	1,653,276	1,758,720	0	1,203,418	2,962,138
Non-targeted interventions	981,916	5,851	8,564,015	9,551,782	1,301,453	12,814	14,222,685	15,536,952
<b>Total, TJS</b>	<b>3,485,137</b>	<b>30,584</b>	<b>17,700,047</b>	<b>21,215,768</b>	<b>4,768,066</b>	<b>91,994</b>	<b>26,222,004</b>	<b>31,082,064</b>

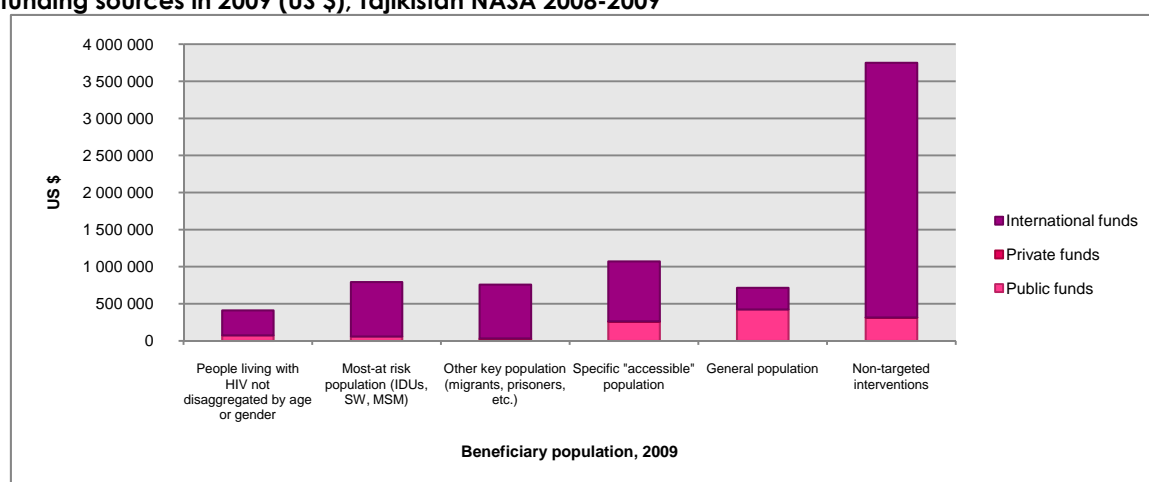
**Table 57: Breakdown of total estimated HIV and AIDS expenditure by beneficiary population and funding sources (US \$), Tajikistan NASA 2008-2009**

Total funding by beneficiary population	Source of funding in 2008, US \$				Source of funding in 2009, US \$			
	Public	Private	International	Total	Public	Private	International	Total
People living with HIV not disaggregated by age or gender	39,981	0	174,284	214,265	74,097	0	338,111	412,208
Most-at-risk populations (IDUs, SWs, MSM)	54,287	0	430,293	484,580	60,028	0	733,603	793,631
Other key population (migrants, prisoners, etc.)	12,580	4,271	1,153,162	1,170,013	19,078	13,741	726,111	758,930
Specific "accessible" population	313,867	2,942	733,673	1,050,482	258,963	5,367	807,552	1,071,882
General population	309,279	0	172,853	482,132	424,433	0	290,421	714,854
Non-targeted interventions	286,348	1,706	2,497,453	2,785,507	314,079	3,093	3,432,364	3,749,536
<b>Total, US \$</b>	<b>1,016,342</b>	<b>8,919</b>	<b>5,161,718</b>	<b>6,186,979</b>	<b>1,150,678</b>	<b>22,201</b>	<b>6,328,162</b>	<b>7,501,041</b>

**Figure 37: Breakdown of total estimated HIV and AIDS expenditure by beneficiary population and funding sources in 2008 (US \$), Tajikistan NASA 2008-2009**



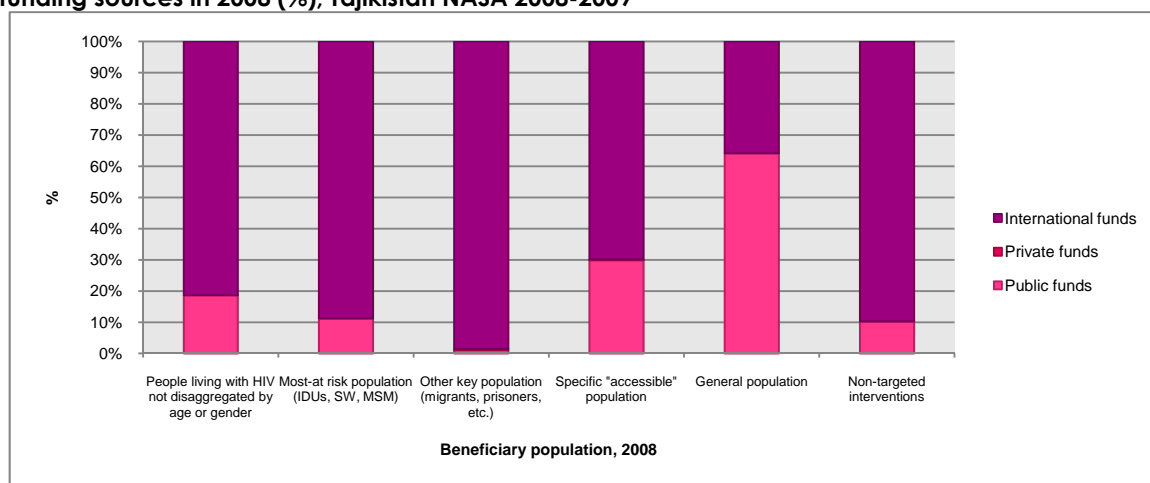
**Figure 38: Breakdown of total estimated HIV and AIDS expenditure by beneficiary population and funding sources in 2009 (US \$), Tajikistan NASA 2008-2009**



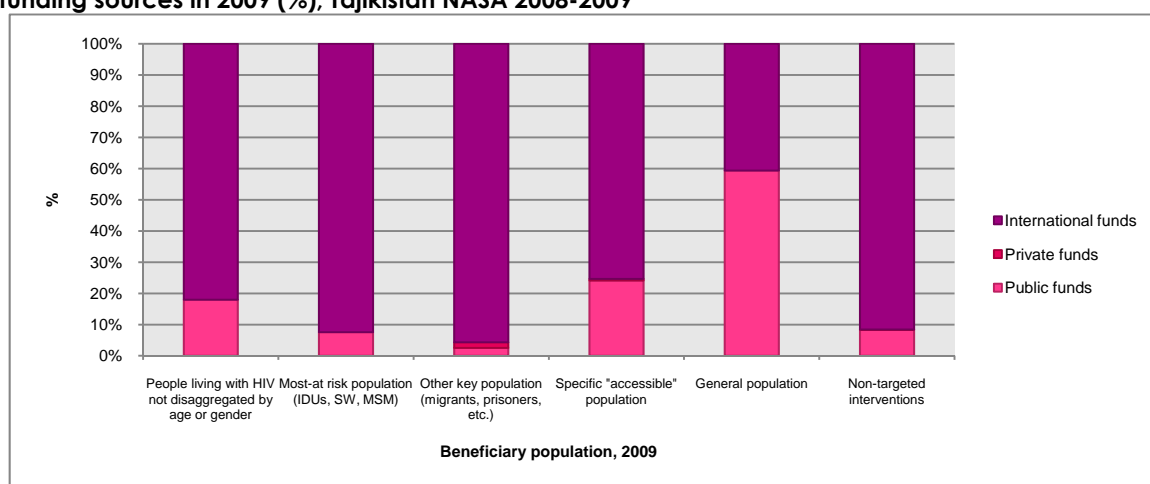
**Table 58: Breakdown of total estimated HIV and AIDS expenditure by beneficiary population and funding sources (%), Tajikistan NASA 2008-2009**

Total funding by beneficiary population	Source of funding in 2008, %				Source of funding in 2009, %			
	Public	Private	International	Total	Public	Private	International	Total
People living with HIV not disaggregated by age or gender	3.93	0.00	3.38	3.46	6.44	0.00	5.34	5.50
Most-at-risk populations (IDUs, SWs, MSM)	5.34	0.00	8.34	7.83	5.22	0.00	11.59	10.58
Other key population (migrants, prisoners, etc.)	1.24	47.89	22.34	18.91	1.66	61.89	11.47	10.12
Specific "accessible" population	30.88	32.98	14.21	16.98	22.50	24.18	12.76	14.29
General population	30.43	0.00	3.35	7.79	36.88	0.00	4.59	9.53
Non-targeted interventions	28.18	19.13	48.38	45.03	27.30	13.93	54.25	49.98
<b>Total, %</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

**Figure 39: Breakdown of total estimated HIV and AIDS expenditure by beneficiary population and funding sources in 2008 (%), Tajikistan NASA 2008-2009**



**Figure 40: Breakdown of total estimated HIV and AIDS expenditure by beneficiary population and funding sources in 2009 (%), Tajikistan NASA 2008-2009**



In order to highlight spending priorities of different HIV stakeholders (public, international) in Tajikistan with different funding sources (public, international), a breakdown of HIV and AIDS expenditure by beneficiary population and particular funding source have been undertaken within NASA.

As the allocation of international funding sources is the biggest part of HIV and AIDS funds in the total available funds, it influences greatly on overall spending priorities within the country, spending priorities from international funds in 2008 and 2009 are similar to general spending priorities described above. Most of international funds in 2008 and 2009 were spent on:

- most-at-risk populations (IDUs, SWs, MSM);
- other key populations (migrants, prisoners, youth, etc.);
- specific “accessible” population (people attending STI clinics, school students, etc.);
- non-targeted interventions (programme management and administration: planning, coordination and programme management; administration and transactions costs associated with managing and disbursing funds; monitoring and evaluation; operational research; serological surveillance; drug supply system; information technology; upgrading and construction of infrastructure, including laboratory equipment, etc.).

Considering allocation of public HIV and AIDS funds on different groups of beneficiary population, NASA shows that most of public funds in 2008 and 2009 were spent on:

- most-at-risk populations (IDUs, SWs, MSM);
- specific "accessible" population (people attending STI clinics, school students, etc.);
- overall general population;
- non-targeted interventions (planning, coordination and programme management; monitoring and evaluation; serological surveillance; etc.).

## Part 5. SUMMARY AND KEY RECOMMENDATIONS

### National response

Tajikistan has a comprehensive package of the strategic papers to combat HIV and AIDS: Programme on the response to the epidemic of HIV in the Republic of Tajikistan for the period 2007-2010 (National Strategic Plan); the National Monitoring and Evaluation Plan of the National Strategic Plan and Operational Plan on its implementation.

Tajikistan is actively cooperating with the Global Fund to Fight AIDS, Tuberculosis and Malaria (the main donor in the country), UN agencies, other international donors and partners for implementation of the Declaration of Commitment on HIV/AIDS and to contribute to the efforts for meeting MDG for HIV/AIDS of halting and start reversing the spread of HIV/AIDS in the country.

### Main findings

The NASA estimations show that overall: Tajikistan spent a total of US \$ 13,688,020 on HIV and AIDS between 2008 and 2009. Total HIV and AIDS expenditure increased by 21.24% within the study period.

Comparisons of total resources needed in 2008 and 2009 according to the National Strategic Plan and total estimated HIV and AIDS spending in Tajikistan, without distribution on main blocks of intervention areas, show the lack of funding US \$ 6.88 million in 2008 and US \$ 4.53 million in 2009 (52.68% and 37.67% respectively of resources needed). Although in the period of study financial gap declines it is essential to highlight that within a period of study, 2008 and 2009, resources allocated and available were about two times less than it was needed according to the National Strategic Plan.

External financing sources accounted for 83.43% and 84.36% respectively in 2008 and 2009 of all HIV expenditure. Public funds constituted 16.43% and 15.34% of the total HIV and AIDS expenditure, while captured private sources of funding accounted for 0.14% and 0.30%.

The NASA estimations regarding HIV service providers show that public organizations (59.04% and 40.45% of the total HIV and AIDS expenditure in 2008 and 2009) and international organizations (27.23% and 45.19% of the total HIV and AIDS expenditure in 2008 and 2009) provide the majority of services in Tajikistan. Private sector HIV service providers mainly consist of non-profit non faith-based NGOs (13.73% and 14.36% of the total HIV and AIDS expenditure in 2008 and 2009).

A further disaggregation of data by the National AIDS Spending Categories show that the key spending priorities between 2008 and 2009 have been on 'Prevention' (47.48% and 38.63% of the total HIV and AIDS expenditure in 2008 and 2009 respectively); 'Care and treatment' (6.58% and 9.62% of the total HIV and AIDS expenditure in 2008 and 2009 respectively); 'Programme management and administration' (38.77% and 40.90% of the total HIV and AIDS expenditure in 2008 and 2009 respectively); and 'Human resources' (5.55% and 8.92% of the total HIV and AIDS expenditure in 2008 and 2009 respectively).

Total expenditure on prevention programmes declined on 1.35%; while expenditure on 'Care and treatment' increased on 77.23%. Spending on 'Programme management and administration' increased on 27.91%, and on 'Human resources' - on 94.94% within the period of study.

Total spending on 'Social protection and social services (excluding OVC)' (0.07% and 0.24% of the total HIV and AIDS expenditure in 2008 and 2009 respectively), 'Enabling environment' (0.70% and 1.44% of the total HIV and AIDS expenditure in 2008 and 2009 respectively) and 'HIV-related research' (0.85% and 0.25% of the total HIV and AIDS expenditure in 2008 and 2009 respectively) remains low between 2008 and 2009. Funding on OVC was not provided in 2008-2009.

Spending on preventive activities include continuing support of a variety of service delivery points for IDUs, SWs, prisoners, ex-inmates, migrants, vulnerable women and other vulnerable and high risk groups. HIV counseling and testing of high risk groups, vulnerable and accessible population is also of a high HIV spending priority in 2008-2009 in Tajikistan.

Around 80% of HIV prevention expenditure went each year on the following activities: voluntary counseling and testing (3.65% and 6.44% of the total spending on 'Prevention' in 2008 and 2009 respectively); programmatic interventions for vulnerable and accessible population (45.08% and 18.44% of the total spending on 'Prevention' in 2008 and 2009 respectively); prevention of HIV transmission aimed at PLHIV (2.82% and 4.02% of the total spending on 'Prevention' in 2008 and 2009 respectively); prevention programmes for MARPs, i.e. IDUs, SWs, MSM, (16.50% and 27.39% of the total spending on 'Prevention' in 2008 and 2009 respectively); prevention, diagnosis and treatment of STI for general population (5.85% and 8.33% of the total spending on 'Prevention' in 2008 and 2009 respectively); PMTCT not disaggregated by intervention (5.72% and 7.18% of the total spending on 'Prevention' in 2008 and 2009 respectively); and blood safety (6.37% and 5.51% of the total spending on 'Prevention' in 2008 and 2009 respectively).

In 2008 and 2009 a major share of total expenditure on 'Care and treatment', around 80% each year, went on the following activities: provider initiated testing and counseling (71.00% and 62.44% of the total spending on 'Care and treatment' in 2008 and 2009 respectively); ART not disaggregated neither by age nor by line of treatment (13.55% and 9.45% of the total spending on 'Care and treatment' in 2008 and 2009 respectively); and specific HIV-related laboratory monitoring (5.70% and 11.37% of the total spending on 'Care and treatment' in 2008 and 2009 respectively). Due to the external financial support free ARV therapy and laboratory monitoring for PLHIV has been provided.

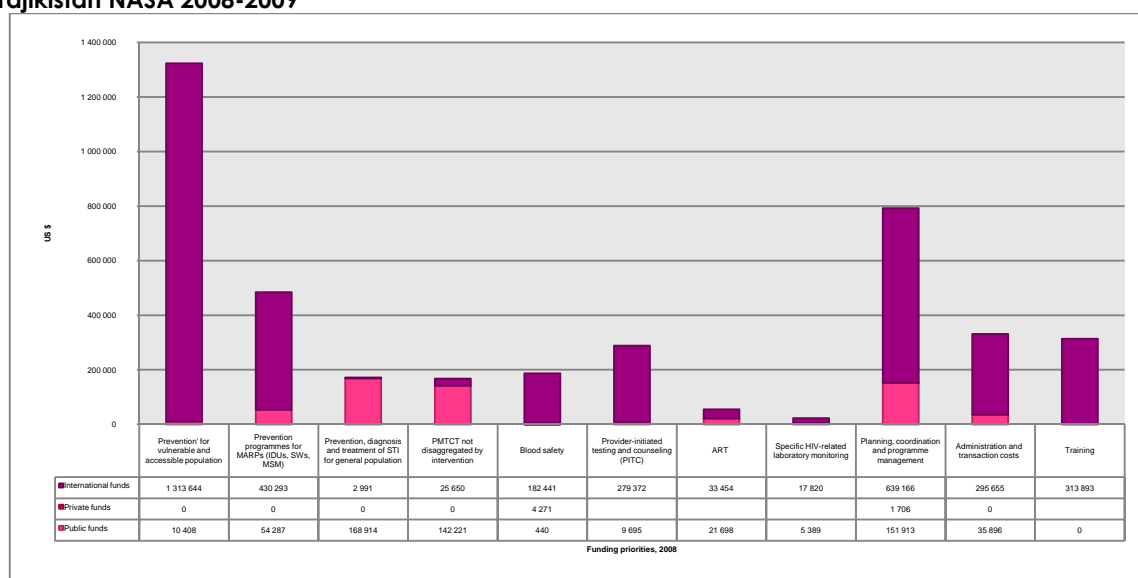
Resources for the national response to HIV and AIDS have contributed to the improvement of infrastructure, procurement and distribution, upgrading of laboratory facilities and blood banks, logistics, planning, coordination and programme management, monitoring and evaluation, serological surveillance and other activities of that particular area. Major activities of 'Programme management and administration' are as follows: planning, coordination and programme management (33.05% and 24.17% of the total spending on 'Programme management and administration' in 2008 and 2009 respectively); administration and transaction costs associated with managing and disbursing funds (13.82% and 45.84% of the total spending on 'Programme management and administration' in 2008 and 2009



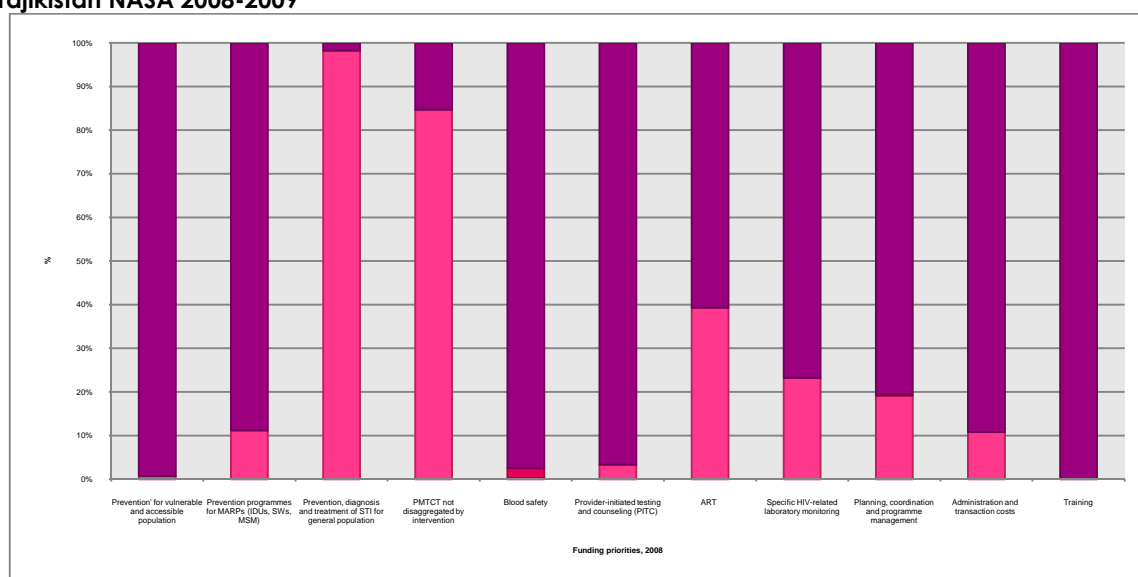
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respectively); monitoring and evaluation (5.73% and 6.03% of the total spending on 'Programme management and administration' in 2008 and 2009 respectively); serological surveillance (6.77% and 4.77% of the total spending on 'Programme management and administration' in 2008 and 2009 respectively). In 2008 about 40% of total spending on 'Programme management and administration' went on upgrading and construction of infrastructure.

**Figure 41: Funding HIV and AIDS priorities interventions and their funding sources in 2008 (US \$), Tajikistan NASA 2008-2009**



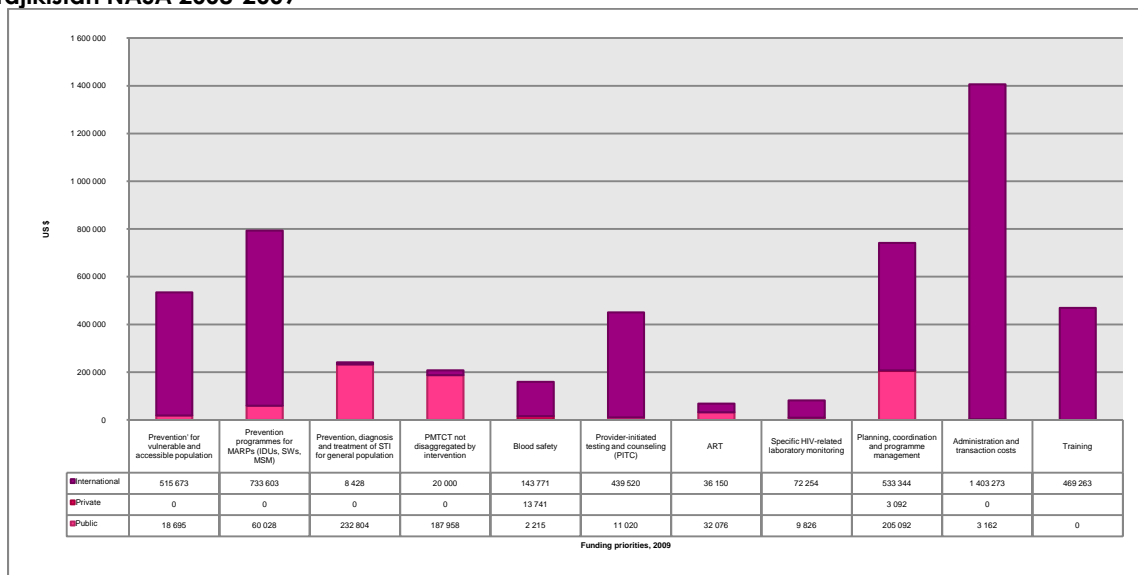
**Figure 42: Funding HIV and AIDS priorities interventions and their funding sources in 2008 (%), Tajikistan NASA 2008-2009**



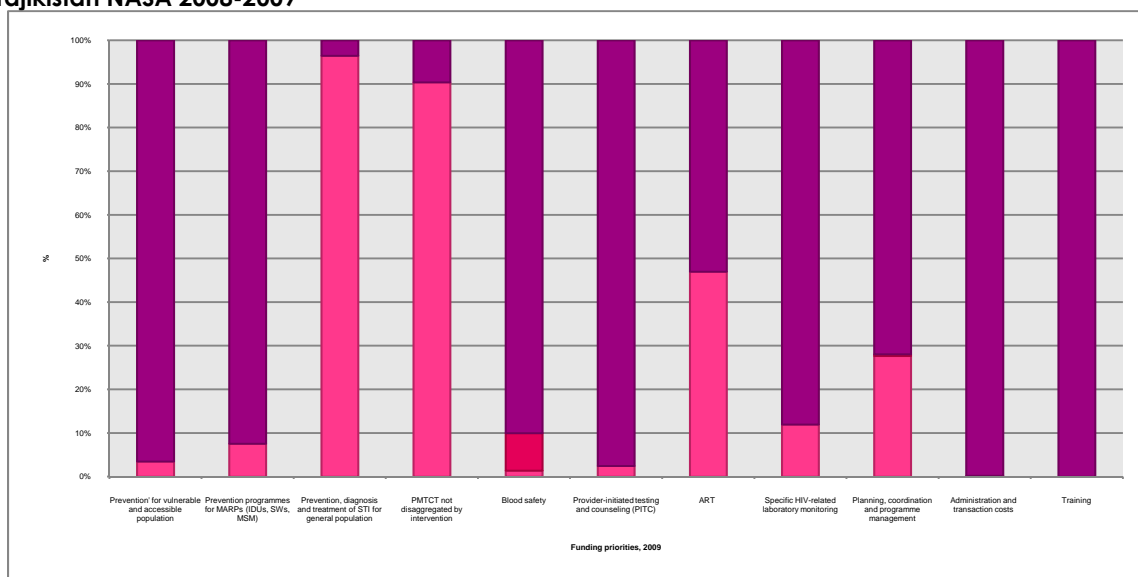
An insufficient number of trained and retained public sector health personnel constitute one of the major constraint in scaling up HIV and AIDS care and treatment. In Tajikistan, spending on 'Human resources' has increased almost two times within the study period. In 2008 and 2009, most of the spending on 'Human resources' (91.41% and 70.10% of the total spending on

'Human resources' in 2008 and 2009 respectively) went on training with the rest into monetary incentives for human resources working in HIV field.

**Figure 43: Funding HIV and AIDS priorities interventions and their funding sources in 2009 (US \$), Tajikistan NASA 2008-2009**



**Figure 44: Funding HIV and AIDS priorities interventions and their funding sources in 2009 (%), Tajikistan NASA 2008-2009**



Financial resources by items of expenditures were not undertaken within NASA for 2008-2009 and could demonstrate a more complete picture of HIV and AIDS expenditure. However, it is important to mention that expenditures from public funds were mainly spent on recurrent expenditures, namely: medical staff related expenditures (such as salaries and contribution to social funds) and recurrent costs of health care facilities and organizations (such as payments for water, electricity, etc.). International funds went on procurement of consumables (medicines, drugs, tests, etc.), services (partially payments for rent, water, electricity, telephone, etc.), capital investments (procurement of equipment, durables, capital repair of

health care facilities, etc.), and also medical and non-medical staff incentives, including training and capacity building.

Within NASA framework, groups of beneficiaries, who received benefits or services financed within HIV and AIDS interventions and non-targeted interventions in 2008 and 2009, were identified. This makes it possible to assess results in connection with the amount of funds allocated during this period for a specific target population.

HIV epidemic in the Republic of Tajikistan remains driven by IDUs. It is still not an epidemic in the general population. NASA study shows key priorities in funding interventions aimed mostly on specific beneficiary populations and most-at-risk populations in order to limit the spread of HIV into the general population.

NASA presents that funding priorities in providing services of different types within a period of 2008 and 2009 from all estimated sources of funding were aimed on the following beneficiary groups:

- 7.83% and 10.58% respectively from all sources captured went on prevention activities for most-at-risk populations (IDUs, SWs, MSM);
- 18.91% and 10.12% respectively from all sources captured went on prevention activities for other key population (migrants, prisoners, recipients of blood and blood products, youth, etc.);
- 16.98% and 14.29% respectively from all sources captured went on prevention activities, including provider-initiated HIV-testing and counseling for specific “accessible” population (people attending STI clinics, school students, health care workers, etc.);
- 3.46% and 5.50% respectively from all sources captured went on preventive activities for PLHIV; care and treatment (ARV, OI, specific HIV-related laboratory monitoring; social services for PLHIV and human rights programmes for PLHIV within enabling environment programmatic area);
- 7.79% and 9.53% respectively from all sources captured went on preventive activities among general population, including advocacy, communication and social mobilization aimed at young people and the general population.

Additionally, a considerable amount of funds in 2008 and 2009 (45.02% and 49.99% respectively) was spent within 2008-2009 in Tajikistan on non-targeted interventions, which include the following intervention areas:

- programme management and administration: planning, coordination and programme management; administration and transactions costs associated with managing and disbursing funds; monitoring and evaluation; serological surveillance; drug supply system; information technology; upgrading and construction of infrastructure, including laboratory equipment; operational research, etc.;
- monetary incentives and trainings for health care personnel working in HIV field;
- HIV and AIDS-related research.

With the main strategic goal to reverse the spread of HIV/AIDS through ensuring universal access of population to prevention, treatment, care and support, the assessment of HIV and AIDS spending in Tajikistan for 2008 and 2009 overall brings evidence on prioritizing

essential and key programmatic areas through ensuring access for all groups, especially most vulnerable groups (IDUs, SWs, MSM, migrants, prisoners, etc.), to HIV prevention services, treatment, social support; improving surveillance, monitoring and evaluation of control and prevention activities.

## Conclusions and recommendations

The 2008-2009 NASA in the Republic of Tajikistan resulted in the acquisition of financial monitoring data which were previously unavailable for analysis. Overall it can be noted that a foundation was laid for the transition of the financial monitoring system to a new quality level. An effective tool for national HIV/AIDS spending assessment was introduced and a national mechanism for its implementation on a regular basis was developed which will enable implementation and improvement of the monitoring of the national response, tracking of HIV/AIDS programme efficiency dynamics, and will serve as a basis for improving HIV/AIDS national strategic planning.

It is necessary to continue HIV and AIDS financial monitoring within international, public and private funding to monitor country progress towards universal access, and strengthen capacity in financial monitoring within national M&E systems that could help to proceed with more qualitative data analysis, identifying gaps of funding and form the basis for cost-effectiveness analysis.

Effective and efficient investment for HIV prevention among populations at risk and scale up of HIV treatment are the mainstay of the required actions to reach universal access in Eastern Europe and Central Asia.<sup>21</sup> This is imperative for the AIDS response in Tajikistan as well as the country faces a rapid spread of the HIV epidemic among MARPs.

Current best-practice for HIV prevention, treatment and care among IDUs, as suggested by a WHO, UNODC and UNAIDS technical guide<sup>22</sup>, proposes a comprehensive package of interventions, which includes needle and syringe programs (NSPs), opioid substitution therapy (OST) and other drug dependence treatment, and antiretroviral therapy (ART) as the most cost-effective interventions of the package of programmatic interventions recommended by WHO and UNAIDS.

It appears to be essential to obtain sufficient evidence on the cost-effectiveness of the three interventions in Tajikistan along with further investigation on how to generate efficiency gains and expand coverage. Efficiency improvements, in particular in the health programmes, even in small amounts, can yield considerable savings of resources or expansion of services for the community.<sup>23</sup>

Hence, it appears to be highly important to assess the efficiency of key programmes and interventions implemented and likely to have the largest impact on HIV incidence in

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<sup>21</sup> [www.unaids.org](http://www.unaids.org)

<sup>22</sup> WHO (2009). WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users. Available at [http://www.unodc.org/documents/hiv-aids/idu\\_target\\_setting\\_guide.pdf](http://www.unodc.org/documents/hiv-aids/idu_target_setting_guide.pdf).

<sup>23</sup> Techniques for Measuring Efficiency in Health Services. Australia. Productivity Commission staff working paper, 2001

Tajikistan, in order to determine how to use resources effectively for expanding the HIV response.

It is critical to note that the current assessment captures only private households' out of pocket HIV and AIDS expenditure on VCT and blood safety interventions and doesn't show overall out-of-pocket expenditures on HIV and AIDS prevention, care and treatment. To capture out-of-pocket expenditures by households it is necessary to conduct a separate survey within the country which identifies the target populations and amounts spent on specific interventions. It may be of value to appreciate the load of expenditure on households and crucial resource needs for certain interventions.

The heavy reliance on external funding raises questions of sustainability of HIV and AIDS programmes in Tajikistan.

The data and experience obtained through conducting NASA for 2008-2009 will help to build capacity for future resource tracking activities for HIV and AIDS and other health priorities. This experience established the foundation for enhanced and future consistent quality-reporting of National Health Accounts. This newly laid foundation and regular improvement of the monitoring of the national response to HIV will help in tracking the efficiency of HIV-related programmes and activities. Additionally, it will serve as a basis for improving national strategic planning in health. The results from the current AIDS resource tracking exercise in Tajikistan have been an extremely useful exercise which has generated evidence to guide future policy decisions.



# APPENDIXES

**Annex 1.** Financing sources – Financing agents – Providers of services (TJS), Tajikistan NASA 2008 (*part 1*)

						PS.01.01.01	PS.01.01.02	PS.01.01.04		
Main Blocks of Financing Sources (FS)	FS Code	FS Code Description	Main Blocks of Financing Agents (FA)	FA Code	FA Code Description	Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)		
Public funds	FS.01.01.01	Central government revenue	Public sector FA	FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	149,218	25,139	0		
				FA.01.01.01.02	Ministry of Education (or equivalent sector entity)	0	0	0		
				FA.01.01.01.06	Ministry of Labour (or equivalent sector entity)	0	0	0		
				FA.01.01.01.07	Ministry of Justice (or equivalent sector entity)	0	0	0		
				FA.01.01.01.09	Prime Minister's or President's office	0	0	0		
	FS.01.01.01	Total central government revenue/Public sector financing agents					149,218	25,139	0	
FS.01.01.03	Local/municipal government revenue	Public sector FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	20,885	1,529,113	88,565			
FS.01	Total expenditure from public source of funding/Public sector financing agents					170,103	1,554,252	88,565		
Private Funds	FS.02.02	Households' funds	Private sector FA	FA.02.04	Private households' (out-of-pocket payments)	0	0	0		
	FS.02	Total expenditure from private source of funding/Private sector financing agents					0	0	0	
International funds	FS.03.02.02	European Commission	International sector FA	FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0		
	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)		FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0		
	FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria		FA.03.02.10	United Nations Development Programme (UNDP)	0	391,181	0		
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	0	0	0		
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	0	195,805	0		
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.15	United Nations Office on Drugs and Crime (UNODC)	0	0	0		
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0		
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.	0	0	0		
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0		
				FA.03.02.19	World Health Organization (WHO)	0	0	0		
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	0	0	0		
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/Soros Foundation	0	0	0		
	FS.03.03.99	Other International not-for-profit organizations and foundations n.e.c.		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0		
				FA.03.02.99	Other Multilateral entities n.e.c.	0	0	0		
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0		
	FS.03	Total expenditure from international source of funding/International sector financing agents					0	586,986	0	
	Grand Total						170,103	2,141,238	88,565	



## Annex 1. Financing sources – Financing agents – Providers of services (TJS), Tajikistan NASA 2008 (part 2)

						PS.01.01.06	PS.01.01.13	PS.01.01.14.02		
Main Blocks of Financing Sources (FS)	FS Code	FS Code Description	Main Blocks of Financing Agents (FA)	FA Code	FA Code Description	Blood banks (Governmental)	Research institutions (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)		
Public funds	FS.01.01.01	Central government revenue	Public sector FA	FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	0	0	145,162		
				FA.01.01.01.02	Ministry of Education (or equivalent sector entity)	0	0	0		
				FA.01.01.01.06	Ministry of Labour (or equivalent sector entity)	0	0	0		
				FA.01.01.01.07	Ministry of Justice (or equivalent sector entity)	0	0	0		
				FA.01.01.01.09	Prime Minister's or President's office	0	0	0		
	FS.01.01.01	Total central government revenue/Public sector financing agents					0	0	145,162	
FS.01.01.03	Local/municipal government revenue	Public sector FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	0	0	1,000,888			
FS.01	Total expenditure from public source of funding/Public sector financing agents					0	0	1,146,050		
Private Funds	FS.02.02	Households' funds	Private sector FA	FA.02.04	Private households' (out-of-pocket payments)	14,646	0	15,938		
	FS.02	Total expenditure from private source of funding/Private sector financing agents					14,646	0	15,938	
International funds	FS.03.02.02	European Commission	International sector FA	FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	194,781		
	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)		FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0		
	FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria		FA.03.02.10	United Nations Development Programme (UNDP)	1,679,868	32,301	4,819,351		
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	0	0	0		
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	0	0	0		
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.15	United Nations Office on Drugs and Crime (UNODC)	0	0	0		
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0		
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.	0	64,011	34,191		
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	28,455		
	FS.03.02.20	World Health Organization (WHO)		FA.03.02.19	World Health Organization (WHO)	18,522	0	0		
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	0	0	0		
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/Soros Foundation	0	0	0		
	FS.03.03.99	Other International not-for-profit organizations and foundations n.e.c.		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0		
				FA.03.02.99	Other Multilateral entities n.e.c.	0	0	0		
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	101,276		
	FS.03	Total expenditure from international source of funding/International sector financing agents					1,698,390	96,312	5,178,054	
	Grand Total						1,713,036	96,312	6,340,042	

**Annex 1. Financing sources – Financing agents – Providers of services (TJS), Tajikistan NASA 2008 (part 3)**

						PS.01.01.14.03	PS.01.01.14.07	PS.01.01.14.08		
Main Blocks of Financing Sources (FS)	FS Code	FS Code Description	Main Blocks of Financing Agents (FA)	FA Code	FA Code Description	Departments inside the Ministry of Education or equivalent	Departments inside the Ministry of Labour or equivalent	Departments inside the Ministry of Justice or equivalent		
Public funds	FS.01.01.01	Central government revenue	Public sector FA	FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	0	0	0		
				FA.01.01.01.02	Ministry of Education (or equivalent sector entity)	426,475	0	0		
				FA.01.01.01.06	Ministry of Labour (or equivalent sector entity)	0	16,204	0		
				FA.01.01.01.07	Ministry of Justice (or equivalent sector entity)	0	0	52,452		
				FA.01.01.01.09	Prime Minister's or President's office	0	0	0		
	FS.01.01.01	Total central government revenue/Public sector financing agents				426,475	16,204	52,452		
	FS.01.01.03	Local/municipal government revenue	Public sector FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	0	0	0		
FS.01	Total expenditure from public source of funding/Public sector financing agents				426,475	16,204	52,452			
Private Funds	FS.02.02	Households' funds	Private sector FA	FA.02.04	Private households' (out-of-pocket payments)	0	0	0		
	FS.02	Total expenditure from private source of funding/Private sector financing agents				0	0	0		
International funds	FS.03.02.02	European Commission	International sector FA	FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0		
	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)		FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0		
	FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria		FA.03.02.10	United Nations Development Programme (UNDP)	0	248,560	351,050		
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	0	0	0		
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	0	0	0		
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.15	United Nations Office on Drugs and Crime (UNODC)	0	0	0		
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0		
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.	0	0	0		
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0		
				FA.03.02.19	World Health Organization (WHO)	0	0	0		
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	0	0	0		
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/Soros Foundation	0	0	0		
	FS.03.03.99	Other International not-for-profit organizations and foundations n.e.c.		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0		
				FA.03.02.99	Other Multilateral entities n.e.c.	0	0	0		
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0		
	FS.03	Total expenditure from international source of funding/International sector financing agents				0	248,560	351,050		
	Grand Total						426,475	264,764	403,502	

## Annex 1. Financing sources – Financing agents – Providers of services (TJS), Tajikistan NASA 2008 (part 4)

						PS.01.01.14.99	PS 01	PS.02.01.01.15		
Main Blocks of Financing Sources (FS)	FS Code	FS Code Description	Main Blocks of Financing Agents (FA)	FA Code	FA Code Description	Government entities n.e.c.	Public sector providers	Private sector providers: Civil society organizations (Non-profit non faith-based)		
Public funds	FS.01.01.01	Central government revenue	Public sector FA	FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	0	319,519	0		
				FA.01.01.01.02	Ministry of Education (or equivalent sector entity)	0	426,475	0		
				FA.01.01.01.06	Ministry of Labour (or equivalent sector entity)	0	16,204	0		
				FA.01.01.01.07	Ministry of Justice (or equivalent sector entity)	0	52,452	0		
				FA.01.01.01.09	Prime Minister's or President's office	31,036	31,036	0		
	FS.01.01.01	Total central government revenue/Public sector financing agents					31,036	845,686	0	
	FS.01.01.03	Local/municipal government revenue	Public sector FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	0	2,639,451	0		
FS.01	Total expenditure from public source of funding/Public sector financing agents					31,036	3,485,137	0		
Private Funds	FS.02.02	Households' funds	Private sector FA	FA.02.04	Private households' (out-of-pocket payments)	0	30,584	0		
	FS.02	Total expenditure from private source of funding/Private sector financing agents					0	30,584	0	
International funds	FS.03.02.02	European Commission	International sector FA	FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	194,781	618,727		
	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)		FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	580,343		
	FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria		FA.03.02.10	United Nations Development Programme (UNDP)	849,923	8,372,234	460,607		
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	0	0	0		
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	0	195,805	0		
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.15	United Nations Office on Drugs and Crime (UNODC)	0	0	0		
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0		
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.	0	98,202	182,599		
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	28,455	40,586		
				FA.03.02.19	World Health Organization (WHO)	0	18,522	0		
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	0	0	0		
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/Soros Foundation	0	0	646,438		
	FS.03.03.99	Other International not-for-profit organizations and foundations n.e.c.		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0		
				FA.03.02.99	Other Multilateral entities n.e.c.	0	0	230,841		
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	101,276	153,156		
	FS.03	Total expenditure from international source of funding/International sector financing agents					849,923	9,009,275	2,913,297	
	Grand Total						880,959	12,524,996	2,913,297	

**Annex 1. Financing sources – Financing agents – Providers of services (TJS), Tajikistan NASA 2008 (part 5)**

						PS.03.02			
Main Blocks of Financing Sources (FS)	FS Code	FS Code Description	Main Blocks of Financing Agents (FA)	FA Code	FA Code Description	International in country offices: Multilateral agencies	Grand Total		
Public funds	FS.01.01.01	Central government revenue	Public sector FA	FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	0	319,519		
				FA.01.01.01.02	Ministry of Education (or equivalent sector entity)	0	426,475		
				FA.01.01.01.06	Ministry of Labour (or equivalent sector entity)	0	16,204		
				FA.01.01.01.07	Ministry of Justice (or equivalent sector entity)	0	52,452		
				FA.01.01.01.09	Prime Minister's or President's office	0	31,036		
	FS.01.01.01	Total central government revenue/Public sector financing agents					0	845,686	
FS.01.01.03	Local/municipal government revenue	Public sector FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	0	2,639,451			
FS.01	Total expenditure from public source of funding/Public sector financing agents					0	3,485,137		
Private Funds	FS.02.02	Households' funds	Private sector FA	FA.02.04	Private households' (out-of-pocket payments)	0	30,584		
	FS.02	Total expenditure from private source of funding/Private sector financing agents					0	30,584	
International funds	FS.03.02.02	European Commission	International sector FA	FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	813,508		
	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)		FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	580,343		
	FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria		FA.03.02.10	United Nations Development Programme (UNDP)	3,710,109	12,542,950		
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	382,755	382,755		
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	745,849	941,654		
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.15	United Nations Office on Drugs and Crime (UNODC)	116,977	116,977		
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	137,095	137,095		
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.	0	280,801		
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	69,041		
	FS.03.02.20	World Health Organization (WHO)		FA.03.02.19	World Health Organization (WHO)	77,193	95,715		
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	35,879	35,879		
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/Soros Foundation	425,680	1,072,118		
	FS.03.03.99	Other International not-for-profit organizations and foundations n.e.c.		FA.03.02.16	United Nations Population Fund (UNFPA)	41,149	41,149		
				FA.03.02.99	Other Multilateral entities n.e.c.	104,789	335,630		
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	254,432		
	FS.03	Total expenditure from international source of funding/International sector financing agents					5,777,475	17,700,047	
	Grand Total						5,777,475	21,215,768	

**Annex 2.** Financing sources – Financing agents – Beneficiary population (TJS), Tajikistan NASA 2008 (part 1)

						BP.01.01.02	BP.01.98
Main Blocks of Financing Sources (FS)	FS Code	FS Code Description	Main Blocks of Financing Agents (FA)	FA Code	FA Code Description	Adult and young women (15 years and over) living with HIV	People living with HIV not disaggregated by age or gender
Public funds	FS.01.01.01	Central government revenue	Public sector FA	FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	1,674	16,169
				FA.01.01.01.02	Ministry of Education (or equivalent sector entity)	0	0
				FA.01.01.01.06	Ministry of Labour (or equivalent sector entity)	0	0
				FA.01.01.01.07	Ministry of Justice (or equivalent sector entity)	0	3,656
				FA.01.01.01.09	Prime Minister's or President's office	0	0
	FS.01.01.01	Total central government revenue/Public sector financing agents				1,674	19,825
	FS.01.01.03	Local/municipal government revenue	Public sector FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	3,300	112,301
FS.01	Total expenditure from public source of funding/Public sector financing agents				4,974	132,126	
Private Funds	FS.02.02	Households' funds	Private sector FA	FA.02.04	Private households' (out-of-pocket payments)	0	0
	FS.02	Total expenditure from private source of funding/Private sector financing agents				0	0
International funds	FS.03.02.02	European Commission	International sector FA	FA.03.03.99	Other International not-for-profit organizations n.e.c.	2,477	116,780
	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)		FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0
	FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria		FA.03.02.10	United Nations Development Programme (UNDP)	0	445,624
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	0	15,579
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	0	0
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.15	United Nations Office on Drugs and Crime (UNODC)	0	0
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.	0	0
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0
				FA.03.02.19	World Health Organization (WHO)	0	0
	FS.03.02.20	World Health Organization (WHO)		FA.03.02.19	World Health Organization (WHO)	0	0
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	0	0
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/Soros Foundation	0	0
	FS.03.03.99	Other International not-for-profit organizations and foundations n.e.c.		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0
				FA.03.02.99	Other Multilateral entities n.e.c.	0	10,300
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	6,875
	FS.03	Total expenditure from international source of funding/International sector financing agents				2,477	595,158
Grand Total						7,451	727,284

## Annex 2. Financing sources – Financing agents – Beneficiary population (TJS), Tajikistan NASA 2008 (part 2)

Main Blocks of Financing Sources (FS)	FS Code	FS Code Description	Main Blocks of Financing Agents (FA)	FA Code	FA Code Description	BP.01	BP.02.01	BP.02.02.01		
						People living with HIV	Injecting drug users (IDU) and their sexual partners	Female sex workers and their clients		
Public funds	FS.01.01.01	Central government revenue	Public sector FA	FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	17,843	0	0		
				FA.01.01.01.02	Ministry of Education (or equivalent sector entity)	0	0	0		
				FA.01.01.01.06	Ministry of Labour (or equivalent sector entity)	0	0	0		
				FA.01.01.01.07	Ministry of Justice (or equivalent sector entity)	3,656	0	0		
				FA.01.01.01.09	Prime Minister's or President's office	0	0	0		
	FS.01.01.01	Total central government revenue/Public sector financing agents				21,499	0	0		
	FS.01.01.03	Local/municipal government revenue	Public sector FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	115,601	184,052	2,103		
	FS.01	Total expenditure from public source of funding/Public sector financing agents				137,100	184,052	2,103		
Private Funds	FS.02.02	Households' funds	Private sector FA	FA.02.04	Private households' (out-of-pocket payments)	0	0	0		
	FS.02	Total expenditure from private source of funding/Private sector financing agents				0	0	0		
International funds	FS.03.02.02	European Commission	International sector FA	FA.03.03.99	Other International not-for-profit organizations n.e.c.	119,257	77,303	26,321		
	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)		FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0		
	FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria		FA.03.02.10	United Nations Development Programme (UNDP)	445,624	240,606	134,015		
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	15,579	0	0		
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	0	5,129	77,842		
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.15	United Nations Office on Drugs and Crime (UNODC)	0	0	0		
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0		
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.	0	0	36,518		
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0		
				FA.03.02.19	World Health Organization (WHO)	0	0	0		
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	0	0	0		
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/Soros Foundation	0	646,438	0		
	FS.03.03.99	Other International not-for-profit organizations and foundations n.e.c.		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0		
				FA.03.02.99	Other Multilateral entities n.e.c.	10,300	125,841	0		
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	6,875	98,135	0		
	FS.03	Total expenditure from international source of funding/International sector financing agents				597,635	1,193,452	274,696		
	Grand Total						734,735	1,377,504	276,799	

## Annex 2. Financing sources – Financing agents – Beneficiary population (TJS), Tajikistan NASA 2008 (part 3)

Main Blocks of Financing Sources (FS)	FS Code	FS Code Description	Main Blocks of Financing Agents (FA)	FA Code	FA Code Description	BP.02.03	BP.02	BP.03.05	
						Men who have sex with men (MSM)	Most-at-risk population	Migrants/mobile populations	
Public funds	FS.01.01.01	Central government revenue	Public sector FA	FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	0	0	0	
				FA.01.01.01.02	Ministry of Education (or equivalent sector entity)	0	0	0	
				FA.01.01.01.06	Ministry of Labour (or equivalent sector entity)	0	0	0	
				FA.01.01.01.07	Ministry of Justice (or equivalent sector entity)	0	0	0	
				FA.01.01.01.09	Prime Minister's or President's office	0	0	0	
	FS.01.01.01	Total central government revenue/Public sector financing agents				0	0	0	
	FS.01.01.03	Local/municipal government revenue	Public sector FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	0	186,155	0	
	FS.01	Total expenditure from public source of funding/Public sector financing agents				0	186,155	0	
Private Funds	FS.02.02	Households' funds	Private sector FA	FA.02.04	Private households' (out-of-pocket payments)	0	0	0	
	FS.02	Total expenditure from private source of funding/Private sector financing agents				0	0	0	
International funds	FS.03.02.02	European Commission	International sector FA	FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	103,624	0	
	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)		FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0	
	FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria		FA.03.02.10	United Nations Development Programme (UNDP)	7,371	381,992	226,577	
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	0	0	0	
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	0	82,971	0	
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.15	United Nations Office on Drugs and Crime (UNODC)	0	0	0	
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0	
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.	0	36,518	0	
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0	
				FA.03.02.19	World Health Organization (WHO)	0	0	0	
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	0	0	0	
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/Soros Foundation	0	646,438	0	
	FS.03.03.99	Other International not-for-profit organizations and foundations n.e.c.		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0	
				FA.03.02.99	Other Multilateral entities n.e.c.	0	125,841	0	
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	98,135	0	
	FS.03	Total expenditure from international source of funding/International sector financing agents				7,371	1,475,519	226,577	
	Grand Total						7,371	1,661,674	226,577

**Annex 2.** Financing sources – Financing agents – Beneficiary population (TJS), Tajikistan NASA 2008 (*part 4*)

Main Blocks of Financing Sources (FS)	FS Code	FS Code Description	Main Blocks of Financing Agents (FA)	FA Code	FA Code Description	BP.03.07	BP.03.09	BP.03.11	
						Prisoners and other institutionalized persons	Children and youth living in the street	Children and youth out of school	
Public funds	FS.01.01.01	Central government revenue	Public sector FA	FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	0	0	0	
				FA.01.01.01.02	Ministry of Education (or equivalent sector entity)	0	0	0	
				FA.01.01.01.06	Ministry of Labour (or equivalent sector entity)	0	0	0	
				FA.01.01.01.07	Ministry of Justice (or equivalent sector entity)	14,805	0	0	
				FA.01.01.01.09	Prime Minister's or President's office	0	0	87	
	FS.01.01.01	Total central government revenue/Public sector financing agents				14,805	0	87	
	FS.01.01.03	Local/municipal government revenue	Public sector FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	0	0	0	
	FS.01	Total expenditure from public source of funding/Public sector financing agents				14,805	0	87	
Private Funds	FS.02.02	Households' funds	Private sector FA	FA.02.04	Private households' (out-of-pocket payments)	0	0	0	
	FS.02	Total expenditure from private source of funding/Private sector financing agents				0	0	0	
International funds	FS.03.02.02	European Commission	International sector FA	FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	24,941	18,796	
	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)		FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0	
	FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria		FA.03.02.10	United Nations Development Programme (UNDP)	222,701	0	48,688	
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	0	0	0	
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	0	6,838	0	
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.15	United Nations Office on Drugs and Crime (UNODC)	0	0	0	
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0	
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.	0	0	10,459	
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0	
				FA.03.02.19	World Health Organization (WHO)	0	0	0	
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	0	0	0	
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/Soros Foundation	0	0	0	
	FS.03.03.99	Other International not-for-profit organizations and foundations n.e.c.		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0	
				FA.03.02.99	Other Multilateral entities n.e.c.	0	0	0	
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0	
	FS.03	Total expenditure from international source of funding/International sector financing agents				222,701	31,779	77,943	
	Grand Total						237,506	31,779	78,030



## Annex 2. Financing sources – Financing agents – Beneficiary population (TJS), Tajikistan NASA 2008 (part 5)

						BP.03.14	BP.03.98	BP.03		
Main Blocks of Financing Sources (FS)	FS Code	FS Code Description	Main Blocks of Financing Agents (FA)	FA Code	FA Code Description	Recipients of blood or blood products	Other key populations not disaggregated by type	Other key population		
Public funds	FS.01.01.01	Central government revenue	Public sector FA	FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	592	0	592		
				FA.01.01.01.02	Ministry of Education (or equivalent sector entity)	0	0	0		
				FA.01.01.01.06	Ministry of Labour (or equivalent sector entity)	0	16,204	16,204		
				FA.01.01.01.07	Ministry of Justice (or equivalent sector entity)	0	0	14,805		
				FA.01.01.01.09	Prime Minister's or President's office	0	114	201		
	FS.01.01.01	Total central government revenue/Public sector financing agents					592	16,318	31,802	
	FS.01.01.03	Local/municipal government revenue	Public sector FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	916	10,419	11,335		
	FS.01	Total expenditure from public source of funding/Public sector financing agents					1,508	26,737	43,137	
Private Funds	FS.02.02	Households' funds	Private sector FA	FA.02.04	Private households' (out-of-pocket payments)	14,646	0	14,646		
	FS.02	Total expenditure from private source of funding/Private sector financing agents					14,646	0	14,646	
International funds	FS.03.02.02	European Commission	International sector FA	FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	150,393	194,130		
	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)		FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	42,459	42,459		
	FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria		FA.03.02.10	United Nations Development Programme (UNDP)	607,088	2,552,714	3,657,768		
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	0	0	0		
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	0	17,096	23,934		
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.15	United Nations Office on Drugs and Crime (UNODC)	0	0	0		
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0		
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.	0	7,037	17,496		
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0		
				FA.03.02.19	World Health Organization (WHO)	18,522	0	18,522		
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	0	0	0		
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/Soros Foundation	0	0	0		
	FS.03.03.99	Other International not-for-profit organizations and foundations n.e.c.		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0		
				FA.03.02.99	Other Multilateral entities n.e.c.	0	0	0		
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0		
	FS.03	Total expenditure from international source of funding/International sector financing agents					625,610	2,769,699	3,954,309	
	Grand Total						641,764	2,796,436	4,012,092	

## Annex 2. Financing sources – Financing agents – Beneficiary population (TJS), Tajikistan NASA 2008 (part 6)

Main Blocks of Financing Sources (FS)	FS Code	FS Code Description	Main Blocks of Financing Agents (FA)	FA Code	FA Code Description	BP.04.01	BP.04.03	BP.04.05	
						People attending STI clinics	Junior high/high school students	Health care workers	
Public funds	FS.01.01.01	Central government revenue	Public sector FA	FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	51,687	0	0	
				FA.01.01.01.02	Ministry of Education (or equivalent sector entity)	0	426,475	0	
				FA.01.01.01.06	Ministry of Labour (or equivalent sector entity)	0	0	0	
				FA.01.01.01.07	Ministry of Justice (or equivalent sector entity)	0	0	0	
				FA.01.01.01.09	Prime Minister's or President's office	0	2,935	0	
	FS.01.01.01	Total central government revenue/Public sector financing agents				51,687	429,410	0	
	FS.01.01.03	Local/municipal government revenue	Public sector FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	518,130	0	560	
	FS.01	Total expenditure from public source of funding/Public sector financing agents				569,817	429,410	560	
Private Funds	FS.02.02	Households' funds	Private sector FA	FA.02.04	Private households' (out-of-pocket payments)	0	0	0	
	FS.02	Total expenditure from private source of funding/Private sector financing agents				0	0	0	
International funds	FS.03.02.02	European Commission	International sector FA	FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	2,090	0	
	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)		FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0	
	FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria		FA.03.02.10	United Nations Development Programme (UNDP)	0	0	10,191	
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	0	0	0	
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	10,258	222,248	0	
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.15	United Nations Office on Drugs and Crime (UNODC)	0	0	0	
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0	
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.	0	10,463	0	
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	16,956	0	
				FA.03.02.19	World Health Organization (WHO)	0	0	0	
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	0	0	0	
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/Soros Foundation	0	0	0	
	FS.03.03.99	Other International not-for-profit organizations and foundations n.e.c.		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0	
				FA.03.02.99	Other Multilateral entities n.e.c.	0	0	0	
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0	
	FS.03	Total expenditure from international source of funding/International sector financing agents				10,258	251,757	10,191	
	Grand Total						580,075	681,167	10,751

## Annex 2. Financing sources – Financing agents – Beneficiary population (TJS), Tajikistan NASA 2008 (part 7)

Main Blocks of Financing Sources (FS)	FS Code	FS Code Description	Main Blocks of Financing Agents (FA)	FA Code	FA Code Description	BP.04.08	BP.04.98	BP.04	
						Police and other uniformed services (other than the military)	Specific "accessible" populations not disaggregated by type	Specific "accessible" populations	
Public funds	FS.01.01.01	Central government revenue	Public sector FA	FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	0	0	51,687	
				FA.01.01.01.02	Ministry of Education (or equivalent sector entity)	0	0	426,475	
				FA.01.01.01.06	Ministry of Labour (or equivalent sector entity)	0	0	0	
				FA.01.01.01.07	Ministry of Justice (or equivalent sector entity)	0	0	0	
				FA.01.01.01.09	Prime Minister's or President's office	0	0	2,935	
	FS.01.01.01	Total central government revenue/Public sector financing agents				0	0	481,097	
	FS.01.01.03	Local/municipal government revenue	Public sector FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	0	76,494	595,184	
	FS.01	Total expenditure from public source of funding/Public sector financing agents				0	76,494	1,076,281	
Private Funds	FS.02.02	Households' funds	Private sector FA	FA.02.04	Private households' (out-of-pocket payments)	0	10,087	10,087	
	FS.02	Total expenditure from private source of funding/Private sector financing agents				0	10,087	10,087	
International funds	FS.03.02.02	European Commission	International sector FA	FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	2,090	
	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)		FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0	
	FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria		FA.03.02.10	United Nations Development Programme (UNDP)	0	2,219,968	2,230,159	
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	0	0	0	
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	0	0	232,506	
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.15	United Nations Office on Drugs and Crime (UNODC)	0	0	0	
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0	
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.	4,763	0	15,226	
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	16,956	
	FS.03.02.20	World Health Organization (WHO)		FA.03.02.19	World Health Organization (WHO)	0	0	0	
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	0	0	0	
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/Soros Foundation	0	0	0	
	FS.03.03.99	Other International not-for-profit organizations and foundations n.e.c.		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0	
				FA.03.02.99	Other Multilateral entities n.e.c.	0	0	0	
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	18,904	18,904	
	FS.03	Total expenditure from international source of funding/International sector financing agents				4,763	2,238,872	2,515,841	
Grand Total						4,763	2,325,453	3,602,209	

**Annex 2.** Financing sources – Financing agents – Beneficiary population (TJS), Tajikistan NASA 2008 (part 8)

Main Blocks of Financing Sources (FS)	FS Code	FS Code Description	Main Blocks of Financing Agents (FA)	FA Code	FA Code Description	BP.05.01.02	BP.05.03.98	BP.05.98
						Female adult population	Youth (age 15 to 24 years) not disaggregated by gender	General population not disaggregated by age or gender.
Public funds	FS.01.01.01	Central government revenue	Public sector FA	FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	989	0	80,335
				FA.01.01.01.02	Ministry of Education (or equivalent sector entity)	0	0	0
				FA.01.01.01.06	Ministry of Labour (or equivalent sector entity)	0	0	0
				FA.01.01.01.07	Ministry of Justice (or equivalent sector entity)	0	0	0
				FA.01.01.01.09	Prime Minister's or President's office	15,334	0	0
	FS.01.01.01	Total central government revenue/Public sector financing agents			16,323	0	80,335	
	FS.01.01.03	Local/municipal government revenue	Public sector FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	481,725	820	481,345
FS.01	Total expenditure from public source of funding/Public sector financing agents					498,048	820	561,680
Private Funds	FS.02.02	Households' funds	Private sector FA	FA.02.04	Private households' (out-of-pocket payments)	0	0	0
	FS.02	Total expenditure from private source of funding/Private sector financing agents					0	0
International funds	FS.03.02.02	European Commission	International sector FA	FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	28,875
	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)		FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0
	FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria		FA.03.02.10	United Nations Development Programme (UNDP)	0	0	61,429
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	0	0	126,025
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	85,480	0	0
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.15	United Nations Office on Drugs and Crime (UNODC)	0	0	0
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	0	137,095	0
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.	0	0	59,196
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	4,103
	FS.03.02.20	World Health Organization (WHO)		FA.03.02.19	World Health Organization (WHO)	0	0	7,717
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	0	0	35,879
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/Soros Foundation	0	0	0
	FS.03.03.99	Other International not-for-profit organizations and foundations n.e.c.		FA.03.02.16	United Nations Population Fund (UNFPA)	0	41,149	0
				FA.03.02.99	Other Multilateral entities n.e.c.	0	0	0
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	5,780
FS.03	Total expenditure from international source of funding/International sector financing agents					85,480	178,244	329,004
Grand Total						583,528	179,064	890,684

## Annex 2. Financing sources – Financing agents – Beneficiary population (TJS), Tajikistan NASA 2008 (part 9)

Main Blocks of Financing Sources (FS)	FS Code	FS Code Description	Main Blocks of Financing Agents (FA)	FA Code	FA Code Description	BP.05	BP.06	Grand Total	
						General popula- tion	Non-targeted interventions		
Public funds	FS.01.01.01	Central government revenue	Public sector FA	FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	81,324	168,073	319,519	
				FA.01.01.01.02	Ministry of Education (or equivalent sector entity)	0	0	426,475	
				FA.01.01.01.06	Ministry of Labour (or equivalent sector entity)	0	0	16,204	
				FA.01.01.01.07	Ministry of Justice (or equivalent sector entity)	0	33,991	52,452	
				FA.01.01.01.09	Prime Minister's or President's office	15,334	12,566	31,036	
	FS.01.01.01	Total central government revenue/Public sector financing agents					96,658	214,630	845,686
	FS.01.01.03	Local/municipal government revenue	Public sector FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	963,890	767,286	2,639,451	
	FS.01	Total expenditure from public source of funding/Public sector financing agents					1,060,548	981,916	3,485,137
Private Funds	FS.02.02	Households' funds	Private sector FA	FA.02.04	Private households' (out-of-pocket payments)	0	5,851	30,584	
	FS.02	Total expenditure from private source of funding/Private sector financing agents					0	5,851	30,584
International funds	FS.03.02.02	European Commission	International sector FA	FA.03.03.99	Other International not-for-profit organizations n.e.c.	28,875	365,532	813,508	
	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)		FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	537,884	580,343	
	FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria		FA.03.02.10	United Nations Development Programme (UNDP)	61,429	5,765,978	12,542,950	
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	126,025	241,151	382,755	
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	85,480	516,763	941,654	
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.15	United Nations Office on Drugs and Crime (UNODC)	0	116,977	116,977	
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	137,095	0	137,095	
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.	59,196	152,365	280,801	
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	4,103	47,982	69,041	
	FS.03.02.20	World Health Organization (WHO)		FA.03.02.19	World Health Organization (WHO)	7,717	69,476	95,715	
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	35,879	0	35,879	
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/Soros Foundation	0	425,680	1,072,118	
	FS.03.03.99	Other International not-for-profit organizations and foundations n.e.c.		FA.03.02.16	United Nations Population Fund (UNFPA)	41,149	0	41,149	
				FA.03.02.99	Other Multilateral entities n.e.c.	0	199,489	335,630	
				FA.03.03.99	Other International not-for-profit organizations n.e.c.	5,780	124,738	254,432	
	FS.03	Total expenditure from international source of funding/International sector financing agents					592,728	8,564,015	17,700,047
Grand Total						1,653,276	9,551,782	21,215,768	

**Annex 3.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (part 1)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.01.01.01 Central government revenue							Total
			PS.01.01.01	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.03	PS.01.01.14.07	PS.01.01.14.08	PS.01.01.14.99	
			Hospitals (Governmental)	Ambulatory care (Governmental)	Departments inside the Min- istry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Education or equivalent	Departments inside the Min- istry of Labour or equivalent	Departments inside the Min- istry of Justice or equivalent	Government entities n.e.c.	
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	4,400	0	3,615	0	0	0	0	8,015
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	56,489	4,167	11,664	0	0	0	0	72,320
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	16,204	5,400	114	21,718
	ASC.01.05	Prevention – youth in school	0	0	0	426,475	0	0	2,935	429,410
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	0	87	87
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0	0
	ASC.01.11.98	Programmatic interventions in the workplace not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	42,272	9,415	0	0	0	9,405	0	61,092
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	1,674	0	0	0	0	0	0	1,674
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	989	0	0	0	0	989
	ASC.01.19	Blood safety	592	0	0	0	0	0	0	592
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	105,427	13,582	16,268	426,475	16,204	14,805	3,136	595,897

## Annex 3. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (part 2)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.01.01.03 Local/municipal government revenue					FS.01 Public Funds - Total	FS.02.02 Households' funds		FS.02 Households' funds - Total
			PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.14.02	Total		PS.01.01.06	PS.01.01.14.02	
			Hospitals (Govern- mental)	Ambula- tory care (Govern- mental)	Mental health and substance abuse facilities (Governmen- tal)	Departments inside the Min- istry of Health or equivalent (including NAPs/NACPs)	Local/ municipal govern- ment revenue		Blood banks (Governmen- tal)	Departments inside the Min- istry of Health or equivalent (including NAPs/NACPs)	
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	5,508	132,348	0	109,992	247,848	255,863	0	0	0
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	0	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	213,982	0	19,515	233,497	305,817	0	10,087	10,087
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggre- gated by type	0	1,602	0	12,371	13,973	35,691	0	0	0
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	429,410	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	820	0	0	820	907	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	1,388	0	715	2,103	2,103	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	1,360	0	0	1,360	1,360	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	4,594	87,612	63,591	2,295	158,092	158,092	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	24,600	0	24,600	24,600	0	0	0
	ASC.01.11.98	Programmatic interventions in the work- place not disaggregated by type	0	560	0	0	560	560	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	518,130	0	0	518,130	579,222	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT pro- grammes	3,300	0	0	0	3,300	4,974	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	420,468	0	61,257	481,725	482,714	0	0	0
	ASC.01.19	Blood safety	0	916	0	0	916	1,508	14,646	0	14,646
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	13,402	1,379,186	88,191	206,145	1,686,924	2,282,821	14,646	10,087	24,733

**Annex 3.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (part 3)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.02.02 European Commission			FS.03.02.06 Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)	FS.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria			
			PS.01.01.14.02	PS.02.01.01.15	Total	PS.02.01.01.15	PS.01.01.02	PS.01.01.06	PS.01.01.13	PS.01.01.14.02
			Departments inside the Ministry of Health or equivalent (including. NAPs/NACPs)	Civil society organizations (Non-profit non faith-based)	European Commission	Civil society organizations (Non-profit non faith-based)	Ambulatory care (Governmental)	Blood banks (Governmental)	Research institutions (Governmental)	Departments inside the Ministry of Health or equivalent (including. NAPs/NACPs)
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0	0	3,088
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	0	0	52,131
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	6,673	143,720	150,393	42,459	283,232	0	0	562,396
	ASC.01.05	Prevention – youth in school	0	2,090	2,090	0	0	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	43,737	43,737	0	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	19,715	1,630	21,345	0	0	0	0	101,789
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	26,321	26,321	0	0	0	0	104,937
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0	0	73,497
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	77,303	77,303	0	0	0	0	15,814
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0	0
	ASC.01.11.98	Programmatic interventions in the workplace not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	2,477	0	2,477	0	0	0	0	0
	ASC.01.19	Blood safety	0	0	0	0	0	607,088	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	28,875	28,875	0	0	0	0	0
	ASC.01	Total expenditure on prevention	28,865	323,676	352,541	42,459	283,232	607,088	0	913,652



## Annex 3. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (part 4)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria					FS.03.02.08 UN-AIDS Secretariat	
			PS.01.01.14.07	PS.01.01.14.08	PS.01.01.14.99	PS.02.01.01.15	PS.03.02	Total	PS.03.02
			Departments inside the Ministry of Labour or equivalent	Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	Multilateral agencies	The Global Fund to Fight AIDS, Tuberculosis and Malaria	Multilateral agencies
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	3,088	0
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0	72,276
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	52,131	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	223,648	222,701	715,203	77,913	2,178,871	4,263,964	0
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	0	0	48,688	0	48,688	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	160,548	0	262,337	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	29,078	0	134,015	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	7,371	0	7,371	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	58,494	3,520	135,511	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	39,680	49,601	105,095	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0
	ASC.01.11.98	Programmatic interventions in the workplace not disaggregated by type	0	0	0	0	10,191	10,191	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.01.19	Blood safety	0	0	0	0	0	607,088	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	223,648	222,701	715,203	421,772	2,242,183	5,629,479	72,276

**Annex 3.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (part 5)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.02.09 United Nations Children's Fund (UNICEF)			FS.03.02.16 United Nations Office on Drugs and Crime (UNODC)	FS.03.02.17 United Nations Population Fund (UNFPA)
			PS.01.01.02	PS.03.02	Total	PS.03.02	PS.03.02
			Ambulatory care (Governmental)	Multilateral agencies	United Nations Children's Fund (UNICEF)	Multilateral agencies	Multilateral agencies
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	17,096	0	17,096	0	0
	ASC.01.05	Prevention – youth in school	0	222,248	222,248	0	137,095
	ASC.01.06	Prevention – youth out-of-school	0	6,838	6,838	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	77,842	0	77,842	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	5,129	0	5,129	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0
	ASC.01.11.98	Programmatic interventions in the workplace not disaggregated by type	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	10,258	0	10,258	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	85,480	0	85,480	0	0
	ASC.01.19	Blood safety	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0
	ASC.01	Total expenditure on prevention	195,805	229,086	424,891	0	137,095

## Annex 3. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (part 6)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.02.20 World Health Organization (WHO)			FS.03.03.03 Aga Khan Foundation	FS.03.03.29 The Open Society Institute/Soros Foundation		
			PS.01.01.06	PS.03.02	Total	PS.03.02	PS.02.01.01.15	PS.03.02	Total
			Blood banks (Governmental)	Multilateral agencies	World Health Organization (WHO)	Multilateral agencies	Civil society organizations (Non-profit non faith-based)	Multilateral agencies	The Open Society Institute/Soros Foundation
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0	0
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	0	0	0	7,617	7,617
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	646,438	0	646,438
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0
	ASC.01.11.98	Programmatic interventions in the workplace not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.01.19	Blood safety	18,522	0	18,522	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	18,522	0	18,522	0	646,438	7,617	654,055

**Annex 3.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (part 7)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.03.99 Other International not-for-profit organizations and foundations n.e.c.				FS.03 International Funds - Total	Grand Total
			PS.01.01.14.02	PS.02.01.01.15	PS.03.02	Total		
			Departments inside the Ministry of Health or equivalent (including. NAPs/ NACPs)	Civil society organi- zations (Non-profit non faith-based)	Multilateral agen- cies	Other International not-for-profit organi- zations and founda- tions n.e.c.		
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	3,088	258,951
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	0	0	63,565	63,565
	ASC.01.02	Community mobilization	0	0	0	0	79,627	79,627
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	52,131	368,035
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	18,904	0	0	18,904	4,504,616	4,540,307
	ASC.01.05	Prevention – youth in school	0	0	41,149	41,149	430,001	859,411
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	109,722	110,629
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	283,682	283,682
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	274,696	276,799
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	7,371	7,371
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	35,971	0	35,971	817,920	819,280
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	188,005	0	188,005	375,532	533,624
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	24,600
	ASC.01.11.98	Programmatic interventions in the work-place not disaggregated by type	0	0	0	0	10,191	10,751
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	10,258	589,480
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	4,974
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	87,957	570,671
	ASC.01.19	Blood safety	0	0	0	0	625,610	641,764
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	28,875	28,875
	ASC.01	Total expenditure on prevention	18,904	223,976	41,149	284,029	7,764,842	10,072,396

## Annex 3. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (part 8)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.01.01.01 Central government revenue							Total
			PS.01.01.01	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.03	PS.01.01.14.07	PS.01.01.14.08	PS.01.01.14.99	
			Hospitals (Governmental)	Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Education or equivalent	Departments inside the Ministry of Labour or equivalent	Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.	
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	3,786	0	0	0	0	0	3,786
	ASC.02.01.02.02	OI outpatient treatment	0	1,698	0	0	0	0	0	1,698
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	6,190	0	0	3,656	0	9,846
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0	0
	ASC.02.01.08	Outpatient palliative care	0	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	2,095	0	0	0	0	0	0	2,095
	ASC.02.03	Patient transport and emergency rescue	2,400	0	0	0	0	0	0	2,400
	ASC.02	Total expenditure on care and treatment	4,495	5,484	6,190	0	0	3,656	0	19,825
Programme management and administration	ASC.04.01	Planning, coordination and programme management	37,234	6,073	101	0	0	33,991	0	77,399
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	119,199	0	0	0	3,800	122,999
	ASC.04.03	Monitoring and evaluation	0	0	3,404	0	0	0	8,766	12,170
	ASC.04.04	Operations research	0	0	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	2,062	0	0	0	0	0	0	2,062
	ASC.04.08	Information technology	0	0	0	0	0	0	0	0
	ASC.04.09	Patient tracking	0	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	39,296	6,073	122,704	0	0	33,991	12,566	214,630

**Annex 3.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (part 9)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.01.01.03 Local/municipal government revenue					FS.01 Public Funds - Total	FS.02.02 Households' funds	
			PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.14.02	Total		PS.01.01.06	PS.01.01.14.02
			Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Local/municipal government revenue		Blood banks (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	2,425	0	30,819	33,244	33,244	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	7,945	0	17,859	25,804	29,590	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	2,160	0	0	2,160	3,858	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	64,559	64,559	74,405	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	1,300	1,300	1,300	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	18,478	18,478	18,478	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0	0
	ASC.02.01.08	Outpatient palliative care	0	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	2,095	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	2,400	0	0
	ASC.02	Total expenditure on care and treatment	0	12,530	0	133,015	145,545	165,370	0	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	7,483	114,748	374	320,920	443,525	520,924	0	5,851
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	92	0	0	92	123,091	0	0
	ASC.04.03	Monitoring and evaluation	0	0	0	5,166	5,166	17,336	0	0
	ASC.04.04	Operations research	0	0	0	13,636	13,636	13,636	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	261,354	261,354	263,416	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0	0
	ASC.04.09	Patient tracking	0	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	3,150	0	2,000	5,150	5,150	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	19,057	19,057	19,057	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	2,891	0	36,805	39,696	39,696	0	0
	ASC.04	Total expenditure on programme management and administration	7,483	120,881	374	658,938	787,676	1,002,306	0	5,851

## Annex 3. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (part 10)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.02 Households' funds - Total	FS.03.02.02 European Commission		FS.03.02.06 Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)	
				PS.01.01.14.02	PS.02.01.01.15	Total	PS.02.01.01.15
				Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Civil society organizations (Non-profit non faith-based)	European Commission	Civil society organizations (Non-profit non faith-based)
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	16,089	0	16,089	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	4,418	0	4,418	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	2,744	2,744	0
	ASC.02.01.08	Outpatient palliative care	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	62,983	0	62,983	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	83,490	2,744	86,234	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	5,851	74,960	75,861	150,821	473,510
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	6,556	208,155	214,711	64,374
	ASC.04.03	Monitoring and evaluation	0	0	0	0	0
	ASC.04.04	Operations research	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0
	ASC.04.09	Patient tracking	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	5,851	81,516	284,016	365,532	537,884

**Annex 3.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (*part 11*)

FS.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria									
Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	PS.01.01.02	PS.01.01.06	PS.01.01.13	PS.01.01.14.02	PS.01.01.14.07	PS.01.01.14.08	PS.01.01.14.99
			Ambulatory care (Governmental)	Blood banks (Governmental)	Research institu- tions (Govern- mental)	Departments inside the Min- istry of Health or equivalent (including NAPs/ NACPs)	Departments inside the Minis- try of Labour or equivalent	Departments inside the Minis- try of Justice or equivalent	Government entities n.e.c.
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	957,996	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	114,718	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	61,107	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0
	ASC.02.01.08	Outpatient palliative care	0	0	0	7,462	0	0	0
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infec- tions (OI)	0	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	1,141,283	0	0	0
Programme management and adminis- tration	ASC.04.01	Planning, coordination and programme management	30,026	0	0	95,756	0	9,506	91,682
	ASC.04.02	Administration and transaction costs associ- ated with managing and disbursing funds	7,454	2,429	21	64,646	7,170	1,921	5,206
	ASC.04.03	Monitoring and evaluation	11,128	0	0	88,043	15,718	3,642	31,622
	ASC.04.04	Operations research	0	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	239,009	0	25,943	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0
	ASC.04.09	Patient tracking	0	0	0	12,860	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	58,403	1,070,351	0	1,924,274	0	19,875	0
	ASC.04.10.98	Upgrading and construction of infrastruc- ture not disaggregated by intervention	0	0	0	95,681	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme manage- ment and administration	107,011	1,072,780	21	2,520,269	22,888	60,887	128,510



## Annex 3. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (part 12)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria			FS.03.02.08 UN-AIDS Secretariat	FS.03.02.09 United Nations Children's Fund (UNICEF)		
			PS.02.01.01.15	PS.03.02	Total	PS.03.02	PS.01.01.02	PS.03.02	Total
			Civil society organizations (Non-profit non faith-based)	Multilateral agencies	The Global Fund to Fight AIDS, Tuberculosis and Malaria	Multilateral agencies	Ambulatory care (Governmental)	Multilateral agencies	United Nations Children's Fund (UNICEF)
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	957,996	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	114,718	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	61,107	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0
	ASC.02.01.08	Outpatient palliative care	0	0	7,462	0	0	0	0
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	1,141,283	0	0	0	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	927,188	1,154,158	94,739	0	229,551	229,551
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	1,576	289,545	379,968	0	0	0	0
	ASC.04.03	Monitoring and evaluation	2,313	116,034	268,500	17,516	0	92,318	92,318
	ASC.04.04	Operations research	0	934	934	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	264,952	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0
	ASC.04.09	Patient tracking	0	0	12,860	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	79,732	3,152,635	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	95,681	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	3,889	1,413,433	5,329,688	112,255	0	321,869	321,869

**Annex 3.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (part 13)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.02.16 United Nations Office on Drugs and Crime (UNODC)	FS.03.02.17 United Nations Population Fund (UNFPA)	FS.03.02.18 World Bank (WB)			
			PS.03.02	PS.03.02	PS.01.01.13	PS.01.01.14.02	PS.02.01.01.15	Total
			Multilateral agen- cies	Multilateral agen- cies	Research institutions (Governmental)	Departments inside the Ministry of Health or equivalent (including. NAPs/ NACPs)	Civil society organi- zations (Non-profit non faith-based)	World Bank (WB)
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0
	ASC.02.01.08	Outpatient palliative care	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infec- tions (OI)	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	0	0	0
Programme management and adminis- tration	ASC.04.01	Planning, coordination and programme management	0	0	0	12,309	34,230	46,539
	ASC.04.02	Administration and transaction costs associ- ated with managing and disbursing funds	0	0	0	0	0	0
	ASC.04.03	Monitoring and evaluation	4,952	0	0	0	0	0
	ASC.04.04	Operations research	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	28,455	0	28,455
	ASC.04.08	Information technology	1,179	0	0	0	0	0
	ASC.04.09	Patient tracking	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastruc- ture not disaggregated by intervention	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0
	ASC.04	Total expenditure on programme manage- ment and administration	6,131	0	0	40,764	34,230	74,994

## Annex 3. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (part 14)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.02.20 World Health Organization (WHO)			FS.03.03.03 Aga Khan Foundation	FS.03.03.29 The Open Society Institute/Soros Foundation		
			PS.01.01.06	PS.03.02	Total	PS.03.02	PS.02.01.01.15	PS.03.02	Total
			Blood banks (Governmental)	Multilateral agencies	World Health Organization (WHO)	Multilateral agencies	Civil society organizations (Non-profit non faith-based)	Multilateral agencies	The Open Society Institute/Soros Foundation
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0
	ASC.02.01.08	Outpatient palliative care	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	0	0	0	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	0	0	0	0	0	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	45,276	45,276	0	0	108,114	108,114
	ASC.04.03	Monitoring and evaluation	0	24,200	24,200	0	0	27,174	27,174
	ASC.04.04	Operations research	0	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0
	ASC.04.09	Patient tracking	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	0	69,476	69,476	0	0	135,288	135,288

**Annex 3.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (*part 15*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.03.99 Other International not-for-profit organizations and foundations n.e.c.				FS.03 International Funds - Total	Grand Total
			PS.01.01.14.02	PS.02.01.01.15	PS.03.02	Total		
			Departments inside the Ministry of Health or equivalent (including. NAPs/ NACPs)	Civil society organi- zations (Non-profit non faith-based)	Multilateral agen- cies	Other International not-for-profit organi- zations and founda- tions n.e.c.		
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	957,996	<b>991,240</b>
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	16,089	<b>45,679</b>
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	<b>3,858</b>
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	114,718	<b>189,123</b>
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	4,418	<b>5,718</b>
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	61,107	<b>79,585</b>
	ASC.02.01.07	Psychological treatment and support services	0	3,296	0	3,296	6,040	<b>6,040</b>
	ASC.02.01.08	Outpatient palliative care	0	0	0	0	7,462	<b>7,462</b>
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	62,983	<b>62,983</b>
	ASC.02.02.01	Inpatient treatment of opportunistic infec- tions (OI)	0	0	0	0	0	<b>2,095</b>
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	<b>2,400</b>
	ASC.02	Total expenditure on care and treatment	0	3,296	0	3,296	1,230,813	<b>1,396,183</b>
Programme management and adminis- tration	ASC.04.01	Planning, coordination and programme management	0	36,355	6,091	42,446	2,191,764	<b>2,718,539</b>
	ASC.04.02	Administration and transaction costs associ- ated with managing and disbursing funds	76,592	106,491	18,304	201,387	1,013,830	<b>1,136,921</b>
	ASC.04.03	Monitoring and evaluation	0	0	19,371	19,371	454,031	<b>471,367</b>
	ASC.04.04	Operations research	0	0	0	0	934	<b>14,570</b>
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	293,407	<b>556,823</b>
	ASC.04.08	Information technology	0	0	0	0	1,179	<b>1,179</b>
	ASC.04.09	Patient tracking	0	0	0	0	12,860	<b>12,860</b>
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	3,152,635	<b>3,157,785</b>
	ASC.04.10.98	Upgrading and construction of infrastruc- ture not disaggregated by intervention	0	0	0	0	95,681	<b>114,738</b>
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	<b>39,696</b>
	ASC.04	Total expenditure on programme manage- ment and administration	76,592	142,846	43,766	263,204	7,216,321	<b>8,224,478</b>

## Annex 3. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (part 16)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.01.01.01 Central government revenue							Total
			PS.01.01.01	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.03	PS.01.01.14.07	PS.01.01.14.08	PS.01.01.14.99	
			Hospitals (Governmental)	Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Education or equivalent	Departments inside the Ministry of Labour or equivalent	Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.	
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0	0	0
	ASC.05.03	Training	0	0	0	0	0	0	0	0
	ASC.05	Total expenditure on human resources	0	0	0	0	0	0	0	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	15,334	15,334
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	0	15,334	15,334
Research	ASC.08.04.01	Behavioural research	0	0	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0	0	0
Grand Total			149,218	25,139	145,162	426,475	16,204	52,452	31,036	845,686

**Annex 3.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (*part 17*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.01.01.03 Local/municipal government revenue					FS.01 Public Funds - Total	FS.02.02 Households' funds	
			PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.14.02	Total		PS.01.01.06	PS.01.01.14.02
			Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Local/municipal government revenue		Blood banks (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	16,516	0	2,790	19,306	19,306	0	0
	ASC.05.03	Training	0	0	0	0	0	0	0	0
	ASC.05	Total expenditure on human resources	0	16,516	0	2,790	19,306	19,306	0	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	15,334	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	15,334	0	0
Research	ASC.08.04.01	Behavioural research	0	0	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0	0	0
Grand Total			20,885	1,529,113	88,565	1,000,888	2,639,451	3,485,137	14,646	15,938

## Annex 3. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (part 18)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.02 Households' funds - Total	FS.03.02.02 European Commission			FS.03.02.06 Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)	FS.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria	
				PS.01.01.14.02	PS.02.01.01.15	Total	PS.02.01.01.15	PS.01.01.02	PS.01.01.06
				Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Civil society organizations (Non-profit non faith-based)	European Commission	Civil society organizations (Non-profit non faith-based)	Ambulatory care (Governmental)	Blood banks (Governmental)
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0	0
	ASC.05.03	Training	0	0	0	0	0	938	0
	ASC.05	Total expenditure on human resources	0	0	0	0	0	938	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	7,334	7,334	0	0	0
	ASC.06.03	Social protection through provision of social services	0	910	607	1,517	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	910	7,941	8,851	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	350	350	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	350	350	0	0	0
Research	ASC.08.04.01	Behavioural research	0	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0	0
Grand Total			30,584	194,781	618,727	813,508	580,343	391,181	1,679,868

**Annex 3.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (*part 19*)

FS.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria										
Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	PS.01.01.13	PS.01.01.14.02	PS.01.01.14.07	PS.01.01.14.08	PS.01.01.14.99	PS.02.01.01.15	PS.03.02	Total
			Research institutions (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Labour or equivalent	Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	Multilateral agencies	The Global Fund to Fight AIDS, Tuberculosis and Malaria
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	81,790	0	0	0	0	0	81,790
	ASC.05.03	Training	0	162,212	2,024	67,462	0	34,946	54,493	322,075
	ASC.05	Total expenditure on human resources	0	244,002	2,024	67,462	0	34,946	54,493	403,865
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	6,210	0	0	6,210
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	6,210	0	0	6,210
Research	ASC.08.04.01	Behavioural research	32,280	145	0	0	0	0	0	32,425
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	32,280	145	0	0	0	0	0	32,425
<b>Grand Total</b>			<b>32,301</b>	<b>4,819,351</b>	<b>248,560</b>	<b>351,050</b>	<b>849,923</b>	<b>460,607</b>	<b>3,710,109</b>	<b>12,542,950</b>



## Annex 3. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (part 20)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.02.08 UNAIDS Secretariat	FS.03.02.09 United Nations Children's Fund (UNICEF)			FS.03.02.16 United Nations Office on Drugs and Crime (UNODC)	FS.03.02.17 United Nations Population Fund (UNFPA)
			PS.03.02	PS.01.01.02	PS.03.02	Total	PS.03.02	PS.03.02
			Multilateral agencies	Ambulatory care (Governmental)	Multilateral agencies	United Nations Children's Fund (UNICEF)	Multilateral agencies	Multilateral agencies
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0
	ASC.05.03	Training	128,896	0	109,414	109,414	110,846	0
	ASC.05	Total expenditure on human resources	128,896	0	109,414	109,414	110,846	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	53,749	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	15,579	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	69,328	0	0	0	0	0
Research	ASC.08.04.01	Behavioural research	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	85,480	85,480	0	0
	ASC.08	Total expenditure on research	0	0	85,480	85,480	0	0
Grand Total			382,755	195,805	745,849	941,654	116,977	137,095

**Annex 3.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (part 21)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.02.18 World Bank (WB)				FS.03.02.20 World Health Organization (WHO)			FS.03.03.03 Aga Khan Foundation
			PS.01.01.13	PS.01.01.14.02	PS.02.01.01.15	Total	PS.01.01.06	PS.03.02	Total	PS.03.02
			Research institutions (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Civil society organizations (Non-profit non faith-based)	World Bank (WB)	Blood banks (Governmental)	Multilateral agencies	World Health Organization (WHO)	Multilateral agencies
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0	0	0
	ASC.05.03	Training	0	10,941	50,401	61,342	0	0	0	0
	ASC.05	Total expenditure on human resources	0	10,941	50,401	61,342	0	0	0	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	7,717	7,717	35,879
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	7,717	7,717	35,879
Research	ASC.08.04.01	Behavioural research	64,011	0	0	64,011	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	64,011	0	0	64,011	0	0	0	0
<b>Grand Total</b>			<b>64,011</b>	<b>62,646</b>	<b>223,185</b>	<b>349,842</b>	<b>18,522</b>	<b>77,193</b>	<b>95,715</b>	<b>35,879</b>

## Annex 3. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2008 (part 22)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.03.29 The Open Society Institute/Soros Foundation			FS.03.03.99 Other International not-for-profit organizations and foundations n.e.c.			FS.03 International Funds - Total	Grand Total
			PS.02.01.01.15	PS.03.02	Total	PS.01.01.14.02	PS.02.01.01.15	PS.03.02		
			Civil society organizations (Non-profit non faith-based)	Multi-lateral agencies	The Open Society Institute/Soros Foundation	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Civil society organizations (Non-profit non faith-based)	Multi-lateral agencies		
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0	81,790	101,096
	ASC.05.03	Training	0	282,775	282,775	0	0	61,023	61,023	1,076,371
	ASC.05	Total expenditure on human resources	0	282,775	282,775	0	0	61,023	61,023	1,177,467
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	6,066	0	6,066	13,400
	ASC.06.03	Social protection through provision of social services	0	0	0	0	809	0	809	2,326
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	6,875	0	6,875	15,726
Enabling environment	ASC.07.01	Advocacy	0	0	0	5,780	0	0	5,780	109,335
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	7,004	0	7,004	7,354
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0	15,579
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0	15,334
	ASC.07	Total expenditure on enabling environment	0	0	0	5,780	7,004	0	12,784	147,602
Research	ASC.08.04.01	Behavioural research	0	0	0	0	0	0	0	96,436
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0	85,480
	ASC.08	Total expenditure on research	0	0	0	0	0	0	0	181,916
Grand Total			646,438	425,680	1,072,118	101,276	383,997	145,938	631,211	21,215,768

**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (*part 1*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.01.01.02 Adult and young women (15 years and over) living with HIV			BP.01.98 People living with HIV not disaggregated by age or gender						
			PS.01.01.01	PS.01.01.14.02	Total BP.01.01.02	PS.01.01.01	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.08	PS.02.01.01.15	PS.03.02	Total BP.01.98
			Hospitals (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)		Hospitals (Governmental)	Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Justice or equivalent	Civil society organizations (Non-profit non faith-based)	Multi-lateral agencies	
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0	0	0	0	0
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	0	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0	0	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	0	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	121,504	0	162,178	0	283,682
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0	0	0	0
	ASC.01.11.98	Programmatic interventions in the workplace not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	4,974	0	4,974	0	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	2,477	2,477	0	0	0	0	0	0	0
	ASC.01.19	Blood safety	0	0	0	0	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	4,974	2,477	7,451	0	0	121,504	0	162,178	0	283,682

**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 2)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.01 People living with HIV - Total	BP.02.01 Injecting drug users (IDU) and their sexual partners						Total BP.02.01
				PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.14.02	PS.02.01.01.15	PS.03.02	
				Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Departments inside the Ministry of Health or equivalent (including. NAPs/ NACPs)	Civil society organizations (Non-profit non faith-based)	Multilateral agencies	
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0	0	0
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	283,682	0	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	1,360	0	73,497	740,903	3,520	819,280
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	4,594	92,741	63,591	18,109	304,988	49,601	533,624
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	24,600	0	0	0	24,600
	ASC.01.11.98	Programmatic interventions in the workplace not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	4,974	0	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	2,477	0	0	0	0	0	0	0
	ASC.01.19	Blood safety	0	0	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	291,133	4,594	94,101	88,191	91,606	1,045,891	53,121	1,377,504

**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (*part 3*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.01.01.02 Adult and young women (15 years and over) living with HIV			BP.01.98 People living with HIV not disaggregated by age or gender				
			PS.01.01.01	PS.01.01.14.02	Total BP.01.01.02	PS.01.01.01	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.08	PS.02.01.01.15
			Hospitals (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)		Hospitals (Governmental)	Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Justice or equivalent	Civil society organizations (Non-profit non faith-based)
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0	0	0
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	121,504	0	162,178
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0	0
	ASC.01.11.98	Programmatic interventions in the workplace not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	4,974	0	4,974	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	2,477	2,477	0	0	0	0	0
	ASC.01.19	Blood safety	0	0	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	4,974	2,477	7,451	0	0	121,504	0	162,178

## Annex 4. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 4)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.02.02.01 Female sex workers and their clients				BP.02.03 Men who have sex with men (MSM)	BP.02 Most-at-risk population - Total	BP.03.05 Migrants/mobile populations
			PS.01.01.02	PS.01.01.14.02	PS.02.01.01.15	Total BP.02.02.01	PS.02.01.01.15		PS.01.01.02
			Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Civil society organizations (Non-profit non faith-based)		Civil society organizations (Non-profit non faith-based)		Ambulatory care (Governmental)
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0	0
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	0	0	226,577
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	79,230	105,652	91,917	276,799	0	276,799	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	7,371	7,371	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	819,280	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	533,624	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	24,600	0
	ASC.01.11.98	Programmatic interventions in the workplace not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.01.19	Blood safety	0	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	79,230	105,652	91,917	276,799	7,371	1,661,674	226,577

**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 5)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.03.07 Prisoners and other institutionalized persons	BP.03.09 Children and youth living in the street			BP.03.11 Children and youth out of school		
			PS.01.01.14.08	PS.02.01.01.15	PS.03.02	Total BP.03.09	PS.01.01.14.99	PS.02.01.01.15	Total BP.03.11
			Departments inside the Ministry of Justice or equivalent	Civil society organizations (Non-profit non faith-based)	Multilateral agencies		Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0	0
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	228,101	0	0	0	0	0	0
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	24,941	6,838	31,779	87	77,943	78,030
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0
	ASC.01.11.98	Programmatic interventions in the workplace not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	9,405	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.01.19	Blood safety	0	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	237,506	24,941	6,838	31,779	87	77,943	78,030



**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 6)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.03.14 Recipients of blood or blood products			
			PS.01.01.01	PS.01.01.02	PS.01.01.06	Total BP.03.14
			Hospitals (Governmental)	Ambulatory care (Governmental)	Blood banks (Governmental)	
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0
	ASC.01.05	Prevention – youth in school	0	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0
	ASC.01.11.98	Programmatic interventions in the workplace not disaggregated by type	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0
	ASC.01.19	Blood safety	592	916	640,256	641,764
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0
	ASC.01	Total expenditure on prevention	592	916	640,256	641,764

**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 7)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.03 Other key population - Total	BP.04.01 People attending STI clinics			BP.04.03 Junior high/high school students			
				PS.01.01.01	PS.01.01.02	Total BP.04.01	PS.01.01.14.03	PS.01.01.14.99	PS.02.01.01.15	PS.03.02
				Hospitals (Governmental)	Ambulatory care (Governmental)		Departments inside the Ministry of Education or equivalent	Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	Total BP.04.03
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0	0	0
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	3,251,114	0	0	0	0	0	0	0
	ASC.01.05	Prevention – youth in school	0	0	0	0	426,475	2,935	29,509	681,167
	ASC.01.06	Prevention – youth out-of-school	109,809	0	0	0	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0	0
	ASC.01.11.98	Programmatic interventions in the workplace not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	9,405	42,272	537,803	580,075	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.01.19	Blood safety	641,764	0	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	4,012,092	42,272	537,803	580,075	426,475	2,935	29,509	681,167

## Annex 4. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 8)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.04.05 Health care workers			BP.04.08 Police and other uniformed services (other than the military)		BP.04.98 Specific "accessible" populations not disaggregated by type		
			PS.01.01.02	PS.03.02	Total BP.04.05	PS.02.01.01.15	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.99	Total BP.04.98
			Ambulatory care (Governmental)	Multilateral agencies		Civil society organizations (Non-profit non faith-based)		Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Government entities n.e.c.	
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0	0	0
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	10,087	0	10,087
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	4,763	57,255	511,972	715,203	1,284,430
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0	0
	ASC.01.11.98	Programmatic interventions in the workplace not disaggregated by type	560	10,191	10,751	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.01.19	Blood safety	0	0	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	560	10,191	10,751	4,763	57,255	522,059	715,203	1,294,517

**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 9)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.04 Specific "accessible" populations - Total	BP.05.01.02 Female adult population			BP.05.03.98 Youth (age 15 to 24 years) not disaggregated by gender		
				PS.01.01.02	PS.01.01.14.02	PS.01.01.14.99	PS.01.01.02	PS.03.02	Total BP.05.03.98
				Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Government entities n.e.c.	Total BP.05.01.02	Ambulatory care (Governmental)	
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0	0
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	10,087	0	0	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	1,289,193	0	0	0	0	0	0
	ASC.01.05	Prevention – youth in school	681,167	0	0	0	0	178,244	178,244
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	820	820
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0
	ASC.01.11.98	Programmatic interventions in the workplace not disaggregated by type	10,751	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	580,075	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	505,948	62,246	0	568,194	0	0
	ASC.01.19	Blood safety	0	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	2,571,273	505,948	62,246	0	568,194	820	179,064

**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (*part 10*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.05.98 General population not disaggregated by age or gender.						BP.05 General population - Total
			PS.01.01.01	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.99	PS.02.01.01.15	PS.03.02	
			Hospitals (Governmental)	Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	Multilateral agencies	Total BP.05.98
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	9,908	132,348	116,695	0	0	0	258,951
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	10,941	0	45,007	0	55,948
	ASC.01.02	Community mobilization	0	0	0	0	7,351	72,276	79,627
	ASC.01.03	Voluntary counselling and testing (VCT)	56,489	218,149	83,310	0	0	0	357,948
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0	178,244
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	0	820
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0
	ASC.01.11.98	Programmatic interventions in the workplace not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	0	568,194
	ASC.01.19	Blood safety	0	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	28,875	0	28,875
	ASC.01	Total expenditure on prevention	66,397	350,497	210,946	0	81,233	72,276	781,349

**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (*part 11*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.05.98 General population not disaggregated by age or gender.						BP.05 General population - Total
			PS.01.01.01	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.99	PS.02.01.01.15	PS.03.02	
			Hospitals (Governmental)	Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	Multilateral agencies	Total BP.05.98
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	9,908	132,348	116,695	0	0	0	258,951
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	10,941	0	45,007	0	55,948
	ASC.01.02	Community mobilization	0	0	0	0	7,351	72,276	79,627
	ASC.01.03	Voluntary counselling and testing (VCT)	56,489	218,149	83,310	0	0	0	357,948
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0	178,244
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	0	820
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0
	ASC.01.11.98	Programmatic interventions in the workplace not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	0	568,194
	ASC.01.19	Blood safety	0	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	28,875	0	28,875
	ASC.01	Total expenditure on prevention	66,397	350,497	210,946	0	81,233	72,276	781,349
									1,528,607

## Annex 4. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 12)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.06 Non-targeted interventions					
			PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.06	PS.01.01.13	PS.01.01.14.02
			Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Blood banks (Governmental)	Research institutions (Governmental)	Departments inside the Ministry of Health or equivalent (including. NAPs/ NACPs)
								Departments inside the Ministry of Labour or equivalent
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	0	0
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0
	ASC.01.11.98	Programmatic interventions in the workplace not disaggregated by type	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	0
	ASC.01.19	Blood safety	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	0	0	0	0	0	0

**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (*part 13*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.06 Non-targeted interventions				BP.06 Non-targeted interventions - Total	Grand Total
			PS.01.01.14.08	PS.01.01.14.99	PS.02.01.01.15	PS.03.02		
			Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	Multilateral agencies		
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	258,951
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	0	7,617	7,617	63,565
	ASC.01.02	Community mobilization	0	0	0	0	0	79,627
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	368,035
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	0	4,540,307
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	859,411
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	110,629
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	283,682
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	276,799
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	7,371
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	819,280
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	533,624
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	24,600
	ASC.01.11.98	Programmatic interventions in the workplace not disaggregated by type	0	0	0	0	0	10,751
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	589,480
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	4,974
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	570,671
	ASC.01.19	Blood safety	0	0	0	0	0	641,764
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	28,875
	ASC.01	Total expenditure on prevention	0	0	0	7,617	7,617	10,072,396



## Annex 4. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 14)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.01.01.02 Adult and young women (15 years and over) living with HIV			BP.01.98 People living with HIV not disaggregated by age or gender			
			PS.01.01.01	PS.01.01.14.02	Total BP.01.01.02	PS.01.01.01	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.08
			Hospitals (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)		Hospitals (Governmental)	Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Justice or equivalent
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	11,731	33,948	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	3,858	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	185,467	3,656
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	5,718	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	79,585	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0
	ASC.02.01.08	Outpatient palliative care	0	0	0	0	0	7,462	0
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	0	62,983	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	2,095	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	2,400	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	4,495	15,589	375,163	3,656
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	0	0	0	0	0	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	0	0	0	0	0
	ASC.04.03	Monitoring and evaluation	0	0	0	0	0	0	0
	ASC.04.04	Operations research	0	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0
	ASC.04.09	Patient tracking	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	0	0	0	0	0	0	0

**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (*part 15*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.01.01.02 Adult and young women (15 years and over) living with HIV			BP.01.98 People living with HIV not disaggregated by age or gender			BP.01 People living with HIV - Total
			PS.01.01.01	PS.01.01.14.02	Total BP.01.01.02	PS.02.01.01.15	PS.03.02	Total BP.01.98	
			Hospitals (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)		Civil society organizations (Non-profit non faith-based)	Multilateral agencies		
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	45,679	45,679
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	3,858	3,858
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	189,123	189,123
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	5,718	5,718
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	79,585	79,585
	ASC.02.01.07	Psychological treatment and support services	0	0	0	6,040	0	6,040	6,040
	ASC.02.01.08	Outpatient palliative care	0	0	0	0	0	7,462	7,462
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	0	62,983	62,983
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	2,095	2,095
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	2,400	2,400
	ASC.02	Total expenditure on care and treatment	0	0	0	6,040	0	404,943	404,943
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	0	0	0	0	0	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	0	0	0	0	0
	ASC.04.03	Monitoring and evaluation	0	0	0	0	0	0	0
	ASC.04.04	Operations research	0	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0
	ASC.04.09	Patient tracking	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	0	0	0	0	0	0	0

## Annex 4. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 16)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.02.01 Injecting drug users (IDU) and their sexual partners						Total BP.02.01
			PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.14.02	PS.02.01.01.15	PS.03.02	
			Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Civil society organizations (Non-profit non faith-based)	Multilateral agencies	
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0
	ASC.02.01.08	Outpatient palliative care	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	0	0	0	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	0	0	0	0	0	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	0	0	0	0	0
	ASC.04.03	Monitoring and evaluation	0	0	0	0	0	0	0
	ASC.04.04	Operations research	0	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0
	ASC.04.09	Patient tracking	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	0	0	0	0	0	0	0

**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (*part 17*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.02.02.01 Female sex workers and their clients			Total BP.02.02.01	BP.02.03 Men who have sex with men (MSM)	BP.02 Most-at-risk population - Total	BP.03.05 Migrants/mobile populations
			PS.01.01.02	PS.01.01.14.02	PS.02.01.01.15		PS.02.01.01.15		PS.01.01.02
			Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Civil society organizations (Non-profit non faith-based)		Civil society organizations (Non-profit non faith-based)		Ambulatory care (Governmental)
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0
	ASC.02.01.08	Outpatient palliative care	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	0	0	0	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	0	0	0	0	0	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	0	0	0	0	0
	ASC.04.03	Monitoring and evaluation	0	0	0	0	0	0	0
	ASC.04.04	Operations research	0	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0
	ASC.04.09	Patient tracking	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	0	0	0	0	0	0	0

## Annex 4. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 18)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.03.07 Prisoners and other institutionalized persons	BP.03.09 Children and youth living in the street			BP.03.11 Children and youth out of school		
			PS.01.01.14.08	PS.02.01.01.15	PS.03.02	Total BP.03.09	PS.01.01.14.99	PS.02.01.01.15	Total BP.03.11
			Departments inside the Ministry of Justice or equivalent	Civil society organizations (Non-profit non faith-based)	Multilateral agencies		Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0
	ASC.02.01.08	Outpatient palliative care	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	0	0	0	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	0	0	0	0	0	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	0	0	0	0	0
	ASC.04.03	Monitoring and evaluation	0	0	0	0	0	0	0
	ASC.04.04	Operations research	0	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0
	ASC.04.09	Patient tracking	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	0	0	0	0	0	0	0

**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (*part 19*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.03.14 Recipients of blood or blood products				BP.03.98 Other key populations not disaggregated by type			
			PS.01.01.01	PS.01.01.02	PS.01.01.06	Total BP.03.14	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.07	PS.01.01.14.99
			Hospitals (Governmental)	Ambulatory care (Governmental)	Blood banks (Governmental)		Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Labour or equivalent	Government entities n.e.c.
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0	0
	ASC.02.01.08	Outpatient palliative care	0	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	0	0	0	0	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	0	0	0	0	0	0	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	0	0	0	0	0	0
	ASC.04.03	Monitoring and evaluation	0	0	0	0	0	0	0	0
	ASC.04.04	Operations research	0	0	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0	0
	ASC.04.09	Patient tracking	0	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	0	0	0	0	0	0	0	0

## Annex 4. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 20)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.03.98 Other key populations not disaggregated by type			BP.03 Other key population - Total	BP.04.01 People attending STI clinics		
			PS.02.01.01.15	PS.03.02	Total BP.03.98		PS.01.01.01	PS.01.01.02	Total BP.04.01
			Civil society organizations (Non-profit non faith-based)	Multilateral agencies			Hospitals (Governmental)	Ambulatory care (Governmental)	
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0
	ASC.02.01.08	Outpatient palliative care	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	0	0	0	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	0	0	0	0	0	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	0	0	0	0	0
	ASC.04.03	Monitoring and evaluation	0	0	0	0	0	0	0
	ASC.04.04	Operations research	0	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0
	ASC.04.09	Patient tracking	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	0	0	0	0	0	0	0

**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 21)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.04.03 Junior high/high school students				BP.04.05 Health care workers			
			PS.01.01.14.03	PS.01.01.14.99	PS.02.01.01.15	PS.03.02	Total BP.04.03	PS.01.01.02	PS.03.02	Total BP.04.05
			Departments inside the Ministry of Education or equivalent	Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	Multilateral agencies		Ambulatory care (Governmental)	Multilateral agencies	
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0	0
	ASC.02.01.08	Outpatient palliative care	0	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	0	0	0	0	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	0	0	0	0	0	0	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	0	0	0	0	0	0
	ASC.04.03	Monitoring and evaluation	0	0	0	0	0	0	0	0
	ASC.04.04	Operations research	0	0	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0	0
	ASC.04.09	Patient tracking	0	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	0	0	0	0	0	0	0	0



## Annex 4. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 22)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.04.08 Police and other uniformed services (other than the military)	BP.04.98 Specific “accessible ” populations not disaggregated by type				BP.04 Specific “accessible ” populations - Total
			PS.02.01.01.15	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.99	Total BP.04.98	
			Civil society organizations (Non-profit non faith-based)	Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including. NAPs/NACPs)	Government entities n.e.c.		
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	2,425	988,815	0	991,240	991,240
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0
	ASC.02.01.08	Outpatient palliative care	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	2,425	988,815	0	991,240	991,240
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	0	0	0	0	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	0	0	0	0
	ASC.04.03	Monitoring and evaluation	0	0	0	0	0	0
	ASC.04.04	Operations research	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0
	ASC.04.09	Patient tracking	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	2,891	36,805	0	39,696	39,696
	ASC.04	Total expenditure on programme management and administration	0	2,891	36,805	0	39,696	39,696

**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (*part 23*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.05.01.02 Female adult population			Total BP.05.01.02	BP.05.03.98 Youth (age 15 to 24 years) not disaggregated by gender		
			PS.01.01.02	PS.01.01.14.02	PS.01.01.14.99		PS.01.01.02	PS.03.02	Total BP.05.03.98
			Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Government entities n.e.c.		Ambulatory care (Governmental)	Multilateral agencies	
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0
	ASC.02.01.08	Outpatient palliative care	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	0	0	0	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	0	0	0	0	0	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	0	0	0	0	0
	ASC.04.03	Monitoring and evaluation	0	0	0	0	0	0	0
	ASC.04.04	Operations research	0	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0
	ASC.04.09	Patient tracking	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	0	0	0	0	0	0	0

## Annex 4. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 24)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.05.98 General population not disaggregated by age or gender.							BP.05 General population - Total
			PS.01.01.01	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.99	PS.02.01.01.15	PS.03.02	Total BP.05.98	
			Hospitals (Governmental)	Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	Multilateral agencies		
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0	0
	ASC.02.01.08	Outpatient palliative care	0	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	0	0	0	0	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	0	0	0	0	0	0	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	0	0	0	0	0	0
	ASC.04.03	Monitoring and evaluation	0	0	0	0	0	0	0	0
	ASC.04.04	Operations research	0	0	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0	0
	ASC.04.09	Patient tracking	0	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	0	0	0	0	0	0	0	0

**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 25)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.06 Non-targeted interventions						
			PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.06	PS.01.01.13	PS.01.01.14.02	PS.01.01.14.07
			Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Blood banks (Governmental)	Research institutions (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Labour or equivalent
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0
	ASC.02.01.08	Outpatient palliative care	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	0	0	0	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	44,717	150,847	374	0	0	509,897	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	7,546	0	2,429	21	266,993	7,170
	ASC.04.03	Monitoring and evaluation	0	11,128	0	0	0	96,613	15,718
	ASC.04.04	Operations research	0	0	0	0	0	13,636	0
	ASC.04.05	Serological-surveillance (serosurveillance)	2,062	0	0	0	0	528,818	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0
	ASC.04.09	Patient tracking	0	0	0	0	0	12,860	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	61,553	0	1,070,351	0	1,926,274	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	114,738	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	46,779	231,074	374	1,072,780	21	3,469,829	22,888

## Annex 4. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 26)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.06 Non-targeted interventions				BP.06 Non-targeted interventions - Total	Grand Total
			PS.01.01.14.08	PS.01.01.14.99	PS.02.01.01.15	PS.03.02		
			Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	Multilateral agencies		
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	991,240
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	45,679
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	3,858
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	189,123
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	5,718
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	79,585
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	6,040
	ASC.02.01.08	Outpatient palliative care	0	0	0	0	0	7,462
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	0	62,983
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	2,095
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	2,400
	ASC.02	Total expenditure on care and treatment	0	0	0	0	0	1,396,183
Programme management and administration	ASC.04.01	Planning, coordination and programme management	43,497	91,682	619,956	1,257,569	2,718,539	2,718,539
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	1,921	9,006	380,596	461,239	1,136,921	1,136,921
	ASC.04.03	Monitoring and evaluation	3,642	40,388	2,313	301,565	471,367	471,367
	ASC.04.04	Operations research	0	0	0	934	14,570	14,570
	ASC.04.05	Serological-surveillance (serosurveillance)	25,943	0	0	0	556,823	556,823
	ASC.04.08	Information technology	0	0	0	1,179	1,179	1,179
	ASC.04.09	Patient tracking	0	0	0	0	12,860	12,860
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	19,875	0	0	79,732	3,157,785	3,157,785
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	114,738	114,738
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	39,696
	ASC.04	Total expenditure on programme management and administration	94,878	141,076	1,002,865	2,102,218	8,184,782	8,224,478

**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 27)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.01.01.02 Adult and young women (15 years and over) living with HIV			BP.01.98 People living with HIV not disaggregated by age or gender							BP.01 People living with HIV - Total
			PS.01.01.01	PS.01.01.14.02	Total BP.01.01.02	PS.01.01.01	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.08	PS.02.01.01.15	PS.03.02	Total BP.01.98	
			Hospitals (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)		Hospitals (Governmental)	Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Justice or equivalent	Civil society organizations (Non-profit non faith-based)	Multi-lateral agencies		
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0	0	0	0	0	0
	ASC.05.03	Training	0	0	0	0	0	0	0	0	0	0	0
	ASC.05	Total expenditure on human resources	0	0	0	0	0	0	0	0	0	0	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0	13,400	0	13,400	13,400
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	910	0	1,416	0	2,326	2,326
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	910	0	14,816	0	15,726	15,726
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0	7,354	0	7,354	7,354
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0	0	15,579	15,579	15,579
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	0	0	7,354	15,579	22,933	22,933
Research	ASC.08.04.01	Behavioural research	0	0	0	0	0	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0	0	0	0	0	0
Grand Total			4,974	2,477	7,451	4,495	15,589	497,577	3,656	190,388	15,579	727,284	734,735

## Annex 4. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 28)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.02.01 Injecting drug users (IDU) and their sexual partners							BP.02.02.01 Female sex workers and their clients			
			PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.14.02	PS.02.01.01.15	PS.03.02	Total BP.02.01	PS.01.01.02	PS.01.01.14.02	PS.02.01.01.15	Total BP.02.02.01
			Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Civil society organizations (Non-profit non faith-based)	Multi-lateral agencies		Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Civil society organizations (Non-profit non faith-based)	
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0	0	0	0	0	0
	ASC.05.03	Training	0	0	0	0	0	0	0	0	0	0	0
	ASC.05	Total expenditure on human resources	0	0	0	0	0	0	0	0	0	0	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	0	0	0	0	0	0
Research	ASC.08.04.01	Behavioural research	0	0	0	0	0	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0	0	0	0	0	0
Grand Total			4,594	94,101	88,191	91,606	1,045,891	53,121	1,377,504	79,230	105,652	91,917	276,799

**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (*part 29*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.02.03 Men who have sex with men (MSM)	BP.02 Most-at-risk population - Total	BP.03.05 Migrants/ mobile populations	BP.03.07 Prisoners and other institutionalized persons	BP.03.09 Children and youth living in the street			BP.03.11 Children and youth out of school		
			PS.02.01.01.15		PS.01.01.02	PS.01.01.14.08	PS.02.01.01.15	PS.03.02	Total BP.03.09	PS.01.01.14.99	PS.02.01.01.15	Total BP.03.11
			Civil society organizations (Non-profit non faith-based)		Ambulatory care (Governmental)	Departments inside the Ministry of Justice or equivalent	Civil society organizations (Non-profit non faith-based)	Multilateral agencies		Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0	0	0	0	0
	ASC.05.03	Training	0	0	0	0	0	0	0	0	0	0
	ASC.05	Total expenditure on human resources	0	0	0	0	0	0	0	0	0	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	0	0	0	0	0
Research	ASC.08.04.01	Behavioural research	0	0	0	0	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>			<b>7,371</b>	<b>1,661,674</b>	<b>226,577</b>	<b>237,506</b>	<b>24,941</b>	<b>6,838</b>	<b>31,779</b>	<b>87</b>	<b>77,943</b>	<b>78,030</b>



## Annex 4. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 30)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.03.14 Recipients of blood or blood products				BP.03.98 Other key populations not disaggregated by type							BP.03 Other key population - Total
			PS.01.01.01	PS.01.01.02	PS.01.01.06	Total BP.03.14	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.07	PS.01.01.14.99	PS.02.01.01.15	PS.03.02	Total BP.03.98	
			Hospitals (Governmental)	Ambulatory care (Governmental)	Blood banks (Governmental)		Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Labour or equivalent	Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	Multi-lateral agencies		
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0	0	0	0	0	0	0
	ASC.05.03	Training	0	0	0	0	0	0	0	0	0	0	0	0
	ASC.05	Total expenditure on human resources	0	0	0	0	0	0	0	0	0	0	0	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	0	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	0	0	0	0	0	0	0
Research	ASC.08.04.01	Behavioural research	0	0	0	0	0	0	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total			592	916	640,256	641,764	18,098	88,372	239,852	114	271,129	2,178,871	2,796,436	4,012,092

**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (*part 31*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.04.01 People attending STI clinics			BP.04.03 Junior high/high school students				BP.04.05 Health care workers			
			PS.01.01.01	PS.01.01.02	Total BP.04.01	PS.01.01.14.03	PS.01.01.14.99	PS.02.01.01.15	PS.03.02	Total BP.04.03	PS.01.01.02	PS.03.02	Total BP.04.05
			Hospitals (Governmental)	Ambulatory care (Governmental)		Departments inside the Ministry of Education or equivalent	Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	Multilateral agencies		Ambulatory care (Governmental)	Multilateral agencies	
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0	0	0	0	0	0
	ASC.05.03	Training	0	0	0	0	0	0	0	0	0	0	0
	ASC.05	Total expenditure on human resources	0	0	0	0	0	0	0	0	0	0	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	0	0	0	0	0	0
Research	ASC.08.04.01	Behavioural research	0	0	0	0	0	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0	0	0	0	0	0
Grand Total			42,272	537,803	580,075	426,475	2,935	29,509	222,248	681,167	560	10,191	10,751

## Annex 4. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 32)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.04.08 Police and other uniformed services (other than the military)	BP.04.98 Specific “accessible ” populations not disaggregated by type				BP.04 Specific “accessible ” populations - Total	BP.05.01.02 Female adult population			
			PS.02.01.01.15	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.99	Total BP.04.98		PS.01.01.02	PS.01.01.14.02	PS.01.01.14.99	Total BP.05.01.02
			Civil society organizations (Non-profit non faith-based)	Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including. NAPs/NACPs)	Government entities n.e.c.			Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including. NAPs/NACPs)	Government entities n.e.c.	
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0	0	0	0	0
	ASC.05.03	Training	0	0	0	0	0	0	0	0	0	0
	ASC.05	Total expenditure on human resources	0	0	0	0	0	0	0	0	0	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0	0	15,334	15,334
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	0	0	0	15,334	15,334
Research	ASC.08.04.01	Behavioural research	0	0	0	0	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0	0	0	0	0
Grand Total			4,763	62,571	1,547,679	715,203	2,325,453	3,602,209	505,948	62,246	15,334	583,528

**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (*part 33*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.05.03.98 Youth (age 15 to 24 years) not disaggregated by gender			BP.05.98 General population not disaggregated by age or gender.							BP.05 General population - Total
			PS.01.01.02	PS.03.02	Total BP.05.03.98	PS.01.01.01	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.99	PS.02.01.01.15	PS.03.02	Total BP.05.98	
			Ambulatory care (Governmental)	Multi-lateral agencies		Hospitals (Governmental)	Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	Multi-lateral agencies		
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0	0	0	0	0	0
	ASC.05.03	Training	0	0	0	0	0	0	0	0	0	0	0
	ASC.05	Total expenditure on human resources	0	0	0	0	0	0	0	0	0	0	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	5,780	6,210	0	97,345	109,335	109,335
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0	0	0	0	15,334
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	5,780	6,210	0	97,345	109,335	124,669
Research	ASC.08.04.01	Behavioural research	0	0	0	0	0	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0	0	0	0	0	0
Grand Total			820	178,244	179,064	66,397	350,497	216,726	6,210	81,233	169,621	890,684	1,653,276

## Annex 4. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (part 34)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.06 Non-targeted interventions								
			PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.06	PS.01.01.13	PS.01.01.14.02	PS.01.01.14.07	PS.01.01.14.08	PS.01.01.14.99
			Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Blood banks (Governmental)	Research institutions (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Labour or equivalent	Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	16,516	0	0	0	84,580	0	0	0
	ASC.05.03	Training	0	938	0	0	0	173,153	2,024	67,462	0
	ASC.05	Total expenditure on human resources	0	17,454	0	0	0	257,733	2,024	67,462	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	0	0	0	0
Research	ASC.08.04.01	Behavioural research	0	0	0	0	96,291	145	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	96,291	145	0	0	0
Grand Total			46,779	248,528	374	1,072,780	96,312	3,727,707	24,912	162,340	141,076

**Annex 4.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2008 (*part 35*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.06 Non-targeted interventions		BP.06 Non-targeted interventions - Total	Grand Total
			PS.02.01.01.15	PS.03.02		
			Civil society organizations (Non-profit non faith-based)	Multilateral agencies		
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	101,096	<b>101,096</b>
	ASC.05.03	Training	85,347	747,447	1,076,371	<b>1,076,371</b>
	ASC.05	Total expenditure on human resources	85,347	747,447	1,177,467	<b>1,177,467</b>
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	<b>13,400</b>
	ASC.06.03	Social protection through provision of social services	0	0	0	<b>2,326</b>
	ASC.06	Total expenditure on social protection and social services	0	0	0	<b>15,726</b>
Enabling environment	ASC.07.01	Advocacy	0	0	0	<b>109,335</b>
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	<b>7,354</b>
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	<b>15,579</b>
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	<b>15,334</b>
	ASC.07	Total expenditure on enabling environment	0	0	0	<b>147,602</b>
Research	ASC.08.04.01	Behavioural research	0	0	96,436	<b>96,436</b>
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	85,480	85,480	<b>85,480</b>
	ASC.08	Total expenditure on research	0	85,480	181,916	<b>181,916</b>
<b>Grand Total</b>			<b>1,088,212</b>	<b>2,942,762</b>	<b>9,551,782</b>	<b>21,215,768</b>

## Annex 5. AIDS spending category – Providers of services (TJS), Tajikistan NASA 2008 (part 1)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.06	PS.01.01.13	PS.01.01.14.02	PS.01.01.14.03
			Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Blood banks (Governmental)	Research institutions (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Education or equivalent
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	9,908	132,348	0	0	0	116,695	0
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	0	0	0	10,941	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	56,489	218,149	0	0	0	93,397	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	301,930	0	0	0	600,344	0
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0	426,475
	ASC.01.06	Prevention – youth out-of-school	0	820	0	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	121,504	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	79,230	0	0	0	105,652	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	1,360	0	0	0	73,497	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	4,594	92,741	63,591	0	0	18,109	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	24,600	0	0	0	0
	ASC.01.11.98	Programmatic interventions in the workplace not disaggregated by type	0	560	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	42,272	537,803	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	4,974	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	505,948	0	0	0	64,723	0
	ASC.01.19	Blood safety	592	916	0	640,256	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	118,829	1,871,805	88,191	640,256	0	1,204,862	426,475

**Annex 5.** AIDS spending category – Providers of services (TJS), Tajikistan NASA 2008 (part 2)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	PS.01.01.14.07	PS.01.01.14.08	PS.01.01.14.99	PS 01	PS.02.01.01.15	PS.03.02	Grand Total
			Departments inside the Ministry of Labour or equivalent	Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.	Public sector providers	Private sescor providers: Civil society organizations (Non-profit non faith-based)	International in country offices: Multilateral agencies	
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	258,951	0	0	258,951
	ASC.01.01.98	Communication for Social and behavioural change not disaggregated by type	0	0	0	10,941	45,007	7,617	63,565
	ASC.01.02	Community mobilization	0	0	0	0	7,351	72,276	79,627
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	368,035	0	0	368,035
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	239,852	228,101	715,317	2,085,544	275,892	2,178,871	4,540,307
	ASC.01.05	Prevention – youth in school	0	0	2,935	429,410	29,509	400,492	859,411
	ASC.01.06	Prevention – youth out-of-school	0	0	87	907	102,884	6,838	110,629
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	121,504	162,178	0	283,682
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	184,882	91,917	0	276,799
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	7,371	0	7,371
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	74,857	740,903	3,520	819,280
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	179,035	304,988	49,601	533,624
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	24,600	0	0	24,600
	ASC.01.11.98	Programmatic interventions in the workplace not disaggregated by type	0	0	0	560	0	10,191	10,751
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	9,405	0	589,480	0	0	589,480
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	4,974	0	0	4,974
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	570,671	0	0	570,671
	ASC.01.19	Blood safety	0	0	0	641,764	0	0	641,764
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	28,875	0	28,875
	ASC.01	Total expenditure on prevention	239,852	237,506	718,339	5,546,115	1,796,875	2,729,406	10,072,396



## Annex 5. AIDS spending category – Providers of services (TJS), Tajikistan NASA 2008 (part 3)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.06	PS.01.01.13	PS.01.01.14.02	PS.01.01.14.03
			Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Blood banks (Governmental)	Research institutions (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Education or equivalent
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	2,425	0	0	0	988,815	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	11,731	0	0	0	33,948	0
	ASC.02.01.02.02	OI outpatient treatment	0	3,858	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	185,467	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	5,718	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	79,585	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0
	ASC.02.01.08	Outpatient palliative care	0	0	0	0	0	7,462	0
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	0	0	62,983	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	2,095	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	2,400	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	4,495	18,014	0	0	0	1,363,978	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	44,717	150,847	374	0	0	509,897	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	7,546	0	2,429	21	266,993	0
	ASC.04.03	Monitoring and evaluation	0	11,128	0	0	0	96,613	0
	ASC.04.04	Operations research	0	0	0	0	0	13,636	0
	ASC.04.05	Serological-surveillance (serosurveillance)	2,062	0	0	0	0	528,818	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0
	ASC.04.09	Patient tracking	0	0	0	0	0	12,860	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	61,553	0	1,070,351	0	1,926,274	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	114,738	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	2,891	0	0	0	36,805	0
	ASC.04	Total expenditure on programme management and administration	46,779	233,965	374	1,072,780	21	3,506,634	0

**Annex 5.** AIDS spending category – Providers of services (TJS), Tajikistan NASA 2008 (*part 4*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	PS.01.01.14.07	PS.01.01.14.08	PS.01.01.14.99	PS 01	PS.02.01.01.15	PS.03.02	Grand Total
			Departments inside the Ministry of Labour or equivalent	Departments inside the Ministry of Justice or equivalent	Government enti- ties n.e.c.	Public sector providers	Private sescor providers: Civil society organiza- tions (Non-profit non faith-based)	International in country offices: Multilateral agen- cies	
Care and treat- ment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	991,240	0	0	991,240
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	45,679	0	0	45,679
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	3,858	0	0	3,858
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	3,656	0	189,123	0	0	189,123
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	5,718	0	0	5,718
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	79,585	0	0	79,585
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	6,040	0	6,040
	ASC.02.01.08	Outpatient palliative care	0	0	0	7,462	0	0	7,462
	ASC.02.01.98	Outpatient care services not disaggregated by intervention	0	0	0	62,983	0	0	62,983
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	2,095	0	0	2,095
	ASC.02.03	Patient transport and emergency rescue	0	0	0	2,400	0	0	2,400
	ASC.02	Total expenditure on care and treatment	0	3,656	0	1,390,143	6,040	0	1,396,183
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	43,497	91,682	841,014	619,956	1,257,569	2,718,539
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	7,170	1,921	9,006	295,086	380,596	461,239	1,136,921
	ASC.04.03	Monitoring and evaluation	15,718	3,642	40,388	167,489	2,313	301,565	471,367
	ASC.04.04	Operations research	0	0	0	13,636	0	934	14,570
	ASC.04.05	Serological-surveillance (serosurveillance)	0	25,943	0	556,823	0	0	556,823
	ASC.04.08	Information technology	0	0	0	0	0	1,179	1,179
	ASC.04.09	Patient tracking	0	0	0	12,860	0	0	12,860
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	19,875	0	3,078,053	0	79,732	3,157,785
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	114,738	0	0	114,738
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	39,696	0	0	39,696
	ASC.04	Total expenditure on programme management and administration	22,888	94,878	141,076	5,119,395	1,002,865	2,102,218	8,224,478

## Annex 5. AIDS spending category – Providers of services (TJS), Tajikistan NASA 2008 (part 5)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	PS.01.01.14.07	PS.01.01.14.08	PS.01.01.14.99	PS 01	PS.02.01.01.15	PS.03.02	Grand Total
			Departments inside the Ministry of Labour or equivalent	Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.	Public sector providers	Private sector providers: Civil society organizations (Non-profit non faith-based)	International in country offices: Multilateral agencies	
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	16,516	0	0	0	84,580	0
	ASC.05.03	Training	0	938	0	0	0	173,153	0
	ASC.05	Total expenditure on human resources	0	17,454	0	0	0	257,733	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	910	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	910	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	5,780	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	5,780	0
Research	ASC.08.04.01	Behavioural research	0	0	0	0	96,291	145	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	96,291	145	0
Grand Total			170,103	2,141,238	88,565	1,713,036	96,312	6,340,042	426,475

**Annex 5.** AIDS spending category – Providers of services (TJS), Tajikistan NASA 2008 (part 6)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	PS.01.01.14.07	PS.01.01.14.08	PS.01.01.14.99	PS 01	PS.02.01.01.15	PS.03.02	Grand Total
			Departments inside the Ministry of Labour or equivalent	Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.	Public sector providers	Private sescor providers: Civil society organizations (Non-profit non faith-based)	International in country offices: Multilateral agencies	
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	101,096	0	0	101,096
	ASC.05.03	Training	2,024	67,462	0	243,577	85,347	747,447	1,076,371
	ASC.05	Total expenditure on human resources	2,024	67,462	0	344,673	85,347	747,447	1,177,467
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	13,400	0	13,400
	ASC.06.03	Social protection through provision of social services	0	0	0	910	1,416	0	2,326
	ASC.06	Total expenditure on social protection and social services	0	0	0	910	14,816	0	15,726
Enabling environment	ASC.07.01	Advocacy	0	0	6,210	11,990	0	97,345	109,335
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	7,354	0	7,354
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	15,579	15,579
	ASC.07.04	AIDS-specific programmes focused on women	0	0	15,334	15,334	0	0	15,334
	ASC.07	Total expenditure on enabling environment	0	0	21,544	27,324	7,354	112,924	147,602
Research	ASC.08.04.01	Behavioural research	0	0	0	96,436	0	0	96,436
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	85,480	85,480
	ASC.08	Total expenditure on research	0	0	0	96,436	0	85,480	181,916
<b>Grand Total</b>			<b>264,764</b>	<b>403,502</b>	<b>880,959</b>	<b>12,524,996</b>	<b>2,913,297</b>	<b>5,777,475</b>	<b>21,215,768</b>

## Annex 6. Financing sources – Financing agents – Providers of services (TJS), Tajikistan NASA 2009 (part 1)

Main Blocks of Financing Sources (FS)	FS Code	FS Code Description	Main Blocks of Financing Agents (FA)	FA Code	FA Code Description	PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.06	PS.01.01.14.02	PS.01.01.14.07		
						Hospitals (Govern- mental)	Ambulatory care (Gov- ernmental)	Mental health and substance abuse facilities (Govern- mental)	Blood banks (Govern- mental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Min- istry of Labour or equivalent		
Public funds	FS.01.01.01	Central government revenue	Public sector FA	FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	342,183	36,564	0	0	101,230	0		
				FA.01.01.01.06	Ministry of Labour (or equivalent sector entity)	0	0	0	0	0	16,204		
				FA.01.01.01.07	Ministry of Justice (or equivalent sector entity)	0	0	0	0	0	0		
				FA.01.01.01.09	Prime Minister's or President's office	0	0	0	0	0	0		
	FS.01.01.01	Total central government revenue/Public sector financing agents					342,183	36,564	0	0	101,230	16,204	
	FS.01.01.03	Local/municipal government revenue	Public sector FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	25,790	2,652,853	129,638	0	1,362,658	0		
	FS.01	Total expenditure from public source of funding/Public sector financing agents					367,973	2,689,417	129,638	0	1,463,888	16,204	
Private Funds	FS.02.02	Households' funds	Private sector FA	FA.02.04	Private households' (out-of-pocket payments)	0	0	0	57,350	34,644	0		
	FS.02	Total expenditure from private source of funding/Private sector financing agents					0	0	0	57,350	34,644	0	
International funds	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Develop- ment Bank, etc.)	Interna- tional sector FA	FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0	0	0	0		
	FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria		FA.03.02.10	United Nations Development Pro- gramme (UNDP)	0	543,546	0	616,575	5,344,215	195,455		
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	0	0	0	0	0	0		
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	0	188,540	0	0	0	0		
	FS.03.02.10	United Nations Development Fund for Women (UNIFEM)		FA.03.02.09	United Nations Development Fund for Women (UNIFEM)	0	0	0	0	0	0		
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.10	United Nations Office on Drugs and Crime (UNODC)	0	0	0	0	0	0		
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0	0	0	0		
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.	0	0	0	0	466,243			
	FS.03.02.20	World Health Organization (WHO)		FA.03.02.19	World Health Organization (WHO)	0	0	0	0	0	0		
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	0	0	0	0	0	0		
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/Soros Foundation	21,337	0	0	0	0	0		
	FS.03.03.99	Other International not-for-profit organizations and foundations n.e.c.		FA.03.02.99	Other Multilateral entities n.e.c.	0	0	0	0	0	0		
	FS.03	Total expenditure from international source of funding/International sector financing agents					21,337	732,086	0	616,575	5,810,458	195,455	
	Grand Total						389,310	3,421,503	129,638	673,925	7,308,990	211,659	

**Annex 6. Financing sources – Financing agents – Providers of services (TJS), Tajikistan NASA 2009 (part 2)**

Main Blocks of Financing Sources (FS)	FS Code	FS Code Description	Main Blocks of Financing Agents (FA)	FA Code	FA Code Description	PS.01.01.14.08	PS.01.01.14.99	PS 01	PS.02.01.01.15	PS.03.02	Grand Total	
						Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.	Public sector providers	Private sescor providers: Civil society organizations (Non-profit non faith- based)	Internation- al in country offices: Multilateral agencies		
Public funds	FS.01.01.01	Central government revenue	Public sector FA	FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	0	0	479,977	0	0	479,977	
				FA.01.01.01.06	Ministry of Labour (or equivalent sector entity)	0	0	16,204	0	0	16,204	
				FA.01.01.01.07	Ministry of Justice (or equivalent sector entity)	59,496	0	59,496	0	0	59,496	
				FA.01.01.01.09	Prime Minister's or President's office	0	41,450	41,450	0	0	41,450	
	FS.01.01.01	Total central government revenue/Public sector financing agents				59,496	41,450	597,127	0	0	597,127	
	FS.01.01.03	Local/municipal government revenue	Public sector FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	0	0	4,170,939	0	0	4,170,939	
	FS.01	Total expenditure from public source of funding/Public sector financing agents				59,496	41,450	4,768,066	0	0	4,768,066	
Private Funds	FS.02.02	Households' funds	Private sector FA	FA.02.04	Private households' (out-of-pocket payments)	0	0	91,994	0	0	91,994	
	FS.02	Total expenditure from private source of funding/Private sector financing agents				0	0	91,994	0	0	91,994	
International funds	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Develop- ment Bank, etc.)	Interna- tional sector FA	FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0	1,340,511	0	1,340,511	
	FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria		FA.03.02.10	United Nations Development Pro- gramme (UNDP)	305,126	33,124	7,038,041	1,458,958	10,601,267	19,098,266	
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	0	0	0	0	571,050	571,050	
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	0	0	188,540	0	556,810	745,350	
	FS.03.02.10	United Nations Development Fund for Women (UNIFEM)		FA.03.02.09	United Nations Development Fund for Women (UNIFEM)	0	0	0	0	74,162	74,162	
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.10	United Nations Office on Drugs and Crime (UNODC)	0	0	0	0	2,310	2,310	
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0	0	127,626	127,626	
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.			466,243	707,083		1,173,326	
	FS.03.02.20	World Health Organization (WHO)		FA.03.02.19	World Health Organization (WHO)	0	0	0	0	163,631	163,631	
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	0	0	0	0	55,062	55,062	
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/Soros Foundation	0	0	21,337	777,636	410,717	1,209,690	
	FS.03.03.99	Other International not-for-profit organizations and foundations n.e.c.		FA.03.02.99	Other Multilateral entities n.e.c.	0	0	0	178,476	1,482,544	1,661,020	
	FS.03	Total expenditure from international source of funding/International sector financing agents				305,126	33,124	7,714,161	4,462,664	14,045,179	26,222,004	
	Grand Total						364,622	74,574	12,574,221	4,462,664	14,045,179	31,082,064

## Annex 7. Financing sources – Financing agents – Beneficiary population (TJS), Tajikistan NASA 2009 (part 1)

Main Blocks of Financing Sources (FS)	Financing Sources (FS) Code	FS Code Description	Main Blocks of Financing Agents (FA)	Financing Agents (FA) Code	FA Code Description	BP.01.01.02	BP.01.98	BP.01	BP.02.01	BP.02.02.01	
						Adult and young women (15 years and over) living with HIV	People living with HIV not disaggregated by age or gender	People living with HIV	Injecting drug users (IDU) and their sexual partners	Female sex workers and their clients	
Public funds	FS.01.01.01	Central government revenue	Public sector FA	FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	2,070	16,293	18,363	0	0	
				FA.01.01.01.06	Ministry of Labour (or equivalent sector entity)	0	0	0	0	0	
				FA.01.01.01.07	Ministry of Justice (or equivalent sector entity)	0	3,656	3,656	0	0	
				FA.01.01.01.09	Prime Minister's or President's office	0	0	0	0	0	
	FS.01.01.01	Total central government revenue/Public sector financing agents					2,070	19,949	22,019	0	0
	FS.01.01.03	Local/municipal government revenue	Public sector FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	3,389	281,624	285,013	245,528	3,212	
	FS.01	Total expenditure from public source of funding/Public sector financing agents					5,459	301,573	307,032	245,528	3,212
Private Funds	FS.02.02	Households' funds	Private sector FA	FA.02.04	Private households' (out-of-pocket payments)	0	0	0	0	0	
	FS.02	Total expenditure from private source of funding/Private sector financing agents					0	0	0	0	0
International funds	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)	International sector FA	FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0	0	0	
	FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria		FA.03.02.10	United Nations Development Programme (UNDP)	0	1,090,851	1,090,851	1,378,589	319,370	
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	0	10,836	10,836	0	0	
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	0	56,458	56,458	2,072	62,156	
	FS.03.02.10	United Nations Development Fund for Women (UNIFEM)		FA.03.02.09	United Nations Development Fund for Women (UNIFEM)	0	0	0	0	0	
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.10	United Nations Office on Drugs and Crime (UNODC)	0	0	0	0	0	
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0	0	0	
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.	0	150,255	150,255	199,254	131,236	
	FS.03.02.20	World Health Organization (WHO)		FA.03.02.19	World Health Organization (WHO)	0	49,520	49,520	0	0	
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	0	0	0	0	0	
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/Soros Foundation	0	21,337	21,337	777,636	0	
	FS.03.03.99	Other International not-for-profit organizations and foundations n.e.c.		FA.03.02.99	Other Multilateral entities n.e.c.	0	21,775	21,775	65,213	6,448	
	FS.03	Total expenditure from international source of funding/International sector financing agents					0	1,401,032	1,401,032	2,422,764	519,210
Grand Total						5,459	1,702,605	1,708,064	2,668,292	522,422	

# Annex 7. Financing sources – Financing agents – Beneficiary population (TJS), Tajikistan NASA 2009 (part 2)

Main Blocks of Financing Sources (FS)	Financing Sources (FS) Code	FS Code Description	Main Blocks of Financing Agents (FA)	Financing Agents (FA) Code	FA Code Description	BP.02.03	BP.02	BP.03.05	BP.03.07	BP.03.11
						Men who have sex with men (MSM)	Most-at-risk population	Migrants/mobile populations	Prisoners and other institutionalized persons	Children and youth out of school
Public funds	FS.01.01.01	Central government revenue	Public sector FA	FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	0	0	0	0	0
				FA.01.01.01.06	Ministry of Labour (or equivalent sector entity)	0	0	0	0	0
				FA.01.01.01.07	Ministry of Justice (or equivalent sector entity)	0	0	0	18,690	0
				FA.01.01.01.09	Prime Minister's or President's office	0	0	0	0	62
	FS.01.01.01	Total central government revenue/Public sector financing agents				0	0	0	18,690	62
	FS.01.01.03	Local/municipal government revenue	Public sector FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	0	248,740	0	0	0
	FS.01	Total expenditure from public source of funding/Public sector financing agents				0	248,740	0	18,690	62
Private Funds	FS.02.02	Households' funds	Private sector FA	FA.02.04	Private households' (out-of-pocket payments)	0	0	0	0	0
	FS.02	Total expenditure from private source of funding/Private sector financing agents				0	0	0	0	0
International funds	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)	International sector FA	FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	0	0	0	0
	FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria		FA.03.02.10	United Nations Development Programme (UNDP)	64,441	1,762,400	67,232	199,063	1,391,369
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	0	0	0	0	0
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	0	64,228	0	0	0
	FS.03.02.10	United Nations Development Fund for Women (UNIFEM)		FA.03.02.09	United Nations Development Fund for Women (UNIFEM)	0	0	0	0	0
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.10	United Nations Office on Drugs and Crime (UNODC)	0	0	0	0	0
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0	0	0
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.	33,415	363,905	0	0	0
	FS.03.02.20	World Health Organization (WHO)		FA.03.02.19	World Health Organization (WHO)	0	0	0	0	0
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	0	0	0	0	0
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/Soros Foundation	0	777,636	0	0	0
	FS.03.03.99	Other International not-for-profit organizations and foundations n.e.c.		FA.03.02.99	Other Multilateral entities n.e.c.	0	71,661	0	0	0
	FS.03	Total expenditure from international source of funding/International sector financing agents				97,856	3,039,830	67,232	199,063	1,391,369
Grand Total						97,856	3,288,570	67,232	217,753	1,391,431



## Annex 7. Financing sources – Financing agents – Beneficiary population (TJS), Tajikistan NASA 2009 (part 3)

Main Blocks of Financing Sources (FS)	Financing Sources (FS) Code	FS Code Description	Main Blocks of Financing Agents (FA)	Financing Agents (FA) Code	FA Code Description	BP.03.14	BP.03.98	BP.03	BP.04.01	BP.04.03	
						Recipients of blood or blood products	Other key populations not disaggregated by type	Other key population	People attending STI clinics	Junior high/high school students	
Public funds	FS.01.01.01	Central government revenue	Public sector FA	FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	902	0	902	153,619	0	
				FA.01.01.01.06	Ministry of Labour (or equivalent sector entity)	0	16,204	16,204	0	0	
				FA.01.01.01.07	Ministry of Justice (or equivalent sector entity)	0	0	18,690	0	0	
				FA.01.01.01.09	Prime Minister's or President's office	0	63	125	0	625	
	FS.01.01.01	Total central government revenue/Public sector financing agents					902	16,267	35,921	153,619	625
	FS.01.01.03	Local/municipal government revenue	Public sector FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	8,278	34,856	43,134	797,940	0	
	FS.01	Total expenditure from public source of funding/Public sector financing agents					9,180	51,123	79,055	951,559	625
Private Funds	FS.02.02	Households' funds	Private sector FA	FA.02.04	Private households' (out-of-pocket payments)	56,939	0	56,939	0	0	
	FS.02	Total expenditure from private source of funding/Private sector financing agents					56,939	0	56,939	0	0
International funds	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)	International sector FA	FA.03.03.99	Other International not-for-profit organizations n.e.c.	0	273,069	273,069	0	0	
	FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria		FA.03.02.10	United Nations Development Programme (UNDP)	595,743	482,310	2,735,717	34,924	179,198	
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	0	0	0	0	0	
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	0	0	0	0	148,137	
	FS.03.02.10	United Nations Development Fund for Women (UNIFEM)		FA.03.02.09	United Nations Development Fund for Women (UNIFEM)	0	0	0	0	0	
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.10	United Nations Office on Drugs and Crime (UNODC)	0	0	0	0	2,310	
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0	0	0	
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.	0	0	0	0	0	
	FS.03.02.20	World Health Organization (WHO)		FA.03.02.19	World Health Organization (WHO)	0	0	0	0	0	
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	0	0	0	0	0	
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/Soros Foundation	0	0	0	0	0	
	FS.03.03.99	Other International not-for-profit organizations and foundations n.e.c.		FA.03.02.99	Other Multilateral entities n.e.c.	0	0	0	0	0	
	FS.03	Total expenditure from international source of funding/International sector financing agents					595,743	755,379	3,008,786	34,924	329,645
Grand Total						661,862	806,502	3,144,780	986,483	330,270	

# Annex 7. Financing sources – Financing agents – Beneficiary population (TJS), Tajikistan NASA 2009 (part 4)

Main Blocks of Financing Sources (FS)	Financing Sources (FS) Code	FS Code Description	Main Blocks of Financing Agents (FA)	Financing Agents (FA) Code	FA Code Description	BP.04.05	BP.04.98	BP.04	BP.05.01.02	BP.05.03.98	
						Health care workers	Specific "ac- cessible," populations not disaggregated by type	Specific "ac- cessible," populations	Female adult population	Youth (age 15 to 24 years) not disaggregated by gender	
Public funds	FS.01.01.01	Central government revenue	Public sec- tor FA	FA.01.01.01.01	Ministry of Health (or equiva- lent sector entity)	0	0	153,619	0	0	
				FA.01.01.01.06	Ministry of Labour (or equiva- lent sector entity)	0	0	0	0	0	
				FA.01.01.01.07	Ministry of Justice (or equiva- lent sector entity)	0	0	,0	0	0	
				FA.01.01.01.09	Prime Minister's or President's office	0	0	625	19,934	0	
	FS.01.01.01	Total central government revenue/Public sector financing agents					0	0	154,244	19,934	0
	FS.01.01.03	Local/municipal government rev- enue	Public sec- tor FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	0	120,882	918,822	771,807	1,148	
	FS.01	Total expenditure from public source of funding/Public sector financing agents					0	120,882	1,073,066	791,741	1,148
Private Funds	FS.02.02	Households' funds	Private sec- tor FA	FA.02.04	Private households' (out-of- pocket payments)	411	21,830	22,241	0	0	
	FS.02	Total expenditure from private source of funding/Private sector financing agents					411	21,830	22,241	0	0
Internation- al funds	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Carib- bean, Islamic Development Bank, etc.)	Internation- al sector FA	FA.03.03.99	Other International not-for- profit organizations n.e.c.	0	0	0	0	0	
	FS.03.02.07	The Global Fund to Fight AIDS, Tuber- culosis and Malaria		FA.03.02.10	United Nations Development Programme (UNDP)	45,328	2,894,918	3,154,368	0	0	
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	0	0	0	0	0	
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	0	41,438	189,575	82,874	0	
	FS.03.02.10	United Nations Development Fund for Women (UNIFEM)		FA.03.02.09	United Nations Development Fund for Women (UNIFEM)	0	0	0	0	0	
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.10	United Nations Office on Drugs and Crime (UNODC)	0	0	2,310	0	0	
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	0	0	0	0	127,626	
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.	0	0	0	0	23,429	
	FS.03.02.20	World Health Organization (WHO)		FA.03.02.19	World Health Organization (WHO)	0	0	0	0	0	
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	0	0	0	0	0	
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/ Soros Foundation	0	0	0	0	0	
	FS.03.03.99	Other International not-for-profit or- ganizations and foundations n.e.c.		FA.03.02.99	Other Multilateral entities n.e.c.	0	0	0	0	0	
	FS.03	Total expenditure from international source of funding/International sector financing agents					45,328	2,936,356	3,346,253	82,874	151,055
Grand Total						45,739	3,079,068	4,441,560	874,615	152,203	

## Annex 7. Financing sources – Financing agents – Beneficiary population (TJS), Tajikistan NASA 2009 (part 5)

Main Blocks of Financing Sources (FS)	Financing Sources (FS) Code	FS Code Description	Main Blocks of Financing Agents (FA)	Financing Agents (FA) Code	FA Code Description	BP.05.98	BP.05	BP.06	Grand Total
						General population not disaggregated by age or gender.	General population	Non-targeted interventions	
Public funds	FS.01.01.01	Central government revenue	Public sector FA	FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	138,530	138,530	168,563	479,977
				FA.01.01.01.06	Ministry of Labour (or equivalent sector entity)	0	0	16,204	
				FA.01.01.01.07	Ministry of Justice (or equivalent sector entity)	0	0	59,496	
				FA.01.01.01.09	Prime Minister's or President's office	0	19,934	41,450	
	FS.01.01.01	Total central government revenue/Public sector financing agents					138,530	158,464	597,127
	FS.01.01.03	Local/municipal government revenue	Public sector FA	FA.01.01.03.01	Department of Health (or equivalent local sector entity)	827,301	1,600,256	4,170,939	
	FS.01	Total expenditure from public source of funding/Public sector financing agents					965,831	1,758,720	4,768,066
Private Funds	FS.02.02	Households' funds	Private sector FA	FA.02.04	Private households' (out-of-pocket payments)	0	0	91,994	
	FS.02	Total expenditure from private source of funding/Private sector financing agents					0	0	91,994
International funds	FS.03.02.06	Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.)	International sector FA	FA.03.03.99	Other International not-for-profit organizations n.e.c.	99,442	99,442	1,340,511	
	FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria		FA.03.02.10	United Nations Development Programme (UNDP)	182,302	182,302	19,098,266	
	FS.03.02.08	UNAIDS Secretariat		FA.03.02.07	UNAIDS Secretariat	149,958	410,256	571,050	
	FS.03.02.09	United Nations Children's Fund (UNICEF)		FA.03.02.08	United Nations Children's Fund (UNICEF)	0	352,215	745,350	
	FS.03.02.10	United Nations Development Fund for Women (UNIFEM)		FA.03.02.09	United Nations Development Fund for Women (UNIFEM)	39,122	35,040	74,162	
	FS.03.02.16	United Nations Office on Drugs and Crime (UNODC)		FA.03.02.10	United Nations Office on Drugs and Crime (UNODC)	0	2,310		
	FS.03.02.17	United Nations Population Fund (UNFPA)		FA.03.02.16	United Nations Population Fund (UNFPA)	0	127,626	127,626	
	FS.03.02.18	World Bank (WB)		FA.03.02.99	Other Multilateral entities n.e.c.	373,176	262,561	1,173,326	
	FS.03.02.20	World Health Organization (WHO)		FA.03.02.19	World Health Organization (WHO)	4,300	109,811	163,631	
	FS.03.03.03	Aga Khan Foundation		FA.03.03.03	Aga Khan Foundation	55,062	55,062	55,062	
	FS.03.03.29	The Open Society Institute/Soros Foundation		FA.03.03.29	The Open Society Institute/Soros Foundation	66,127	344,590	1,209,690	
	FS.03.03.99	Other International not-for-profit organizations and foundations n.e.c.		FA.03.02.99	Other Multilateral entities n.e.c.	0	1,567,584	1,661,020	
	FS.03	Total expenditure from international source of funding/International sector financing agents					969,489	1,203,418	26,222,004
Grand Total						1,935,320	2,962,138	15,536,952	31,082,064

**Annex 8.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (*part 1*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.01.01.01 Central government revenue						
			PS.01.01.01	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.07	PS.01.01.14.08	PS.01.01.14.99	Total
			Hospitals (Gov- ernmental)	Ambulatory care (Governmental)	Departments inside the Min- istry of Health or equivalent (in- cluding, NAPs/ NACPs)	Departments inside the Minis- try of Labour or equivalent	Departments inside the Minis- try of Justice or equivalent	Government entitities n.e.c.	Central govern- ment revenue
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	6,363	0	0	0	0	0	6,363
	ASC.01.01.98	Communication for social and behaviour change not broken down by type	0	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	126,354	5,813	0	0	0	0	132,167
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	16,204	5,580	63	21,847
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	625	625
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	62	62
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	140,139	13,480	0	0	13,110	0	166,729
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	2,070	0	0	0	0	0	2,070
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.01.19	Blood safety	902	0	0	0	0	0	902
	ASC.01.22.98	Post-exposure prophylaxis not broken down by intervention	0	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	275,828	19,293	0	16,204	18,690	750	330,765

## Annex 8. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (part 2)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.01.01.03 Local/municipal government revenue					FS.01 Public Funds - Total
			PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.14.02	Total	
			Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Local/municipal government revenue	
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	4,110	225,056	0	87,600	316,766	323,129
	ASC.01.01.98	Communication for social and behaviour change not broken down by type	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	483,710	0	26,825	510,535	642,702
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	39,993	0	15,628	55,621	77,468
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	625
	ASC.01.06	Prevention – youth out-of-school	0	1,148	0	0	1,148	1,210
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	2,356	0	856	3,212	3,212
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	1,688	0	0	1,688	1,688
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	7,789	105,670	93,654	2,939	210,052	210,052
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	33,788	0	33,788	33,788
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	797,940	0	0	797,940	964,669
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	4,964	0	0	0	4,964	7,034
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	686,982	0	84,825	771,807	771,807
	ASC.01.19	Blood safety	0	8,278	0	,	8,278	9,180
	ASC.01.22.98	Post-exposure prophylaxis not broken down by intervention	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	16,863	2,352,821	127,442	218,673	2,715,799	3,046,564

**Annex 8.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (*part 3*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.02.02 Households' funds			FS.02 Households' funds - Total	FS.03.02.06 Regional Development Banks (Af- rica, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.) - Total
			PS.01.01.06	PS.01.01.14.02	Total		PS.02.01.01.15
			Blood banks (Gov- ernmental)	Departments inside the Ministry of Health or equiva- lent (including NAPs/NACPs)	Households' funds		Civil society organizations (Non-profit non faith-based)
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0
	ASC.01.01.98	Communication for social and behaviour change not broken down by type	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	21,830	21,830	21,830	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	273,069
	ASC.01.05	Prevention – youth in school	0	0	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disag- gregated by type	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disag- gregated by type	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0
	ASC.01.19	Blood safety	56,939	0	56,939	56,939	0
	ASC.01.22.98	Post-exposure prophylaxis not broken down by intervention	411	0	411	411	0
	ASC.01.98	Prevention activities not disaggregated by intervention	.	0	0	0	0
	ASC.01	Total expenditure on prevention	57,350	21,830	79,180	79,180	273,069

## Annex 8. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (part 4)

FS.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria											
Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	PS.01.01.02	PS.01.01.06	PS.01.01.14.02	PS.01.01.14.07	PS.01.01.14.08	PS.01.01.14.99	PS.02.01.01.15	PS.03.02	Total
			Ambulatory care (Governmental)	Blood banks (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Labour or equivalent	Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	Multi-lateral agencies	The Global Fund to Fight AIDS, Tuberculosis and Malaria
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	8,578	0	0	0	0	0	8,578
	ASC.01.01.98	Communication for social and behaviour change not broken down by type	0	0	0	0	0	0	0	50,050	50,050
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	108,600	0	0	0	0	0	108,600
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	67,232	0	13,467	117,990	199,063	33,111	364,320	1,027,101	1,822,284
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0	,	179,198	179,198
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	0	198,925	1,192,444	1,391,369
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	1,910	0	0	0	354,880	0	356,790
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	152,379	0	0	0	166,991	0	319,370
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	64,441	0	64,441
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	184,217	0	0	0	122,038	0	306,255
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	475,712	0	0	0	101,961	494,661	1,072,334
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	34,924	0	0	0	0	0	0	0	34,924
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	0	0	0	0
	ASC.01.19	Blood safety	,	595,743	0	0	0	0	0	0	595,743
	ASC.01.22.98	Post-exposure prophylaxis not broken down by intervention	45,328	0	0	0	0	0	0	0	45,328
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	147,484	595,743	944,863	117,990	199,063	33,111	1,373,556	2,943,454	6,355,264

**Annex 8.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (part 5)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.02.08 UNAIDS Secretariat	FS.03.02.09 United Nations Children's Fund (UNICEF)		FS.03.02.10 United Nations Development Fund for Women (UNIFEM)	FS.03.02.16 United Nations Office on Drugs and Crime (UNODC)	FS.03.02.17 United Nations Population Fund (UNFPA)
			PS.03.02	PS.01.01.02	PS.03.02	Total	PS.03.02	PS.03.02
			Multilateral agencies	Ambulatory care (Gov- ernmental)	Multilateral agencies	United Nations Chil- dren's Fund (UNICEF)	Multilateral agencies	Multilateral agencies
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0
	ASC.01.01.98	Communication for social and behaviour change not broken down by type	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	41,438	0	41,438	0	0
	ASC.01.05	Prevention – youth in school	0	0	148,137	148,137	0	2,310
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	62,156	0	62,156	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	2,072	0	2,072	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	82,874	0	82,874	0	0
	ASC.01.19	Blood safety	0	0	0	0	0	0
	ASC.01.22.98	Post-exposure prophylaxis not broken down by intervention	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	0	188,540	148,137	336,677	0	2,310



## Annex 8. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (part 6)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.02.18 World Bank (WB)			FS.03.02.20 World Health Organization (WHO)	FS.03.03.03 Aga Khan Foundation
			PS.01.01.14.02	PS.02.01.01.15	Total	PS.03.02	PS.03.02
			Departments inside the Ministry of Health or equivalent (including. NAPs/NACPs)	Civil society organizations (Non-profit non faith-based)	World Bank (WB)	Multilateral agencies	Multilateral agencies
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	8,329	0	8,329	0	0
	ASC.01.01.98	Communication for social and behaviour change not broken down by type	0	72,502	72,502	0	0
	ASC.01.02	Community mobilization	227,759	32,400	260,159	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	0
	ASC.01.05	Prevention – youth in school	0	23,429	23,429	0	0
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	8,287	117,748	126,035	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	16,575	114,661	131,236	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	33,415	0	33,415	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	21,133	21,133	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	54,597	123,524	178,121	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0
	ASC.01.19	Blood safety	0	0	0	0	0
	ASC.01.22.98	Post-exposure prophylaxis not broken down by intervention	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	3,211	13,063	16,274	0	0
	ASC.01	Total expenditure on prevention	352,173	518,460	870,633	0	0

**Annex 8.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (part 7)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.03.29 The Open Society Institute/Soros Founda- tion				FS.03.03.99 Other International not-for-profit organizations and foundations n.e.c.			FS.03 In- ternation- al Funds - Total	Grand Total
			PS.01.01.01	PS.02.01.01.15	PS.03.02	Total	PS.02.01.01.15	PS.03.02	Total		
			Hospitals (Govern- mental)	Civil society organizations (Non-profit non faith- based)	Multi- lateral agencies	The Open Society In- stitute/Soros Foundation	Civil society organizations (Non-profit non faith- based)	Multilateral agencies	Other Internation- al not-for-profit organizations and foundations n.e.c.		
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0	0	16,907	<b>340,036</b>
	ASC.01.01.98	Communication for social and behaviour change not broken down by type	0	0	0	0	0	0	0	122,552	<b>122,552</b>
	ASC.01.02	Community mobilization	0	0	66,127	66,127	0	0	0	326,286	<b>326,286</b>
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	0	0	108,600	<b>773,132</b>
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	0	0	0	2,136,791	<b>2,214,259</b>
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0	0	480,700	<b>481,325</b>
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	0	0	1,391,369	<b>1,392,579</b>
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0	0	482,825	<b>482,825</b>
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	6,448	0	6,448	519,210	<b>522,422</b>
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	,	0	0	97,856	<b>97,856</b>
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	777,636	0	777,636	3,180	0	3,180	1,108,204	<b>1,109,892</b>
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	62,033	0	62,033	1,314,560	<b>1,524,612</b>
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0	0	<b>33,788</b>
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	0	0	34,924	<b>999,593</b>
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0	0	0	<b>7,034</b>
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	0	0	82,874	<b>854,681</b>
	ASC.01.19	Blood safety	0	0	0	0	0	0	0	595,743	<b>661,862</b>
	ASC.01.22.98	Post-exposure prophylaxis not broken down by intervention	0	0	0	0	0	0	0	45,328	<b>45,739</b>
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0	16,274	<b>16,274</b>
	ASC.01	Total expenditure on prevention	0	777,636	66,127	843,763	71,661	0	71,661	8,881,003	<b>12,006,747</b>

## Annex 8. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (part 8)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.01.01.01 Central government revenue						Total
			PS.01.01.01	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.07	PS.01.01.14.08	PS.01.01.14.99	
			Hospitals (Governmental)	Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NACPs/ NACPs)	Departments inside the Ministry of Labour or equivalent	Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.	
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	5,755	0	0	0	0	5,755
	ASC.02.01.02.02	OI outpatient treatment	0	1,892	0	0	0	0	1,892
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	3,656	0	3,656
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not broken down by intervention	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	5,286	0	0	0	0	0	5,286
	ASC.02.03	Patient transport and emergency rescue	3,360	0	0	0	0	0	3,360
	ASC.02.98	Care and treatment services not disaggregated by intervention	,	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	8,646	7,647	0	0	3,656	0	19,949
Programme management and administration	ASC.04.01	Planning, coordination and programme management	53,385	9,624	101,230	0	37,150	,	201,389
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	0	0	0	12,000	12,000
	ASC.04.03	Monitoring and evaluation	0	0	0	0	0	8,766	8,766
	ASC.04.04	Operations research	0	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	4,324	0	0	0	0	0	4,324
	ASC.04.07	Drug supply systems	0	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0
	ASC.04.98	Programme management and administration not disaggregated by type	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	57,709	9,624	101,230	0	37,150	20,766	226,479

**Annex 8.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (part 9)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.01.01.03 Local/municipal government revenue					FS.01 Public Funds - Total	Total Other International not-for-profit organizations and foundations n.e.c.	FS.03 International Funds - Total	Grand Total
			PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.14.02	Total				
			Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Local/municipal government revenue				
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	2,202	0	43,461	45,663	45,663	0	1,821,239	<b>1,866,902</b>
	ASC.02.01.02.01	OI outpatient prophylaxis	0	7,620	0	54,234	61,854	67,609	0	0	<b>67,609</b>
	ASC.02.01.02.02	OI outpatient treatment	0	555	0	,	555	2,447	0	0	<b>2,447</b>
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	3,365	0	125,891	129,256	132,912	0	149,796	<b>282,708</b>
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	,	0	1,599	1,599	1,599	0	0	<b>1,599</b>
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	2,220	0	38,499	40,719	40,719	0	299,397	<b>340,116</b>
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	18,291	18,291	<b>18,291</b>
	ASC.02.01.98	Outpatient care services not broken down by intervention	0	0	0	0	0	0	0	19,110	<b>19,110</b>
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	46,066	0	0	46,066	51,352	0	0	<b>51,352</b>
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	3,360	0	21,337	<b>24,697</b>
	ASC.02.98	Care and treatment services not disaggregated by intervention	0	0	0	0	0	0	0	315,278	<b>315,278</b>
	ASC.02	Total expenditure on care and treatment	0	62,028	0	263,684	325,712	345,661	18,291	2,644,448	<b>2,990,109</b>
Programme management and administration	ASC.04.01	Planning, coordination and programme management	8,927	185,481	2,196	451,845	648,449	849,838	81,663	2,210,018	<b>3,072,670</b>
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	1,108	0	0	1,108	13,108	923,631	5,814,744	<b>5,827,852</b>
	ASC.04.03	Monitoring and evaluation	0	,	0	6,800	6,800	15,566	104,075	750,896	<b>766,462</b>
	ASC.04.04	Operations research	0	,	0	3,200	3,200	3,200	0	796,517	<b>799,717</b>
	ASC.04.05	Serological-surveillance (serosurveillance)	0	7,362	0	353,730	361,092	365,416	0	240,765	<b>606,181</b>
	ASC.04.07	Drug supply systems	0	,	0	,	0	0	0	963,850	<b>963,850</b>
	ASC.04.08	Information technology	0	,	0	10,026	10,026	10,026	0	66,816	<b>76,842</b>
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	1,500	0	2,000	3,500	3,500	52,752	474,076	<b>477,576</b>
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	,	0	,	0	0	0	40,866	<b>40,866</b>
	ASC.04.11	Mandatory HIV testing (not VCT)	0	2,626	0	51,828	54,454	54,454	0	0	<b>54,454</b>
	ASC.04.98	Programme management and administration not disaggregated by type	0	0	0	0	0	0	0	26,280	<b>26,280</b>
	ASC.04	Total expenditure on programme management and administration	8,927	198,077	2,196	879,429	1,088,629	1,315,108	1,162,121	11,384,828	<b>12,712,750</b>

## Annex 8. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (part 10)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.02.02 Households' funds			FS.02 Households' funds - Total	FS.03.02.06 Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.) - Total
			PS.01.01.06	PS.01.01.14.02	Total		PS.02.01.01.15
			Blood banks (Governmental)	Departments inside the Ministry of Health or equivalent (including. NAPs/NACPs)	Households' funds		Civil society organizations (Non-profit non faith-based)
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not broken down by intervention	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0
	ASC.02.98	Care and treatment services not disaggregated by intervention	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	0	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	12,814	12,814	12,814	927,740
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	0	0	40,260
	ASC.04.03	Monitoring and evaluation	0	0	0	0	0
	ASC.04.04	Operations research	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0
	ASC.04.07	Drug supply systems	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0
	ASC.04.98	Programme management and administration not disaggregated by type	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	0	12,814	12,814	12,814	968,000

**Annex 8.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (*part 11*)

			FS.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria								
Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	PS.01.01.02	PS.01.01.06	PS.01.01.14.02	PS.01.01.14.07	PS.01.01.14.08	PS.01.01.14.99	PS.02.01.01.15	PS.03.02	Total
			Ambulatory care (Governmental)	Blood banks (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Labour or equivalent	Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	Multi-lateral agencies	The Global Fund to Fight AIDS, Tuberculosis and Malaria
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	1,821,239	0	0	0	0	0	1,821,239
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	100,276	0	0	0	0	0	100,276
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	299,397	0	0	0	0	0	299,397
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not broken down by intervention	0	0	19,110	0	0	0	0	0	19,110
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0	0	0	0
	ASC.02.98	Care and treatment services not disaggregated by intervention	0	0	315,278	0	0	0	0	0	315,278
	ASC.02	Total expenditure on care and treatment	0	0	2,555,300	0	0	0	0	0	2,555,300
Programme management and administration	ASC.04.01	Planning, coordination and programme management	20,893	0	283,723	9,415	15,821	0	14	467,847	797,713
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	64,366	20,832	584,264	45,504	280	13	85,388	3,872,124	4,672,771
	ASC.04.03	Monitoring and evaluation	71,496	0	104,181	22,018	0	0	0	324,317	522,012
	ASC.04.04	Operations research	0	0	13,822	0	0	0	0	633,196	647,018
	ASC.04.05	Serological-surveillance (serosurveillance)	56,139	0	55,216	0	24,820	0	0	48,843	185,018
	ASC.04.07	Drug supply systems	0	0	,	0	0	0	0	963,850	963,850
	ASC.04.08	Information technology	0	0	,	0	0	0	0	66,816	66,816
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	164,303	0	0	0	0	257,021	421,324
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	40,866	0	0	0	0	0	40,866
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0	0	0
	ASC.04.98	Programme management and administration not disaggregated by type	0	0	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	212,894	20,832	1,246,375	76,937	40,921	13	85,402	6,634,014	8,317,388

## Annex 8. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (part 12)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.02.08 UNAIDS Sec- retariat	FS.03.02.09 United Nations Children's Fund (UNICEF)		FS.03.02.10 United Nations Develop- ment Fund for Women (UNIFEM)	FS.03.02.16 United Nations Office on Drugs and Crime (UNODC)	FS.03.02.17 United Nations Population Fund (UNFPA)	
			PS.03.02	PS.01.01.02	PS.03.02	Total	PS.03.02	PS.03.02	PS.03.02
			Multilateral agencies	Ambulatory care (Govern- mental)	Multilateral agencies	United Nations Children's Fund (UNICEF)	Multilateral agencies	Multilateral agencies	Multilateral agencies
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	0	
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0	
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	
	ASC.02.01.98	Outpatient care services not broken down by intervention	0	0	0	0	0	0	
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0	
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0	
	ASC.02.98	Care and treatment services not disaggregated by intervention	0	0	0	0	0	0	
	ASC.02	Total expenditure on care and treatment	0	0	0	0	0	0	
Programme management and adminis- tration	ASC.04.01	Planning, coordination and programme man- agement	63,793	0	82,874	82,874	0	0	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	0	0	0	0	0
	ASC.04.03	Monitoring and evaluation	22,790	0	82,874	82,874	0	0	0
	ASC.04.04	Operations research	62,499	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0	0	0
	ASC.04.07	Drug supply systems	0	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0
	ASC.04.98	Programme management and administration not disaggregated by type	0	0	0	0	26,280	0	0
	ASC.04	Total expenditure on programme management and administration	149,082	0	165,748	165,748	26,280	0	0

**Annex 8.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (*part 13*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.02.18 World Bank (WB)			FS.03.02.20 World Health Organization (WHO)	FS.03.03.03 Aga Khan Foundation	FS.03.03.29 The Open Society Institute/Soros Foundation			
			PS.01.01.14.02	PS.02.01.01.15	Total	PS.03.02	PS.03.02	PS.01.01.01	PS.02.01.01.15	PS.03.02	Total
			Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Civil society organizations (Non-profit non faith-based)	World Bank (WB)	Multilateral agencies	Multilateral agencies	Hospitals (Governmental)	Civil society organizations (Non-profit non faith-based)	Multilateral agencies	The Open Society Institute/Soros Foundation
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	49,520	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not broken down by intervention	0	0	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	21,337	0	0	21,337
	ASC.02.98	Care and treatment services not disaggregated by intervention	0	0	0	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	49,520	0	21,337	0	0	21,337
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	38,735	38,735	0	0	0	0	217,500	217,500
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	42,618	77,648	120,266	57,816	0	0	0	0	0
	ASC.04.03	Monitoring and evaluation	0	0	0	19,145	0	0	0	,	0
	ASC.04.04	Operations research	0	0	0	0	0	0	0	87,000	87,000
	ASC.04.05	Serological-surveillance (serosurveillance)	55,747	,	55,747	0	0	0	0	0	0
	ASC.04.07	Drug supply systems	0	0	0	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0	0	0
	ASC.04.98	Programme management and administration not disaggregated by type	0	0	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	98,365	116,383	214,748	76,961	0	0	0	304,500	304,500



## Annex 8. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (part 14)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.03.99 Other International not-for-profit organizations and foundations n.e.c.			FS.03 International Funds - Total	Grand Total
			PS.02.01.01.15	PS.03.02	Total		
			Civil society organizations (Non-profit non faith-based)	Multilateral agencies	Other International not-for-profit organizations and foundations n.e.c.		
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	1,821,239	1,866,902
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	67,609
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	2,447
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	149,796	282,708
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	1,599
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	299,397	340,116
	ASC.02.01.07	Psychological treatment and support services	18,291	0	18,291	18,291	18,291
	ASC.02.01.98	Outpatient care services not broken down by intervention	0	0	0	19,110	19,110
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	51,352
	ASC.02.03	Patient transport and emergency rescue	0	0	0	21,337	24,697
	ASC.02.98	Care and treatment services not disaggregated by intervention	0	0	0	315,278	315,278
	ASC.02	Total expenditure on care and treatment	18,291	0	18,291	2,644,448	2,990,109
Programme management and administration	ASC.04.01	Planning, coordination and programme management	18,811	62,852	81,663	2,210,018	3,072,670
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	50,595	873,036	923,631	5,814,744	5,827,852
	ASC.04.03	Monitoring and evaluation	6,333	97,742	104,075	750,896	766,462
	ASC.04.04	Operations research	0	0	0	796,517	799,717
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	240,765	606,181
	ASC.04.07	Drug supply systems	0	0	0	963,850	963,850
	ASC.04.08	Information technology	0	0	0	66,816	76,842
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	52,752	52,752	474,076	477,576
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	40,866	40,866
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	54,454
	ASC.04.98	Programme management and administration not disaggregated by type	0	0	0	26,280	26,280
	ASC.04	Total expenditure on programme management and administration	75,739	1,086,382	1,162,121	11,384,828	12,712,750

**Annex 8.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (part 15)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.01.01.01 Central government revenue						Total
			PS.01.01.01	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.07	PS.01.01.14.08	PS.01.01.14.99	
			Hospitals (Governmental)	Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Labour or equivalent	Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.	
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0	0
	ASC.05.03	Training	0	0	0	0	0	0	0
	ASC.05	Total expenditure on human resources	0	0	0	0	0	0	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0	0
	ASC.06.98	Social protection services and social services not disaggregated by type	0	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0
	ASC.07.03	AIDS-specific institutional development	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	19,934	19,934
	ASC.07.05	Programmes to reduce Gender Based Violence	0	0	0	0	0	,	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	19,934	19,934
Research	ASC.08.02	Clinical research	0	0	0	0	0	0	0
	ASC.08.04.01	Behavioural research	0	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0	0
Grand Total			342,183	36,564	101,230	16,204	59,496	41,450	597,127

## Annex 8. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (part 16)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.01.01.03 Local/municipal government revenue					FS.01 Public Funds - Total
			PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.14.02	Total	
			Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Local/municipal government revenue	
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	39,927	0	872	40,799	40,799
	ASC.05.03	Training	0	0	0	0	0	0
	ASC.05	Total expenditure on human resources	0	39,927	0	872	40,799	40,799
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0
	ASC.06.98	Social protection services and social services not disaggregated by type	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0
	ASC.07.03	AIDS-specific institutional development	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	19,934
	ASC.07.05	Programmes to reduce Gender Based Violence	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	19,934
Research	ASC.08.02	Clinical research	0	0	0	0	0	0
	ASC.08.04.01	Behavioural research	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0
Grand Total			25,790	2,652,853	129,638	1,362,658	4,170,939	4,768,066

**Annex 8.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (part 17)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.02.02 Households' funds			FS.02 Households' funds - Total	FS.03.02.06 Regional Development Banks (Africa, Asia, Latin America and the Caribbean, Islamic Development Bank, etc.) - Total
			PS.01.01.06	PS.01.01.14.02	Total		PS.02.01.01.15
			Blood banks (Governmental)	Departments inside the Ministry of Health or equivalent (including. NAPs/NACPs)	Households' funds		Civil society organizations (Non-profit non faith-based)
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0
	ASC.05.03	Training	0	0	0	0	0
	ASC.05	Total expenditure on human resources	0	0	0	0	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0
	ASC.06.98	Social protection services and social services not disaggregated by type	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	99,442
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0
	ASC.07.03	AIDS-specific institutional development	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0
	ASC.07.05	Programmes to reduce Gender Based Violence	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	99,442
	ASC.08.02	Clinical research	0	0	0	0	0
Research	ASC.08.04.01	Behavioural research	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	,	,	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0
Grand Total			57,350	34,644	91,994	91,994	1,340,511

## Annex 8. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (part 18)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria					
			PS.01.01.02	PS.01.01.06	PS.01.01.14.02	PS.01.01.14.07	PS.01.01.14.08	PS.01.01.14.99
			Ambulatory care (Governmental)	Blood banks (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Labour or equivalent	Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	183,168	0	77,218	0	65,142	0
	ASC.05.03	Training	0	0	513,950	528	,	,
	ASC.05	Total expenditure on human resources	183,168	0	591,168	528	65,142	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0
	ASC.06.98	Social protection services and social services not disaggregated by type	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	,
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0
	ASC.07.03	AIDS-specific institutional development	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0
	ASC.07.05	Programmes to reduce Gender Based Violence	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	0
	ASC.08.02	Clinical research	0	0	6,509	0	0	0
Research	ASC.08.04.01	Behavioural research	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	6,509	0	0	0
Grand Total			543,546	616,575	5,344,215	195,455	305,126	33,124

**Annex 8.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (*part 19*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria			FS.03.02.08 UN-AIDS Secretariat	FS.03.02.09 United Nations Children's Fund (UNICEF)		
			PS.02.01.01.15	PS.03.02	Total	PS.03.02	PS.01.01.02	PS.03.02	Total
			Civil society organizations (Non-profit non faith-based)	Multilateral agencies	The Global Fund to Fight AIDS, Tuberculosis and Malaria	Multilateral agencies	Ambulatory care (Governmental)	Multilateral agencies	United Nations Children's Fund (UNICEF)
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	462,944	788,472	0	0	0	0
	ASC.05.03	Training	,	545,781	1,060,259	234,240	0	124,311	124,311
	ASC.05	Total expenditure on human resources	0	1,008,725	1,848,731	234,240	0	124,311	124,311
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	2,590	2,590
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0	0
	ASC.06.98	Social protection services and social services not disaggregated by type	0	0	0	0	0	53,868	53,868
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	56,458	56,458
Enabling environment	ASC.07.01	Advocacy	,	15,074	15,074	149,958	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	,	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	10,836	0	0	0
	ASC.07.03	AIDS-specific institutional development	0	0	0	26,934	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	,	0	0	0
	ASC.07.05	Programmes to reduce Gender Based Violence	0	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	15,074	15,074	187,728	0	0	0
Research	ASC.08.02	Clinical research	0	0	6,509	0	,	,	0
	ASC.08.04.01	Behavioural research	0	0	0	0	0	33,150	33,150
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	29,006	29,006
	ASC.08	Total expenditure on research	0	0	6,509	0	0	62,156	62,156
<b>Grand Total</b>			<b>1,458,958</b>	<b>10,601,267</b>	<b>19,098,266</b>	<b>571,050</b>	<b>188,540</b>	<b>556,810</b>	<b>745,350</b>

## Annex 8. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (part 20)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.02.10 United Nations Development Fund for Women (UNIFEM)	FS.03.02.16 United Nations Office on Drugs and Crime (UNODC)	FS.03.02.17 United Nations Population Fund (UNFPA)	FS.03.02.18 World Bank (WB)		FS.03.02.20 World Health Organization (WHO)
			PS.03.02	PS.03.02	PS.03.02	PS.01.01.14.02	PS.02.01.01.15	Total
			Multilateral agencies	Multilateral agencies	Multilateral agencies	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Civil society organizations (Non-profit non faith-based)	World Bank (WB)
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0
	ASC.05.03	Training	8,760	0	0	15,705	32,108	47,813
	ASC.05	Total expenditure on human resources	8,760	0	0	15,705	32,108	47,813
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	8,681	8,681
	ASC.06.03	Social protection through provision of social services	0	0	0	0	8,702	8,702
	ASC.06.98	Social protection services and social services not disaggregated by type	0	0	0	0	,	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	17,383	17,383
Enabling environment	ASC.07.01	Advocacy	8,760	0	0	0	15,912	15,912
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	6,837	6,837
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0
	ASC.07.03	AIDS-specific institutional development	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	22,478	0	0	0	0	0
	ASC.07.05	Programmes to reduce Gender Based Violence	7,884	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	39,122	0	0	0	22,749	22,749
	ASC.07	Total expenditure on enabling environment	39,122	0	0	0	22,749	22,749
Research	ASC.08.02	Clinical research	0	0	0	0	0	0
	ASC.08.04.01	Behavioural research	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0
Grand Total			74,162	2,310	127,626	466,243	707,083	1,173,326
								163,631

**Annex 8.** AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (*part 21*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.03.03 Aga Khan Foundation	FS.03.03.29 The Open Society Institute/Soros Foundation			
			PS.03.02	PS.01.01.01	PS.02.01.01.15	PS.03.02	Total
			Multilateral agencies	Hospitals (Governmental)	Civil society organizations (Non-profit non faith-based)	Multilateral agencies	The Open Society Institute/Soros Foundation
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	,	0
	ASC.05.03	Training	0	0	0	40,090	40,090
	ASC.05	Total expenditure on human resources	0	0	0	40,090	40,090
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0
	ASC.06.98	Social protection services and social services not disaggregated by type	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	55,062	,	,	,	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0
	ASC.07.03	AIDS-specific institutional development	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0
	ASC.07.05	Programmes to reduce Gender Based Violence	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	55,062	0	0	0	0
Research	ASC.08.02	Clinical research	0	0	0	0	0
	ASC.08.04.01	Behavioural research	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0
Grand Total			55,062	21,337	777,636	410,717	1,209,690



## Annex 8. AIDS spending category – Financing sources – Providers of services (TJS), Tajikistan NASA 2009 (part 22)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	FS.03.03.99 Other International not-for-profit organizations and foundations n.e.c.			FS.03 International Funds - Total	Grand Total
			PS.02.01.01.15	PS.03.02	Total		
			Civil society organizations (Non-profit non faith-based)	Multilateral agencies	Other International not-for-profit organizations and foundations n.e.c.		
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	788,472	829,271
	ASC.05.03	Training	0	396,162	396,162	1,944,485	1,944,485
	ASC.05	Total expenditure on human resources	0	396,162	396,162	2,732,957	2,773,756
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	11,271	11,271
	ASC.06.03	Social protection through provision of social services	0	0	0	8,702	8,702
	ASC.06.98	Social protection services and social services not disaggregated by type	0	0	0	53,868	53,868
	ASC.06	Total expenditure on social protection and social services	0	0	0	73,841	73,841
Enabling environment	ASC.07.01	Advocacy	0	0	0	348,508	348,508
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	3,484	0	3,484	10,321	10,321
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	10,836	10,836
	ASC.07.03	AIDS-specific institutional development	0	0	0	26,934	26,934
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	22,478	42,412
	ASC.07.05	Programmes to reduce Gender Based Violence	0	0	0	7,884	7,884
	ASC.07	Total expenditure on enabling environment	3,484	0	3,484	426,961	446,895
Research	ASC.08.02	Clinical research	,	0	0	6,509	6,509
	ASC.08.04.01	Behavioural research	9,301	0	9,301	42,451	42,451
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	,	0	0	29,006	29,006
	ASC.08	Total expenditure on research	9,301	0	9,301	77,966	77,966
Grand Total			178,476	1,482,544	1,661,020	26,222,004	31,082,064

**Annex 9.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 1)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.01.01.02 Adult and young women (15 years and over) living with HIV	BP.01.98 People living with HIV not disaggregated by age or gender							BP.01 People living with HIV - Total
			PS.01.01.01	PS.01.01.01	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.08	PS.02.01.01.15	PS.03.02		
			Hospitals (Governmental)	Hospitals (Governmental)	Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Justice or equivalent	Civil society organizations (Non-profit non faith-based)	Multilateral agencies	Total BP.01.98	
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0	0	0	0
	ASC.01.01.98	Communication for social and behaviour change not broken down by type	0	0	0	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	0	0	0	0	0
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	10,197	0	472,628	0	482,825	482,825
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	5,459	1,575	0	0	0	0	0	1,575	7,034
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	0	0	0	0
	ASC.01.19	Blood safety	0	0	0	0	0	0	0	0	0
	ASC.01.22.98	Post-exposure prophylaxis not broken down by intervention	0	0	0	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	5,459	1,575	0	10,197	0	472,628	0	484,400	489,859

## Annex 9. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 2)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.02.01 Injecting drug users (IDU) and their sexual partners					
			PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.14.02	PS.02.01.01.15	PS.03.02
			Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Departments inside the Ministry of Health or equivalent (including. NAPs/ NACPs)	Civil society organizations (Non-profit non faith-based)	Multilateral agencies
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0
	ASC.01.01.98	Communication for social and behaviour change not broken down by type	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	0	0
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	1,688	0	184,217	923,987	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	7,789	107,742	93,654	533,248	287,518	494,661
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	33,788	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	0
	ASC.01.19	Blood safety	0	0	0	0	0	0
	ASC.01.22.98	Post-exposure prophylaxis not broken down by intervention	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	7,789	109,430	127,442	717,465	1,211,505	494,661

2,668,292

**Annex 9.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 3)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.02.02.01 Female sex workers and their clients				BP.02.03 Men who have sex with men (MSM)			BP.02 Most-at-risk population - Total
			PS.01.01.02	PS.01.01.14.02	PS.02.01.01.15	Total BP.02.02.01	PS.01.01.14.02	PS.02.01.01.15	Total BP.02.03	
			Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Civil society organizations (Non-profit non faith-based)		Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Civil society organizations (Non-profit non faith-based)		
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0	0	0
	ASC.01.01.98	Communication for social and behaviour change not broken down by type	0	0	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	64,512	169,810	288,100	522,422	0	0	0	522,422
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	33,415	64,441	97,856	97,856
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0	0	1,109,892
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	0	0	1,524,612
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0	33,788
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.01.19	Blood safety	0	0	0	0	0	0	0	0
	ASC.01.22.98	Post-exposure prophylaxis not broken down by intervention	0	0	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	64,512	169,810	288,100	522,422	33,415	64,441	97,856	3,288,570

## Annex 9. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 4)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.03.05 Migrants/ mobile populations	BP.03.07 Prisoners and other insti- tutionalized persons	BP.03.11 Children and youth out of school				BP.03.14 Recipients of blood or blood products			
			PS.01.01.02	PS.01.01.14.08	PS.01.01.14.99	PS.02.01.01.15	PS.03.02	PS.01.01.01	PS.01.01.02	PS.01.01.06		
			Ambulatory care (Gov- ernmental)	Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.	Civil society organizations (Non-profit non faith- based)	Multi- lateral agencies	Total BP.03.11	Hospitals (Govern- mental)	Ambula- tory care (Govern- mental)	Blood banks (Govern- mental)	Total BP.03.14
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0	0	0	0	0
	ASC.01.01.98	Communication for social and behaviour change not broken down by type	0	0	0	0	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	0	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	67,232	204,643	0	0	0	0	0	0	0	0
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0	0	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	0	62	198,925	1,192,444	1,391,431	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	13,110	0	0	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	0	0	0	0	0
	ASC.01.19	Blood safety	0	0	0	0	0	0	902	8,278	652,682	661,862
	ASC.01.22.98	Post-exposure prophylaxis not broken down by intervention	0	0	0	0	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	67,232	217,753	62	198,925	1,192,444	1,391,431	902	8,278	652,682	661,862

**Annex 9.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 5)

BP.03.98 Other key populations not disaggregated by type								
Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.07	PS.01.01.14.99	PS.02.01.01.15	BP.03 Other key population - Total
			Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including, NAPs/ NACPs)	Departments inside the Ministry of Labour or equivalent	Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0
	ASC.01.01.98	Communication for social and behaviour change not broken down by type	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	22,749	12,107	134,194	63	637,389	806,502
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	1,391,431
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	13,110
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	0
	ASC.01.19	Blood safety	0	0	0	0	0	661,862
	ASC.01.22.98	Post-exposure prophylaxis not broken down by intervention	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	22,749	12,107	134,194	63	637,389	3,144,780

## Annex 9. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 6)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.04.01 People attending STI clinics			BP.04.03 Junior high/high school students			BP.04.05 Health care workers		
			PS.01.01.01	PS.01.01.02	Total BP.04.01	PS.01.01.14.99	PS.03.02	Total BP.04.03	PS.01.01.02	PS.01.01.06	Total BP.04.05
			Hospitals (Governmental)	Ambulatory care (Governmental)		Government entities n.e.c.	Multilateral agencies		Ambulatory care (Governmental)	Blood banks (Governmental)	
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0	0	0	0
	ASC.01.01.98	Communication for social and behaviour change not broken down by type	0	0	0	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	0	0	0	0	0
	ASC.01.05	Prevention – youth in school	0	0	0	625	329,645	330,270	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	140,139	846,344	986,483	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	0	0	0	0
	ASC.01.19	Blood safety	0	0	0	0	0	0	0	0	0
	ASC.01.22.98	Post-exposure prophylaxis not broken down by intervention	0	0	0	0	0	0	45,328	411	45,739
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	140,139	846,344	986,483	625	329,645	330,270	45,328	411	45,739

**Annex 9.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 7)

BP.04.98 Specific "accessible," populations not disaggregated by type							
Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.99	PS.03.02	BP.04 Specific "accessible," populations - Total
			Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including. NAPs/ NACPs)	Government entities n.e.c.	Multilateral agencies	
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0
	ASC.01.01.98	Communication for social and behaviour change not broken down by type	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	21,830	0	0	21,830
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	58,682	16,988	33,111	1,027,101	1,135,882
	ASC.01.05	Prevention – youth in school	0	0	0	0	330,270
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	986,483
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0
	ASC.01.19	Blood safety	0	0	0	0	0
	ASC.01.22.98	Post-exposure prophylaxis not broken down by intervention	0	0	0	0	45,739
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0
	ASC.01	Total expenditure on prevention	58,682	38,818	33,111	1,027,101	2,520,204



## Annex 9. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 8)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.05.01.02 Female adult population				BP.05.03.98 Youth (age 15 to 24 years) not disaggregated by gender			
			PS.01.01.02	PS.01.01.14.02	PS.01.01.14.99	Total BP.05.01.02	PS.01.01.02	PS.02.01.01.15	PS.03.02	Total BP.05.03.98
			Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Government entities n.e.c.		Ambulatory care (Governmental)	Civil society organizations (Non-profit non faith-based)	Multilateral agencies	
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0	0	0
	ASC.01.01.98	Communication for social and behaviour change not broken down by type	0	0	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	23,429	127,626	151,055
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	1,148	0	0	1,148
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	769,856	84,825	0	854,681	0	0	0	0
	ASC.01.19	Blood safety	0	0	0	0	0	0	0	0
	ASC.01.22.98	Post-exposure prophylaxis not broken down by intervention	0	0	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	769,856	84,825	0	854,681	1,148	23,429	127,626	152,203

**Annex 9.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 9)

BP.05.98 General population not disaggregated by age or gender.								
Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	PS.01.01.01	PS.01.01.02	PS.01.01.14.02	PS.02.01.01.15	PS.03.02	BP.05 General population - Total
			Hospitals (Governmental)	Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including. NAPs/ NACPs)	Civil society organizations (Non-profit non faith-based)	Multilateral agencies	
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	10,473	225,056	104,507	0	0	340,036
	ASC.01.01.98	Communication for social and behaviour change not broken down by type	0	0		72,502	50,050	122,552
	ASC.01.02	Community mobilization	0	0	227,759	32,400	66,127	326,286
	ASC.01.03	Voluntary counselling and testing (VCT)	126,354	489,523	135,425	0	0	751,302
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	0	0
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	151,055
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	1,148
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	854,681
	ASC.01.19	Blood safety	0	0	0	0	0	0
	ASC.01.22.98	Post-exposure prophylaxis not broken down by intervention	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	3,211	13,063	0	16,274
	ASC.01	Total expenditure on prevention	136,827	714,579	470,902	117,965	116,177	2,563,334

## Annex 9. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 10)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.06 Non-targeted interventions						
			PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.06	PS.01.01.14.02	PS.01.01.14.07	PS.01.01.14.08
			Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Blood banks (Governmental)	Departments inside the Ministry of Health or equivalent (including NACPs/ NACPs)	Departments inside the Ministry of Labour or equivalent	Departments inside the Ministry of Justice or equivalent
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	0	0	0
	ASC.01.01.98	Communication for social and behaviour change not broken down by type	0	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	0	0	0
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	0	0	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	0	0	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	0	0	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.01.19	Blood safety	0	0	0	0	0	0	0
	ASC.01.22.98	Post-exposure prophylaxis not broken down by intervention	0	0	0	0	0	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.01	Total expenditure on prevention	0	0	0	0	0	0	0

**Annex 9.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (*part 11*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.06 Non-targeted interventions			BP.06 Non-targeted interventions - Total	Grand Total
			PS.01.01.14.99	PS.02.01.01.15	PS.03.02		
			Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	Multilateral agencies		
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	0	0	340,036
	ASC.01.01.98	Communication for social and behaviour change not broken down by type	0	0	0	0	122,552
	ASC.01.02	Community mobilization	0	0	0	0	326,286
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	0	0	773,132
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	0	0	0	2,214,259
	ASC.01.05	Prevention – youth in school	0	0	0	0	481,325
	ASC.01.06	Prevention – youth out-of-school	0	0	0	0	1,392,579
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	482,825
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	0	0	0	522,422
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	97,856
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	0	0	1,109,892
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	0	0	1,524,612
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	0	0	33,788
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	0	0	0	0	999,593
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	0	0	7,034
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	0	0	0	854,681
	ASC.01.19	Blood safety	0	0	0	0	661,862
	ASC.01.22.98	Post-exposure prophylaxis not broken down by intervention	0	0	0	0	45,739
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	16,274
	ASC.01	Total expenditure on prevention	0	0	0	0	12,006,747



**Annex 9.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (*part 13*)

			BP.02.01 Injecting drug users (IDU) and their sexual partners						
Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.14.02	PS.02.01.01.15	PS.03.02	Total BP.02.01
			Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/ NACPs)	Civil society organizations (Non-profit non faith-based)	Multilateral agencies	
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not broken down by intervention	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0	0
	ASC.02.98	Care and treatment services not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	0	0	0	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	0	0	0	0	0	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	0	0	0	0	0
	ASC.04.03	Monitoring and evaluation	0	0	0	0	0	0	0
	ASC.04.04	Operations research	0	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0	0	0
	ASC.04.07	Drug supply systems	0	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0
	ASC.04.98	Programme management and administration not disaggregated by type	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	0	0	0	0	0	0	0

## Annex 9. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 14)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.02.02.01 Female sex workers and their clients				BP.02.03 Men who have sex with men (MSM)			BP.02 Most-at-risk population - Total
			PS.01.01.02	PS.01.01.14.02	PS.02.01.01.15	Total BP.02.02.01	PS.01.01.14.02	PS.02.01.01.15	Total BP.02.03	
			Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including, NAPs/ NACPs)	Civil society organizations (Non-profit non faith-based)		Departments inside the Ministry of Health or equivalent (including, NAPs/ NACPs)	Civil society organizations (Non-profit non faith-based)		
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not broken down by intervention	0	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0	0	0
	ASC.02.98	Care and treatment services not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	0	0	0	0	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	0	0	0	0	0	0	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	0	0	0	0	0	0
	ASC.04.03	Monitoring and evaluation	0	0	0	0	0	0	0	0
	ASC.04.04	Operations research	0	0	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0	0	0	0
	ASC.04.07	Drug supply systems	0	0	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0	0
	ASC.04.98	Programme management and administration not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	0	0	0	0	0	0	0	0

**Annex 9.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (*part 15*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.03.05 Migrants/ mobile populations	BP.03.07 Prisoners and other institu- tionalized persons	BP.03.11 Children and youth out of school			
			PS.01.01.02	PS.01.01.14.08	PS.01.01.14.99	PS.02.01.01.15	PS.03.02	Total BP.03.11
			Ambulatory care (Governmental)	Departments inside the Ministry of Jus- tice or equivalent	Government enti- ties n.e.c.	Civil society organi- zations (Non-profit non faith-based)	Multilateral agen- cies	
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not broken down by intervention	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0
	ASC.02.98	Care and treatment services not disaggregated by intervention	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	0	0	0
Programme management and adminis- tration	ASC.04.01	Planning, coordination and programme man- agement	0	0	0	0	0	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	0	0	0	0
	ASC.04.03	Monitoring and evaluation	0	0	0	0	0	0
	ASC.04.04	Operations research	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0	0
	ASC.04.07	Drug supply systems	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0
	ASC.04.98	Programme management and administration not disaggregated by type	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	0	0	0	0	0	0



**Annex 9.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 16)

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**Annex 9.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 17)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.03 Other key population - Total	BP.04.01 People attending STI clinics			BP.04.03 Junior high/high school students			BP.04.05 Health care workers		
				PS.01.01.01	PS.01.01.02	Total BP.04.01	PS.01.01.14.99	PS.03.02	Total BP.04.03	PS.01.01.02	PS.01.01.06	Total BP.04.05
				Hospitals (Governmental)	Ambulatory care (Governmental)		Government entities n.e.c.	Multilateral agencies		Ambulatory care (Governmental)	Blood banks (Governmental)	
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not broken down by intervention	0	0	0	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0	0	0	0	0
	ASC.02.98	Care and treatment services not disaggregated by intervention	0	0	0	0	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	0	0	0	0	0	0	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	0	0	0	0	0	0	0	0	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	0	0	0	0	0	0	0	0
	ASC.04.03	Monitoring and evaluation	0	0	0	0	0	0	0	0	0	0
	ASC.04.04	Operations research	0	0	0	0	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0	0	0	0	0	0
	ASC.04.07	Drug supply systems	0	0	0	0	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0	0	0	0
	ASC.04.98	Programme management and administration not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	0	0	0	0	0	0	0	0	0	0

## Annex 9. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 18)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.04.98 Specific “accessible,” populations not disaggregated by type					BP.04 Specific “accessible,” populations - Total	BP.05.01.02 Female adult population			
			PS.01.01.02	PS.01.01.14.02	PS.01.01.14.99	PS.03.02			PS.01.01.02	PS.01.01.14.02	PS.01.01.14.99	Total BP.05.01.02
			Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including. NAPs/NACPs)	Government entities n.e.c.	Multi-lateral agencies	Total BP.04.98		Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including. NAPs/NACPs)	Government entities n.e.c.	
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	2,202	1,864,700	0	0	1,866,902	1,866,902	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not broken down by intervention	0	0	0	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0	0	0	0	0
	ASC.02.98	Care and treatment services not disaggregated by intervention	0	0	0	0	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	2,202	1,864,700	0	0	1,866,902	1,866,902	0	0	0	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	0	0	0	0	0	0	0	0	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	0	0	0	0	0	0	0	0
	ASC.04.03	Monitoring and evaluation	0	0	0	0	0	0	0	0	0	0
	ASC.04.04	Operations research	0	0	0	0	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0	0	0	0	0	0
	ASC.04.07	Drug supply systems	0	0	0	0	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	2,626	51,828	0	0	54,454	54,454	0	0	0	0
	ASC.04.98	Programme management and administration not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	2,626	51,828	0	0	54,454	54,454	0	0	0	0

**Annex 9. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 19)**

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.05.03.98 Youth (age 15 to 24 years) not disaggregated by gender				BP.05.98 General population not disaggregated by age or gender.						BP.05 General population - Total
			PS.01.01.02	PS.02.01.01.15	PS.03.02	Total BP.05.03.98	PS.01.01.01	PS.01.01.02	PS.01.01.14.02	PS.02.01.01.15	PS.03.02	Total BP.05.98	
			Ambulatory care (Governmental)	Civil society organizations (Non-profit non faith-based)	Multi-lateral agencies		Hospitals (Governmental)	Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Civil society organizations (Non-profit non faith-based)	Multi-lateral agencies		
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	0	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not broken down by intervention	0	0	0	0	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0	0	0	0	0	0
	ASC.02.98	Care and treatment services not disaggregated by intervention	0	0	0	0	0	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	0	0	0	0	0	0	0	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	0	0	0	0	0	0	0	0	0	0
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	0	0	0	0	0	0	0	0	0	0
	ASC.04.03	Monitoring and evaluation	0	0	0	0	0	0	0	0	0	0	0
	ASC.04.04	Operations research	0	0	0	0	0	0	0	0	0	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	0	0	0	0	0	0	0	0	0
	ASC.04.07	Drug supply systems	0	0	0	0	0	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	0	0	0	0	0	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	0	0	0	0	0	0	0	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	0	0	0	0	0	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0	0	0	0	0
	ASC.04.98	Programme management and administration not disaggregated by type	0	0	0	0	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	0	0	0	0	0	0	0	0	0	0	0

## Annex 9. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 20)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.06 Non-targeted interventions						
			PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.06	PS.01.01.14.02	PS.01.01.14.07	PS.01.01.14.08
			Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Blood banks (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Labour or equivalent	Departments inside the Ministry of Justice or equivalent
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	0	0	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	0	0	0
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	0	0	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	0	0	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	0	0	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not broken down by intervention	0	0	0	0	0	0	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	0	0	0
	ASC.02.98	Care and treatment services not disaggregated by intervention	0	0	0	0	0	0	0
	ASC.02	Total expenditure on care and treatment	0	0	0	0	0	0	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	62,312	215,998	2,196	0	849,612	9,415	52,971
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	65,474	0	20,832	626,882	45,504	280
	ASC.04.03	Monitoring and evaluation	0	71,496	0	0	110,981	22,018	0
	ASC.04.04	Operations research	0		0	0	17,022	0	0
	ASC.04.05	Serological-surveillance (serosurveillance)	4,324	63,501	0	0	464,693	0	24,820
	ASC.04.07	Drug supply systems	0	0	0	0		0	0
	ASC.04.08	Information technology	0	0	0	0	10,026	0	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	1,500	0	0	166,303	0	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0		0	0	40,866	0	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	0	0	0
	ASC.04.98	Programme management and administration not disaggregated by type	0	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	66,636	417,969	2,196	20,832	2,286,385	76,937	78,071

**Annex 9.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 21)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.06 Non-targeted interventions			BP.06 Non-targeted interventions - Total	Grand Total
			PS.01.01.14.99	PS.02.01.01.15	PS.03.02		
			Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	Multilateral agencies		
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	0	0	1,866,902
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	0	0	67,609
	ASC.02.01.02.02	OI outpatient treatment	0	0	0	0	2,447
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	0	0	0	282,708
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	1,599
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	0	0	340,116
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	18,291
	ASC.02.01.98	Outpatient care services not broken down by intervention	0	0	0	0	19,110
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	0	0	51,352
	ASC.02.03	Patient transport and emergency rescue	0	0	0	0	24,697
	ASC.02.98	Care and treatment services not disaggregated by intervention	0	0	0	0	315,278
	ASC.02	Total expenditure on care and treatment	0	0	0	0	2,990,109
Programme management and administration	ASC.04.01	Planning, coordination and programme management	0	985,300	894,866	3,072,670	3,072,670
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	12,013	253,891	4,802,976	5,827,852	5,827,852
	ASC.04.03	Monitoring and evaluation	8,766	6,333	546,868	766,462	766,462
	ASC.04.04	Operations research	0	0	782,695	799,717	799,717
	ASC.04.05	Serological-surveillance (serosurveillance)	0	0	48,843	606,181	606,181
	ASC.04.07	Drug supply systems	0	0	963,850	963,850	963,850
	ASC.04.08	Information technology	0	0	66,816	76,842	76,842
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	309,773	477,576	477,576
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	40,866	40,866
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	0	0	54,454
	ASC.04.98	Programme management and administration not disaggregated by type	0	0	26,280	26,280	26,280
	ASC.04	Total expenditure on programme management and administration	20,779	1,245,524	8,442,967	12,658,296	12,712,750

## Annex 9. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 22)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.01.01.02 Adult and young women (15 years and over) living with HIV	BP.01.98 People living with HIV not disaggregated by age or gender							BP.01 People living with HIV - Total
			PS.01.01.01	PS.01.01.01	PS.01.01.02	PS.01.01.14.02	PS.01.01.14.08	PS.02.01.01.15	PS.03.02	Total BP.01.98	
			Hospitals (Gov- ernmental)	Hospitals (Gov- ernmental)	Ambula- tory care (Gov- ernmental)	Departments inside the Min- istry of Health or equivalent (including NAPs/NACPs)	Departments inside the Min- istry of Justice or equivalent	Civil society organizations (Non-profit non faith- based)	Multilateral agencies		
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0	0	0	0
	ASC.05.03	Training	0	0	0	0	0	0	0	0	0
	ASC.05	Total expenditure on human resources	0	0	0	0	0	0	0	0	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	8,681	2,590	11,271	11,271
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	8,702	0	8,702	8,702
	ASC.06.98	Social protection services and social services not disaggregated by type	0	0	0	0	0	0	53,868	53,868	53,868
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	17,383	56,458	73,841	73,841
Enabling en- vironment	ASC.07.01	Advocacy	0	0	0	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	10,321	0	10,321	10,321
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	10,836	10,836	10,836
	ASC.07.03	AIDS-specific institutional development	0	0	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0	0	0
	ASC.07.05	Programmes to reduce Gender Based Violence	0	0	0	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	10,321	10,836	21,157	21,157
Research	ASC.08.02	Clinical research	0	0	0	0	0	0	0	0	0
	ASC.08.04.01	Behavioural research	0	0	0	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0	0	0	0
Grand Total			5,459	31,558	67,473	964,481	3,656	518,623	116,814	1,702,605	1,708,064

**Annex 9.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 23)

Main blocks of AIDS spending categories (ASC)	BP.02.01 Injecting drug users (IDU) and their sexual partners								
	ASC Code	AIDS spending categories (ASC)	PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.14.02	PS.02.01.01.15	PS.03.02	Total BP.02.01
			Hospitals (Gov- ernmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Departments inside the Min- istry of Health or equivalent (including. NAPs/ NACPs)	Civil society organizations (Non-profit non faith-based)	Multilateral agencies	
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0	0
	ASC.05.03	Training	0	0	0	0	0	0	0
	ASC.05	Total expenditure on human resources	0	0	0	0	0	0	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0	0
	ASC.06.98	Social protection services and social services not disaggregated by type	0	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0	0
Enabling en- vironment	ASC.07.01	Advocacy	0	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0
	ASC.07.03	AIDS-specific institutional development	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0
	ASC.07.05	Programmes to reduce Gender Based Violence	0	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	0	0
Research	ASC.08.02	Clinical research	0	0	0	0	0	0	0
	ASC.08.04.01	Behavioural research	0	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0	0
Grand Total			7,789	109,430	127,442	717,465	1,211,505	494,661	2,668,292



## Annex 9. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 24)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.02.02.01 Female sex workers and their clients				BP.02.03 Men who have sex with men (MSM)			BP.02 Most-at-risk population - Total
			PS.01.01.02	PS.01.01.14.02	PS.02.01.01.15	Total BP.02.02.01	PS.01.01.14.02	PS.02.01.01.15	Total BP.02.03	
			Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Civil society organizations (Non-profit non faith-based)		Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Civil society organizations (Non-profit non faith-based)		
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0	0	0
	ASC.05.03	Training	0	0	0	0	0	0	0	0
	ASC.05	Total expenditure on human resources	0	0	0	0	0	0	0	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0	0	0
	ASC.06.98	Social protection services and social services not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.07.03	AIDS-specific institutional development	0	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0	0
	ASC.07.05	Programmes to reduce Gender Based Violence	0	0	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	0	0	0
Research	ASC.08.02	Clinical research	0	0	0	0	0	0	0	0
	ASC.08.04.01	Behavioural research	0	0	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0	0	0
Grand Total			64,512	169,810	288,100	522,422	33,415	64,441	97,856	3,288,570

**Annex 9.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (*part 25*)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.03.05 Migrants/ mobile popula- tions	BP.03.07 Prisoners and other insti- tutionalized persons	BP.03.11 Children and youth out of school				BP.03.14 Recipients of blood or blood products			
			PS.01.01.02	PS.01.01.14.08	PS.01.01.14.99	PS.02.01.01.15	PS.03.02		PS.01.01.01	PS.01.01.02	PS.01.01.06	
			Ambula- tory care (Govern- mental)	Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.	Civil society organizations (Non-profit non faith- based)	Multi- lateral agencies	Total BP.03.11	Hospitals (Govern- mental)	Ambula- tory care (Govern- mental)	Blood banks (Govern- mental)	Total BP.03.14
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0	0	0	0	0
	ASC.05.03	Training	0	0	0	0	0	0	0	0	0	0
	ASC.05	Total expenditure on human resources	0	0	0	0	0	0	0	0	0	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0	0	0	0	0
	ASC.06.98	Social protection services and social services not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0	0	0	0	0
Enabling en- vironment	ASC.07.01	Advocacy	0	0	0	0	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.07.03	AIDS-specific institutional development	0	0	0	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0	0	0	0
	ASC.07.05	Programmes to reduce Gender Based Violence	0	0	0	0	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	0	0	0	0	0
Research	ASC.08.02	Clinical research	0	0	0	0	0	0	0	0	0	0
	ASC.08.04.01	Behavioural research	0	0	0	0	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0	0	0	0	0
Grand Total			67,232	217,753	62	198,925	1,192,444	1,391,431	902	8,278	652,682	661,862

## Annex 9. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 26)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.03.98 Other key populations not disaggregated by type					BP.03 Other key population - Total
			PS.01.01.02	PS.01.01.14.02	PS.01.01.14.07	PS.01.01.14.99	PS.02.01.01.15	
			Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including. NAPs/ NACPs)	Departments inside the Ministry of Labour or equivalent	Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0
	ASC.05.03	Training	0	0	0	0	0	0
	ASC.05	Total expenditure on human resources	0	0	0	0	0	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0
	ASC.06.98	Social protection services and social services not disaggregated by type	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0
	ASC.07.03	AIDS-specific institutional development	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0
	ASC.07.05	Programmes to reduce Gender Based Violence	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	0
Research	ASC.08.02	Clinical research	0	0	0	0	0	0
	ASC.08.04.01	Behavioural research	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0
Grand Total			22,749	12,107	134,194	63	637,389	806,502
								3,144,780

**Annex 9.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 27)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.04.01 People attending STI clinics			BP.04.03 Junior high/high school students			BP.04.05 Health care workers		
			PS.01.01.01	PS.01.01.02	Total BP.04.01	PS.01.01.14.99	PS.03.02	Total BP.04.03	PS.01.01.02	PS.01.01.06	Total BP.04.05
			Hospitals (Governmental)	Ambulatory care (Governmental)		Government entities n.e.c.	Multilateral agencies		Ambulatory care (Governmental)	Blood banks (Governmental)	
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0	0	0	0
	ASC.05.03	Training	0	0	0	0	0	0	0	0	0
	ASC.05	Total expenditure on human resources	0	0	0	0	0	0	0	0	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0	0	0	0
	ASC.06.98	Social protection services and social services not disaggregated by type	0	0	0	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0	0	0
	ASC.07.03	AIDS-specific institutional development	0	0	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0	0	0
	ASC.07.05	Programmes to reduce Gender Based Violence	0	0	0	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	0	0	0	0
Research	ASC.08.02	Clinical research	0	0	0	0	0	0	0	0	0
	ASC.08.04.01	Behavioural research	0	0	0	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0	0	0	0
Grand Total			140,139	846,344	986,483	625	329,645	330,270	45,328	411	45,739

## Annex 9. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 28)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.04.98 Specific “accessible,” populations not disaggregated by type					BP.04 Specific “accessible,” populations - Total	BP.05.01.02 Female adult population			
			PS.01.01.02	PS.01.01.14.02	PS.01.01.14.99	PS.03.02	PS.01.01.02		PS.01.01.14.02	PS.01.01.14.99		
			Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including, NAPs/NACPs)	Government entities n.e.c.	Multilateral agencies	Total BP.04.98		Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including, NAPs/NACPs)	Government entities n.e.c.	Total BP.05.01.02
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0	0	0	0	0
	ASC.05.03	Training	0	0	0	0	0	0	0	0	0	0
	ASC.05	Total expenditure on human resources	0	0	0	0	0	0	0	0	0	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0	0	0	0	0
	ASC.06.98	Social protection services and social services not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.07.03	AIDS-specific institutional development	0	0	0	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0	0	19,934	19,934
	ASC.07.05	Programmes to reduce Gender Based Violence	0	0	0	0	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	0	0	0	19,934	19,934
Research	ASC.08.02	Clinical research	0	0	0	0	0	0	0	0	0	0
	ASC.08.04.01	Behavioural research	0	0	0	0	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0	0	0	0	0
Grand Total			63,510	1,955,346	33,111	1,027,101	3,079,068	4,441,560	769,856	84,825	19,934	874,615

**Annex 9.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 29)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.05.03.98 Youth (age 15 to 24 years) not disaggregated by gender				BP.05.98 General population not disaggregated by age or gender.						BP.05 General population - Total
			PS.01.01.02	PS.02.01.01.15	PS.03.02	Total BP.05.03.98	PS.01.01.01	PS.01.01.02	PS.01.01.14.02	PS.02.01.01.15	PS.03.02	Total BP.05.98	
			Ambulatory care (Governmental)	Civil society organizations (Non-profit non faith-based)	Multi-lateral agencies		Hospitals (Governmental)	Ambulatory care (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Civil society organizations (Non-profit non faith-based)	Multi-lateral agencies		
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	0	0	0	0	0	0	0	0	0
	ASC.05.03	Training	0	0	0	0	0	0	0	0	0	0	0
	ASC.05	Total expenditure on human resources	0	0	0	0	0	0	0	0	0	0	0
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0	0	0	0	0	0
	ASC.06.98	Social protection services and social services not disaggregated by type	0	0	0	0	0	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	0	0	115,354	233,154	348,508	348,508
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0	0	0	0	0
	ASC.07.03	AIDS-specific institutional development	0	0	0	0	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0	0	22,478	22,478	42,412
	ASC.07.05	Programmes to reduce Gender Based Violence	0	0	0	0	0	0	0	0	7,884	7,884	7,884
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	0	0	115,354	263,516	378,870	398,804
Research	ASC.08.02	Clinical research	0	0	0	0	0	0	0	0	0	0	0
	ASC.08.04.01	Behavioural research	0	0	0	0	0	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	0	0	0	0	0	0	0
Grand Total			1,148	23,429	127,626	152,203	136,827	714,579	470,902	233,319	379,693	1,935,320	2,962,138

## Annex 9. AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 30)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.06 Non-targeted interventions						
			PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.06	PS.01.01.14.02	PS.01.01.14.07	PS.01.01.14.08
			Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Blood banks (Governmental)	Departments inside the Ministry of Health or equivalent (including NACPs/ NACPs)	Departments inside the Ministry of Labour or equivalent	Departments inside the Ministry of Justice or equivalent
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	223,095	0	0	78,090	0	65,142
	ASC.05.03	Training	0	0	0	0	529,655	528	
	ASC.05	Total expenditure on human resources	0	223,095	0	0	607,745	528	65,142
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0	0
	ASC.06.98	Social protection services and social services not disaggregated by type	0	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0	0
	ASC.07.03	AIDS-specific institutional development	0	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0	0
	ASC.07.05	Programmes to reduce Gender Based Violence	0	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	0	0
Research	ASC.08.02	Clinical research	0	0	0	0	6,509	0	0
	ASC.08.04.01	Behavioural research	0	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	6,509	0	0
Grand Total			66,636	641,064	2,196	20,832	2,900,639	77,465	143,213

**Annex 9.** AIDS spending category – Beneficiary population – Providers of services (TJS), Tajikistan NASA 2009 (part 31)

Main blocks of AIDS spending categories (ASC)	ASC Code	AIDS spending categories (ASC)	BP.06 Non-targeted interventions			BP.06 Non-targeted interventions - Total	Grand Total
			PS.01.01.14.99	PS.02.01.01.15	PS.03.02		
			Government entities n.e.c.	Civil society organizations (Non-profit non faith-based)	Multilateral agencies		
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	0	462,944	829,271	<b>829,271</b>
	ASC.05.03	Training		32,108	1,382,194	1,944,485	<b>1,944,485</b>
	ASC.05	Total expenditure on human resources	0	32,108	1,845,138	2,773,756	<b>2,773,756</b>
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	<b>11,271</b>
	ASC.06.03	Social protection through provision of social services	0	0	0	0	<b>8,702</b>
	ASC.06.98	Social protection services and social services not disaggregated by type	0	0	0	0	<b>53,868</b>
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	<b>73,841</b>
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	<b>348,508</b>
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	<b>10,321</b>
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	<b>10,836</b>
	ASC.07.03	AIDS-specific institutional development	0	0	26,934	26,934	<b>26,934</b>
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	<b>42,412</b>
	ASC.07.05	Programmes to reduce Gender Based Violence	0	0	0	0	<b>7,884</b>
	ASC.07	Total expenditure on enabling environment	0	0	26,934	26,934	<b>446,895</b>
Research	ASC.08.02	Clinical research	0	0	0	6,509	<b>6,509</b>
	ASC.08.04.01	Behavioural research	0	9,301	33,150	42,451	<b>42,451</b>
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	29,006	29,006	<b>29,006</b>
	ASC.08	Total expenditure on research	0	9,301	62,156	77,966	<b>77,966</b>
<b>Grand Total</b>			<b>20,779</b>	<b>1,286,933</b>	<b>10,377,195</b>	<b>15,536,952</b>	<b>31,082,064</b>



## Annex 10. AIDS spending category – Providers of services (TJS), Tajikistan NASA 2009 (part 1)

Main blocks of AIDS spending categories (ASC)	ASC Code ASC	AIDS spending categories (ASC)	PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.06	PS.01.01.14.02	PS.01.01.14.07
			Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Blood banks (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Labour or equivalent
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	10,473	225,056	0	0	104,507	0
	ASC.01.01.98	Communication for social and behaviour change not broken down by type	0	0	0	0	0	0
	ASC.01.02	Community mobilization	0	0	0	0	227,759	0
	ASC.01.03	Voluntary counselling and testing (VCT)	126,354	489,523	0	0	157,255	0
	ASC.01.04.98	Programmatic interventions for vulnerable and accessible population not disaggregated by type	0	148,663	0	0	29,095	134,194
	ASC.01.05	Prevention – youth in school	0	0	0	0	0	0
	ASC.01.06	Prevention – youth out-of-school	0	1,148	0	0	0	0
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	0	0	10,197	0
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disaggregated by type	0	64,512	0	0	169,810	0
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	0	0	33,415	0
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	1,688	0	0	184,217	0
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	7,789	107,742	93,654	0	533,248	0
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	33,788	0	0	0
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	140,139	846,344	0	0	0	0
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	7,034	0	0	0	0	0
	ASC.01.17.98	PMTCT not disaggregated by intervention	0	769,856	0	0	84,825	0
	ASC.01.19	Blood safety	902	8,278	0	652,682	0	0
	ASC.01.22.98	Post-exposure prophylaxis not broken down by intervention	0	45,328	0	411	0	0
	ASC.01.98	Prevention activities not disaggregated by intervention	0	0	0	0	3,211	0
	ASC.01	Total expenditure on prevention	292,691	2,708,138	127,442	653,093	1,537,539	134,194

**Annex 10.** AIDS spending category – Providers of services (TJS), Tajikistan NASA 2009 (*part 2*)

Main blocks of AIDS spending categories (ASC)	ASC Code ASC	AIDS spending categories (ASC)	PS.01.01.14.08	PS.01.01.14.99	PS 01	PS.02.01.01.15	PS.03.02	Grand Total
			Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.	Public sector provid- ers	Private sescor providers: Civil society organizations (Non-profit non faith- based)	International in coun- try offices: Multilat- eral agencies	
Prevention	ASC.01.01.01	Health-related communication for social and behavioural change	0	0	340,036	0	0	340,036
	ASC.01.01.98	Communication for social and behaviour change not broken down by type	0	0	0	72,502	50,050	122,552
	ASC.01.02	Community mobilization	0	0	227,759	32,400	66,127	326,286
	ASC.01.03	Voluntary counselling and testing (VCT)	0	0	773,132	0	0	773,132
	ASC.01.04.98	Programmatic interventions for vul- nerable and accessible population not disaggregated by type	204,643	33,174	549,769	637,389	1,027,101	2,214,259
	ASC.01.05	Prevention – youth in school	0	625	625	23,429	457,271	481,325
	ASC.01.06	Prevention – youth out-of-school	0	62	1,210	198,925	1,192,444	1,392,579
	ASC.01.07.98	Prevention of HIV transmission aimed at PLHIV not disaggregated by type	0	0	10,197	472,628	0	482,825
	ASC.01.08.98	Programmatic interventions for sex workers and their clients not disag- gregated by type	0	0	234,322	288,100	0	522,422
	ASC.01.09.98	Programmatic interventions for MSM not disaggregated by type	0	0	33,415	64,441	0	97,856
	ASC.01.10.05	Sterile syringe and needle exchange as part of programmes for IDUs	0	0	185,905	923,987	0	1,109,892
	ASC.01.10.98	Programmatic interventions for IDUs not disaggregated by type	0	0	742,433	287,518	494,661	1,524,612
	ASC.01.10.99	Other programmatic interventions for IDUs, n.e.c.	0	0	33,788	0	0	33,788
	ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	13,110	0	999,593	0	0	999,593
	ASC.01.17.04	Delivery practices as part of PMTCT programmes	0	0	7,034	0	0	7,034
	ASC.01.17.98	PMTCT not disaggregated by inter- vention	0	0	854,681	0	0	854,681
	ASC.01.19	Blood safety	0	0	661,862	0	0	661,862
	ASC.01.22.98	Post-exposure prophylaxis not bro- ken down by intervention	0	0	45,739	0	0	45,739
	ASC.01.98	Prevention activities not disaggre- gated by intervention	0	0	3,211	13,063	0	16,274
	ASC.01	Total expenditure on prevention	217,753	33,861	5,704,711	3,014,382	3,287,654	12,006,747

## Annex 10. AIDS spending category – Providers of services (TJS), Tajikistan NASA 2009 (part 3)

Main blocks of AIDS spending categories (ASC)	ASC Code ASC	AIDS spending categories (ASC)	PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.06	PS.01.01.14.02	PS.01.01.14.07
			Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Blood banks (Governmental)	Departments inside the Ministry of Health or equivalent (including NAPs/NACPs)	Departments inside the Ministry of Labour or equivalent
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	2,202	0	0	1,864,700	0
	ASC.02.01.02.01	OI outpatient prophylaxis	0	13,375	0	0	54,234	0
	ASC.02.01.02.02	OI outpatient treatment	0	2,447	0	0	0	0
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	0	3,365	0	0	226,167	0
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	0	0	1,599	0
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	2,220	0	0	337,896	0
	ASC.02.01.07	Psychological treatment and support services	0	0	0	0	0	0
	ASC.02.01.98	Outpatient care services not broken down by intervention	0	0	0	0	19,110	0
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	5,286	46,066	0	0	0	0
	ASC.02.03	Patient transport and emergency rescue	24,697	0	0	0	0	0
	ASC.02.98	Care and treatment services not disaggregated by intervention	0	0	0	0	315,278	0
	ASC.02	Total expenditure on care and treatment	29,983	69,675	0	0	2,818,984	0
Programme management and administration	ASC.04.01	Planning, coordination and programme management	62,312	215,998	2,196	0	849,612	9,415
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	0	65,474	0	20,832	626,882	45,504
	ASC.04.03	Monitoring and evaluation	0	71,496	0	0	110,981	22,018
	ASC.04.04	Operations research	0	0	0	0	17,022	0
	ASC.04.05	Serological-surveillance (serosurveillance)	4,324	63,501	0	0	464,693	0
	ASC.04.07	Drug supply systems	0	0	0	0	0	0
	ASC.04.08	Information technology	0	0	0	0	10,026	0
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	1,500	0	0	166,303	0
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	0	0	40,866	0
	ASC.04.11	Mandatory HIV testing (not VCT)	0	2,626	0	0	51,828	0
	ASC.04.98	Programme management and administration not disaggregated by type	0	0	0	0	0	0
	ASC.04	Total expenditure on programme management and administration	66,636	420,595	2,196	20,832	2,338,213	76,937

**Annex 10.** AIDS spending category – Providers of services (TJS), Tajikistan NASA 2009 (part 4)

Main blocks of AIDS spending categories (ASC)	ASC Code ASC	AIDS spending categories (ASC)	PS.01.01.14.08	PS.01.01.14.99	PS 01	PS.02.01.01.15	PS.03.02	Grand Total
			Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.	Public sector providers	Private sector providers: Civil society organizations (Non-profit non faith-based)	International in country offices: Multilateral agencies	
Care and treatment	ASC.02.01.01	Provider- initiated testing and counselling (PITC)	0	0	1,866,902	0	0	<b>1,866,902</b>
	ASC.02.01.02.01	OI outpatient prophylaxis	0	0	67,609	0	0	<b>67,609</b>
	ASC.02.01.02.02	OI outpatient treatment	0	0	2,447	0	0	<b>2,447</b>
	ASC.02.01.03.98	Antiretroviral therapy not disaggregated neither by age nor by line of treatment	3,656	0	233,188	0	49,520	<b>282,708</b>
	ASC.02.01.04	Nutritional support associated to ARV therapy	0	0	1,599	0	0	<b>1,599</b>
	ASC.02.01.05	Specific HIV-related laboratory monitoring	0	0	340,116	0	0	<b>340,116</b>
	ASC.02.01.07	Psychological treatment and support services	0	0	0	18,291	0	<b>18,291</b>
	ASC.02.01.98	Outpatient care services not broken down by intervention	0	0	19,110	0	0	<b>19,110</b>
	ASC.02.02.01	Inpatient treatment of opportunistic infections (OI)	0	0	51,352	0	0	<b>51,352</b>
	ASC.02.03	Patient transport and emergency rescue	0	0	24,697	0	0	<b>24,697</b>
	ASC.02.98	Care and treatment services not disaggregated by intervention	0	0	315,278	0	0	<b>315,278</b>
	ASC.02	Total expenditure on care and treatment	3,656	0	2,922,298	18,291	49,520	<b>2,990,109</b>
Programme management and administration	ASC.04.01	Planning, coordination and programme management	52,971	0	1,192,504	985,300	894,866	<b>3,072,670</b>
	ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	280	12,013	770,985	253,891	4,802,976	<b>5,827,852</b>
	ASC.04.03	Monitoring and evaluation	0	8,766	213,261	6,333	546,868	<b>766,462</b>
	ASC.04.04	Operations research	0	0	17,022	0	782,695	<b>799,717</b>
	ASC.04.05	Serological-surveillance (serosurveillance)	24,820	0	557,338	0	48,843	<b>606,181</b>
	ASC.04.07	Drug supply systems	0	0	0	0	963,850	<b>963,850</b>
	ASC.04.08	Information technology	0	0	10,026	0	66,816	<b>76,842</b>
	ASC.04.10.01	Upgrading laboratory infrastructure and new equipment	0	0	167,803	0	309,773	<b>477,576</b>
	ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	0	0	40,866	0	0	<b>40,866</b>
	ASC.04.11	Mandatory HIV testing (not VCT)	0	0	54,454	0	0	<b>54,454</b>
	ASC.04.98	Programme management and administration not disaggregated by type	0	0	0	0	26,280	<b>26,280</b>
	ASC.04	Total expenditure on programme management and administration	78,071	20,779	3,024,259	1,245,524	8,442,967	<b>12,712,750</b>

## Annex 10. AIDS spending category – Providers of services (TJS), Tajikistan NASA 2009 (part 5)

Main blocks of AIDS spending categories (ASC)	ASC Code ASC	AIDS spending categories (ASC)	PS.01.01.01	PS.01.01.02	PS.01.01.04	PS.01.01.06	PS.01.01.14.02	PS.01.01.14.07
			Hospitals (Governmental)	Ambulatory care (Governmental)	Mental health and substance abuse facilities (Governmental)	Blood banks (Governmental)	Departments inside the Ministry of Health or equivalent (including. NAPs/NACPs)	Departments inside the Ministry of Labour or equivalent
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	0	223,095	0	0	78,090	0
	ASC.05.03	Training	0	0	0	0	529,655	528
	ASC.05	Total expenditure on human resources	0	223,095	0	0	607,745	528
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	0	0	0
	ASC.06.03	Social protection through provision of social services	0	0	0	0	0	0
	ASC.06.98	Social protection services and social services not disaggregated by type	0	0	0	0	0	0
	ASC.06	Total expenditure on social protection and social services	0	0	0	0	0	0
Enabling environment	ASC.07.01	Advocacy	0	0	0	0	0	0
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	0	0	0
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	0	0
	ASC.07.03	AIDS-specific institutional development	0	0	0	0	0	0
	ASC.07.04	AIDS-specific programmes focused on women	0	0	0	0	0	0
	ASC.07.05	Programmes to reduce Gender Based Violence	0	0	0	0	0	0
	ASC.07	Total expenditure on enabling environment	0	0	0	0	0	0
Research	ASC.08.02	Clinical research	0	0	0	0	6,509	0
	ASC.08.04.01	Behavioural research	0	0	0	0	0	0
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	0	0
	ASC.08	Total expenditure on research	0	0	0	0	6,509	0
<b>Grand Total</b>			<b>389,310</b>	<b>3,421,503</b>	<b>129,638</b>	<b>673,925</b>	<b>7,308,990</b>	<b>211,659</b>

**Annex 10.** AIDS spending category – Providers of services (TJS), Tajikistan NASA 2009 (part 6)

Main blocks of AIDS spending categories (ASC)	ASC Code ASC	AIDS spending categories (ASC)	PS.01.01.14.08	PS.01.01.14.99	PS 01	PS.02.01.01.15	PS.03.02	Grand Total
			Departments inside the Ministry of Justice or equivalent	Government entities n.e.c.	Public sector providers	Private sector providers: Civil society organizations (Non-profit non faith-based)	International in country offices: Multilateral agencies	
Human resources	ASC.05.01.98	Monetary incentives for human resources not broken down by staff	65,142	0	366,327	0	462,944	<b>829,271</b>
	ASC.05.03	Training	0	0	530,183	32,108	1,382,194	<b>1,944,485</b>
	ASC.05	Total expenditure on human resources	65,142	0	896,510	32,108	1,845,138	<b>2,773,756</b>
Social protection and social services	ASC.06.02	Social protection through in-kind benefits	0	0	0	8,681	2,590	<b>11,271</b>
	ASC.06.03	Social protection through provision of social services	0	0	0	8,702	0	<b>8,702</b>
	ASC.06.98	Social protection services and social services not disaggregated by type	0	0	0	0	53,868	<b>53,868</b>
	ASC.06	Total expenditure on social protection and social services	0	0	0	17,383	56,458	<b>73,841</b>
Enabling environment	ASC.07.01	Advocacy	0	0	0	115,354	233,154	<b>348,508</b>
	ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	0	0	0	10,321	0	<b>10,321</b>
	ASC.07.02.98	Human rights programmes not disaggregated by type	0	0	0	0	10,836	<b>10,836</b>
	ASC.07.03	AIDS-specific institutional development	0	0	0	0	26,934	<b>26,934</b>
	ASC.07.04	AIDS-specific programmes focused on women	0	19,934	19,934	0	22,478	<b>42,412</b>
	ASC.07.05	Programmes to reduce Gender Based Violence	0	0	0	0	7,884	<b>7,884</b>
	ASC.07	Total expenditure on enabling environment	0	19,934	19,934	125,675	301,286	<b>446,895</b>
Research	ASC.08.02	Clinical research	0	0	6,509	0	0	<b>6,509</b>
	ASC.08.04.01	Behavioural research	0	0	0	9,301	33,150	<b>42,451</b>
	ASC.08.98	HIV and AIDS-related research activities not disaggregated by type	0	0	0	0	29,006	<b>29,006</b>
	ASC.08	Total expenditure on research	0	0	6,509	9,301	62,156	<b>77,966</b>
<b>Grand Total</b>			<b>364,622</b>	<b>74,574</b>	<b>12,574,221</b>	<b>4,462,664</b>	<b>14,045,179</b>	<b>31,082,064</b>

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## Appendix 12: NASA PARTICIPANTS IN TAJIKISTAN

### NATIONAL COORDINATION COMMITTEE TO COMBAT HIV/AIDS, TUBERCULOSIS AND MALARIA IN THE REPUBLIC OF TAJIKISTAN

**Rukiya Atoevna Kurbonova**, Deputy Prime Minister of the Republic of Tajikistan, Chair of the National Coordination Committee (NCC) to combat HIV/AIDS, Tuberculosis and Malaria in the Republic of Tajikistan

**Muratboki Beknazarov**, Secretary for the National Coordination Committee (NCC) to combat HIV/AIDS, Tuberculosis and Malaria in the Republic of Tajikistan

### THE EXECUTIVE OFFICE THE PRESIDENT OF THE REPUBLIC OF TAJIKISTAN

**Saodat Juraboevna Mirsaburova**, Integration of HIV/AIDS issues into the Poverty Reduction Strategy Project Coordinator, Chief Specialist of Women and Family Affairs Department, Executive Office of the President of the Republic of Tajikistan

### MINISTRY OF HEALTH

**Nusratullo Salimov**, Minister of Health of the Republic of Tajikistan;

**Mirzoev Azamdzhon Safolovich**, Deputy Minister of Health of the Republic of Tajikistan

**Murodali Ruziev**, Director of the Republican AIDS Centre

**Alijon Soliev**, Head of Monitoring and Evaluation Department of the Republican AIDS Centre

**Rukhshona Ashurova**, Head of Organizational and Methodological Department of the Republican AIDS Centre

### MINISTRY OF FINANCE

**Ruzigul Mirzoeva**, Chief Specialist of the Health, Social Protection and Sport Budget Management Department of the Ministry of Finance of the Republic of Tajikistan

**Binusrat Sharipova**, National Health Financing Expert, Consultant

### JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS); PROJECT “HIV/AIDS, TB AND MALARIA CONTROL IN TAJIKISTAN” FINANCED BY THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

**Maria Boltaeva**, UNAIDS Coordinator in Tajikistan

**Saleban Omar**, Manager of the Project “HIV/AIDS, TB and Malaria Control in Tajikistan” financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria

**Anna Yakusik**, International Health Care Finance Consultant (Belarus, Minsk)